

**Becoming a Supervisor:  
An Intensive Study of the Early Development  
of Clinical Supervisors**

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**A Thesis Submitted  
to the Faculty of Graduate Studies  
in Partial Fulfilment of the Requirements for the Degree of  
DOCTOR OF PHILOSOPHY**

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**BECOMING A SUPERVISOR:  
AN INTENSIVE STUDY OF THE EARLY DEVELOPMENT  
OF CLINICAL SUPERVISORS**

**BY**

**KAREN E. WHITE**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of  
DOCTOR OF PHILOSOPHY**

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## Abstract

Supervisor development has been the object of considerable theoretical speculation, but very little empirical research. This study used a longitudinal, small n design to assess, through quantitative and qualitative methods, the self-perceptual aspects of very early experience as a supervisor. Four supervisor trainees were followed over a one year period, including training in supervision and four months of their first experiences supervising. Three distinct approaches to training the new supervisors were represented: a practicum with a didactic and an experiential component; gradual transfer of supervision from the supervisor-of-supervision to the supervisor-trainee; and the provision of experience supervising without supervision-of-supervision. It was found that the new supervisors experienced considerable anxiety about the role initially, but very quickly developed confidence in their abilities and identification with the role. The type of training and supervision of supervision received may have had effects on how quickly and extensively these changes came about, as well as on supervisor satisfaction with the experience. Factors which appear to have affected the supervisors' experiences and self-perceptions are identified and recommendations for supervisor training and further research are included.

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**Becoming a Supervisor**  
**An Intensive Study of the Early Development**  
**of Clinical Supervisors**

"... I do feel like a supervisor, I just don't know how good a supervisor I'm being!"

(Supervisor #1, at Time 2)

This study offers a first look at the developmental process incurred in moving from the role of clinician to that of clinical supervisor. The study has a longitudinal design, consisting of an intensive, multi-method investigation of 4 single cases.

Supervision of psychotherapy or counselling makes up a significant part of the professional responsibilities of many psychologists, psychiatrists, counsellors and social workers. It is one of the most influential activities these professionals may carry out, as supervision is considered fundamental to the training and skill acquisition of new psychotherapists and counsellors, who will in their turn affect many clients (Russell & Petrie, 1993; Rodenhauser, 1994). The competence of the supervisor is especially important, as the supervisor is, in the end, responsible for the quality of care received by the supervisee's clients (Watkins, 1993). Most of the individuals who are currently carrying out clinical supervision learned to do so without any formal training, and many have also had no informal training (Hess & Hess, 1983; McColley & Baker, 1982). This may lead to an impression that if they learned to supervise without training, then students and new supervisors can also

do so (Bernard & Goodyear, 1992). This assumption is often based on the possibility of the clinician making the switch from the role of supervisee to that of supervisor, without extra training, orientation, or, often, supervision of supervision. However, skill as a clinician is not sufficient to being a competent supervisor, nor does being supervised provide all the knowledge necessary to supervise (Loganbill & Hardy, 1983). There has been increasing agreement that supervision is an important and complex task, different in many ways from that of psychotherapy and from being supervised, and therefore requiring specialized training (Granet, Kalman, & Sacks, 1980; Russell & Petrie, 1993, Watkins, 1994a). Hess (1987) points out that, "because supervision is primarily growth oriented, deals with putatively healthy people, has skill and value inculcation as its goals, and is centred on the relationship, a theory specific to the supervisory relationship is essential". (pp. 187) This conceptualization points out the main reasons why experience as a psychotherapist does not necessarily translate into competence as a supervisor, and supports the need for research specific to the training and development of supervisors.

Some professional organizations, such as the American Association for Counselling and Development (1988) and the American Association for Marriage and Family Therapy (1984) have adopted standards for supervisor competence. There has also been speculation as to whether carrying out supervision without having been trained to do so is in violation of ethical requirements not to extend one's practice beyond one's competence (Russell & Petrie, 1994).

In order to make training as effective as possible, there must be considerable knowledge about how a clinician learns to be a supervisor available to



those who train supervisors. Recommendations so far (ie; Watkins, 1994a; Granet, Kalman & Sacks, 1980; Russell & Petrie, 1993) have been based in the authors' accumulated experience as clinicians and supervisors and on their unsystematic observation of individuals learning to be supervisors. Likewise, models and theories of supervisor development, such as those proposed by Alonso (1983), Hess (1986), Rodenhauser (1994), Stoltenberg & Delworth (1987, 1988) and Watkins (1990 to 1995), have been based in this kind of knowledge. Recently, demands for empirical research to support and lay the foundations for our knowledge of supervisor development, and consequently for recommendations as to supervisor training, have become common (Watkins, 1990, 1993, 1995a; Rodenhauser, 1994; Russell & Petrie, 1994; Worthington, 1987).

#### Professional Identity and Role Acquisition

Clinicians who begin to supervise are acquiring a new professional role, and supervisor development may be seen as a process of role acquisition. Birenbaum (1984) points to three phases in role acquisition and emphasizes the participation of others in this process. The first phase is that of discrepancy, when the individual realizes that a new way of behaving and interacting with others is required or expected. The second phase is typification, in which the person is placed and places her/himself within the new role, and includes an explanation of why that fit between role and person was made. The third phase is validation, which is the confirmation by relevant others that a role is appropriate to that person under the given circumstances and that the individual's behaviours are appropriate to that role. A role "may be traditionally defined as a set of

expectations about the way individuals with special social identifications will probably act in special situation in contact with others who also have a special identification" (pp. 315). There is never complete freedom nor complete constraint between the person and the role, and the role must be validated intersubjectively, on an on-going basis.

While the major professional identity of the individual who is learning to supervise will likely remain, at least for some time, that of psychotherapist, 'supervisor' may be considered a new sub-identity, a new role. The processes which contribute to socialization to a professional role include new skills, knowledge, attitudes, and self-identity components (Hall, 1987). The role is the external or objective status of the individual, while the sub-identity is the internal or subjective self-concept associated with that role. Socialization is the process by which these components are acquired, the way the person learns while making the transition from the old role to the new one. Movement during the transition is from exploratory to habitual behaviours. The transition occurs through a process of conscious, cognitive and exploratory behaviours, which are triggered by the surprise, the disconfirming experience of the new role (Louis, 1980, in Hall, 1987). This process is affected by intra-personal, inter-personal, and organizational factors (Hall, 1987).

Several psychologists who have written about professional identity in psychotherapists compare the role acquisition process to the development of the individual in infancy (Bruss & Kopala, 1993; Friedman & Kaslow, 1986). The new psychotherapist needs a holding environment such as is conceptualized by Winnicott (1965, in Friedman & Kaslow, 1986), which can respond to the changing

needs and abilities of the individual. Friedman and Kaslow (1986) emphasize the acquisition of the new identity through processes of identification with the teachers of psychotherapy, the new supervisors' own supervisors. Once acquired, the new professional identity will provide a stable frame of reference within which the therapist can make sense of his/her work. Bruss & Kopala (1993), like Hall (1987), point out that the formation of a professional identity includes values and the recognition of responsibilities.

Watts (1987), in discussing the professional identity of black clinical psychology students, proposed a model of professional socialization in the field based on the sociological literature in the area. Within the first phase, the Entry Orientation is based in preliminary theoretical perspectives, projected career goals and past experience. During the Socialization Phase, structural/organizational components such as program opportunities, coursework and practica and interpersonal components such as contact with role models and peers, are agents of influence on the acquisition process. In the Professional Outcome phase, the primary products are technical competence and professional identity. The individual's experience and behaviour are consistent with their new identity. The individual's values are seen as a source of potential integration of the other components of the professional identity. Professional values can incorporate personal world views into professional role identity and behaviours, and may be affected by gender roles, as well as other cultural factors (McGowen & Hart, 1990).

\*\*\*\*\*

These models of role acquisition, professional identity acquisition, and the models of

supervisor development which are discussed in the following section seem quite compatible. Each is approaching the process of the development of a new professional identity from a different angle, with greater or lesser emphasis, for example, on the contributions of context or of internal factors which affect this process. The models tend to focus on specific affective, cognitive or social processes involved in the development of a new professional role or identity, and to ignore the other aspects. It is reasonable, however, to consider that the person who is acquiring a new professional role likely experiences the 'surprise' or discrepancy of recognizing the changes this transition will require. Through the influence of their own values and prior knowledge, with or without the appropriate 'holding environment', and both by identification with role models and through the expectations and opportunities offered by the environment, the individual develops a sense of identification with the role and the skills required to carry it out. The environment will then confirm the appropriateness of this role and of the individual's behaviours in the role, which can then become habitual rather than exploratory.

### Models of Supervisor Development

In general, it is assumed that clinicians who are beginning to supervise undergo a developmental process, including identifiable issues which must be dealt with by all new supervisors and involving a passage through identifiable phases.

Theories of the development of psychotherapy supervisors are a fairly recent arrival; Alonso presented the first developmental model in this area in 1983. Despite its short life, however, the area has attracted considerable theoretical

speculation, leading to the presentation of 5 such models up to 1996 (Alonso, 1983; Hess, 1986; Rodenhauser, 1994; Stoltenberg, & Delworth, 1987; Watkins, 1990).

Other authors have explored issues and changes arising for new supervisors but have not proposed specific models of development (Granet, Kalman, & Sacks, 1980; Russell, & Petrie, 1994)

### ALONSO

Alonso's (1983) model of supervisor development is based within her psychodynamic background. She considers knowledge of supervisor development to be essential for training of new supervisors. Alonso discusses the issues and challenges faced by supervisors in the beginning, the middle and the late stages of their careers. At each level, there are specific issues to be dealt with in the following areas: self and identity issues, interpersonal issues within the supervisor-therapist relationships, and issues dealing with administration and the socio-political context of the supervisor's career. Alonso considers these issues to be milestones which most supervisors must negotiate through the course of their supervisory careers.

According to Alonso's model, during the Novice stage the new supervisor struggles to create an identity as a supervisor. He or she has to deal with the anxiety created by narcissistic developmental needs such as the need for validation, for approval, and for role models (and that the new therapist deals with these issues as well). Alonso considers that these issues must be attended to by the institution within which the supervisor is functioning. Alonso sees both the new supervisor and the new therapist as having to give up adolescent attachments

and accept new responsibilities; this includes a grieving process. On the interpersonal level, the new supervisor struggles with the problem of levels of identification with the therapist and of managing competitive and libidinal impulses towards these near-peers. On the socio-political level, the novice supervisor attempts to establish a place within the professional community as a supervisor and must deal with the administrative ramifications of her/his level of identification with the therapists she/he is supervising, such as attempting to protect the student therapist who is seen as a victim of the institution or being too harsh with students so as to accentuate the difference now between them.

At the Mid-Career stage of development, the supervisor must deal with intra-psychic issues such as separation and individuation from former supervisors, colleagues, and supervisees; the re-discovering and strengthening of the meaning of his/her work as a supervisor; and issues of male/female vs. androgynous identity. On the interpersonal level, the supervisor must deal with recognition of the compromises she/he has made in his/her professional life and the envy of others that this can engender. The supervisor's concerns become directed toward others and include issues such as mentoring and the renewal of parental-like intimacy. On the socio-political level, this is often the most active and powerful stage of the supervisor's career. The mid-career supervisor is often highly involved in administrative and training work and can influence the relationships between students and the institution.

The Late-Career supervisor faces intra-psychic issues around the discovery of new areas of professional interest and expertise and of whether to and how to leave a legacy to the profession through teaching, supervising, or writing. Issues of

how to approach the possibility of retirement become salient. On the interpersonal level, the supervisor tends to take on a role closer to that of the benign grandparent, able to impart wisdom and perspective. On the socio-political level, the late-career supervisor may have to fight stereotypes of old age. The supervisor is likely to give up or be relieved of many administrative duties at this stage and may acquire a new role as historian, able to offer the long view during crises and change. Late career supervisors are also often more free of administrative constraints and therefore more free to experiment or more fully develop their personal style in supervision.

Alonso considers that for the therapist and the client to make progress in their development, the supervisor must also find space to work through his/her own developmental issues. Her speculations about the general lack of formal or informal training for new supervisors are especially interesting. She points out that new supervisors may resist recognition of the need for training, as this training would yet again place them in the role of beginner which they have usually gone through many times in their progress of becoming trained therapists and which they may be anxious to escape. Therapists and supervisors may also fall prey to the view of themselves as selfless helpers of others; recognition of their own need for help, guidance, and support through the process of becoming a competent supervisor may feel shameful and embarrassing. Training institutions may have a blind spot around taking responsibility for training of supervisors due to the considerable time, organization and expense which would be involved.

## HESS

Hess (1986) offers a model of supervisor development in three stages. The Beginning stage includes the issue of role status change, in which the new supervisor's perceived peer, and therefore comparison, group becomes that of experienced clinicians. New supervisors may not know supervisory techniques or how to structure supervision. There may be a tendency to carry psychotherapy techniques over to the new situation. The new supervisor may have to deal with real or imagined resentment from therapists who do not see the supervisor as being much more experienced or expert than they are themselves. Beginning supervisors may rely on the concrete, as a way of coping; supervision may be focused on client issues or therapy techniques. The power base at this stage may be that of formal power; to evaluate, to give grades, to give letters of reference.

The supervisor with more experience should move to the Exploration stage, although Hess considers that many poor supervisors never get beyond the Beginning stage. The Exploration stage includes an ability to differentiate better and worse supervision sessions, recognition of effectiveness as a supervisor, and of the supervisor's effect on supervisees. The supervisor can use his/her expertise to increase the therapist's interest in integrating research, clinical lore and the hypothesis-testing attitude in therapy. The supervisor comes to regard supervision as an important professional activity, seeks to increase his/her knowledge of how to supervise, and is aware of supervisee's needs. A possible pitfall at this stage is restriction to one supervisory role (such as the roles of teacher, consultant or therapist), when flexibility to use the most appropriate role would be expected. Another risk is that of becoming too intrusive as a supervisor. Either of these



mistakes may lead to therapist resistance to supervision, which the supervisor at this level begins to recognize. In this stage, the power base should shift from the formal, evaluative one of the beginning phase, to one where the supervisor's power is based in what she/he has to offer the therapist. Student learning needs take priority over supervisor needs for structure, control, or admiration, although the supervisor may still require recognition or credit for his/her good work.

The third stage that Hess proposes is Confirmation of Supervisor Identity. At this stage, the supervisor has a consolidated identity as such, and students come for the excitement of supervision rather than due to administrative requirements. Effective work with parallel process may occur, and the supervisor can ask for and accept feedback on his/her work. Attention to the student's learning agenda is central, and focus is on helping the therapist establish his/her own internalized discipline and checks. This makes formal evaluation less important. The supervisor has less need for recognition of her/his work and is comfortable with encouraging therapist independence.

#### STOLTENBERG & DELWORTH

Stoltenberg and Delworth (1987) propose a four level developmental model of supervisor development, which is similar to their model of counsellor development (Stoltenberg, 1981). These developmental models are both based on three primary structures: self-and-other-awareness, motivation, and autonomy. The authors consider that an individual cannot attain a higher level of supervisor development than they have attained as a counsellor (that is, a Level 2 counsellor

cannot be a Level 3 supervisor) and that development as a counsellor and as a supervisor will interact with the developmental level of the supervisee. A supervisor is unlikely to be very effective with a supervisee who has attained a higher level of counsellor development than the supervisor has of supervisor development. As can be imagined, the combinations of developmental levels can become quite complex.

At Level 1, supervisors are either very anxious or rather naive. They are concerned about doing the right thing and being effective in their new role. They tend to be highly motivated, and are quite dependent on the supervisor-of-supervision for assistance. They tend to supply a moderate-to-high level of structure in supervision, and may be quite invested in getting the supervisee to adopt their therapeutic orientation or techniques. They are more aware of themselves and their own reactions than of the supervisee.

Level 2 supervisors are in a phase of confusion and conflict. They now recognize the complexity of the process of supervision, and may lose their motivation for supervision as they face difficulties. They may become so involved and focused on the supervisee that they lose objectivity and may blame the supervisee for difficulties. Fortunately, this tends to be a short phase. The supervisor either moves to the next phase, or gives up supervising. Expert supervision-of-supervision can be very helpful at this phase, although many Level 2 supervisors will attempt to work alone.

Level 3 is the highest phase of development that most supervisors reach. This phase is characterized by stable functioning, consistent motivation, and functional autonomy. The supervisor is better able to balance the needs of the

trainee, the setting, the client, and him/herself. Different roles as a supervisor are felt as fairly comfortable, and the supervisor is often aware of and able to work with her/his own strengths and weaknesses.

The Level 3 Integrated supervisor is the 'master supervisor', and can work well with supervisees at any level. They are especially helpful to both counsellors and supervisors going through the upheaval of Level 2, and are often sought for consultation by colleagues.

#### WATKINS

Watkins (1990, 1993) attempts to integrate several aspects common to previous models of supervisor development, and bases his own model in Hogan's (1964) model of therapist development. Watkins emphasizes that his model is a linear one, applicable to most new supervisors. He also emphasizes that most new supervisors receive neither training nor supervision in supervision; he may be implying that the model he proposes is based on these conditions, although it is not clear whether he considers it to apply also to those new supervisors who do receive training.

Watkin's model includes four basic issues which must be dealt with at each stage of supervisor development. Each issue brings specific tasks which must be accomplished at each stage. These issues are the supervisor's confidence in his/her current supervisory skills, insight into impact on supervisees, approach to a theoretical framework, and sense of professional identity.

The first stage is that of Role Shock. The new supervisor is very aware of his/her own weakness as a supervisor, lacks confidence, and feels overwhelmed and

underprepared. He/she has little awareness of his/her strengths, style, and motivations as a supervisor, and of her/his impact on supervisees. The new supervisor usually does not have a theory of supervision and looks to others for help and guidance. The supervisor at this stages draws on both introjects of his/her own supervisors, and support from peers and more experienced supervisors to guide her/his practice. She/he lacks a sense of identity as a supervisor, which commonly manifests as a sensation of being an imposter. Due to the difficulty of this stage, new supervisors may have little tolerance for ambiguity, may overemphasize rules and procedures, and may give little attention to process aspects of supervision. The main characteristic of this phase is the shock the supervisor feels and his/her attempts to cope with it.

The second stage Watkins proposes is that of Role Recovery or Transition. The supervisor begins to recognize some strengths and abilities and to develop some self-confidence in this new role but can still easily be shaken by difficulties or challenges. While the supervisor at this level begins to develop some awareness of his/her impact on supervisees, he/she is likely to focus on negative effects. She/he is beginning to reflect on a personal theory of supervision and to gain a limited recognition of his/her style as a supervisor. The supervisor still relies on others for guidance and support, but this need is less intense, and identification with the role of supervisor begins to form. Less emphasis is placed on concrete techniques in supervision. The main characteristic of this phase is the oscillating nature of the supervisor's emotions, cognitions and behaviours.

The Role Consolidation stage brings more accurate perceptions of self and supervisees and greater self-confidence, even when faced with supervisory

problems. The supervisor becomes more aware of his/her strengths, weaknesses and style as a supervisor, and perceptions of favourable impact on supervisees become predominant. The supervisor recognizes his/her own style, and a personal theory of supervision takes form. Process issues in supervision, such as transference and counter-transference, can be recognized and worked with, although not yet on a consistent basis. Identity as a supervisor is established, and the supervisor at this stage usually requires assistance from others only at times of difficulty. The main characteristic of this phase is the more stable nature of the supervisor's ways of thinking, feeling and acting in supervision. Supervisors are more able, by this stage, to respond to the therapist's and the client's needs in supervision and less to their own narcissistic needs.

The Role Mastery stage brings a consistent, solid confidence in supervisory skills and the ability to deal effectively with problems. Watkins considers that many supervisors do not reach this final stage. The supervisor is aware of his/her own strengths, weakness and style, and of his/her impact on supervisees. A coherent, well-integrated theory of supervision has been created, which is meaningful, personalized, and consistently used to guide practice. The supervisor can recognize and accept his/her own mistakes and learn from them. Process issues can be consistently and effectively dealt with. The supervisor at this stage has a well-integrated sense of professional identity, sees himself/herself as professionally effective and is self-reliant. Watkins considers that a supervisor who has reached this level of development will be the most effective at helping therapists to learn and grow.

Watkins emphasizes that the speed with which new supervisors progress

through these stages will vary according to individual differences and cannot be predicted.

### RODENHAUSER

Rodenhauser (1994) has produced a highly complex multi-dimensional model which takes into account the developmental stages of the supervisor, the therapist, and the client, and the interactions among these stages. Rodenhauser developed these models from the perspective of the training and supervision of psychiatrists. Supervisor development will be the focus of this summary.

The first stage that Rodenhauser proposes for supervisor development is that of Emulation. As is implied by the name, new supervisors are considered to emulate previous role models as a way of coping with their new task. Rodenhauser questions whether the supervisor who did not have a good identification with his/her own supervisors will be able to make a satisfactory adjustment to the new role. Issues that may arise include dealing with therapist perceptions of the supervisor's youth or inexperience, developing an initial contract with the therapist when the supervisor is not clear on what supervision is about, and over or under-identification with the supervised therapist, leading to excessive commiseration or defensive denial.

Supervisors in the second stage of development tend to depend on methods and guidelines for supervision and, in their search for systematic approaches, may feel fairly comfortable sharing difficulties with colleagues. Rodenhauser calls this stage Conceptualization. This task creates alliances with more experienced colleagues, which reduce the likelihood of over-identification with the supervised

therapists.

The third stage of supervisor development, Incorporation, brings recognition of the relationship aspects of supervision. Parallel process can be recognized, and the supervisor becomes increasingly aware of his/her impact on therapists and, indirectly, on clients. Previous and new knowledge about human behaviour is incorporated into supervision.

The final level is that of Consolidation. The seasoned supervisor deals well with transference and counter-transference issues that arise in therapy and in supervision, while respecting the therapist's privacy. Learning based on theory and experience is consolidated into the supervisor's work.

Summaries of Models of Supervisor Development (after Watkins, 1995c)

Alonso

Novice:

Supervisor struggles to create identity as supervisor, has anxiety due to narcissitic developmental needs, has to give up 'adolescent' attachments and accept new responsibilities, struggles with over-identification with and competition with supervisee, attempts to establish a place within institutional structure.

Mid-Career:

Important issues include separation-individuation from own supervisors and supervisees, re-discovery of meaning of work as supervisor, recognition of the compromises made over career, turn to mentoring, involvement

in administrative work that can influence institution.

**Late Career:**

Issues include whether and how to leave a legacy to the profession (e.g. through teaching, writing, supervising), role of 'benign grandparent' able to impart wisdom and perspective, preparation for retirement, may lose administrative power but gain role of historian, more free to develop own style and to experiment in supervision.

Hess

**Beginning:**

Supervisor often lacks formal supervision training, is unaware of what exactly to do in supervision, draws from own experiences in providing therapy and receiving supervision to inform their efforts, highly self-conscious, may focus on the 'concrete' (e.g. teaching therapy techniques).

**Exploration:**

Supervisor becomes increasingly aware of the importance of supervision, comes to increasingly recognize her/his impact on supervisees, comes to see supervision as a professional activity, shifts from formal to informal power base, needs of supervisee take priority, attends to supervision literature for guidance and self-development as supervisor, less need to be the 'expert', may still be too intrusive, may still focus too much on one role (e.g. teaching), and may still push his/her preferred method of therapy.



**Identity Confirmation:**

Supervisor has a high level of trust and confidence in supervision, supervisees find supervision exciting, identity as supervisor consolidated, provides effective supervision, less emphasis on formal evaluation of supervisees.

**Stoltenberg and Delworth**

**Level 1:**

Supervisor is highly anxious, naive, concerned about 'doing the right thing', can take mechanistic, structured approach to supervision, may play the 'expert', self-focused but motivated to supervise, in need of support, dependent on supervision of supervision or recollections of own supervision for guidance.

**Level 2:**

Supervisor is confused, in conflict, now regards supervision as a more complex, multi-dimensional process; motivation can fluctuate, may lose objectivity needed to supervise, may get angry or withdraw from supervisee, may experience lapses into dependency on colleague or own supervisor.

**Level 3:**

Motivation to supervise is consistent, supervisor has a real desire to improve, consults others only on an 'as needed' basis, shows greater ability to balance supervisor-supervisee needs, greater sense of comfort about supervising,

able to honestly appraise her/himself as supervisor.

**Level 4:**

Supervisor is highly integrated, able to work well with supervisees at all developmental levels, good integration of skills and ideas, 'master supervisor'.

**Rodenhauser**

**Emulation:**

Supervisor draws on previous experiences to guide own work as supervisor, 'emulate' prior supervision role models.

**Conceptualization:**

Supervisor begins to formulate rough guidelines about how to do supervision, search for a system or way of being in supervision, is better able to share difficulties and uncertainties with colleagues, 'conceptual basis' for doing supervision takes form.

**Incorporation:**

Supervisor becomes increasingly aware of how he/she 'does' supervision and its effects on supervisees, increasingly sensitive to and respectful of diversity issues and concerns in supervision, better able to incorporate knowledge about human behaviour into supervision, better able to recognize

parallel process.

**Consolidation:**

Supervisor has a solid experience background, theoretically grounded, readily recognize and effectively use parallel process and supervisee's counter-transference, 'consolidated' in identity and skill.

Watkins

**Role Shock:**

Supervisor is acutely aware of supervisory deficiencies, lacks confidence, feels like an 'imposter', may feel hypocritical, tends to be hypersensitive about perceived inadequacies, may show perceptual selectivity, may retreat and withdraw from supervisees or be overly concrete with them, no sense of supervisory identity, very limited awareness of own strengths, no real awareness of own supervisory style or theory, great need of support from others.

**Role Recovery and Transition:**

Supervisor shows some recognition of own strengths and abilities in supervising, more realistic perspective about weaknesses, less overall questioning of self, begins to recognize impact on supervisees, beginning feel for ideas and principles that guide supervisory practice, supervisory identity begins to take shape, tension and anxiety less intense and less pervasive, some confidence, some

willingness to take risks, initial sensitivity to process aspects of supervision though not generally able to deal effectively with them, experiences various forms of vacillation (e.g. secure/insecure, independent/dependent, effective/ineffective) in self-perceptions.

**Role Consolidation:**

Supervisor's perspective on supervision broadens, becomes more informed, consistent and realistic, perceptions about own strengths and limitations becomes increasingly accurate, vacillation diminishes, trusting of and reliant on self as supervisor, identity as supervisor becomes further elaborated and solidified, able to recognize and use transference, counter-transference and process aspects of supervision although not yet consistently, coherent supervisory style evolves and becomes more consistent.

**Role Mastery:**

Supervisor has a high level of awareness of own strengths, limitations, and impact as a supervisor, solid sense of confidence about own work and efficacy, identity well integrated and highly consolidated, able to consistently recognize and effectively use transference, counter-transference and process aspects of supervision, supervisory style coherent and well integrated, high level of commitment to role and to becoming better supervisor.

### Comparing the Models of Supervisor Development

An assumption common to the models of supervisor development which have been proposed is that there are specific issues or problem areas which can be identified, which are integral to the supervisor development process, and which must be dealt with if the supervisor is to progress (Watkins, 1995c). These issues are often conceptualized as themes, such as autonomy vs. dependency, identification as supervisee vs. identification as supervisor, etc. Alonso (1983) explicitly states that dealing competently with the issues inherent to each new stage of development depends to a considerable extent on how well the issues of the previous level have been dealt with. This assumption appears to be implicit in the other models as well.

The models proposed show considerable agreement as to issues, themes and skills expected to be present for the beginning supervisor and for the highly developed one. The new supervisor is expected to feel anxious, to use defensive strategies such as excessive use of structure or of formal power to deal with that anxiety, to struggle to create an identity as supervisor, and to draw on his/her own experience as a model for how to supervise. The highly developed supervisor is expected to feel confident, to enjoy supervising, and to have a high level of supervisory skills, including the appropriate and flexible use of structure and formal power.

The stages which come in between these two end points show more variation. For example, Rodenhauser's second stage emphasizes the supervisor's search for a 'system' or framework for doing supervision. Stoltenberg and Delworth's second stage emphasizes conflict and confusion. In Hess' second stage,

changes are more quantitative than qualitative; the supervisor is expected to feel less anxious than the beginner, and to be able to focus more on the supervisee's learning needs.

While most of the theorists who propose the above models of supervision do not discuss the theoretical underpinnings of their models, Alonso's model is clearly based in a psychodynamic background. Stoltenberg extends his model of counsellor development to supervisors, while Rodenhauser discusses the training of psychiatrists. Only Watkins explicitly mentions the fact that larger theories of therapy may influence models of supervisor development, and attempts to make his model trans-theoretical.

Some values about supervision appear to be held in common by these theorists, however. These values are likely to be based in theories of therapy and supervision held by the authors, although this is not explicit. These values include the idea that awareness of process issues in supervision is important, including sensitivity to the relationship between supervisor and supervisee and awareness of the impact of the supervisor on this relationship. Also, that in supervision a focus on the needs of the supervisee is important; a focus entirely on client or case issues is not considered to be as useful. Shared values also include the idea that there are optimal levels of structure, use of different supervisor roles, inquiry into supervisee personal issues, and use of power in supervision (all of which may depend on the developmental level of the supervisee) which the supervisor should learn to employ, and that these optimal levels are not zero. There is no information available as to whether these values are fairly universal in the world of psychotherapy practice and supervision - it is possible that very task-oriented

theorists, such as may sometimes be found in the ranks of behavioural and cognitive-behavioural therapy, may not share all of them. These authors also agree that not all supervisors will deal well with these key tasks, and that this will impede their development, with many supervisors never progressing beyond the first or second stage of the developmental models proposed.

These theorists appear to agree on the following key issues as important to supervisor development; self-perceptions as to competence; identification with the role of supervisor; knowledge and application of theories of supervision or of techniques of supervision (Alonso alone does not discuss this last). A central issue that supervisors must deal with is that of anxiety, which may lead to defensive reactions to the supervisor's insecurity the new role and its ambiguity. These defensive reactions may affect supervision by creating too high or too low levels of identification with the supervisee, too much or too little use of structure in supervision sessions, rigidity of roles in supervision, and too much or too little dependence on supervision of supervision or the support of more experienced colleagues.

Interestingly, the authors of these models of development comment very little on what factors might influence how well or how quickly supervisors will deal with these key developmental tasks. Watkins (1995c) mentions "progress by means of time, experience and struggle" (p. 154), but implies in his recommendations for training of supervisors that certain training factors are likely to be important; whether supervision of supervision can provide information, support, a 'holding environment', structure in appropriate quantities (less as the supervisor develops), and encouragement of autonomy when appropriate. Alonso

considers that attention from the training institution to both healthy and unhealthy narcissistic developmental needs in the new supervisor is crucial. Hess mentions that previous experiences as a supervisee and in other situations where the supervisor has been evaluated will be important. Hess also considers that supervisees who may be older or more experienced may not accept a new supervisor, or the new supervisor may assume that this will occur, making dealing with issues of confidence and identification with the role more difficult. Whether the supervisor attempts to read the supervision literature or not will affect her/his development, as well as personal factors such as whether the supervisor needs admiration and credit.

The most important basic assumption underlying all the proposed models is that the changes undergone by a clinician who becomes a supervisor can be considered developmental. It is therefore useful to be aware of what is implied by a developmental model. Baltes (1983) considers that there are two basic kinds of developmental models. The first is a maturation model, in which there are distinct, sequential, and hierarchical stages. The second is a pluralistic life-span development model, which involves continuous recycling of stages on various tasks, not all of which may be executed at the same developmental level. Rest (1979) considers two possible general models of development. The first is a simple stage model, in which qualitatively different systems of thought replace one another sequentially, each stage being in some way an advance in complexity or sophistication of thought from the previous stage. In the second, complex model, stages are qualitatively different, but the type of organizational system the individual may use in dealing with a specific situation depends on the context of



that situation, as well as on the developmental level of the individual. The tendency would be generally toward increased frequency of use of more complex models of thought.

The models of supervisor development which have been proposed correspond most closely to Baltes' (1983) maturational model and Rest's (1979) stage model. Watkins (1995c) points out that all these models of supervisor development consider that stages are involved, that they follow a specific and logical order, and that most beginning supervisors will pass through this sequence of stages, although not all supervisors may reach the last stage of each model.

The issue of whether stage developmental models are the most appropriate to understanding the changes that occur as a supervisor gains experience has not been discussed in the supervisor development literature.

### Is It Development?

Holloway (1987) examined the developmental models of therapist development, and questioned whether the changes that occur as an individual learns to be a therapist are best conceptualized as development. The same question may be asked of supervisor development. Baltes (1983) considers that it would be unwise to expand the definition of development to include any kind of change, and notes that behavioural changes are usually defined as developmental if they "manifest characteristics of: (1) sequentiality; (2) unidirectionality; (3) an end state; (4) irreversibility; (5) qualitative-structural transformation; and (6) universality (pp. 91). While this model is considered very strong when describing biological or biologically-based changes in child development, Baltes (1983) points

out that maturational models of development may be unduly restrictive, especially in referring to social and cognitive development. Life-span intellectual development is not a unidirectional continuation of childhood development; it is characterized by multilinearity, multidimensionality, interindividual differences, and context-based plasticity. Life-span perspectives also show that the acquisition of a given skill, knowledge, identity, etc, is not the end of change; thinking, behaviours and emotions are likely to undergo changes involving maintenance, dissolution, transfer and adaptation. It is especially important, when studying change, to remember that the "assumption of an invariant bio-cultural or ecological context is generally not a fruitful one" (pp. 99). Bates also emphasizes that the acknowledgement that change is pervasive throughout the life-span leads to recognition of the need for research that accepts and takes into account complex historical paradigms, and that "long-term processes are likely candidates for explanatory discontinuity rather than simple cumulative causal explanations" (pp. 101), and require development-specific methodologies.

Rest (1979) points out some of the weaknesses of simple stage models of development. The emphasis on qualitative change, without considering quantitative change between and within stages, may artificially limit the kind of change that can be detected when operating within these models. Likewise the consideration that the various aspects of a specific stage will function as a unit, becoming operational at the same time. Invariant sequencing and deliberate disconsideration of context do not permit recognition of individual differences. He suggests a more complex model, in which qualitative descriptors are used to depict different logical organizations around issues being studied, while quantitative

descriptors may show the extent and degree to which the individual uses each form of organization. The assumption that an individual can only be 'in' one stage at a time, or at most 'in transition' between two stages, is unnecessarily limiting. There may be considerable overlap, and not just between two 'adjacent' stages but among several stages at once. Performance and situational factors which will affect the way an individual reacts to a specific situation must be taken into consideration. Rather than seeing one stage follow on another in inexorable progression, Rest prefers to think of "developmental change as an upward shift in the subject's distribution of responses, where 'upward' is defined as increases in higher stages or types at the expense of lower types" (p. 73). To paraphrase Rest, whose work is in the field of moral development, the question should not be 'what stage is this individual at?', but 'to what extent and under what conditions does this individual's thinking, behaviour, self-perceptions, etc. exhibit the various types considered?'.

Holloway (1988) suggests that the developmental changes observed in therapists may be caused by the developmental models used by the supervisors who observe them. Not only do the supervisors expect to see development, greatly increasing the chances that they will see it, but they apply training models which may bring about adaptation on the part of the new therapist to deal with the (developing) trainee role. Holloway also emphasises that if developmental processes are actually occurring independent of the type of training offered, they should be manifest within any supervisory modality.

Development on each of the issues identified by these models is likely tied to development on others. For example, a supervisor who doubts his/her own

competence is also more likely to be feeling anxious about supervising. This assumption does not require the use of a stage model. Granet, Kalman and Sacks (1980), for example, point out four general areas in which a new supervisor may have problems, without tying these issues to specific stages. The problem areas are inexperience, including lack of knowledge and anxiety; competition with supervisees; identity confusion, often leading to defensive rigidity; and administrative, such as evaluation of supervisees and their own evaluation as supervisors. The use of both qualitative and quantitative conceptions of development on these issues, plus sensitivity to individual and contextual factors, and recognition of regressions and circularity within development may strengthen rather than weaken these models. The disadvantage of this more complex idea of development, of course, is that it makes it harder to postulate specific theories or predictions which can be tested by traditional types of empirical research.

Which of these models is more accurate or more useful for conceptualizing supervisor development: whether a developmental stage model or some alternative is better; or whether any of these models can contribute to specific, effective recommendations for training of supervisors cannot currently be determined, due to the lack of empirical research in this area. All the authors mentioned have pointed out the urgent need for specific research into supervisor development. Many have emphasized that development-sensitive longitudinal research is especially important, as are studies which can recognize individual differences in development. Watkins (1994 b) has emphasized that development and experience level should not be confounded. Russell and Petrie (1993) have pointed out that supervision may be like psychotherapy, in that unsupervised experience does not

contribute, or contributes very little to development; confirmation of this would make a very important contribution to the call for improved training (when there is any training at all!) of new (and old) supervisors.

Some research into the assumption that supervisors do develop with regard to their supervisory skills and effectiveness has led to confusion, as it appeared to show that individuals with more experience were not necessarily any more effective as supervisors than those with little or no experience (Marikas, Russell & Dell, 1985; Worthington, 1984; Miars et al, 1983). The study by Marikas et al used supervisor experience as an independent variable, but the 'low experience' group were not supervisors and had had no experience supervising. This was also an analog study, involving brief contact between 'supervisors' and 'supervisees', not dealing with actual psychotherapy cases. The comparison of low to high experience supervisors in Miars' study was between groups of up to 6 years and more than 12 years experience in supervision; that these groups did not show differences in perception of counsellor developmental needs may indicate that 'up to 5 years' experience as a supervisor is a low experience level only as compared to other, very experienced supervisors. Worthington's study did not show a difference between pre and post-PhD supervisors in supervisee-perceived competence, impact, or satisfaction with supervision. However, in this study, amount of supervisory experience was not assessed. These studies suggest that 'some experience is necessary to achieve an experiential floor, or baseline, yet once that foundation is established, additional experience does not seem to enhance the effectiveness of supervision' (Russell & Petrie, 1994). This possibility makes investigation of the earliest periods of supervisor development especially important. Russell and Petrie

(1994) have also observed in their student supervisors that "although the process of becoming an effective supervisor may involve recycling through many of the developmental issues the students faced in becoming therapists, this process tends to occur much more quickly than it did when they went through those issues initially". This also supports the need for research into the initial periods of supervision training and experience.

Another possible explanation for the lack of change in assessed supervisory abilities as experience levels increase is that of whether experience as a supervisor is gained through a training experience, and whether it is, in its turn, supervised. Several studies have shown that unsupervised experience as a psychotherapist does not increase skill levels or therapist self-confidence, while supervised experience does (Hill, Charles & Reed, 1981; Bradley & Olson, 1980). A similar situation may occur with supervisory skills. Worthington (1987) considers that lack of training in how to supervise effectively may inhibit improvement in supervision skills even as experience is gained. And Watkins (1995a) points out that above and beyond formal training and experience there may be another variable which is fundamental to improvement in supervisory skills - that of self-criticality. The self-critical supervisor "is actively and aggressively working to further learn, hone and refine one's skills and understandings as a supervisor" (p. 117). The self-critical supervisor will frequently stop to think about his/her own work, how it is being carried out, what is contributing to or inhibiting its effectiveness. She/he will also be more likely to seek opportunities to learn more about supervision, through workshops or conferences, and more likely to seek consultation about or supervision of the supervision he/she does.

Increased experience as a supervisor, without the self-critical aspect, may create little improvement in the supervisor's skills.

### The Logical Step in Research

The existence of several models of supervisor development has supplied the background necessary for systematic observation of this process. It has not yet supplied many of the specific hypotheses or testable theories required for quantitative studies, especially for the longitudinal designs which are most appropriate to developmental models (Holloway, 1987; Watkins, 1995a). However, quantitative methodologies are not the only approach which can be useful at this stage in the development of our knowledge of these processes. As has been pointed out by Henwood and Pidgeon (1992), qualitative designs are particularly suited to this phase in the development of scientific knowledge, at which the leap from 'common sense knowledge' to systematically gathered knowledge is being carried out. Qualitative methodologies have the advantage of providing space for exploration, discovery and description, when the knowledge base does not yet permit verification or justification of theories.

Research in which design decisions are based on the most appropriate methodology for the questions to be answered is considered to be most appropriate to any kind of research, and especially productive for the study of clinical issues. This often means including several methods of data collection (Polkinghorne, 1991). For this reason, a multi-method approach was considered to be most appropriate to this study. A mixed qualitative-quantitative design was used, involving the study of the development of a small number of new supervisors through their first experiences of learning to

supervise. As this area of research is extremely complex, intensive designs involving the collection of considerable data about a few cases are considered to be especially appropriate (Kazdin, 1992; Holloway, 1987). Where existing theory and measures permitted, quantitative methods were used, involving self-report questionnaires. The results of these were analyzed statistically for change over time. Qualitative methods, based in semi-structured interviews, were expected to supply useful information about the developmental process incurred in becoming a supervisor, while permitting the flexibility to follow the data where it may lead, even if this is in unplanned or unexpected directions. This would be especially important if it were found that there is considerable variation in individual development or that simple stage models are less appropriate than complex ones.

Because many of the developmental issues and concerns identified by theorists in this field point to self-perceptual issues such as role identification, confidence, and identification with theoretical viewpoints, research into supervisor perceptions of these issues was considered appropriate and was the focus of this study. This focus was also chosen to protect the privacy of participating student supervisors. Due to the small number of participants and the collection of considerable information from each participant, anonymity could not be guaranteed. Components of research which could be understood as evaluative, such as ratings of skill or of actual supervision behaviours, would have created considerable discomfort and lack of cooperation, due to the potential identifiability of participants.

The use of a single case design for this study permitted the use of quantitative data, as supplied by questionnaires. A major threat to the validity of



the results obtained with these measures is the lack of data on the effects of repeated use of these questionnaires. This was addressed by the collection of pilot data. A relatively stable tendency in responses to these questionnaires showed that longitudinal use was justified, as well as supplying the data necessary to a comparison between the phases prior to beginning training and experience as a supervisor, and the training experience. While the planned two comparison participants could not supply sufficient information for a statistical comparison, they permitted visual analysis of the effects of repeated applications of the measures.

Possible influences on the development of each student supervisor in this study, above and beyond the simple experience of supervising for the first time, were taken into consideration. These included the type of training in supervision received by each participant. Among the participants in this study, there were very different training experiences; a more structured one, at the practicum, and a less structured one, with two different formats, at the internship program. The format of the training received, the new supervisors' experiences in training and their perceptions of how they were affected by these experiences were documented.

Another possible factor influencing new supervisors' experiences and development was the amount of clinical experience, both supervised and unsupervised, each participant had had before beginning the supervision training. This was also documented, as were student perceptions of their own competence and confidence as psychotherapists. Students were also asked about their experiences being supervised, in a general way. They were asked how useful they found supervision to be, if there were certain supervisors or supervisor behaviours

on which they wanted to model their own work or certain models they particularly intended to avoid.

Another factor which might affect the student supervisors' progress in development was that of the specific experiences they have with supervisees. A particularly difficult supervision experience may lead to decreased self-confidence and less desire to identify with the role of supervisor. Likewise, a particularly smooth experience may create faster gains in confidence and perceived competence. As well as the interviews, the supervisory Working Alliance Inventory (Baker, 1990) was used to track each supervisory relationship, from the new supervisor's perspective, to provide information useful to teasing out the effects of specific experiences on each new supervisor. This information appears to be most useful in conjunction with the qualitative data, as the effects of a smooth or a challenging supervision experience may be different for different individuals. One may be discouraged and feel incompetent after having dealt with a difficult experience, while another may feel that having survived this 'challenge', his/her skill and confidence levels are higher.

Another factor which might have affected the supervisors' experiences was that of supervising people from a different training background. Coincidentally, all the supervisees came from different training programs than the supervisors; 5 were Social Work students, at either the Bachelor's or the Master's level, while one was a student in the Master's of Education program. Supervisor's perceptions of the effects of this issue were also queried in the interviews.

Issues such as type and setting of supervision training, individual differences, and differences in the supervision experience should not, according to

the models of supervision development discussed above, annul the applicability of those models. There are many factors affecting every clinician who starts to supervise; if the developmental models cannot describe processes common to at least a fair proportion of those individuals, they are not useful models. The question is more likely to be, how vague and abstract do these models have to be to describe common processes? Can specific patterns and influences be discerned? Can divergent developmental paths be accounted for?

Another factor considered in this study is that of the principal researcher's prior acquaintance with several of the participants. There are advantages and disadvantages whether the person carrying out qualitative interviews is an 'insider' or an 'outsider' to the group being studied (Weiss, 1994). There was some concern about the fact that the student supervisors in the practicum knew the researcher from collegial interactions. They could be more invested in presenting a competent image or giving a good impression than if they did not know the interviewer. Alternately, they could be more comfortable discussing difficulties or weaknesses with someone they knew, who was a peer, and with whom they appeared to feel comfortable. There is no evidence on whether participants are usually more or less willing to admit to difficulties and frustrations to a stranger. It is felt that this was probably not an impediment to accurate data collection, and may have increased participants' willingness to be frank. With the participants from the internship program, who the researcher did not know at the beginning of the study, considerable interaction occurred over the data collection period, any advantage of not knowing the participants was lost, and any advantage of knowing them may have quickly arisen. The researcher had previously taken part in the

supervision practicum and felt able to transmit to participants her respect for the difficulties and challenges to be faced. The participants appear to have felt that the researcher's previous experience with learning to supervise made it easier for her to understand what they were dealing with and experiencing. Developing rapport was not difficult, and the participants appeared to relate to the researcher as to a sympathetic peer. It is hoped that the gains to be made through the researcher's 'inside' view of the experience of becoming a supervisor were greater than the losses incurred. To assist in documenting possible differential affects of this and other interpersonal factors on the qualitative interviews, the researcher recorded impressions and areas of possible doubt, for reference during data analysis and reporting.

There was also some concern that participants might have wanted to 'help' the researcher by guessing at, and trying to live up to, the hypotheses to be confirmed. This might have occurred because some of the participants know the researcher or because graduate students in general tend to be heavily invested in seeing research go well. One way to reduce this kind of effect would have been to not have hypotheses; this position could be justified by the lack of previous empirical data on which to base expectations about specific results to be obtained from the quantitative sections of the study. The qualitative sections did not have hypotheses or expected results. Keeping any hypotheses secret from the participants was another alternative. However, it would not have been difficult for participants to guess at what kinds of changes in questionnaire results might be expected.

The collection of qualitative data may be especially good for reducing the

effects of these kinds of 'demand characteristics' when inquiring as to subjective states (Morrison & Hunt, 1996). This issue was also addressed through discussion, with participants, of the exploratory nature of this study. Since we had very little idea of what the results might be, it was especially important to focus more on gathering information about what was actually occurring than on confirming or disconfirming specific theories or hypotheses. Hypotheses were proposed for the quantitative data, because the questionnaires used were intended to assess change which was expected to occur in a specific direction.

The comparison participants in this study are graduate students in the same department as two of the supervisor participants. The possibility that communication between the participants might affect the questionnaire results of the comparison participants was considered. Participants were asked not discuss the questionnaires, but there may have been discussion of the supervision practicum and of the supervisor participants' experiences while participating in it. The questionnaires address self-perceptual issues and might therefore not be affected by recounting of others' experiences. However, a comparison participant might become, for example, more worried about her/his potential as a supervisor if she/he heard of a difficult experience from one of the supervisor participants, and this might affect questionnaire results. This possible threat to validity of the comparison between results from supervising and non-supervising participants must be considered.

The use of multiple methods to assess the process of supervisor development was an attempt to deal with the biases inherent in any specific methodology or instrument. This triangulation of the approaches to data collection is intended, as

summarized by Creswell (1994), to seek convergence of results, to permit the exploration of different facets of the same situation, and to allow for the appearance of contradictions and surprises.

Maxwell (1992) suggests a useful typology of validity issues which should be considered in qualitative research. Three types refer to the accuracy of the results. The first and foundational issue is that of descriptive validity, which refers to matters for which there is a framework for resolving disputes, where interpretation is not involved or is involved very little. The main question here is that the researcher is not making up or distorting data. This was dealt with in this study through tape-recording of interviews, and confirmation of transcripts with participants.

The second issue is that of interpretive validity - what things mean to the people involved. It is especially important to research such as this, where participants' perceptions, attitudes, thoughts and feelings are the central concern. To protect the validity of the interpretations made in data collection and analysis, participants were consulted on the accuracy of the assumptions made by the researcher in 'filling in' gaps in data, and in organizing and analyzing the data. Also to assess the validity of these interpretations, an outside researcher who was unfamiliar with the research topic and had no contact with the participants was asked to prepare a qualitative analysis of one longitudinal set of interviews (interviews at the pre-experience (Time 1), early experience (Time 2), and later experience (Time 3) phases for one participant) and one cross-sectional set of interviews (all the 'early experience' (Time 2) interviews) This analysis by an 'outsider' to the study will be discussed in the Results and Discussion sections.

The third type of validity of concern for this study is that of theoretical validity. This takes interpretation one step further, and looks at the validity of the analysis and results as an explanation of the phenomenon, not just a description. This includes the validity of the concepts which are derived from the analysis and interpretation of the data, and of the relationships between these concepts. Again, participant collaboration in analysis will contribute to the construction and confirmation of the themes to be found in the qualitative data, through discussion of these results with the researcher, as will the analyses by the research assistant.

Within this qualitative context, attempting to achieve some kind of 'objective' agreement about the 'right' analysis of the data is illogical (Creswell, 1994). A good and valid interpretation is what is aimed for. Participant collaboration and analysis by a second researcher were used to ensure that researcher perceptions were not the only viewpoint presented.

The fourth type of validity proposed by Maxwell (1992) is what is often called generalizability. Within qualitative research, generalizability or transferability of knowledge is based on assumptions that the information may be useful in understanding other, similar situations, as well as that described. While the information gained in this study was clearly of an exploratory nature, the 4 single cases may contribute to our general understanding of supervisor development. A significant proportion of psychologists, and most clinicians of other professional backgrounds, still learn to supervise by jumping in at the deep end, usually without a coach; this study provided information about two new supervisors who received little formal training, and about the two who received fairly intensive training in supervision. Also, this study took place in two

university-based clinics, rather than in the public sector agencies and institutions within which clinical supervision more commonly occurs. However, the theoretical models of supervisor development which have been put forward in the last ten years are intended to describe processes undergone by all individuals beginning as supervisors, not only those who have or who do not have specific training or who work in specific settings. As mentioned above, the degree to which the results of this study support a fairly consistent pattern of supervisor development affect generalizability.

Specific steps were taken to minimize bias in the collection and analysis of the qualitative data, as suggested by Weiss (1994). These included: using a semi-structured interview format so that all participants are given the opportunity to address the same issues; using open-ended questions, so that interviewer influence over participant responses is minimized; requesting concrete and specific information, to avoid context-dependent generalizations; and reporting data also in a concrete and specific way, with liberal quotation of actual data, to illustrate and support the interpretations and analyses made.

### Hypotheses

The PSDS was specifically intended to measure concepts used in Watkin's model, which attempts to bring in the major factors of all previous models. If the process of development or change as a supervisor gains experience occurs as this model proposes, the self-perceptions accessed by this questionnaire should change.



**Hypothesis 1. That a developmental process will occur as the student supervisors gain knowledge and experience, as reflected in rising scores on the Psychotherapy Supervisory Development Scale over the period of the study.**

**The SSI appears to measure a general 'positive feeling' about the self as supervisor, especially in its Attractiveness factor, and to assess certain stylistic trends which would not be expected to change very much in experienced supervisors; do these self-perceptions change when the experience of supervising is first encountered?**

**Hypothesis 2. That student supervisor comfort with the role of supervisor and confidence in skills will rise, as reflected by rising scores on the Supervisory Styles Inventory over the period of the study.**

**The working alliance between supervisor and supervisee is expected to be fairly quickly established as supervision begins. The supervisor development models consider that the supervisor becomes more able to perceive and respond to therapist needs as he/she gains experience, and to more accurately perceive the state of this alliance.**

**Hypothesis 3. That student supervisors will perceive an improving working alliance with their supervisees over time, as reflected in increasing Working Alliance Inventory scores over the period of supervision experience.**

## Method

### Subjects

Participants in this study were 6 clinical psychology doctoral students. All had had at least 450 hours of supervised clinical practicum experience as psychotherapists. None had had previous experience as a psychotherapy supervisor.

Two participants (S1 and S2) were taking part in a supervision practicum offered through the Psychological Service Centre of the University of Manitoba. These trainee supervisors supervised Social Work students on field placement at the Elizabeth Hill Counselling Centre, also run by the University of Manitoba. This clinic serves the general public, and the supervisees were attending individual adults, children and a group, for counselling, play therapy, or psychotherapy. Each supervisor supervised one individual case for each supervisee; S2 also supervised a group that her two supervisees ran together. The supervision practicum consisted of weekly three hour meetings from September to April with a faculty member who was the supervisor of supervision. The meetings from September to early November consisted of discussions of supervision theory, as presented in the textbook, Fundamentals of Clinical Supervision, by Bernard and Goodyear (1992) and of supervision issues, as well as role-playing and other skill-development techniques. During the month of November the supervision practicum was interrupted by outside circumstances, namely a strike by faculty at the University. The trainee supervisors first met with their supervisees in November, and began supervising therapy cases in January, carrying through until mid April (one student continued to mid-May). Supervision consisted of weekly meetings, carried

out as planned by the trainee supervisors. These sessions were audio-taped, to aid in supervision of supervision. The weekly supervision of supervision training meetings, from the time students begin supervising, consisted of supervision of the supervision given by the students as well as continuing discussion of readings from the text and of supervisory issues in general. The supervisees' field placements ended in April (with the noted exception, one of S1's supervisees), and the supervision practicum ended shortly thereafter.

Two of the participants (S3 and S4) were students on pre-doctoral internship at the Counselling Service, University of Manitoba. Neither supervisee received formal or informal instruction or readings on the theoretical or research bases of supervision. These interns had supervision experiences involving different formats and approaches. Each intern supervised one student. S3 supervised all of her supervisee's therapy cases. S4 supervised two therapy cases. S4 began supervising independently and received no formal supervision of supervision. S3 began by sitting in on supervision sessions with the student and the student's primary supervisor, then moved to participating in these sessions. At her request, she later carried out the sessions independently, without the presence of the primary supervisor (who was also the supervisor of supervision). Supervision of supervision primarily took the format of case management for this one supervision case. The supervisees were carrying out counselling with individual students at the University. One supervisee's practicum ended in April (S4's supervisee), and the other in late June (S3's supervisee), and the supervision experience ended at the same time.

The two comparison participants were students at a similar level of training

and experience as psychotherapists as the previously mentioned supervisor participants and had been interested in taking the supervision practicum until time constraints decided them against it. These individuals, however, did not take part in any training to become supervisors, nor did they have or gain any experience as supervisors during the time of the study. They filled out the SSI and the PSDS at the same times as the student supervisors. The results of these 'comparison' participants served to explore the effects of repeated completion of the questionnaires and of increased clinical experience on the results of these measures. These measures assess self-perception as a supervisor. Therefore, it was felt that possible discussions about the supervision experience between supervisor participants and comparison participants would not be likely to create changes in the comparison participants' questionnaire results.

### Instruments

Questionnaires are in Appendix 2

Supervisory Styles Inventory (SSI), Friedlander and Ward, 1984. This scale consists of thirty three items, each a one word descriptor of supervisory style. The supervisor is asked to rate the accuracy of that descriptor in describing his/her own style, on a 7 point Lickert scale. The measure assesses distinctive manners of approaching and responding to supervisees and implementing supervision. The SSI has three subscales, derived from factor analysis: 1) Attractiveness: reflects a collegial dimension of supervision. Descriptors on this scale include warm, supportive, friendly, open, flexible. 2) Interpersonally Sensitive: reflects a

relationship-oriented approach to supervision. Includes items such as invested, committed, therapeutic, perceptive. 3) Task Oriented: reflects a content-focussed style of supervision. Descriptors include goal-oriented, thorough, focused, practical, structured. No information is available about the internal consistency of this measure.

This measure is based on a model of supervision activity which is not specific to any particular theoretical orientation to psychotherapy or to supervision (Friedlander & Ward, 1984). Total scores and subscales have been shown to have good construct validity [r's from .45 to .62 in comparisons to Stenack and Dye's (1982, in Friedlander and Ward, 1984) measure of perceived supervisory role behaviours]. Subscale results have been shown to differentiate between supervisors of different theoretical orientations in ways that are consistent with the different approaches to the work expected between those orientations. For example, cognitive behavioural supervisors have been found to have significantly higher scores on the Task-Oriented scale than supervisors who follow a humanistic or psychodynamic orientation. The subscales have also been shown to differentiate between supervision of beginning clinicians and advanced clinicians, in ways that are consistent with theories of therapist development. High test-retest reliabilities have been found (for combined scales, .92, for each scale, from .78 to .94), and subscale results are not significantly related to social desirability (correlations of -.06 to .15). (Friedlander & Ward, 1984). (See Appendix 2)

This is the only supervision instrument to have undergone extensive reliability and validity studies. It has been shown to be sensitive to differing theoretical emphases in supervision. Changes in the total score may also reflect

the new supervisor's assessment of his/her abilities.

Psychotherapy Supervisor Development Scales (PSDS), Watkins, 1995b.

This 18 item measure is rated on a 7 point Lickert scale. This is a new measure, which has undergone initial validation. It is intended to measure supervisor development, according to the Supervisor Complexity Model (Watkins, 1990, 1994, 1995b). It has been shown to differentiate between high experience and low experience supervisors. Adequate reliability (alpha coefficient of .90) has been shown. Content validity has been supported through the process of item selection, which included a five-member consultation panel of experienced supervisors. No test-retest reliability information is available. (Watkins, 1995b) There are four subscales on this measure, derived from factor analysis. However, due to the low number of items on each subscale, the authors recommend using a total score, which should reflect overall supervisor development. In this study, subscale scores will be examined (but not compared statistically), to determine whether they can reflect differential rates of development in the supervisor's perceptions of the following factors: 1) Competence/Effectiveness: the supervisors perceptions of his/her own competence or incompetence as a supervisor. This factor is tapped by items such as: "As a supervisor, I structure the supervision experience effectively." 2) Identity/Commitment: the extent to which the supervisor feels identified with the role of supervisor and committed to that role. This factor includes items such as "If asked 'Do you really feel like a psychotherapy/counselling supervisor?', I could honestly answer yes." 3) Self-Awareness: the extent to which the supervisors perceives him/herself as having a realistic awareness of his or her strengths and

weaknesses as a supervisor and of his/her impact on on supervision. This includes items such as "I believe I have a good awareness about myself as a supervisor, the impact that I have on supervisees, and how I affect the supervisory situation as a whole." 4) Sincerity: the extent to which the supervisor feels he/she is an imposter or feels ill-at-ease in the role of supervisor. This factor is tapped by items such as "Sometimes I believe that I'm just playing at being a supervisor." (See Appendix 2)

The PSDS is the only measure available which is intended to assess the developmental level of the supervisor, and is directly related to Watkin's Supervisor Complexity Model (1990, 1994, 1995b).

Working Alliance Inventory (WAI), Horvath, 1982, as adapted for supervision by Baker, 1990. This 36 item inventory is rated on a 7 point Lickert scale. Items reflect the supervisor's perceptions of the state of the working alliance between him/herself and the supervisee. It is filled out by the student supervisor for each supervisory relationship they have. There are items reflecting both positive and negative aspects of the alliance. While there is considerable information available on the reliability and validity of the original form of this inventory, which is used to assess the alliance between therapist and client, there is little such information available for the supervision form.

The WAI has three subscales, derived by factor analysis of the original instrument: 1) Bond: the extent to which the supervisor feels there is a good connection or working relationship between him/herself and the supervisee. Sample item; "I feel uncomfortable with (supervisee). 2) Goal: the extent to which the supervisor perceives agreement between him/herself and the supervisee on

what the appropriate goals for their supervision are. Items include; "The current goals of these sessions are important for (supervisee). 3) Task: the extent to which the supervisor perceives agreement between her/himself and the supervisee on what tasks should be carried out as part of supervision, in order to reach the goals. Items include; "I feel confident that the things we do in supervision will help (supervisee) to accomplish the changes that she/he desires."

This measure was chosen because the state of the relationship with the supervisees may strongly affect the supervisor's perceptions of his/her own development, especially in areas such as competence and confidence. Thus it is important to be able to assess the supervisor's perception of that relationship. Although there are several measures of the supervisory alliance, the WAI has the advantage of including both negative and positive items. Like most of the other measures in this area, there has not been adequate study of the reliability and validity of this measure. However, the considerable body of research carried out with the therapist-client version of the measure inspires confidence.

It was originally intended to also use the Supervisory Focus and Style Questionnaire (SFSQ), Yager, Wilson, Brewer & Kinnetz, 1989. However, participants thoroughly disliked the scale, and felt that, since all its items were positive and very little concrete information was provided about the 'case' to be 'supervised' the tendency would be to endorse all items at a high level, in a meaningless way. The questionnaire was dropped from the study.

As none of these instruments have, to my knowledge, been used in a longitudinal study, the pilot base-line data and the data from comparison participants were used to establish stability.



Semi-structured interviews, approximately 2 hours in length:

The questions in the interview guide were designed to tap the following primary themes;

Background information which had been proposed to possibly affect the experience of learning to supervise, ie. theoretical orientation to therapy/counselling; level of confidence as a therapist.

Conditions of the experience which might affect the experience, ie; supervising how many people, on how many cases; what kind of training for supervision.

Self-perceptual issues such as role identification, anxiety level, perceived competence, based primarily in Watkin's model, but also in other areas brought up by other theorists, ie. self-perceived strengths as a supervisor will; how comfortable the supervisor was with the different roles a supervisor might take.

Resources the supervisor might be drawing on as she/he learns to supervise, ie. using skills from being a therapist, emulating his/her own supervisors, how the supervisor used supervision of supervision.

Theories and techniques of supervision which might change, based in models of all the theorists, ie. what a typical supervision session was like; how the supervisor goes about encouraging autonomy in supervisees.

Supervisors' expectations of change as they learned to supervise.

The interview guide also included open-ended questions which it was hoped might improve access to those factors and experiences which the supervisors felt were important to their development, but which were not covered in the more

specific questions.

Pilot testing of this interview led to the selection of questions which generated a great deal of focused information, and which could be covered within the intended time framework. Many of the questions were deliberately framed so as to elicit concrete information of actual experiences and emotional reactions, rather than abstractions about the supervisors' experiences. Pilot testing also explored the interview's ability to pick up those aspects which differentiate levels of development and developmental issues. To achieve this, it was piloted with two students who had had no experience with supervision and with two students who had recently completed the supervision practicum.

The interview questions are included in Appendix 1.

### Procedure

A diagram summarizing the data collection procedures follows;

Table 1

Design of Data Collection

	SSI	PSDS	WAI	Interview
June	2x	2x	no	no
July	2x	2x	no	no
Aug.	2x	2x	no	no
Sept.	2x	2x	no	yes (Time 1)
Oct.	1x	1x	no	no
Nov.*	1x	1x	1x	no
Dec.	1x	1x	no	no
Jan.**	1x	1x	1x	yes (Time 2)
Feb.	1x	1x	1x	no
March	1x	1x	1x	no
April	1x	1x	1x	yes (Time 3)

\* first contacts with supervisees

\*\* begin supervising therapy cases

**Pilot Phase:** All potential participants were contacted approximately 3 months prior to beginning their supervision training (which began in September). The study was explained, and if they agreed to participate in the pilot section, they were sent 6 copies each of the SSI and the PSDS. They were asked to fill out the SFSQ immediately and the other measures at alternating two and three week intervals up to the first week of September. They were reminded of the dates for filling out the questionnaires by telephone calls from the researcher. They sent the questionnaires in to the researcher after each time they filled them out. This was requested to avoid contamination by the participants looking at their previous questionnaires. It is estimated that responding to the two questionnaires took 10 to 15 minutes each time.

**Prior to beginning supervision training:** In the first week of September, just prior to beginning the internship/practicum, the participants took part in the semi-structured interview (these were the Time 1 interviews). S3 began her internship late, and was interviewed in late September. Interviews were audiotaped and transcribed. All names were deleted, as was any information about clients, and information which might identify supervisees was kept to a minimum (gender, general educational background, and whether or not they had had previous experience counselling). Participants received a copy of the transcript within two weeks after the interview; they examined the transcript for inaccuracies or for sections they wanted removed for reasons of privacy. This was felt to be particularly important, as the small number of participants and their specific training experiences in supervision made them identifiable within the university setting. No inaccuracies in the interview transcripts were pointed out, and only a

few comments of a personal nature were removed.

During the rest of the practicum and of the supervision training during the internship, participants filled out the SSI and the PSDS at the end of each month. The researcher dropped off questionnaires to each participant, and telephoned if there were any delays in getting the questionnaires back. All participants filled the questionnaires out at approximately the same time.

When the supervision experience began: Participants were asked to fill out the WAI after the first meeting with each of their supervisees. They then filled the WAI out at the end of each month, for each supervisee, up to the end of the supervision experience. They were reminded to fill out the WAI after the first session by notes and telephone calls; the WAI was included with the SSI and the PSDS in subsequent months. Comparison participants did not complete the WAI.

After approximately 3 sessions supervising: At this time, each participant took part in the semi-structured interview again (these are the Time 2 interviews).

Within 3 weeks of ending the supervision experience: Participants again took part in the semi-structured interview (Time 3 interviews).

### Analyses

#### Analysis of the Quantitative Data

The quantitative data was analyzed individually for each participant. The base line data were analyzed by visual inspection and calculation of correlation coefficients. Base line and developmental phase results for the PSDS and the SSI were graphed for visual inspection. Visual inspection of the quantitative data was

carried out following Parsonson and Baer's (1978) recommendations for improving analysis of graphed results. Visual analysis is also considered a conservative detector of change (Parsonson & Baer, 1992). While there was concern about ceiling effects on the data, it appeared from base-line data that there was room for improvement of scores.

It was hoped that these results could also be analysed using the ITSACORR procedure (Crosbie, 1993). ITSACORR was chosen as the mode of analysis because it is the only test of significance of change between base-line and intervention phases which can compensate for the very high correlations between data points in single subject designs, and can be used with few data points. It is a simple, reliable procedure to assess change with short, autocorrelated series, using least squares model. For these autocorrelated series, the method of analysis must be able to control Type 1 error for all level of Lag 1 autocorrelation up to .9. For ITSACORR, the risk of making a Type 1 error is less than the nominal alpha for all N and autocorrelation parameters. ITSACORR is conservative (it can detect moderate changes in intercept at  $N < 30$ ) and may have insufficient power. The program for ITSACORR provides F and t, and graphs the data with estimated steady-state trend lines. ITSACORR can maintain acceptable levels of Type 1 and 2 error with as few as five scores per phase, but optimal length is 10 to 20 scores per phase. Although the author of ITSACORR considers it especially useful for clinical research, it has the disadvantage of being a conservative test of the significance of change. It was expected that ITSACORR would be useful for these analyses, as minimum phase lengths of at least 6 points were expected. However, as discussed in the Results section, this did not occur. Results of the WAI

for each supervisee were graphed and compared to graphs of the results of the PSDS and the SSI, to aid detection of possible effects of an especially difficult or smooth supervisory experience on the questionnaire scores.

### Analyses of the Qualitative Data

Semi-structured interviews were transcribed and participants were given transcripts of their interviews within 2 weeks of the interview. They were invited to confirm the accuracy of the transcriptions and to indicate any sections they would like to have removed because of concerns about privacy or confidentiality. Only one section (consisting of four lines) of an interview was removed on request, and no corrections were made.

Interviews were analyzed using the Atlas ti qualitative data analysis program, DOS version (Muhr, 1991). This is a "powerful, well-designed, user-friendly program for coding and interpreting text." (Weitzman & Miles, 1995) On Atlas, texts (such as each interview) can be assigned to text families (such as 'all Time 1 interviews'). Quotations from the text are marked manually by the analyst or automatically, based on key words or phrases, and assigned to specific codes (such as 'supervising is like doing therapy'). Codes can also be assigned to families (such as 'all codes referring to anxiety or confidence'). Any quotation, code, code family, text, or text family can also have comments or memos attached to it. Links, either heirarchical or not, can be made between codes and between quotations, and these links may also have comments or memos attached. In this study, the code families were progressively linked along conceptual lines, becoming the 'themes' of the summary of the analysis.

Atlas then permits the data analyst to filter the coded data in several ways. For example, 'all quotations referring to the code family 'joking and laughter', from all of S1's interviews' may be pulled up. This filtering function was used in this study to group codes and quotations by text family for examination. When quotations are sent to an output file through the filtering process, each comes under the appropriate code, with identification of the text from which the quotation originated.

Atlas also supports theory building, through the creation of links, and by giving the links different logical properties. The resulting networks can be viewed and manipulated on a graphical interface. Code networks can also be exported to new projects or texts, to try the fit of the theoretical structure on a new data set or to permit re-coding of the same data with the same codes by another analyst, for comparison of results. These theory-support properties of Atlas were not much used on this project, other than as a step towards grouping codes into families.

For the primary analysis, qualitative analysis of the interviews started from the specific questions asked in the interviews, coding responses to each question separately, double and triple coding when a section appeared to be relevant to more than one code, and also creating new codes for responses or sections of responses which carried information that did not seem to be included under question codes. Some of the codes were collapsed after the initial analysis of the interviews was completed. A total of 43 codes were used in the end. Codes were then grouped into families, which became the themes; anxiety/confidence, techniques used in supervision, experiences of supervision of supervision, etc, to a total of 7. Themes were then filtered by supervisor at separate times, and the lists of



quotations provided through this filtering were used to prepare the summaries found in Appendix 3.

Participants were asked to read the summaries of the analysis of their interviews and comment on anything they felt was an inaccurate representation of their experiences or on anything they wanted to add to the analyses as clarification. No such comments were received within the time frame agreed upon by the researcher and the participants (2 months).

These summaries were then used to prepare summary notes for each supervisor. These notes were used to develop the summaries of individual experiences found in the Results section. The same notes were then summarized across supervisors and laid out in a matrix of theme by time, as recommended by Miles and Huberman (1994), to identify commonalities and differences across times and across supervisors, as reported in the Results section.

As discussed in the Introduction, a second analysis of some of the interviews was carried out by a research assistant unfamiliar with the topic and the participants and unconnected with the data collection. This analysis (also carried out using the Atlas ti qualitative data analysis program (Muhr, 1991)) covered all of the Time 2 interviews and all of the interviews for S1, so as to give a good sample for comparison to analyses by the principal researcher.

For the comparison analysis, the research assistant was asked simply to work towards themes and contents that appeared to be central to the experience. It was felt that this less directed approach to the analysis would give a better comparison with the primary analysis, which was necessarily based in the primary researcher's knowledge of the theoretical models of supervisor development,

acquaintance with the participants, and participation in the data collection. The secondary analysis ended up with a total of 9 main themes, with 22 codes. The comparison analysis (Appendix 4) was compared to the principal analysis, as discussed in the Results section.

## RESULTS

This results section consists of three parts. The first gives a brief summary of the results of the qualitative analysis of the interviews given by each participant. Within this section, the results of the questionnaires for each participant are also shown. The summaries attempt to identify some of the changes that occurred for each participant as she/he learned to supervise and what factors may have worked to individualize that change process. Sections in double quotes are direct quotations from the participant and interview shown. The complete analyses, as well as descriptions of the supervisors and their supervisees, are in Appendix 3.

The second part of the results section examines commonalities and differences among the experiences of each of the supervisor trainees. Within this section, results are grouped according to the main themes which arose from the qualitative data analysis.

The third section of the results sections shows the questionnaire results for the comparison participants and the summary tables and graphs of questionnaire results for the supervisor participants.

As a reminder; the first interview was carried out at the beginning of the practicum/internship experience (Time 1), before the participants had begun their training as supervisors or just as it was beginning. The second interview was done as the participants began to actually supervise students and client cases, after the second or third meeting with each supervisee (Time 2). The third was after the end of the supervision training experience, with the exception of one supervisor,

S3, who had the opportunity to extend sessions with her supervisee for two weeks after the last interview (Time 3).

### Each Supervisor's Experience

#### Supervisor 1

S1 was anxious about learning to supervise at Time 1, but not highly so; she felt that it was a learnable skill and that her natural anxiety would abate with time;

"K: Ahm, how confident do you feel as a supervisor at this point?

S1: Not terribly.

K: Not very.

S1: No, no ....

K: Can you elaborate on that?

S1: I'm nervous about starting to supervise, I'm wondering what kind of people I'll be getting, what their experience will be, ah, ahm, if they'll find my input useful, if they'll be resistant. You know, a lot of that's really an unknown quantity right now, and I think it will, anticipation is the worst part, as with anything.

K: OK.

S1: You know, once I actually, ah, go in there for that first session, I think I'll be fine. Ahm, I'm also not that confident because, not only

because I haven't done it, but because I don't know a lot about it.

Ahm, I know what I like and dislike from my own experience, but I don't know a lot about it in terms of various models or, or theoretical knowledge."

She wanted to learn both the theory and the practice of supervising, and saw supervision as essentially a facilitative process. She felt she had strengths in the interpersonal and communication skills important to supervising, and could not identify more than one potential weakness. She was worried about being able to see all the connections and complexities necessary to supervise well;

"S1: Another one that, I don't know, this may be cheating, 'cause I've heard (a classmate who had taken the supervision practicum the previous year) talk about it, but, something that is on my mind is how difficult, whether it's going to be difficult, how difficult it's going to be to, sort of, when I see the transcript, or the tape of a therapy session with my supervisee and the client, uhm, am I going to be thinking about what I would have said in that situation, how many times is that going to be helpful for the supervisee to hear, or do I need to be thinking more about the process, like, how easy is it going to be for me to step back from that session and to see it as a supervisor rather than as a therapist?"

She was also worried about ever having to confront a supervisee. At this

point, she was thinking about supervision by comparison to her own experiences as a therapist and as a supervisee. She was not comfortable with power issues or evaluation, and thought her greatest challenge as a supervisor might be having a supervisee who resisted her suggestions.

Some of the factors that appear to have been affecting S1's experience at Time 1 include: her level of confidence as a therapist, which made her feel this was a good time to learn to supervise; the format of the training experience, especially the inclusion of both didactic and experiential components, and the fact that she felt it would be both effective and supportive; and her generally positive experiences with her own supervisors.

By Time 2, S1's anxiety had risen sharply. This was partly due to a dip in her confidence in her own therapy skills and partly to her recognition that supervising was a complex process that brought a lot of responsibilities.

"S1: I guess I didn't anticipate that it would be this challenging. I think I was probably in a bit of denial about it ...

K: (chuckle) About how hard it would be.

S1: I mean, in order to do this kind of thing I think you do need to sort of hoodwink yourself into it and say, you know, 'I can do this, it'll be fine', and, uh, I think I did have ideas about what, that some things would be difficult, you know, just from hearing about (classmate's) experience and doing some reading. And so, I think I went into it with my eyes open, but maybe, hm, maybe with sunglasses on!"

She was trying to be patient with herself, but could see few strengths and had a clear impression of several weaknesses as a supervisor. She had learned about several theories of supervision and felt most comfortable with a developmental model. She continued to see supervision as primarily a facilitative process but also recognized the need for structure and a didactic component with beginning supervisees. She was still uncomfortable with power issues and saw her own difficulties supervising as her greatest challenge at this time. She discussed many more techniques of supervision and used examples from supervising to illustrate her points.

Factors affecting S1's experience at Time 2 include: the format of her training experience; her level of confidence in her skills as a therapist, which had decreased; the developmental level of her supervisees, both of whom were fairly novice, one being more so; and the supervisee's enthusiasm for this experience. She felt that the inclusion of the didactic component of her training to supervise had both increased her confidence and perceived ability to do this work, by providing a theoretical framework and specific techniques to use, and increased her anxiety about doing the work, by bringing up potential difficulties and challenges. S1 found that working with supervisees who had little experience as therapists caused her to attempt to adapt her supervision strategies, and helped her to be aware of how much she did know about doing therapy. She also believed that if she had had supervisees who were reluctant to participate in this experience, she would have felt much more awkward and less identified with the role.

By Time 3, S1's confidence had risen again. She had few worries about supervising, and did not feel anxious about it.

"S1: I, I wasn't anticipating being as comfortable with this as I am. But I think that my comfort level has increased with that, partly because I've been able to incorporate it into supervision, in a way that, uhm, felt right for me. You know, I was able to, I think maybe, it's maybe been two-fold. First that I, was able to trust myself that I did have information that would be useful to impart!

K: Useful to impart (chuckle), OK.

S1: And second, that I could do that in a way that, where I wasn't lecturing, or kind of going on and on,

K: Or just telling them what to do.

S1: Yeah!"

She was able to identify quite a few of her strengths as a supervisor, as well as several weaknesses, perhaps indicating increased self-awareness. She continued to work mostly within a facilitative approach, based on the developmental model of supervision. She mentioned many supervision techniques, including being directive when that was appropriate and talked about specific ways to encourage supervisee autonomy. In referring to one technique she used, that of always asking the supervisee for their thoughts and opinions about a specific issue before giving her own, she reported:

"S1: (...) and that's not something I had anticipated, really, I think that that's just something I did, without really realizing what I was doing.



K: Uh hm.

S1: A good thing (chuckle). You know, and, uh, unlike many of the things we do when we don't realize what we are doing, and, so I think now, that, doing that all the way along, it gives me a better sense of where the supervisee is at, and ...

K: How they respond to that.

S1: Yeah, and you know, where their conceptualization is at, and where their skills are at, and, so, I have a better idea all the way along, and it's much easier to decide, OK, now they can, do this on their own."

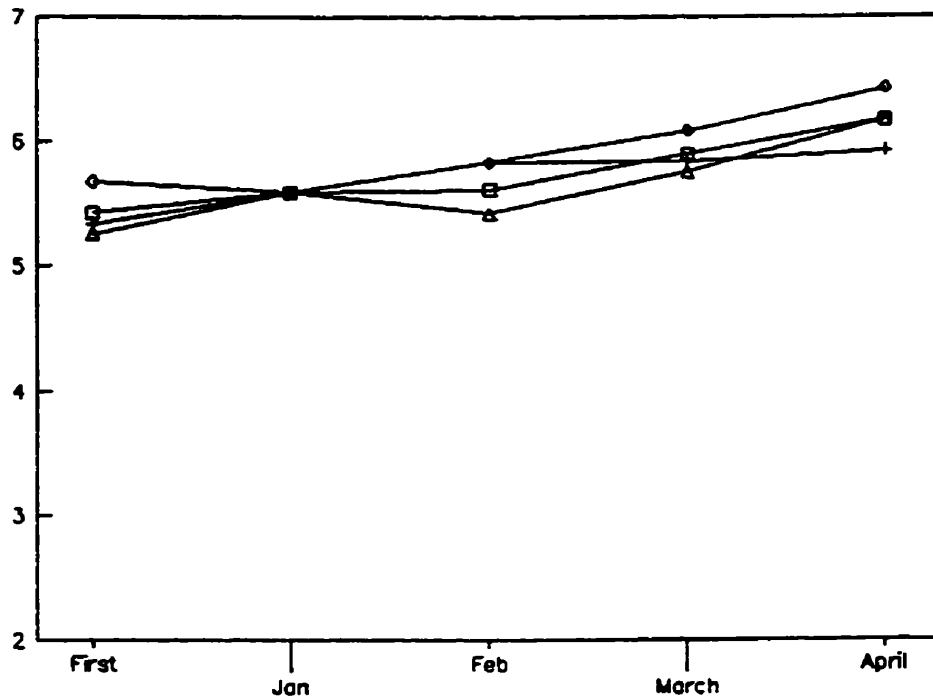
She was somewhat more comfortable with the power and responsibility of the supervisor role and with the process of evaluating her supervisees. She had found supervision of supervision very helpful, primarily to help her think about her own work as a supervisor. She identified helping her supervisees deal with difficult clinical issues as the greatest challenge she had faced. She made a few comparisons of learning to supervise being like learning to do therapy but mostly used examples from supervising to illustrate her points.

Factors influencing S1's experience at Time 3 include: supervision of supervision as a supportive place to process her learning experience; her supervisees' enthusiasm for the experience; her supervisees' somewhat different developmental levels; her own confidence as a therapist, which had risen; the type of client cases she was supervising, which were fairly challenging; her perceptions of her work as a supervisor as effective; and the supervisees' positive feedback to

her about her effectiveness as a supervisor. She found that the supportive atmosphere of supervision helped her to be open about her difficulties and doubts, which increased the value of the learning experience for her. S1 also felt that having experience with one somewhat more experienced supervisee and one somewhat less experienced one increased her own ability and confidence in recognizing and working with therapist developmental issues in supervision.

Graph 1: SI's Working Alliance Inventory Mean Scores

S1 TH1 WAI MEAN SCORES



S1 TH2 WAI MEAN SCORES

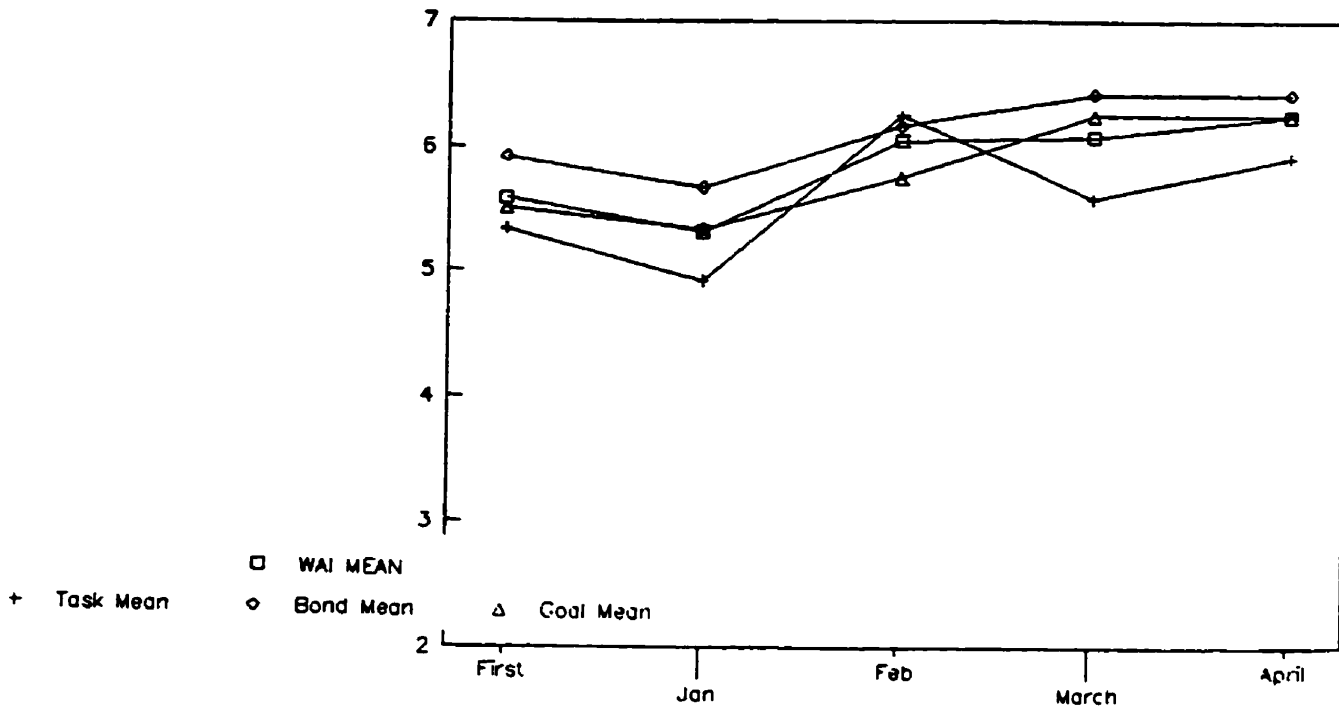


Table 1: WAI Scores for S1

WAI Th1	total	mean	Task	Bond	Goal
1st	195	5.42	5.33	5.67	5.25
Jan	201	5.58	5.58	5.58	5.58
Feb	202	5.61	5.58	5.83	5.42
March	212	5.89	5.83	6.08	5.75
April	222	6.17	5.92	6.42	6.17

WAI Th2	total	mean	Task	Bond	Goal
1st	201	5.58	5.33	5.92	5.50
Jan	191	5.31	4.92	5.67	5.33
Feb	218	6.05	6.25	6.17	5.75
March	219	6.08	5.58	6.42	6.25
April	225	6.25	5.92	6.42	6.25

As did all the participants, S1 filled out the WAI on four occasions for each supervisee, to report on her perceptions of the working relationships with her supervisees. The WAI scores show that S1 felt that these relationships went well

from the beginning, with a slight rise in scores towards the end of the supervision experience. This is confirmed by the interview data. For Th1, S1's ratings of Task, Bond and Goal subscales were very similar. For Th2, S1's ratings of the Task subscale were somewhat lower than the other subscale scores, possibly indicating a perception of less agreement with Th2 about what should be done in supervision and counselling sessions to achieve the goals of supervision.

Graph 2: S1's Psychotherapy Supervisor Development Scale Mean Scores

S1 PSDS MEAN SCORES

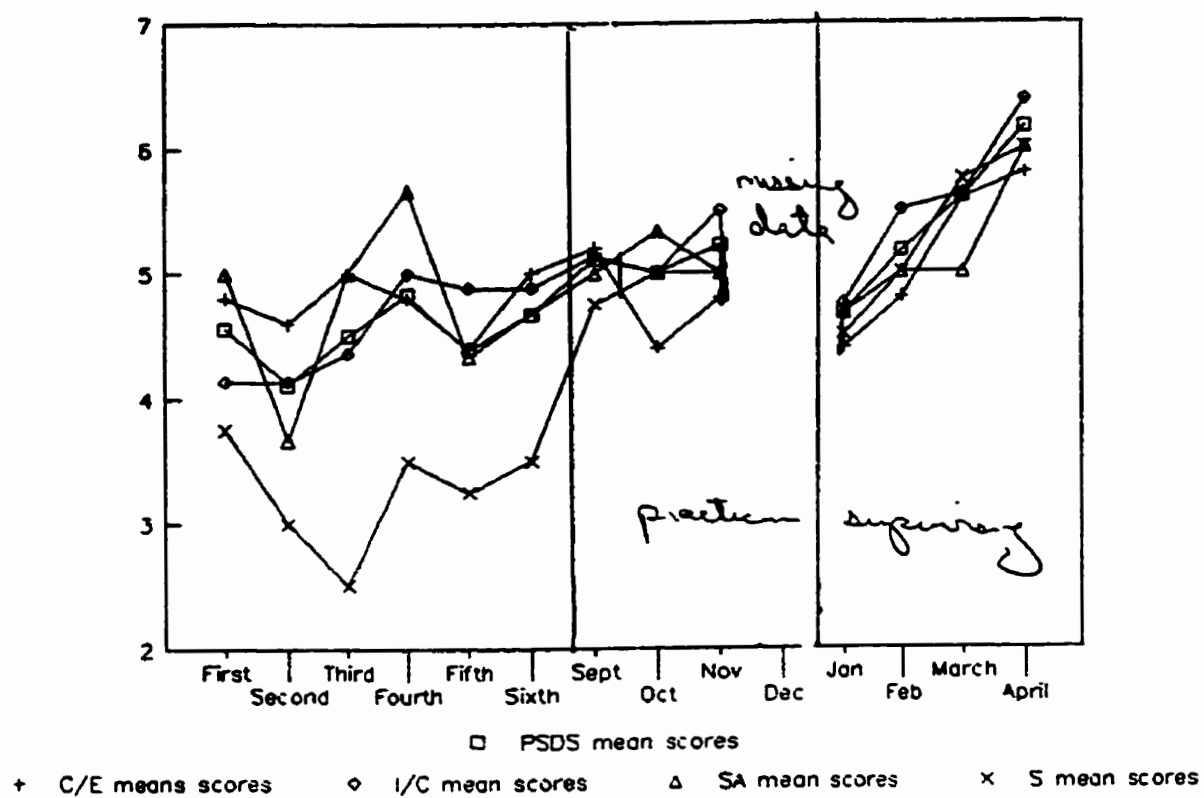


Table 2

PSDS Scores for S1

PSDS	total	mean	C/E	I/C	SA	S
1st	82	4.56	4.80	4.13	5.00	3.75
2nd	74	4.11	4.60	4.13	3.67	3.00
3rd	81	4.50	5.00	4.36	5.00	2.50
4th	87	4.83	4.80	5.00	5.67	3.50
5th	79	4.39	4.40	4.88	4.33	3.25
6th	84	4.67	5.00	4.88	4.67	3.50
Sept	92	5.11	5.20	5.13	5.00	4.75
Oct	90	5.00	4.40	5.00	5.33	5.00
Nov	94	5.22	4.80	5.50	5.00	5.00
Dec	NO	NO	NO	NO	NO	NO
Jan	84	4.67	4.40	4.75	4.67	4.50
Feb	93	5.17	4.80	5.50	5.00	5.00
March	101	5.61	5.60	5.63	5.00	5.75
April	111	6.17	5.80	6.38	6.00	6.00

The Competence/Effectiveness subscale of the PSDS was somewhat variable over the pre-practicum and didactic sections, then rose during the supervision experience.

The Identity/Commitment subscale on the PSDS for S1 rose slightly over the pre-practicum period, held steady throughout the didactic portion of the practicum, and rose notably during her experience supervising.

The Self-Awareness subscale scores were extremely variable during the pre-practicum period, more steady during the didactic section, and then consistently rising over the supervision experience.

S1's Sincerity subscale was considerably lower than the other subscales during the pre-practicum period, rose to the level of the other subscales as S1 entered the practicum didactic section, then remained fairly steady and until rising with the other subscales during the supervision experience.

These quantitative results are consistent with S1's interview reports of her self-perceptions around the issues assessed by the PSDS.



Graph 3: S1's Supervisory Styles Inventory Mean Scores

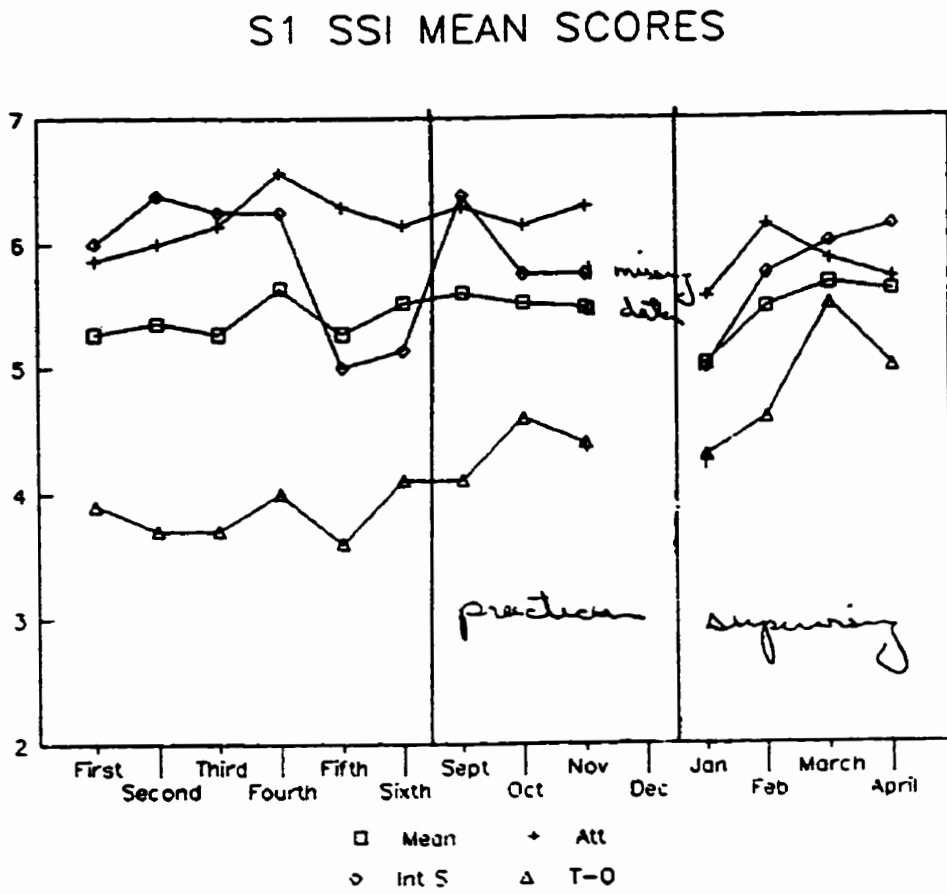


Table 3: S1 SSI Scores

SSI	Total	Mean	Att	Int S	T-O
1st	174	5.27	5.86	6.00	3.90
2nd	177	5.36	6.00	6.38	3.70
3rd	174	5.27	6.14	6.25	3.70
4th	186	5.64	6.57	6.25	4.00
5th	174	5.27	6.29	6.00	3.60
6th	182	5.52	6.14	6.13	4.10
Sept	185	5.60	6.29	6.38	4.10
Oct	182	5.52	6.14	5.75	4.60
Nov	181	5.48	6.29	5.75	4.40
Dec	NO	NO	NO	NO	NO
Jan	166	5.03	5.57	5.00	4.30
Feb	181	5.48	6.14	5.75	4.60
March	187	5.67	5.86	6.00	5.50
April	185	5.61	5.71	6.13	5.00

The items on the Supervisory Style Inventory appear to relate to issues of theory of what is appropriate and helpful in supervision, as well as to the

individual's preferred style of supervising. S1's Attractive scale on this instrument was quite high throughout the period of the study. The Interpersonally Sensitive scale was quite variable all along, with perhaps a slight rise as S1 got experience supervising. The Task-Oriented scale was consistently much lower than the other two, perhaps reflecting S1's discomfort with directiveness as reported in the interviews. However, it rose quite steeply when she began to supervise, reaching levels nearer to that of the other two scales. This data is also consistent with her interview reports of increasing activity/directiveness in supervision in response to her perceptions of supervisee needs.

## Supervisor 2

At Time 1, S2 felt quite anxious about learning to supervise, partly because she would have liked to have more experience as a therapist before taking on this new role. She could identify few strengths she might have as a supervisor, and worried about several things. She hoped to change in ways that made it possible for her to;

"S2: (...) identify what the person would need, and, uhm, to be able to, uh, walk the fine line between facilitating, or, yeah, facilitating their own insight and their handling of things, as opposed to my directing them.

K: So that feels like something that, that really has to be learned and developed as you go along learning to supervise.

S2: Yeah, and I think it's an individual situation. You have to spend time with somebody to be able to, to understand what it is they need and what their approach to things would be. Uhm, so there's a lot of personality variables that I think would enter into that as well.

Would the person be receptive, are they looking for that type of structure, and if they are looking for that type of structure, is it necessarily the best thing to provide it?"

She was more interested in learning about specific supervision techniques than general models, and was not comfortable with issues of power, especially because it implied considerable responsibility. She thought her greatest challenge might be giving negative feedback to a supervisee. She discussed a few supervision techniques;

"S2: So, sometimes, ahm, I would think, challenging somebody and saying 'where do you want to go with this' or 'what is it that you need', when they haven't got the idea of what they might need or where they want to go, seems kind of fruitless."

At Time 1, S2 used many examples from her experiences as a supervisee.

Factors which appear to have influenced S2's perceptions at Time 1 include: her level of confidence and experience as a therapist, which she wished were higher; her own research into supervisee experiences, which had made her more aware of supervision issues and of issues around learning to supervise; and her own experiences as a supervisee, which had both positive and negative aspects. S2 felt that these experiences had given her both positive and negative models of how to supervise, as well as creating some anxiety about inadvertently doing things that might be ineffective or irritating to the supervisees.

At Time 2, S2 reported having experienced "panic" just before beginning to supervise, but her anxiety was already abating. She did not feel very confident as a supervisor, and worried about specific supervision issues and the responsibility of being a supervisor. She was aware of a few strengths and a few weaknesses she

might have as a supervisor and was still uncomfortable with power and evaluation issues. She had no overall model of supervision, preferring to focus closely on recognizing and responding to the needs of each supervisee. She discussed quite a few supervision techniques and used predominantly comparisons and examples from supervising and from supervision of supervision. Her greatest challenge at this time was a specific supervision process issue with these supervisees, involving the dynamics between the two supervisees, who were doing a group together and having joint supervision on that group. She felt that this issue had made her feel anxious about how to deal with it effectively, but that having done so, it increased her confidence in her abilities.

Factors influencing S2's experience at Time 2 include: what she had learned in the didactic portion of supervision of supervision; her own confidence as a therapist, which was growing; her students' developmental level as beginners; and her student's enthusiasm for this experience;

"S2: (...) They (supervisees) are looking for, this is a real opportunity, they are taking it so seriously, and wanting to know so much, 'any material, any resource, any help you can give me is going to be, a boost'. That, even when I do something that I see as very small, seemingly insignificant, and they take it and find some value in it, uhm, it really helped me. At first I thought, imposter syndrome. I can't possibly go in there, there's nothing I can say. What am I going to tell them? They're (already) dealing with very difficult cases,

they've done it (counselling) on their own.

K: So that's how you felt, just before you started?

S2: Sure, even though there was this, you know, a lot of this learning process with (supervisor of supervision), I thought, when it comes right down to it, what have I got to, to say to these people? I'm not so far removed ...

K: From where they're at.

S2: From where they're at, you know. And so, I thought, this is going to be an exercise in ... being the supervisor. When I saw, and when I came to the realization, 'I think I can help on this one point, I think there is something that I can say here'

K: You have a contribution to make.

S2: I do have a contribution, and that's exactly the language that I, I caught myself using. Uhm, ... my self-talk type thing. I felt a lot better about doing this, and I, I didn't take it, certainly, more seriously; it had more meaning for me, though."

S2 felt that learning about new techniques, practicing supervision skills and articulating her own ideas about therapy and supervision had been helpful aspects of the didactic portion of her training experience, as had interacting with her fellow supervisor-trainee. She felt that her confidence as a therapist had been growing due to increased experience and seeing the results of therapy in her clients' reports. This had increased her confidence that she knew enough about therapy to have something to contribute to her supervisees' learning process. Her supervisees'

enthusiasm for the experience and positive reactions to her suggestions also contributed to this level of confidence in her supervisory abilities. The fact that her supervisees were both beginners as therapists meant that she had had to adapt her approach to supervision from what she might have expected in her own supervision at this time. This made the need to be responsive to individual supervisee needs very clear to S2.

By Time 3, S2's anxiety had dropped and she was feeling fairly confident as a supervisor. She was able to recognize several of her strengths and her weaknesses as a supervisor and had few worries about supervising. She was more comfortable with all the roles a supervisor might take and with knowing when to use each. She was somewhat more comfortable with power and evaluation issues, and with the responsibility which goes with supervising. She reported not having a preferred model of supervision, preferring to focus on individual needs in supervision (although this focus in itself excludes certain models of supervision). She discussed quite a few techniques of supervision;

"S2: I was aware of, and much more appreciative of, uh, instances in supervision where a supervisor will, delicately present a scenario, either of something that's going on in therapy, or something that's going on in the supervisory relationship itself, in a way that allows, that allowed me, hence allowed the supervisee I was working with, the opportunity to, to uh, develop insight at their own rate, without having it spoonfed, without having it spelled out, it's a very delicate,



uh, talent, I think.

K; Uhm hm.

S2: And most, a very, very effective way of learning, and I really strived, ah, to have some of those moments, and I can recall those moments when they did work out, but they were not that easy to orchestrate, even though, seemingly, they're just the simplest of things. Ah, the second thing that I learned you have to contend with, and what I understand to be my own problem in this, is that, uhm, the whole process is so subtle, that the supervisee may very well, and I also had to laugh at myself, think 'well, you know, can't you see this?', or 'look at this conclusion that I've come to, shouldn't you have seen this?'. (chuckle)

K: (laugh) When actually you were attempting to help them reach that conclusion.

S2: Well, yeah, and the idea is to not take any credit and have it look like the balloon just developed above their head!"

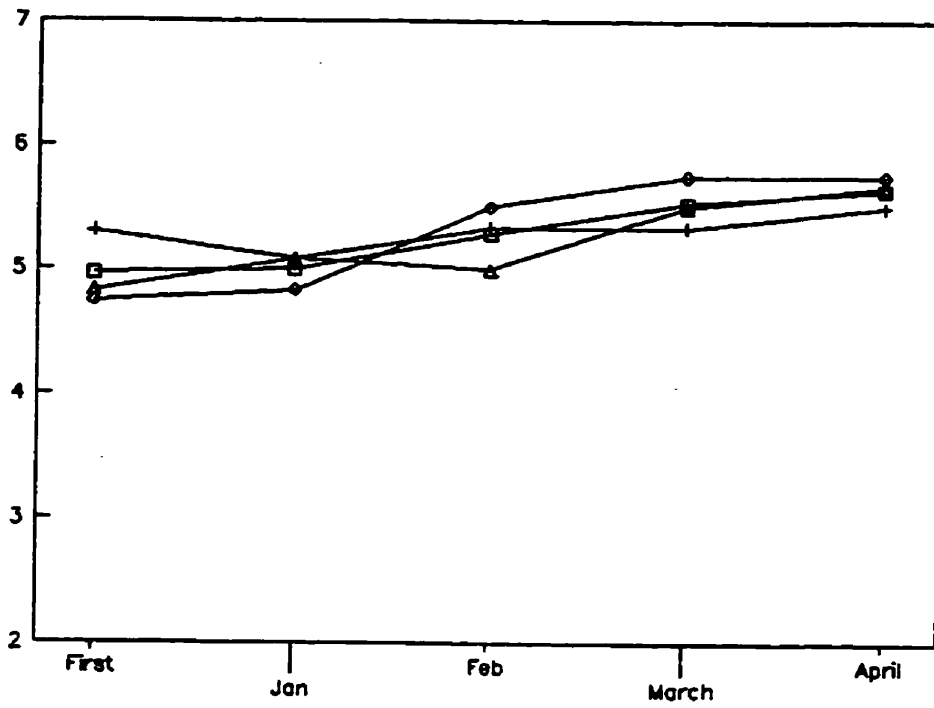
Her greatest challenge had been a supervision process issue with one of her supervisees, relating to the supervisee's skill level and pace of learning.

Factors which may have affected S2's experience at Time 3 include: supervision of supervision; her own perceptions of being effective in supervision; her supervisees' different developmental levels; and her supervisees' enthusiasm and positive feedback to her. She felt that supervision of supervision had been especially helpful in providing a time and place for thinking about and receiving

feedback on supervising, and for gaining different perspectives, including normalization of her experiences and reassurance about situations which had made her anxious.

Graph 4: S2's Working Alliance Inventory Mean Scores

S2 TH1 WAI MEAN SCORES



S2 TH2 WAI MEAN SCORES

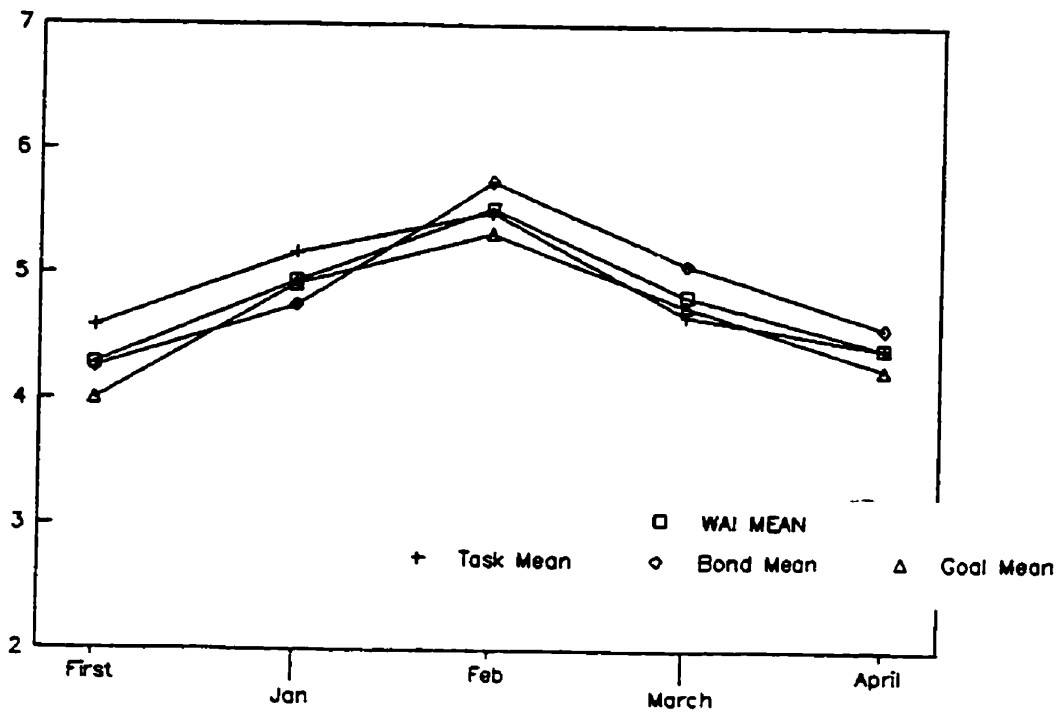


Table 4: S2 WAI Scores

WAI Th1	total	mean	Task	Bond	Goal
1st	179	4.97	5.30	4.75	4.83
Jan	180	5.00	5.08	4.83	5.08
Feb	190	5.28	5.33	5.50	5.00
March	199	5.53	5.33	5.75	5.50
April	203	5.64	5.50	5.75	5.67

WAI Th2	total	mean	Task	Bond	Goal
1st	154	4.28	4.58	4.25	4.00
Jan	178	4.94	5.17	4.75	4.92
Feb	199	5.53	5.50	5.75	5.33
March	174	4.83	4.67	5.08	4.75
April	159	4.42	4.42	4.58	4.25

The WAI scores which register S2's impression of the working relationship between herself and Th1 show that from the beginning she felt the relationship was quite good, and that it improved slightly with time. This is consistent with what S2 reported in interviews. Subscale results are all close to the global scores,

implying that S2 perceived the Task, Goal and Bond aspects of the relationship as fairly consistent. For Th2, WAI global scores started out lower than for Th1, with Goal subscale scores lower than the others, indicating a perceived difference of opinion between herself and Th2 about what they should be trying to accomplish in supervision. All these WAI scores went up over time for Th2, and the Goal subscale had reached levels similar to those of the other subscales within two months of supervision, continuing at these levels until the end.

Graph 5: S2's Psychotherapy Supervisor Development Scale Mean Scores

S2 PSDS MEAN SCORES

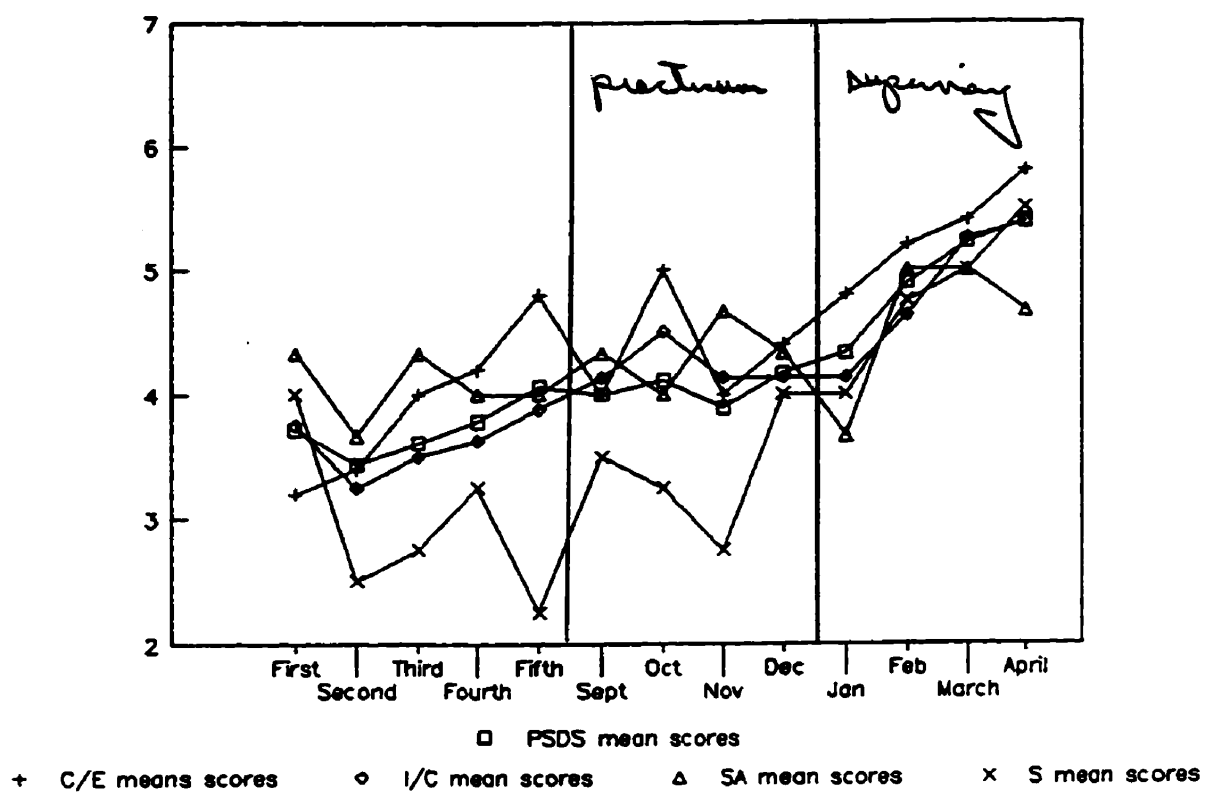


Table 5: PSDS Scores for S2

PSDS	total	mean	C/E	I/C	SA	S
1st	NO	NO	NO	NO	NO	NO
2nd	67	3.72	3.20	3.75	4.33	4.00
3rd	62	3.44	3.40	3.25	3.67	2.50
4th	65	3.61	4.00	3.50	4.33	2.75
5th	68	3.78	4.20	3.63	4.00	3.25
6th	73	4.06	4.80	3.88	4.00	3.25
Sept	72	4.00	4.00	4.13	4.33	3.50
Oct	74	4.11	5.00	4.50	4.00	3.25
Nov	70	3.89	4.00	4.13	4.67	2.75
Dec	75	4.17	4.40	4.13	4.33	4.00
Jan	78	4.33	4.80	4.13	3.67	4.00
Feb	88	4.89	5.20	4.63	5.00	4.75
March	94	5.22	5.40	5.25	5.00	5.00
April	97	5.39	5.80	5.38	4.67	5.50

S2's Psychotherapy Supervisor Development Scale mean scores started out quite low, rising slightly during the pre-practicum period, then stabilizing until she

began supervising. During the supervision experience, these scores rose consistently. Her scores on the Competence/Effectiveness subscale followed approximately the same pattern, although they were more variable during the didactic portion of the practicum. Her Identification/Commitment scores followed the same pattern as the mean scores. Her Self-Awareness subscale scores began as the highest subscale score, although results were somewhat variable. During the didactic portion of the practicum, they were still variable but were closer to the other sub-scale results. During the supervision experience, these scores continued somewhat variable but generally rose. The Sincerity subscale showed an extremely variable pattern and was the lowest subscale through the pre-practicum period and the didactic portion. It reached levels similar to the other subscales when S2 began to supervise, and rose consistently thereafter. These results are consistent with what S2 reported in interviews, especially the result of variable self-perceptions prior to beginning to supervise, followed by improvements as she gained experience supervising.



Graph 6: S2's Supervisory Style Inventory Mean Scores

S2 SSI MEAN SCORES

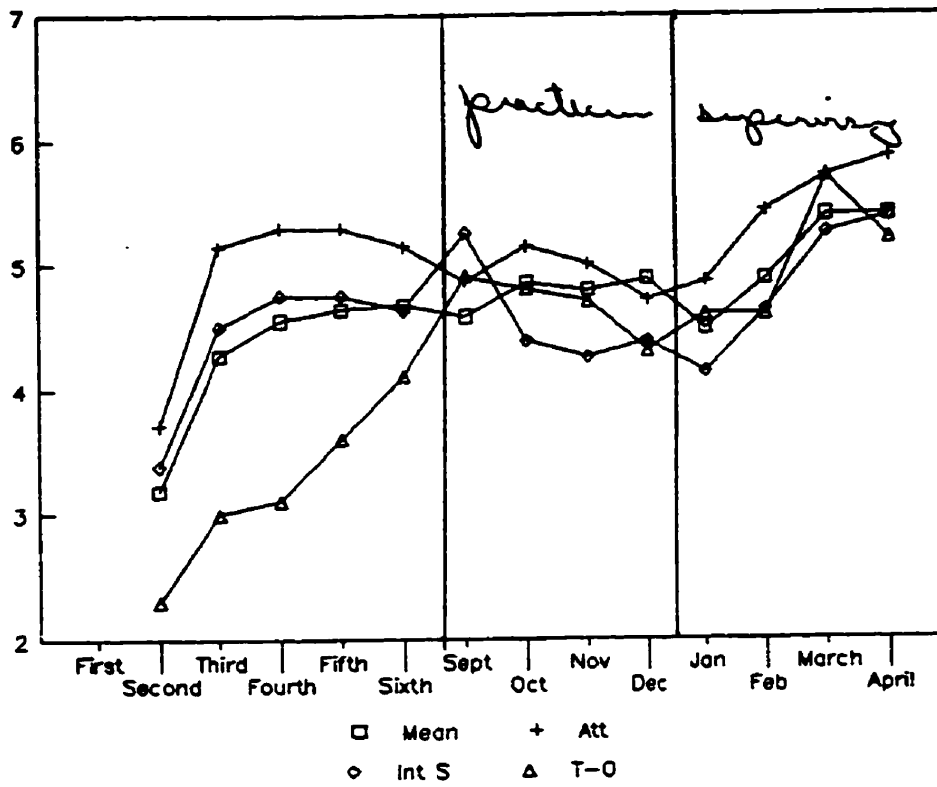


Table 6: SSI Scores for S2

SSI	Total	Mean	Att	Int S	T-O
1st	NO	NO	NO	NO	NO
2nd	105	3.18	3.71	3.38	2.40
3rd	141	4.27	5.14	4.50	3.00
4th	150	4.55	5.29	4.75	3.10
5th	153	4.64	5.29	4.75	3.60
6th	154	4.67	5.14	4.63	4.10
Sept	151	4.58	4.86	4.25	4.90
Oct	160	4.85	5.14	4.38	4.80
Nov	158	4.79	5.00	4.25	4.70
Dec	161	4.88	4.71	4.38	4.30
Jan	148	4.48	4.86	4.13	4.60
Feb	161	4.88	5.43	4.63	4.60
March	178	5.39	5.71	5.25	5.70
April	178	5.39	5.86	5.38	5.20

S2's Supervisory Styles Inventory mean global scores started very low, rose during the pre-practicum period, then stabilized over the didactic portion. They

then rose during the supervision experience. This may reflect the increase in general positive self-perceptions which S2 reported in the interviews, once she began to supervise. Subscale scores of Attractiveness and Interpersonal Sensitivity followed this same pattern, while the Task-Oriented subscale started out noticeably lower than the other scales but had reached approximately the same level by the time the practicum began and then changed as had the other scales. Again, this may reflect S2's initial dislike of the idea of being directive in supervision, followed by the perception that because her supervisees were not very experienced as therapists, they required more structure and task-orientation in supervision, as reported in the interviews.

### Supervisor 3

At Time 1, S3 was not feeling very anxious about supervising, because there were too many other things going on at the same time, including moving to a new city and beginning her internship late. She did not feel very confident about supervising and worried about quite a few things.

"S3: There are, I mean, there are so many things, so many approaches, ... right now, I can't imagine knowing all those and being well-versed. So, yeah, I would feel out of my depth, I would feel that if I didn't know it, that I was, uhm, you know, uhm, that I wasn't ... uhm, knowledgeable enough. But at the same time, I would then come back at myself and say, like, 'stupid, you can't know everything,

it's OK!'. So you just tell them to teach you about it. You know, tell them to, ah, that you're not familiar with this particular way of doing things, and can they please explain why they are doing that, or how, you know, how this whole process works, and, so that it would be more of a learning process, as I do anyways, with clients, I can't know all, particularly cultures, different cultures, since I tell them to instruct me. That I can't know all of them, but they will just have to instruct me.

K: OK, so it's likely to occur, but you're not so uncomfortable with the idea of how to deal with that?

S3: Yeah."

Another thing she worried about was;

"S3: The consultant role? Yeah, I guess that would be, ahm, that would be sort of like an iffy thing, too, just not too comfortable, because, I'm ... not sure if I can see the bigger picture?

K: OK, being in that outside role again.

S3: Exactly, you know, not, not sure if ... I can have something else that I can contribute to what they're already thinking about it.

K: OK.

S3: And if there isn't, you know, worrying, that, you know, 'oh God, I haven't really done much'. You know, 'I just sat here and said; good idea!' (laugh)

K: (laugh) And sometimes that may be all they need, but still, you don't feel like you've made a major contribution! (laugh)

S3: (laugh) Exactly, and you begin to wonder, 'why am I here?'

She could identify several potential strengths and weaknesses in her work as a supervisor and was quite aware of power issues, although not sure how to handle them. She had no theory or model of supervision but preferred a facilitative approach.

"S3: I don't feel that I need to be that active (chuckle) and directive. I feel that they're here, uhm, you know, they're learning, uhm, and they're at a level where they don't need somebody telling them what to do, they're learning they're own style, and so, you know, I think only in instances where I strongly feel maybe that what they're doing is, uhm, unethical, or something that would go against, you know, that's the main thing, some unethical sort of thing. And then I would be really active and directive, and doing something about it."

She discussed some supervision techniques and used examples and comparisons about therapy and her own supervision. She imagined that a supervisee who did not follow her recommendations when she thought they were important might be her greatest challenge as a supervisor.

Factors which appeared to be influencing S3's perceptions of supervising at this time include: her low confidence in her ability to articulate what she did in

therapy, the fact that she did not chose to learn to supervise at this time, being busy with many other things at the same time, and her generally good experiences with her own supervisors.

At Time 2, S3 felt a little anxious about supervising, and moderately confident. However, she was very unhappy with the format of supervision, with her supervisor of supervision participating in sessions. She felt that this implied a distrust of her ability to supervise competently. Having the supervisor of supervisor there and actively participating in supervision sessions also meant that she could not choose or negotiate the approach to supervision she would use, nor could she experiment and find out what worked best for her. She had some worries about supervising, and her perceptions of her own strengths and weaknesses had not changed;

"S3: In fact, I, in this particular experience, I am finding it difficult to, really look for the negative, for what he (the supervisee) is missing. Instead I'm real, kind of looking, 'oh, well, he has really good listening skills, he has this, he has this ....'. So it's difficult to kind of, be, kind of in critical mode.

K: Even if that critical mode is to, OK, what is he missing, so that we can help him gain it, but it's still hard to, to make that kind of shift in focus.

S3: Yes, uh hm."

She continued to wonder about issues of power and boundary issues such as

self-disclosure;

"S3: (...) I need to really question why, the reason why I'm self-disclosing, in the same way we do with a client. Am I self-disclosing because I need to have, I need for some reason to have this person (the supervisee) know, about a part of my life? Ah, then I need to examine what that's about. But if I'm only self-disclosing because, I think it will help him, uhm, understand maybe what's going through, what he's going through now, then that would be an appropriate self-disclosure. But not because I want him to know me better, or I want him to be impressed by me."

S2 was very aware at this time of her responsibilities to see that the supervisee learned. She continued to have no specific theory of supervision and wanted to learn more;

"S3: (...) I would really like to hear, to learn more about the actual developmental process of the supervisee, so that I can be responsive to that, and maybe it's appropriate at an early developmental level, to be more directive, and so then, you know, I can feel like that would have a, I would have a basis for doing that, more.

K: And be more comfortable with it.

S3: And be more comfortable with it. But as it is now, it certainly is not in line with my style, and is very uncomfortable. So I think I

would like to really learn more in terms of, uh, theory and certainly more practice.

However, she felt that her belief in a facilitative, non-directive approach to supervision had been confirmed. She was very aware that she was having difficulties with supervision techniques in sessions, and considered a supervision process issue ("laying down some limits" around supervisee skills and behaviours) the greatest challenge so far.

Factors affecting S3's experience at Time 2 were: primarily the training format, which had provided no theory or discussion of approaches in general and included the supervisor of supervision in sessions, jumping in to S3's supervision frequently. She preferred a format where she would work in supervision sessions 'solo', then either reporting to her supervisor of supervision, or providing audiotapes of supervision to her supervisor of supervision;

"S3: (...) It would certainly be in line with what my experience has been as a supervisee. You know, just being kind of given this, like, 'I can trust you' kind of message.

K: OK, whereas the presence of your supervisor in the room, kind of says, 'I don't really trust that you're able to do this'.

S3: 'You're a new supervisor, so I need to be here', type of thing.

K: 'Just in case'. Interesting.

S3: Yeah, that's how I view it, although that might not necessarily be the view of my supervisor.



K: The intention.

S3: Or the intention.

K: But that's how it feels.

S3: Exactly, that's how it feels. The intention might be that it's easier to observe the process that's going on between myself and the supervisee ...

K: But it sounds like your supervisor is jumping in quite a bit as well, to the process of supervision.

S3: Yes, uh hm.

K: So that reinforces that feeling that you don't yet have the skills or the ability, to kind of, muddle through and learn from that, and do it effectively.

S3: Right, right. (...)"

Other factors affecting her experience at this time were her preference for a different, less directive approach to supervision than the one her supervisor of supervision was using and teaching her, and her supervisee's beginner developmental level.

By Time 3, S2 had been successful at gaining the opportunity to supervise solo and was enjoying it much more. She felt confident about working with a beginner supervisee but felt she would feel quite anxious if she had to work with a more advanced student. She had few worries about supervision, but they were major ones, such as concerns that she might not work effectively or might miss something important. She did not have a theory or model of supervision but

continued to feel that a generally facilitative, non-directive approach was best, with somewhat more structure and direction for beginning supervisees and more focus on process issues for more experienced supervisees;

"S3: I think that's sort of like, the, the thing that caps off your training experience, is like, how then do we get beyond sort of this, uh, the content of what you're doing there.

K: The skill level.

S3: Yes, and then, looking at your process as a therapist. It's like, let's take a look at the transference issues and the counter-transference issues, because those are really important. But I feel like, that that's a bit premature to kind of take a look at, for a beginning therapist. They need to get the basic skills.

K: Before they start worrying about the subtleties and the sophistications ...

S3: Exactly, so I feel that they, you know, once they've got the skills, then they can look at the, you know, those other issues, those underlying issues, and see why they might, why this is not progressing, or how to deepen the therapy a bit."

She had been confirmed by her experiences and her perceptions of the supervisee's reactions to her in her perceptions of her own strengths and weaknesses as a supervisor so far. She was still attempting to work out issues of power, boundaries, and responsibilities. She was not finding supervision of

supervision very productive, and would have preferred to work without it. She discussed some supervision techniques, made comparisons of supervision being like therapy, and gave several examples of occurrences in supervising. She felt that her greatest challenge had been working with the supervisee's developmental level and the requirements for his completing the practicum successfully.

Factors which appear to have influenced S3's experience at Time 3 include: the change in format so that she was supervising by herself; the supervisee's beginner developmental level and need for basic skills, which led her to be more directive in supervision; S3's own positive perceptions of her effectiveness in working with a supervisee at this level; the lack of productivity in supervision of supervision; the lack of information about supervision theory; and the lack of discussion of process issues in supervision of supervision.

Graph 7: S3's Working Alliance Inventory Scores

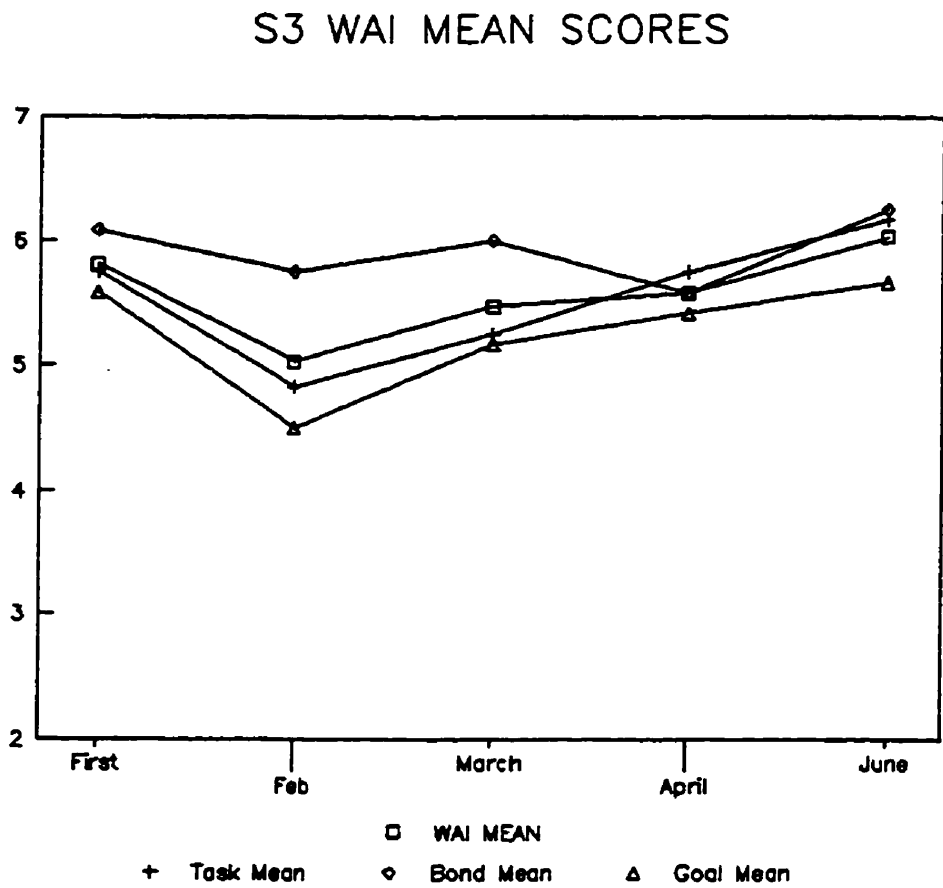


Table 7: WAI Scores for S3

WAI	total	mean	Task	Bond	Goal
1st	209	5.81	5.75	6.08	5.58
Feb	181	5.03	4.83	5.75	4.50
March	197	5.47	5.25	6.00	5.17
April	201	5.58	5.75	5.58	5.42
June	217	6.03	6.17	6.25	5.67

S3's ratings on the Working Alliance Inventory (Supervision) show that she perceived the working relationship with her supervisee to be quite strong at the first supervision session in which she felt she participated significantly. There was a drop in WAI scores in the second month, then they rose again to previous levels, where they stayed until the end of the supervision experience. During the first three months supervising, S3 rated the Goal and Task subscales lower than the Bond subscale, perhaps indicating that she felt the interpersonal relationship with her supervisee was stronger than their level of agreement about what they were trying to accomplish in supervision and how to go about it. In the last two months, all three subscales were rated in similar ways, with increased scores on Task and Goal. These shifts may be related to S3's experience of having less control over the tasks and goals of supervision early on, when her supervisor of supervisor was present in supervision sessions, then increased control when she was working solo, as related in the interviews. This perceived lower level of agreement about tasks

and goals may have been between S3 and her supervisor, rather than between S3 and her supervisee.

Graph 8: S3's Psychotherapy Supervisor Development Scale Scores

S3 PSDS MEAN SCORES

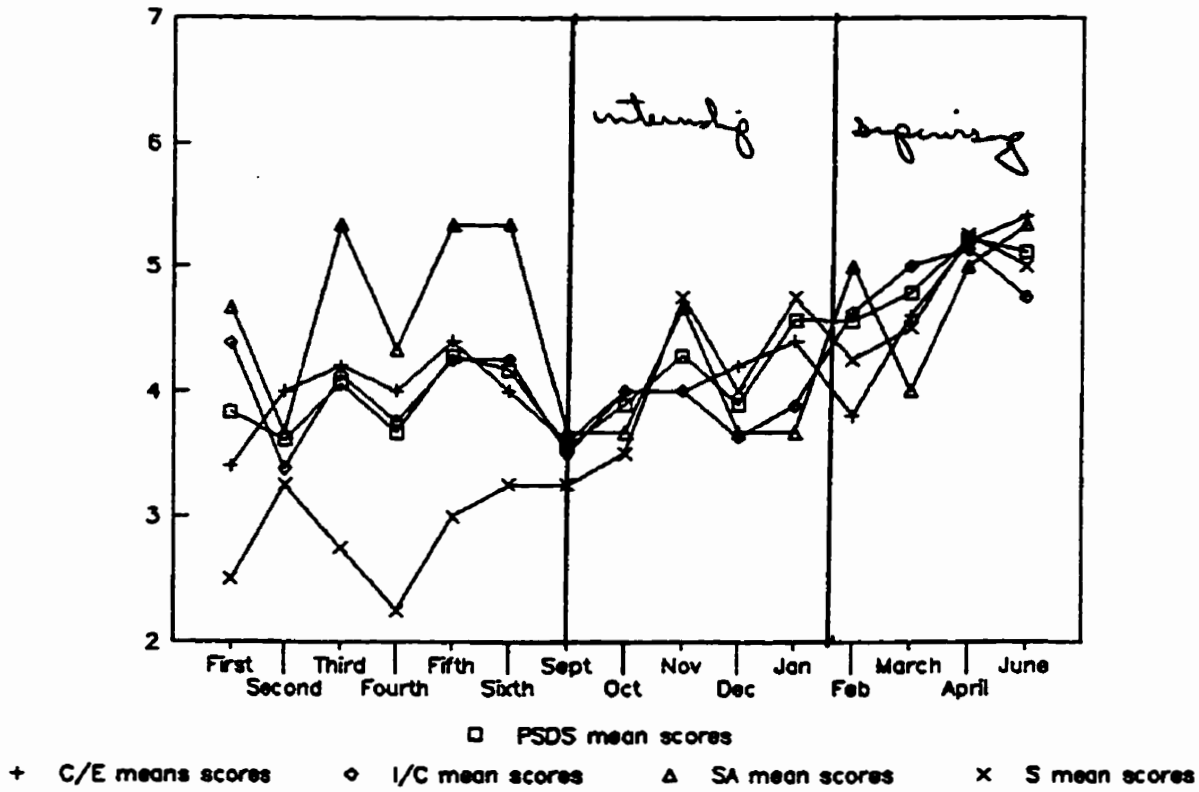


Table 8: PSDS Scores for S3

PSDS	total	mean	C/E	I/C	SA	S
1st	69	3.83	3.40	4.38	4.67	2.50
2nd	65	3.61	4.00	3.38	3.67	3.25
3rd	73	4.06	4.20	4.13	5.33	2.75
4th	66	3.67	4.00	3.75	4.33	2.25
5th	77	4.28	4.40	4.25	5.33	3.00
6th	75	4.17	4.00	4.25	5.33	3.25
Sept	64	3.56	3.60	3.50	3.67	3.25
Oct	70	3.89	4.00	4.00	3.67	3.50
Nov	77	4.28	4.00	4.00	4.67	4.75
Dec	70	3.89	4.20	3.63	3.67	4.00
Jan	84	4.67	4.40	4.88	3.67	4.75
Feb	82	4.56	3.80	4.63	5.00	4.25
March	86	4.78	4.60	5.00	4.00	4.50
April	94	5.22	5.20	5.13	5.00	5.25
June	92	5.11	5.40	4.75	5.33	5.00

S3's global mean scores on the Psychotherapy Supervisor Development

Scale were fairly consistent up until she began to supervise (there was no didactic component to her supervision training). Once she began to supervise, they went up fairly consistently. The Competence/Effectiveness subscale was variable during the pre-internship phase. It became more stable, rising slightly, while S3 was on internship but not yet supervising. It dropped at the time of the second interview, then rose above previous levels. The Identification/Commitment subscale was somewhat variable in the pre-internship phase, steadier once S3 began internship, then rose once she began supervising. The Self-Awareness subscale was extremely variable during the pre-internship phase. After S3 began her internship, it became somewhat more stable, and when she was supervising, it stayed at higher levels more consistently than previously. The Sincerity subscale was quite a bit lower than the other subscales during the pre-internship phase, rose to the level of the other subscales during the internship phase and then rose consistently after S3 began to supervise. The self-perceptions reported by this questionnaire conform to those reported by S3 in interviews, especially in the fairly steady rise once she began supervising. The high level of variability prior to beginning her internship may reflect what S3 reported as a busy and stressful time in her life, with many of the stressors not related to her work as a therapist or supervisor.



Graph 9: S3's Supervisory Styles Inventory Scores

S3 SSI MEAN SCORES

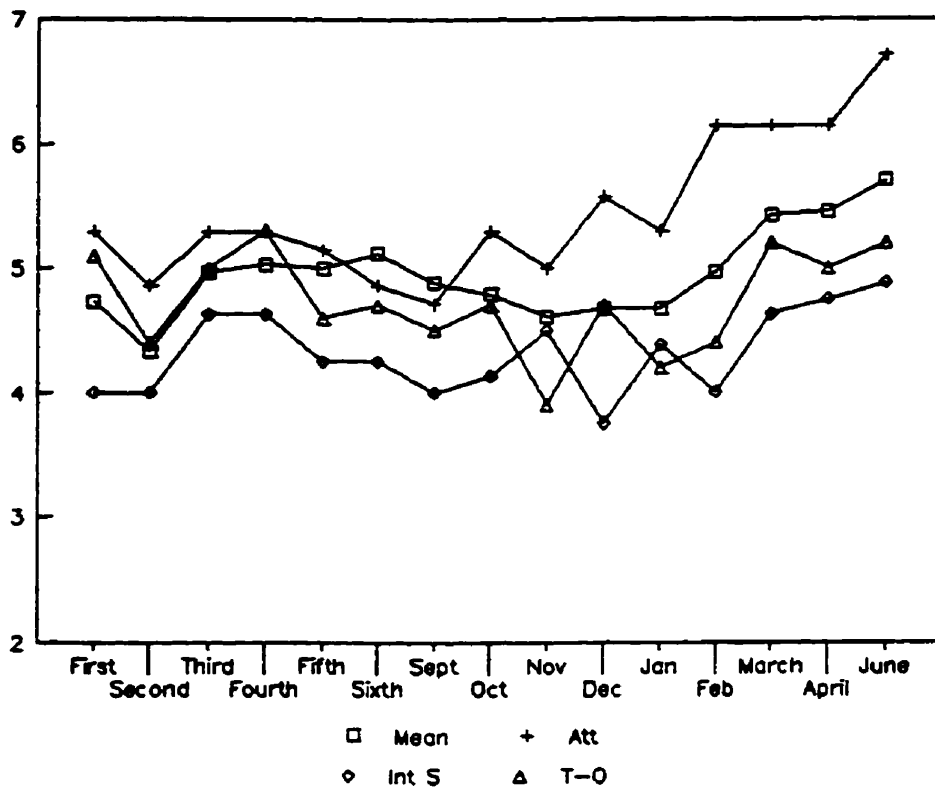


Table 9: SSI Scores for S3

SSI	Total	Mean	Att	Int S	T-O
1st	156	4.73	5.29	4.00	5.10
2nd	143	4.33	4.86	4.00	4.40
3rd	164	4.97	5.29	4.63	5.00
4th	166	5.03	5.29	4.63	5.30
5th	165	5.00	5.14	4.25	4.60
6th	169	5.12	4.86	4.25	4.70
Sept	161	4.88	4.71	4.00	4.50
Oct	158	4.79	5.29	4.13	4.70
Nov	152	4.61	5.00	4.50	3.90
Dec	154	4.67	5.57	3.75	4.70
Jan	154	4.67	5.29	4.38	4.20
Feb	164	4.97	6.14	4.00	4.40
March	179	5.42	6.14	4.63	5.20
April	180	5.45	6.14	4.75	5.00
June	188	5.70	6.71	4.88	5.20

S3's Supervisory Style Inventory global mean scores were quite variable over the pre-internship period. They dropped slightly after she began her internship but before beginning to supervise. They rose again, to somewhat higher levels than previously, during her supervision experience. Her ratings on the Attractive subscale were usually the highest subscale results; this is consistent with S3's interview reports of confidence in her abilities to communicate and connect with clients and supervisees. They were fairly stable up until the middle of the internship/not-yet-supervising phase, when they began to rise, then rose more steeply when S3 was supervising. The Interpersonally Sensitive subscale was usually the lowest, and was fairly stable until S3 began to supervise, then rose somewhat. The Task-Oriented subscale was quite variable overall, without any clear change in level; this may reflect the conflicted feelings S3 reported (in interviews) about directiveness vs. facilitation in supervision.

#### Supervisor 4

At Time 1, S4 did not feel anxious about supervising and was moderately confident about it. He had few worries and identified several potential strengths, based in his previous experiences teaching and facilitating and in his professional training, and just two possible weaknesses as a supervisor, one his lack of experience in this role, the other his low level of directiveness, should the supervisee want that. He was fairly comfortable with the idea of dealing with power in supervision but had concerns about evaluating the supervisee and the responsibilities of being a supervisor. He discussed few techniques and felt he did

not yet know any theories or models of supervision, although he preferred a collaborative approach;

"S4: Uhmhhh, ... I like to be very active, but not very directive.

K: OK.

S4: Active, I, ... by active I'm meaning interactive, responsive, uh, reacting to what's happening, being said, asking questions or, or reflecting in some way the, the dialogue so that it kind of expands and enlarge it into related areas. So in that sense I feel I'm active. Uhm, but far less directive, and by directive I mean, ... uhm, ... you know, maybe, asserting kind of my agenda, or my standards or my answers, about things. That's not to say I would never do it, uhm, there are certainly situations when it's important, necessary, uh, I can't help myself. But generally my modus operandi is to always provide, really try to provide a way ... for the student to, uh, learn through discovery. Not to preempt their discovery process by being too directive.

He used several examples from therapy and from his own supervision, and felt his greatest challenge might be working with a supervisee who did not respect him or who he did not like.

Factors which appeared to be affecting S4's experience at Time 1 were: his very high motivation to learn to supervise; his confidence as a therapist, which was quite high; his previous experience as a teacher and a facilitator; and his primarily

positive experiences with his own supervisors.

At Time 2, S4 felt mildly anxious and moderately confident about supervising.

"S4: (...) I can think, remember back when I was, uhm, doing my student teaching practicum. You know, I mean, I felt like a student, I felt like, I wasn't sure what I was doing. I had a lot to teach, but I wasn't sure how to teach it, ... and how to, apply it. So I feel similar, it's a new role, and uhm, and so I don't have enough experience, but I know how to learn, and I know how to, uh, I'm confident in my ability to sort of respond to the, to the responsibility, and learn on the job, as it were. But I don't feel like a real, if real means, ... you know, fairly seasoned, and experienced, and competent, and, and is operating on a pretty clear, uh, fluent, a degree of fluency, uhm, no, I don't feel real in that sense.

K: OK.

S4: But I feel real in the sense that I take it seriously, I, I recognize the importance of the role, uhm, in the training process and in my own growth, ... in that sense I feel real."

He had more worries than at Time 1, and pointed out the same strengths but more weaknesses as a supervisor than at Time 1. He was fairly comfortable dealing with power in supervision, but continued to be concerned about his

responsibility for client well-being. He had had no reading or discussion of theory or techniques of supervision, and felt he had no preferred model, although he liked to work within a collaborative, facilitative approach. He discussed quite a few techniques of supervision and mixed examples from his own experiences as a therapist and a supervisee and from his supervising. The greatest challenge he had faced so far had been a supervision process issue, that of focussing the sessions without alienating the supervisee.

Factors affecting S4's experience at Time 2 appear to include: the lack of theoretical preparation for supervision; the complete absence of supervision of supervision to this point; his supervisee's moderate developmental level; and some supervisee individual factors. S4 felt that because his supervisee was already somewhat experienced as a therapist, he did not have to work at being more structured or directive, as he might have had to do with a beginning supervisee. The individual factors which appear to have affected S4's experience at this time included his previous experiences teaching and facilitating and his preference for non-directive supervision.

By Time 3, S4 was again not anxious about supervising and felt fairly confident. He had no current worries, and identified more strengths and the same weaknesses as a supervisor as at Time 1. He felt comfortable dealing with power differences in supervision, which was not a change from Time 1, although at this time he did mention wanting to earn that power rather than receiving it automatically because of the role of supervisor. He was more comfortable with the responsibilities of supervising;

"S4: (...) I think it's a more serious job than I had thought of, it was before. I mean, I take it more seriously, and uhm, so in a way, you know, when I have a supervisor now, I would sort of realize that this is a really important, role, and it takes some time and thought, and, and reflection, and not just, leave it for that one hour that you're meeting with the student. It seems to me that I've sort of grown to appreciate the ....

K: The complexity ...

S4: Yeah, the relative complexity of it, it's something to be taken seriously, but it seemed to me that it was more serious from, my side, as, as a student, seeking counsel and advice and guidance, but that it was kind of like a real ...

K: Routine part of the job, that kind of thing.

S4: Routine, yeah, that it wasn't that significant for the supervisee. - or, for the supervisor. But now I think, you know, ... I just recognize, appreciate that more, that it's important, that the complications aren't all from the side of the student."

He had no theory of supervision, but preferred a mixture of the roles of expert and resource and that of collaborator;

"S4: (...) I always realize that, uhm, when someone presents material, presents a case, that it's fairly easy for people to always sort of listen to it and come up with 'did you ask this?', 'did you think of this?', you

know, people, and inevitably the person who presented the case didn't think of everything and it's nice to get the feedback, but sometimes you're, you might feel like, you know, a fool, or like 'how could I have overlooked that?', or 'I didn't think of that!', so you sometimes wonder, if, because you didn't have answers to all their questions or didn't think of all these dimensions, or started from one perspective, but didn't, but this other perspective that someone else suggests or offers sounds, you know, more accurate, or complicated, or something ....

K: (chuckle)

S4: Uhm, you might feel, kind of stupid.

K: Yeah.

S4: Yeah, and so, one way that I remember kind of, watching that, is, if he said something a certain way, described something, I would understand that, but rather than, uhm, reframe it in my own words, which is sort of like 'no, you didn't say that right, this is the way to say it',

K: OK.

S4: You know, I might say it, you know, we might be able to say it in more precise terms, than the student .....

K: Had already said it.

S4: Had already said it. So I try to, you know, and this is part of my client-centred tendency, too, is to try to sort of stay with his language, and maybe gradually introduce ... but not to steal the show



from him? Because that can, I could use a clinical term, sort of, what he said could be said in two, or two words. And I've found that kind of irritating sometimes in my supervision, because it sort of, uhm makes you uncertain, or feel like you're lacking something."

He discussed some techniques of supervision, many of which he mentioned as not having been used, primarily due to the very brief extent of his supervision experience. He gave some examples of occurrences in supervision. The greatest challenge he felt he had dealt with was a clinical issue, a client drop-out, and how it had affected the supervisee.

Factors affecting S4's experience at Time 3 include: the extremely brief nature of the experience; the moderate developmental level of the supervisee, who did not require a great deal of intervention on S4's part; the very little supervision of supervision he received; and his own perceptions of his effectiveness as a supervisor. When asked what he had enjoyed about the experience;

"S4: Oh, status, being revered.

K: (laugh) All that kowtowing!

S4: Idealized, uhm ....

K: Hey, don't knock it.

S4: No, there's a little of that, thought, you know, I wouldn't be honest if I didn't say it sort of felt good that, I'm not at the bottom of the totem-pole here anymore. I don't know if that's appropriate, a politically correct expression any more.

K: (chuckle)

S4: But uh, ... that was encouraging, and somewhat empowering for myself, as an intern. Uh, ... playing, however modest it was, playing some role in the education of a, ... I like education, teaching, counselling, guiding, so just playing some small role in the, growth of this individual, ... more in a training sense as opposed to a therapeutic sense.

K: Uh hm.

S4: ... That's all. So, my personal, it fed my personal self-esteem (chuckle), ah, it was a good interpersonal experience, another person that was enjoyable and interesting to know, and what was the third thing?

K: And a good teaching experience.

S4: And it was a good teaching experience.

S4 felt that because supervising had been so brief and limited to one supervisee, he had not had a great deal of actual experience, and had not had a chance to discover what it would be like to work longer term or with supervisees at different developmental levels. He had originally expressed a great interest in using supervision of supervision to process his experiences supervising, to think about the strategies and approaches, and to refine his own theories of what makes supervision effective. However, because he essentially did not have supervision of supervision, this did not occur. S4 felt that his initial perceptions of himself as capable of supervising effectively, due to his previous professional experiences, had

also influenced his experience. If he had not felt so confident in the beginning it would have been quite different for him, and his brief experience might not have been enough to create confidence and comfort with the new role.

Graph 10: S4's Working Alliance Inventory Scores

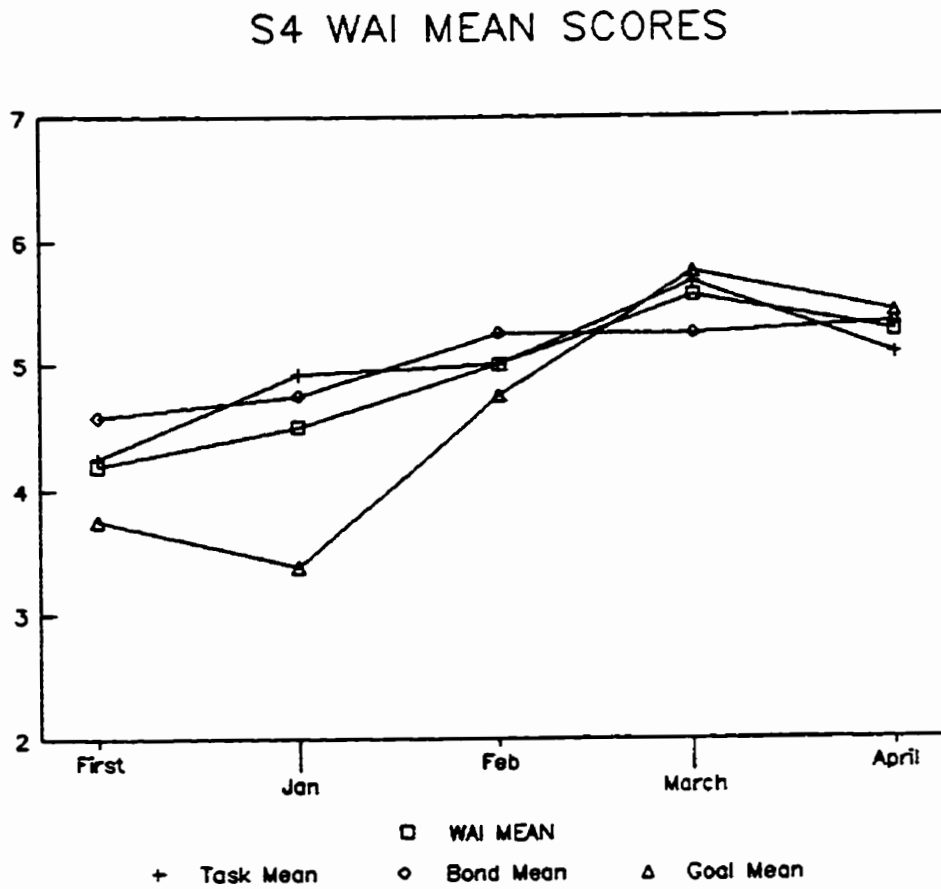


Table 10: WAI Scores for S4

WAI	total	mean	Task	Bond	Goal
1st	151	4.19	4.25	4.58	3.75
Jan	162	4.50	4.92	4.75	3.83
Feb	180	5.00	5.00	5.25	4.75
March	200	5.56	5.67	5.25	5.75
April	190	5.27	5.08	5.33	5.42

The Working Alliance Inventory scores which reflected S4's perceptions of the working relationship with his supervisee started out in a medium range, then rose somewhat. The Goal subscale was lower than the others for the first two months, then about the same level as the others, showing a greater overall increase. This may indicate that S4 felt that he and his supervisee did not have a high level of agreement about (or perhaps knowledge of) what were appropriate goals for their supervision, until mid-way through the experience. While this was not reflected directly in the interviews, it may have been related to S4's perceptions of his supervisee as already being fairly skilled, and not particularly in need of S4's interventions.

Graph 11: S4's Psychotherapy Supervisor Development Scale Scores

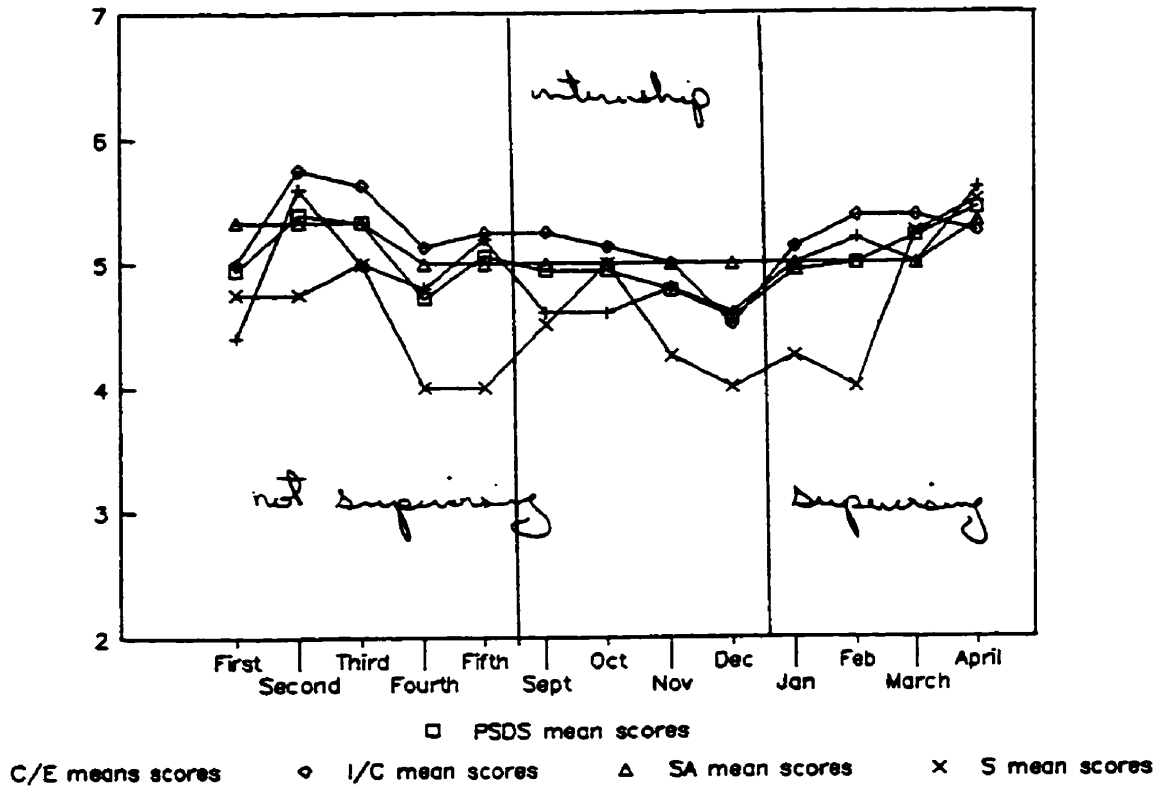


Table 11: PSDS Scores for S4

PSDS	total	mean	C/E	I/C	SA	S
1st	89	4.94	4.40	5.00	5.33	4.75
2nd	97	5.39	5.60	5.75	5.33	4.75
3rd	96	5.33	5.00	5.63	5.33	5.00
4th	85	4.72	4.80	5.13	5.00	4.00
5th	91	5.06	5.20	5.25	5.00	4.00
6th	NO	NO	NO	NO	NO	NO
Sept	89	4.94	4.60	5.25	5.00	4.50
Oct	89	4.94	4.60	5.13	5.00	5.00
Nov	86	4.78	4.80	5.00	5.00	4.25
Dec	82	4.56	4.60	4.50	5.00	4.00
Jan	89	4.94	5.00	5.13	5.00	4.25
Feb	90	5.00	5.20	5.38	5.00	4.00
March	94	5.22	5.00	5.38	5.00	5.25
April	98	5.44	5.60	5.25	5.33	5.50

S4's Psychotherapy Supervisor Development Scale ratings started out fairly high and remained essentially unchanged over the research period. A slight rise in

the PSDS global mean scores during the period in which S4 was supervising is inconclusive. This may have been related two factors that S4 reported in interviews; the fact that his self-perceptions and confidence as a supervisor were quite high prior to beginning this training experience, due to his previous professional experiences, and the fact that he actually supervised very little, perhaps creating little change in his self-perceptions. The Competence/Effectiveness, Identity/Commitment, and Self-Awareness subscale scores accompany the pattern of the global mean scores quite closely. The mean results of the Sincerity subscale show a lot of variability and are often lower than the other subscales, although they rise to the level of the other subscale scores in the last two months of S4's supervision experience. This pattern may indicate vacillations in S4's sense of being a 'real' supervisor, as compared to his commitment and sense of confidence in the role, as reported in the interviews.



Graph 12: S4's Supervisory Styles Inventory Scores

S4 SSI MEAN SCORES

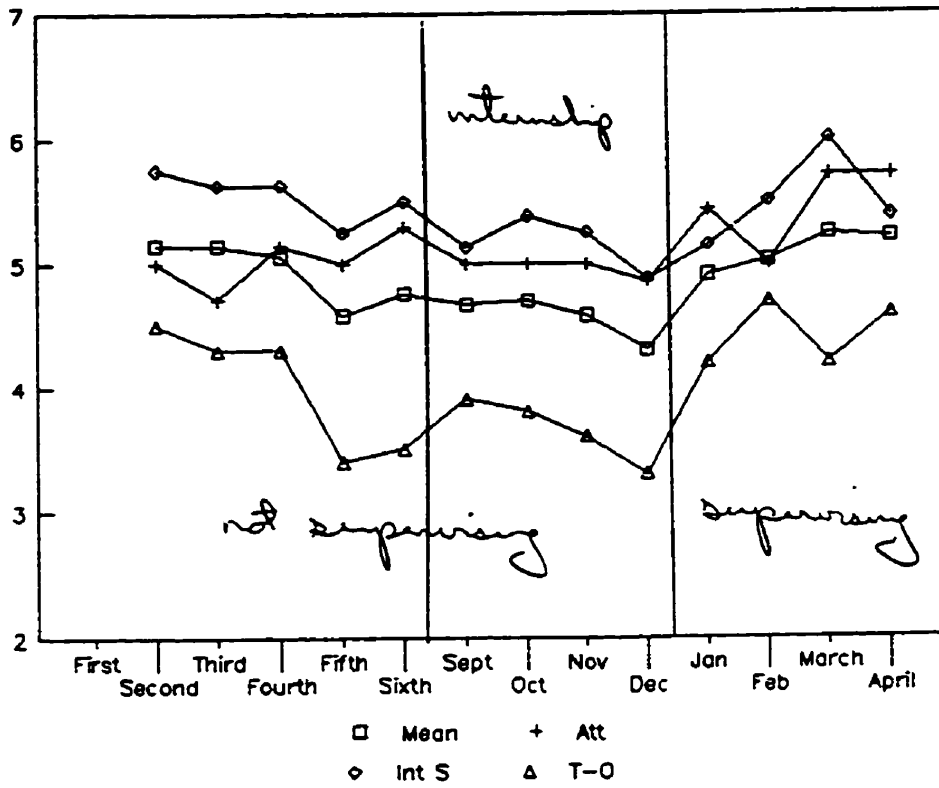


Table 12: SSI Scores for S4

SSI	Total	Mean	Att	Int S	T-O
1st	146	4.42	4.57	4.13	4.60
2nd	149	4.51	4.71	4.25	4.80
3rd	164	4.97	5.14	4.63	5.10
4th	158	4.79	5.00	4.50	5.10
5th	159	4.82	5.14	4.63	4.90
6th	161	4.88	5.29	5.00	5.10
Sept	156	4.73	5.14	4.63	4.90
Oct	153	4.64	4.43	4.75	4.90
Nov	151	4.58	4.71	4.63	4.70
Dec	147	4.45	4.29	4.50	4.60
Jan	142	4.30	4.29	4.50	4.40
Feb	139	4.21	4.29	4.13	4.50
March	142	4.30	4.43	4.13	4.70
April	150	4.55	4.43	4.25	4.90

S4's ratings on the Supervisory Styles Inventory were fairly stable over the period of this study. The Attractiveness subscale was steady until S4 began to

supervise, then rose somewhat. The Interpersonal Sensitivity subscale was the highest for most of the study period and fairly steady overall. The Task Oriented subscale was always the lowest by quite a bit, perhaps indicating the lower priority S4 placed on directiveness and a task focus in supervision, as reported in the interviews. This subscale dropped slowly until S4 began to supervise, then rose to levels about the same as at the beginning of the study.

#### Comparison of Supervisor Experiences

This second part of the results section examines commonalities and differences among the experiences of each of the supervisor trainees. The information is reported for each phase of data collection, within seven themes, each of which covers one aspect of the supervisor's experiences over the data collection period. The first theme discusses issues of confidence and anxiety as a supervisor during the training experience, and the second, the supervisor's identification with this new role and perceptions of her/himself as a supervisor. The third theme covers the new supervisor's comfort with the different roles a supervisor may take while working with a supervisee and issues of power and boundaries. The fourth describes the supervisor's views on technical issues of supervision, such as theory of supervision, level of directiveness, and specific techniques to be used in supervision sessions. The fifth theme comprises the supervisor's perceptions of his/her training experience per se, especially supervision of supervision. The sixth covers a variety of smaller self-perceptual and interview variables such as the new supervisor's sense of him/herself as a therapist and as a supervisee, the kinds of

things that surprised the supervisor about her/his experiences learning to supervise, the types of comparisons and concrete examples the supervisor used during the interviews, and what made the supervisor laugh during the interviews. Surprises, laughter and comparisons were not a-priori themes for analysis, but arose as it became clear that there were commonalities in the different supervisors' use of these illustrations of and additions to information provided in the interviews. The seventh and last theme reports the new supervisor's feelings about what would be/was best and worst about this first experience supervising, and what she/he feels she/he needs now, to become a better supervisor.

## TIME 1

### Confidence and Anxiety

**Confidence as Therapist:** S1 and S4 were feeling confident as therapists, and ready to learn to supervise. S2 and S3 were feeling fairly confident as therapists, but would have liked to be more so, and more experienced, before learning to supervise.

**Anxiety and Confidence about Supervising:** S1, S2, and S3 felt somewhat anxious and not very confident. S4 felt somewhat confident and was not anxious; he felt that his previous experience as a teacher and a facilitator prepared him for this new role.

Can You Supervise without Supervision? None felt they could supervise without supervision of supervision.

Not Knowing What to Say: All were somewhat worried about not knowing what to say or feeling out of their depth, although recognizing that no supervisor knows everything, and that supervisees might learn from their model of how to handle not knowing what to say.

Worries; All were worried about lack of skills/knowledge of supervision, lack of knowledge of therapy interventions or specific clinical populations, not knowing how to adapt to an individual supervisee's abilities and expectations, and about potential difficulties dealing with confrontation or having to give neg feedback to supervisees.

Not Cut Out to Supervise? S2 was somewhat worried she might not be, but felt it would be OK. She thought that her level of experience as a therapist might not be sufficient for her to feel comfortable in this new role. The rest were not worried about this.

### Identification and Self-Perceptions as Supervisors

Real Supervisor? None felt like a 'real' supervisor, although S3 thought she might feel partly like one once she began, because of the supervisee's expectations of her.

Supervisor or Fellow-Student? S1, S2, and S4 would feel somewhat more like a supervisor than like a fellow student in supervision sessions, because the supervisee would treat them as a supervisor. S3 thought she would feel like a fellow student, especially because she would be supervising someone who was a fellow student in clinic seminars.

Reference Group: All identified their own current and previous supervisors as their comparison group when thinking about their own work; they wanted to live up to the generally high quality of work they perceived in their own supervision.

Seek? All intended to seek more opportunities to supervise in the future.

Strengths: All felt they had strengths in relationship skills such as; empathy, making the supervisee feel comfortable, showing support and sensitivity. S4 also felt his experience teaching was a strength.

Weaknesses: All identified lack of experience as a supervisor as a weakness. S1 and S3 also identified difficulties with confrontations. For S4, his non-directiveness would be a weakness if the supervisee wanted a lot of structure.

Impressions: All thought the supervisees would have a generally good impression of them, seeing them as caring about supervisees and clients, approachable, and calm. S2 also thought supervisees might withhold judgement until they got to know her.

**Supervisee Complaints:** There was great variability in what the supervisors thought supervisees might complain about: S1 might use intimidating language; S2 might be too abstract and intellectualizing; S3 had no idea; S4 might talk too much, and the non-directiveness might be an issue if it did not meet the supervisee's expectations.

**Expected Changes:** All expected to learn specific supervisory skills ie; structuring sessions, discovering what would work best with a specific supervisee, handling the dynamics of the supervisory relationship. S3 and S4 expected to become clearer and more articulate about their own orientation and approaches, because of talking to the supervisee about it and seeing another therapist at work for the first time.

### Roles, Power, Boundaries

**Role of Consultant:** This role was comfortable for S1, S2, S4. S3 felt she might not have enough knowledge to act as a consultant, since she did not yet see herself as a highly experienced therapist.

**Role of Therapist to the Supervisee:** For S1, S2, and S3 this role was not comfortable. There is a tricky border between attending to supervisee issues that affect therapy and doing therapy with the supervisee. S4 felt comfortable, and did not identify issues around this role that might be difficult.

**Role of Teacher:** S2 and S4 felt fairly comfortable with this role. S1 and S3 were

not sure their knowledge base would be good enough, since they saw themselves as having only moderate experience and knowledge of therapy.

**Role of Evaluator:** S2, S3, and S4 were not comfortable. They had concerns about evaluating supervisee's work fairly and about how to give negative feedback. S1 reported feeling comfortable with this role, apparently in the belief that all would go well and evaluation would be an opportunity to encourage the supervisee.

**Other Roles:** Roles of model, facilitator, mentor, seemed comfortable to all supervisors.

**Differing Expectations:** All felt there might be friction within the supervisory relationship because of differences of expectations between the supervisor and the supervisee. All intended to discuss expectations early on, to help reduce this.

**Self-Disclosure:** All felt that self-disclosure on their part would be appropriate only as teaching tool, to give examples or normalize and reassure. All felt it was not appropriate to discuss their own issues or problems.

**Power:** All recognized there would be a power imbalance in the supervisory relationship. S1 felt uncomfortable with the power differential, and hoped to do away with the imbalance as much as possible. The others thought some imbalance was not only inevitable but productive, a useful tool for encouraging supervisees to try new things or reach a certain level of competence, although it should not be



abused or exaggerated.

**Responsibilities:** All felt that if supervisee behaviour were likely to be harmful to a client, they would be willing to insist the supervisee change. S2 and S4 specifically and spontaneously mentioned awareness of the supervisor's responsibility for client well-being, and the monitoring function as part of the role of supervisor.

#### Technical Issues

**Preferred Theory:** None felt they knew enough about theory and research in supervision to have a specific model. Some preferences were already clear: S1 thought it important to pay attention to the developmental level of the supervisee and to parallel process. S2 intended to focus on specific techniques of supervision, rather than an overarching model. S3 wanted to suit technique to the supervisee, and liked IPR (Interpersonal Process Recall) and attention to transference-countertransference issues. S4 intended to focus on process and interpersonal dimensions and collaborative work with the supervisee. He preferred to be non-directive.

**What to Emulate from Their Own Supervisors?** All wanted to emulate the following behaviours they had experienced with their own supervisors: supportive attitudes, positive feedback, flexibility about models and interventions, and being comfortable to talk to and work with. S2 and S3 mentioned seeing supervisees as

individuals as worth emulating. S4 wanted to emulate being careful about boundaries and power, and being reflective about supervision.

**What to Avoid that Their Own Supervisors Did?** Behaviours and attitudes of their own supervisors that participants wanted to avoid were very variable: S1 wanted to avoid scheduling problems and cancellations, overly personal questions and giving outdated material. S2 intended to avoid rushing the supervisee, jumping in with answers before a question is finished and not letting the supervisee explain or work through to solutions. S3 wanted to avoid assuming the supervisee does not know much and not giving enough positive feedback or reassurance when doing well. S4 intended to avoid moodiness, being over-critical, being "enamoured of one's own brilliance", being over-personal and using the supervisee as a therapist, being dogmatic or rigid and not letting the supervisee develop his/her own individual style.

**Level of Activity/Directiveness:** All preferred low directiveness. S1 and S2 thought they would be more directive if the supervisee needed it or were a beginner.

**What to do if the supervisee resists:** All would explore the situation with the supervisee, accept the supervisee's ideas if reasonable, and insist on their own recommendations if client well-being were at risk. S2 and S4 mentioned consulting about how to deal with this if it were a big problem.

**Supervisee and bureaucracy** (paperwork, reviewing tapes of therapy sessions, being

on time for supervision): S1, S2, S3 thought the supervisee being on time for supervision was important, that is showed commitment to supervision, allowed good use of time in supervision. Reviewing their tapes prior to supervision sessions was not considered as important (except for S1), but the supervisee should be preparing in some way, thinking about therapy. All considered that paperwork had to get done, but were likely to be flexible about it; they recognized that supervisees are often busy. S4 did not consider any of this very important, as long as the supervisee was thinking about therapy and making an effort, that was enough. He himself had been quite 'relaxed' about getting this kind of work done, and did not feel he could ask more of his supervisee than he was willing to do.

Typical and Atypical Sessions: S1, S3, and S4 would begin with an overview of therapy cases. All would allow the supervisees to identify their concerns and issues they wanted to discuss. S1, S2, and S3 would watch or listen to tapes of therapy sessions, and discuss from there. S3 might use IPR (Interpersonal Process Recall). All would change this structure if a client were in crisis, or if the supervisee were having difficulties, or could not identify what he/she wanted to work on, or wanted to learn a specific technique. These preferences appeared to be based in the supervisors' own experiences in supervision.

#### Supervision Skills:

From Therapy: All felt that the therapy skills of empathy and rapport-building would carry over to supervision. S2, S3, S4 intended to carry over the non-directive approach. S2 and S3 thought patience with the supervisee's pace of

learning would carry over. S1 thought that sensitivity to her own reactions, which helps to understand what happens in supervision sessions, would carry over. S4 thought that the ability to conceptualize client cases and to comment on process would carry over.

**New Skills:** S1, S2, and S3 all thought that getting an overview of therapy process and supervisee issues, not just focusing on the client, would be a new skill they would have to develop. S1 thought that structuring supervision sessions and discerning how much of a didactic component was necessary would need to be developed. S2 thought that keeping explanations at the appropriate level for the supervisee was a skill that would need to be gained. S3 thought that specific supervision techniques would be new skills, but did not know what these might be; she expected to learn about them in the reading/theory component of the training experience. S4 thought that helping the supervisee give him client information, keeping track of client information, and monitoring client progress at second hand, as well as some therapy interventions for specific clients would all be new skills.

**Working with More or Less Experienced Supervisees:** When working with less experienced supervisees, all would provide more structure, more concrete suggestions, and more feedback about work in therapy, but would still encourage the supervisee to think, and would not be any more directive than necessary.

When working with more experienced supervisees, all would offer more autonomy and less structure, and would ask more for the supervisee's ideas. S4 specifically mentioned focussing more on theory and professional issues for advanced supervisees.

**When is the Supervisee Ready for More Autonomy?** All would recognize that a supervisee was ready for more autonomy by the supervisee's confidence, skills, and ability to articulate her/his thoughts about therapy. S2 would wait to see the client case progressing. All would encourage supervisee autonomy by letting the supervisee make more decisions, by watching less tape of therapy sessions, and by trusting the supervisee to bring up concerns.

**Techniques to Use in Supervision:** All would use discussion and questions, to help the supervisee think about therapy, to reflect, and to explore his/her own reactions. They would all use self-disclosure to illustrate how the supervisor worked with a difficult situation, or to normalize a supervisee's anxiety or problems. S1 and S2 would watch tapes of therapy, discuss them, and demonstrate or model specific interventions. S3 would use IPR. S4 would check reports, to see if they needed work.

#### **Training Experiences:**

**Supervision of Supervision:** All expected it to be a place to talk, to process, and to get help understanding what the supervisor was learning and experiencing, and to receive feedback, support, and guidance. S1 and S4 thought supervision of supervision would also be a place to learn about theory, skills, and techniques of supervision. All these expectations of supervision of supervision appear to be related to the new supervisors' own opinions of how they would like to supervise; non-directively, supportively.

### Miscellaneous

**Perceptions of Self as Therapist:** S1 and S4 felt quite confident, ready to learn to supervise. S2 and S3 would have liked to be more confident as therapists before learning to supervise. S3 felt confident as therapist but not as confident articulating what she does in therapy.

**Will Supervising Affect Therapy?** S1 and S4 thought it would, but were not sure how. S2 thought it would make her more reflective, more self-critical, and more clear about why she does certain things in therapy. S3 thought supervising would help define her own style as a therapist more clearly, as she sees another person's work.

**Will Supervising Affect Your Own Supervision?** All thought it might increase their understanding of what is done in supervision and of supervision process and increase their appreciation for the work, and might improve their ability to take good advantage of supervision.

**Comparisons:** All primarily said they would do supervision as they did therapy, and compared their own experiences as supervisees to how they would like to work as supervisors. S4 no comparisons.

**Concrete Examples:** All offered many examples from doing therapy, and some from

being supervised, as illustrations of what they were discussing or explaining.

**Laguhter:** Participants laughed a total of 35 times about their own nervousness, and 25 times about their own potential mistakes, ignorance or foolishness. They laughed a total of 14 times about power issues, often exaggerating and presenting themselves as power-crazed.

### The Best and the Worst

**What Would Be Rewarding, Gratifying?** All thought it would be rewarding or gratifying to see a supervisee grow and develop, and to know they were contributing to that development. S1 and S3 felt it would be gratifying to clarify something for a supervisee or to see that the supervisee gets something out of supervision. S4 thought the relationship itself would be gratifying, and seeing that a supervisee likes or admires him.

**What Would Be Challenging, Difficult?** All considered that conflict or confrontation would be the most difficult situation they might have to deal with in supervision: S1, S2, and S3 thought it would be difficult to give negative feedback or to have to deal with a supervisee who was consistently resisting the supervisor's suggestions; S4 thought difficulty might arise in dealing with a personality clash between himself and a supervisee.

**What Would Be Irritating, Frustrating:** All thought it would be irritating or

frustrating to deal with a supervisee who was very resistant to important things, especially if they saw that this was affecting the client. S1 would find having a supervisee's client in a major crisis, or a legal involvement such as having to report child abuse or having a report requested in court, to be frustrating to deal with. S2 and S4 thought it would be irritating or frustrating to have something interfering in the relationship with the supervisee, not being able to build a good relationship.

What Do You Need Now? S1, S2, and S4 felt they needed a theoretical base, and experience. S2, S3 wanted to have a broader knowledge base of therapy interventions, to pass on to the supervisee.

## TIME 2

### Confidence/Anxiety

Confidence as a Therapist: All were gaining more experience as therapists at the same time as learning to supervise. S1's confidence was lower at this time, as she had faced some challenges recently in doing therapy. S2 felt comfortable, therapy was going particularly well recently. S3 and S4 both felt comfortable, and felt that learning to supervise would add to their confidence as therapists.

Anxiety and Confidence About Supervising: All reported anxiety higher than at



Time 1. S1 and S2 felt very high anxiety at the very beginning of the supervision experience, but it had already begun to drop (at Time 2, after 3 sessions supervising). S3 and S4 felt their anxiety at this point was mild and felt manageable. Confidence; S1 reported that her confidence as a supervisor was low, but when she sees she helps the supervisees, it goes up. S2 felt her confidence as a supervisor was OK, but felt this was fragile; if a session went badly, it went down. S3 and S4 felt moderately confident. For S3, her lower anxiety and higher confidence may have been related to the fact that she began to participate in supervision sessions quite gradually, and that she was focussing at this time more on her dissatisfaction with the format of supervision. For S4, lower anxiety and higher confidence were apparently related to his previous experiences as a teacher and facilitator, which he felt gave him a solid base for supervising.

Can You Supervise without Supervision?: S1, S2, and S3 felt they needed it. S3 would like a different format for supervision. S4 knows he can supervise without supervision of supervision, because he is doing that, although he expected and wanted to have supervision of supervision sessions.

Do You Worry about Not Knowing What to Say in Supervision Sessions?: This had not yet occurred for any of the supervisors, but all were worried about it. S4 was more worried in the very beginning but less so now, and was using self-talk to manage this concern. He told himself that it would be appropriate to talk to the supervisee about this experience of not knowing what to say, that this would be a good model.

Worries: S1, S2, and S3 worried about not being able to come up with something helpful to the supervisee. S2 worried about making a big mistake that affected the supervisee and the client. S3 worried about being able to get an overview of the supervisee's work on tape and evaluate it critically, so as to give useful feedback. S4 worried about the well-being of clients when he gets information at second hand; he could not be sure that he knew everything he needed to about how therapy was going. He believed that later in his career he would be concerned about the 'quality control' component of work as a supervisor, in evaluating supervisees; he did not want to "pass the buck" on this function if he felt that a supervisee was so incompetent as to require failing or being asked to leave a clinical program.

Not Cut Out to Supervise? S2 was sometimes worried she might not be cut out to do this. She felt this was because her confidence in her abilities was still quite variable. For S1, S3, and S4 supervising felt learnable and manageable by this point.

#### Identification/Self-Perception as a Supervisor

Real Supervisor? S1 did not yet feel like a 'real' supervisor; she was just trying to be helpful. S2 felt like a 'real' supervisor once removed, a supervisor with the backup of the supervisor of supervision. S3 did not feel like a 'real' supervisor because of the format; her supervisor was present and active in supervision

sessions. S4 did not feel entirely like a 'real' supervisor, but perhaps like a beginning supervisor.

**Supervisor or Fellow-Student?:** S1 felt more like a supervisor, because the supervisees treated her like one. S2 felt like a more senior student. S3 felt half and half, because she knows more than the supervisee, but her supervisor of supervision is in the session, monitoring her all the time. S4 felt blended, a fellow-student when chatting, a supervisor when discussing cases.

**Has Motivation Fluctuated?** All reported steady motivation to supervise at this point. S2 reported that just before beginning to supervise, she had had a moment of panic and found herself asking "can I get out of this?".

**What is the Reference Group?** All compared their own work to that of previous and current supervisors. S1 recognized that this comparison group was contributing to her anxiety, because it was a tough comparison. S4 was giving himself permission to be a beginner, even when he compared his work to that of experienced supervisors.

**Will You Seek more Opportunities to Supervise?** S1, S2, and S4 reported that they would. S3 felt that if an opportunity to supervise comes along, fine, otherwise she would not actively seek it. She had not chosen to learn to supervise at this time, and did not see it has a priority in her professional life.

**Strengths:** All felt that interpersonal and client-centred-communication skills were strengths; being warm, respectful, accepting, and making supervisees feel comfortable. S1 thought that being open about her own experiences was a strength. S2 felt that being able to integrate and organize the information the supervisee brought was a strength. S3 felt it was a strength not to be too directive, and to have a good sense of humour. S4 saws strengths in his asking questions and encouraging critical thinking, structuring sessions, and in this particular supervision case, in containing the supervisee's communication style, which tended to be somewhat rambling.

**Supervisees' Impressions:** S1 did not know what impressions her supervisees might have of her, but hoped they saw her as approachable. S2 and S3 thought that supervisees would see they have a good knowledge base. S2 thought supervisees would see her as approachable. S3 thought supervisees might see her as tending to follow the supervisor of supervision's lead too much. S4 thought the supervisee was unsure so far, waiting to see what S4 was like.

**Supervisees' Complaints:** S1 thought supervisees might complain that she sometimes did not explain things clearly. S2 thought a complaint might be that she was giving them too much to read, and was sometimes late for supervision sessions. S3 thought her supervisee might complain that she was not directive enough, or not defending her own position enough when she disagreed with the supervisor of supervision. S4 thought his supervisee was waiting to see if S4 would be disrespectful of the supervisee's professional background and model,

otherwise it was too early to know.

**Changes as a Supervisor So Far:** S1 felt supervising was more challenging than she had expected. S2 saw that her panic had already subsided. S3 felt clearer on her own preference for a non-directive supervision style. S4 saw his anxiety dropping and felt a little more confident already.

### **Roles, Power, Boundaries**

**Role of Consultant:** All felt this role ranged from comfortable to very comfortable for them.

**Role of Therapist to the Supervisee:** All felt less comfortable with this role than with others; it is appropriate to discuss supervisee issues that affect therapy, but not personal issues. There was some concern about recognizing that dividing line. This had not changed from Time 1.

**Role of Teacher:** All found this role comfortable.

**Role of Evaluator:** All felt not very comfortable with this role. They recognized it as necessary and important, but were worried about doing it in a fair and constructive way. This was a change for S1, who had initially expressed comfort with the role; at this time she admitted that she had perhaps been avoiding

thinking about the difficult aspects of this role.

**Other Roles:** S1 said that modelling was comfortable, but she wanted the supervisees to gain their own style. S3 mentioned mentoring/modeling as comfortable. S4 worried maybe he did not have enough experience yet to be a professional model.

**Differing Expectations:** All felt there had been no problems so far with differences of expectations between supervisor and supervisees. S1 addressed this explicitly at the beginning of supervision. S2 felt her supervisees did not know what to expect; they were happy with supervision currently, but may be disappointed later when their learning curve plateaus. S3 felt problems might arise if her expectations and evaluation of her supervisee's performance were different than the supervisee's. She felt this possibility should be addressed early in supervision, but had not been because the supervisor of supervision was in session and determining what would be covered. S4 felt that his and the supervisee's expectations might be emerging. He thought this issue needed to be discussed early in supervision, but he had not addressed it explicitly.

**Self-disclosure:** All felt the same as they had at Time 1. S4 mentioned having already used it.

**Power:** S1 felt particularly uncomfortable with power issues because she was feeling low confidence as a supervisor. She was trying to reduce the power

imbalance through Socratic questioning. S2 said she was not very comfortable with power issues. She worried about the responsibility implied by power. S3 felt a power differential was appropriate and can be useful, but otherwise did not know yet how to deal with it. She thought she would figure this out as she went along. For S4, the power differential is always pretty clear in supervision, but he plays it down. He preferred to gain power through expert knowledge rather than pull on the power of the role.

**Responsibilities:** All were feeling the weight of responsibility for supervisee progress and for clients getting good therapy, although there was some variation in how this was expressed: S1 worried about being a good enough supervisor to fulfil the responsibility to help them develop as therapists. S2 worried she would make a big mistake that would affect the supervisee and the client. S3 was newly aware of the need to be active in determining goals for supervisee and to expect progress, because of the responsibility that the supervisee learn at least basic skills on this, his only practicum and because her supervisee was such a beginner. S4 was still very aware he received all client and therapy information second hand. He still hoped he would not "pass the buck" on quality control of supervisees.

### Technical

**Theory:** S1 thought that what theory she preferred was not yet solidified or articulated. However, she liked the developmental model, which recognized that different supervisees need different things at different times. S2 had no coherent

model at this point. She was focussing on responding to the individual needs of the supervisees, using many different techniques. S3 had no model or theory, but preferred a non-directive, facilitative approach, encouraging the supervisee to explore his own ideas. S4 had no model, but felt it would emerge as he gained experience, by trial and error.

**What to Emulate from Their Own Supervisors?** All were emulating their supervisors' 'client-centred' skills, trying to be supportive and available, and to help the supervisees talk openly. S1 was emulating using a lot of positive reinforcement, and being alert to transference-countertransference issues. S2 saw herself using specific techniques used by her own supervisors, often without being aware that was what she was doing until afterwards. S3 was emulating trusting the supervisee could work well, balancing encouraging independence and helping when needed, helping the supervisee think, and being non-directive. S4 was emulating trusting the supervisee could work well, helping the supervisee think, and helping the supervisee recognize his/her own skills.

**What to Avoid That Their Own Supervisors Did?** All centred around a theme of lack of attention to supervisee needs: S1 wanted to avoid cancellations and re-scheduling, and getting too personal. S2 was trying to avoid not giving the supervisee help or structure when he/she needed it, rushing the supervisee, and not listening or not encouraging the supervisee's own thinking. S3 wanted to avoid assuming the supervisee did not know things, jumping in with the her own ideas too quickly. S4 was trying to avoid talking too much, and putting too much focus



on theory and not enough on clients and practical concerns.

**Level of Activity, Directiveness:** All were being somewhat more directive than they had expected to be. S1 and S2 felt that, because their supervisees were more or less beginners, they requested suggestions and structure. These supervisors were giving some, but always first sounding out what the supervisee knew and thought. S1 did not like the word directive, but was OK with active. S3 felt that her own style was not as directive as was being used in supervision sessions by the supervisor of supervision. She wanted to try a less directive approach and adjust it if she saw that as necessary. She felt the supervisee would learn more, and she would too. S4 preferred a low to mid range directiveness; he felt he directed subtly, through questions and talking about alternatives.

**Supervisee Resists:** This had not happened yet. All felt they would deal with it as outlined at Time 1.

**Supervisee and Bureaucracy:** S1, S2 and S3 felt that reviewing therapy tapes, being on time for supervision, and doing paperwork were important. If there were a problem, they would talk to the supervisee, and would be concerned about whether meant there was a problem in the supervisory relationship. They would discuss with the supervisee why these things were important. S2 reported that she was sometimes late herself. S3 felt that tape review was less important. S4 felt that none of this was very important. This supervisee was often late, but S4 felt it was his style, not a problem in the supervisory relationship.

**Typical and Atypical Sessions:** In typical sessions: S1 usually reviewed tapes, asked about their ideas and reactions, tried to give lots of positive feedback, and looked at paperwork. S2 felt that her sessions were still quite concrete. Her supervisees had requested more individual supervision and fewer joint sessions. S3 felt that if she could use her own format, for a more advanced supervisee, she would ask what the supervisee wanted to talk about, let them structure the session, pick out problematic or interesting aspects. For a beginning supervisee, she would ask about each case, then look at a sample of work, ie tape, then plan the next therapy sessions. S4 reported a typical session as; the supervisee is late, S4 pardons him, they chat for a while, then S4 asks for an update on cases, they discuss them, S4 slows things down and closes, they chat again at the end. They were not listening to tapes yet. All thought they would change the format depending on the supervisee's needs or developmental level, or a client crisis or problem in therapy.

**Skills:**

**Skills From Therapy:** All believed they were using client-centred communication skills transferred from doing therapy: empathy, facilitating the supervisees' ideas, and making connections. S3 was also using the skill of transmitting trust in the supervisee. S4 was using the skill of focussing sessions, since his supervisee tended to ramble somewhat.

**New Skills:** S1 and S3 felt they were learning a new skill of stepping back from a focus on the client to see the whole process of therapy, so as to evaluate

therapy sessions and give constructive feedback. S1 wanted to develop Socratic questioning. S2 had learned the new skill of being directive when required. She wanted to learn to interact professionally with other supervisory staff at the clinic. S3 wanted to improve her ability to focus and evaluate when listening to tapes of therapy sessions. S4 thought he was not using many new skills, perhaps that of connecting across the Psychology/Social Work gap, and showing the supervisee he had something to offer.

**Working with More and Less Experienced Supervisees:** S1, S2, and S3 felt that any decision about how to work with a supervisee was very individual. For a more beginning supervisee, they would provide more structure, concrete suggestions, and support. For a more advanced supervisee, they would provide a more collegial relationship, and more autonomy. S3 felt that for an advanced supervisee, she would shift the focus from basic skills to conceptualization or transference issues. S4 found he could not think abstractly about this now, because he was focussing on building a relationship with the supervisee. He did not think this would be different with a more or less advanced supervisee. All would recognize a supervisee was ready for more autonomy through the supervisee's confidence, ability to articulate and justify what she/he does in therapy, and the supervisee is asking more for validation than help. Then they would give fewer suggestions, ask more for the supervisees' ideas, and affirm their decisions.

**Techniques:** All mentioned many more supervision techniques than at Time 1. All reported asking questions that get the supervisee thinking, giving suggestions

when the supervisee needs them but always as an option not an order, and using self-disclosure to illustrate and normalize. S1 was using the technique of socratic questioning, although she saw it could be intimidating. S2 thought that modelling specific techniques could be good, but she tried it and it did not go well that time. S3 had recently learned to use a 'yes-set' in therapy (a technique from Ericksonian therapy, in which the therapist leads the client, through questions that elicit agreement, to see the appropriateness of the therapist's view of a problem or suggestion, and to commit to trying it) and thought it would be good for supervision. S4 was making sure to take time to reconnect with the supervisee at the beginning and end of sessions.

### The Training Experience

Supervision of Supervision: S1 and S2 felt it helped them think, process, stand back and understand supervision and their own work. S1 was anxious about listening to tapes of supervision sessions in supervision of supervision. S2 felt that the exposure to new techniques and interaction with her fellow supervision trainee were particularly helpful. S3 was not happy with the format of her training experience, and did not agree with the supervisor of supervision's approach to supervision, but did feel she had learned some specific techniques. S4 had not yet had any supervision of supervision; he intended to seek it, to check out, through the supervisor of supervision, the supervisee's impression of how it was going.

Miscellaneous.

**Perceptions of Self as Therapist:** S1 was not feeling very confident, because doing therapy had been challenging lately. S2, S3, and S4 were feeling quite confident.

**Does Supervising Affect Therapy?** S1, S3, and S4 had not found it to affect doing therapy yet. S2 found that it had helped improve her conceptualization skills, and led her to review the basics.

**Does Supervising Affect Their Own Supervision?** S1, and S3 felt they were more appreciative of the quality of supervision they have received. S2 found she took better advantage of her own supervision, and asked for more from it. S4 found he observed his own supervision more, to try to learn about supervision process.

**Surprises:** S1 was surprised supervising was as challenging as it was. S2 was surprised she could be helpful to the supervisees, and they appreciated her supervision. S3 did not mention being surprised. S4 was surprised that he had to focus supervision sessions and contain his supervisee's communication, as he might have to do in therapy.

**Comparisons:** All were primarily comparing learning to supervise to learning to do therapy.

**Concrete Examples:** All used many examples from supervising, some from being

supervised, and a few from doing therapy.

**Laughter:** Participants laughed 27 times about their own nervousness, 24 times about their own potential mistakes, ignorance or folly, and 21 times about power issues. There was more misc. joking and laughter in these interviews.

### The Best and The Worst

**What is Rewarding, Gratifying?** All felt gratified by seeing they had some knowledge that was useful to the supervisees, that they could give helpful ideas. S2 and S4 found that supervising affirmed their own knowledge and skills. S2 was rewarded by being in the role of supervisor and being treated like a supervisor.

**What is Challenging, Difficult?** Answers to this question tended to be based in specific experiences the supervisors had had with their supervisees: S1 found it challenging to explain things clearly, and to keep straight what she had told each supervisee. S2 thought it challenging to deal with the dynamic of interaction between her two supervisees in joint supervision. S3 found it challenging to lay down limits around her expectations of the supervisee, and to have to be firm. S4 thought it challenging to contain the supervisee and focus sessions without alienating the supervisee.

**What Is Irritating, Frustrating?** S1 was frustrated by a misunderstanding that led to her having to wait for a supervisee. S2 did not find much frustrating, except,

one silly mistake she made, and her difficulty interacting comfortably as a peer with the other supervisors at the clinic. S3 found it frustrating to have her supervisor of supervision in supervision sessions. S4 was frustrated by having to contain the supervisee, and by institutional and supervisee schedules which made starting and scheduling supervision frustrating.

**What Do You Need Now?:** S1 needed more confidence, more experience of working effectively and getting feedback in supervision of supervision. S2 felt she needed a better knowledge base of therapy interventions to teach. Later, she would need the skill of knowing when to intervene with the supervisee and when to hold back. S3 needed a theory of supervision, knowledge of developmental processes in supervision, experience with an advanced supervisee, and to deal with her own issues of confidence, adequacy to the role. S4 needed supervision of supervision, more practice, and more supervisees, so he could gain experience.

### TIME 3

#### Confidence and Anxiety

**Confidence as Therapist:** All felt quite confident, increasingly so over that year. S1 and S2 felt that increased confidence as a therapist added to confidence as a supervisor. S2 also felt that increased confidence as a supervisor added to confidence as a therapist. S3 and S4 thought the internship experience had increased their confidence as therapists.

**Anxiety/Confidence about Supervising:** All reported not being anxious currently, and their confidence was moderately high. S3 felt fine in supervision sessions, but felt confident only about working with a beginning supervisee, and would feel anxious if she had to supervise a more advanced student.

**Can You Supervise Without Supervision?** S1 and S2 preferred to have it for a while longer. S3 and S4 could do without. S3 would prefer to work without supervision of supervision, since she and her supervisor of supervision had had fundamental differences of opinion about approaches to supervision which had not been resolved to her satisfaction. S4 would prefer to have some back-up to help process supervision issues and consult, although his experience of not having supervision of supervision showed him that he could do without.

**Not Knowing What to Say:** S1 experienced this and found it frustrating, but learned to give herself a break. S2 did not feel lost or floundering any more. When she did have a doubt, she took it to supervision of supervision. S3 found this to not really be a problem with this supervisee. She thought it might be worse with an advanced supervisee, but also might be OK because the expectations of supervision are different; the supervisor is not there to give answers, but to help think. S4 had worried about this in the beginning, but it did not really come up in sessions. Currently, he did not worry about this, it felt manageable.

**Not Cut Out to Supervise:** All felt that this was not an issue. S2 was initially a little worried, but "no one got hurt". S3 was just not that interested in pursuing



this as a professional role; it had never been particularly interesting to her.

**Worries:** S1 did not worry about much, maybe getting a supervisee with a personality disorder. S2 thought that if she participated in a new supervision experience, she might tend to apply what she learned in this one directly to the new experience and supervisees; she would watch for that. S3 worried that she might miss important issues, things the supervisee was doing with the client, or she might not work effectively with the supervisee. S4 felt that after graduating he would have a big responsibility as a supervisor, including legal responsibility, without the backup he had in this training experience.

#### Identification and Self-Perception as a Supervisor

**Real Supervisor?** S1 and S2 were beginning to feel real, especially when actually doing it. S3 and S4 did not feel real after just one supervisee, especially such a short experience. All felt that if they were supervising more consistently, they would feel like real supervisors.

**Supervisor or Fellow-Student:** All always felt like supervisors in sessions; more or less confident, more or less skilled, but the supervisor.

**Motivation Fluctuated?** S1, S2 and S4 found their motivation steady to rising. S3's motivation was 'so-so', she was not particularly into it, it was not intrinsically rewarding yet, and not part of her long-term career goals.

**Reference Group:** All had their own supervisors as their comparison group. S1 also saw her co-trainee as a reference. S2 also considered herself a reference, what she had done well so far. S4 also compared his own work to that of his academic advisor.

**Will You Seek Other Opportunities to Supervise?** All said yes. S3 felt that supervising was not part of her long-term career goals, but would like to continue to develop that skill, especially as it also contributes to her skill as a therapist.

**Strengths:** All felt their strengths were in being empathic, respectful of supervisees, and easy to talk to. S1 felt she had a good knowledge base within specific areas, and was good at conceptualizing, facilitating, not directing, and letting go of control over what the supervisee does. S2 felt it was a strengths that she did not back off from discussing difficult issues in supervision. S3 saw as strengths her warmth, sense of humour, looking for strengths in the supervisee, and giving positive feedback. S4 saw as strengths being thorough, presenting diverse perspectives, and being facilitating, not controlling.

**Weaknesses:** S2 and S4 wanted to know more interventions and techniques in therapy, to be able to teach them to the supervisee. S1 wanted to give more positive feedback, feel more comfortable giving constructive criticism. She had not yet had to deal with any confrontations with a supervisee, it might be hard. S2 was not comfortable interacting as a peer with other supervisors on clinic staff; this created some friction for her supervisees, since they sometimes got mixed

messages from different supervisors. S3 saw as a weakness her lack of theoretical knowledge about supervision. S4 felt that if a supervisee wanted a very directive approach, he would not be the best at it, although he could do it.

**Supervisees' Impressions:** All felt that their supervisees had had generally very good impressions of them, both on a personal level and in their interventions as supervisors. S1 felt her supervisees saw her as approachable, and effective at teaching and facilitating supervisees' growth. S2 thought supervisees saw her as thorough, attentive to details, and calm. S3 thought she was seen as open, with a good experience level and a good sense of humour. S4 felt his supervisee saw him as helpful, informative, not brilliant, but facilitative.

**Supervisees' Complaints:** S1 felt supervisees might feel she needed to give more positive reinforcement, and they might complain that a couple of suggested interventions did not go over well and she was picky about reports. S2 was sometimes late for supervision sessions. S3 did not know about any possible complaints. If she did know about something, she would correct it. S4 thought that if a supervisee wanted a lot of structure and directiveness, it would be a poor match.

**Changes as a Supervisor:** All felt their confidence had increased. S2 felt her identification with the profession had increased. S1, S2, and S3 said that they had improved their supervision skills.

Roles, Boundaries and Responsibilities

**Role of Consultant:** All felt very comfortable in this role.

**Role of Therapist to the Supervisee:** All found that it did not really come up, but their opinions were the same as at Time 1.

**Role of Teacher:** All found this very comfortable.

**Role of Evaluator:** All were uncomfortable with this role. S1 and S2 did evaluate their supervisees and found it a challenge to make it fair, constructive. S3 and S4 didn't carry it out, but knew they would have to in the future.

**Role of Mentor/ model:** All found this comfortable.

**Other Roles:** S1 and S2 felt more comfortable with all the roles and when to use each, and learned to do this with their different supervisees.

**Differing Expectations:** All found that no problems with differences in expectations between themselves and their supervisees occurred. All had discussed expectations to some extent at the beginning of supervision. S2 found some differences of expectations around report writing; her supervisees were a little shocked at her "demands" for report quality, but once they realized she would be reading their reports and making suggestions, it went OK.

Self-Disclosure: All used it and found it helpful, as they had thought at Time 1.

Power Issues: All felt more aware of the power differential. S1 thought that accepting the power differential was part of the role. She expected there to be less of a differential with an advanced supervisee. S2 found the power differential was reduced because she could not pass or fail the supervisees. This seemed to encourage them to open up, but in the end, they were nervous about her evaluation, so the power was still there. S3 was surprised at her own difficulty deciding whether to use her power around the issue of supervisee lateness, but otherwise was more comfortable exercising it and being clear about expectations. For S4 power was not an overt issue, but the supervisee clearly respected S4 from the beginning, and may have been nervous he would be hyper-critical. This appeared to resolve as they got to know each other.

Responsibilities: All were aware of their responsibilities to clients and supervisees, and willing to use their power to fulfil them. S2 found that seeing her impact on her supervisees increased her sense of responsibility. S3 was very aware of responsibility for this supervisee to attain a basic skill level as a therapist, since this was his only practicum before graduating. S4 was very aware of the responsibility to monitor that the clients were getting good therapy. He was concerned about increased responsibility once he is a professional and is no longer supervised himself.

### Technical

Theory: S1 liked the developmental model, with its focus on attention to the needs of individual supervisees at different phases of their development. S2 felt she had no specific model, but liked a focus on meeting the learning needs of individual supervisees, and helping supervisees learn to think on their own and reach their own conclusions. S3 did not have a model, and would like to learn some theory. So far she thinks of supervision as a developmental process, changing as the supervisee learns. S4 had no model, but felt comfortable with a blend of expert and collaborator roles, helping the supervisee think and being a resource.

What to Emulate From Their Own Supervisors? All wanted to emulate the supportiveness of their own supervisors, and being facilitative of supervisee learning, not directing. S1 wanted to emulate giving positive feedback and using self-disclosure effectively. S2 was striving to help supervisees reach conclusions without their being aware she was 'nudging' them toward it. S3 wanted to emulate trusting the supervisee can do the work, and respect and a collaborative attitude. S4 wanted to emulate encouraging supervisees to develop their own styles and learn about themselves as therapists.

What to Avoid that Their Own Supervisors Did? S1 tried to avoid missing sessions, lecturing and pontificating. S2 wanted to avoid rushing the supervisee, or cutting off the supervisee's thoughts. S3 wanted to avoid not listening to the supervisee. S4 tried to avoid lecturing, talking too much, and speaking in a way

that makes the supervisee feel dumb, even inadvertently.

**Level of Activity, Directiveness:** All felt the level of directiveness depends on the needs of the supervisee, but generally favoured lower levels of directiveness over high. S1 preferred the term 'active' to 'directive'. S2 was more directive in the beginning because the supervisees were inexperienced, but was quickly able to reduce this. S3 did not like it much, but felt she had had to be somewhat directive, because this supervisee was very new and needed basic skills fast. If more time or a more advanced supervisee, she would be less so. S4 was generally quite non-directive, but found he had to structure sessions. He thought he would be more directive with a beginner.

**Supervisee Resists:** S1 had to push a little to get her supervisees to try some new stuff. They talked about it, she encouraged them, and it was fine with this gentle insistence, nothing stronger was required. For S2, this occurred, and she addressed it directly, discussing why the supervisee did not want to try what she was suggesting. The supervisee did try it, and felt it was very helpful, that she took an important step because of it if this discussion. For S3 and S4 this had not occurred, but they would deal with it as outlined at Time 1.

**Supervisee and Bureaucracy:** For S1 this issue did come up a little, with a supervisee not being prepared for a session, but the negative result in session was so clear to the supervisee that S1 did not have to address it directly. S2 said there were no problems, both supervisees were quite conscientious, but she would

address it directly if necessary. S3 found this more difficult to deal with than she had anticipated; it was difficult to see when a line was crossed, the issue should be addressed; she ending up letting it go. For S4 it did come up a little, and he did not address it because he could see supervision was realistically not the highest priority for his supervisee.

**Typical and Atypical Sessions:** All said that sessions were always flexible. S1 and S2 did an overview of client cases, asked about anything significant, looked at tapes, discussed, practiced any specific techniques, planned for next sessions, and reviewed paperwork. S2 reviewed what they had discussed and decided at the end of each session. S3 did overview of client cases, skill-building with tapes of therapy, and saved some time at the end for answering supervisee questions and concerns. S4 said sessions began with chatting, and supervisee usually came prepared to talk or ask about something of interest or concern. They discussed this, and anything else that came up, then chatteed again at the end. S4 felt that this quite low level of directiveness was likely related to the supervisee's already moderate skills as a therapist; he might need to be somewhat more directive with a less experienced therapist.

**Atypical sessions:** For S1; sometimes a supervisee wanted to talk about theory or professional issues, or start by looking at a piece of tape. S2 saw sessions vary if a client were in crisis. S3 thought session structure would vary depending on the developmental level of the supervisee. S4 found not much variation, but it was hard to tell, because he and the supervisee did not meet often (a total of 7 times



over the experience, as compared to over 20 times for each other supervisor/supervisee dyad).

### Skills

**Skills From Therapy:** All brought empathy and communication skills from client-centred approach. S1 brought conceptualizing about cases. S2 brought helping the supervisee develop her/his own insight and understanding. S3 brought skills of listening to the supervisee, respecting the supervisee's point of view, transmitting belief in the individual's potential and strengths, giving positive feedback, and using the 'yes-set' technique. S4 brought narrative techniques, non-directive techniques, and some practical things learned on internship; planning and bringing structure to supervision sessions.

**New Skills:** S1 found she needed the new skill of letting go some control, letting the supervisees do things their own way if it seemed effective. S2 had to be more directive, and use didactic skills. S3 had to learn to listen to a therapy tape and get an overview of the therapy process, and learned to be confrontative and upfront about her expectations of the supervisee and when he was not meeting them. She found that this last was still not easy. S4 felt he did not need much by way of new skills. He mostly adapted the interpersonal and clinical skill he already had.

**More/Less Experienced Supervisees:** As at Time 2. S2 had a clear difference in skill level between her supervisees and this led to really exercising responding

differently, as she had outlined previously (ie. more/less structure, more/fewer concrete suggestions, more/less drawing out of supervisee ideas and plans). S1 also did this to some extent, although there was less of a difference in the skill levels between her supervisees.

Autonomy; S1; did not wait to recognize the supervisee's readiness for more autonomy, but built in autonomy by always inquiring first about the supervisees' thoughts and ideas; she only gave her own if they were stuck or needed more. She also encouraged the supervisees to try new things, so they had more options for later when they no longer have a supervisor. S2 found that one supervisee was able to take steps and suggest interventions for therapy, and was more collaborative and active in supervision. S2 encouraged this and let her go. The other supervisee never got beyond requiring quite a bit of structure. S3 feels she would recognize by the quality of the supervisee's work and conceptualizations,; she would then become less directive and would work to stimulate the supervisee's thinking. She would try to be sensitive to the difference between when a supervisee is asking for help and when he/she is informing you what she/he thinks. S4 would listen to how the supervisee talks about cases, then not step in as often and would encourage the supervisee's own initiatives.

Techniques: S1 and S2 talked of many techniques in these interviews. S3 and S4 talked about fewer specific techniques. All used a facilitative approach, using questions to encourage supervisee thought, encouraging supervisee independence but stepping in when help was needed, and using self-disclosure. S1 was trying to speak clearly, not tentatively. Giving positive feedback smoothly was not as easy

as she thought it would be; she was working on it. She was trying to nudge the supervisee towards ideas, was observing intakes from behind the mirror, was going over paperwork was reviewing tapes and was walking the line between doing supervision with the supervisee and trying to do therapy with the supervisee's client. S2 was doing tape review, was going over paperwork, was doing joint supervision for group therapy, was using review at the end of the supervision session, was trying to balance the focus on the client and on the supervisee's process, and was using direct discussion of the dynamics of communication in group therapy and joint supervision. S3 was using the 'yes-set', giving negative feedback when necessary (which she was finding easier to do), was using tape review, and was talking about her own theories of therapy and experiences. S4 was trying to stay within the supervisee's language, so the supervisee did not feel dumb, was connecting and re-connecting personally, then guiding into the work of supervision and was listening to how the supervisee framed things, to see if he was "pulling" for help.

### The Training Experience

All wish they could have begun the supervision experience earlier, so as to get more practice.

S1 found the didactic portion gave a framework and ways of thinking about supervision, highlighted possible difficulties and how to deal with them, and normalized her own process as she was learning to supervise. She found that

support from the supervisor of supervision and her co-trainee was very helpful when she was anxious. Tape review was very useful, especially because the supervisor of supervision was facilitating, not directing. Having a class-mate enriched the experience, made it easier, more fun, she learned more by hearing about another person's experiences.

S2 liked having reading and discussion to start the training. She thought that more reading material might have been good, or that might be her obsessing. It was helpful to have a specific time and place to discuss supervision issues, get feedback, it helped her take a step back from the immediacy of supervision sessions. The facilitative atmosphere in supervision of supervision was very good. It was good to have a class-mate to give another perspective and other experiences, normalize and reassure. Her experience was enriched by having supervisees at different skill levels.

S3 would have preferred the solo format (working alone in supervision with the supervisee, and then reporting to the supervisor of supervision, rather than having the supervisor of supervision present and active in supervision sessions, as had occurred at the beginning) from the beginning, supervising was much better after that changed. She also would have liked to have some theoretical background provided. Supervision of supervision was basically concrete recommendations on how to work with this supervisee. She learned something from the experience, but with a longer time, more variety of supervisees and cases, it would be better. She still felt anxious that she might feel out of her depth with an advanced supervisee.

S4 thought that learning to supervise had been the weakest part of his internship program. He never had any formal supervision of supervision sessions, had about 4 brief consultations to be sure everything was OK, and a total of only 7 sessions with the supervisee. He shifted his focus away to other clinical training. He felt that more supervision of supervision, starting to supervise earlier, and more variety of supervisees would improve the experience.

#### Miscellaneous

**Perceptions of Self as Therapist:** All felt more confident than at the beginning of the year.

**Does Supervising Affect Therapy?** S1 and S2 thought that learning to supervise had contributed to increased confidence as therapists. S2 felt it had helped her articulate her own theory, improve conceptualizations, and helped with fine-tuning and reviewing basics. S3 and S4 felt it had had no effect.

**Does Supervising Affect Your Own Supervision?** S1 and S4 felt they had gained a better appreciation for the quality of work of their own supervisors. S1 wondered if sometimes her own supervisors feel as lost as she did. S2 felt she takes better advantage of her own supervision, asks for more. S3 thought it had not really affected her own supervision. S4 now realized supervision was more complex than he had imagined. He had increased appreciation for the importance of getting a compatible supervisor.

**Surprises:** S1 was not as tough about paperwork as she had expected to be. Her supervisees appreciated a strategy she was not really aware she was using; that of asking for their thoughts and opinions before giving her own. She was also surprised that she no longer felt anxious about supervising. S2 was surprised that her supervisees were concerned about her opinion of them and took meaning from what she said during supervision. Also that one supervisee could be happy about some very small steps. S3 was surprised at her difficulty addressing the supervisee's lateness directly. S4 was surprised that he had been rather anxious about knowing what to say to the supervisee at the beginning, and that this had disappeared so quickly.

**Comparisons:** Few comparisons were made during these interviews: S3 and S4 made none at all. S1 said that learning to supervise had been like learning to do therapy. S2 made comparisons showing that the supervision she gave was similar to/different from the supervision she received.

**Concrete Examples:** Many were given from supervising, a few from supervision of supervision and from the supervisors' own supervision.

**Laughing:** Supervisors laughed at their nervousness 11 times and at their own real or potential folly, ignorance or mistakes 19 times. They laughed about power issues 29 times. There was lots of other joking and laughing.

The Best and The Worst

**What Was Rewarding, Gratifying?** S1 was gratified by everybody's progress; the supervisees', the clients', her own. Also by contributing to the supervisee's learning. S2 was gratified that one supervisee made lots of progress, as did one client. The other supervisee made less progress, but some was good to see. S3 was gratified that she was feeling more comfortable supervising, and was able to work effectively with the supervisee and be a resource for him. She may not have seen as much progress in her supervisee's work as the other supervisors reported seeing in their supervisees'. S4 was gratified by the role itself; it encouraged and empowered him. Also at playing a part, if small, in the supervisee's growth as a professional, getting to know the supervisee. There was not enough time to see the supervisee make progress.

**What Was Challenging, Difficult?** S1 found it challenging to deal with possible legal involvement in client cases. S2 was challenged by communication problems with one supervisee, and allowing for the pace of the less advanced supervisee's learning. S3 felt challenged by trying to get the supervisee to a level of knowing basic skills, and by having to be explicit about expectations. S4 found it moderately challenging to help the supervisee process a client drop out.

**What Was Frustrating, Irritating?** S1 was frustrated by helping a supervisee with a complex clinical issue, and with the supervisee's frustration around it. S2 felt frustrated by a communication problem with one supervisee. S3 was frustrated by

trying to learn to supervise with the supervisor of supervision present and participating during the supervision session. S4 felt frustrated by having so little time to supervise.

What Do You Need Now? All felt they needed more experience supervising. S1 needed more experience as a therapist, to have more to pass on. S2 needed continued support. S3 needed a theoretical framework (there had been no reading or discussion of theories about supervision in her training experience).

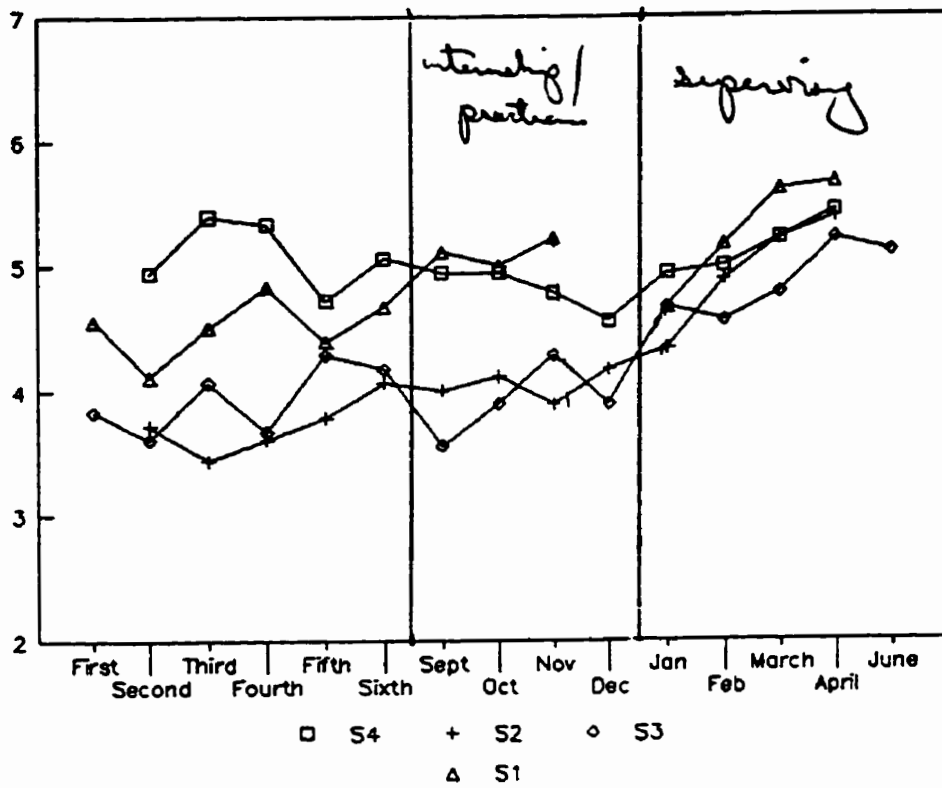
#### Comparison of Questionnaire Results

The results of the ratings of the PSDS for both the supervisor and the comparison participants are compared in the following figures (tables of the results for the comparison participants may be found in Appendix 5):



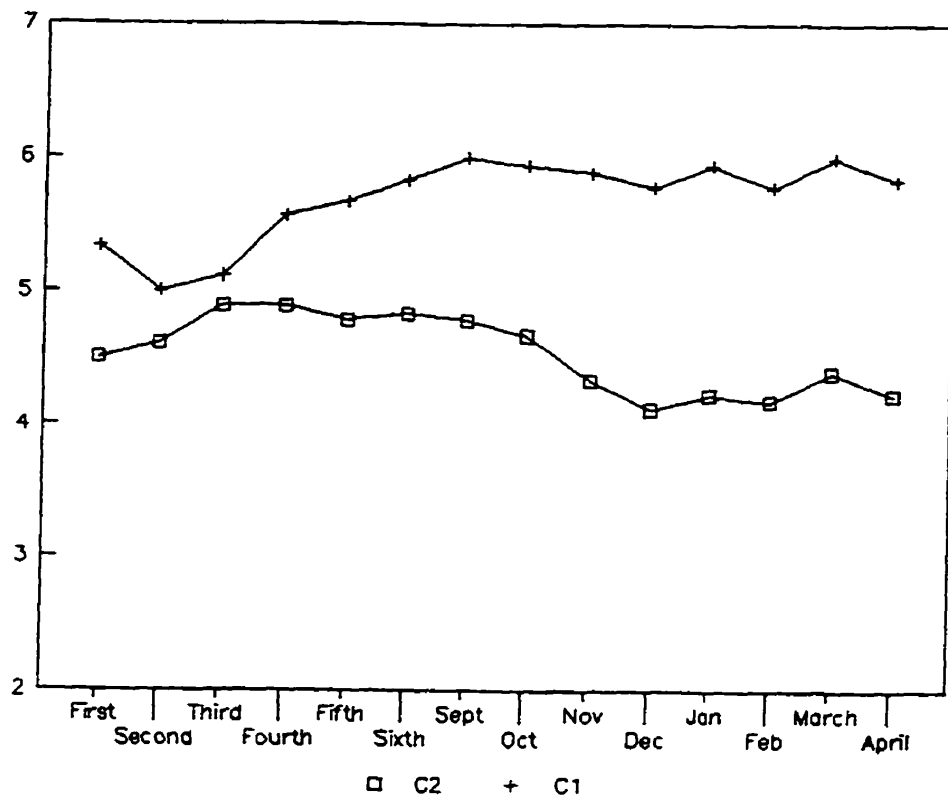
Graph 13: Psychotherapy Supervisor Development Scale Mean Scores: Supervisors

PSDS MEAN SCORES: SUPERVISORS



Graph 14: Psychotherapy Supervisor Development Scale Mean Scores: Comparison

Participants



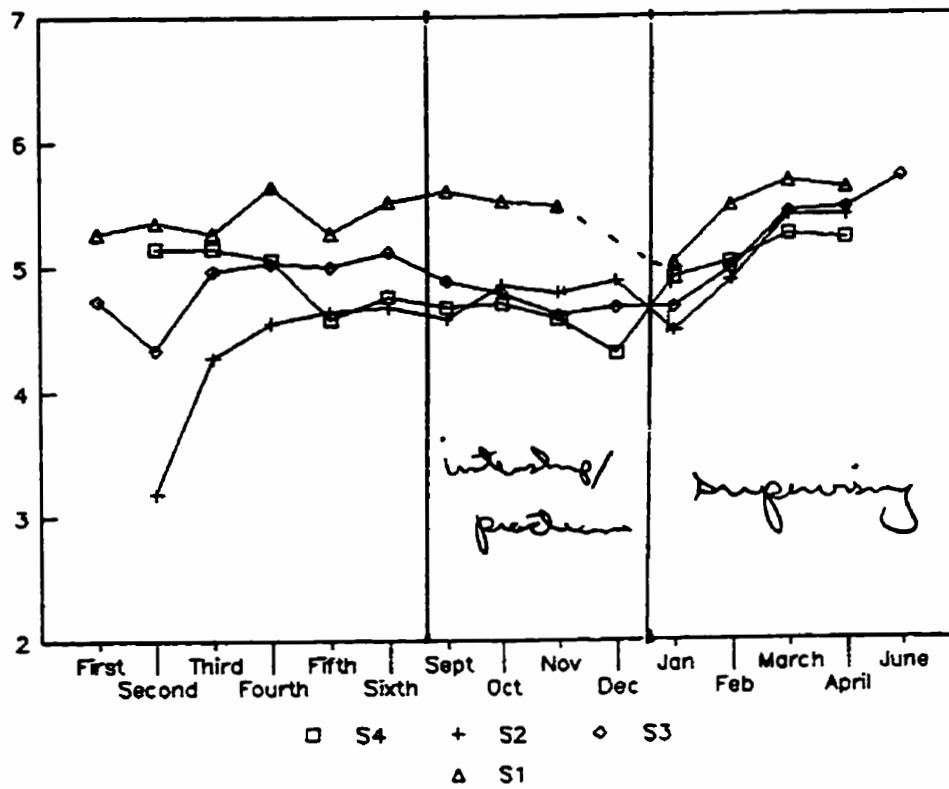
As can be seen, the new supervisors started out with varying levels of self-perceived development as rated on the Psychotherapy Supervisor Development Scale. The internship by itself and the didactic section of the practicum do not appear to have strongly affected the supervisee's self-ratings on this scale, except perhaps for S1, who took the practicum. The experience supervising does appear to have had an effect, however, with the exception of S4. These results could not be statistically analysed using the ITSACORR procedure, because there were not enough data points in the 'intervention' phase, that is, the phase in which the participants were actually supervising. The supervision experience began late because of the interruption in classes which occurred that year, due to a faculty strike, leading to the loss of two data points in each set. However, there does appear to be a rise in the mean scores of S1, S2, and S3 which may have been significant if there were more data points.

The results of the PSDS for the comparison participants showed that the mean scores for one participant went up somewhat early in the year, then remained steady, while those of the other went down somewhat later in the year. Although the magnitude of these changes appears to be less than that which occurred for S1, S2 and S3, these results indicate that factors external to supervision experience may affect this measure.

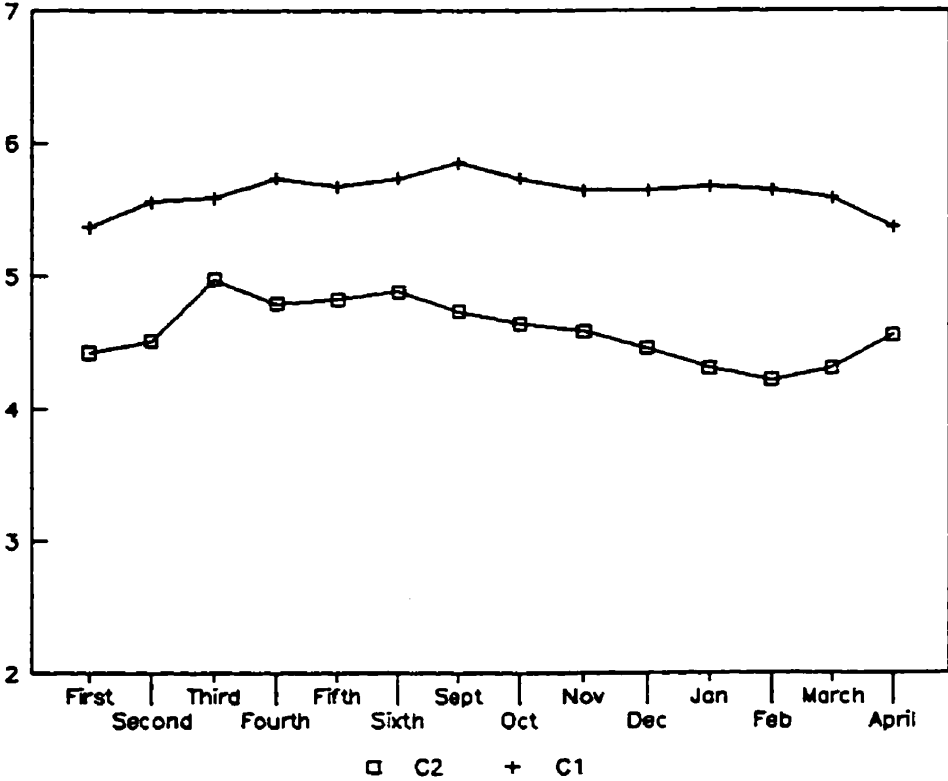
### SSI Results

Summary graphs of the results of the SSI for the Supervisors and the Comparison participants follow. The table of results for the Comparison participants may be found in Appendix 5.

Graph 15: Supervisory Styles Inventory Mean Scores: Supervisors



Graph 16: Supervisory Styles Inventory Mean Scores: Comparison Participants:



The SSI mean scores of the supervisor participants show little change over the period studied. There may be a slight rise for S2 and S3 after beginning to supervise. The comparison participants' scores on this measure were quite steady.

## DISCUSSION

This discussion consists of six sections: 1) a discussion of the two qualitative analyses carried out by the principal researcher and the research assistant, 2) a discussion of the results of the quantitative data, 3) an overview of the commonalities at and changes between each interview time, and a discussion of how this data might fit with role acquisition theory and the proposed models of supervisor development, 4) a systematic examination of the factors which appear to have affected the experiences of the new supervisors, 5) some recommendations for training arising from this study, and 6) a discussion of the strengths and weaknesses of this study, and recommendations for further research in the area.

### The Two Qualitative Analyses

An important issue to be considered when examining the results of the primary analysis is that of the 'insider' role of the principle researcher. This position appeared at several stages of the study; the principle researcher was immersed in the theory of supervisor development, had participated in the supervision practicum the year previous to data collection, knew 2 of the supervisor participants quite well, and was a late-doctorate graduate student in clinical psychology, as were all the participants. This 'insider' role may have influenced both the process of interviewing and the process of data analysis. Without having an 'outsider' on hand, doing the same things and coming up with results to be used in a comparison, it is difficult to determine what the influence of the primary researcher may have been. However, some factors can be identified.

It appeared to be very easy to develop rapport with the participants at the time of the first interview, and rapport continued to be good throughout the study. This rapport is likely to have made participants more comfortable in discussing anxieties, difficulties and frustrations they encountered as they learned to supervise. Professional and personal pride may have made that difficult had good rapport not been established early in the study. It may, however, have also led the participants to be less willing to disagree with the researcher when an interpretation was suggested (although interpretations were not offered frequently, and participants did disagree at times). It may have led them to attempt to provide answers that fit with the questions or the apparent bias of the researcher. It is more likely, however, that commonalities of background and training led to most of the convergence of ideas between the researcher and the participants, and that the participants' opinions would have been fairly strong, independently of who was interviewing them.

Also at the level of the interviews, the researcher's 'insider' status may have speeded the process of getting information. The interview protocol was fairly long, but the common understandings which could be quickly reached, and confirmed in a few words, may have permitted the gathering of data on many relevant topics within the limited period of time that participants could provide to the study, and without undue fatigue.

At the level of data analysis, the concern about the influence of 'insider' status was greater. At least in an interview, the presence and opinion of the 'other' creates a fair amount of pressure on the researcher to keep influence to a low level. When alone with a computer and the data, the pressure of the data



itself may be less than that provided by the interaction with another person. This concern was the reason behind having a second, 'outsider' analyst review significant portions of the data.

It appears that while the principal researcher and the research assistant, working independently, did group the data slightly differently into themes, the themes themselves are quite similar across the two sets of analyses (Appendices 3 and 4). The primary analysis identified more separate factors as important, a total of 42, under the headings of 7 main themes. The secondary analysis ended up with 22 factors, under the headings of 9 main themes. The themes were:

**Primary analysis:**

**Confidence and Anxiety**

**Identification and Self-Perceptions as a Supervisor**

**Roles, Power, and Boundaries**

**Technical Issues (how to do supervision)**

**Training Experiences**

**The Best and the Worst**

**Miscellaneous**

**Secondary Analysis:**

**Anxiety**

**Perceptions of Other's Perceptions**

**Personal/Boundary Issues**

**Roles and Expectations**

**Comparisons**

**Style of Supervising (how to do supervision)**

**Therapy (how similar, how different from doing supervision)**

**Learning to Supervise**

**Confidence**

There was very close agreement on the main idea and content (although some variation in naming) of the following factors:

**Anxiety**

**Confidence as therapist**

**Confidence as supervisor**

**Supervisee's perceptions of the supervisor**

**Self-disclosure**

**Boundary issues**

**What to avoid**

**What to emulate**

**Who do they compare themselves to?**

**Promoting autonomy**

**Power**

**Dealing with resistance**

**Supervision of supervision**

**Motivation to supervise**

**Confidence as therapist**

Confidence as supervisor

Difficult situations

How supervision is similar to/different from doing  
therapy

The following secondary analysis factors were more inclusive than more sub-divided factors from the primary analysis. When the primary analysis factors are combined, however, the content was very similar;

Secondary analysis factor

Corresponding primary analysis factors

working in supervision

comparing supervision and therapy

models of supe

new skills/old skills

therapy

doing therapy with supervisees

doing supervision like therapy

responsibilities to clients

roles

role of teacher

role of consultant

role of evaluator

role of therapist

other roles

identification with role of  
supervisor  
style of supervising

some elements of:  
preferred theory of supervision  
techniques of supervision

The following factors and content from the primary analysis did not show up in the secondary analysis; it is possible that the research assistant, who was looking for 'the most important themes and issues' did not consider them particularly important or central to the supervisors' experiences.

the best and the worst of supervising (except difficult situations, level of satisfaction with the whole experience)

what are your strengths/weaknesses?

surprises

concrete examples

techniques of supervision (some content mentioned under other factors), including the factors;

dealing with more/less experienced supervisees

preferred theory of supervision

how active/directive are you?

typical/atypical supervision sessions

One of the noticeable differences between the two analyses was that of the level of emphasis given to the issue of identification with the role of supervisor. The primary analysis gave this as part of the title of a major theme, with several factors feeding into it. The secondary analysis mentioned the issue in passing under a couple of other factor headings, primarily that of roles in general, and it was not part of naming any of the major themes. It is not clear whether this is an indication that this issue was perhaps less important to the supervisors than it was to the primary analyst, who was prepared by the literature review to consider this a central issue.

The principal researcher and the research assistant approached the data with very different types of background knowledge and personal experience in the area being researched. The fact that the results of the analyses were so similar would indicate that the data were fairly straightforward, not requiring much interpretation and/or that the descriptive type of analyses carried out stays necessarily quite close to the data, not requiring complex or sophisticated understandings which might be more open to interpretation. As the purpose of this study, so early in the empirical research on supervisor development, was that of description of the experience of learning to supervise and recognition of factors contributing to that experience, the fact that the two descriptions are quite similar is encouraging.

#### **The Quantitative Data, and Comparison to the Qualitative Results**

The analysis of change in the quantitative data using the ITSACORR

program could not be carried out due to the low number of data points in the supervision experience period. Originally expected to be approximately six months, which would have allowed the already conservative ITSACORR to make an estimate, it actually was approximately four months. The results of the SSI were particularly consistent across time for all participants. The graphs of the results of the PSDS do suggest that a change was possibly beginning for S1, S2 and S3.

The comparison participants filled out the same questionnaires and were gaining experience only as therapists throughout the period of the study. Their scores show a fairly steady to slightly dropping tendency, reinforcing the impression that the rise in the scores of the 3 supervisor participants was not coincidental.

It is not surprising that PSDS global mean scores did not rise prior to beginning to supervise for S3 and S4; they were not meeting to discuss supervision or doing any reading about it. It is interesting, however, to see that these scores also did not rise during this phase for S1 and S2, who were involved in the didactic portion of the practicum. In the interviews at Time 1, these supervisors had expected to gain confidence in their abilities to supervise, through their reading and discussions about supervising. However, in the interviews at Time 2, S1 and S2 said that this didactic section prior to beginning to supervise had both increased their confidence by providing a framework for supervision, and decreased it, by leading them to discuss and worry about potential difficulties in supervising. Perhaps these two opposing tendencies cancelled each other out, or perhaps learning about supervision does not increase the individual's sense of her/his own competence or identity as a supervisor.

Actually supervising appears to have done so quite quickly for S1, S2 and S3. In the interviews, all the supervisors mentioned that it was doing the work and seeing that it went well that made them feel more comfortable about their abilities to do it, and that this occurred quite quickly after beginning to supervise.

S4's fairly steady ratings on the PSDS can perhaps be understood from the results of the interviews. His self-perceptions as a supervisor were already quite favourable before beginning, due to his previous experiences as a teacher and a facilitator. He reported quite a bit of confidence and identification with the role. The stability of his results may also have been contributed to by the fact that he actually gained very little experience supervising, only 7 sessions. He did not feel that his contribution as a supervisor was a high priority for his supervisee. This experience may have had little impact on his self-perceptions.

The fairly steady ratings on the PSDS by the comparison participants and the fairly clear rise in the ratings of three of the supervisor participants indicate that this questionnaire can be useful for detecting change in supervisor self-perceptions in longitudinal studies.

Especially interesting in the PSDS results is that, for all the participants, the Sincerity subscale was lowest overall up until the actual supervising began. This subscale also showed the greatest change for the participants who were supervising, including S4. This may indicate that even a supervisor trainee who is feeling fairly competent and committed to the role does not feel like a 'real' supervisor until he/she gets that experience. It also suggests that even the new supervisor who has the most doubts about his/her competence and commitment to the role quickly comes to feel fairly comfortable and that feelings of being an

'imposter' or not a 'real' supervisor diminish very quickly. Interview information confirms these possibilities.

The SSI global mean scores were stable for the comparison participants, and changed very little for the supervisor participants. The slight rise in global mean scores for S3 after she began to supervise was not related to differential change on any of the subscale scores, indicating that the rise might reflect a generally more positive self-evaluation as supervisor, since all items are positive ones. For S2, there was a slight rise during the supervising experience, which appears to be related partly to a strong rise in her perceptions of herself as Task-Oriented. This rise in ratings on the Task-Oriented scale also occurred for S1, although her global mean scores were not strongly affected. This is consistent with S1's and S2's discussion in interviews of having to be more structured and didactic than they had originally expected.

The general low level of changes on this measure may be due to the unsuitability of this measure for longitudinal studies, or it may be interpreted as indicating that the new supervisors already had their sense of their own preferred style of supervision quite well established before beginning the training experience. This result can be confirmed from the interview data; supervisors' general style of supervising and theories of how and why supervision worked were not much altered by their experiences. This style is likely based in models of psychotherapy and of change which transfer to supervision, such as the difference between a facilitative and a directive style, and in the supervisors' own experiences as supervisees. These questions of style may be related to professional and personal values which may act as the integrating factor in professional identity (Watts,



1987). Certainly in the interviews, all the supervisors expressed consistent endorsement of both therapy and supervision as primarily facilitative processes, in which the therapist/supervisor should be supportive and encouraging of the client's/supervisee's learning process and personal style. This approach to therapy and supervision appears to have strongly affected the supervisors' experiences, and is not likely to be a universal one among therapists or supervisors.

#### Commonalities over the Supervision Training

At Time 1, the supervision trainees felt anxious about learning to supervise, and not confident, except for S4. He felt that he had had enough experience as a teacher and facilitator to ease his transition to the new role of supervisor. They were all worried about supervising, especially about their own possible lack of knowledge of therapy interventions and lack of supervision skills. None of the supervisors felt 'real' at this point. They identified strengths almost entirely within the realm of communication and interpersonal skills, and all the weaknesses they were concerned about involved lack of experience and difficulties with confrontation and giving negative feedback.

At Time 1, all the supervisors were comfortable with most of the various roles a supervisor might take. The exceptions were that of therapist to the supervisee, which was seen as complicated and full of possible boundary violations and that of evaluator, which the new supervisors worried about carrying out fairly. They were somewhat concerned about their responsibility to ensure that clients received good therapy. They wanted to reduce the power differential in supervision

and were not comfortable with power issues. Boundary issues such as the limits to supervisor self-disclosure were clearer, however, with all agreeing that it would be useful as a teaching tool or to normalize the supervisee's experience but otherwise would be inappropriate. None of the supervisors had preferred theories of supervision. They wanted to emulate the facilitative and supportive aspects of their experiences with their own supervisors, and each had different experiences with their own supervisors that they wanted to avoid repeating. They knew very little about structuring a supervision session, and mentioned few specific supervision techniques.

The supervisors all wanted to use a basically facilitative/non-directive approach at Time 1, and recognized that less skilled supervisees might need more structure and instruction. They all expected supervision of supervision to be an on-going opportunity to process their reactions to learning to supervise, as well as to learn about supervision. They thought the most challenging aspect of supervising would be dealing with a supervisee who was resisting their recommendations or who did not respect them.

At Time 2, all the new supervisors felt more anxious than they had at Time 1, but less so than just before actually beginning to supervise. They had many worries, especially about their abilities to supervise effectively. They did not feel like 'real' supervisors, although they were feeling more 'real' than at Time 1, and except for S3, felt like real supervisors when actually supervising. Interestingly, even when supervisors declared (as at Time 1 and 2) that they did not feel like 'real' supervisors, they also did not feel quite like fellow-students to the supervisees. There may be a middle ground that they felt they were occupying -

perhaps that of beginner supervisor, rather than that of 'imposter' that Watkins' mentions.

The supervisors identified the same strengths at Time 2 as at Time 1, but more weaknesses, especially those related to specific competencies in supervision. Their comfort with the different roles a supervisor might take on had not changed, except that comfort with the role of teacher had risen. They felt the same about self-disclosure as they had at Time 1, and were more aware of power issues in supervision and still not comfortable with dealing with them. They were also more aware of and worried about their responsibilities to both the clients and their supervisees.

At Time 2, none of the supervisors had adopted one specific theoretical model of supervision, although S1 preferred the developmental model and S2 was also most comfortable with the very individualized approach that is part of that model. S3 and S4 did not know much about theories of supervision. All the supervisors continued to prefer a very non-directive/facilitative approach. However, they recognized, and in most cases had to deal with, the greater need for structure and direction of less experienced supervisees. None had changed their minds about what they wanted to emulate or avoid of their own supervisors' work but all were more appreciative of how hard it was to work that well in a non-directive manner.

By Time 2 the supervisors were beginning to have ideas about structuring supervision sessions and mentioned more supervision techniques than at Time 1 - except S4, who had received no supervision of supervision and who had a moderately experienced supervisee who he felt did not need a lot of structured

assistance. Supervision of supervision was meeting the expectations of S1 and S2, but not those of S3 and S4. All now considered their greatest challenges to be those involving their own difficulties as supervisors.

At Time 3, all the supervisors felt quite confident and had little anxiety, although S3 was still worried about supervising with an advanced supervisee. They had few worries about supervision. They had all consistently felt like supervisors in sessions, and thought that if they were continuing to supervise, they would feel like 'real' supervisors. They could identify quite a few strengths as supervisors, and fewer weaknesses, most of which were minor areas where they wanted to improve.

At this time, the supervisors felt the same about the different roles a supervisor might take as they had at Time 2, and S1 and S2 mentioned feeling more competent at determining when to use which role. Their theories or lack of preferred theories of supervision had not changed since Time 2. They wanted to emulate and avoid the same behaviours of their own supervisors as at Time 1 and 2. They mentioned many techniques of supervision during the interviews, except for S4. Again, this exception may have been related to the skill level of S4's supervisee, or to his very non-directive approach to supervision. All now felt that their greatest challenges had been in dealing with clinical and supervision process issues, such as communicating clearly with supervisees or helping with crises in therapy cases.

So from Time 1 to Time 2, these new supervisors' anxiety went up sharply, peaking just as they began to supervise, then abating fairly quickly. They report that their confidence levels grew more slowly and steadily from Time 2 to Time 3,

and their worries decreased significantly as they gained supervision experience. All felt like supervisors rather than fellow-students when actually supervising and, by the end of the training period, felt fairly strongly like 'real' supervisors. However, this sense of being a 'real' supervisor was reduced by the fact that 3 out of the 4 had finished supervising and none knew when they would do it again; continuity in the role appears to affect how identified with the role new supervisors feel.

While these new supervisors became more comfortable with the different roles a supervisor might take as they gained experience, they were still uncomfortable with the roles of therapist to the supervisee and evaluator of the supervisee, for different reasons. The role of therapist raised issues of boundaries and boundary violations. That of evaluator originally raised concerns about having the knowledge to evaluate fairly and later raised apprehension primarily about how to deal with a less-than-stellar performance by a supervisee. Being firm with a supervisee who was not performing up to par, dealing with confrontation or having to give negative feedback were pointed out as difficult issues by three of the supervisors. While they had had a little practice with this and felt somewhat more comfortable by the end of the experience, these were still issues with which they were struggling, as all of them were with questions of power throughout the training.

None of the supervisors clearly adopted one particular model of supervision. Even the two who studied supervision models and theories did not adopt one exclusively. All the supervisors consistently preferred a facilitative, non-directive approach to supervision, with adjustments appropriate to the greater need for

structure and concrete assistance of less experienced supervisees. The kinds of things these supervisors wanted to emulate or avoid that they had experienced in their own supervisors' work also did not change over time. All except S4 mentioned increasing numbers of supervision techniques over time, and all consistently favoured techniques which would help the supervisees think about their own work and reactions and come up with their own ideas. The supervisors' perceptions of what would be challenging in supervision did shift noticeably, from worries about how to deal with a recalcitrant supervisee at Time 1, to handling their own difficulties supervising at Time 2, to dealing with difficult clinical or supervision process issues at Time 3.

Some of the details from the interviews also show areas where there were consistencies and changes over time for these new supervisors. All except S4, who felt he had hardly supervised, felt their confidence as therapists was increased by the experience of supervising. The kinds of comparisons they made changed very little. They imagined that learning to supervise would have a lot in common with their own processes of learning to do therapy, and it did. Some of these similarities were the high initial anxiety, the validation of seeing they could help their clients/supervisees, the need for structure and support from their own supervisors, and the use of relationships skills to create a good working environment even when they were not yet all that familiar or comfortable with specific techniques. They felt that dealing with fears of not knowing what to say, adapting to individual supervisees and being patient with them, and getting supervision would be similar to the corresponding situations in therapy, and by and large they were.

The kinds of concrete examples the supervisors used to illustrate points in their interviews shifted in a predictable manner. They began with examples from doing therapy or being supervised at Time 1. There were fewer of those and many examples from supervising at Time 2. At Time 3 there were almost no examples from therapy or their own supervision, but many examples from doing supervision and supervision of supervision were given. The kinds of things that the supervisors laughed and joked about also shifted somewhat over time. At Time 1, there was lots of joking about their own nervousness and about their own possible mistakes, ignorance, or foolishness and some about power issues. At Time 2, there were about the same number of jokes about nerves and mistakes, but there were quite a few about other experiences in supervision and still some about power issues. At Time 3 the number of laughs about nerves had dropped considerably, and those about the supervisor's own folly had dropped somewhat, but power issues were creating even more joking. This shift in the frequency of laughing about these topics may be related to how much of a concern they were at the different times of the interviews. The jokes were usually said in a nervous tone of voice, and with anxious body language. Certainly the supervisors' nervousness and concern about possible mistakes or ignorance in supervision, as reported explicitly in the interviews, had diminished by Time 3. Joking about power often involved exaggerating their own reactions to power issues and answering as if power-crazed, followed by exclamations of 'no, no, I wouldn't do that!', and a serious answer. This laughter and joking may reflect the discomfort with issues of power and how to use it in supervision which was also explicitly expressed in the interviews.

### This Data and Role Acquisition Theory

These new supervisors may be considered to have taken basic steps in all three of the phases of role acquisition outlined by Birenbaum (1984). The discrepancy phase took place when these individuals realized that they would be learning a new professional role and began to think about how that would be different from their previous one of psychotherapist. At Time 1, the new supervisors showed that they were very aware of those differences and concerned about their ability to take on the requirements of the new role. The second phase, typification, started when the supervisors began the supervision experience; this involved placing themselves within the new role and taking on the behaviours they believed appropriate to the role. The third phase, validation, rests on the interaction of the person in the new role with others, who may decide whether the role is appropriate to the person and whether their behaviours are indeed appropriate to the role. In this case, the intersubjective nature of validation was extremely clear; it was beginning even at Time 2, and well on its way by Time 3. It was the fact that their supervisees treated them as supervisors rather than as fellow students that led the trainees to focus on doing the work instead of on whether or not they could do it, probably a major step in the acquisition of this new professional role. It was seeing that the supervisees did indeed learn from them and benefit from their help that started to persuade the new supervisors that they were capable of doing this work. And it was the feedback of the supervisors of supervision and the experience of interacting smoothly with the supervisees that helped reduce their anxiety and persuade them that they belonged in this role,



even when it still felt somewhat awkward.

Watts' (1987) model of professional socialization in Clinical Psychology includes a component which may be especially useful in understanding the results of this study. This component is the role of professional values as a source of integration of preliminary theoretical models, projected goals, past experience, and the many factors involved in the actual training experience. All four of the supervisor participants in this study started out with the understanding of both therapy and supervision as processes which are to be facilitated, not directed, and of clients and supervisees as individuals who should be encouraged to find their own ideas and style of living/working. This may be considered a professional value system, which affected how the supervisors understood their experiences and defined their approaches to supervision. S3 was the only new supervisor to have a supervisor of supervision who she perceived as not sharing those values. Instead of changing S3's fundamental beliefs about her role and approach, this confirmed them, while adding an awareness that some supervisees may need more direction. This study might have come out quite differently if the participants had not had, or had not all had, this same basic understanding of therapy and change processes. S4 was quite concerned about the possibilities of mis-match between supervisor and supervisee around issues of theoretical orientation, personality, and expectations; differences in the organizing professional values, such as were expressed here around issues of facilitation vs. directiveness, might be related to, but more disruptive of, a supervisory relationship than differences in theoretical models or personality styles.

The outcome of a professional socialization process is a professional role

identity and technical competence. According to this model, these new supervisors had come close to completing this transition by the end of these first supervision experiences, even though they recognized that their skills needed improvement. It is interesting that because the supervision experience was temporary the role identity component was weakened after its completion. However, all the supervisors felt that the identity would slip back into place once they began supervising again in the future.

#### Models of Supervisor Development

Because it appears to be the most comprehensive model of supervisor development and takes into consideration the contributions of previous models, Watkin's model (1990, 1993) will next be examined as one way to understand the results of this study. The first stage Watkins proposes is that of Role Shock. The new supervisor is very aware of his/her own weakness as a supervisor, lacks confidence, and feels overwhelmed and underprepared. He/she has little awareness of his/her strengths, style, and motivations as a supervisor and of her/his impact on supervisees. The new supervisor usually does not have a theory of supervision and looks to others for help and guidance. The supervisor at this stages draws on both introjects of his/her own supervisors and support from peers and more experienced supervisors to guide her/his practice. She/he lacks a sense of identity as a supervisor, which commonly manifests as a sensation of being an 'imposter'. Due to the difficulty of this stage, new supervisors may have little tolerance for ambiguity, may overemphasize rules and procedures, and may give

little attention to process aspects of supervision. The main characteristic of this phase is the shock the supervisor feels and attempts to cope with it.

This stage could stand as only partially accurate as a description of the state these new supervisors found themselves in at the very beginning of the supervision experience. These supervisors reported some awareness of what their own strengths and weaknesses as supervisors would be, which did not change much over time. They also did not seem to be taking either the 'retreat and withdraw' nor the 'advance and attack' defensive postures described by Watkins (1990). They did not report anything like the minimalist stance of avoiding initiating or proactive moves. Nor did they emphasize rules and procedures; they tended to avoid both and began to bring more structure to the supervision sessions and to use more techniques and give more concrete suggestions only as the supervisees required and requested them. They also reported, even at this early phase, some awareness of and adaption to the differing needs of individual supervisors; this implies a flexibility in supervising which Watkins considers unavailable to such new supervisors. None reported having felt like an imposter at any point - like a beginner, or perhaps like an inadequate supervisor, but not like "hypocritical actors pretending" to be supervisors (Watkins, 1990, p. 556).

The second stage Watkins proposes is that of Role Recovery or Transition. The supervisor begins to recognize some strengths and abilities and to develop some self-confidence in this new role but can still easily be shaken by difficulties or challenges. While the supervisor at this level begins to develop some awareness of his/her impact on supervisees, he/she is likely to focus on negative effects. She/he is beginning to reflect on a personal theory of supervision, and to gain a limited

recognition of his/her style as a supervisor. The supervisor still relies on others for guidance and support, but this need is less intense, and identification with the role of supervisor begins to form. Less emphasis is placed on concrete techniques in supervision. The main characteristic of this phase is the oscillating nature of the supervisor's emotions, cognitions and behaviours.

From the reports of these new supervisors, this stage is only a fair description of their work and their perceptions quite soon after beginning to supervise, within perhaps a month. While S2 reported some oscillation in her feelings of confidence and competence, which is the hallmark of this phase, the others did not seem to experience this. They reported a fairly steady increase in their confidence and skills, within a short time after beginning to supervise. The focus on the real and potential negative effects of their work on supervisees was strong from the very beginning of the supervision experience.

Watkins' Role Consolidation stage brings more accurate perceptions of self and supervisees and greater self-confidence even when faced with supervisory problems. The supervisor becomes more aware of his/her strengths, weaknesses and style as a supervisor, and perceptions of favourable impact on supervisees become predominant. The supervisor recognizes his/her own style, and a personal theory of supervision takes form. Process issues in supervision, such as transference and counter-transference, can be recognized and worked with, although not yet on a consistent basis. Identity as a supervisor is established, and the supervisor at this stage usually requires assistance from others only at times of difficulty. The main characteristic of this phase is the more stable nature of the supervisor's ways of thinking, feeling, and acting in supervision. Supervisors are

more able, by this stage, to respond to the therapist's and the client's needs in supervision and less to their own narcissistic needs.

It may be considered that these new supervisors had begun to enter this stage by the end of their supervision experience. Their confidence and sense of their own generally favourable impact on supervisees were clear. Three of them had faced difficulties in supervision and felt they had dealt well with them most of the time. They were not yet working with process issues in supervision very consistently but perceived this to be a result of the supervisees' developmental level. They did show awareness of process issues, and addressed them in supervision when they felt it was appropriate. They were clearly more focussed on supervisee and supervision issues and much less so on their own difficulties or anxieties as supervisors. They felt they could supervise without supervision of supervision, but S1 and S2 still preferred to have it to increase their learning, and S1, S2, and S4 preferred to have the back up in difficult situations.

These supervisees clearly did not move into the Role Mastery stage at all; this would likely take quite a bit more experience and reflection.

This model does describe the experiences of these supervisees fairly well, with exceptions. Some of the exceptions seem to fall in areas of extreme insecurity and defenses against that insecurity such as the 'imposter' syndrome and either withdrawal or dependence on rules and procedures and in the oscillation of feelings about supervising in Stage 2. Watkins (1993) proposed that the type of training experience might act as a buffer to some of these extremes. It is possible that these tendencies were in fact reduced because these new supervisors were participating in a training experience, not just being 'tossed in' to learn to

supervise on the job, as often occurs.

This study gives a first idea of how fast the changes Watkins describes might come about - quite quickly, apparently, under these conditions. The issues which he considers as fundamental to supervisor development do appear to have been central to these supervisors' experiences. They are: the supervisor's confidence in his/her current supervisory skills, insight into impact on supervisees, approach to a theoretical framework, and sense of professional identity. Tracking changes in how supervisors deal with and feel about these issues may be a more useful approach than a strictly stage model of development. One topic that consistently came up as problematic for these supervisors is that of the interrelated issues of roles, boundaries, and power in supervision. This might be a useful addition to a model of supervisor development.

It is also useful to consider how the other models of supervisor development which have been proposed might fit the data obtained in this study. Alonso's (1983) model is more concerned with early, mid and late career supervisors, implying that the changes she discusses may take quite a long time to come about. Her description of the Novice supervisor includes the anxiety and identification issues which are clear in this data but also touches on other issues. One is the problem of over/under identification with the supervisee, which might lead to overprotective or overly-harsh attitudes on the part of the new supervisor. While these types of feelings and reactions were not specifically assessed by the questionnaires or interviews in this study, the supervisors' concerns about boundaries and power may be related to this issue. Alonso also discusses the grieving process that new supervisors may undergo as they give up their

accustomed positions as students and supervisees. These new supervisors' concerns about the responsibilities to be accepted as a supervisor and their desire for continued supervision of supervision may be related to the process of giving up their positions as people who ask rather than answer questions and who have fewer final responsibilities. The other two levels of development that Alonso discusses are clearly much later in a supervisor's career than was covered by this study.

Hess's (1986) model of supervisor development may be more appropriate to new supervisors who receive no training and little supervision as they begin supervising. The first stage emphasizes the defensive use of concrete techniques and a formal power base, which does not seem to have occurred to any great extent in this study. The second stage, however, does include some aspects that fit the data obtained in this study, including increased recognition of the supervisor's own effectiveness and impact on supervisees, seeking to increase his/her own skills, attention to the supervisee's individual needs, and power based in the expert role. Issues of inflexibility of roles or over-intrusiveness with supervisees, perils of this stage according to Hess, were not reported as having arisen for these new supervisors, although behavioural data and the perceptions of other actors in these situations, such as the supervisees and the supervisors of supervision, were not studied. Hess's third phase is a more advanced one than the supervisors in this study reached.

Stoltenberg and Delworth's (1987) model of supervisor development includes four levels. While the first and third levels may be considered as approximately equivalent to Watkins' first and third stages, Stoltenberg and Delworth's second

phase is different, and does not seem to apply very well to the experiences of the participants in this study. This second phase is one of confusion and conflict; this kind of reaction may have been avoided by these supervisors because of the fairly structured nature of their learning experiences. S3 could be described as having passed through such a phase, but this appears to have been related more to the fundamental disagreement with her supervisor of supervision about how both supervision and supervision of supervision would be carried out than to any specifically developmental process.

Rodenhauser's (1994) model of supervisor development is quite complex, taking into account the interactions between supervisor, supervisee and client developmental levels. The stages identified by Rodenhauser as applying to supervisors start with an anxious new supervisor who emulates role models so as to be able to cope with the new task, which would to some extent apply to these new supervisors. The second stage, which involves an over-dependence on methods and guidelines, does not appear to apply as well, at least as far as these participants' self-perceptions and their descriptions of their work are concerned. The third phase, when the new supervisor can recognize the relationship aspects of supervision process and the supervisor is more aware of his/her impact on the supervisee, is approximately equivalent to those postulated by the other theorists and applies quite well to these supervisors. The fourth stage is beyond the developmental level of the participants at the end of this study.

Each of these models identifies similar important themes, many of which do apply to the participants in this study. There are two important pieces of information that this study supplies, in relation to these models. The first is that



new supervisors, when learning to supervise within a fairly structured teaching-learning format, do progress quite quickly through the identified 'stages'. In what was basically 4 months of actual supervising, these new supervisors reached a point of feeling quite identified with the role, moderately confident about their abilities, comfortable with the different roles a supervisor might take, more aware of the impact of their work on their supervisees, comfortable working with supervision process issues, and eager to do more of this work. These changes were not as clear for S4, who started out less anxious and more identified with the role, who did not have a structured learning experience (no didactic component and no supervision of supervision), and who gained little experience in supervising.

The other important point in relation to current models of supervision development is that the most negative effects, such as extreme confusion, overly-rigid or overly-passive supervising, and feeling like an imposter may perhaps be avoided or diminished by providing the new supervisor with support, structure, and learning opportunities. The 'imposter syndrome', especially, may not have appeared because all these new supervisors were participating in an experience explicitly defined as training; they knew that, their supervisors of supervision knew it, and perhaps most importantly, their supervisees knew it. This may have allowed the supervisors to feel like beginners and not very good supervisors, rather than like imposters who must hide their own doubts and inadequacies.

When comparing the data obtained in this study to the developmental models previously proposed in the literature, the larger question is whether it is necessary to consider these changes as developmental stages at all. There does not seem to have been major qualitative differences in these supervisors' feelings and

behaviours over time. The very real changes that did come about appear to have happened in a more gradual way, rather than in major shifts from one level to the next. The only clear extreme shift occurred within the first two or three sessions supervising, in that the initial high anxiety and fear of complete inadequacy dropped swiftly. Many continuities appear in the supervisors' descriptions of their experiences, especially in areas of basic approaches to supervision (ie. facilitative vs directive), models from their own supervision that they intended to emulate or avoid, perceptions of their own strengths, and their sense of how to appropriately deal with some boundary issues such as being a therapist to the supervisee and self-disclosure in supervision.

There appears to be little doubt that development, in the sense of increasing skills and confidence over time, does occur as individuals learn to supervise. However, a stage model does not appear to add anything to the description of those changes and does imply qualitative changes and major shifts that may not occur. For example, the issues Watkins (1990, 1993) points to as fundamental to progress to higher stages are not of the type that must necessarily be resolved suddenly, in a crisis, leading to a step up to a new stage of development. This can often be resolved over time, with experience and feedback from supervisees and supervisors of supervision.

While few of the theorists who have proposed models of supervisor development have directly addressed the question of whether the stages they describe are qualitatively different and are reached through sudden movement from one level to the next, these assumptions are implicit in stage models and may distort understanding of the more gradual change processes and the several

continuities that appear to lie within (at least) the experiences of the participants in this study. The other major disadvantage of a stage model is that it carries the assumption that most new supervisors' experiences will fit within the pattern depicted. A more descriptive model, without specific stages, may be more useful for identifying and recognizing the many unique factors which affect the experience of any individual who learns to supervise.

The most useful components of these models, then, may not be the stages per se but the careful description of changes that might occur as a person begins to supervise and the identification of major issues that must be dealt with on the developmental path. Watkins (1990, 1993) has given the most detailed of these descriptions, although the results of the current study show that this description may not apply, in all its aspects, to even the majority of new supervisors. The fact that these new supervisors went through at least two and usually 3 'stages' of development within four months may indicate that a descriptive, non-stage-based developmental model may be very useful for understanding the experience of beginners. However, it is possible that supervisors with even a year of experience may enter into a process which is more complex and less based in the months or years of experience they have, and more so in the kinds of experiences they encounter, within and outside of their practice of supervision, and their level of self-criticality. Both new and more 'developed' supervisors are likely strongly affected by the circumstances of their learning and their work.

The next useful addition to the current models may be that of identifying and classifying the factors which may influence the individual experiences of supervisors. While the complexity of the models which might result may seem

daunting, role acquisition theory provides a context for grouping these factors as they may affect new supervisors.

### Factors Affecting the Supervisory Experience

Baltes (1983) emphasized that the context and environment of what may be a developmental process are almost never invariable. Hall (1987) has pointed out that many elements affect the acquisition of a new professional role, which may be grouped into intra-personal, interpersonal, and organizational factors.

One factor which appears to have affected the experiences of the participants in this study is that of their confidence level as therapists, and, relatedly, whether that confidence had led them to actively seek out this opportunity to learn to supervise. All the supervisors felt that more experience as a therapist and particularly more knowledge of different therapy interventions and client populations would improve their supervisory skills. All felt fairly comfortable as therapists, but S2 was concerned that this comfort level might be unstable and that she might not yet know enough about therapy to supervise well. S3 was confident about her therapy skills, but did not feel confident about her ability to articulate and justify what she did in therapy, which seemed to her to be quite important as a supervisor. Unlike S1 and S4, neither S2 nor S3 felt that this was the ideal time to be learning to supervise, although both welcomed the opportunity. This may have contributed to their somewhat higher concerns about their abilities to supervise effectively. While S2, S3, and S4 felt that their confidence as therapists rose during the year of this project, S1 had a significant

dip just before beginning to supervise. This was due to dealing with difficult clinical situations and greatly contributed to her rise in anxiety and worries about supervising. The resolution of these challenges in doing therapy also contributed to the return of her sense that she would be able to supervise effectively.

It is self-evident that individual personality factors, such as the supervisor's openness to new experiences, contribute to the new supervisor's experience. This has been mentioned by several theorists in this area (Alonso, 1983; Watkins, 1993). In this study, however, personality factors were not assessed; the study was already sufficiently complex, and the supervisors were already giving up quite a bit of privacy, without a guarantee of anonymity.

Another factor which probably affected these participants' experiences as new supervisors is their prior theories of change and learning in supervision. While they mostly denied having specific theories of supervision, all four new supervisors began this training experience with the attitude that learning and change are best brought about, in therapy and in supervision, through a facilitative process which is low in directiveness and respects the pace, thinking and individuality of the client/supervisee. This attitude appears to have been present prior to any reading or discussion of supervision theory, and was quite consistent over the period of the study. This supports the idea that it may be a core professional value that supports the work of these individuals within the field of psychology, whatever the specific work they may be doing. Interview data about the skills they would need for supervising, the strengths they perceived themselves as having as supervisors, and the techniques they wanted to use in supervision all support that idea that these new supervisors were working with implicit theories

about supervision and about what makes it most effective. While these four supervisors had strikingly similar attitudes in this area, it is likely that other new supervisors start out with a more didactic, task-oriented and directive approach to therapy, which they would carry over to supervision. The interaction of this basic theory and attitude with that of the supervisor of supervision may have especially strong effects on the new supervisor's experience.

It is difficult to say whether the new supervisors' experiences with their own therapy supervisors had many differential effects on their learning to supervise, because all had had generally very positive experiences as supervisees. Are really bad supervision experiences so rare and that this would apply to almost any Clinical Psychology student? Would a student who had had several poor experiences in their own supervision have sought out or accepted this opportunity to learn to supervise? There is no way to answer these questions from the information gathered by this study. However, the participants did feel that these generally positive experiences gave them both positive (what they wanted to be like) and negative (what they wanted to avoid being like) models of attitudes towards supervisees, interpersonal dynamics in supervision, and techniques of supervision. As Friedman and Kaslow (1986) have indicated, these models may be the primary source for the new supervisor's learning. This is likely especially so when the new supervisor's training does not include an educational component of studying supervision models and techniques and when supervision of supervision is minimal or non-existent. These models also served as benchmarks against which the new supervisors measured themselves as they learned. Because the positive models were of very good, usually quite experienced supervisors, this may have

contributed to the insecurity of the new supervisors. S2 pointed out that the readings on supervision theory and research had supplied her with information about what she could reasonably expect of herself and her experience as a new, beginning supervisor. This may have moderated that anxiety.

The next factor, chronologically, that may have influenced these supervisors' experiences is that of the presence or absence of an educational component in the training experience, an orientation to the theory and practice of supervision. Two of the supervisors did fairly extensive reading, discussed the reading, and talked about and did role-play of how to handle different techniques of supervision and problematic situations that might come up. While the other two supervisors had expected to gain this background before actually supervising, this did not occur. The effect of this didactic portion of the experience on S1 and S2 seems to have been two-fold. It provided them with a more secure sense of what they would be doing and of having different options available to them. At the same time it temporarily increased their anxiety by allowing them to discuss specific worries, such as how to deal with a defensive or irritated supervisee, how to carry out evaluation of the supervisees, and how to give negative feedback. S3 and S4 had expected to get this background before beginning to supervise, and had expected that didactic component to ease their transition into the new role. When this did not occur, they may have had to develop attitudes which protected them from a possible increase in anxiety due to this lack, and a possible frustration with the staff responsible for their training. This may have contributed to S4's brushing off the idea of having a theory and his use of a very limited number of supervision techniques at Time 2 and 3, when at Time 1 he had been quite interested in

learning about and discussing these aspects of supervision. S3 had not been highly invested in learning to supervise to begin with, and the lack of a didactic component, among other aspects of the experience, may have maintained that low investment. Only at Time 3 did S3 and S4 articulate their disappointment with their training experiences.

Having one or two supervisees, while apparently a minor difference in the training experiences, appears to have had a fairly strong effect on whether the new supervisors felt their skills were generalizable. Part of this appears to be related to having dealt with two different individuals and having mastered the dynamics and different needs of each supervisory relationship. Having supervisees of somewhat different skill levels also appears to have contributed significantly to S1 and S2's security about their abilities to take on varied supervision cases in the future. S3 explicitly felt that her confidence was limited to supervisees who were absolute beginners, while S4 felt he had barely begun to gain experience as a supervisor (this was also related to the length of his supervisory experience).

Having supervisees who were from a different theoretical background than the supervisors may also have affected this experience somewhat. The new supervisors did express some anxiety about this 'cross-cultural' aspect of their experience, prior to beginning to supervise, but appear to have found that it did not create major difficulties or clashes of expectations.

All the new supervisors started with models of supervision based in their own supervision, which had not recently been focussed on basic skills. Working with beginners brought out the teacher role in S1, S2 and S3 and opened their eyes to the need for more structure and reassurance in working with inexperienced



supervisees. S4 worked with a fairly skilled supervisee and felt he rarely had to intervene in a directive or structured fashion. Although he recognized this might be different with a very new supervisee, he had not had a chance to practice this and see how it felt and worked. Because they each had one supervisee who was somewhat more skilled at the beginning of the supervision experience and because that experience was somewhat longer, S1 and S2 both had some opportunities, as well, for learning to recognize supervisee progress and encourage supervisee autonomy.

Whether they were supervising all the supervisee's cases or only one or two may also have affected the supervision experience. S1, S2, and S4 were not the primary supervisors of all their supervisees' cases, and this freed them to spend quite a bit of time on process issues and skill building in sessions, as well as relieving them of the primary responsibility for the supervisees' learning experience. S3, however, was supervising all her supervisee's cases, and this constrained her sense of her options to try different things and test their effectiveness in supervision. S1 and S2 also found that, because they could offer something the supervisees' primary supervisors could not in terms of time available in supervision and a focus on different skills, their supervisees were very enthusiastic about the experience. The supervisees reported to the new supervisors that they saw this as an opportunity for them to learn, not just a charitable opportunity for the supervisors to practice. S4's supervisee was not terribly invested in this supervision experience, which reduced its productivity and gratification for S4.

Interestingly, some friction or difficulties in supervision appears to have

contributed to the new supervisors' confidence in their own supervisory skills. S1, S2, and S3 all had to deal with some supervisee resistance or complex interpersonal dynamics and seemed to feel more confident after having dealt with these issues directly in supervision. S4 had a generally very peaceful and uneventful experience and still wondered about how he would deal, for example, with a supervisee who "pushed his buttons." Because all the participants reported on the WAI that their working relationships with their supervisees were fairly-to-quite good, it cannot be determined whether having a very difficult supervision experience or a supervisor-perceived poor working relationship might be a factor affecting the perceived confidence or skill level of new supervisors.

The extent to which the supervision experience modelled many of the aspects of 'real' supervision also seems to have affected the new supervisors' confidence in their own adequacy to the role. For example, S1 and S2 carried out all the steps of a supervision process, from making their own decisions (in discussion with the supervisee) about what approach to take to supervision and therapy, through supervising case selection and intakes, case conceptualization and planning, and the actual work of therapy, to working with the supervisee on client termination issues, and then dealing with the termination of supervision, including evaluation of the supervisee. S3's experience was less 'realistic' because the approach to supervision, techniques used, expectations, and evaluation were all determined by the supervisor of supervision, not herself. Even less like 'real' supervision was the presence of the supervisor of supervision in early supervision sessions, intervening frequently and doing an on-going evaluation of the supervisor's work. S3 did not feel her experience was enjoyable or productive until

a more 'normal' solo format for supervision sessions was implemented, at her request. Once she began to supervise without the presence or immediate intervention of her supervisor of supervision, she felt that her experience was more similar to how supervision normally occurs in clinical settings, and felt more in control of what occurred in sessions. While S4's experience was more like 'real' supervision, the fact that he did so little of it meant that issues such as evaluation of the supervisee and identification of supervisee progress did not come up. The length of the supervision experience, and relatedly, the number of supervision sessions carried out by the new supervisors also appears to have affected their experience. Simply put, more experience (to the limits of the training experiences in this study) appears to have led to more perceived change and growth, and perhaps a greater increase in confidence. This is supported somewhat roughly by the interview data, in so far as the supervisors reported increasing confidence and comfort with the role over time, and by the fact that S4, who had the shortest experience, reported the fewest changes in his self-perceptions and way of working in supervision, as well as the least satisfaction with the experience.

The format and content of supervision of supervision varied greatly in this study, and appears to have been a major contributor to the type of experience the new supervisors felt they had had, and to how much they felt they had learned and changed. At Time 1, all participants expected that supervision of supervision would be facilitative, process-oriented, and supportive, and would provide both feedback on their work and opportunities to discuss and process their experiences. They seemed to expect the 'holding environment' ((Friedman and Kaslow, 1986) that would permit them to deal with supervision's demands not only on their skills,

but on their confidence, security, personal reactions, and sense of adequacy.

Eckler-Hart (1987) emphasized, when discussing therapy supervision, that supervision can help to "foster creativity by providing a 'hold' when the trainee was not completely prepared to handle the impingements which were bound to be encountered in the process of learning psychotherapy. .... And it seems more desirable for the supervisor to take on some of the task of looking after the trainee than for the trainee to employ an extensive false self." (p. 689). However, only two of the new supervisors received supervision that they perceived as fulfilling these expectations. S1 and S2 received supervision of supervision which they reported as supportive, facilitative, and useful in helping them to reflect upon their experiences supervising. S3 received an initially controlling and directive supervision, then basically case management and a focus on tasks and supervisee performance and skills. She reported feeling dissatisfied by this approach, and that she did not learn as much as she might have with more facilitative supervision of supervision. By the end of the experience, S3 said she would rather work without supervision of supervision at all. S4 received basically no supervision of supervision in this sense, although he had explicitly stated a desire for facilitative, process-oriented supervision at Time 1. He received only some reassurance that all was going well and a promise that there would be someone to consult if it were not. While all the new supervisors felt their confidence had improved and they had learned something from their experiences, S1 and S2 were much more satisfied with their experiences. It is likely that the type of supervision of supervision they received was a strong contributor to this.

The last major factor I have identified as affecting these new supervisors'

individual experiences was that of having participated in this research. All the participants felt that they had had to think about certain issues and consider an overall impression of their own experiences that they might not have, if they had not been filling out questionnaires and doing interviews. This was especially so for the participants who did not have process-oriented supervision of supervision. It is possible that the research process added to the self-criticality which Watkins (1995a) has pointed out as crucial to supervisor development. This desire to think about their work and stretch their knowledge and skills may have contributed to S1, S2, and S4's decisions to learn to supervise at this time (for S3, this was not a choice, but an expectation of her training environment). This self-criticality certainly appeared to be present for all the participants above and beyond that encouraged by the research, but it is likely that the research participation added to it.

Table 13

### Factors Contributing to the Supervision Training Experience

#### Interpersonal

- Personality characteristics or style (not studied in this project)
- Confidence as a therapist
- Basic theory of therapy/change, which transfers to supervision

**Intra-Personal**

- Experiences with their own supervisors
- Developmental level of supervisees
- Enthusiasm of supervisees, or lack thereof
- Theoretical/professional background of supervisees
- Difficult clinical or supervision process issues
- Supervisor of supervision's theory of therapy/change/supervision

**Organizational**

- Formal training experience, informal, or just 'tossed in'
- Didactic/theory component to training or none
- Number of supervisees
- Full or partial responsibility for supervisee's cases and training experience
- Training experience included most usual aspects of supervision, or was more limited
- Number of sessions with supervisee/length of experience
- Format and content of supervision of supervision (ie; non-existent, process-oriented or task-oriented, exploratory and supportive or didactic, etc.)

**Recommendations for Training Supervisors**

From these results come support for recommendations for training

supervisors made by previous authors and some additions to those recommendations. It is generally accepted that some form of explicit training is recommended, that sending someone with no experience out to supervise, perhaps with the offer of consultation if they run into trouble, is irresponsible, bordering on the unethical (Russell & Petrie, 1994). Likewise, supervising without any training to do so seriously stretches the limits of the ethical obligation to practice within one's competencies (Russell & Petrie, 1994). Given that some training is recommended, what is the minimum that is likely to lead to a good result, and what details will make that training more effective?

Russell and Petrie (1994) have prepared an excellent summary of recommendations, based in both the supervisor development literature and in that which examines what makes a supervisor effective. They point out that a brief seminar or a workshop will not be able to provide the knowledge and the experience required for competent work as a supervisor and suggest that one semester with a fairly high number of hours per week is probably the minimum for this kind of training. Individuals who will participate in training as supervisors should have a fair amount of clinical experience, at least one year of intensive practica. They recommend that a supervision training program contain both a theory and a practice component. The theory component should include not only the study of models and techniques of supervision, but also the discussion of supervision research and ethical and professional issues. Russell and Petrie further report that in their own experience training supervisees, they have had good results with each trainee supervising from 2 to 4 supervisees, on one case each, which creates some variety of experience. Supervision of supervision should

be supportive and should provide a safe atmosphere for discussion of supervisor concerns and reactions. They have found the use of tapes of supervision sessions very helpful in supervision of supervision.

Watkins (1994) focuses his very useful and practical recommendations on the supervision of supervision to be provided to new and more experienced supervisors. He points out how important it is to be sensitive to the changing needs of developing supervisors. Much like the developmental model of supervision, he recommends greater structure, support and instruction for inexperienced or low-skill supervisors. More experienced supervisors will benefit from encouragement of independent thinking and intervention and exploration of how they affect the supervision process.

All these recommendations are reinforced by the results of the current study. Those new supervisors who did not participate in a didactic section of training expressed less comfort with their own skills and knowledge of supervision. The participant who had a very brief experience supervising felt he had learned and changed very little. Having more than one supervisee increased the supervisors' confidence in their abilities in responding to the differing needs of individual supervisors. And supportive, process-oriented supervision was the aspiration of all the participants; those who received it were more satisfied with their experience and felt they had learned and changed more. The three participants who felt they had gained a significant amount of experience with supervision identified their own changing needs in supervision of supervision, as they gained experience. The need for reassurance and concrete help decreased, and the need for consultation, discussion of their own ideas and options, and



assistance with complex process issues in supervision increased. S1 and S2, who felt that their supervisor of supervision responded to these changes, appreciated that. S3, who had identified these needs as likely to occur in her own supervision of supervision, did not feel that these process issues were addressed, and was disappointed by this.

This study also points out the advantages of making the new supervisor responsible for only one or two of the supervisee's cases, and of assessing the developmental level of supervisees, before assigning them to supervisors. As Watkins (1990) has mentioned, it may not always be practical to avoid giving new supervisees especially complicated or difficult supervision cases, but this would be ideal. It is also helpful to provide the new supervisor with the opportunity to work with somewhat more and somewhat less developed supervisees, when possible. New supervisors are usually fairly skilled therapists, and when they consciously and unconsciously model supervision after their own recent, satisfying experiences as supervisees, it is unlikely to be the best model for working with a novice supervisee. Theory may teach the supervisor about this, but as these participants found, doing it is a much richer learning experience. Actually supervising people who are at different developmental levels as therapists also increases confidence about working with differing supervisee developmental levels in a way theory cannot.

Another 'ideal' situation would be that in which no new supervisor is assigned a supervisee who does not see this supervision as an opportunity or advantage for him/herself. In other words, supervisees for a training program in supervision should be volunteers who feel that the experience will be an interesting

and enriching one. As S4 discovered, working with a supervisee for whom the supervision is not a priority can be frustrating and somewhat empty. While the reality of clinical practice may include supervising reluctant supervisees, the issues this raises may create a problematic interaction with the confidence and competence issues a new supervisor already has to face. In an ideal situation, this would not be the case in a first experience supervising.

While dealing with difficult clinical or supervision process issues is enriching to the supervision experience, it is unlikely that this will have to be 'arranged for' by the supervision trainers, as long as the experiential portion is sufficiently long and includes some variety of supervisees and client cases.

The supervision process should imitate that of a non-training supervision relationship as much as possible, with the new supervisor negotiating goals and expectations with the supervisee, establishing a format for supervision, dealing with administrative work such as reports, and carrying out and providing feedback on an evaluation of the supervisee (even if this evaluation is not used for official purposes such as grades or pass/fail decisions), as well as supervising on-going therapy (or assessment). While not always practical, it would likely make supervision training more effective if the supervisor of supervision and the new supervisor negotiated the approach to supervision to be used, rather than having one imposed by the training format. S3, who reported this issue as very influential to her training experience, felt that the main value of the type of supervision she was required to give was that of showing her what she did not want to do in the future. She felt pushed to use a certain approach to supervision, and regretted that she could not experiment with techniques she thought might have been useful,

to see for herself how they worked or did not work in supervision.

Whether supervision itself is heavily process-oriented or not, supervision of supervision should be more than an instructional process. The developmental processes which a new supervisor undergoes occur quickly, and involve many confidence, competence, and identity issues. Taking a purely didactic or directive approach to supervision of supervision may increase the likelihood that the new supervisor will compensate for her/his anxieties by shutting down the self-critical aspect of his/her own process and giving up the flexible and creative possibilities of his/her development. It is just this self-critical capability which Watkins (1995a) identifies as crucial to the continuing development of any supervisor and may be what is missing when Russell and Petrie (1994) point out that gaining experience, per se, may not lead to supervisor development.

While clearly not always practical, learning to supervise in the company of at least one other trainee appears to bring advantages. It brings in more and varied experience to discussions, supplies different perspectives on what occurs, and provides a peer as part of one's reference group - a visible example of what it is like to be a new supervisor, rather than the more intimidating comparison consisting only of one's own experienced supervisors.

One area of supervision which is not addressed in previous recommendations for supervisor training is that of power and boundary issues. As mentioned, these issues may be related to the theme of over-and under-identification with the supervisee (Alonso, 1983; Granet, Kalman, & Sacks, 1980). It may be especially difficult for the new supervisor, as it was for all of the participants in this study, to decide when a supervisee behaviour is professionally

unsatisfactory and how to address it if it is so. All in all, for these participants, issues of power and of having to confront the supervisee or give negative feedback were problematic and continued to be so at the end of their experiences supervising. Although it did not come up as explicitly in the fairly short supervision experiences covered by this study, issues of boundaries around supervisee personal problems, which may or may not affect therapy, were also of considerable concern to these new supervisors. Explicit attention to these issues in both the didactic portion and the experiential section of a supervision training program would be very helpful. This should include how to recognize that a problem has crossed a line and needs to be dealt with, modelling of how to deal with it, and discussion of the emotional toll of having to tell a supervisee what the supervisor her/himself would hate to hear in her/his own supervision.

While these recommendations may appear to be fairly obvious, the experience of some of the participants in this study showed that even training settings with the best of intentions can allow supervision training to be carried out in a less productive manner. Two of the four participants in this study were not very satisfied with their experiences, and did not feel they had learned as much as they might have, had the circumstances of their supervision experience been different. I reinforce Russell and Petrie's (1994) recommendation that standards for supervisor training be established by accreditation organizations, whether as formal requirements or as guidelines. Guidelines of this type may increase awareness of both the need for quality training in supervision and the factors which may contribute to quality in this kind of training. To quote S3, if they are going to teach people to supervise; "I think it's important to do it right." A

requirement that a clinician not supervise unless he/she has had training in supervision which meets minimum standards may seem a burden, but considering the importance of this work in the on-going development of individuals and the profession of psychotherapy and counselling, this may be a worthwhile goal for in the future.

### The Research

The strengths of this study are based primarily in its intensive, longitudinal, mixed-methods design. In the study of a developmental process, longitudinal research has obvious strengths. As has been suggested by Morrison and Hunt (1996), asking participants to describe their subjective experiences appears to be a particularly useful approach, possibly leading to less bias than the use of questionnaire measures alone. Considering the exploratory nature of research in this area at this time, the intensive study of a few cases appears to have succeeded in providing a rich description of the experiences of supervisors very new to this type of work, in these particular circumstances. While the number of participants was small, several different types of training and experiences were included. Although the period of actual supervision experience covered was short, it does begin to give an idea of how very quickly supervisors may develop in their levels of confidence, identification with the role, and perceived skills. Due to the short term of supervision experience covered in this study, the questionnaire measures did not supply a great deal of information. However, this study suggests that the PSDS, especially, may be useful in assessing supervisor

development in beginning supervisors, including longitudinal studies.

Most of the weaknesses of this study are based in the small number of participants and the short term of supervision experience included. Only the experiences of four months of actual supervising was covered. The only participant who basically received no training in supervision was S4, and his experience was so brief as to provide a less-than-ideal comparison to the different training experiences of S1 and S2, and S3. The study was limited, for reasons of feasibility and confidentiality, to supervisor self-perceptions and did not consider actual behaviours as supervisors.

The generalizability of this study may also be limited by the fact that all the supervision took place in university clinics, by supervisors who had not yet finished their degrees, with student therapists/counsellors as supervisees. Much clinical supervision occurs in public agencies and institutions other than universities, not all new supervisors are still students, and not all supervisees are students either. Also, this study was based on supervisors who were participating in a training experience, with an evaluative component. The experiences of supervisors who do not explicitly receive training and who are not evaluated on their work as they begin to supervise may be different.

Another factor which may have affected generalizability of the results of this study is that of the intensive reflection on roles, attitudes, and skills as supervisors, which was brought about through the questionnaires and the interviews. Might the study itself change the experience of learning to be a supervisor, for the participants? While this possibility cannot be discarded and may affect the generalizability of results, the supervision practicum was already an

extremely self-reflective experience. The questions and issues discussed in the study are also considered during the practicum experience, if to a lesser extent. The internship within which the other two participants received their first experience supervising was not as self-reflective. For those participants, the interviews themselves may have affected their experience more strongly.

Future research in this area should include more longitudinal studies, so that changes over time and time-frames for development may be tracked, and so that factors contributing to the swift, slower or stagnant development of supervisors may be recognized. Further intensive research with small numbers of participants may focus on issues of the specific needs of supervisors at different points in their development, perhaps by examining supervision of supervision sessions as well as interviewing supervisors at different developmental levels. Another important area of research will be that of observable changes in supervisor behaviours and skills as they develop; persuading new or experienced supervisors to participate in this research may be a challenge, however.

Research in settings other than university clinics and with non-student supervisors and supervisees will also be important, to help identify whether and how these contextual factors affect to supervisor development. Research with larger samples may do well to use instruments such as the PSDS to track changes in supervisor self-perceptions. As well, questionnaire studies with larger samples might assess how personality characteristics, models of therapy and change, and types of training experience affect supervisor development, as assessed by the new supervisor, the supervisor of supervision, or the supervisees. For example, all the new supervisors in this study, despite fairly dissimilar backgrounds and training

as psychologists, had similar attitudes towards basic styles of supervision, self-disclosure, and boundary issues around being a therapist to the supervisee; are these attitudes pervasive? How might they affect supervision and supervisor development? Research which compares the development and skills of supervisors who do and who do not receive formal training and on-going supervision of supervision might be particularly useful.

We need to improve our understanding of which factors bring about rigidity, defensiveness, over-intrusiveness, and feelings of inadequacy to this important role, and which encourage the development of a skilled, supportive, flexible and self-critical supervisor.



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Interview guide

**For first interview:** What clinical experience have you had so far?  
What is your theoretical orientation to therapy/counselling?

How do you expect to change or grow as you learn to supervise?

**For subsequent interviews:**

How many therapists/counsellors are you supervising? How many client cases are you supervising for each therapist/counsellor?

How experienced are the therapists/counsellors you are supervising?

How would you rate the difficulty of the therapy/counselling cases you are supervising?

How would you rate the skills of the therapists/counsellors you are supervising?

Tell me how learning to supervise and supervising are going for you.

**For all interviews:**

How confident do you feel as a therapist, at this stage?

Is this level of confidence related to your decision to learn to supervise?

Do you feel like a 'real' supervisor now?

Do you have a theory or model of supervision that you will/work with?

What attitudes or behaviours or experiences have you experienced with your clinical supervisors that you would like to emulate with your supervisees? Why?

What attitudes or behaviours or experiences have you experienced with your clinical supervisors that you would like to avoid with your supervisees? Why?

Do you currently feel anxious about supervising?

What do you think your strengths as a supervisor will be/are?

What do you think your weaknesses as a supervisor will be/are?

What skills from doing therapy do you think will be/have been transferred to doing supervision?

What new skills do you think you will have/have had to develop to do supervision?

What would/is a typical supervision session like? Can you run me through it?

How much, when and why would you vary/have you varied from this pattern?

How active or directive do you like to be or feel is appropriate to be as a supervisor?

How would you react to the supervisee resisting your suggestions or guidelines for therapy? How willing are you to insist on change (by the therapist) in supervision? When would/has it been required? How would/have you gone about dealing with it?

Do you think issues like being on time, reviewing tapes, doing reports on time will be/are important to you as a supervisor? How will you deal with them?

Do you think there might be/have been problems because of you and the supervisees having different expectations about supervision?

How will you/do you know it is appropriate to encourage autonomy in your supervisee? How would you go about it?

Would/do you deal with less or more experienced supervisees differently? In what ways? Why?

Do you think self-disclosure on your part is appropriate in supervision? How much, when, around what issues, how might it be helpful?

What do you think might be/has been the most rewarding or satisfying experience you have had as a supervisor?

What do you think might be/has been the most difficult or challenging situation you have had to deal with as a supervisor?

What do you think might be/has been the most irritating or frustrating experience you have had as a supervisor?

How do you feel about the power relationship between supervisor and supervisee? How would you/do you deal with power issues?

Are you worried that you might feel out of your depth at some point while supervising, not know what to say to a supervisee or not understand what is going on in the therapy you are supervising??

OR Have you ever felt out of your depth, not knowing what to say to a supervisee or not understanding what is going on in the therapy you are supervising?

Do you feel able to work as a supervisor without supervision at this point (except perhaps for an major problem or ethical issue)?

When supervising, would/do you feel more like a fellow student or like a supervisor, currently? (Has this changed at all since you began?)

Do you think being a supervisor will/has changed your work as a therapist?

Do you think being a supervisor will/has changed your expectations of or reactions to being supervised yourself?

How comfortable are you with the different roles a supervisor might take? Consultant, therapist, teacher, evaluator... any others?

Do you feel you have changed as a supervisor since you started this training experience?

What kind of impression do you think your supervisees will have/have of you?

If your supervisees were to complain about something about you, what would it be?

Do you feel your experience supervising will/has touched on personal issues for you?

What role will/has supervision of supervision had in your growth as a supervisor?

For 2nd and 3rd interviews:

What aspects of supe of supe have been most helpful?

Is there anything that you wish were being/had been done differently or in addition to what was done, in supe of supe?

All interviews:

Has your motivation to be a supervisor fluctuated or changed at all so far in your experience?

How confident do you feel, as a supervisor, at this point?

What do you worry about at this point?

Do/have you worried that you might not be cut out to be a supervisor?

Who do you compare yourself to, when thinking about your supervisory skills?

Do you plan to seek opportunities to supervise in future?

What do you need now, to become a better supervisor?

Is there anything else about your experiences and thoughts about learning to supervise that you think it would be interesting for me to know?

Last interview:

At your first interview, you said that you expected to change or grow in the following ways:

Have the changes been as you expected? What has been different than you expected?

**Psychotherapy Supervisor Development Scale**

Please mark the number that best describes how frequently you feel that each item describe you;

1. I consider the supervision that I provide to be helpful to my supervisees.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

2. Becoming and being a supervisor demands a commitment (i.e., to keep working at developing oneself as a supervisor) that I believe I have made.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

3. Becoming a supervisor is an ongoing process that requires much time and energy, but I see myself as well on the way to getting there.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

4. I have a realistic awareness about my limitations and weaknesses as a supervisor.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

5. Sometimes I believe I'm just playing at being a supervisor.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

6. If asked 'Do you really feel like a psychotherapy/counselling supervisor?', I could honestly answer 'Yes'.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

7. I believe that I am able to increasingly foster a sense of self-sufficiency in my supervisees.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

8. I consider supervision to be a very important role that I perform.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

9. If asked 'Can you give a good assessment of yourself as supervisor?', I could easily answer 'Yes'.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

10. I have a realistic awareness about my strengths and abilities as a supervisor.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

11. Right now, I feel ill-at-ease and somewhat confused with the supervisor role.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

12. I must say that, when I perform my supervisory responsibilities, I often think of myself as an imposter.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

13. I believe I am generally effective in dealing with transference/counter-transference issues in supervision.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

14. I believe that I have a good awareness about myself as a supervisor, the impact that I have on supervisees, and how I affect the supervisory situation as a whole.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

15. I believe I have good knowledge of and understanding about the supervision process itself.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

16. As a supervisor, I structure the supervision experience effectively.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

17. When needed, I am able to be appropriately assertive and confrontive with my supervisees.

**1      2      3      4      5      6      7**  
**never                  half the time                  always**

18. I just don't consider myself that identified with the supervisor role.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>never</b>		<b>half the time</b>				<b>always</b>



**Supervisory Styles Inventory**

Please indicate your perception of your style as a supervisor of psychotherapy/counselling on each of the following descriptors. Circle the number on the scale, from 1 to 7, which best reflects your current view of yourself.

	not very						very
1. Goal-oriented	1	2	3	4	5	6	7
2. perceptive	1	2	3	4	5	6	7
3. concrete	1	2	3	4	5	6	7
4. explicit	1	2	3	4	5	6	7
5. committed	1	2	3	4	5	6	7
6. affirming	1	2	3	4	5	6	7
7. practical	1	2	3	4	5	6	7
8. sensitive	1	2	3	4	5	6	7
9. collaborative	1	2	3	4	5	6	7
10. intuitive	1	2	3	4	5	6	7
11. reflective	1	2	3	4	5	6	7
12. responsive	1	2	3	4	5	6	7
13. structured	1	2	3	4	5	6	7
14. evaluative	1	2	3	4	5	6	7
15. friendly	1	2	3	4	5	6	7
16. flexible	1	2	3	4	5	6	7
17. prescriptive	1	2	3	4	5	6	7

	<b>not very</b>							<b>very</b>
18. didactic	1	2	3	4	5	6	7	
19. thorough	1	2	3	4	5	6	7	
20. focussed	1	2	3	4	5	6	7	
21. creative	1	2	3	4	5	6	7	
22. supportive	1	2	3	4	5	6	7	
23. open	1	2	3	4	5	6	7	
24. realistic	1	2	3	4	5	6	7	
25. resourceful	1	2	3	4	5	6	7	
26. invested	1	2	3	4	5	6	7	
27. facilitative	1	2	3	4	5	6	7	
28. therapeutic	1	2	3	4	5	6	7	
29. positive	1	2	3	4	5	6	7	
30. trusting	1	2	3	4	5	6	7	
31. informative	1	2	3	4	5	6	7	
32. humorous	1	2	3	4	5	6	7	
33. warm	1	2	3	4	5	6	7	

**Working Alliance Inventory  
Supervisor Form**

Please fill out this questionnaire once for each person you supervise. If you have more than one supervisee, please place the supervisee's initials here \_\_\_\_\_, so that future inventories referring to the same supervisory relationship may be matched up.

The following sentences describe some of the different ways a person might think or feel about his or her supervisee. As you read the sentences, mentally insert the name of your supervisee in place of the \_\_\_\_\_ in the text.

Please circle the number after each item which best describes how often you feel this way about your supervisee. The scale is as follows:

- 1 - never**
- 2 - rarely**
- 3 - occasionally**
- 4 - sometimes**
- 5 - often**
- 6 - very often**
- 7 - always**

1. I feel uncomfortable with \_\_\_\_\_.

- |              |          |                  |          |               |
|--------------|----------|------------------|----------|---------------|
| <b>never</b> |          | <b>sometimes</b> |          | <b>always</b> |
| <b>1</b>     | <b>2</b> | <b>3</b>         | <b>4</b> | <b>5</b>      |
|              |          | <b>6</b>         |          | <b>7</b>      |

2. \_\_\_\_\_ and I agree about the steps to be taken to improve her/his work as a therapist/counsellor.

- |              |          |                  |          |               |
|--------------|----------|------------------|----------|---------------|
| <b>never</b> |          | <b>sometimes</b> |          | <b>always</b> |
| <b>1</b>     | <b>2</b> | <b>3</b>         | <b>4</b> | <b>5</b>      |
|              |          | <b>6</b>         |          | <b>7</b>      |

3. I have some concerns about the outcome of my supervisory sessions with \_\_\_\_\_.

- |              |          |                  |          |               |
|--------------|----------|------------------|----------|---------------|
| <b>never</b> |          | <b>sometimes</b> |          | <b>always</b> |
| <b>1</b>     | <b>2</b> | <b>3</b>         | <b>4</b> | <b>5</b>      |
|              |          | <b>6</b>         |          | <b>7</b>      |

4. \_\_\_\_\_ and I both feel confident about the usefulness of our current activity in supervision.

- |              |          |                  |          |               |
|--------------|----------|------------------|----------|---------------|
| <b>never</b> |          | <b>sometimes</b> |          | <b>always</b> |
| <b>1</b>     | <b>2</b> | <b>3</b>         | <b>4</b> | <b>5</b>      |
|              |          | <b>6</b>         |          | <b>7</b>      |

5. \_\_\_\_\_ and I have a common perception of his/her goals.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

6. I feel I really understand \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

7. \_\_\_\_\_ finds what we are doing in supervision confusing.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

8. I believe \_\_\_\_\_ likes me.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

9. I sense a need to clarify the purpose of our sessions for \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

10. I have some disagreements with \_\_\_\_\_ about the goals of these sessions.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

11. I believe that the time \_\_\_\_\_ and I are spending together is not spent efficiently.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

12. I have doubts about what we are trying to accomplish in supervision.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

13. I am clear and explicit about what \_\_\_\_\_'s responsibilities are in supervision.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

14. The current goals of these sessions are important for \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>			<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
					<b>7</b>

15. I find that what \_\_\_\_\_ and I are doing in supervision is unrelated to her/his current concerns.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

16. I feel confident that the things we do in supervision will help \_\_\_\_\_ to accomplish the changes that she/he desires.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

17. I am genuinely concerned for \_\_\_\_\_'s welfare.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

18. I am clear as to what I expect \_\_\_\_\_ to do in these sessions.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

19. \_\_\_\_\_ and I respect each other.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

20. I feel that I am not totally honest about my feelings toward \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

21. I am confident in my ability to help \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

22. We are working towards mutually agreed upon goals.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

23. I appreciate \_\_\_\_\_ as a person.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

24. We agree on what is important for \_\_\_\_\_ to work on.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

25. As a result of these sessions, \_\_\_\_\_ is clearer as to how he/she might be able to improve her/his work as a therapist.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

26. \_\_\_\_\_ and I have built a mutual trust.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

27. \_\_\_\_\_ and I have different ideas on what his/her learning needs are.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

28. Our relationship is important to \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

29. \_\_\_\_\_ has some fears that if she/he says or does the wrong things, I will stop working with him/her.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

30. \_\_\_\_\_ and I have collaborated in setting goals for these sessions.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

31. \_\_\_\_\_ is frustrated by what I am asking him/her to do.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

32. We have established a good understanding between us of the kind of changes that would be good for \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

33. The things that we are doing in supervision don't make much sense to \_\_\_\_\_.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

34. \_\_\_\_\_ doesn't know what to expect as a result of supervision.

<b>never</b>		<b>sometimes</b>				<b>always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

35. \_\_\_\_\_ believes that the way we are working with his/her issues is correct.

<b>never</b>		<b>sometimes</b>			<b>always</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

36. I respect \_\_\_\_\_ even when she/he does things I do not approve of.

<b>never</b>		<b>sometimes</b>			<b>always</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

### APPENDIX 3

This appendix consists of individual descriptive reports of the experiences of each supervisor trainee participant. For each new supervisor, results are reported within eight themes, each of which covers one aspect of the supervisor's experiences over the data collection period. The first includes background information about the supervisor, the type of training for supervision that this person received, and the supervisor's perceptions of the quality of her/his relationship with her/his supervisee(s). The second theme discusses issues of confidence and anxiety as a supervisor during the training experience, and the third, the supervisor's identification with this new role and perceptions of her/himself as a supervisor. The fourth theme covers the new supervisor's comfort with the different roles a supervisor may take while working with a supervisee, and issues of power and boundaries. The fifth describes the supervisor's views on technical issues of supervision, such as theory of supervision, level of directiveness, and specific techniques to be used in supervision sessions. The sixth theme comprises the supervisor's perceptions about his/her training experience per se, especially supervision of supervision. The seventh covers a variety of smaller self-perceptual and interview variables such as the new supervisor's sense of him/herself as a therapist and as a supervisee, the kinds of things that surprised the supervisor about her/his experiences learning to supervise, the types of comparisons and concrete examples the supervisor used during the interviews, and what made the supervisor laugh during the interviews. The eighth and last theme reports the new supervisor's feelings about what would be/was best and worst



about this first experience supervising, and what she/he feels she/he needs now, to become a better supervisor.

These individual results are organized in this way so as to present the changes and continuities that occurred in each of these areas of the supervisor's self-perceptions, over the entire training experience. The first interview was carried out at the beginning of the practicum/internship experience (Time 1), before the participants had begun their training as supervisors, or just at its beginning. The second interview was done as the participants began to actually supervise students and client cases, after the second or third meeting with each supervisee (Time 2). The third was after the end of the supervision training experience (with the exception of one supervisor, S3, who had the opportunity to extend sessions with her supervisee for a few weeks after the last interview) (Time 3). This data was analyzed by myself, the principle researcher. Each participant received a copy of the portion of this results section containing my descriptive report of his/her interview data, with the request that they inform me of any area in which I have misunderstood or misinterpreted the data as they see it, and requesting any comments or further information they would like to give me, on the topics covered.

This return of data to participants was intended to have three effects: that of further protecting the privacy of the participants, in that this was a second chance to remove any comments which they were not comfortable leaving in this final report of the study; that of gaining the collaboration of the participants in enriching the descriptions and interpretations in any way they desire; and that of curbing any interpretations of my own which may be far from what the

participants intended. None of the participants in this study requested any changes or made any suggestions as to interpretation, within the agreed-upon time frame (two months after receiving their copies of the results of the qualitative analysis of their interviews).

In the reporting of results, information in double quotes is direction quotation from the participant and interview in context.

### S1's Experience

#### Background

S1 is a female in her late 30's who was in her 3rd year of a Clinical Psychology Ph.D. program. She had previously carried out 4 supervised practica, attending adults and children for individual, group and family therapies. She reported her orientation to psychotherapy to be primarily psycho-dynamic, with the strongest influence being object-relations theory, with some influences from feminist theory.

S1 began to supervise by participating in an 8 month supervision practicum offered by the Clinical program. The supervisor of supervision was a faculty member from the same program. The practicum consisted of weekly 2 hour meetings with the supervisor of supervision and one other student (S2), from the beginning of September until the end of April. In September and October, the meetings consisted of discussion of readings from the book Fundamentals of Clinical Supervision, by Bernard and Goodyear (1992), and of supervision issues in general, including theory, developmental issues, techniques and research in

supervision. Also included were discussions of the trainee's own experiences as a supervisee, role-play of possible supervision situations, and planning of the supervision work to be carried out. It was originally intended that the supervisor trainees meet with their supervisees at the beginning of November and start supervising cases immediately thereafter. However, due to unforeseen circumstances, the university was closed for much of November and the new supervisors met only briefly with their supervisees before the holidays, and began supervising client cases in January. From January to April, the supervisor trainees continued to meet for 2 hours a week with the practicum supervisor, to talk about their supervision cases and receive supervision of supervision. The supervisor trainees and supervisor of supervision discussed the progress of their supervision cases and issues of relevance or concern, and listened to audio-tapes of the supervision sessions.

S1 supervised two Bachelor of Social Work students on field placements at a downtown University-supported counselling centre which attends the general public. Each student had participated in one previous field placement, based in Social Work case management; their field placements at the time of the supervision practicum were the final ones before their graduation with the BSW. The students had volunteered to receive supervision from the supervision trainees, and had expressed interest in receiving this individual, more intensive psychotherapy supervision as a complement to their usual group supervision which focused primarily on management of their counselling cases. The first supervisee, Th1, saw one child for play therapy and one adult for counselling under the supervision of S1. The second supervisee, Th2, saw one child for play therapy

under the supervision of S1. Both supervisees had other clients for counselling, supervised by their primary supervisor in group supervision. The cases supervised by S1 were not supervised by the primary supervisor nor discussed in group supervision. The primary supervisor decided which of the volunteer BSW students would work with which of the supervisor trainees, assigning one student with somewhat more advanced counselling skills and one student who was learning basic counselling skills to each supervisor trainee.

In interviews, S1 confirmed that Th1 was a strong beginner at counselling, with some grasp of basic skills, when the supervision experience began. She reported that by the end of the practicum she felt that this student had good basic skills in counselling, and was confident that she could work as a counsellor after graduating. She felt that Th2 had few basic skills at the start of the supervision experience, and that although she has improved during the practicum, still needed more experience before S1 would feel comfortable recommending that she work as a counsellor.

As did all the participants, S1 filled out the WAI on four occasions for each supervisee, to report on her perceptions of the working relationships with her supervisees. The WAI scores show that S1 felt that these relationships went well from the beginning, with a slight rise in scores towards the end of the supervision experience. For Th1, S1's ratings of Task, Bond and Goal subscales were very similar. For Th2, S1's ratings of the Task subscale were somewhat lower than the other subscale scores, possibly indicating a perception of less agreement with Th2 about what should be done in supervision and counselling sessions to achieve the goals of supervision.

S1 met with Th1 for 22 one-hour supervision sessions and with Th2 for 15 one-hour sessions. She gave feedback on their work to both supervisees at the end of the practicum, and also received feedback about her supervision from them.

### Confidence and Anxiety

At Time 1, S1 felt "pretty confident" as a therapist, and felt that this contributed to her feeling ready to learn to supervise. She was anxious about it, but believed that would gradually abate. She felt that two things would contribute the most to her future reduction in anxiety; learning about theory and techniques of supervision so she would have a better idea of what to do, and getting to know her supervisees a little, starting to build a relationship. She was concerned that she might at times not know what to say in supervision sessions, but recognized that this fear was normal. She felt that she could deal with episodes of not knowing what to say by admitting her ignorance, or using silence. She felt she "absolutely" could not supervise without supervision of supervision at this point, but hoped to be able to answer "maybe" to this question, eventually.

"K: Ahm, how confident do you feel as a supervisor at this point?

S1: Not terribly.

K: Not very.

S1: No, no ....

K: Can you elaborate on that?

S1: I'm nervous about starting to supervise, I'm wondering what kind

of people I'll be getting, what their experience will be, ah, ahm, if they'll find my input useful, if they'll be resistant. You know, a lot of that's really an unknown quantity right now, and I think it will, anticipation is the worst part, as with anything.

K: OK.

S1: You know, once I actually, ah, go in there for that first session, I think I'll be fine. Ahm, I'm also not that confident because, not only because I haven't done it, but because I don't know a lot about it.

Ahm, I know what I like and dislike from my own experience, but I don't know a lot about it in terms of various models or, or theoretical knowledge."

Despite her anxiety at this point, S1 was not worried that she might not be cut out to supervise; she felt that it was a learnable skill, as therapy had been.

When asked about personal issues that might be touched on by learning to supervise, S1 pointed out that, because it is an interpersonal experience, certainly it would likely "push some buttons", as occurs in therapy. While she felt that specific issues that might come up depended very much on specific circumstances, she mentioned that her difficulties with confrontation might be one of them.

At Time 2, S1 reported that her confidence in herself as a therapist had dropped, due to some difficult and challenging experiences doing therapy. This was giving her a sense that she might not be a "good enough" therapist to pass knowledge on to others. She was particularly aware of the responsibility for both the supervisee and the client that was falling to her as the supervisor, and felt she

needed to be careful about what to tell her supervisees about how to do specific things:

"S1: (...) one thing that's been good is that it really forces me to think about, the right, ... this is awkward, but the right way to do things. Like what you do need to tell a client in terms of confidentiality, just to make sure that all those bases are covered. I mean, I know that material fairly well, but explaining why you do certain things is, uh, a bit of a challenge sometimes I think. Ahm, and so it's been good, that it's sort of forced me to think about stuff like that. Uhm, I guess, uhm, it, for at least one instance it really made me realize that perhaps, my thinking wasn't clear on a particular area, and that was in terms of talking about, uhm, confidentiality when you have a child and an adult, and dealing with the parent, and that. So I felt like that, I felt like I didn't have, like I wasn't explaining that very clearly when I explained it to (Th1)."

Although S1 felt that her supervisee seemed to be able to make sense of what she had said on that occasion, she was struck by how difficult it was to articulate it clearly, and how anxiety provoking that was:

S1: (...) It's like, ' Ah, I'm supposed to know what to say here! And I'm not sure if I do!' (laugh)"

She was feeling quite anxious about supervising, and while she had been able to come up with useful interventions so far, she did worry about she might at some point not know what to say. She felt that she was treading water and "at any moment a big wave could come (laugh)". She was glad to be starting in this structured, supportive format, instead of being "just dumped into it" on a job after graduating. She felt that this experience was touching on her own issues of insecurity, and needing to have answers when people asked her for help.

By Time 3,

"K: Do you currently feel anxious about supervising?

S1: ... I don't think so, no.

K: You sound kind of surprised.

S1: I am a bit surprised, yeah. 'Cause I think that's something in the last two interviews, I certainly would have said 'yes'. But, uh, I, I think that, uhm, probably, ah, some of that anxiety will come back when I pick up a new supervisee. That kind of clutch that you feel when you pick up a new client.

K: Yup.

S1: Until you kind of get into the swing of things. But, no, right now I feel pretty comfortable with that. Hey! (chuckle)"

She thought that receiving positive feedback from her supervisees and supervision of supervision and seeing one client case especially end very well had contributed to her confidence. At this time, the end of the practicum, she preferred



to work with supervision of supervision, but felt that if that were not available, she would be able to do supervision unsupervised, especially as she gained more experience as a therapist. She said that she had "never felt 'I can't do this' or 'I ought not to be doing this'". She found that her personal issues of difficulty in being confrontive or giving constructive criticism had been stirred by this experience, and that, as when she learned to do therapy, starting out had touched on fears of inadequacy which quickly went away as things went well. She had experienced not knowing what to say in session, and had found this frustrating, but become more tolerant of it. She felt consistently motivated to supervise, and much more confident than when she began.

#### Identification and Self-Perceptions as a Supervisor

At Time 1, S1 did not feel like a 'real' supervisor, however, she reported that she would also not feel like a fellow student to the supervisee;

"S1: If I was supervising right now ... I would probably feel more like a supervisor than a fellow student, just because I had stepped into that role, because I had assumed that hat, because the student was looking to me for advice or guidance, or direction, or whatever. So I think I would feel more like a supervisor, even though I might not feel very MUCH like a supervisor (chuckle). But I wouldn't feel as much like a student."

Her reference group for thinking about her own supervisory work consisted of her own supervisors, since she had never seen a peer supervise, although she had heard classmates talking about their experiences on the supervision practicum in the previous year. She felt that having her own, very experienced, supervisors as a reference for her own development might be hard, as she might feel she had to live up to quite high standards. She intended to seek further opportunities to supervise, starting with her possible internship sites;

"S1: And it's, I kind of consider it, it's sort of like teaching in a sense, because it's a way to offer something of yourself, to the incoming generation of practitioners.

K: Yeah, OK, passing on what you've received.

S1: Yeah, I guess so, and it just, it takes time and energy and effort, and, but I think it has it's own rewards."

Also at Time 1, S1's self-perceptions as a supervisor included feeling that she would have strengths in showing empathy and caring in supervision sessions, and would be good at "picking up on things about people". Other strengths she expected to have included setting practical, reasonable goals, and having had good supervisors on which to model herself; "that sort of gives me a blueprint". She predicted that her weaknesses as a supervisor might include some difficulty confronting people and setting boundaries, and her inexperience as a supervisor. She thought her supervisees would have a good impression of her, because she felt invested in the process and cared about what would be going on for them and their

clients. She hoped her supervisees would not be intimidated by her, as she knew she had high standards. If her supervisees were to complain about her, she imagined it might be about her using "big words", not always being comprehensible, depending on the supervisee's educational background and theoretical knowledge.

S1 expected that during the practicum she would learn to structure supervision and to draw the line between supervising and getting too far into the supervisee's personal life, doing therapy with the supervisee. She hoped to learn to teach, and how to differentiate when teaching would be the appropriate role, or something else. She also expected to get a different perspective on therapy that might change the way she thinks about it.

By Time 2, S1 still did not feel like a 'real supervisor'; she was "just trying to offer the supervisees something useful". However, she reported that since beginning to actually supervise, she had felt like a supervisor, not a fellow student, in the sessions; "I just don't know how good a supervisor". Her motivation to supervise was still high, as was her desire to find opportunities to continue supervising. She still saw her own supervisors as her reference group to which she compared her own work, which she recognized as contributing to her considerable anxiety at this point.

S1's self-perceptions as a supervisor had shifted by Time 2. She gave a very short answer to the question about strengths, including only being available and supportive, and open about her own experiences learning to do therapy. She felt that her weaknesses included her lack of experience, and her anxiety, which might be interfering in her effectiveness as a supervisor by making her too tentative.

Another perceived weakness was that she found it difficult to focus on the supervisees and what they were doing and saying in therapy sessions, whether she observed them in person or on tape. She tended to still focus on the client, as if she were doing the therapy. She reported that she had not anticipated that supervising would be as challenging as it was;

"S1: I guess I didn't anticipate that it would be this challenging. I think I was probably in a bit of denial about it ...

K: (chuckle) About how hard it would be.

S1: I mean, in order to do this kind of thing I think you do need to sort of hoodwink yourself into it and say, you know, 'I can do this, it'll be fine', and, uh, I think I did have ideas about what, that some things would be difficult, you know, just from hearing about (classmate's) experience and doing some reading. And so, I think I went into it with my eyes open, but maybe, hm, maybe with sunglasses on!"

She recognized that she might feel, later, that she could have done better work with these two supervisees, but that that was like learning to be a therapist; she wouldn't learn and get better without actually doing it.

When asked at Time 2 what impressions her supervisees might have of her, S1 said she only knew what impression she hoped they would have; that she was approachable. When asked about possible supervisee complaints, she mentioned that she might be "talking around in circles", but she couldn't even be

sure of that, it might just be fruit of her anxiety. She also thought she might still have overly high expectations of her supervisees, but that this had not manifested in supervision yet.

At Time 3, S1 was beginning to feel like a 'real' supervisor, that although some aspects were still daunting, actually doing it and accepting it as a learning process had contributed to her feeling like a supervisor. From the first supervision meetings, she had never felt like a fellow student in the sessions with her supervisees, always like the supervisor, even though a more or less confident one. Her motivation to supervise was still strong, and she still planned to seek out future opportunities to supervise. She had become less demanding of herself, and perhaps this was related to having a peer, a fellow-beginner (the other supervisor trainee on her practicum) to see doing the same kind of work, instead of always comparing herself to her own supervisors, although she still did that.

Self-perceptual issues had also changed for S1 by Time 3. She was able to identify several strengths in her work as a supervisor, including having a good knowledge base within the areas she felt comfortable supervising, conceptualization skills, asking the supervisees for their opinions and ideas before jumping in with her own, facilitating the interventions of the supervisees in an indirect manner, being empathic in supervision sessions, and letting go of some of the control over how a supervisee wrote a report or conducted a therapy session. Weaknesses she perceived, and commented on wanting to continue working to improve, were in not giving enough positive feedback to supervisees, and difficulties giving criticism constructively. She reported that she had not had to do some of the things that had worried her, such as having to confront a student.

S1 reported feedback from her supervisees which informed her impressions of their impressions of her; that she was an effective teacher, that she had facilitated their growth as professionals, and had given them the type of supervision they had wanted from her. S1 believes they found her approachable, friendly but reserved and able to maintain clear boundaries in sessions, and hoped that that reserve had not made her seem disinterested in them. She felt that possible student complaints might be that she should give more positive reinforcement, that some of the interventions she encouraged the supervisees to try had not gone over very well in therapy sessions, and that she was "picky" about the wording on reports.

S1 perceived quite a few improvements over the length of the supervision practicum; in both her skills and her confidence, in her ability to act as a facilitator and to encourage students to try new things, and in her adeptness at finding out what her students thought and helping them to take different perspectives.

S1 laughed quite a bit when asked about whether the changes that she had 'predicted' at her first interview had occurred. She no longer had any idea what she had meant when she said she expected learning to supervise to affect her work as a therapist. She hadn't seen that occurring, and commented that it might do more so if she were seeing more therapy cases and doing more supervision. Instead of having to learn to walk the line between supervising a supervisee and doing therapy with them, as she had expected, she had had to learn to walk the line between supervising supervisees and trying to do therapy by remote control with their clients. The one expected change that had occurred was that of becoming much more comfortable with the different roles that a supervisor takes

while supervising, although she still wanted to expand that repertoire.

S1's mean PSDS scores, a rating of her general impression of her own development as a supervisor, were quite variable during the pre-practicum period, became more stable during the didactic section, than rose consistently during her experience supervising.

Graph 2: S1's Psychotherapy Supervisor Development Scale Mean Scores

Table 2

PSDS Scores for S1

PSDS	total	mean	C/E	I/C	SA	S
1st	82	4.56	4.80	4.13	5.00	3.75
2nd	74	4.11	4.60	4.13	3.67	3.00
3rd	81	4.50	5.00	4.36	5.00	2.50
4th	87	4.83	4.80	5.00	5.67	3.50
5th	79	4.39	4.40	4.88	4.33	3.25
6th	84	4.67	5.00	4.88	4.67	3.50
Sept	92	5.11	5.20	5.13	5.00	4.75
Oct	90	5.00	4.40	5.00	5.33	5.00
Nov	94	5.22	4.80	5.50	5.00	5.00
Dec	NO	NO	NO	NO	NO	NO



Jan	84	4.67	4.40	4.75	4.67	4.50
Feb	93	5.17	4.80	5.50	5.00	5.00
March	101	5.61	5.60	5.63	5.00	5.75
April	111	6.17	5.80	6.38	6.00	6.00

The Competence/Effectiveness subscale of the PSDS was somewhat variable over the pre-practicum and didactic sections, then rose during the supervision experience.

The Identity/Commitment subscale on the PSDS for S1 rose slightly over the pre-practicum period, held steady throughout the didactic portion of the practicum, and rose notably during her experience supervising.

The Self-Awareness subscale scores were extremely variable during the pre-practicum period, more steady during the didactic section, and then consistently rising over the supervision experience.

S1's Sincerity subscale was considerably lower than the other subscales during the pre-practicum period, rose to the level of the other subscales as S1 entered the practicum didactic section, then remaining fairly steady, and rose with the other subscales during the supervision experience.

#### Roles, Power, and Boundaries

At Time 1, S1 reported finding the supervisor roles of consultant and evaluator quite comfortable. She was not particularly comfortable with the role of teacher, but was beginning to believe she had a knowledge base that would make taking this role possible. She was not comfortable with the idea of being a therapist to the supervisee, and said she recommend another therapist if a problem was serious. She felt that too much 'therapy' type interaction in supervision sessions might make it difficult for the supervisee to trust her. S1 mentioned facilitator as a role she thought important to supervising.

The role of consultant still felt comfortable to S1 at Time 2, but that of evaluator had become quite uncomfortable. She reported this as connected to her ability to make a fair evaluation, because of her difficulties stepping back from a client focus to focus on the supervisee and their process. She hoped to become more comfortable with the idea and process of evaluating, and had discussed how this would be carried out with supervisees during their first meeting, and would try to avoid and surprises for the supervisees at the end of the practicum. The role of therapist to the supervisee still sounded uncomfortable, because of concerns about the blurring of boundaries, but S1 felt she would discuss any personal problems that were affecting the supervisee's ability to do therapy, and if necessary, refer. She felt comfortable with the role of model for the supervisees, as long as they tried on her ways of doing things and developed their own style.

By Time 3, S1 reported that she was much more comfortable with all the different roles she had had to take on while supervising. The roles of consultant, teacher, mentor/model and facilitator were very comfortable. The teacher role was surprisingly so;

"S1: I, I wasn't anticipating being as comfortable with this as I am. But I think that my comfort level has increased with that, partly because I've been able to incorporate it into supervision, in a way that, uhm, felt right for me. You know, I was able to, I think maybe, it's maybe been two-fold. First that I, was able to trust myself that I did have information that would be useful to impart!

K: Useful to impart (chuckle), OK.

S1: And second, that I could do that in a way that, where I wasn't lecturing, or kind of going on and on,

K: Or just telling them what to do.

S1: Yeah!"

S1 thought that perhaps she had never actually felt uncomfortable taking on the role of teacher, she had just imagined she would. It was quite comfortable now because it felt like an appropriate role, especially with less experienced supervisees. The role of evaluator, while not enjoyable, had not been as uncomfortable as S1 had feared, because she talked to the students about it from the beginning, had given them interim feedback all along, and had prepared carefully to give evaluative feedback at the end of the practicum.

Boundary, responsibility, and power issues were considered sensitive from the beginning. At Time 1, S1 reported that she hoped to avoid conflicts of expectations by talking about them from the beginning of supervision. She was uncomfortable with the power "imbalance" in supervision, and hoped to decrease it with the use of self-disclosure, a facilitating attitude, and admitting when she

didn't know things. She felt that self-disclosure on her part would aid in establishing rapport, making herself seem more human, and would be especially useful when talking about the difficulties she had experienced while learning to do therapy. She had found her own supervisors self-disclosure very helpful, although she felt it should never turn into "therapy in reverse". She was aware of the responsibilities towards the client implied in the role of supervisor; "My obligation is first of all to the client in this situation, to make sure that the supervisee is not going to do anything to harm the client", and felt she would insist on certain steps being taken by the supervisee, if necessary for the client's well-being.

At Time 2, S1 reported that she and her supervisees had directly discussed expectations and goals during the first sessions of supervision, and had written them down. There had been no problems to that point, although she wasn't sure how the supervisees might react to the very process-oriented supervision they had requested, when they actually got into it. The power relationship in supervision still made her uncomfortable, because she did not want to be telling supervisees what to do, although in session, when they asked what she would do or what they should do next, she told them. She reported that she might feel more comfortable with the power differential if she felt more secure as a supervisor. She felt that self-disclosure on her part was appropriate when it was about her own experiences learning to supervise, which could contribute both information and reassurance to the supervisees, and make her seem more approachable. Disclosure of personal issues did not feel appropriate. At this moment of beginning to supervise, S1 was rather painfully aware of her responsibilities to her supervisees and their clients, including such issues as possible legal involvements, record-keeping, and just being

able to contribute to their development.

At Time 3, there had been no difficulties around issues of differences of expectations between S1 and the supervisees. Her perceptions of power issues had changed; she now saw the power differential as inherent to the supervision relationship, and no longer felt it was necessary to work to reduce it;

"S1: And I guess it goes part and parcel with accepting that role of,  
... you're the person.

K: You're the supervisor.

S1: The person that they're going to be asking for guidance, for help  
in these things, and, .... uhm, that's just

K: Part of the role.

S1: Part of it."

She felt that power differential may diminish naturally as supervisees become more skilled and more like colleagues. Her attitudes toward self-disclosure had not changed, she saw it as a teaching tool. She felt more able to accept the responsibilities of the role of supervisor, and knew how to deal with them.

### Technical Issues

At Time 1, S1 felt she did not yet know enough to have a real theory or model of supervision. From what she had read and from her own experience as a new therapist, she believed it was especially important to be aware of the

supervisee's developmental level and how that affected what he/she needed in supervision. She also thought, again from her own experience as a supervisee, that observation of parallel process could be an enlightening technique.

When asked what she had experienced in her own supervision that she would like to emulate with her supervisees, S1 reported the following attitudes or skills as important: being supportive, giving lots of positive feedback, modelling different approaches to issues and problems in therapy, flexibility, and being a resource for the student for information about articles, books, and workshops. Experiences she had had in her own supervision that she wanted to try to avoid included scheduling problems and last-minute cancellations of supervision sessions, asking the supervisee personal questions, and:

"S1: I have had a supervisor offer me some rather out-dated material to read. And I found that rather irritating. So, I don't anticipate that being a problem though, 'cause I haven't been trained (chuckle)

....

K: Not for another fifteen years! (laugh)

S1: No, (laugh) and I really hope to be able to keep up to date."

S1 was, at Time 1, quite uncomfortable with the idea of being directive in supervision. As a therapist, she considered herself active but not directive, and avoided giving advice, and she intended to continue to work in this way as a supervisor. However, she felt that if the supervisee needed some concrete assistance, she would give it. She identified this as an issue with which she was

struggling. S1 realized that she would also have to deal with a supervisee resisting her suggestions or recommendations at some point, and felt that her reactions to this would depend on her perception of why the resistance was occurring, whether it was an on-going problem with that supervisee, and how she thought it was affecting the client. She felt she should be flexible about the supervisee using different approaches to working with the client, but that if it seemed to be critical for the client, she would be firm and, if necessary, confrontive, but always explaining her rationale. Administrative issues such as the supervisee's arriving on time for supervision sessions and doing required preparations like reviewing therapy session tapes were considered quite important, especially as problems in this area might indicate some kind of friction within the supervisory relationship. S1 felt she would be more flexible about her supervisee's getting paperwork done in a timely fashion. She recognized that students are often very busy, and had had problems with this herself as a practicum student.

When asked about a typical session, S1 responded in a rather confused manner, going back and forth to different possible sections of a session. In general, a session would begin by catching up on client issues and what had been happening in therapy sessions, then move on to watching videotape of the therapy sessions. She would ask the supervisee to have marked some section of concern on the tape, and they would observe the process of therapy. S1 would demonstrate interventions that might be useful, and things the supervisee could have done differently. This pattern within sessions would be discarded if a client were in crisis, in which case the focus of supervision would shift to practical issues and away from process work. If the supervisee were interested in learning a particular

skill or type of intervention, more time would also be spent on that.

Skills that S1 felt, at Time 1, could be transferred from doing therapy to doing supervision were empathy and the ability to "tune in" to her own emotions and process, which would alert her to problems in supervision sessions. New skills she felt she would need to acquire consisted of learning to structure the supervision session, discerning how much of a didactic component to include, and:

"S1: Another one that, I don't know, this may be cheating, 'cause I've heard (a classmate who had taken the supervision practicum the previous year) talk about it, but, something that is on my mind is how difficult, whether it's going to be difficult, how difficult it's going to be to, sort of, when I see the transcript, or the tape of a therapy session with my supervisee and the client, uhm, am I going to be thinking about what I would have said in that situation, how many times is that going to be helpful for the supervisee to hear, or do I need to be thinking more about the process, like, how easy is it going to be for me to step back from that session and to see is as a supervisor rather than as a therapist?"

At Time 1, S1 thought that supervision with less experienced or less skilled supervisees would be more didactic. With more experienced supervisees, the focus would be more on the conceptual level, and the supervisee would have more autonomy. When asked how she would know the supervisee was ready for more autonomy, S1 reported that she was somewhat worried about this; she hoped to be



able to recognize increasing abilities, but was not quite sure what to look for. She felt that she herself had shown greater confidence in her own work as a therapist as her skills increased, but she did not want to overestimate that, either:

"S1: (...) because I don't like to see people fall on their faces, although I realize that a lot of times that's how people learn, and certainly that's a lot of the way I learned as a therapist. And so I would hope that I would be able to give them enough autonomy and leeway, enough that they felt comfortable, but not so much that they could hang themselves."

She felt she could encourage the supervisees' autonomy, when appropriate, by letting them choose new client cases, write reports alone, and do less tape review, and by trusting their judgement about their clinical cases.

Some of the supervision techniques that S1 discussed at time 1 were self-disclosure, which she felt would be helpful to build rapport and to illustrate difficulties in therapy, using tapes to look at therapy interactions the supervisee felt unsure about, demonstrating interventions, and acting as a facilitator, helping the student talk and think about therapy.

By Time 2, S1 had done some reading and participated in discussion about supervision theory. However, she still felt that her own preferred model or theory was hard to articulate, because supervision has so many facets. She said she felt most comfortable with a generally developmental model, as she recognized from her own experience that supervisees need different things from supervision at

different times. She found the model useful not only for conceptualizing work with more and less experienced supervisees, but also when thinking about a supervisee taking on a new treatment model or new client population; the need for structure would again go up temporarily. She was trying to be sensitive to this in supervision sessions, by observing and listening carefully to her supervisees. She was also making a point of giving a lot of positive reinforcement and reassurance, and focusing on only one or two things at a time that needed improvement.

At Time 2, S1 was attempting to emulate the supportive attitude, availability to supervisees and sensitivity to transference and countertransference issues that she had experienced in her own supervision. The behaviours that she had experienced as a supervisee that she was trying to avoid had not changed since Time 1; scheduling problems, cancellations, and intrusiveness.

By this time, S1 reported that she had found herself more comfortable than she had expected to be with supplying quite a bit of structure and giving a lot of concrete suggestions to her supervisees, as they were not very experienced, and this seemed to be working well. She still did not like the word 'directive', but felt that it was appropriate to some extent. No supervisee resistance to her recommendations had occurred yet, but she thought that if it did, she would try to explore why it was occurring, especially since resistance sometimes occurs because the student is anxious or something is difficult to do in therapy sessions. If the supervisees could articulate a good reason for what they preferred to do, that would be fine, but if there were some kind of problem with her, she wanted to know about it. She felt that being on time for supervision and reviewing tapes were important so that the supervision time could be used to good advantage, and

that constant problems in these areas would be disrespectful of her. She would encourage students to get paperwork done on time, mostly because they get harder the longer they are put off.

A typical session, as S1 considered at Time 2, consisted of watching tape, giving feedback, mostly positive, and asking the supervisees about their perceptions and thoughts about the tape and the therapy sessions. When appropriate, she provided reading material or they discussed material they had already read. She was asking the supervisees to bring in their process notes about therapy sessions, both to see what they thought was most important of what had occurred in sessions, and to help them with their note writing. So far, the work had been quite concrete, with little work on therapy process. Variations on this pattern would be for the same reasons pointed out at Time 1; client crisis, a new technique to be learned and practised. She also hoped to do some joint supervision with her two supervisees, which they had requested; she had always found group supervision a good learning experience.

Skills transferred from therapy were the same as mentioned at Time 1; empathy to help the supervisee talk about their experience and how they felt about dealing with certain cases or situations, and observational skills such as picking up non-verbal information in the supervision session. At Time 2, she felt she needed to develop skills of stepping back from the therapy encounter to observe the process and the supervisee's work, rather than just the client, and not automatically telling the supervisee what she herself would say, instead exploring the supervisee's perceptions and the options he/she could come up with. She wanted to start using Socratic questioning in sessions, rather than always

providing them with ideas.

With a more experienced supervisee, S1 felt she would have a more collegial relationship, acting more as a consultant, and giving the student more autonomy by focusing more on conceptual issues. With a less experienced supervisee, she thought it was appropriate to supply more structure, support, and suggestions. She felt she would recognize that a supervisee was ready for more autonomy by their confidence and comfort with their own work, however she felt that was unlikely to occur over the short period of this supervision experience. At the same time, she felt that even asking a student 'what would you do?' is encouraging "baby steps" in autonomy, and this could be done from the beginning, with the option of giving a suggestion or some options if the supervisee could not come up with anything. She thought that Socratic questioning might be a good way to contribute to this process.

Supervision techniques that S1 mentioned at Time 2 included self-disclosure, which she felt assisted both in discussing skills and in normalizing difficulties and anxiety, watching tapes and commenting on them, asking for the supervisee's comments, and working on report writing. She wanted to learn to use Socratic questioning, to draw out the supervisees' own thoughts and encourage their critical thinking, and reduce the amount of "lecturing" she was doing in sessions. However, she had some concerns about it:

"S1: I think that I'm probably going to be, by using the Socratic questioning, I'm hoping that that will ... uh, ... equalize the power imbalance a bit. Although now that I think about when I've, when

I've been sort of, on the receiving end of that in the past, it can be pretty intimidating. Because somebody is asking you, kind of pushing you really

K: To come up with the right answer.

S1: To come up with, well, or yeah, it can be perceived that way."

By Time 3, S1 was confirmed in her sense that the developmental model was one that felt comfortable to her. She hoped to be a supervisor who could recognize and adjust to supervisees' different needs at different times.

When asked about the experiences she had had with her own supervisors that she was trying to emulate, S1 mentioned that she found herself considering her own progress attaining these things with her supervisees. Supportiveness and willingness to self-disclose when appropriate were ideals she felt she had achieved quite well, while she still wanted to work on giving more positive feedback, and in a more natural manner. She had also worked to avoid things she had not appreciated in her own supervision, such as missing sessions and lecturing and pontificating.

When queried at Time 3 about her level of activeness and directiveness in supervision, S1 responded that that depended very much on the developmental level and the needs of the supervisee. She considered herself quite active, in responding to student needs and concerns, and working on process in therapy, but not very directive. She had not had to deal with strong supervisee resistance to any of her suggestions, but had had to push a little to get them to try some of the new techniques they discussed:

"S1: I think that there were things that they weren't very comfortable with, that they were kind of sceptical about, weren't quite sure if, they would work with these kids, but were willing to try it. And we, you know, I sensed that they weren't that comfortable with it, and we talked about it, but I ... persisted, and said, 'well, I, it might not work, but I'd like you to try it, and just, you know ...'

K: See how it goes.

S1: See how it goes." (chuckle) It was, actually the same thing for both supervisees, I wanted them to do some, relaxation training with their child clients, so, some relaxed breathing and stuff like that.

K: OK.

S1: And, uhm, indeed it really did not go over well!

K: It bombed!

S1: With either one of these kids, yeah (laugh).

K: It really bombed.

S1: Yeah, they might have got a little bit out of it, in terms of watching the therapist deep breath, but ...

K: That was about it.

C: They were not willing to try it (chuckle). They thought it was really weird. Eleven-year-olds, you know, when adults are doing stuff, anything to do with bodies, it's really creepy!

K: Yes! (laugh)

S1: Quite gross, and, ah, they were not going to do it! (laugh)

S1 was happy to report that another new technique she had gently pushed a

supervisee to try had been better accepted. She found herself more willing to insist, even gently, that they try something than she had imagined she would be. She felt she would be quite comfortable insisting on things that felt important for the client. She was also surprised, however, to find that she had not been as "tough" about the supervisees' getting paperwork done as she had expected to be; she ended up falling back on the end of the practicum as a final deadline. She did not need to be tough about getting the supervisees to review tapes before sessions; one student was very conscientious about it, and the other did not do it the first time, leading to such an awkward session with so much wasted time that she never came unprepared again. There were no problems of chronic lateness to supervision sessions, but this felt like something that would have bothered her a lot if it had occurred.

A typical session, by Time 3, started out with an overview of client cases and sessions, then watching tape and talking about the identified areas of difficulty or process, and asking the supervisees what they thought was going on. Occasionally they would do some role-play, to practice a specific intervention. At the end of the supervision session, they would review process notes and discuss plans for the next sessions. Atypical sessions included jumping straight to something on tape that a supervisee was concerned about, and talking about professional issues such as job searches and future field placements.

Skills from therapy that S1 felt she had brought into supervising included empathy and conceptualizing about cases. She felt that therapy skills were especially important to model being alert to, and help students recognize and work with, client needs. New skills she had had to develop included letting go of some

control over what happened in therapy sessions and letting supervisees do things their way if it seemed effective.

At Time 3, S1 reported that learning to respond to the needs of less experienced supervisees had been important in this experience. To do this, she had focused quite a bit on tape review and what was happening in sessions, and had observed intakes. With more advanced students, she thought she would probably focus more on conceptualizations, although she believes that even advanced students can profit from some focus on process in specific therapy sessions. She felt that she did not wait to 'recognize' supervisees' readiness for more autonomy, but tried to build that in from the beginning, increasing it where appropriate. Her first step was always to ask the supervisee for her thoughts or ideas about an issue, stepping in with her own ideas only if the supervisee seemed stuck. This not only gave the supervisees opportunities to use their own skills, it helped S1 track their progress;

"S1: (...) and that's not something I had anticipated, really, I think that that's just something I did, without really realizing what I was doing.

K: Uh hm.

S1: A good thing (chuckle). You know, and, uh, unlike many of the things we do when we don't realize what we are doing, and, so I think now, that, doing that all the way along, it gives me a better sense of where the supervisee is at, and ...

K: How they respond to that.



S1: Yeah, and you know, where their conceptualization is at, and where their skills are at, and, so, I have a better idea all the way along, and it's much easier to decide, OK, now they can, do this on their own."

S1 also consistently encouraged her supervisees to try new techniques, "stretch their wings", both so they would have more options for later, when they no longer routinely have a supervisor to ask for suggestions, and to increase their confidence.

S1 talked about the following techniques of supervision at Time 3; trying to speak in a clear manner, not hedging or sounding tentative; using empathy to pick up supervisee reactions; asking supervisees what they thought before (or instead of) bringing in her own ideas; "nudging" supervisees towards where she thought they should go, instead of telling them; and observing intakes from behind the mirror, with a break for consultation in the middle. She found self-disclosure to be useful both as a teaching tool, and to normalize supervisee experiences and encourage them to talk about difficulties in their work as therapists. By Time 3, S1 had experienced not knowing what to say in session, and had found this frustrating. She also found it frustrating to have to "censor" what she said, not say the first thing that came to mind, but deliberately phrase things in a consistently constructive way. She had become more tolerant of these things over time, but early on had been "appalled" by her long silences on the audiotapes of supervision sessions. Her fellow supervision trainee and the supervisor of supervision had helped her see that the pauses were not all that long, and to "give herself a break".

S1 found that giving positive feedback did not come as naturally and easily as it did in therapy, and she had to make an effort to keep herself from focusing too much on those areas that needed improvement or were not going well. Walking the line between supervising the students and doing therapy with their clients was always a challenge, as was deciding when something a supervisee did or planned to do was OK, even if it weren't what she herself would do.

#### The Training Experience and Supervision of Supervision

At Time 1, S1 felt the didactic component of the practicum would be very helpful, that she needed that information before beginning to supervise. She wanted to do some role-playing in supervision of supervision, to try things out before having to do them with "real" supervisees. She expected supervision of supervision to be quite similar to therapy supervision, and hoped to be able to go from a supervision session where she was "in a fog" about what was going on or what to do, and have that made clearer by talking about it with the supervisor of supervision and her fellow supervisor trainee. She also hoped that supervision of supervision would be respectful and supportive, because she thought learning to supervise was "a scary thing".

By Time 2, S1 felt that supervision of supervision was going very well, and offered a chance to step back and look at what she was doing in supervision sessions. She was about to start bringing in audiotapes of supervision sessions, and felt that would be particularly helpful for looking at the process in sessions, which just a verbal summary could not do. She was a bit anxious about playing

her tapes for her supervisor and fellow trainee, and wanted positive feedback on what she was doing well, to increase her sense of security in supervising.

At the end of the practicum, Time 3, S1 reported that supervision of supervision had been key to her development as a supervisor. The didactic portion had given her a framework and way to think about supervision and about learning to supervise. It had highlighted specific techniques, and possible difficulties and how to deal with them. It had normalized many of the processes occurring as she learned to supervise, and the support of her supervisor and co-trainee had helped reduce her anxiety. She had found listening to audiotapes of supervision sessions particularly helpful, especially as the supervisor of supervision was not directive but facilitative. She felt that having a classmate to share the experience made it easier, more fun, and a richer learning experience than if she had done it alone. The only thing she wished could have been done differently was beginning the actual supervision experience earlier (as had originally been planned), so as to give both herself and her supervisees more experience, and to be able to offer clients a longer period of counselling.

#### Miscellaneous

**Self as therapist:** At Time 1, S1 reported feeling "pretty confident" as a therapist, although she wanted more experience at working with different populations. She felt that learning to supervise might affect her work as a therapist, although she wasn't sure how, and that it would give her a greater

appreciation for her own supervision, and more understanding of why some supervisors do not seem to grow or get better.

At Time 2, S1 had been having some difficult and challenging experiences in several of her therapy cases, and was not feeling as confident as a therapist. Supervising hadn't affected her own work as a therapist so far, but she expected it would make her more reflective about what she said and why, in therapy. Her reactions to her own supervision had not changed, although she did now have a greater appreciation of how hard it was, "and they make it look easy!".

By Time 3, S1 was again feeling quite confident as a therapist, and felt that there had been an interaction between her confidence as a supervisor and as a therapist: as each rose, it contributed to the other. She felt she would try to give more positive feedback to her own supervisors in future, because of her new recognition of how hard it was, and wondered if they ever felt as lost as she sometimes did.

Surprises: At Time 2, S1 expressed surprise that supervising was as challenging as it was; she had perhaps had to deceive herself a little about that, to find the courage to learn to do it. At Time 3, she found that the supervisees' getting their paperwork done quickly did not seem as essential as she had expected. She had been surprised by feedback from her supervisees about her strength in asking for their contributions before giving her own; she had not been really aware she did it so consistently. She was also surprised to find herself no longer feeling anxious about supervising.

**Comparisons:** In the first interview, Time 1, S1 made 9 comparisons saying that she would do supervision in similar ways she did therapy. She talked of supervision of supervision being like supervision of therapy 3 times, and she made one comparison of how being a supervisor was different from being a supervisee. At Time 2, she twice compared learning to supervise to her experiences learning to do therapy. At Time 3, she made 2 comparisons showing how learning to supervision had been like learning to do therapy, and one comparing picking up a new supervisee to picking up a new therapy client.

**Concrete examples:** At Time 1, 7 examples of her own experiences as a therapist and supervisee. At Time 2, 7 examples from doing supervision, and one from her own development as a therapist. At Time 3, 10 examples from doing supervision, one from supervision of supervision.

**Laughter:** In the first interview, S1 laughed or made jokes about things that made her nervous, such as not knowing what to say, 12 times. She used humour around issues of power and responsibility twice (exaggeration, presenting herself as power-crazed), and laughed at her own folly or ignorance 6 times. She also laughed once at an unhelpful behaviour of one of her own supervisors.

At Time 2, S1 laughed about things that made her nervous 14 times and at her own mistakes or ignorance 5 times. She did not joke about power, but did laugh about possible supervisee errors once.

In the last interview, she used humour most frequently about her own mistakes or ignorance, 7 times, then about being directive with her supervisees, 5

times. She laughed at her own nervousness 3 times, but laughed in relief that something had gone well or had improved 6 times. She also laughed when recounting funny things her supervisees had done, twice.

### The Best, the Worst, and How to Get Better

At Time 1, when asked the question about what she expected to be most gratifying or rewarding about supervising, S1 responded that it would be seeing a supervisee develop overtime, and knowing she had contributed to that growth. She hoped that would occur! She also thought it would be gratifying to have a student who was confused or worried leave a supervision session feeling lighter. She thought that being able to pass on some of what she had learned to a newer generation of therapists would be rewarding in a different way than doing therapy.

When asked what she imagined would be the most difficult or challenging aspect of or situation in therapy, S1 felt that a supervisee who was really resistant to taking suggestions, who had difficulty dealing with any criticism or who was very confrontive would be very challenging to work with. She thought it would be difficult and draining to deal with a supervisee's client's major crisis, or legal issues arising from therapy, but that she would be able to handle it.

Also at Time 1, S1 thought the most irritating or frustrating thing she might have to deal with while supervising would be a supervisee who was really resistant to important things.

At Time 1, S1 felt that to be a good supervisor, she needed theory and a didactic grounding from supervision of supervision, more knowledge about

supervision, opportunities to hear about other people's experiences supervising, what they had found difficult or challenging. And to start, to do it.

At Time 2, S1 felt that it had already been rewarding to provide a supervisee with information she found helpful, and to provide a structure that would help her supervisees get started. She felt that it was quite satisfying that she was able to see when a supervisee was anxious but not saying anything, and to draw that out to be dealt with/

S1 reported having felt that her difficulty in explaining things clearly to her supervisees had been quite challenging. as had keeping what she had said to which supervisee straight, and stepping back from observing the client on tapes of therapy, to observing the process and the supervisee as well.

At this time, S1 said that the most irritating or frustrating thing she had had to deal with so far was when there had been a misunderstanding with a supervisee, which had led to wasting quite a bit of supervision time.

When asked what she needed at Time 2 to become a better supervisor, S1 said she needed to gain more confidence in her own abilities. She thought this would come with time, and that supervision of supervision would help with that. Mostly she needed to get through this anxious period.

By Time 3, S1 thought that the whole experience of learning to supervise had been very rewarding. Seeing her supervisees progress and develop, getting positive feedback from them that they had learned a lot, seeing one of the clients progress considerably as well, and becoming comfortable supervising, herself. Basically, everybody's progress.

S1 found it difficult and challenging to deal with possible legal implications

in both the play therapy cases she was supervising, although by the time this came up for the second time, it felt more manageable.

It was frustrating for S1 to try to find ways to help solve a persistent clinical issue with one of her supervisees' clients. When it became clear that under the current circumstances, that problem could probably not be resolved, S1 then had to help the supervisee deal with her worry and frustration about that.

S1 also felt that the fact that her supervisees were volunteers and had been "very keen" on the experience had been an important factor in making this a productive, rewarding experience for her. She was happy about word around the clinic about how helpful the extra supervision offered through this practicum had been to supervisees;

"S1: And to have other people who hadn't, who hadn't been chosen for that experience, or hadn't signed up for it initially, express regret, having heard, because you do get a certain sense, from your supervisees, how things are going, but, it's nice to get feedback, there's talk around the clinic

K: On the grapevine.

S1: That this is a really good experience, and that man oh man, there should be more of this, and we really like this, and that is, just incredibly ego boosting, and very good to hear."

S1 received feedback from her supervisees at the end of the practicum; they said they had found her work effective; that she had given them what they were



looking for in this experience, and had contributed to their development as therapists. The supervisees especially mentioned appreciating that she asked for their opinions and ideas.

At Time 3, S1 felt that to be a better supervisor she needed more experience as a therapist, more supervised experience as a supervisor, and "just ripening".

## S2's Experience

### Background

S2 is a female in her early forties. At the time of this research project, she was a 2nd year student in the same Clinical Psychology Ph.D program as S1, and participated in the same supervision practicum. At the beginning of the practicum, S2 had completed three clinical practica and was in the midst of a fourth. She had worked with adults, adolescents, the elderly, families and groups. She reported that her theoretical orientation to therapy was eclectic, with a background in psychodynamic theory, cognitive-behaviourial intervention, social constructionism, and feminist theory.

The structure of the supervision practicum was as described for S1. S2 met her supervisees in late November, to get to know them and discuss goals and expectations for the supervision experience. In January, her supervisees began picking up the client cases she would supervise. S2 saw Th1 for approximately 15 supervision sessions, Th2 for 16, and held joint supervision 16 times. Each supervisee saw one adult for individual psychotherapy/counselling, and together they organized and ran a parenting skills group, under S2's supervision. S2's supervisees were both in their final field placement for their Bachelor of Social Work degrees. S2 reported that Th1 began this supervision experience with some experience and good basic skills, and was fairly confident about her own work. Th2 had less experience and skills, and was feeling quite anxious about

counselling. By the end of the practicum, S2 was comfortable with the idea of Th1 doing therapy on her own, but felt that Th2 still needed more supervised experience. One of the individual therapy cases her supervisees attended was of moderate difficulty, while the other was quite challenging. The group was fairly straightforward to run.

#### Confidence/Anxiety

At Time 1, S2 felt that while she would have liked to have more experience as a therapist before beginning to supervise, this practicum was an unusual opportunity which she wanted to take advantage of, and was greatly looking forward to. S2 felt that learning to supervise would also enrich her growth as a therapist and a professional. Her interest had been increased by doing research on supervisees' experiences, and she was aware that a structured introduction to supervision was a rarity:

"S2: (...) and I think that there is a lack of this type of focus on training people to teach at the university. The assumption being, if you've been a student, you can teach.

K: And if you've been supervised, you can supervise.

S2: Yeah, and I don't think that's necessarily the case."

S2 did feel anxious about supervising, but felt it was a healthy level of anxiety:

"S2: (...) I'd be really concerned about myself if I didn't (feel anxious).

K: (laugh)

S2: Wouldn't you?"

She felt somewhat anxious about not knowing what to say in supervision or not understanding some situation, but felt that supervision of supervision would help with that, and that her seeking such resources when stuck would be a good model for her supervisees. She did worry about not knowing what to say when a supervisee needed an immediate answer. She felt that she "definitely" could not supervise without getting supervision at this point, and didn't feel very confident. She worried about not having the supervision skills or experience she might need, and not knowing how to identify what a supervisee needed at a certain point in supervision. She worried a little that she might not be cut out to supervise, might find it too uncomfortable, especially at this point in her experience as a therapist, but her previous experience teaching made her feel that she would be able to do it, and would enjoy it. She felt that learning to supervise might touch on personal issues for her, although she did not know which ones, other than general anxieties about being good enough, as had occurred when she learned to do therapy. She found the whole thing "nerve-wracking" but exciting.

By Time 2, S2 felt that her learning experience was going very well, and was glad she had decided to do it. She felt she was getting a "double pay-off", in that it was improving the therapy she did and the supervision she received, as well as teaching her how to supervise. She had been surprised and pleased to discover that this was not just a learning experience for her which would be relatively

useless or neutral for her supervisees, a kind of favour they were doing the clinic so she could get some practice;

"S2: (...) They (supervisees) are looking for, this is a real opportunity, they are taking it so seriously, and wanting to know so much, 'any material, any resource, any help you can give me is going to be, a boost'. That, even when I do something that I see as very small, seemingly insignificant, and they take it and find some value in it, uhm, it really helped me. At first I thought, imposter syndrome. I can't possibly go in there, there's nothing I can say. What am I going to tell them? They're (already) dealing with very difficult cases, they've done it (counselling) on their own.

K: So that's how you felt, just before you started?

S2: Sure, even though there was this, you know, a lot of this learning process with (supervisor of supervision), I thought, when it comes right down to it, what have I got to, to say to these people? I'm not so far removed ...

K: From where they're at.

S2: From where they're at, you know. And so, I thought, this is going to be an exercise in ... being the supervisor. When I saw, and when I came to the realization, 'I think I can help on this one point, I think there is something that I can say here'

K: You have a contribution to make.

S2: I do have a contribution, and that's exactly the language that I, I

caught myself using. Uhm, ... my self-talk type thing. I felt a lot better about doing this, and I, I didn't take it, certainly, more seriously; it had more meaning for me, though."

At Time 2, S2 felt that doing therapy was going well for her, and that there was an interaction between her confidence in learning to supervise and in doing therapy; each fed the other. She still felt anxious about supervising, and was concerned about going over videotapes of therapy sessions with her supervisees, which she was about to begin. She worried about being able to offer constructive feedback, about "going blank" in session, although that hadn't happened yet, and about some interpersonal factors with these supervisees and how she would handle them. She also worried that she would make some big mistake, which would affect the supervisee and the client. She felt she had come close to that at one point, but realized in time what was happening, that there had been a misunderstanding with the student;

"S2: (...) So luckily I was able to call that back, and I thought, 'thank you god'.

K: For giving me this chance.

S2: 'Good lesson, and don't think that you waste those on me.'"

She was very aware of making deliberate efforts to go over things carefully with her supervisees, due to the complexity of some of the situations they had to deal with in therapy. She still felt that she could not supervise without getting

supervision on it. She had had a moment of panic and feeling overwhelmed just before beginning to supervise, contributed to by the co-occurrence of a very busy time for her in other activities, but knowing that her supervisees were expecting this opportunity (and that this researcher was counting on her data!) had helped her over that moment. She found that the panic was actually worst just before beginning to supervise; once she was in session with her supervisees, the focus on them and on working effectively replaced her fears. While she was feeling more confident, she was not sure how stable that was at this point.

One personal issue that was touched on at this point by learning to supervise was that of S2's sense of responsibility for the supervisees and the clients, which she felt was a humbling experience. She was also happy to see, by the kinds of things her supervisees were dealing with as very new therapists, that she herself had already made more progress as a therapist than she had thought.

By Time 3, S2 felt that learning to supervise had been a "fabulous experience", "probably the most fulfilling activity I engaged in during this past year". She had found it stimulating and challenging, and an opportunity for her to think about her own work as a therapist and to improve her conceptualization skills, as well as actually learning to supervise. She thought that she might be a little anxious when she began to supervise again in the future, but that by this time she had felt quite calm about working with these supervisees. When things were going well in supervision, she felt she could do without getting supervised on that work, but;

"S2: And then somebody, you know, raises the idea, issues of suicide,

or something like that, and you go, whoosh, 'where's (supervisor of supervision)?"

She was concerned that when she begins supervising again, she might tend to carry over what she learned from this experience too rigidly; she felt she would have to be careful to see what her new supervisee needed, and not assume it was the same as these supervisees had. She no longer felt lost or at a loss for words in sessions, and now that she had seen that neither she, the supervisees, nor the clients had "come out bruised or mangled", she did not worry about not being cut out to supervise. She felt that in the end, this experience had not touched on personal issues for her, other than to greatly increase her identification with the profession of psychology.

#### Identification as a Supervisor

When asked at Time 1, S2 responded that she did not feel like a 'real' supervisor. She assumed she would take on the role of supervisor, rather than feeling like a fellow student in sessions with her supervisees, but imagined that could also feel somewhere in between. Her motivation to supervise had taken a dip just before she actually began supervising, but by the time of the second interview, after only 2 or 3 supervision sessions, it had returned to its high level. Her reference group for both positive and negative aspects of what a supervisor could be like was her own supervisors and academic advisors. She hadn't thought about actively seeking future opportunities to supervise, but thought she would



like to have them.

S2's perceptions of herself as a supervisor at Time 1 included imagining she would have strengths in her calming presence, which can help people open up, her age, because people often made people more confident of her abilities, and some theoretical background which she had from her own research about supervision. Possible weaknesses might be a tendency to rescue people when things get tough, and her lack of experience as a supervisor and a therapist. She also detected a possible weakness in her discomfort with techniques which led students to what felt like their own conclusions, but were really where she thought they had to go. She recognized that these techniques could be very effective teaching tools, but they felt somewhat manipulative to her. S2 thought that her supervisees might "stand back" for a while before forming an impression of her, waiting to see what she was like. She thought they might not take supervision seriously because it was a training experience for her, but considered that, long term, her supervisees would probably find her approachable and not intimidating. If her students had complaints about her, they would likely be about her tendency to work in an abstract and intellectualizing way; they might need concrete ideas and options and "gut-level" interactions.

At Time 1, S2's expectations of changes over the supervision experience included learning how to walk the fine line between facilitating the supervisees' insight and directing them, and how to figure out what would work best with a specific supervisee;

"S2: (...) identify what the person would need, and, uhm, to be able

to, uh, walk the fine line between facilitating, or, yeah, facilitating their own insight and their handling of things, as opposed to my directing them.

K: So that feels like something that, that really has to be learned and developed as you go along learning to supervise.

S2: Yeah, and I think it's an individual situation. You have to spend time with somebody to be able to, to understand what it is they need and what their approach to things would be. Uhm, so there's a lot of personality variables that I think would enter into that as well.

Would the person be receptive, are they looking for that type of structure, and if they are looking for that type of structure, is it necessarily the best thing to provide it."

She hoped that she would become more comfortable with the idea of supervising, and that her lack of confidence wouldn't impact negatively on her supervisees.

When interviewed at Time 2;

"K: Do you feel like a real supervisor right now?

S2: Well, hmmm, I feel like I'm really doing ... what I can as a supervisor. Do I feel like a real supervisor? Oh, no, I think that you'd have to take a long long time with lots of experience to feel like a real supervisor.

K: OK.

S2: And, uh, I'm a supervisor once removed, maybe.

K: Once removed in what sense?

S2: Once removed from (supervisor of supervision), I mean, I've got (supervisor of supervision)'s support there.

K: (laugh) OK, so it's like, you with his backup are a real supervisor, or you really are supervising, but maybe you are not quite yet a real supervisor. (chuckle)

S2: That probably a better distinction. I really am supervising, but I may not, say that I'm a supervisor."

Her motivation to supervise had taken a big drop just before beginning to actually do it; she had briefly felt like "can I get out of this?". However, even at this early point (after 2 or 3 sessions supervising), her motivation had risen again to high levels. The reference group that she compared herself against in her mind consisted of a conglomeration of previous supervisors, in both their positive and negative aspects.

S2's self-perceptions at Time 2 included seeing herself as having a strength in making people feel comfortable with her, a calming acceptance that seemed to be working with her supervisees. She also saw herself with a strength in integrating and organizing the information the supervisees brought to her. She felt that her lack of confidence as a supervisor was a weakness;

"S2: Feeling shy or, uhm, not confident, is a weakness in the sense that, they need to feel that I have some confidence (chuckle) and that I'm not uncomfortable with the whole process. So I see that as a

weakness, not just in terms of me and how I feel about myself in this whole exercise, but also a weakness in the sense that they need to, to feel that there is something there."

She felt at this point that her lack of experience with different therapy interventions was also a weakness, although she was discovering in supervision sessions that she knew more approaches and interventions than she had imagined. She felt she could come up with "useful stuff", things she hadn't even thought of as specific interventions. She thought her supervisees had the impression that she had some knowledge that would be useful to them, and found her helpful. In the first meeting, her supervisees had seemed to be holding back judgement of her, but when they heard she had already finished her M.A. and had experience in areas they were interested in learning about, they seemed to relax and accept her immediately. She felt they found her approachable, that she was willing to go into things as extensively as they wanted, and that she would answer quite basic questions without criticizing them. S2 believed that the fact she was not from their (Social Work) program and would not be deciding if they passed or failed the practicum or be on hiring committees in their field made them more relaxed with her. If her students had complaints about her, they would likely be that she was sometimes late for supervision sessions, and that she gave them too many things to read, although she never gave them readings they had not asked for.

At Time 2, S2 felt she had already changed as a supervisor, principally in that her panic had subsided. She found that she had been more panicky at the idea of supervising than at actually supervising. She felt she was becoming much

more relaxed, especially because the supervision sessions were going very well.

At Time 3, S2 reported that towards the end of the practicum, she had felt like a 'real' supervisor. She did not feel like a fellow-student in sessions, mostly because the supervisees treated her like a supervisor. That role was not a permanent part of her identity, however; it had been part of a temporary experience that was over, and would probably return once she begins supervising again in future. Her motivation to supervise in general became very high, although her motivation to go into a specific session to deal with a specific problem might be lower or higher on a given day. Her reference group for thinking about her work consisted of her own previous supervisors, and one clinical professor who she had recently seen demonstrating the kind of process work she liked to do in supervision. She had also put herself in her reference group, as a comparison object for looking at her current work; she felt she had done things and come up with ideas that she wanted to keep doing in future. She intended to seek opportunities to supervise in the future, and felt that this practicum had greatly increased her overall identification with the profession of psychology.

S2's Psychotherapy Supervisor Development Scale mean scores started out quite low, rising slightly during the pre-practicum period, then stabilizing until she began supervising. During the supervision experience, these scores rose consistently. Her scores on the Competence/Effectiveness subscale followed approximately the same pattern, although they were more variable during the didactic portion of the practicum. Her Identification/Commitment scores followed the same pattern as the mean scores. Her Self-Awareness subscale scores began as the highest subscale score, although results were somewhat variable.

During the didactic portion of the practicum, they were still variable, but were closer to the other sub-scale results. During the supervision experience, these scores continued somewhat variable, but generally rose. The Sincerity subscale showed an extremely variable pattern and was the lowest subscale through the pre-practicum period and the didactic portion. It reached levels similar to the other subscales when S2 began to supervise, and rose consistently thereafter.

Graph 5: S2's Psychotherapy Supervisor Development Scale Mean Scores

Table 5: PSDS Scores for S2

PSDS	total	mean	C/E	I/C	SA	S
1st	NO	NO	NO	NO	NO	NO
2nd	67	3.72	3.20	3.75	4.33	4.00
3rd	62	3.44	3.40	3.25	3.67	2.50
4th	65	3.61	4.00	3.50	4.33	2.75
5th	68	3.78	4.20	3.63	4.00	3.25
6th	73	4.06	4.80	3.88	4.00	3.25
Sept	72	4.00	4.00	4.13	4.33	3.50
Oct	74	4.11	5.00	4.50	4.00	3.25
Nov	70	3.89	4.00	4.13	4.67	2.75
Dec	75	4.17	4.40	4.13	4.33	4.00
Jan	78	4.33	4.80	4.13	3.67	4.00
Feb	88	4.89	5.20	4.63	5.00	4.75
March	94	5.22	5.40	5.25	5.00	5.00
April	97	5.39	5.80	5.38	4.67	5.50

Roles, Power, and Boundaries

The different roles a supervisor might take created mixed reactions in S2 at Time 1. The consultant role seemed a very comfortable one, she imagined it would be similar to talking to peers about clinical cases. The teacher role might even be 'too comfortable', she might tend to fall into it more often than necessary because it felt safe. The role of therapist to the supervisee would not be as comfortable, she hoped it would not become an issue. She had never had occasion to use supervision in this way herself, and had discussed personal issues as they directly affected therapy, and considered that appropriate. The role of evaluator felt particularly uncomfortable, as would dealing with any situation that made the supervisees uncomfortable. She knew that an important part of her learning to do therapy had been recognizing and accepting that sometimes people have to be uncomfortable for a while for there to be progress. She felt it would be the same in supervision. She was becoming more aware that a supervisor could take roles such as modelling a communication style, and wanted to see how this kind of modelling worked out.

By Time 2, S2 reported that she had not found the consultant role as immediately comfortable in session as she had anticipated, but that she was getting used to it, especially as the supervisees made it clear that they found what she said useful. The role of teacher felt fine; S2 was surprised to find that there were things she said in supervision that the supervisees immediately wrote down! But the role of therapist to the supervisee was one she still found uncomfortable. She was relying on supervision of supervision to help her deal with the ambiguity of some situations in supervision which touched on issues of the supervisees' personal issues and style. She did not think that getting more into doing therapy



or talking about personal issues with a supervisee would be appropriate in this context, it was not part of her or the supervisees expectations. The role of evaluator would not be easy for her, but she intended to try to carry it out in a constructive and non-judgemental way. She was glad she did not have to make decisions such as whether a supervisee should pass or fail a practicum. She liked the idea of being a mentor or model to supervisees, but had fallen on her face the first time she had tried to model something for a supervisee. She hadn't understood why it hadn't worked until, listening to the tape of the session, the supervisor of supervision pointed out that she had been modelling the client's role, not the therapist's, so it hadn't been a lot of help to the supervisee.

By Time 3, S2 reported feeling much more comfortable with the different roles a supervisor could take, and figuring out when to use each one. She had learned a lot about that because her supervisees were at such different developmental levels; she got practice in shifting between different roles. The roles of consultant and teacher were very comfortable. The role of therapist to the supervisee she felt could be appropriate in a more long-term supervisory relationship, where looking at how the supervisee's personal issues affected therapy was part of the goals of supervision. She had, however, addressed some supervisee personal issues in supervision, when she saw that they were directly affecting the client's well-being. She was still struggling with the role of evaluator, and had found doing a good and fair evaluation required a lot of thought. She was surprised by how seriously her supervisees had taken her evaluation of them, since they had told her at the beginning of supervision that they were not worried about it because it could not affect their grades. In the end they had been nervous about

what she would tell them, which she saw as a sign that her opinion was of value to them. Being a mentor or a model felt comfortable, and she had done some of this, discussing job possibilities and interviews and giving letters of reference to her supervisees.

S2 was concerned about issues of power and boundaries from the beginning. At Time 1, she felt that there might be differences of expectations between herself and her supervisees, and that she hoped to defuse them by talking about goals and expectations in the first meetings with supervisees. She reported that she used to think a collaborative relationship in supervision would be best, but that her own experience had taught her that a power dimension was implicit once the role of a supervisor as a resource and someone with specialized knowledge to offer was recognized. She hoped that by being approachable, she could help the supervisees be comfortable, given that power differential. She saw the supervisor role as including responsibility for ethical considerations such as client well-being. Her discomfort at this point was in seeing herself in that place of power and responsibility;

"S2: (...) Uncomfortable as that is, I think, for me to think about myself in that position, that's where the hangup is, I think I would be uncomfortable being the person that kind of is, holding ... the bag in that sense, yet I know I (as a student) appreciate being able to approach somebody who is there for that purpose."

She felt that self-disclosure on her part would be appropriate in supervision

only in as much as it might benefit the learning experience. Talking about a difficult issue she had had to deal with in therapy might fill that role. She felt that the limit to what was appropriate could be tested by asking herself why she was thinking of self-disclosing, and that talking about her personal issues would not be appropriate.

At Time 2, S2 felt there had not yet been any problems with differences between her own and the supervisees' expectations of supervision. She thought the students probably not really knowing what to expect, and that because they were getting a lot of information and new experiences in supervision very fast in this beginning, they might be disappointed when things "plateaued" later. She felt that the fact she could not pass or fail the students and that she was also a student reduced the power differential, but that it was still very much present, because of their expectations that she would be a resource and help them. She was not feeling very comfortable with the power/responsibility dimension of supervision, especially on those occasions when she felt she had not handled some issue in supervision well.

"S2: What if I make some huge mistake and it has this ripple effect?

K: Tell somebody something really stupid, or give them wrong information, and it screws up a client ...

S2: Yeah.

K: And they pass it on to all their classmates and it screws up all their clients ...

S2: And in the end, a butterfly dies in the Amazon! No! (laugh)

K: (laugh)

S2: It's called reverse chaos."

She felt she had to be quite careful, because if she were "flip or careless", it could affect someone's well-being; "this is not play therapy, with dolls or something. You're talking about people here". This had been made especially clear when issues of suicidality came up for one client.

S2's opinions about the boundaries around self-disclosure had not changed by Time 2. She added that she felt that its use as a teaching technique might be overestimated, because her experiences would often be very different from that of the supervisee.

By Time 3, S2 and her supervisees had experienced a significant difference as to expectations around the issue of report-writing. S2 had assumed that these supervisees had previously received instruction in professional writing, which turned out to be untrue, and her higher expectations for the organization and quality of their writing had rather shocked the students. She felt that, overall, the fact that neither she nor the supervisees really knew what to expect had reduced the likelihood of friction around expectations. At this point, S3 did not report significant concerns with power and responsibility issues, since she saw everybody surviving the experience. She had not anticipated that her supervision would have so much impact on her supervisees, and this had increased her sense of responsibility. She reported that, perhaps because of the somewhat reduced power differential because she was also a student and would not be grading them, these supervisees seemed to feel quite comfortable asking her questions that they felt were very basic and showing her tapes of moments in supervision where they felt

things had gone badly.

At Time 3, S2 reported that her attitudes toward self-disclosure had not changed, and she had found that she had used it quite rarely, usually only to normalize when a supervisee was feeling they had done something dumb in therapy.

#### Technical Issues

At Time 1, S2 reported that she had already read the textbook to be used in the practicum, and found it very helpful, especially for identifying why a supervisor might do certain things and how those things would be helpful, which she had tended to take for granted as a supervisee. At this time S1 felt that she did not have an overall model of supervision, and that her interest was more focused on specific techniques than larger theories.

S2 intended to try to emulate certain behaviours and attitudes of her own supervisors in her own work with supervisees. She wanted to see the individual supervisee's needs and tailor her approach to those needs, and not project her own experience onto the student. She intended to encourage students to learn by trying things out in therapy, and wanted to give lots of positive feedback to supervisees, especially in areas where they might be having difficulties. Behaviours of her own supervisors that she hoped to avoid included rushing students and giving them the feeling they should only talk to her if there were a big problem. She hoped not to jump in with 'answers', assuming she had understood everything and that she could dispense wisdom, when the supervisee might not even have finished

explaining a situation.

At Time 1, S2 felt that her level of directiveness and activity in supervision sessions would depend very much on the supervisee's needs and skill level. She would provide more direction and structure to an inexperienced supervisee, and when a supervisee was dealing with a particularly difficult therapy case or situation. If a supervisee were resisting her suggestions or recommendations, she would think about that in the same terms she would client resistance; exploring what was happening and why, being open to other alternatives but checking to see if there were an interpersonal problem developing between herself and the supervisee. If she felt it were important to the client's best interests she would be willing to insist a supervisee try something, but she would probably need supervision of supervision to help figure out how to deal with major resistance. As to administrative issues such as the supervisee being on time for supervision sessions, reviewing tapes and getting paperwork done on time, S2 felt these were all important. Coming prepared and on time for supervision sessions would allow them to take best advantage of their limited time, however, the supervisor should keep in mind what is reasonable, considering how busy supervisees may be.

"S2: (...) I mean, it's not like, well the intake report or things on this kind of schedule and checking them off the list, but the idea that the person is prepared to work on the case, or receptive to working on that case. And if not, then that's, then that's a whole different issue and that has to do with my relationship with that person and what's going on there."

S2 imagined that a typical supervision session would begin with the supervisee giving an overview of the previous sessions with clients, then talking about what the supervisee saw as issues, difficulties, and good moments in therapy. They would use tape review, and discuss the supervisee's learning goals in an informal manner. She referred to these elements as ones she liked in her own supervision. An atypical session might occur if a client were in crisis, or if the supervisee were unable to identify what they wanted to do or talk about; in that case, S2 would provide more structure.

Skills that S2 identified as transferable from doing therapy to doing supervision included working patiently to help the client/supervisee reach their own conclusions, rather than supplying ready-made ones, and letting things unfold in session. New skills she felt she would have to develop to supervise included making sure her explanations are appropriate to the developmental level of the supervisee and keeping the various levels of what goes in mind; client, therapist and supervisee issues, and therapy and supervision process.

When asked at Time 1 about how she might work with more or less experienced supervisees, S2 pointed out that it would not be so much a question of experience as of skill level and specific experiences with situations similar to those they were currently dealing with. A supervisee's skill level, style, or learning goals might require more or less structure and more or less of a didactic focus in supervision, this would be very individualized. She would recognize that a supervisee was ready for more autonomy when a therapy case was progressing well, and the supervisee could identify both strong and weak points in the therapy they were doing. When that occurred, she would be able to rely more on the

supervisee to bring up issues they felt were important, would likely review less tape of therapy sessions, and would do more exploration of options and alternatives.

S2 mentioned the following techniques of supervision at Time 1: using tapes of therapy sessions to look at rough spots in therapy, how they were handled, and how the student felt; not cutting the supervisee off, but letting him/her explain things as they understood them; encouraging supervisees to try new techniques and interventions; modelling things such as communication style in supervision; some self-disclosure if a supervisee were facing a difficulty similar to one she had dealt with; and making sure she explained things in a way appropriate to the supervisee's developmental level. She imagined that 'leading' a supervisee to a conclusion, rather than giving it herself, might be a good teaching technique, but she was somewhat uncomfortable about the manipulative feel of this approach. She felt it would be very helpful to encourage supervisees to come up with their own ideas and to get them to identify how she could help at a specific time, but that this had to be appropriate to their skills at that time;

"S2: So, sometimes, ahm, I would think, challenging somebody and saying 'where do you want to go with this' or 'what is it that you need', when they haven't got the idea of what they might need or where they want to go seems kind of fruitless."

By Time 2, any theory or model of supervision S2 had been developing had



fallen apart in the process of learning to respond to the different needs of her two supervisees, in both individual and joint supervision.

At this time, S2 could see herself using with her supervisees some of the exact approaches that her own supervisors had used with her, although she was often not aware until later that she had done this. When asked what supervisor behaviours she wanted to emulate, she said she found herself picking attitudes and techniques from each of her previous supervisors to apply to specific situations while supervising, as appropriate to the student. In general, she was trying to emulate the humanistic attitudes and skills that helped supervisees feel comfortable in session and open up. Behaviours she had experienced with her own supervisors that she was trying to avoid included rushing students and over-challenging them when they needed more structure or help, which she felt often led to defensiveness and self-doubt.

At Time 2, S2 reported that her supervisees were asking for a lot of directiveness and structure in supervision. She always attempted to first sound out what they already knew, or had thought of, then build on that. She wanted to avoid one of the possible results of high directiveness, which would be her actually doing the therapy, with the supervisee as her proxy in the therapy session;

"S2: I think, you know, one thing to guard against, is, uhm, I am not supposed to be, like, the invisible therapist, the invisible co-therapist, in this. I'm not going to be the invisible voice that's in there with the client. There will be elements of that, and where they're needed and where they ask for help on that, but the other thing that I'm trying

to get done or the approach that I'm hoping to take with them is for them also to explore, what's going on for them when they are conducting therapy and how they handle, some of those moments when they feel uncomfortable, or things didn't go the way they hoped they would, and why was that? What was going on for them?"

To this point, there had been no problem with the supervisees resisting her suggestions. Her ideas on what this would mean and how to handle it had not changed since Time 1. Administrative issues such as the supervisees being late had caused some chagrin for S2, however; her supervisees were never late, but she sometimes was. She felt she would deal with problems around lateness or not getting paperwork done in the same way she had described at Time 1, making a point of doing it with the supervisee alone, as she had experienced it in public herself, which was uncomfortable.

By Time 2, a pattern was already emerging in supervision sessions. S2 and the supervisees would often meet jointly to begin with, to discuss issues about the group, and then she would meet individually with each supervisee. She structured supervision sessions much as she had expected. Sessions were still quite concrete and related to specific information and planning for client cases, but she expected this to loosen up as the supervisees got more into therapy.

S2 identified some skills she could transfer from doing therapy to doing supervision; basic communication skills that help the supervisees express themselves and explore their own reactions, and a collaborative approach which helped supervisees reach their own conclusions. A new skill she had acquired was

that of being directive when appropriate. She felt that she still needed to learn to navigate the social relationships with other supervisors at the clinic where she was supervising, as a fellow supervisor, not a student.

At Time 2, S2 felt that both the content and structure of supervision sessions would change with more or less advanced supervisees. This would be very individual, and would involve changes in levels of structure, education, direction, and conceptualization within sessions. She would consider supervisees ready for more autonomy when they were asking more for verification and validation of what they had done or planned to do than for advice or suggestions. This would be especially clear if they could articulate their thinking about options. When this occurred, S2 would be more likely to "throw things back at them" more. She expected this to happen quite quickly with some of the supervisees therapy skills.

Supervision techniques that S2 mentioned at Time 2 included: communicating with supervisees in such a way as to encourage them to think for themselves, yet not demanding too much of a supervisee who needed some help or suggestions; teaching new interventions, so that supervisees had more options; first checking where a supervisee was with their thoughts and knowledge, then helping with what was missing; and reviewing information from intakes for the group, leading to decisions about who to include in the group, then doing less and less until they were reviewing and deciding on their own. She thought modelling would be a good technique, but it had not gone over well the first time she had tried it, due to her error, as mentioned.

At Time 3, S2 had not adopted any specific model or theory of supervision that she had read about, but had perhaps used one of striving to create a context

in which each supervisee could think and reach conclusions and ideas of their own, not by her direction. She felt that this was a difficult and delicate teaching technique which she had been able to successfully implement only a few times. She felt that her focus on recognizing and adapting to the needs of individual supervisees had probably resulted from the experience of having two such different students, but that it was probably a good approach to use with any supervisee.

When asked what behaviours she had experienced with her own supervisors that she was aware of trying to emulate with her supervisees, S2 pointed to the many behaviours that facilitate the supervisees' own learning and thinking processes, not just presenting information to them. This approach does have some minor perils, however;

"S2: I was aware of, and much more appreciative of, uh, instances in supervision where a supervisor will, delicately present a scenario, either of something that's going on in therapy, or something that's going on in the supervisory relationship itself, in a way that allows, that allowed me, hence allowed the supervisee I was working with, the opportunity to, to uh, develop insight at their own rate, without having it spoonfed, without having it spelled out, it's a very delicate, uh, talent, I think.

K; Uhm hm.

S2: And most, a very, very effective way of learning, and I really strived, ah, to have some of those moments, and I can recall those moments when they did work out, but they were not that easy to

orchestrate, even though, seemingly, they're just the simplest of things. Ah, the second thing that I learned you have to contend with, and what I understand to be my own problem in this, is that, uhm, the whole process is so subtle, that the supervisee may very well, and I also had to laugh at myself, think 'well, you know, can't you see this?', or 'look at this conclusion that I've come to, shouldn't you have seen this?'. (chuckle)

K: (laugh) When actually you were attempting to help them reach that conclusion.

S2: Well, yeah, and the idea is to not take any credit and have it look like the balloon just developed above their head!"

The only behaviour that S2 identified at this point as being one she had experienced with her own supervisor and was trying to avoid was that of rushing the supervisee, not letting them explain and think.

By this time, S2 had seen her supervisees' need for structure and directiveness diminish, especially that of her somewhat more experienced supervisee. She had surprised herself by being quite directive about the contents of reports; she had thought this would not be necessary, but found that quite a bit of "constructive criticism" was called for. She was aware of trying to keep the balance between being directive enough that good therapy got done and the supervisee learned, but not so directive that the supervisee's individual therapy style and pace of learning was blocked. She became aware that her own supervisors must have felt this same struggle, when watching her therapy tapes

with her;

"S2: (...) I can imagine there must have been moments, with various supervisors contending with me, who were, on the edge of their seats, wanting to jump into the tape.

K: (laugh)

S2: Because there were obviously these, perfect moments, for something wonderful to happen, with the individual (client)

K: That just went by!

S2: That just were, yeah, unrecognized, you know, unrealized, opportunities that just went by. And there were those moments with, for instance, these clients.

K: OK, where you were wishing that you could have just been right in there.

S2: Well, you know, you're chomping at the bit, and when I recognized that I was doing that, I was thinking, OK, but you know, there is the balance here, but your are not here to, like, do the therapy with this person as the instrument, this person is to do the therapy, and you're supposed to help that person develop their own instrumentality."

There had been some resistance to suggestions that her supervisees were anxious about implementing, but S2 had felt comfortable insisting they try, when the therapy client was clearly stuck. One situation of a supervisee resisting her suggestions had been based in the supervisee's difficulties shifting from one approach to counselling to the new one she wanted to learn. They discussed this, she was able to make the suggested change, and it led to what the supervisee

reported as her "best ever therapy session". The supervisee was especially impressed that S2 had directly addressed her anxieties and worries, rather than just insisting she try, or letting it go; she felt that this had been a learning experience in itself. There had been no problems with issues such as supervisees coming prepared and on time for supervision sessions; they had both been very conscientious. S2 felt that she would feel comfortable addressing this type of problem if it occurred in future.

Therapy skills which S2 felt had transferred to supervision were the same as she had identified at Time 2; communication skills, and skills facilitative of supervisees' own thinking. New skills she had acquired where in being directive and didactic, which she felt was necessary when covering territory new to the supervisee.

At Time 3, S2 felt that she had experienced the differences in working with more and less advanced supervisees, in the skill levels of her two supervisees. She had been very aware of stepping down to teaching very basic skills, step by step, with one supervisee, which would have been inappropriate with the other. In the case of her more advanced supervisee, S2 could see that she could take steps and suggest interventions of her own and that she was more collaborative and active in supervision. S2 basically let her do these things, and encouraged it.

Supervision techniques that S2 mentioned at Time 3 included some she had talked about at Time 1 and Time 2, such as using communication skills from a client-centred approach to encourage the supervisees to talk and think about their cases and their own process, encouraging supervisees to think on their own, but stepping in before this became futile or discouraging if the supervisee needed more

help, and being more directive when teaching specific new techniques. New techniques she identified included: talking about co-therapist interactions in joint supervision; reviewing case notes and reports; teaching basic skills in very small steps, and balancing the focus on client and supervisee processes;

"S2: (...) by and large it was a balance between, uhm, being sure the, the issues that were on the client were being handled and addressed and those sorts of things, but, that notwithstanding, if the client was kind of, you know, floating through and doing well enough, and then, the focus was on the therapist and their own feelings, about how they were doing in therapy. This was quite a different experience for both these young women, and, uhm, they contended with quite a few issues related to just those changes and to the idea that they were being, uh, exposed to a completely different perspective, that really altered the way they, conducted their work overall. Uhm, ... and so in many ways for both of them, they seemed to pick up and apply a lot of the things that we were doing, in their other cases, uh, so, they talked a lot about their feelings about that."

S2 developed a technique of reviewing, at the end of each supervision session, what had been discussed and decided, and checking if there were any leftover questions. She started this after catching a misunderstanding that had occurred about what might be done with a client in the next session. S2 felt that, although she had begun to do it as a way of avoiding mistakes, it had quickly



become a very useful way to review, clarify, and give some closure to what had been discussed in session.

### The Training Experience and Supervision of Supervision

At Time 1, S2 felt that supervision of supervision would be most useful in helping her develop better ideas about what would be effective in supervision, and helping her figure things out and avoid "floundering around". She believed it would help her clarify and articulate what occurred in supervision, and that, because supervising would be quite different from doing therapy, it was important to have this structured, supervised experience.

By Time 2, S2 reported that supervision of supervision was helpful in exposing her to new techniques and skills, building her confidence, helping her recognize her abilities, and helping her articulate her ideas about both supervision and therapy issues;

"S2: Which contributes to personal growth, in the sense that, ah, you become more strongly identified with your work in general, and, uhm, with this role as a supervisor, but also with your role as a therapist, just with this professional community, as the clinical community."

She found the interaction with her fellow supervision trainee to be an important component of the training process, and could not think of anything she

wished were done differently in supervision of supervision.

At Time 3, S2 felt that supervision of supervision was most helpful as a specific time and place to discuss supervision issues and get feedback from the supervisor of supervision and her fellow trainee. She found that the supervision of supervision sessions helped her take a step back from the immediacy of the supervision sessions, and that it was particularly helpful to have another new supervisor in training with her; it gave her another perspective and different experiences to hear about, and was normalizing and reassuring about many of the situations she was dealing with and anxieties she was feeling. She thought she might have liked to have even more material to read, but recognized that might be because of her own desire to obsess; the major learning experience was in doing it. She felt that her experience had been significantly enriched by having supervisees at two different skill levels; this had helped her to develop sensitivity and flexibility.

#### Miscellaneous

Self as Therapist: At Time 1, S2 felt she was beginning to gain some confidence as a therapist, but still had moments when she was taken completely by surprise. Most of the time she felt comfortable and capable, but she would have liked to have a little more experience before starting supervising. She thought that learning to supervise had already affected the therapy she did, although she had not started yet! Just filling out questionnaires for the research project and reading the textbook had already made her more comfortable with giving more structure in

therapy sessions, and had made her more reflective and self-critical. She expected learning to supervise to also affect her own supervision, as had doing her research on supervisees' experiences. She felt it would increase her sense of what can be done, what to expect, and how to get more out of her own supervision, as well as making her more comfortable about asking questions in supervision.

At Time 2, S2 was feeling quite confident as a therapist, and felt that the supervision practicum had contributed to that. It was helping her articulate her ideas about therapy, improve her conceptualization skills, recognize some of her own skills as such, and step back and get a better overview of her therapy work as a whole, not just day-to-day experiences. It had required that she update her own knowledge about some basics such as doing intakes, which allowed her to look at things "with fresh eyes". She felt that the supervision practicum had also helped her to take better advantage of her own supervision, as she had expected. S2 felt that therapy and the supervision practicum were developing a synergy at this point; more confidence in one role increased her confidence in the other, and vice-versa.

At Time 3, S2 felt she had a basic foundation of confidence in her abilities as a therapist, but that there were fluctuations, depending on how specific therapy cases were going. At this point, she was feeling somewhat less confident as a therapist than at Time 2. She found that learning to supervise had affected her work as a therapist by improving her conceptualization skills, and her ability to step back from therapy to look at process. She felt that supervising had given her

"S2: (...) experience in, in focusing and sharply tuning in the way you're

viewing things. And that, as you become more practised in doing that, it becomes an easier thing to do."

She felt that her perceptions of what went on in her own supervision had also been sharpened, which she had become very aware of as she was starting a new clinical practicum, with new supervisors. She also felt that starting that new practicum had put her squarely back in the supervisee's seat again, which may have felt a little strange.

Surprise: In the second interview, S2 expressed surprise that she could give her supervisees things that they felt were beneficial; "it worked, it helped them!". She was also surprised to find that her supervisees thought their supervision with her was important, and not just an academic exercise to give her experience. These students were very glad to have this kind of individual, intensive supervision.

At the third interview, S2 was surprised about quite a few things: that one of her supervisees had felt somewhat intimidated by her until she got to know her; that her supervisees' reports needed as much work as they did; that the less skilled of her two supervisees could be so happy about gaining one very basic skill; that one of the clinical faculty does process work in supervision that is very much like what S2 did, but had never seen done before; that the supervisees had clearly put a lot of thought into preparing feedback for her at the end of the practicum; that although her supervisees had said she "couldn't hurt them" because she would not be giving them a grade, they were quite nervous about getting her feedback at the

end of the practicum; and that she had had an impact on the supervisees, what she said had meaning for them.

**Comparisons:** In the first interview, S2 used comparisons of supervising being like doing therapy, and of applying aspects she had found helpful in her own supervision to supervising others. In the second interview, she used a comparison of the supervisees being like herself, in that they had more skills than they recognized, and used a metaphor of learning to ski for learning to supervise. In the third interview, she twice mentioned how the supervision she did was the same or different from the supervision she had received.

**Concrete Examples:** In the first interview, S2 gave nine examples from her own supervision. In the second, one from her own supervision, two from doing therapy, four from supervision of supervision, and nine from supervising her supervisees. During the third interview, she gave four examples from her own supervision, and 14 from her experiences supervising.

**Laughing:** In the first interview, S2 laughed or joked about her own nervousness 5 times, about her own possible mistakes or ignorance 4 times, and about power 4 times. She also laughed about a possible supervisee mistake. In the second interview, S2 was clearly in a good mood; she joked about her own nervousness 10 times, about her own mistakes or potential mistakes 8 times, about power issues 9 times, and about 3 miscellaneous other issues. In the third

interview, S2 joked about power issues 10 times, about her own nervousness 3 times, about the supervisees' nervousness 3 times, and about her own mistakes 3 times, plus two misc. jokes.

### The Best, the Worst, and How to Get Better

At Time 1, S2 thought that the most rewarding or gratifying aspects of supervising would be in seeing the supervisees grow and develop their confidence, "seeing somebody blossom". She thought the most difficult or challenging aspect would likely be having to give a supervisee negative feedback about their work. After joking that the most irritating or frustrating part would be having supervisee who did not listen, she said it would be if something interfered with her relationship with a supervisee, such as supervisor/agency conflicts.

When asked at Time 1 what she needed now to be a good supervisor, S2 said she needed a broader base of clinical experience, to have more to offer supervisees.

By Time 2, S2 she found that seeing she could be helpful to the supervisees and claiming her own skills and knowledge were the most gratifying and rewarding aspects, although she was finding the whole experience very rewarding. She felt that being careful about how she dealt with the interaction between the two supervisees in joint supervision was the most challenging or difficult situation she had faced so far, and that there had really been no irritating or frustrating experiences (for which she apologized to the researcher, for leaving a gap in her data!), except perhaps a small mistake she herself had made. At this time, S2's

supervisees had already shown themselves to be very keen about the supervision she offered. They found focusing on a single case intensively to be "like treats", and wrote S2's suggestions down, which she took her by surprise. S2 felt that something was really working in supervision, although she was not sure what it was. The supervisees were learning a lot, fast, and while S2 had sometimes had to struggle to answer their questions, they found her answers helpful, which was a pleasant surprise.

At Time 2, S2 felt that to be a better supervisor, she needed a greater resource base of interventions, as that was what the supervisees were asking for. She thought that later she might need more skill at perceiving when to intervene with a supervisee and when to hold back.

At Time 3, S2 identified seeing one of the supervisees and one of the clients make a lot of progress as the most rewarding or gratifying aspect of the supervision experience. While the other supervisee had started further back, she had also made progress, which was satisfying as well. The most difficult or challenging aspect had been some difficulties in communication with one of the supervisees, and being able to adapt to that supervisee's skill level and pace of learning. The most frustrating or irritating aspect had been that same communication problem. She found this practicum quite luxurious for herself and the supervisees, in that they had plenty of time in supervision sessions to look at cases in detail and discuss options and theories. S2 felt it was a good sign about the supervisory relationship that her supervisees had been willing to show her parts of videotapes of therapy sessions where they were very embarrassed about their work. The supervisees had especially liked that she had discussed their co-

therapy interaction with them. The supervisee who had had difficulties making the shift to a new approach to therapy also appreciated her addressing that directly with her, which she felt had made it an excellent learning experience. Overall, S2 felt the practicum had been "a fantastic learning experience in so many ways", and that what she needed now to become a better supervisor was more experience and continued support.



### S3's Experience

#### Background

S3 is a female in her early thirties who was a 4th year student in an U.S. Clinical Psychology Psy. D. program at the time of this research project. She was taking part in her one-year Clinical Internship at a university counselling service, and her training as a supervisor was part of that internship. She had previously worked in administrative positions in Community Mental Health, but had never done psychotherapy supervision. S3's clinical experience included both clinical and administrative positions at community mental health clinics, one practicum in community mental health, and one at a university counselling service. She had clinical experience with adults, adolescents, groups and crisis intervention. Her orientation to psychotherapy was based in the bio-psycho-social model, a systemic, client-centred approach that she liked because it takes into consideration intra- as well as inter- personal components in mental health, the treatment setting, and social and contextual factors.

S3 did not chose to learn to supervise at this time; it was part of her internship program, a welcome aspect, if not one she had sought out. Originally S3 thought she would be doing some reading and discussion about theory, models and techniques of supervision with her supervisor of supervision before beginning to supervise, but this did not occur. The plan for her supervision experience was that she would start sitting in on sessions with the supervisee and his/her primary

supervisor, who would also be S3's supervisor of supervision. Gradually she would participate more in supervision sessions, until she was the main supervisor. Originally planned to begin earlier, this experience did not start until late January, due, among other factors, to the university closure in the fall. The presence of the primary supervisor in sessions led to his determining how supervision would be run, which S3 found constricting. In late February, shortly after the second interview in this study, S3 spoke to her supervisor of supervision about carrying out the supervision sessions by herself, which she did from then on. The supervisee's practicum experience was somewhat extended, and S3 continued to see him until the end of June, for a total of 21 sessions.

S3 supervised one practicum student from a Master of Education program. The supervisee had had no previous experience in counselling or psychotherapy, and needed to acquire the basic skills in this area. He was generally seeing one or two clients at a time, for a total of 6 to 8 clients overall. Counselling cases were very short term, some deliberately so, others not. The client cases were of moderate difficulty, which S3 felt was appropriate to this supervisee's developmental level as a counsellor. By the end of the supervision experience the supervisee's skills had improved, but were still fairly basic.

#### Confidence/Anxiety

At Time 1, S3 felt that her level of confidence as a therapist was not related to deciding to supervise at this point, because it had not been her decision, it was part of the internship. While she was glad she was being made to take that step,

she wished she had more confidence as a therapist before beginning. She felt quite confident about doing therapy, but felt she had a weakness in articulating and explaining what she did in therapy that lowered her confidence about beginning to supervise. At this time, she did not feel anxious about learning to supervise; she was too busy and preoccupied with other things to worry about it, although she did have "flashes" of anxiety.

S3 did worry about possibly not knowing what to say in supervision or feeling out of her depth;

"S3: There are, I mean, there are so many things, so many approaches, ... right now, I can't imagine knowing all those and being well-versed. So, yeah, I would feel out of my depth, I would feel that if I didn't know it, that I was, uhm, you know, uhm, that I wasn't ... uhm, knowledgeable enough. But at the same time, I would then come back at myself and say, like, 'stupid, you can't know everything, it's OK!'. So you just tell them to teach you about it. You know, tell them to, ah, that you're not familiar with this particular way of doing things, and can they please explain why they are doing that, or how, you know, how this whole process works, and, so that it would be more of a learning process, as I do anyways, with clients, I can't know all, particularly cultures, different cultures, since I tell them to instruct me. That I can't know all of them, but they will just have to instruct me.

K: OK, so it's likely to occur, but you're not so uncomfortable with

the idea of how to deal with that?

S3: Yeah."

S3 did not think she could work as a supervisor without supervision of supervision at this point. She was not feeling very confident about supervising, and was worried that she might not be able to meet the supervisee's expectations. She said she had a tendency to imagine that people's expectations were very high, then hold herself to them. Even if the supervisee's expectations were not as high as she feared, he/she might expect something completely different than she planned to do in supervision. She was worried that she might have a hard time seeing the "bigger picture" of therapy and supervision processes all together, and that she might not have anything to contribute that the supervisee did not already know. When asked whether she had ever thought she might not be cut out to be a supervisor, S3 reported that she had never thought about it at all, because she was more interested in other roles in the field. It was not particularly relevant to her professional future whether she was cut out to supervise or not.

When asked what personal issues might be touched on by learning to supervise, S3 mentioned that she had difficulties with conflict and confrontation, which she thought might come up while supervising.

At Time 2, S3 was unhappy with the format of her supervision experience, and this coloured the entire interview. The supervision sessions were run by the primary supervisor; she contributed, but if the supervisor of supervision disagreed with her positions, it was his view that prevailed. When she was doing supervisory work in session, the supervisor of supervision would frequently jump

in with some suggestion or comment. This made S3 feel sessions were not under her control, and made her feel even less like she was the supervisor. S3 would have taken a very different, much less directive, overall approach to supervision than did the supervisor of supervision, and all in all she was not enjoying the experience at this point.

At Time 2, S3 still felt that she would rather have been more confident as a therapist before learning to supervise, but now thought that supervising might also increase her confidence in her therapy knowledge and skills. She was feeling only a little anxious about supervising. She had not yet had the experience of not knowing what to say in session, although she was worried by the prospect of listening to audiotapes of therapy sessions in supervision. She thought she might have difficulty both focusing on the therapy interaction and taking a critical look at the supervisee's work, all while planning what to say to the supervisee. She felt that because the supervisee was very new to doing therapy, supervision was not yet taxing her abilities.

"S3: I feel like I'm far enough ahead of him in experience, that I can call on my experience and utilize that.

K: With the kinds of issues and problems that might be

S3: But I think if he had, uhm, a bit more experience, then I would feel certainly more challenged, because I would feel like, gosh, I have to know a bit more than this person, yes."

Her confidence as a supervisor was moderate at this point, and she did not

worry that she might not be cut out to supervise. She did worry she might not be able to think critically and evaluate the supervisee's work;

"S3: (...) I think that I worry that maybe I'm not going to be able to evaluate, in a way that will be beneficial to the supervisee.

K: Especially if they are having difficulties or problems?

S3: Yes. You know, just finding, being able to give feedback, uhm, because maybe I didn't pick something up, or I'm too concerned about something else, and talking about this whole, very complex process, listening, and keeping in mind all these things, it's just like a, ...

K: Very complex.

S3: It's like starting therapy, when you first started, it's

K: It's a whole other level, and there's so much to consider.

S3: Yeah, as with anything, you're quite focused on the different components of the task, and it's very difficult to make it sort of a smooth process."

By Time 3, S3 was enjoying the work of supervision much more. At her request, she was supervising without the presence of the supervisor of supervision, and felt it was more under her control. She was still taking a somewhat more directive approach than she might have originally, but was comfortable with that. She still felt somewhat anxious about supervising, but once she was in session, felt fine. She thought she would be more anxious if she were seeing a more advanced supervisee or more challenging client cases. There had not been many occasions

on which she did not know what to say, although listening to therapy tapes had been tough in the beginning. She first said she might have more of a problem not knowing what to say if she had a more advanced supervisee, but then considered that immediately coming up with answers was not really what supervision with advanced supervisees was about, the work would be more collaborative, helping the supervisee think. By Time 3, S3 felt she could supervise without supervision of supervision, she might actually prefer it.

(JOY: WOULD THIS BE BECAUSE NO SUPERVISION OF SUPERVISION IS BETTER THAN WORKING WITH A SUPERVISOR OF SUPERVISION WHO TAKES A COMPLETELY DIFFERENT APPROACH THAN YOU DO? DO YOU THINK YOU MIGHT ENJOY WORKING WITH A SUPERVISOR OF SUPERVISION WHO WANTED TO FOCUS ON PROCESS AND ON YOUR THOUGHTS ABOUT AND REACTIONS TO YOUR SUPERVISEES AND ON FACILITATING YOUR PROCESS? OR WOULD YOU JUST RATHER DO IT ON YOUR OWN?)

At this point S3 felt confident about supervising beginning supervisees but imagined that working with an advanced one would be harder. Her worries at this time were that she might miss issues or supervisee behaviours that were important, or that she might not work well enough with supervisees that they could work effectively with their clients. Supervising had not really touched on any personal issues for S3. When asked if she worried she might not be cut out to

supervise, she said that that was not an issue for her, that other professional interests had a higher priority for her than supervising.

### Identification as a Supervisor

When asked at Time 1 whether she would feel like a 'real' supervisor if she were supervising at that point, S3 responded;

"S3: I think just the fact that they (supervisees) would look at me as one, I would feel like that was a role that was imposed on me, but I would still feel like there were things that I, you know, of course that there are a lot of things that I need to learn about it. Uhm, so I don't know whether that's a yes or a no.

K: Maybe it's somewhere in between.

S3: Yeah, somewhere in between is OK."

She imagined that in sessions she would feel more like a fellow student than a supervisor, especially because she knew she would be supervising someone who was a classmate in seminars she attended as a student at the clinic. Her reference group for figuring out how she was doing as a supervisor would be her own previous supervisors, and she planned to seek out opportunities to supervise in the future.

At this time, S3 felt that as a supervisor she would have strengths in her



acceptance of the supervisee, and her belief in letting the supervisee be him/herself, her philosophy of promoting the supervisee's growth, and her warmth in the working relationship. She thought she might have some weaknesses as a supervisor;

"S3: My tendency to stay away from conflict. So that I, have to, I have to be able to sit in a supervisory capacity, to see if I'm going to be able to say what I feel, what I need to say

K: If there's some kind of problem, or some kind of negative thing that you have to deal with.

S3: Yes, exactly, yeah, I feel like, oh, I have to. Uhm, it's just that I don't know how it's going to feel, given that I don't like to do that too much, and it's always been sort of like this, ah, as a supervisee, I then, take that from people, and the people I've worked with have always been pretty good about pointing out differences, and sort of, very gentle, in a very gentle manner. So I hope to be able to do that, if I have to. But the conflict I think would be, the shying away from conflict would be the difficult piece."

She also felt that her lack of confidence as a supervisor and not having a large knowledge base to draw on would be weaknesses. She thought that her supervisees would have an impression of her as a calm person, and that they would perceive her as confident even if she were not, as she knows that is the image she projects. Asked about things her supervisees might complain about, S3

had no idea at this point.

At Time 1, S3 expected to change as she learned to supervise by improving her ability to articulate her theories and thoughts about therapy and by becoming more confident about her own work. She thought this might occur as she saw others work, it would give her a basis for comparison of her own work as a therapist which she had never had.

At Time 2, S3 absolutely did not feel like a 'real' supervisor; having the supervisor of supervision in the room and jumping in whenever he thought it might be helpful led to a sense that "I can't own it". When in sessions, she would sometimes feel like the supervisor when the supervisee responded to what she was saying. But she also felt like a fellow student, because of the supervisor of supervision being right there. Her motivation to supervise, while not high in the beginning, had not fluctuated, it had been a fairly neutral experience so far. Her reference group for thinking about her own work was still her own supervisors, previous and current. She did not think she would actively seek out opportunities to supervise in the future, although if it were part of a job, she would be fine with doing it.

S3 thought at this time that she had strengths as a supervisor in her respect for the supervisee's individuality whatever her/his developmental level, not being too directive, and being warm and supportive, with a sense of humour. She felt that it was a weakness that she was still not comfortable with conflict or giving negative feedback;

"S3: In fact, I, in this particular experience, I am finding it difficult

to, really look for the negative, for what he is missing. Instead I'm real, kind of looking, 'oh, well, he has really good listening skills, he has this, he has this ....'. So it's difficult to kind of, be, kind of in critical mode.

K: Even if that critical mode is to, OK, what is he missing, so that we can help him gain it, but it's still hard to, to make that kind of shift in focus.

S3: Yes, uh hm."

At this point, S3 thought that her supervisee had an impression of her as maybe tending to follow the primary supervisor's (supervisor of supervision) lead too much, because she did not want to insist on her perspectives in session. He probably perceived her as having a good knowledge base, being sensitive about cultural issues, and being willing to present her point of view in sessions. She felt that if the supervisee had complaints about her, they might be that she did not stand up for her point of view enough in sessions, that she was not directive enough, or that some of the suggestions she gave were things he had already tried.

S3 felt she had already changed quite a bit as a supervisor, with her brief experience up to Time 2. She was much more aware of her own preferred style of supervising and of how restrictive it was to be highly directive, and it was now very clear to her that she did not want to supervise in this manner.

At Time 3, S3 reported that while she felt like a 'real' supervisor when she was in sessions, it didn't continue outside sessions. She thought this might be

because she had experience with only one supervisee, who was very much a beginner. Since starting to do supervision without the supervisor of supervision in the room, S3 had felt like a supervisor in sessions, not like a fellow student. While the supervisor was there, she had always felt that he was evaluating her work, which returned her to the student role. She was not yet finding supervising intrinsically rewarding, so her motivation had not greatly improved over when she began; perhaps it would with more experience. Her reference group for evaluating her own work was still her own supervisors, and she thought she would seek opportunities to supervise in the future, because she wanted to develop that skill, and she thought it might add to her confidence as a therapist. She was still not that interested in supervising on the long term, however.

S3 felt at this time that she had strengths in her capabilities of being open, respectful, friendly and warm with supervisees, and in her abilities to look for strengths in the person and give positive feedback. She felt that her lack of a theoretical framework and knowledge about supervision was a weakness. She thought her supervisee had the impression of her as an open person with a good experience level and a good sense of humour. She did not know what complaints the supervisee might have about her, because she always tried to fix anything that she was aware of that did not seem appropriate.

S3 was asked at Time 3 about the changes she had expected earlier. She had hoped learning to supervise would help her articulate her work in therapy; she felt that this had not occurred, because she was working with such a beginning supervisee that the focus was on very basic skills and she did not have many chances to talk about her orientation and approach to therapy. She had hoped the

supervision experience would increase her confidence in her own work as a therapist by giving her a better idea of how others worked; this had also not occurred because her supervisee was such a beginner.

S3's global mean scores on the Psychotherapy Supervisor Development Scale were fairly consistent up until she began to supervise (there was no didactic component to her supervision training). Once she began to supervise, they went up fairly consistently. The Competence/Effectiveness subscale was variable during the pre-internship phase. It became more stable, rising slightly, while S3 was on internship but not yet supervising. It dropped at the time of the second interview, then rose above previous levels. The Identification/Commitment subscale was somewhat variable in the pre-internship phase, steadier once S3 began internship, then rose once she began supervising. The Self-Awareness subscale was extremely variable during the pre-internship phase. After S3 began her internship, it became somewhat more stable, and when she was supervising, it stayed at higher levels more consistently than previously. The Sincerity subscale was quite a bit lower than the other subscales during the pre-internship phase, rose to the level of the other subscales during the internship phase, and then rose consistently after S3 began to supervise.

**Graph 8: S3's Psychotherapy Supervisor Development Scale Scores**

Table 8: PSDS Scores for S3

PSDS	total	mean	C/E	I/C	SA	S
1st	69	3.83	3.40	4.38	4.67	2.50
2nd	65	3.61	4.00	3.38	3.67	3.25
3rd	73	4.06	4.20	4.13	5.33	2.75
4th	66	3.67	4.00	3.75	4.33	2.25
5th	77	4.28	4.40	4.25	5.33	3.00
6th	75	4.17	4.00	4.25	5.33	3.25

Sept	64	3.56	3.60	3.50	3.67	3.25
Oct	70	3.89	4.00	4.00	3.67	3.50
Nov	77	4.28	4.00	4.00	4.67	4.75
Dec	70	3.89	4.20	3.63	3.67	4.00
Jan	84	4.67	4.40	4.88	3.67	4.75
Feb	82	4.56	3.80	4.63	5.00	4.25
March	86	4.78	4.60	5.00	4.00	4.50
April	94	5.22	5.20	5.13	5.00	5.25
June	92	5.11	5.40	4.75	5.33	5.00

**Roles, Power, and Boundaries**

When asked at Time 1 about the roles a supervisor may take, S3 thought that the consultant role might not be very comfortable, as she was not sure she would have a contribution to make above and beyond what the supervisee could already see and figure out. She was also worried that she might not be able to see the overview that includes content and process of therapy, client and therapist issues, and supervision process;

"S3: The consultant role? Yeah, I guess that would be, ahm, that

would be sort of like an iffy thing, too, just not too comfortable, because, I'm ... not sure if I can see the bigger picture?

K: OK, being in that outside role again.

S3: Exactly, you know, not, not sure if ... I can have something else that I can contribute to what they're already thinking about it.

K: OK.

S3: And if there isn't, you know, worrying, that, you know, 'oh God, I haven't really done much'. You know, 'I just sat here and said; good idea!' (laugh)

K: (laugh) And sometimes that may be all they need, but still, you don't feel like you've made a major contribution! (laugh)

S3: (laugh) Exactly, and you begin to wonder, 'why am I here?'.

The role of teacher to the supervisee also did not seem comfortable, because S3 wasn't sure at Time 1 that she had the knowledge base necessary to teach, or would know much more than the supervisee. The role of therapist to the supervisee felt like it would be alright within the context of work with the client, but that if it became constant or involved other aspects of the supervisee's life, it would not be appropriate or comfortable. The role of evaluator seemed hard, because S3 likes to get along with people, and evaluating someone can put a good relationship at risk. She was also worried that she might be too lenient or too harsh, she did not trust her own judgement about where the supervisee might be at that point. The only role that felt quite comfortable to S3 at Time 1 was that of mentor; she had appreciated that in one of her own supervisors, and thought it



would be very nice, although she felt it had to occur spontaneously. The idea of modelling within supervision sessions felt OK, but she was not comfortable with the idea of a supervisee watching her own work as a therapist.

By Time 2, S3's level of comfort with the idea of being a consultant to a supervisee had risen considerably; she felt it was an especially good role, because it implied facilitating the supervisee's growth and respecting his/her individuality as a therapist. Her attitude to being a therapist to the supervisee had not changed. She now felt comfortable taking the role of teacher, it felt like a necessary part of the role of supervisor. She was still uncomfortable with the role of evaluator and thought it would be hard to do, but saw that it had to be done in an on-going fashion in supervision, especially when there were specific goals and requirements for a supervisee to complete a practicum. She was very comfortable with the role of mentor or model.

At Time 3, S3's comfort with the role of consultant to the supervisee continued high. She felt that it would be especially good in working with a supervisee with advanced skills. The role of therapist to the supervisee was not comfortable;

"S3: (...) I like to make a distinction about, issues about what? If it has nothing to do at all with the therapy that they're doing, then I don't think that that's right. If it does affect the work that they do with the clients, it would be an appropriate thing to discuss. But if it becomes an over-riding issue that we can't, it becomes more of a therapy issue for the supervisee, I think that's inappropriate, I would

suggest that they seek help about that."

However, S3 did feel that some therapy skills such as empathic listening were useful in supervision. The role of evaluator was still quite uncomfortable, although she knew she would have to do it. The role of mentor or model to the supervisee was very comfortable, especially in encouraging and being a resource for the supervisee's professional development.

At Time 1, when asked about possible friction within supervision because of differences of expectations between herself and the supervisee, S3 was concerned that she might not meet the supervisee's expectations. She hoped to talk to the supervisee about expectations at the beginning of supervision, to avoid problems. She felt this was especially important because in this experience, there were two separate goals; that she learn about supervising, and that the supervisee get supervision; both had to be attended to. S3 felt that self-disclosure on her part would be appropriate if it were helpful to the supervision process. She thought talking about her own experiences and feelings as a new therapist might be helpful, but balance was important, it should not become her therapy.

Asked about power in supervision, S3 recognized that a power differential is always there, and while she preferred to reduce it, she did not want to discard the useful aspects of having power as a supervisor. Because of this she was especially aware of the awkwardness of her current situation; she did not yet know who she would be supervising, but knew it would be one of the people with whom she attended seminars and meetings, with whom she normally interacted as a friendly peer. She felt that it would be best to avoid becoming too "chummy" with someone

she would supervise, so as not to create awkwardness around boundaries. S3 felt that she had two responsibilities in supervision; to encourage the supervisee to work and learn at their own pace, and a higher priority of making sure that that pace was not so slow it caused problems for the client.

At Time 2, S3 could see that it would cause problems if she and the supervisee had different perceptions of his/her skills and of what she/he needed to know at the end of his/her practicum, and therefore of what appropriate goals for supervision would be. She felt this should be discussed at the beginning of supervision, to avoid friction later. S3 felt at this time that self-disclosure on her part could be useful in supervision when used to normalize what a supervisee was dealing with, or to encourage his/her growth. The criteria for judging whether it was appropriate would be;

"S3: (...) I need to really question why, the reason why I'm self-disclosing, in the same way we do with a client. Am I self-disclosing because I need to have, I need for some reason to have this person know, about a part of my life? Ah, then I need to examine what that's about. But if I'm only self-disclosing because, I think it will help him, uhm, understand maybe what's going through, what he's going through now, then that would be an appropriate self-disclosure. But not because I want him to know me better, or I want him to be impressed by me."

At Time 2, S3 did not really know what she thought about power in

supervision or how to deal with it. It felt like one of the things she would have to learn as she went along. She said, however, that she would be careful about automatically trying to reduce her own power, especially with a beginning student or in a new supervisory relationship, because you could not yet know what you might need. By this point, S3 was conscious of the responsibility to ensure that a supervisee did not finish a practicum without learning the basic skills required; this had become salient to her because her supervisee would only have the one practicum before graduating. She had not been aware of this from her own developmental experience, both because she had basic counselling skills before she began her first practicum, and because she had more than one practicum during which to develop, each extensive. She felt that the supervisor had a responsibility to make such goals clear, even if the supervisee was not looking at supervision on those terms.

There had been no apparent differences of expectations between herself and her supervisee by Time 3, probably because the primary supervisor had clarified what he expected when he was still running the supervision sessions. By this time, S3 had used self-disclosure with her supervisee, talking about some experiences she had had that were similar to what he was dealing with when learning to do therapy. In one supervision session where there had been no client cases to look at, the supervisee had requested that she talk about some of her more challenging cases and how she had dealt with them. S3 reported that she includes her emotional reactions when she talks about these experiences, because it can normalize things for the supervisee, help him/her see what the therapist's emotions can mean in therapy, and show how a therapist can work with his/her own

reactions. Again she emphasized that self-disclosure was only appropriate when carried out to attend the supervisee's needs, not the supervisor's.

By this time S3 had clearly reached some conclusions about power in supervision; it was part of the role, it could be useful as a tool, it was implicit in the evaluative/critical aspect of supervision, but the criteria for using it should be like that for self-disclosure; was this being done to meet the supervisee's needs or the goals of supervision, or for her own reasons? She felt that while it could be argued that therapy was a collaborative relationship, supervision definitely was not; the power might not even need to be used, but was always there. Power issues had raised their heads in several ways during this supervision experience. S3 had surprised herself by not directly addressing questions of the supervisee's fairly consistent lateness to sessions and occasional neglect of required paperwork. Factors that contributed to her uneasiness with these issues included not wanting to seem paternalistic, not wanting to feel like she was "policing" the supervisee, and not knowing where the boundary between irritant and problem lay. She also was not sure how she would address it if she decided to do so, and ended up letting things go.

(JOY: DID YOU GET ANY HELP FROM YOUR SUPERVISOR ABOUT THIS? I'M UNDER THE IMPRESSION YOU TWO DIDN'T TALK VERY MUCH ABOUT PROCESS OR YOUR OWN THOUGHTS AND FEELINGS, THAT SUPERVISION OF SUPERVISION WAS CARRIED OUT MUCH AS YOUR SUPERVISOR DID WITH THE STUDENT; VERY GOAL-ORIENTED AND CONCRETE; IS THAT CORRECT?)

Another issue of boundaries and power was that of how S3 would treat her supervisee when not in supervision sessions. They attended quite a few seminars and meetings as peers, but S3 found herself not being as friendly and self-disclosing with her supervisee as with other colleagues. She wanted to keep the roles clear, and felt that if they were not, issues of power and directiveness in supervision would have gotten very awkward. She thought that if it had been a situation where she had known the supervisee better before starting supervision they would have had to talk about this directly, but it had not been necessary in this case. Overall, S3 felt much more comfortable exercising her power in supervision, and had done so by requesting that things be done and recommending specific interventions in therapy.

### Technical Issues

At Time 1, S3 did not know any theories or models of supervision, because she had done no specific reading yet. She was very interested in using Interpersonal Process Recall in supervision, which she had learned in her own supervision. She thought it especially useful for looking at therapy process and transference/countertransference issues. Whatever techniques or models she used, she wanted to make sure the supervisee was comfortable with them.

At Time 1, S3 wanted to emulate her own supervisors' acceptance of herself as an individual and as a therapist, their abilities to promote her growth in her own style, and their flexibility in presenting different points of view. She also

wanted to emulate the sense of humour some of her previous supervisors had shown. At this time, the behaviours and attitudes of her own supervisors that she wanted to avoid included assuming the supervisee did not know things, and not giving enough reassurance and positive feedback when things were going well.

When asked how active or directive she would be as a supervisor, S3 replied;

"S3: I don't feel that I need to be that active (chuckle) and directive. I feel that they're here, uhm, you know, they're learning, uhm, and they're at a level where they don't need somebody telling them what to do, they're learning they're own style, and so, you know, I think only in instances where I strongly feel maybe that what they're doing is, uhm, unethical, or something that would go against, you know, that's the main thing, some unethical sort of thing. And then I would be really active and directive, and doing something about it."

When faced with a supervisee who was resisting her recommendations, S3 thought her first step would be to discuss the issue and explore the supervisee's understanding of the situation; hopefully they would be able to come to some conclusions. She thinks this process is a good learning experience in itself. If the client's well being were not being taken into consideration, S3 thought she would be quite comfortable insisting that something be done, but under more normal circumstances she would not give direct advice, but instead would respect that the supervisee knows what he/she is doing. Administrative issues such as being on

time for supervision and getting paperwork done would be important to S3; they are professional obligations and show the supervisee is committed to her/his work. If there were a consistent problem, she would address it directly, including discussing why things are important and check out whether her expectations were reasonable. She felt that reviewing tapes before supervision sessions would be less important, and she recognized how busy students often are.

S3 thought that a typical supervision session would be based on what the supervisee wanted to discuss, with her using questions to help them articulate and develop their thoughts. It would also include listening to tapes of therapy, giving some feedback on that, and perhaps using IPR to look at the supervisee's process in therapy. She would make sure that client process was monitored. While a typical session would already be quite flexible, supervisee difficulties in therapy or a client crisis would alter it further.

Skills that would transfer from therapy to supervision included building rapport, interviewing techniques, transmitting a non-judgemental and accepting attitude, and allowing the supervisee to go at their own pace, unless this created concerns about the client. New skills that S3 felt she would have to develop included techniques specific to supervision, which she knew very little about, and the ability to conceptualize the process on two levels; what is going on for the client, and how the supervisee is working with the client.

At this time, S3 thought that working with a less experienced supervisee would require some more feedback and leading. She herself had greatly appreciated positive feedback and reassurance as a beginner. With a more advanced supervisee, she would ask more about their thoughts and ideas, which



might not work with a beginner.

Supervision techniques that S3 mentioned at Time 1 included: Interpersonal Process Recall; interview techniques; and using questions and discussion to help the supervisee develop their own thoughts and ideas and explore their own style as therapists.

At Time 2, S3 had done no specialized reading or discussion of theory of supervision, so felt she had no specific theory or model of supervision. However, she had been thinking about what she felt most comfortable doing as a supervisor, and thought most productive. This included helping supervisees arrive at their own conclusions, facilitating their growth rather than directing it. She would do this by having the supervisee explore their own thoughts and plans, rather than presenting her conceptualizations and interventions to him/her. She felt it would be appropriate to make suggestions or offer alternatives if the supervisee asked for them, but always first asking about his/her ideas. Her own preferred style of supervising had been solidified by witnessing a very different, directive approach being carried out by the primary supervisor (her supervisor of supervision) in supervision sessions.

S3 reported at Time 2 that the attitudes and behaviours of her own supervisors that she wanted to emulate included trusting that the supervisee can do the right thing, allowing for growth, and being responsive to calls for help from the supervisee. She felt that a balance, neither brushing off the supervisee's concerns and anxieties, nor rushing in with pat answers, was what her supervisors had managed and she wanted to attain. This included helping the supervisees think about things and not telling them what to do. The behaviour of her own

supervisors that she wanted to avoid was jumping right in to impart her own knowledge, without checking whether the supervisee already knew it or had her/his own ideas.

By Time 2, S3 was more convinced than ever that she did not like to be directive. She felt this was a question of style, and one on which she and her supervisor of supervision differed greatly. She believed that learning was most productive when non-directive and facilitative;

"S3: And I think that's best done through having the client (sic) explore his own thoughts and ways of interventions. Rather than me, us, you know, giving that. I wouldn't be, I wouldn't object to that, if the client, uh, the supervisee has ideas and is just seeking some other alternatives

K: Or suggestions.

S3: Or suggestions, that would be good. But if it's just starting out, I don't think that's such a ....

K: An effective way to supervise.

S3: Yes, exactly. Well, you know, maybe he'll learn, through modelling or mimicking."

At this point, S3 wanted very much to try a less directive approach to supervising, and if that were not effective, she could then increase her directiveness. She knew it was not a question of her being able to be directive, she had done it with therapy clients, but believed that it should be the exception rather

than the rule in supervision.

At this time there had not yet been any instances of the supervisee resisting her suggestions, but she would handle it in the way she had outlined at Time 1. She had also recently learned the cognitive technique of creating a 'yes-set' in therapy, and thought it might work well in supervision, to either avoid supervisee resistance to her recommendations, or deal with it if it occurred. S3's approach to administrative issues such as paperwork and the supervisee being on time for supervision had not changed since Time 1. However, she added that consistent lateness would lead her to also explore whether the supervisee was unhappy or anxious about anything in supervision.

If S3 had been running supervision sessions at this time, they would have been based in asking the supervisee what he wanted to work on. She recognized, however, that some supervisees required more structure in session. In that case, she would likely ask about each client case, then listen to tapes of therapy sessions to get a sample of the supervisee's work, and do some planning, especially if the supervisee were picking up new clients. With a more experienced supervisee, she would encourage him/her to talk, then pick out what might be problematic or especially interesting to discuss further. The structure of the session would always vary depending on the needs and goals of the supervisee.

Skills that S3 felt would transfer from doing therapy to supervising were "people skills", including showing respect for the client/supervisee, empathy, perceptiveness, and transmitting the idea that each person has potential for growth. New skills that she felt she needed to supervise started with the ability to listen to an interaction between the supervisee and the client and bring in a

conceptualization, remember what intervention had been planned, and evaluate how it had been carried out. She felt that helping the supervisee create a conceptualization and plan were manageable, she needed to learn the evaluation skills. She found it easier to focus on the overall process when she did live supervision (from behind a two-way mirror), but quite difficult when she listened to audiotapes.

At Time 2, S3 thought that supervisees might require quite different approaches in supervision, based not only in their level of experience or skills, but also in individual factors. For a less advanced supervisee, S2 would likely provide more structure. In sessions with a more advanced student, the focus might shift from basic skills to conceptualizations and transference/countertransference issues. She would recognize that supervisees were ready for more autonomy when she could see their confidence in their own work, when they could come up with ideas and alternatives and evaluate them, and show they were thinking about the process of therapy. She would encourage that autonomy by being less directive, throwing questions back to them, and holding back her own ideas, so as to foster the supervisee's own style based in their own life and therapy experiences. Her ideas might become just one more option in their discussions.

Supervision techniques that S3 mentioned at Time 2 included: listening to tapes of therapy, using skills from therapy for working with supervisee resistance; 'yes-set'; structuring sessions according to supervisee level; and helping supervisees reach their own ideas and conclusions through discussion.

At Time 3, S3 still felt she had no theory or model of supervision, because she had had no reading or course to give her a framework. However, she liked to

think of supervision from a developmental approach, starting off with basics and then building skills and raising expectations as the supervisee progresses.

By Time 3, S3 pointed to fostering the supervisee's independence and trusting that she/he could do good work as approaches her own supervisors had taken that she wanted to emulate. She also wanted to take on the respectful, collaborative attitude they had shown, and the non-directive style. At this time, she the only behaviour of her own supervisors that she mentioned wanting to avoid was that of not listening to the supervisee.

S3 felt at this time that, although she generally did not like it, she had had to be somewhat directive in supervision. She felt that a certain pressure was created by the fact that the supervisee would have only this one, rather brief, practicum before graduating and having to do work counselling, so assuring he got the basic skills was the highest priority. She felt that if there had been more time for the supervisee to develop, or if she had been working even with a slightly more advanced supervisee, she would be much less directive. There had been no occasions of the supervisee resisting her suggestions, and if it occurred, she would deal with it as she had outlined at Time 1. As reported above, S3 had been surprised that she found it so difficult to directly address administrative issues that came up, such as the supervisee being late for supervision and not getting paperwork done on time. She felt that if the problem had been more severe, she would have said something, because she would have considered it an issue of professional behaviour.

In a typical session S3 liked to ask about each client, keep track of what was happening with each one, since this was a beginning supervisee. Then they

would work on skill building, using tapes from therapy sessions, and leave some time at the end of the session for questions, concerns and comments. This would vary a great deal depending on the developmental level of the supervisee, with more advanced supervisees discussing issues they thought important, of concern, or interesting.

At Time 3, skills that S3 thought transferred well from doing therapy to supervising included the client-centred skills of being there with the supervisee, listening to and respecting what he had to say, and transmitting to the supervisee her belief in his strengths and potential for growth. She also felt that looking for positive aspects of the supervisee's work and encouraging his sense of efficacy transferred from therapy. She had recently learned how to use a 'yes-set' in therapy, and found it worked well in supervision as well. She felt she had successfully learned the new skill of listening to tapes of therapy, focusing on the overall process, and being able to pick out things that needed work as well as things that had gone well. She still had difficulty being confrontive in supervision when the supervisee's work was not satisfactory, but felt she had improved. The more she identified with the role of supervisor the easier this became, because it felt like an appropriate and necessary part of effective work in that role.

For a beginning supervisor, S3 believed there should be more emphasis on basic skills and techniques of counselling. For a more advanced supervisee;

"S3: I think that's sort of like, the, the thing that caps off your training experience, is like, how then do we get beyond sort of this, uh, the content of what you're doing there.

K: The skill level.

S3: Yes, and then, looking at your process as a therapist. It's like, let's take a look at the transference issues and the counter-transference issues, because those are really important. But I feel like, that that's a bit premature to kind of take a look at, for a beginning therapist. They need to get the basic skills.

K: Before they start worrying about the subtleties and the sophistications ...

S3: Exactly, so I feel that they, you know, once they've got the skills, then they can look at the, you know, those other issues, those underlying issues, and see why they might, why this is not progressing, or how to deepen the therapy a bit."

While she was very interested in supervising an advanced supervisee, S3 felt she might feel more out of her depth. However, she imagined;

"S3: (...) But I think, uh, again, in that case, because you have to respond differently to somebody at a different level, you wouldn't necessarily be trying to find stuff for them to do, you'd be

K: You wouldn't necessarily be expected to just automatically come up with an answer.

S3: Exactly, you would be facilitating that process for them.

K: Of discovering and working

S3: It would be a collaborative effort. Yeah, so in that case, I don't

think, you know, the expectations would be slightly different. You're not expected to be the, this wonderful expert

K: The magician.

S3: That has some answer for every question that they have. And my sense is that, for somebody who's in that kind of, level, as well, experienced level, they would also be more, somebody who's more in a kind of a consultant position, or, somebody who's a consultee, where they're wondering, well, you know, let's kind of think about this together.

K: Yeah, they're more, they want you to help them think about it, rather than supply answers.

S3: Yes, rather than have an answer, so it wouldn't, so it would still be slightly different, I think."

The quality of a supervisee's work and conceptualizations would indicate when a supervisee was ready for more autonomy. S3 considered that more advanced supervisees also ask for different things in supervision, and that supervisee resistance to the supervisor's suggestions can be because they have their own ideas, which might be great. At times, an advanced supervisee may tell the supervisor about something because he/she wants some help with it. At others, he/she may just be informing the supervisor about what he/she is doing, and perhaps looking for some approval. The supervisor has to learn to differentiate the two, and respond appropriately.



Supervision techniques that S3 mentioned at Time 3 included: listening to tapes in an evaluative way; the 'yes-set'; giving negative feedback; adjusting her level of directiveness to the supervisee's developmental level; talking about her own theory and experiences; and discussion as a non-directive teaching tool. She mentioned that while she had found it frustrating when she and her supervisor of supervision disagreed in early supervision sessions, her supervisee had felt it had a helpful aspect in modelling how each thought about the issue and how they handled that difference of opinions.

#### The Training Experience and Supervision of Supervision

At Time 1 S3 did not really know how her training experience in supervision would be structured. She hoped that supervision of supervision would help her understand what she was learning and experiencing with this new experience, and give her a place to talk and process. She expected to learn about supervision theory and techniques before beginning to supervise.

At Time 2, S3 reported that she had not had any theoretical or didactic preparations for supervising. She had tried to do a little reading on her own, but was very busy and had looked into one book she already had, just to check out a couple of specific techniques. Her discussions with her supervisor of supervision had focused primarily on specific issues of working with this individual supervisee. She felt that the biggest thing she had learned so far was that the high-directiveness approach to supervising was not one she wanted to use. She was wishing she could supervise the student by herself, rather than having her

supervisor of supervision in the room and participating, then go to supervision of supervision to talk about it.

S3: (...) It would certainly be in line with what my experience has been as a supervisee. You know, just being kind of given this, like, 'I can trust you' kind of message.

K: OK, whereas the presence of your supervisor in the room, kind of says, 'I don't really trust that you're able to do this'.

S3: 'You're a new supervisor, so I need to be here', type of thing.

K: 'Just in case'. Interesting.

S3: Yeah, that's how I view it, although that might not necessarily be the view of my supervisor.

K: The intention.

S3: Or the intention.

K: But that's how it feels.

S3: Exactly, that's how it feels. The intention might be that it's easier to observe the process that's going on between myself and the supervisee ...

K: But it sounds like your supervisor is jumping in quite a bit as well, to the process of supervision.

S3: Yes, uh hm.

K: So that reinforces that feeling that you don't yet have the skills or the ability, to kind of, muddle through and learn from that, and do it effectively

S3: Right, right. (...)"

She felt that if she were allowed to work on her own and to try a less directive approach she would learn a lot more, and feel much more identified with the supervisor role. She wanted to learn to balance the level of directiveness to the supervisee's developmental level in her own way, by trying what she thought best, and seeing what worked. S3 expressed her disappointment with the format of supervision in a rather resigned way, commenting that it was only for a few months, that maybe she should accept the situation and learn what she could from it. She did feel that she had learned some specific techniques of supervision, and a perspective on working with a very beginning supervisee. Later in the interview she decided that she would talk to her supervisor of supervision about changing the format so she could supervise alone.

By Time 3, S3 reported a big change since she began to supervise on her own. With the supervisor of supervision in the room, she had always felt that her attention was divided between working with the supervisee and waiting for some reaction or interjection by the supervisor of supervision. Now she felt she could focus and do things more her way, and was enjoying it more. Her supervision of supervision sessions since she started supervising alone consisted mainly of reminders of the supervisee's developmental level, and specific recommendations for working with him. She felt she had gotten something out of this experience, but she wished that it had been done in this solo format from the beginning, including her working out goals and expectations with the supervisee. She also would have liked to have some theoretical background before beginning to work as

a supervisor. She wished she could have started supervising earlier in the year, so as to get more experience, and thought it would have been good if she could have had a greater variety of supervisees and client cases. She said she realized these changes might mean a greater investment of her and staff's time and energy, which might not be practical, but she felt that if they were going to teach supervision, "I think it's important to do it right". She felt she would have learned more if she had had supervisees at different developmental levels; as it was, she felt fairly confident about working with an absolute beginner, but still lacked confidence and did not know if she had the skills to work with more advanced supervisees.

#### Miscellaneous

**Self as Therapist:** At Time 1, S3 felt quite confident about her ability to do therapy, but not so confident about her ability to articulate and justify what she did. She would have preferred to have more experience as a therapist and more familiarity with different approaches to therapy before beginning to supervise. She thought that learning to supervise might affect her work as a therapist by helping her define her style more clearly, and by giving her a basis for comparison for her own work. She thought that learning to supervise might affect her own supervision by leading her to observe the supervision process more and to try to understand her supervisor's thinking behind what she/he did in supervision.

At Time 2, S3 felt that her confidence as a therapist was growing, especially

as she improved her ability to conceptualize and to place her work within a theoretical framework. She thought that learning to supervise might increase her confidence as a therapist. She did not feel that supervising had yet affected her work as a therapist, because she had just begun supervising. She had a greater appreciation now for the good supervision she had received so far, especially because it had been facilitative of her growth, rather than directive.

By Time 3, S3 considered that her confidence as a therapist had increased because of her internship experiences, as had her ability to articulate what she did as a therapist. She did not feel that learning to supervise had affected her work as a therapist or her own supervision. It had, however, clarified for her what that if she were teaching someone to supervise, she would definitely do it in the solo format.

Surprise: At Time 3, S3 mentioned that she had been surprised at her difficulty addressing her supervisee's lateness directly.

Comparisons: In the first interview, S3 made 2 comparisons about working in supervision as she worked in therapy. In the second interview, she made 2 comparisons like that, plus one comparison of learning supervision being like learning to do therapy, and one about supervision of supervision not being like her own therapy supervision.

Concrete Examples: In the first interview, S3 used 4 examples from her own supervision and one from her own experiences doing therapy. In the second

interview, S3 gave five examples from doing supervision, two from her own supervision, and one each from supervision of supervision and from doing therapy. In the third interview, S3 gave 7 examples from doing supervision and one each from supervision of supervision and her own therapy supervision.

**Laughing:** In the first interview, S3 laughed or joked about her own nervousness 11 times, about her own possible mistakes or ignorance 5 times, about power issues 3 times, and about misc. stuff 4 times. In the second interview, she laughed about more varied things, with 7 miscellaneous laughs, 3 about her own nervousness, two about her own possible mistakes or foolishness, and 5 about power issues. In the third interview, she joked about her own nervousness 5 times, about power issues 7 times, about her own possible mistakes or ignorance 4 times, and about other things 3 times.

### **The Best, the Worst, and How to Get Better**

At Time 1, S3 imagined that the most rewarding or gratifying aspect of supervising would be seeing supervisees grow and seeing that they were getting something out of her supervision. She thought that the most difficult or challenging situation might be if she had to insist that a supervisee follow her recommendations, or if there were a clash of personalities between herself and a supervisee. The most irritating or frustrating situations might be if she were explaining and explaining something important and the supervisee did not seem to

understand, and she could see this affecting the client.

When asked at Time 1 what she needed to become a good supervisor, S3 indicated that a greater knowledge base of therapy interventions would be helpful, plus a base in supervision;

"S3: I think I probably need more of a theoretical base, uhm, to do that, just because I'm the type of person who does need that, the framework.

K: You like to have that framework, to work within.

S3: I like to have that framework to work with, and the be able to be flexible, and later to kind of move away from that or, adapt it to my own needs. And so, I think that's an important thing."

By Time 2, S3 considered that being treated as a supervisor, comfortably occupying that role, and having the supervisee listen to what she said and take something of value from it were the most rewarding or gratifying aspects of supervising so far. She thought that "laying down some limits" around clinic requirements for the supervisee, having to be firm about that, had been the most challenging situation to that point. The most irritating or frustrating aspect had been trying to supervise with the supervisor of supervision in the room.

When asked what she needed at this time to become a better supervisor, S3 identified several components;

"S3: (...) I would really like to hear, to learn more about the actual

developmental process of the supervisee, so that I can be responsive to that, and maybe it's appropriate at an early developmental level, to be more directive, and so then, you know, I can feel like that would have a, I would have a basis for doing that, more.

K: And be more comfortable with it.

S3: And be more comfortable with it. But as it is now, it certainly is not in line with my style, and is very uncomfortable. So I think I would like to really learn more in terms of, uh, theory and certainly more practice.

K: OK.

S3: Added to the, of course I can apply it so I can get a lot of different experiences and it would be nice to see what it would be like to supervise somebody who I feel is sort of in, uhm

K: More advanced.

S3: Yeah, more a peer, or somebody at the same level, seeing how I would, how I would handle my own sort of feelings, uhm, questions that I have about my own adequacy, those kinds of things."

At Time 3, S3 felt that the whole process of supervising had become much more rewarding and gratifying. She especially enjoyed seeing that she was now more comfortable with the work and was able to work effectively for the supervisee and the client, that she could help clarify things for the supervisee, give him useful suggestions, and be a resource for him. It had been challenging and difficult for her to have to be explicit about her expectations of the supervisee, and to try to get



the supervisee to a level where he had the basic skills he needed. The period when both she and the supervisor of supervision were in the room and supervising was still the most irritating and frustrating aspect of her experience; "it didn't do much in terms of making me feel like a bona fide supervisor".

At Time 3, S3 continued to feel that she needed a theoretical framework and more experience to become a better supervisor.

### S4's Experience

S4 is a male in his early forties. He was a fourth year student in a U.S. Psy.D. program at the time of this study, and was on his Clinical Internship year at a university counselling service. He had been a teacher, a counsellor and had had some experience facilitating groups, prior to beginning his training in Clinical Psychology. Within his psychology program, he had done 2 extensive clinical practica at university counselling services, and had experience with therapy for individual adults, one child, and several couples. He had had no experience as a clinical supervisor.

S4's adopted an eclectic approach to therapy, with elements of psychodynamic, developmental, interpersonal, existential and self-psychology models. He had always taken a non-directive approach to therapy, and was expecting to learn more about cognitive-behavioural and solution-focused models on internship.

S4 was greatly looking forward to learning to supervise; this opportunity was one of the factors which had attracted him to an internship in a university counselling setting. At the beginning of internship, S4 expected that he would do some reading about and discussion of theory and techniques of supervision before beginning to supervise. However, this did not occur. S4 met briefly with his only supervisee in December, then began to supervise client cases in mid-January. He met with his supervisee a total of 7 times, and received no regular or formal supervision of supervision; he discussed the supervision case with his supervisor of supervision briefly twice. His supervisor of supervision was also the supervisee's

primary supervisor. The cases S4 supervised were not also supervised by the primary supervisor.

S4's supervisee was a student in a (Bachelor or Master) of Social Work program, on field placement. He had previous counselling experience, and his skills were good. This supervisee saw two client cases under S4's supervision, one of moderate difficulty, and one more challenging.

#### Confidence/Anxiety

At Time 1, S4 was excited about learning to supervise. He felt quite confident as a therapist, and believed this made it a good time to learn to supervise. He was not feeling anxious about starting supervising, although he did sometimes worry that he might not know what to say in supervision. He already worried sometimes that he might not know what to say in therapy or in his own supervision, so this was an extension of that;

"S4: So I accept that in all situations, there are times when we're, we're dumb, we don't know what to say. And that's a, that's a skills in itself I suppose, is a sort of learning how to, to work with that, sit with it, and wait until ... the insight comes or whatever."

At this time, he did not feel able to supervise without supervision of supervision, and felt "confident, but not VERY confident" about supervising. Some of the things he worried about included his inexperience, adjusting to the new role, and being

able to get a sense of where a supervisee was at and what he could expect of her/him. He felt he would have to re-orient himself to a reality that might be quite different from his own experiences of supervision, depending on the supervisee. He did not worry that he might not be cut out to supervise; it felt like a manageable skill for him to acquire.

At this point, S4 felt that it was unlikely that learning to supervise would touch on personal issues for himself, although as a new interpersonal relationship, one with a teaching/parental component, that was possible. He recognized that he hoped to give the supervisee some things he did not feel he had received in his own supervision or his own life, and that this fulfilled a personal need for him. He felt that;

"S4: (...) one of the reasons that I may like supervision, I think it's just another way ... uhm, of building, networking, and building connections with other people in the field. So I would imagine that, if the supervision, if the supervisory relationship was a good relationship, that we would stay in touch, over the years, for one reason or another, or what have you. So I kind of like the notion that it's just another way, just like, you know, students sometimes connect to their advisors, and they become on-going presences in their professional life, and I think supervision also provides that potential for that kind of on-going professional connection. I'd like to think that at some point I'll become ... good enough and have enough supervisory opportunities that I will, continue to sort of build my

own, professional world

K: Network.

S4: Some of my own spawn, you know.

K: (chuckle)"

At Time 2, S4 was feeling somewhat uncertain about supervising, since he had just begun; he did not know what to expect, and was getting to know the supervisee. He felt that he was being particularly careful to be sensitive to the socio-political implications of how he framed things, since this was an important issue for the supervisee, but felt that supervising itself was manageable because he had done similar things such as teaching and facilitating before. S4 was feeling quite confident as a therapist and that led him to believe he would be helpful to his supervisee. He felt "mildly" anxious about supervising, and wanted to meet with his supervisor of supervision (which had not yet occurred). He thought the supervisor of supervision might be able to give him an idea of how the supervisee thought supervision was going. S4 was a little worried that he might not know what to say in supervision, although it had not yet occurred. He had been quite worried about that before the first and second supervision sessions, when he was more concerned about giving the supervisee a good impression of himself and his skills, but was already less concerned about it. He felt that when it occurred, he would disclose his ignorance and use that as a basis to discuss the situation. He felt that would also be a good model for the supervisee of how to handle similar situations in therapy, as well as a good way to encourage the supervisee's thinking. He reported that he had used that thought to calm himself when he became

worried. S4 felt at this time that he obviously could supervise without supervision of supervision, because he was doing it. When asked what he worried about, he said that keeping track of the client's well-being was a concern, because he got all his information about the client at second hand. He also worried that later in his supervisory career he would be responsible for a "quality control" aspect of evaluating supervisees; he hoped he would not shirk the responsibility of stopping someone he felt was truly not a competent therapist. He did not worry that he might not be cut out to supervise.

S4 felt that supervising had touched on only one personal issue for him by Time 2; his supervisee had a personal characteristic that was different from his, and he hoped that he was able to work in a respectful way with this issue. One thing that he had been thinking about was the question of matching and compatibility between supervisor and supervisee. He thought that some degree of mismatch of personalities or orientation could be very productive, but not for a beginning supervisee or one who wanted to learn a specific model of intervention. A large mismatch would likely cause the supervisee to close down and become defensive, since he/she would be the one most affected. He did not know how this issue could be dealt with, but felt that organizations should consider it.

At Time 3, S4 reported that in general the experience had gone well, although he wished he had had more time in this experience. He had found himself being pulled into new ways of using his knowledge and new ways of interacting, and had seen how different supervising was to doing therapy or to being supervised. He reported not feeling anxious about supervising. He felt he had not had enough experience supervising to generalize about his abilities in that

area. He had, during his internship, accumulated a lot of confidence in other professional roles such as a therapist and a consultant that carried over into supervision. When asked whether he had experienced not knowing what to say in session, or felt lost or out of his depth;

"S4: Yeah, it was surprising, I remember worrying about that a lot more when I first started, but ....

K: OK, it didn't actually come up?

S4: Once we got into talking about cases, and, engaging in a dialogue and a collaborative kind of questioning, questioning things and trying out hypotheses and things like that, it was like, hmm, it's easy, we came up with good stuff, that seemed, to satisfactorily address, the client needs, and our needs, and what was going on. So it just sort of, ... the actual process itself kind of reinforced and convinced me, this is OK, I can do this.

K: OK, yeah.

S4: But before that, it's like, oh yeah, I gotta have the right answers, it's gotta be the exact technique ...."

While S4 had had some concerns about whether he could manage this supervisee, due to an issue of communication style, it had gone well once they were used to each other. He felt that, while he could work without supervision of supervision, he liked having some back-up, someone he could go to if there were a problem or if he were seeing a lot of supervisees with a lot of cases and felt

somewhat overwhelmed. He did worry about the larger responsibilities which would be his once he graduated and started supervising on a job; if there were problems or some kind of backlash, he would be legally responsible, without the "safety net" he had had on this experience. However, he thought that perhaps that responsibility would come when he felt more experienced and ready for it, and he hoped that any mistakes he made would be small ones. He did not worry about not being cut out to supervise.

Supervising had stirred one minor personal issue for S4; working with a supervisee who was chronologically much younger but professionally only a few years behind him had made S4 wish he had gotten into the field earlier, in which case he would by now have been an experienced supervisor and mentor.

#### Identification as a Supervisor

At Time 1, S4 did not feel like a 'real' supervisor, he thought he would feel like an "imposter" for a while. However, in sessions he expected to feel more like a supervisor than a fellow-student, especially because he would be supervising someone with less experience as a therapist and who was likely to be considerably younger than he was. He thought of his previous supervisors and one of his academic advisors as his reference group for supervision. He felt that this would help him learn to supervise by modelling himself after the best components of each of his supervision experiences. He intended to seek future opportunities to supervise; "If somebody will pay me for it, I'll do it".



S4 felt he would have strengths as a supervisor based in his previous experiences teaching and facilitating. He felt that he had a good knowledge base from his professional training and a good collection of life experience that would help his supervisee. He felt he would be good at helping the supervisee with problem solving and bouncing ideas around, and that he would be consistently supportive. A weakness would be his lack of experience as a supervisor. Otherwise, it depended on the interaction with his supervisee; if the supervisee expected a very structured, didactic or directive supervisor, he/she might be disappointed by S4, although he felt he would be able to "rise to the occasion". If the supervisee were interested in learning, or the client might benefit from, some specific technique with which S4 was not familiar, this would be a weakness. He hoped his supervisee would have an impression of him as someone with good skills who was comfortable to talk to. He imagined that if a supervisee had complaints, they might be about his low level of directiveness, or that he talked too much. He thought that admitting to ignorance when it came up might lower the supervisee's opinion of him, although it had never damaged his opinion of his own supervisors.

At Time 1, S4 expected the following changes as he learned to supervise; that he would become clearer on his own style and orientation to doing therapy, through the process of transmitting it to the supervisee and seeing the supervisee's individual style; that it would his confidence in his own clinical judgement, if he saw his suggestions working out; that he would learn about supervision itself and the dynamics that might occur there; and that he would have the opportunity to use some personal strengths, such as teaching and mentoring, which did not get used much as a therapist.

At Time 2, S4 did not yet feel like a 'real' supervisor; he did not feel like an "imposter", as he had half expected, but more like a beginner, as he had felt when he began to teach;

"S4: (...) I can think, remember back when I was, uhm, doing my student teaching practicum. You know, I mean, I felt like a student, I felt like, I wasn't sure what I was doing. I had a lot to teach, but I wasn't sure how to teach it, ... and how to, apply it. So I feel similar, it's a new roles, and uhm, and so I don't have enough experience, but I know how to learn, and I know how to, uh, I'm confident in my ability to sort of respond to the, to the responsibility, and learn on the job, as it were. But I don't feel like a real, if real means, ... you know, fairly seasoned, and experienced, and competent, and, and is operating on a pretty clear, uh, fluent, a degree of fluency, uhm, no, I don't feel real in that sense.

K: OK.

S4: But I feel real in the sense that I take it seriously, I, I recognize the importance of the role, uhm, in the training process and in my own growth, ... in that sense I feel real."

S4 indicated that his sense of being a supervisor or a student changed within sessions; in the first few and last few minutes of each session, he and the supervisee usually chatted about general topics and about clinic issues, at which time he felt more like a fellow student. In the body of the session, when working

on supervision, he felt like a supervisor, and this was already increasing after only 3 supervision sessions. His motivation to supervise was steady at a high level, and it was part of his career goals to find more opportunities to supervise. He compared himself to experienced supervisors, both current and former, but at this point could give himself permission not to be a brilliant supervisor, but a beginner.

At this time, S4 felt he had a strength as a supervisor in his ability to ask questions that helped the supervisee think critically about cases. He had been surprised to discover a strength he had not known he would need; that of structuring the supervision session, of carrying out a respectful and empathic containment of the supervisee's discourse in session. As weaknesses, S4 identified his lack of experience as a supervisor, and lack of experience with some specific clinical issues, although he felt he was good at "learning as I go". He felt that his supervisee's impression of him was not yet fully formed, that although the supervisee liked S4's theoretical approach to therapy and the way he talked about clients, he was still getting to know him before relaxing. If the supervisee had any complaint about S4, it might be based in some suspicion that the supervisor's background as a psychologist might come into conflict with the supervisee's Social Work training.

S4 had already seen some change in himself as a supervisor, principally in his increased confidence and lower anxiety.

At Time 3, S4 did not feel "entirely" like a real supervisor, since he had had such a brief experience with only one supervisee, and had finished the supervision experience and begun other things. However he felt that if he began to supervise

again, more consistently, he would quickly get into the role. In sessions, he saw himself and felt the supervisee thought of him as the supervisor, not a fellow student, although this was tempered by the moments chatting at the beginning and end of sessions. His motivation to supervise was still high and had not fluctuated, and he intended to "actively" seek further opportunities to supervise. He felt that his reference group included his current and previous supervisors, plus instructors and academic advisors, who had all shown a knowledge and a way of dealing with students to which S4 aspired.

At this time S4 felt that his strengths as a supervisor included: sensitivity and attention to both the supervisee's and the clients' needs; the presentation of diverse perspectives and options; being facilitating and not controlling; and being easy to get along with and to talk to about difficulties or concerns. He felt that the supervisee had been a bit distrustful in the beginning, but had become quite comfortable with him. Weaknesses lay in S4 not knowing enough different specific techniques and approaches to therapy, and, depending on the supervisee's expectations, in S4's style of supervision; if the supervisee wanted or needed a very directive approach, S4 could probably do it, but "I don't feel it's my strong suit". He thought the supervisee had an impression of him as "helpful, informative, but not brilliant", and as someone who provided a safe atmosphere in supervision and facilitated the supervisee's growth in a non-controlling way. If a supervisee expected a lot of structure or direction, she/he might complain that S4 was a weak supervisor for her/him, it would be a poor match.

At this time, S4 felt that he had not changed much as a supervisor; his basic style and approach to the work had remained the same, although his comfort

with the role and confidence had increased. S4 was asked in the third interview about some changes that he had predicted might occur as he learned to supervise. He had expected to gain a clearer sense of his own style and orientation to therapy, and this had occurred. As he had expected, his confidence in his own clinical judgement had increased, and he had learned a little about the dynamics of supervision, although with only one supervisee, few sessions, and very little supervision of supervision, he felt it had been just a beginning in this area. He found that supervising had not been a great change or leap for him, because of his background in teaching and facilitating, but that he had found himself working in a somewhat more directive and structured way than he had expected.

S4's Psychotherapy Supervisor Development Scale ratings started out fairly high and remained essentially unchanged over the research period. A slight rise in the PSDS global mean scores during the period in which S4 was supervising is inconclusive. The Competence/Effectiveness, Identity/Commitment, and Self-Awareness subscale scores accompany the pattern of the global mean scores quite closely. The mean results of the Sincerity subscale show a lot of variability and are often lower than the other subscales, although they rise to the level of the other subscale scores in the last two months of S4's supervision experience. This pattern may indicate vacillations in S4's sense of being a 'real' supervisor, as compared to his commitment and sense of confidence in the roles.

**Graph 11: S4's Psychotherapy Supervisor Development Scale Scores**

Table 11: PSDS Scores for S4

PSDS	total	mean	C/E	I/C	SA	S
1st	89	4.94	4.40	5.00	5.33	4.75
2nd	97	5.39	5.60	5.75	5.33	4.75
3rd	96	5.33	5.00	5.63	5.33	5.00
4th	85	4.72	4.80	5.13	5.00	4.00
5th	91	5.06	5.20	5.25	5.00	4.00
6th	NO	NO	NO	NO	NO	NO
Sept	89	4.94	4.60	5.25	5.00	4.50
Oct	89	4.94	4.60	5.13	5.00	5.00
Nov	86	4.78	4.80	5.00	5.00	4.25
Dec	82	4.56	4.60	4.50	5.00	4.00

Jan	89	4.94	5.00	5.13	5.00	4.25
Feb	90	5.00	5.20	5.38	5.00	4.00
March	94	5.22	5.00	5.38	5.00	5.25
April	98	5.44	5.60	5.25	5.33	5.50

### Roles, Power, and Boundaries

At Time 1, S4 felt very comfortable with the roles of consultant and therapist to the supervisee. He felt that the role of teacher would become more comfortable as he gained experience as a therapist, which would give him more to teach, and as a supervisor. The role of evaluator did not feel very comfortable; an 'objective' format might leave too much out that was important, and a 'subjective' one meant that he might misjudge. However, S4 felt he might be more comfortable with an evaluation process which was an opportunity to dialogue with the supervisee about his perceptions of the supervisee's skills. S4 felt comfortable with the role of mentor, and somewhat less so as a professional model, as he still had a lot to learn himself. Another role he considered part of supervising was that of monitoring the client's progress and the supervisee's performance; getting information about what went on in therapy only second-hand, through the supervisee or listening to small bits of tape, might lead to mistakes and misunderstandings on his part.

S4 recognized, at Time 1, that differences of expectations between a supervisor and a supervisee could create considerable problems. He thought it would be helpful to "compare notes" with the supervisee at the beginning of supervision, to talk about goals, approaches and expectations in order to reduce the likelihood of later problems. However, he realized that some things only unfold as things progressed, in which case it would be important to address any friction directly. S4 felt that self-disclosure would be a useful tool in supervision, when centred around issues of clinical problems and the experiences, learning process, and anxieties of learning to do therapy. Self-disclosure about these situations can normalize the supervisee's experience and personalize and improve the quality of the supervisory relationship. However, he felt that personal issues should not be self-disclosed.

S4 felt that there was a power imbalance in any supervisory relationship, and that if it became too extreme, it could interfere with empathy, trust and rapport within the relationship. He felt it would be important to try and find a balance. He fantasized that if he found a supervisee "really irritating" he might be tempted to use his power to "make his life miserable", but that he probably would not actually do it, but try to conciliate and redirect any friction. At this time, S4 was very aware of the supervisor's responsibility to monitor the quality of the therapy a client received. He felt he would have to become more organized to keep case information straight when he was not seeing the clients himself, and to ask about each case every session with a beginning supervisee. He was somewhat worried about how hard it might be to monitor the client's progress at second hand, but concluded that monitoring the supervisee's skills was one way to insure the clients



got good therapy.

By Time 2, S4 reported feeling very comfortable with the roles of consultant, teacher, and mentor. In a change from Time 1, he now felt less comfortable with the role of therapist to the supervisee; he felt it would be appropriate to talk about the supervisee's issues as they affected therapy, but that there was a boundary around what was appropriate in supervision, and what should be referred for professional help;

"S4: What I'm saying is, just talking about yourself, and exploring yourself, and understanding yourself, and how you are as a therapist

K: Is an important part of it.

S4: Has a therapeutic effect.

K: OK.

S4: But it's not therapy, per se, I would differentiate it.

K: OK, it sounds like a question of degree, and intensity, and of, how much something is impacting on your work and on your life.

S4: And it's still referring, well, no, yeah, that's good enough.

K: Oh no, that makes sense, the focus is still, you-as-therapist, rather than

S4: Not you as depressed, suffering person, who is not functioning very well right now."

However, he had not had experience with this issue in supervision, and felt he would not really know where that boundary was until he did. The role of evaluator

continued to be uncomfortable, although S4 knew it had to be done. He would try to be fair, constructive and honest, and would talk to the supervisee about anything he was concerned about. He felt that negative feedback might not go into a permanent record unless he felt the supervisee's competence to do therapy were of concern. S4 still felt, at this point, that he did not know enough about therapy to serve as a model to a supervisee.

At this time, there had not yet been any problems arising from differences of expectations between S4 and his supervisee;

"S4: But I don't think they've become explicit yet. And I think they're forming, in the process of building a relationship. Expectations sometimes emerge, this is the way I think about them, anyway, I formulate expectations after I've been with the person for a while. What can you reasonably expect from this person? What does it seem like they can give you?"

He felt that expectations should be discussed openly, especially in a situation like this where it would be important to talk about how to best take advantage of a short period of supervision.

S4's opinions about self-disclosure had not changed from Time 1 to Time 2. He felt that any self-disclosure which would "burden the supervisee" would be inappropriate, and mentioned that he would probably not disclose really big mistakes he had made, so as not to undermine the supervisee's trust in him as a professional. At Time 2, the power differential was manifesting itself in small ways in the supervision S4 was doing, although he tended to play it down. S4 felt

that he wanted to earn that power, through his knowledge and capacity to help the supervisee, rather than gaining it automatically with the role of supervisor. He was aware that he had a responsibility for the supervisee learning from supervision, so felt he would be willing to intervene directly if he felt the supervisee were not putting out enough effort or there were some kind of friction. He was still concerned about monitoring the clients' progress at second hand, and was also concerned that later, as a senior supervisor, he not "pass the buck" if he had a supervisee who he felt really shouldn't pass a practicum or perhaps should not be a therapist.

At Time 3, S4's opinions of the roles a supervisor might take had not changed. Evaluation would still be "not my favourite part of the job". He mentioned that being a mentor would be very satisfying, but would be likely to occur only in a longer-term supervision relationship, and should not be pushed but should occur spontaneously.

S4 felt that he and the supervisee had begun with some similar expectations of supervision, because the supervisee had seen him present cases and was aware of his orientation to therapy and attitudes towards clients, and chose to work with him. They had discussed issues of the differences in their training backgrounds at the beginning of supervision. By Time 3, S4 had used self-disclosure in supervision, and found it useful to illustrate explanations and situations. He had found himself most likely to self-disclose about an area of difficulty or how a problem had been resolved, as a teaching tool, and not about his great successes. His opinions about when and why self-disclosure would be appropriate had not changed. The power differential was clearly present, in the respectful way the supervisee treated S, but power had not been an overt issue in

supervision. Early on, the supervisee had been somewhat worried that S4 would be highly critical, but it had not been necessary to address this, as it had been resolved as the supervisee got to know S4 and his supervisory style. S4 was still very aware the responsibility for the quality of therapy a client received was part of his job as a supervisor, but was more comfortable with that. He felt he would begin to worry about it more when he began to supervise without the back-up of a supervisor of supervision, when he would be legally responsible for the supervisee and the client.

#### Technical Issues

At Time 1, S4 did not have a formal theory or model of supervision;

"S4: I don't actually have, I'm not really familiar with any specific theories or models. I mean, I probably have a hybrid, if I had to sit down and articulate one, it would be, I would probably find that it was a bit of an integration or hybrid of some models. But I guess the terms that I used a little earlier, sort of, represent some, some aspects of it, i.e., being, seeing myself as a mentor, the work with the process, and the interpersonal relationship as an important dimension of it in my way of thinking. You know, it's not a power model or a didactic model. It's much more of a collaborative, interpersonal model. "

At this time, S4 intended to emulate some behaviours and attitudes of his own supervisors. He wanted to be consistent, supportive, flexible, and available, and always aware what vulnerabilities were inherent in being a supervisee. He wanted to give guidelines but not flood his supervisees with his thinking and his theoretical sophistication. He wanted to create a safe atmosphere in which a supervisee would feel comfortable talking about difficulties or anxieties, and he intended to be a self-reflective supervisor. Some behaviours of his own supervisors that he wanted to avoid included: moodiness; bringing a critical edge to every interaction; becoming too personal; being dogmatic or rigid about his own approach; and talking on and on, "enamoured of my own brilliance", without thinking about whether what he was saying was relevant.

When asked how active or directive he would be in supervision;

"S4: Uhmhhh, ... I like to be very active, but not very directive.

K: OK.

S4: Active, I, ... by active I'm meaning interactive, responsive, uh, reacting to what's happening, being said, asking questions or, or reflecting in some way the, the dialogue so that it kind of expands and enlarge it into related areas. So in that sense I feel I'm active. Uhm, but far less directive, and by directive I mean, ... uhm, ... you know, maybe, asserting kind of my agenda, or my standards or my answers, about things. That's not to say I would never do it, uhm, there are certainly situations when it's important, necessary, uh, I

can't help myself. But generally my modus operandi is to always provide, really try to provide a way ... for the student to, uh, learn through discovery. Not to preempt their discovery process by being too directive.

Dealing with a supervisee who resisted his suggestions or recommendations might push his buttons, but S4 said he would first try to consider whether he had delivered or explained the suggestions badly. Then he would ask the supervisee about his/her reasoning around the situation, and would be willing to be persuaded the supervisee was right. He would be more willing to insist that his recommendations be carried out if the client were in crisis or at risk of damage, but he would explain to the supervisee why he thought it was important. He thought that if he ran into this kind of problem, he would consult with another supervisor to be sure he was not "off the track". S4 thought that administrative issues such as the supervisee being on time for supervision sessions, getting paperwork done and reviewing therapy tapes were not very important. He reported that he does not do much of "that kind of stuff" himself, and that as long as the supervisee was making some efforts, it would be fine. He would ask to see samples of the supervisee's paperwork, to get a sense of whether it needed work, and would make sure the supervisee fulfilled the clinic's requirements as to reports before finishing the practicum.

A typical supervision session, as outlined at Time 1, would included checking in with the supervisee, asking what was going on with each client, whether the planned interventions had been tried out or not, and expanded from

there. Since the client load for this supervision experience would be light, there would be time to discuss the supervisee's development and thinking, and his/her personal issues related to doing therapy. At the end of the session, they would likely take care of "housekeeping" such as whether the supervisee would pick up new clients, and talking about opportunities such as workshops. Sessions would be quite flexible, but the focus would change if the supervisee had had a rough therapy session, to debriefing and planning, or if a client were in crisis. They might sometimes listen to tapes of therapy sessions and work on the therapy process.

Skills that S4 thought would transfer from doing therapy to supervising included: assessment of clinical situations, to help conceptualize and plan; building rapport; focusing and staying with the client/supervisee; commenting on process; balancing non-directiveness with providing the information the supervisee needed; and knowledge of the impact of "the system and the world" on people's lives. New skills he thought he would need to develop included: any interventions that seemed appropriate to a specific client, but that S4 did not yet know; how to help the supervisee give him the information he needed so they were both working within a similar framework; working with client issues at second hand; maintaining a long-term problem-solving process with the supervisee; keeping track of client information so their well-being was protected; and articulating his own style and approaches to therapy more clearly, so he could transmit them.

When asked at Time 1 how he might deal with more or less experienced supervisees, S4 pointed out that more experience did not necessarily mean better skills. He felt that if a supervisee had good skills, he would move away from

concrete guidance and monitoring of the progress of therapy to more focus on theory and professional issues. He felt that he would recognize that a supervisee was ready for more autonomy when he saw it, in the supervisee's level of confidence, skills, and ability to articulate his/her thoughts about therapy. It would be clearest if S4 could observe the supervisee's work and progress with one client case from beginning to end, and see the supervisee's development. When the supervisee's progress was obvious, S4 would talk less and trust the supervisee to bring up difficulties or problems.

Techniques of supervision mentioned by S4 in the first interview included: getting the supervisee to talk about client cases, then expanding from there; facilitating the supervisee's self-awareness as a therapist; debriefing if the supervisee had had a "rough" therapy session; and checking on the supervisee's paperwork to see if it needed work.

At Time 2, S4 felt that he had no model or theory of supervision. He joked that he was "a grounded theory kind of guy", and that he expected his theory to emerge from his experience and trial and error.

At this time, the behaviours he had experienced with his supervisors that S4 wanted to emulate included: transmitting to the supervisee that he trusted her/him to do good work in therapy, and helping him/her think about that work; and illustrating or modelling techniques the supervisee wanted to learn. He wanted to avoid some behaviours of his own supervisors: talking too much, and focusing too much on theory and not looking at cases, process and practical issues.

S4 thought he fell into the low-to-mid range of directiveness; he felt that he



was "implicitly, subtly, gradually" directing things in sessions, through the process of containing the supervisee's discourse, asking questions, and talking about alternatives. He had not yet had to deal with the supervisee resisting his suggestions, and did not think it would be an issue with this supervisee. How he dealt with that kind of issue would depend on why he thought it was occurring; he hoped supervisees would feel safe in disagreeing with him, and would try to pull on their critical thinking skills. "S4: So, as the risk, as my perceived sense of the risk increases, my level of assertiveness would probably increase." He continued to feel that paperwork, reviewing tapes and coming on time for sessions were not terribly important; if he thought these things were a result of a problem in the supervision relationship he would explore it. His supervisee was actually quite often late, but because he felt it was a question of the supervisee's personal style and not a comment on their relationship, he was not concerned.

A typical session at this time usually began with the supervisee arriving late and apologizing, and S4 pardoning him. Then they would chat a little about clinic occurrences, which S4 felt was a way to reconnect. Usually S4 would take the initiative of bringing them around to supervision issues, by asking for an update on clients. S4 would ask questions to help the supervisee expand on his thinking about cases, and would do some slowing down to bring the session to a close. They were not listening to tapes of therapy, or explicitly planning for therapy sessions, as that did not seem necessary. An atypical session might occur if there were some kind of problem, or if he thought the supervisee was seriously misunderstanding the therapy case. In this situation, S4 thought he would become more directive. He thought that if there current routine got stale, he would

comment on it and change it.

Skills that S4 thought would transfer from doing therapy to supervising included evocative empathy, keeping the focus in session, identifying key points and central themes, the use of questions to help the client/supervisee to think, indicating that sessions were ending and bringing some closure, and developing rapport. He thought he would need a new skill in connecting across the Social Work/Psychology gap. He felt that he was making an effort to impress his supervisee that he would not do in therapy, and that this was probably to show that he deserved respect and had something to offer the supervisee.

When asked at Time 2 how he would work with more or less experienced supervisees, S4 said he was having a hard time thinking about this on an abstract level, that real experience would clarify this for him. At this moment early in supervision he was focused on building a working relationship with the supervisee, and could not really assess his skill level or what he might need from supervision. The relationship-building process would be not change based on the supervisee's level of experience. He thought he would like to observe sessions or listen to tapes of sessions before reaching any conclusions about a supervisee's skills and whether he/she was ready for more autonomy. He would encourage autonomy by reducing the number of his own comments and suggestions, and by focusing more on affirming what the supervisee was doing and helping him/her be better at what he/she decided to do in therapy.

Techniques of supervision mentioned by S4 in the second interview included: giving alternatives and discussing them, rather than making specific recommendations; modelling and role-playing therapy techniques in supervision

sessions; using evocative empathy to help keep the supervisee focused and draw out what he was thinking and feeling; Socratic questioning; giving subtle signals to get down to work in supervision sessions and then to end them; and being "indirectly directive".

At Time 3, S4 still felt that he had no model or theory of supervision, but he thought some patterns had developed in his work. He found himself working as a resource for the supervisee, with a mix of expert and collaborative roles. However, even when his expert knowledge was being pulled for in session he used it to offer options not directives, and to help the supervisee think about those options.

At this time, S4 wanted to emulate some behaviours and attitudes of his own supervisors. These included: not being too directive, giving the supervisee a space to reflect and room to develop his/her own style, and helping the supervisee recognize his/her own strengths. Experiences he had had with his own supervisors that he wanted to avoid were lecturing and doing too much of the talking, and making comments or suggesting alternatives in a way that unintentionally made the supervisee feel dumb;

"S4: (...) I always realize that, uhm, when someone presents material, presents a case, that it's fairly easy for people to always sort of listen to it and come up with 'did you ask this?', 'did you think of this?', you know, people, and inevitably the person who presented the case didn't think of everything and it's nice to get the feedback, but sometimes you're, you might feel like, you know, a fool, or like 'how could I have overlooked that?', or 'I didn't think of that!', so you

sometimes wonder, if, because you didn't have answers to all their questions or didn't think of all these dimensions, or started from one perspective, but didn't, but this other perspective that someone else suggests or offers sounds, you know, more accurate, or complicated, or something ....

K: (chuckle)

S4: Uhm, you might feel, kind of stupid.

K: Yeah.

S4: Yeah, and so, one way that I remember kind of, watching that, is, if he said something a certain way, described something, I would understand that, but rather than, uhm, reframe it in my own words, which is sort of like 'no, you didn't say that right, this is the way to say it',

K: OK.

S4: You know, I might say it, you know, we might be able to say it in more precise terms, than the student .....

K: Had already said it.

S4: Had already said it. So I try to, you know, and this is part of my client-centred tendency, too, is to try to sort of stay with his language, and maybe gradually introduce ... but not to steal the show from him? Because that can, I could use a clinical term, sort of, what he said could be said in two, or two words. And I've found that kind of irritating sometimes in my supervision, because it sort of, uhm makes you uncertain, or feel like you're lacking something."

S4 still felt he was a low-directiveness supervisor, although he had had to be active in structuring the time in supervision sessions more than he had expected. He thought he would use more structure and directiveness with a less advanced supervisee. There had been no problems with the supervisee resisting his suggestions; he would often contribute something new to the supervisee's thoughts or plans, but he was never that far off to begin with. If it occurred, S4 felt it might "push his power buttons", but he would deal with it as he had outlined in previous interviews. Administrative issues such as paperwork, reviewing tapes and being late for sessions did come up a little, but S4 realized that his supervisee was very busy and already "with one foot out the door", finishing school and focused on getting a job. So the work he was doing with S4 was not a high priority. If it had been, S4 might have asked more of him. In general, S4 felt that supervisees should meet requirements of their practica and show that they were taking their work seriously and thinking about it. If something indicated that these things were not occurring, he would discuss it with the supervisee.

A typical supervision session included a few minutes at the beginning, chatting and reconnecting, then S4 asking what the supervisee wanted to cover that session. The supervisee usually knew what he wanted to talk about, and would also supply an update on his client cases. They would come to some conclusions, and review the a bit. They used tape review only once; S4 thought they were probably doing this in the supervisee's primary supervision, so did not feel it was a problem to skip this. They would usually reconnect on a personal not again at the end of sessions. S4 found himself having to structure the sessions somewhat more than he had expected, to make sure they covered everything

necessary.

Skills that S4 thought had transferred from doing therapy to doing supervision included narrative techniques and giving the supervisee space to develop, some practical techniques and planning, bringing more structure into sessions, and the humanistic communication skills in general. He felt that he had had to learn few new skills to do supervision, that he had mostly drawn on and adapted the interpersonal and clinical skills he already had.

At Time 3, S4 thought that a less experienced supervisee would require a more didactic and structured supervision, while a more advanced supervisee would benefit from more freedom. He would base his judgement of how much autonomy a supervisee needed at a given time on how she/he talked about her/his cases, and what she/he was asking for in supervision. A more skilled supervisee would be less likely to be "pulling" for help and guidance. If a supervisee seemed confused or lost, or S4 felt he/she was doing something in therapy that was consistently not effective, he would explore this. If the supervisee were able to take on more autonomy, he would encourage and support the supervisee's initiatives and would not step in and direct therapy.

Techniques of supervision mentioned by S4 during the third interview included: presenting situations and raising questions but not supplying answers, nor implying that there was one right answer; staying within the supervisee's language and wording when it seemed appropriate; connecting and re-connecting at the beginning and end of supervision sessions; and listening to how the supervisee framed things, so as to understand what he wanted from S4 at that point, whether help, approval, etc.

### The Training Experience and Supervision of Supervision

At Time 1, S4 thought that supervision of supervision would help him improve his supervisory skills and become more aware of what he was doing in supervision, in much the same way his own supervision did, through feedback, guidance, support, encouragement, and on-going opportunities to discuss things.

At Time 2, S4 had not yet had supervision of supervision, had done no reading or discussion of theoretical issues, and was not sure of the structure of the supervision format; even though he had met with the supervisee four times, he was not sure if the primary supervisor (also his supervisor of supervision) would be giving the supervisee supervision on the same client cases he was supervising. He intended to seek out supervision of supervision to clarify the format, and get some feedback through the supervisor of supervision on how the supervisee felt supervision with him was going. He felt that the fact he had received no supervision of supervision or orientation was related to the primary supervisor's trust in his skills.

By Time 3, when he had finished supervising, S4 had had four short contacts with the supervisor of supervision, mostly to make sure things were going OK: "it wasn't very diligently carried out". He would have liked to have more supervision of supervision so he could have learned more, but did not feel it was a major problem that he did not have it, because of his previous experience as a teacher. He had significantly disinvested his time and energy in the supervision experience as he realized how it was going. He had then added another clinical component to his internship program, and was glad of the time freed up by not

having supervision of supervision. He felt that the supervision experience would be significantly enriched by starting the supervising earlier in the internship year, when appropriate to the intern's skill level. He also thought it would be helpful to have the intern's supervise more than one student, whether sequentially or simultaneously, and that if the supervisees were of somewhat different experience or skill levels, that would be an excellent learning experience. He felt that the supervision training had been "the weakest part of my (internship) experience".

#### Miscellaneous

Self as Therapist: At Time 1, S4 felt "fairly confident" as a therapist, although "you can't know all the answers", and felt it was a good time to be learning to supervise, he was ready to share some of what he had learned. He felt that everything significant that happened to him affected his work as a therapist in some way, so learning to supervise probably would as well, but he was not sure how. He thought that learning to supervise would make him more aware of the process in his own supervision, and perhaps more mindful, more able to look at different angles, and to compare and contrast with his own supervision style.

At Time 2, S4 felt well grounded as a therapist, and that this contributed to his sense he could be helpful as a supervisor. He thought that becoming a supervisor and finding he could work effectively would also increase his confidence as a therapist. Learning to supervise had not yet had any effect on him as a therapist, but in his own supervision, he had become more attentive to the process,



and was trying to learn about supervision in that way.

At Time 3, S4 felt that his confidence as a therapist had increased over his internship, and that part of that had been a result of seeing that he had contributions to make as a supervisor as well. Supervising had not affected the way he did therapy, but he now looked at his own supervision slightly differently;

"S4: (...) I think it's a more serious job than I had thought of, it was before. I mean, I take it more seriously, and uhm, so in a way, you know, when I have a supervisor now, I would sort of realize that this is a really important, role, and it takes some time and thought, and, and reflection, and not just, leave it for that one hour that you're meeting with the student. It seems to me that I've sort of grown to appreciate the ....

K: The complexity ...

S4: Yeah, the relative complexity of it, it's something to be taken seriously, but it seemed to me that it was more serious from, my side, as, as a student, seeking counsel and advice and guidance, but that it was kind of like a real ...

K: Routine part of the job, that kind of thing.

S4: Routine, yeah, that it wasn't that significant for the supervisee. - or, for the supervisor. But now I think, you know, ... I just recognize, appreciate that more, that it's important, that the complications aren't all from the side of the student."

He also felt that he had been confirmed in his own facilitative style of supervising, and had gained more appreciation of that style in his own supervisors, and for the quality of their work in general.

**Surprise:** In the second interview, S4 mentioned being surprised that he had to learn to focus and structure supervision sessions and contain the supervisee's communication processes, as he might have to do in therapy. In the third interview, he was surprised that when he first began supervising, he had been worried and anxious about being out of his depth or not knowing what to say; he was equally surprised how fast this worry disappeared once he was in sessions, supervising.

**Comparisons:** S4 used no comparisons in the first and third interviews. He compared learning to supervise to learning to teach, and supervision to therapy, in the second interview.

**Concrete Examples:** In the first interview, S4 gave two concrete examples from his therapy cases and six examples of his own supervision or his own supervisors. In the second interview, he used 2 concrete examples of therapy cases, 3 about his own supervision or supervisors, and 6 from supervising his supervisee. In the third interview, he gave one example from doing supervision.

**Laughing:** S4 laughed and joked quite a bit during the interviews, including teasing the interviewer about the complexity of the questions. In the

first interview, he also laughed about his own nervousness 6 times, about his own possible mistakes, ignorance or folly 10 times, power issues 5 times, and three other times about other things. In the second interview, he joked about his own supervisors 3 times, about things that made him nervous 3 times, about power 7 times, about his own possible mistakes or ignorance 9 times, and about other topics 5 times. In the third interview, he joked three times about his own supervisors, 5 times about his own mistakes or foolishness, 7 times about power issues, and 4 times about other issues.

### The Best, the Worst, and How to Get Better

At Time 1, S4 thought that the most gratifying or rewarding aspect of supervision would be personally taking part in the growth of another individual, plus the relationship itself, especially if the supervisee likes him and admires him, which would contribute to his confidence as a therapist and a supervisor. The most challenging or difficult situation he expected would be;

"S4: Certainly someone that didn't respect me, would be hard. If for some reason, like personality chemistry, how they perceived me, my traits they didn't like, whatever. Uhm, I would imagine, and it could go the other way too, either way, if you happen to be working with somebody that you just, you just don't like them, for whatever reason.

K: That could be very hard.

S4: That could be a very hard thing to live with for a while. It's not to say it's impossible, it would be part of the growth experience, hopefully, uhm, but it wouldn't be as satisfying, probably."

The most irritating or frustrating situation would be if a supervisee ignored what he said, or if he could not build rapport with the supervisee.

At Time 1, S4 identified two things he needed to become a good supervisor; some theoretical background, reading and discussion, to provide a clearer sense of what he could do and wanted to do in supervision, and a supervisee to practice on.

At Time 2, S4 felt that supervision had not yet been very rewarding, but he had found it satisfying to see he had some knowledge to impart to the supervisee, which affirmed his own clinical knowledge and skills. He had found it challenging to be able to focus the sessions without alienating the supervisee. Working around the clinic's and the supervisee's schedules to try to get supervision started and then have some continuity had been quite irritating and frustrating, and containing the supervisee's communication style had been somewhat tiring. By this time, the supervisee had made it clear that he liked S4's approach to therapy, respected him and saw him as an ally.

At this time, S4 felt that to become a good supervisor, he needed more practice, more supervisees, and some supervision of supervision.

At Time 3, S4 was again asked about the rewarding or gratifying aspects of supervising;

S4: Oh, status, being revered.

K: (laugh) All that kowtowing!

S4: Idealized, uhm ....

K: Hey, don't knock it.

S4: No, there's a little of that, thought, you know, I wouldn't be honest if I didn't say it sort of felt good that, I'm not at the bottom of the totem-pole here anymore. I don't know if that's appropriate, a politically correct expression any more.

K: (chuckle)

S4: But uh, ... that was encouraging, and somewhat empowering for myself, as an intern. Uh, ... playing, however modest it was, playing some role in the education of a, ... I like education, teaching, counselling, guiding, so just playing some small role in the, growth of this individual, ... more in a training sense as opposed to a therapeutic sense.

K: Uh hm.

S4: ... That's all. So, my personal, it fed my personal self-esteem (chuckle), ah, it was a good interpersonal experience, another person that was enjoyable and interesting to know, and what was the third thing?

K: And a good teaching experience.

S4: And it was a good teaching experience.

There had not been time for S4 to see significant progress or growth in his

supervisee's skills, especially since he was not a beginner. However, observing the comfortable and respectful relationship they had developed and seeing the supervisee try his suggestions and be excited that they had worked was gratifying. Helping the supervisee process a client case that became a drop-out had been the most challenging situation S4 felt he had dealt with as a supervisor, although not terribly so. He had found it frustrating and irritating that the supervision experience had started so late, leaving little time in which to actually do it.

At this time, S4 felt that to become a better supervisor, he needed more experience.

## APPENDIX 4

### Comparison Analyses

This section reports the results of the analyses of the Time 2 interviews and of all of S1's interviews, as carried out by the research assistant.

#### Analysis of Time 2 Interviews

##### Anxiety

All expressed concern and anxiety about being supervisors, all were worried if they would say the right things, all felt supervising was a big responsibility and were concerned about clients. All felt greater appreciation for the difficulties her own supervisors might face, and felt that the anxiety of learning to supervise is similar to the anxiety of learning to do therapy.

S1: was feeling insecure as a therapist, which undermined her work as a supervisor to some extent.

S2: spoke of 'panic' and 'fears' when the others used 'anxiety' and 'concerns', but her panic had dropped by the time of this interview. Was also anxious about how to relate to the other supervisors at the clinic.

S3: was concerned about being able to evaluate the supervisee's work.

S4: was anxious about dealing with the personal characteristic of the supervisee.

### Perceptions of Other's Perceptions

S1: not sure how one of her supervisees perceives her, more secure about the other, hopes they find her approachable.

S2: feels her supervisor of supervisor does not trust her enough to let her supervise on her own. Believes the supervisee thinks she is warm, but is not sure what else he may think of her, perhaps that she is not directive enough. She thinks the supervisee might be able to get more of an impression of her if she were supervising alone.

S3: thinks her own supervisors are fine with her always approaching them. She senses that her supervisees thought better of her when they found out she has a Master's degree. They appear to feel comfortable with her and see her as knowledgeable.

S4: senses his supervisee respects him, perceives him as mature and confident, because he is an older student. At the same time, the supervisee is unsure of him, partly because S4 is a psychologist and the supervisee is a Social Work student.

### Personal/Boundary Issues

Self-Disclosure: all four felt that self disclosure on the part of a supervisor was appropriate as long as it was work-related and not personal information.

#### Personal/Boundary Issues:

S1: draws the line in supervision at too personal topics.

S2: is concerned that some personal characteristics of the supervisees might affect therapy, does not want that to happen. Supervising has touched on personal



issues for her, especially her own confidence - she has discovered that she knows more than she thought she did.

S3: when thinking about self-disclosing in supervision, should stop and ask herself why she would do that - if it is for her own reasons, to reveal something about herself or impress the supervisee, she should not do it.

S4: feels he needs to be sensitive to a personal characteristic of his supervisee. He accepts that the supervisee's lateness is part of his temperament. S4 feels that his own personal experiences and issues come into play in doing therapy, and will do so in supervision as well. It can be hard to separate out the personal, but he does not want to give therapy to supervisees over personal issues.

## Roles

All four felt comfortable with the roles of teacher, consultant and mentor, but less so with the role of evaluator, because of their level of confidence in their competence for this role. All felt uncomfortable with the role of therapist to the supervisee, and did not want to cross over that line in supervision.

All four either explicitly or implicitly favoured the role of facilitator.

All expressed anxiety at taking on the role of supervisor, none felt like a 'real' supervisor at this stage, or that they could work without supervision of supervision.

S1: has discussed with her supervisees how she sees her role. Because they put her in the role of supervisor, she feels like one to some degree.

S2: feels like a 'supervisor-once-removed', the step back being that of having the supervisor of supervisor behind her. She does not know where she fits in a

group of supervisors (clinic staff) and is uncomfortable at the clinic because of that. She feels she is in a dual role; her supervisees know she is a student, yet they come to her, as to a supervisor, for help and suggestions. This creates a feeling of being a student/supervisor blend, heavier on the student. She mentioned attempting to model an interaction in supervision, when she mistakenly took on the role of the client, rather than that of the therapist/supervisee.

S3: it is difficult for her to fulfil the role of supervisor with her supervisor of supervision always present. She does not feel like a 'real' supervisor for this reason. She feels like both a supervisor and a student, but when her supervisee treats her like a supervisor, it is gratifying. She feels it is expected of her that she give many suggestions, but she is concerned that she is falling into giving suggestions the supervisee has already thought of.

S4: has to balance his role as a psychologist with the role of supervisor to a social work student. Does not see the role of supervisor as a role of power. He feels like a blend of student and supervisor, but is slowly beginning to feel more like a supervisor - he thinks this may change his style in supervision.

#### Expectations

S1: actually discussed expectations and wrote a 'contract' with the supervisees. Supervising has not changed her expectations of being supervised. She did not anticipate how challenging supervision would be. Her high expectations of herself add to her anxiety.

S2: has discussed goals and a 'contract' with her supervisees. She thinks her supervisees had no expectations about supervision with her, so there is no clash. She feels they are quite pleased with the amount of input she has been

giving them, so they may feel disappointment as their autonomy increases. Since beginning to supervise, she feels more comfortable asking her own supervisors for help than she did before. She does not agree with the expectation that a supervisor should practically do therapy with the supervisee.

S3: recognizes that conflict might occur over differing expectations between herself and a supervisee, feels it is important to discuss them early on. At this point, the conflict of expectations is more between herself and her supervisor of supervision than between herself and her supervisee. Supervising has made her more appreciative of the supervision she has received.

S4: had not anticipated the need to bridge disciplines. He has not discussed expectations with the supervisee, but feels they will emerge as the supervisory relationship develops. Supervision has changed his own expectations of being supervised.

### Comparisons

#### What to Emulate of Their Own Supervisors' Behaviour:

S1: positive reinforcement, support, being available to the supervisee.

S2: found herself emulating a supervisor's technique of teaching indirectly without intending to.

S3: has been impressed by the 'yes-set' method and would like to use it.

S4: respecting the supervisee's stage of development and style of therapy.

#### What to Avoid of Their Own Supervisors' Behaviour:

S1: rescheduling supervision appointments, getting too personal with

supervisees.

S2: challenging the supervisee without being encouraging or promoting growth. Being a rushed supervisor or an 'invisible therapist'.

S3: failing to acknowledge what the supervisee knows, and being too directive.

S4: talking too much and focusing too much on theory in supervision sessions, to the detriment of client issues.

Who Do They Compare Themselves To? All compare themselves and their work as supervisors to their own current and former supervisors.

### Style of Supervising

What is important in supervising: All four feel it is important to step in when there is a risk of danger to a client.

S1: positive feedback to the supervisees is very important, and that it helped her as a therapist/supervisee. She thinks team or group supervision is also helpful. She believes it is important to deal with supervisees according to their level of development, rather than taking the same approach to working with all supervisees. She feels that supervisee's being prepared for supervision sessions shows their commitment, but recognizes the need for flexibility.

S2: while she had begun with more joint supervision sessions, her supervisees had told her it was important to them to have individual supervision, so it is important to her as well. It is important to deal with supervisees according to their developmental level. She feels it is necessary to be responsible and not

take the role of supervisor lightly, to discuss with the supervisees how to handle certain clinical issues such as suicidality, and to also talk over this important issues with her supervisor of supervision. She thinks it is important for supervisees to be on time for supervision, but has some problems with punctuality herself.

S3: paying attention to the interaction between the therapist/supervisee and his client is important, as is conceptualizing the case. It is important to discuss goals and expectations early in supervision. Humour can let of steam in supervision. She sees the supervisee being on time as showing commitment to supervision, but knows flexibility is required.

S4: compatibility between the supervisor and the supervisee are important, because supervision is the deepest professional contact a therapist has. S4 is the only one who felt that issues like being on time, getting reports done are not very important.

Autonomy: all had similar plans for granting their supervisees more autonomy and were willing to do so, considering that they preferred a less-directive style of supervision. All mentioned asking questions rather than directing, and granting autonomy according to the developmental level of the supervisee.

S1: encourage more autonomy when the supervisee appears more confident as a therapist.

S2: encourage more autonomy when the supervisees have concrete ideas and sound suggestions about what to do in therapy.

S3: encourage more autonomy when the supervisee appears more confident

as a therapist, and when she/he demonstrates a real thinking process about therapy.

**Working in Supervision:** all felt that their style of supervising was similar to their style of doing therapy. All prefer a less directive and more facilitative style of supervision.

**S1:** follows a developmental model of supervision, gives a lot of positive reinforcement, gives more structure until the supervisee feels comfortable with a therapy case, would like to draw ideas out of the supervisee rather than be didactic. She likes an active style of supervising, as opposed to a directive one, and likes to use Socratic questioning.

**S2:** does not feel she has a particular style or model, is drawing on many sources. Has been doing joint supervision, but plans to do more individual. She has been more concrete and directive in supervision sessions to this point, rather than process-oriented, is dealing with the supervisees according to their needs.

**S3:** has a different style than that of her supervisor of supervision, who is always present in supervision sessions and is quite directive. Her own style is more like the kind of supervision she has received. She likes the 'yes-set' technique, and thinks supervisees should be dealt with according to their level and needs.

**S4:** uses evocative empathy in supervision sessions, and helps the supervisee conceptualize, but feels his style might change as he gains confidence as a supervisor. In evaluating a supervisee, he would point out areas where the supervisee was having difficulty.

## Therapy

Differences or boundaries between supervision and therapy: None felt comfortable being a therapist to their supervisees, all felt that a separation of the two roles is important. There is, however, some overlap, and that makes it difficult sometimes. They all said the line would be drawn at working on supervisee personal issues which are not related to their work as therapists.

All felt a need in supervision to stand back from a focus on the issues they would have paid attention to as therapists, and focus in on supervising the whole case.

S2: does not want to be the 'invisible co-therapist', but a supervisor to the therapist.

Links between supervision and therapy: all feel that the way they do therapy comes into play in their work as supervisors, ie, empathy, Socratic questioning, 'yes-set'. All felt their confidence as therapists would increase their confidence as supervisors, and vice-versa. Some personal issues do inform how they do therapy, and therefore, how they do supervision.

S1: anxiety as a supervisor is similar to her anxiety as a new therapist.

S: having the supervisor of supervision in supervision sessions makes it to much like co-therapy.

Clients and Supervisees: all are mindful, as supervisors, of the clients' interests. All would be more assertive with supervisees if a client were at risk.

S3: needs to be able to focus less on how the client was feeling, when listening to tapes of therapy sessions in supervision, and more on

conceptualization.

S4: had not yet met with the supervisor of supervision, so felt somewhat like a co-therapist to the client. (????REALLY????? WHERE IS THIS?????)

#### Difficult Situations:

S1: it was difficult for her to explain confidentiality issues to supervisees. Keeping track of what she had said to each supervisee was also difficult. There had been a mix-up over the scheduling of one supervision session.

S2: the interaction between her 2 supervisees could a delicate situation to deal with. There had been no irritating or frustrating experiences so far.

S3: finds is awkward that her supervisor is always in the room for supervision sessions, and that they have different philosophies toward supervision. She decided to suggest that she work on her own. Setting limits and being firm with the supervisee is difficult.

S4: is finding it a challenge to 'contain' the supervisee in sessions without alienating him; this has been tiring. Working in a way which shows respect for the supervisee in relation to one personal characteristic has also been a challenge. Working with the supervisee's and the clinic's schedules has been frustrating.

#### Power:

S1: does not want to impose her own views, has some discomfort with the word 'power', wonders if this is related to her current insecurity as a supervisor. Has talked to her supervisees about how she sees her role, and hopes Socratic questioning will reduce the power imbalance in supervision.



S2: not very comfortable with power issues. Sees her role more as a responsibility than as a powerful one; humbling rather than empowering. With power comes responsibility, she realizes the influence she can have and the need to be careful. The supervisees do see her as a fellow-student in some ways, yet seek her advice and suggestions; she does not necessarily conceive of that as power.

S3: jokes about wanting power. Feels there is a power differential, but is not sure how she feels about it. Does not want to increase the power differential, nor flatten it, especially at the beginning of supervision; it is important to establish the power base. She is not sure how the role of consultant fits in with power.

S4: feels deference and respect from the supervisee, and wants the supervisee to respect him. Tends to downplay power differentials, feels that power is earned, and senses that his supervisee is fine with the power situation in supervision.

Resistance: all feel they would be more insistent in dealing with a supervisee who resisted their recommendations if they felt that a client was at risk, or the suggestion seemed important to the supervisee's improvement.

S1: would try to find out why the supervisee was resisting, as long as it did not jeopardize the client, would probably accept, depending on the situation.

S2: would want to talk with the supervisee about what was going on, would be insistent also if it were an issue of ethical practice.

S3: the situation and the form of the resistance would determine how she would react, she would use similar skills as those used in therapy when dealing with client resistance. She thinks the 'yes-set' technique might be useful in these

cases.

S4: would try to find out why the supervisee was resisting, and would deal with it differently depending on the situation. He would be reluctant to impose his views unless it was a potentially life-threatening situation; as his perception of risk increases, his assertiveness would increase.

### Learning to Supervise

Supervision of Supervision: all had increased appreciation for the difficulty of the work their own supervisors do, after beginning to supervise themselves. None felt they could supervise without supervision at this point.

S1: supervision of supervision very helpful, especially because it is process-oriented, and gives her positive feedback on what she is doing right. She also felt the didactic portion had been helpful, and that participating in this research was nearly as helpful as supervision of supervision, because it challenges her to think.

S2: found supervision of supervision very helpful, including the didactic portion, and see herself as a supervisor once removed (from the supervisor of supervision).

S3: was not finding supervision of supervision very helpful. Did not like the format of her supervising in a joint session with the supervisor of supervision, the joint supervision sessions made her feel like she was not a real supervisor, and she did not feel her supervisor of supervision trusted her abilities to do the work. She did not want to take the approach to supervision which her supervisor of supervision was taking, and they disagreed on how to reach the agreed-upon goals

of the supervision.

S4: had not had supervision of supervision yet.

Motivation: the level of motivation to supervise had not fluctuated except for S2, who had felt very anxious just before beginning, and all planned to seek opportunities to supervise in future, except S3, who would accept it if it came her way.

Learning: all four felt that they were actively learning on the job and were confident they would learn as they went along. All felt they needed more skills, practice and confidence as supervisors to become better supervisors.

S2: considers the supervision training a 'fantastic learning experience'. She had to learn to be more directive, and felt she was leaning on supervision of supervision for guidance.

S4: felt he had to learn to take the perspective of the supervisee, and was also learning to be a better therapist. He was learning to do supervision by watching his own supervisor.

Satisfaction: S1 and S2 reported the experience as very gratifying and were more enthusiastic.

S3 and S4 were more neutral in terms of satisfaction.

#### Confidence

Confidence as Therapists:

S1: was not feeling very confident as a therapist, due to challenges in therapy.

S2: recent experiences doing therapy had increased her confidence as a therapist.

S3: talks about having good expectations of increased confidence as a therapist due to learning to supervise.

S4: was feeling quite confident as a therapist, and that his confidence as a supervisor was bolstered by this.

#### Confidence as Supervisors:

S1: feels confident in her supportiveness and availability to supervisees. Feels more like a supervisor than a supervisee, partly because the supervisees have put her in that role. Feels she will be a better supervisor when she feels more confident; supervision of supervision will help with that, as will this research participation, by helping her reflect. Believes she will gradually become more confident about her ability to carry out a fair evaluation of supervisees.

S2: has been feeling confident as a therapist recently, which helps her as a supervisor. She was in a panic just before beginning to supervise, but her comfort level has been rising and she has become more relaxed as she sees her supervisees benefit from her supervision. She currently feels fairly confident as a supervisor, but does not yet feel that that confidence is stable. Supervision of supervision has helped her self-confidence, and she has relied on it perhaps more than the other student.

S3: feels that her confidence as a therapist puts her into a better position to

learn to supervise, and that supervising will increase her confidence as a therapist. Feeling moderately confident as a supervisor. She is confident that she can respect the supervisee's level and not be too directive. She has confidence in her supportiveness and sense of humour as a supervisor.

S4: feels that supervision will encourage his confidence as a therapist by allowing him to express what he knows and feels. He is confident that he can handle the responsibility of supervising and is confident in some of his skills. He sees that the supervisee feels safe to talk in sessions, seems to like his style, which he feels is encouraging. On a scale of 1 to 8, feels he is at a 5 or 5 and 1/2 in confidence as a supervisor.

### S1's Experience

#### Anxiety:

Time 1: her anxiety was tied to anticipation, and she felt it would abate once she started. She wondered if she would be able to step back as a therapist and step in as a supervisor. She was worried about not knowing what to say in supervision.

Time 2: was still anxious about supervising, especially about the responsibilities entailed. She reported not feeling like a 'real' supervisor, but also said she does feel like one, she's just not sure how good a one. She had not anticipated how challenging supervising would be, and while she felt less anxious than when she first began, she was feeling more relief at doing OK so far than confidence. She wondered if her discomfort with the power imbalance in

supervision was related to her anxiety about being able to do the job.

**Time 3:** was beginning to feel like a supervisor, and had found that 'just doing it' had helped her anxiety, that she did not really feel anxious about it any more. She still found the responsibility daunting.

#### **Other's Perceptions of Her**

**Time 1:** thinks the supervisees will have a good impression of her, and see her as supportive. Possible criticism; that she uses big words.

**Time 2:** not sure how one of her supervisees perceives her, more secure about the other, hopes they find her approachable. Criticism; that she is not clear in her explanations.

**Time 3:** approachable but perhaps reserved, facilitative of her supervisees' growth. Possible criticism; that she was critical of their reports, and asked them to try things in therapy that might not have worked well.

#### **Personal and Boundary Issues:**

##### **Self-Disclosure:**

**Time 1:** feels that it is appropriate if it deals with therapy in some way, ie. anxiety, but personal stuff is inappropriate. Self-disclosure is one way to reduce the power imbalance, make herself seem more human. It can be a teaching tool, and encouraging to the supervisee.

**Time 2:** Same.

**Time 3:** Same.

**Personal Issues:**

**Time 1:** learning to supervise would probably touch on personal issues, such as her high standards for her own work, and whether she could meet them.

**Time 2:** felt quite insecure in many areas; as therapist, supervisor.

**Time 3:** confidence improved.

**Boundaries:**

**Time 3:** had not had to walk the line between supervising and doing therapy on the supervisee.

**Roles**

**Time 1:** feels more like a student because she has not yet begun to supervise - would feel like a supervisor when thrown into the role. Comfortable with all roles a supervisor might take in supervision, somewhat less so with the role of teacher.

**Time 2:** sees herself more as supervisor than as student. Sees her role as supervisor as having many facets, sees herself mainly as facilitator. Comfortable with all the roles she might take in supervision, just concerned about maintaining the boundary between supervision and doing therapy for the supervisee.

**Time 3:** much more comfortable with the role of supervisor, beginning to feel like a 'real' supervisor. More comfortable with all the roles a supervisor can take, including that of teacher, which she had never actually found uncomfortable to carry out. Also more comfortable with the role of evaluator, made it more comfortable by evaluating all along, not surprising the supervisees with anything

at the end. Found it takes a conscious effort to shift to the role of supervisor, and feels she accepted the power imbalance in supervision when she accepted that role.

### **Expectations**

**Time 1:** hopes to avoid difficulties arising from differences of expectations between herself and her supervisees by talking about them. She feels that her expectations of the supervisees might be quite high, but she will adjust.

**Time 2:** felt better because she and the supervisees did discuss expectations. She had not anticipated how challenging the role would be, and did not feel that her expectations of her own supervision had changed because of learning to supervise.

**Time 3:** looking back, she thought she would be tougher about deadlines for paperwork, etc, but had not been. She had thought her work as a therapist would shift somewhat because of learning to supervise, but this had not occurred yet. She had expected to learn different approaches to supervising, and felt that had occurred.

### **Comparisons:**

#### **Emulate:**

**Time 1:** being very supportive, modelling different ways of thinking through situations, being flexible, being a resource for supervisees, and getting to know the supervisees early on, their perspectives on therapy and their backgrounds.

**Time 2:** giving positive reinforcement, and being on time and available to supervisees.



Time 3: high degree of supportiveness and a willingness to self-disclose when appropriate.

Avoid:

Time 1: would avoid rescheduling supervision sessions, being too personal with supervisees, and giving outdated reading material.

Time 2: again rescheduling and being too personal.

Time 3: rescheduling, lecturing and pontificating.

Who to Compare Herself to?

Time 1: former supervisors, maybe to her peers, although this was not likely.

Time 2: former supervisors.

Time 3: former supervisors, and now after working with a classmate in this training experience, with peers as well.

Style of Supervising

What Is Important in Supervision;

Time 1: thinks it important to be aware of the supervisee's needs, and to be concrete when they require it. Important to be supportive, open-minded, get to know the supervisee, and consider the client's well-being. Thought it would be important that supervisees be on time for supervision, prepare for supervision, do their paperwork.

Time 2: deals with supervisees differently, depending on their level.

Shifting from the point of view of the therapist to that of the supervisor when viewing tapes of therapy sessions is important.

Time 3: important to encourage and support the supervisees, to be aware of the client's interests. Supervisees being on time for supervision sessions was important, had not been a problem.

#### Techniques and Supervisee Autonomy:

Time 1: would structure the sessions to focus on videotapes of therapy sessions, and through them, therapy process.

Time 2: similar to Time 1; would work with the supervisees' level of development, encourage more autonomy when they show more confidence as therapists. Mentioned a more focused style, picking out things the supervisees could improve on.

Time 3: more confident about her style and model of supervision, used Socratic questioning to increase supervisee autonomy. She found she gave more autonomy earlier than she had expected, through questioning.

#### Therapy:

Time 1: sees a link between her empathy skills from therapy and supervision. Cautious about crossing line with personal issues in supervision.

Time 2: similar link between therapy and supervision skills. Found her anxiety in this experience to be similar to when she learned to do therapy. Having to learn to step back from the role of therapist and be a supervisor, focus on therapy and supervisee process. There are different rewards to supervising than to

doing therapy.

**Time 3:** has not really had to deal with the issue of the boundary between supervising and doing therapy with the supervisee.

### **Dealing with Difficult Situations in Supervision**

#### **Dealing with Supervisee Resistance to Recommendations:**

**Time 1:** open to the possibility that the supervisee might know best; how she would deal with it would depend on the situation, although it might be frustrating to face. Factors affecting how she would react would include whether the client was at risk, and how the supervisee usually takes suggestions and criticism. If she felt strongly, she would be more likely to intervene.

**Time 2:** Same as Time 1.

**Time 3:** Same as Time 1 and 2; had actually insisted her supervisees try some new things, it was worth it in the end.

#### **Difficult Situations:**

**Time 1:** imagined it would be challenging and emotionally draining to deal with serious clinical issues such as client suicidality or child protection, although she felt she could handle it, and that a supervisee resisting her suggestions would be frustrating.

**Time 2:** has had difficulty being clear and not tentative in explaining things like confidentiality. Is finding it hard to keep straight what she has told each supervisee, and to step back from the point of view of the therapist to that of the supervisee. The misunderstanding which led to her having to wait quite a while

for a supervisee was frustrating.

**Time 3:** one clinical case that had legal ramifications that she had not expected was challenging. She was frustrated at trying to resolve a difficult clinical issue in one of her supervisees' cases.

**Power:**

**Time 1:** accepts that there will be a power imbalance, but has real problems with this, wants to integrate feminist theory, diminish the imbalance.

**Time 2:** is not comfortable with the word 'directive', and wonders if this and her discomfort with the power imbalance are due to her insecurity about her own competence.

**Time 3:** appreciates that the power imbalance will always be there, is somewhat more comfortable with it. Feels the imbalance may diminish as the supervisees develop.

**Learning to Supervise**

**Motivation:**

**Time 1:** very interested in learning to supervise, feels it is a good time to do it.

**Time 2:** motivation remains high, despite anxiety.

**Time 3:** remains high, she plans to seek more opportunities to supervise in future.

**Improving as a Supervisor:**

Time 1: talking about supervising with her supervisor of supervision and classmate in practicum will help her improve, as will the didactic portion of the practicum.

Time 2: supervision of supervision will help, and gaining more confidence will make her a better supervisor.

Time 3: feels her skills and confidence have improved, she is a better facilitator of supervisee growth and learning, but there are still areas she needs to improve, just as there are such areas in her work as a therapist. She would like her supportiveness to come more naturally, and to be able to offer constructive criticism more smoothly in that context.

#### Learning to Supervise:

Time 1: wants to be active in learning theory and techniques. Thinks it is important to be aware of the supervisees' learning processes, feels she needs to learn to structure supervision sessions. Believes that this is a learning experience like learning to do therapy, and that she will make mistakes but will go on and improve.

Time 2: needs to learn to step back from the therapy encounter and focus on the process and the supervisee's work.

Time 3: feedback from her supervisor of supervision helped her learning and confidence. She learned to be more concrete and clear, less tentative when talking to her supervisees. Found it frustrating to sometimes not know what to say. Had to learn to walk the line between supervising and doing therapy indirectly with the supervisees' clients. Feels she still has learning to do.

**Gratifying:**

**Time 1:** imagined it would be gratifying to see the supervisees develop over time; she anticipates different rewards than from doing therapy.

**Time 2:** feels good that she has provided some useful info to her supervisees, encouraged them.

**Time 3:** rewarding to see the supervisees' eagerness, openness and improvement. Getting positive feedback from the supervisees about her work was gratifying. She was satisfied at how one clinical case in particular had turned out, and was impressed with how well one supervisee prepared for supervision.

**Supervision of Supervision:**

**Time 1:** hoped that supervision of supervision would be similar to supervision of therapy; guidance, information, support, non-judgemental and non-threatening.

**Time 2:** needs supervision of supervision, especially positive feedback about her work. Hopes listening to audiotapes of supervision sessions will help give an idea of what is 'really' happening in supervision sessions. Feels that participating in this research is possibly more helpful than supervision of supervision, because it asks challenging questions.

**Time 3:** still does not feel she could work without supervision of supervision, but less adamantly so than previously. Has found supervision of supervision very helpful; the didactic portion, feedback, suggestions, and tape review. It was especially helpful to have another student in the practicum. She wished she had started supervising earlier, and again mentioned that the research

participation was helpful in making her think about her work.

### Confidence

#### Confidence as a Therapist:

Time 1: fairly confident

Time 2: less confident, because of some recent challenging experiences in therapy.

Time 3: more confident again.

#### Confidence and Strengths as a Supervisor:

Time 1: strength in her empathy skills, which she feels will translate to supervision. Feels supervising will be emotionally stressful, but that she can do it.

Time 2: strengths in her availability, supportiveness. She believes she looks confident, although she is not feeling very much so, and that increased confidence will increase her effectiveness as a supervisor.

Time 3: much more confident than at Time 2; about 7 on a scale of 1 to 10. Seeing her supervisees' development and their clients' progress has increased her confidence, and getting positive feedback from her supervisees also helped. More comfortable with the different roles a supervisor might take than she thought she would be. Feels that further development as a therapist over the next year (when she will be on internship) will increase her confidence as a supervisor as well. She definitely feels more like a supervisor than a student.

APENDIX 5

Quantitative Results: Comparison Participants

Comparison Participant 1

PSDS	total	mean	C/E	I/C	SA	S
1st	96	5.33	5.40	5.38	6.00	4.75
2nd	90	5.00	5.80	5.63	5.67	3.75
3rd	92	5.11	5.60	5.25	5.33	4.00
4th	100	5.56	5.80	5.88	6.00	4.75
5th	102	5.67	5.80	5.88	5.67	5.25
6th	105	5.83	6.20	6.00	6.00	4.75
Sept	108	6.00	6.20	6.13	6.00	5.50
Oct	107	5.94	6.00	6.13	6.00	5.50
Nov	106	5.89	6.20	6.00	6.00	5.25
Dec	107	5.94	6.00	6.00	6.00	5.75
Jan	104	5.78	6.00	5.75	6.00	5.25
Feb	110	6.11	6.20	5.88	6.00	5.75
March	108	6.00	6.00	6.13	6.00	5.50
April	105	5.83	6.00	5.63	5.67	6.00



Comparison Participant 1

SSI	Total	Mean	Att	Int S	T-O
1st	177	5.36	5.71	5.25	5.20
2nd	183	5.55	6.00	5.50	5.20
3rd	184	5.58	6.43	5.75	4.80
4th	189	5.73	6.14	5.88	5.20
5th	187	5.67	6.14	5.75	5.20
6th	189	5.73	6.00	5.88	5.40
Sept	193	5.85	6.43	6.00	5.30
Oct	189	5.73	6.43	5.88	5.00
Nov	186	5.64	6.29	5.88	5.00
Dec	186	5.64	6.14	5.50	5.00
Jan	187	5.67	6.14	5.50	4.90
Feb	186	5.64	6.43	5.75	5.00
March	184	5.58	6.00	5.88	4.80
April	177	5.36	6.00	5.25	4.60

## Comparison Participant 2

PSDS	total	mean	C/E	I/C	SA	S
1st	81	4.50	4.80	4.38	4.67	3.75
2nd	83	4.61	5.00	4.63	5.00	3.50
3rd	88	4.89	5.20	4.75	5.33	4.00
4th	88	4.89	5.20	4.63	5.33	4.00
5th	86	4.78	5.20	4.63	5.00	4.00
6th	87	4.83	4.80	4.63	5.33	4.00
Sept	86	4.78	5.00	4.75	5.00	4.00
Oct	84	4.67	4.80	4.50	5.33	4.00
Nov	78	4.33	4.40	4.25	4.33	4.00
Dec	74	4.11	4.20	3.38	4.33	3.75
Jan	76	4.22	4.40	4.13	4.00	4.00
Feb	75	4.17	4.00	4.00	4.00	4.00
March	79	4.39	4.40	4.38	4.67	4.00
April	76	4.22	4.40	4.13	4.67	3.50

Comparison Participant 2

SSI	Total	Mean	Att	Int S	T-O
1st	170	5.15	5.00	5.75	4.50
2nd	170	5.15	4.71	5.63	4.30
3rd	167	5.06	5.14	5.63	4.30
4th	151	4.58	5.00	5.25	3.40
5th	157	4.76	5.29	5.50	3.50
6th	NO	NO	NO	NO	NO
Sept	154	4.67	5.00	5.13	3.90
Oct	155	4.70	5.00	5.38	3.80
Nov	151	4.58	5.00	5.25	3.60
Dec	142	4.30	4.86	4.88	3.30
Jan	162	4.91	5.43	5.25	4.20
Feb	166	5.03	5.00	5.50	4.70
March	173	5.24	5.71	6.00	4.20
April	172	5.21	5.71	5.38	4.60