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PERCEPTIONS OF SELF-DISCLOSURE IMPACTING THE SUPERVISORY RELATIONSHIP AND RECOGNIZING COUNTERTRANSFERENCE

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PERCEPTIONS OF SELF-DISCLOSURE IMPACTING THE SUPERVISORY
RELATIONSHIP AND RECOGNIZING COUNTERTRANSFERENCE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Melissa Alvarez Torres
Jessica Elizabeth Wilinski

June 2018

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ABSTRACT

Clinical supervision is an essential component in a social work student's education and development in the field. Social work students should feel comfortable with their clinical supervisors in order to appropriately self-disclose during supervision and gain the ability to recognize countertransference when working with clients. The significance of this is that students should be aware of their feelings and learn how to process these reactions during supervision. A mixed methods approach was utilized, surveying and interviewing students and clinical supervisors affiliated with California State University, San Bernardino. A Pearson correlation coefficient was conducted to determine the relationship between the strength of the supervisory relationship and the ability of social work students to recognize countertransference. The findings of this study suggested that there are significant relationships between the supervisory relationship and perceptions of self-disclosure and countertransference. Based on the qualitative analyses, eight central themes emerged regarding supervision practices and the relationships between students and supervisors. The implications of this study should impact how clinical supervisors foster the development of strong relationships with student interns. This should allow students to gain skills to succeed and provide better services to clients.

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DEDICATION

A special dedication to our amazing families who have supported us throughout our lives. You have been especially understanding while graduate school kept us very busy. We appreciate everything you continue to do for us. We could not have done this without you. Thank you.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Clinical supervision is necessary for student clinicians to become aware of their own emotions while working in the mental health field. Supervisors can help clinicians process their own reactions and provide them with the necessary skills when interacting with their clients (Trimboli & Keenan, 2010). An important skill is the ability to recognize countertransference, which is when clinicians have reactions towards clients due to unresolved personal conflicts that arise while interacting with clients (Sharma & Fowler, 2016). This is undesirable, because it negatively impacts the quality of care a client receives and the development of a strong therapeutic relationship. Student clinicians self-disclosing during clinical supervision can aid in the process of learning to recognize countertransference (Sharma & Fowler, 2016).

Self-disclosure is defined as the process of providing personal information to another individual who would not likely know beforehand (Spence, Fox, Golding, & Daiches, 2014). Social work students may find it difficult to self-disclose due to anxiety and feeling uncomfortable sharing personal information with supervisors. Knight (2014) found that more than half of students in the supervisee role felt uncomfortable to self-disclose during clinical supervision. Gunn and Pistole (2012) have demonstrated that more than 90 percent of

clinicians do not disclose some information to supervisors due to being afraid of being evaluated and appearing incompetent. It is possible that this prevents clinicians from gaining more knowledge and experience during supervision. This can negatively impact practice with clients because student clinicians will not know how to cope with feelings of countertransference during sessions with clients. Supervisors can be negatively impacted when student clinicians make mistakes because they are working under the license of their supervisor. While it is clear that students often have difficulty self-disclosing during clinical supervision, there is a lack of research investigating the impact of self-disclosure on the efficacy of supervision in the field of social work (Spence et al., 2014).

Having a strong supervisory working alliance has shown the importance of the willingness for clinicians to self-disclose during supervision. Establishing rapport is positively correlated to having a supportive relationship and it shows the willingness clinicians have to self-disclose during supervision (Mehr, Ladany, & Caskie, 2015). When supervisors and clinicians have a strong working alliance, it reduces their level of anxiety during supervision and it increases their counseling self-efficacy (Mehr et al., 2015). These factors allow clinicians to feel more comfortable in self-disclosing during supervision.

Purpose of the Study

The purpose of this study was to explore how beliefs regarding self-disclosure during clinical supervision influenced the development of a strong

supervisory working alliance. Furthermore, this study explored how a strong supervisory relationship aided or hindered a student clinician's ability to recognize issues of countertransference that arose while working with clients. Services to clients can be greatly improved by having students utilize clinical supervision in an effective manner to develop skills that will allow them to recognize the ramifications of countertransference. Self-disclosure during clinical supervision allows supervisors to guide students when experiencing countertransference with their clients. However, many students feel uncomfortable self-disclosing to their supervisors. For this reason, it was imperative to study the relationship between students and supervisors and the impact of supervision on developing clinical skills.

When considering the area of research that was addressed, a mixed methods approach was utilized. Qualitative data was collected through the use of individual face-to-face interviews. A semi-structured interview format was utilized to allow for follow-up questions to be asked. Quantitative data was gathered to identify demographic information of participants as well as the perception of the strength of current supervisory working alliance through the use of an established scale, the Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990). This research was exploratory in nature, as it investigated a phenomenon that was not addressed in current research. Clinical supervisors and current graduate-level social work students who were at field internships

affiliated with California State University, San Bernardino School of Social Work were recruited to participate in this study.

Significance of the Project for Social Work Practice

This study contributes to social work practice by expanding the understanding of the importance of self-disclosure in supervision. Having a strong supervisory relationship may facilitate more appropriate self-disclosure during clinical supervision. This impacts student clinicians' abilities to work effectively with clients as it increases the opportunities for students to receive suitable guidance from supervisors and can raise clinical self-awareness. This impacts social work practice by improving the quality of services to clients that are provided by student clinicians. This study also demonstrates support for the National Association of Social Workers Code of Ethics, specifically when considering competence, importance of human relationships, and service (National Association of Social Workers, 1999). In the future, this research may impact social work practice by demonstrating the importance of developing specific programs to train and assess supervisors working with student clinicians in the field.

When considering the generalist intervention process, this study focused on the assessing phase. By evaluating the relationship between student clinicians and their supervisors, positive qualities that can improve such

relationships were determined and can be utilized to improve supervision practices.

This study addressed the following: What are student and supervisor perceptions on the impact of self-disclosure during clinical supervision for developing a strong supervisory relationship? Additionally, how does developing a strong supervisory relationship impact the ability to recognize issues of countertransference that arise while working with clients?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will explore the research surrounding clinical social work supervision. The subsections will discuss students' abilities to recognize countertransference, the concept of a supervisory working alliance, and self-disclosure during clinical supervision. The final section will address the use of attachment theory to examine the relationship between student clinicians and their supervisors.

Social Work Supervision

The concept of supervision in social work is directly related to the efficacy of social work services and the way these services are provided by social work students (Wonnacott, 2012). Furthermore, having a positive experience in social work supervision allows supervisees to develop more clinical skills and learn to maintain a positive well-being while working in a difficult field through recognizing and coping with countertransference (Livni, Crowe, & Gonsalvez, 2012). For this reason, it is imperative that a strong supervisory relationship be established in order for student social workers to experience the full benefits of the supervisory process. The ability to recognize countertransference, the supervisory working

alliance, and self-disclosure during supervision are all important components for developing a strong supervisory relationship.

Ability to Recognize Countertransference

According to Trimboli and Keenan (2010), intensive supervision is necessary for clinicians in the mental health sector to become mindful of personal emotions and reactions towards clients. These personal emotions and reactions are due to unresolved conflicts in the clinician's life that can be triggered when working with particular clients, and this is considered countertransference (Sharma & Fowler, 2016). In order to decrease the risk of experiencing countertransference, supervisees should become more aware of their own feelings and responses through the supervisory process (Knight, 2014).

Supervisory Working Alliance

The supervisory working alliance is a strong predictor of the effectiveness of supervision (Livni et al., 2012). The success of clinical supervision is also impacted by the quality of the relationship between the supervisor and supervisee (Spence et al., 2014). If student clinicians do not feel supported by their supervisor, they are less likely to self-disclose regarding experiences with clients and this can impede their ability to learn from their experiences (Knight, 2014). For this reason, it is important for student clinicians to engage in parallel processing through collaboration with their supervisors. By doing this, student clinicians will feel more comfortable and will be more willing to disclose their experiences and emotional reactions to their supervisors (Trimboli & Keenan,

2010). When a positive supervisory working alliance is established, student clinicians experience less anxiety and this positively impacts their ability to self-disclose during supervision (Mehr et al., 2015).

Self-Disclosure

There is a relationship between self-disclosure and the efficacy of clinical supervision (Spence et al., 2014). The strength of the relationship between a supervisor and student clinician influences the willingness of the student to self-disclose (Mehr et al., 2015). In addition, if supervisors practice self-disclosure during supervision with supervisees, it can serve as a model to student clinicians and demonstrate how to approach self-disclosure during supervision (Knight, 2014). Other variables that impact the desire for student clinicians to self-disclose include the frequency, environment, and formality of supervision sessions (Spence et al., 2014).

Studies Focusing on Social Work Supervision

Spence and colleagues (2014) conducted research on the way that self-disclosure impacts the supervisory working alliance. Van Breda and Feller (2014) conducted additional research that explored the importance of supervision in assisting supervisees to recognize countertransference. This study evaluated the body of research related to this topic and sought to identify the relationship between self-disclosure and the ability to recognize countertransference during clinical supervision.

Research by Spence and colleagues (2014) focused on clinical psychology supervisees and the decision process for self-disclosing during clinical supervision. This study attempted to lead the interview process by using open-ended, exploratory questions. The purpose of this study was to identify the specific characteristics that are necessary for a strong supervisory relationship to form and how student clinicians decide whether or not to self-disclose to their supervisors.

The results of this study suggested that clinical psychology supervisees value supervisors who are competent, flexible, and compatible to their style of learning (Spence et al., 2014). One limitation of this study was that it focused on psychology student clinicians in the United Kingdom and may not be generalizable to social work student clinicians in the United States. A gap to consider is that while this study focused on self-disclosure and the supervisory relationship, it did not address the impact this had on a student clinician's ability to recognize countertransference when working with clients.

Van Breda and Feller (2014) conducted a research study on the abilities of social work students to manage countertransference. During individual interviews, undergraduate level social work students were asked two sets of questions. The first set sought to understand the students' experience with countertransference. The second set of questions asked about students' familiarity with the term "countertransference". Underlying themes were identified in this study based on student interviews.

Van Breda and Feller (2014) identified four underlying themes: countertransference reactions, countertransference behavior and management, role of supervision, and understanding of countertransference. All students in the study stated they experienced countertransference when working with clients. When some students experienced countertransference reactions they responded by becoming withdrawn and “emotionally shutting down” in an attempt to maintain a professional role. According to the authors in this study, this negatively impacts work with clients because it impedes the student clinicians’ ability to be emotionally present and process what is being said during the session. Other students became over-involved and over-protective of their clients when experiencing countertransference. This also negatively impacts the therapeutic relationship because it enables clients, reduces the level of empowerment, and leads to dependent relationships.

The theme, role of supervision, was an unintended finding and was not included in the interviews with student social workers. However, many students discussed, without being prompted, how supervision provides them with knowledge about themselves and how to interact with clients (Van Breda & Feller, 2014). The final theme in this study, understanding of countertransference, revealed that student clinicians felt that they did not fully comprehend the concept of countertransference and how emotional responses were related to their work with clients.

An identified limitation of Van Breda and Fellers' (2014) study is that undergraduate social work students were used and students at a graduate level, with more experience, may have a better understanding of the concepts presented. A gap that needs to be acknowledged is that this study does not identify a link between self-disclosure in clinical supervision and how it relates to student clinicians' ability to recognize countertransference when working with clients. The findings presented in these studies as well as their limitations demonstrate the need to address the way students and supervisors perceive the helpfulness of self-disclosure during clinical supervision and how it impacts the supervisory working alliance. Additionally, more research needs to be done to discover the impact of developing a strong supervisory relationship and the influence it has on the ability to identify countertransference in relationships with clients.

Theories Guiding Conceptualization

Attachment theory perspective is beneficial in comprehending the relationship between clinical social work students and their supervisors in internship. Attachment theory can be applied to the supervisory working alliance because it contributes to the understanding of the relationship and the development of a supportive and secure supervisory relationship. A secure relationship between a supervisor and supervisee results from how successful a supervisor is in interpreting the cues of attachment that the supervisee presents

during supervision (Bennett, 2008). As a result, the author states that it is necessary for the supervisor to provide the supervisee with pertinent and responsive care. Bennett (2008) suggests that if a supervisor is able to create a secure environment for the student during clinical supervision, student clinicians are able to create a similar environment for their clients based on the example set by their supervisor.

Student clinicians may desire the immediate guidance of their supervisors when presented with the new responsibilities they are being faced with in their field work internship setting. This is similar to children requiring the closeness of their caregivers when exploring new settings related to attachment theory (Bennett, 2008). Clinicians that have a secure attachment with their supervisors are more likely to disclose negative and positive information about themselves. As a result, these clinicians are more able to handle evaluations by their supervisors in a more effective manner (Gunn & Pistole, 2012).

Supervisors have an important role in helping student clinicians to develop skills and should be aware of effective ways to form a supervisory working alliance so students can gain the most from the supervision process. Social work students have been shown to appreciate when a supervisor is able to develop positive relationships with supervisees when forming the supervisory working alliance (Bennett, 2008). The author suggests that focusing too much on skill-building without focusing on the supervisory relationship may have a negative impact on a student clinician in developing clinical therapy skills. Previous studies

have focused on the supervisor's ability to work with clinical social work students to develop goals and build skills based on the graduate student curriculum. While this is important, developing a positive relationship between the supervisor and social work student to form a strong supervisory working alliance should be a primary concern. Students need to feel comfortable with their supervisor before they are able to effectively focus on goal-setting and skill-building (Bennett, 2008).

When the supervisor provides a comfortable environment for the graduate social work student to learn, the student is more confident in their ability to explore and learn from new experiences. Bennett (2008) discusses that when supervisors provide clinical social work students with support, time, reliance, and openness it can anticipate a successful supervisory relationship. The participants from this study demonstrate the importance of having a relationship-centered approach during supervision. Furthermore, this study allows supervisors to understand the relational styles and the needs of the social work students.

Summary

This study evaluated the impact of a strong supervisory working alliance on clinical practice. Strong supervisory relationships can lead to appropriate self-disclosure and the ability to recognize feelings of countertransference in students. Attachment theory may provide insight as to how supervisory relationships are formed and used to develop positive clinical skills.

CHAPTER THREE

METHODS

Introduction

The objective of this study was to examine the perceptions supervisors and student clinicians had regarding self-disclosure during clinical supervision. In addition, this study examined how the relationship between supervisors and students impacted student clinicians' abilities to recognize countertransference during sessions with clients. This chapter provides information regarding the process of how this study was conducted. The sections will cover study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study explored the impact of opinions regarding self-disclosure during clinical supervision on the development of a strong supervisory working alliance. Additionally, the study addressed if the development of a strong supervisory relationship impacted a student clinician's ability to recognize issues of countertransference. This study utilized a mixed methods approach. Researchers gathered qualitative data by conducting individual face-to-face interviews. The interview format was semi-structured in order to provide the opportunity for follow-up questions to explore concepts further.

A strength of this research was the use of both supervisors and student clinicians as participants as this provided a broader range of information capturing the views of both sides of the supervisory working alliance. A strength of utilizing an interview format, was the ability to provide participants with the opportunity to anonymously disclose personal experiences that gave insight regarding the workings of supervisory relationships.

A limitation of this research was having a narrow subject pool for interviews, leading to a lack of generalizability due to a small number of participants. Additionally, this study was unable to demonstrate a causal relationship due to the qualitative nature of the data. Further research needs to be conducted, with a larger subject pool and using quantitative measures, to determine causality.

The research questions this study addressed were: What are student and supervisor perceptions on the impact of self-disclosure during clinical supervision for developing a strong supervisory relationship? Additionally, how does developing a strong supervisory relationship impact the ability to recognize issues of countertransference that arise while working with clients?

Sampling

A purposive sampling technique was used to gather data from social work students and clinical supervisors. As this research sought to identify factors involving the supervisory working alliance, the sample included clinical

supervisors and current graduate-level social work students affiliated with social work internships through California State University, San Bernardino. The quantitative survey measures were sent to the university mailing list in hopes of receiving a minimum of 80 responses. A total of 10 interviews were conducted. Five students and five supervisors were selected for the interviews from a pool of volunteers.

Data Collection and Instruments

The qualitative data gathered was used to explore the student and supervisor perceptions on the impact of self-disclosure during clinical supervision for developing a strong supervisory relationship. Student participants were asked to identify how often they self-disclosed to their field supervisors during clinical supervision. They were also asked to identify if there were any characteristics they considered to be important for a supervisor to have that would allow them to feel more comfortable self-disclosing during clinical supervision. Supervisor participants were asked how often their student interns self-disclosed appropriately during clinical supervision. Both student and supervisor participants were asked to determine if self-disclosure either aided or hindered the development of a strong supervisory relationship. Additionally, both students and supervisors were asked what factors, if any, they believed to be important in the development of a strong supervisory working alliance.

In regards to the quantitative data collected in this study, demographic information of participants and their perceptions of the strength of the supervisory working alliance were collected. This was done using a modified version of the established scale, the Supervisory Working Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990). The independent variable was the strength of the supervisory relationship. This was an interval level of measurement using the SWAI scale for students (see appendix A) and supervisors (see appendix B) that was tailored to this study. This determined the perceived strength of the supervisory working alliance rating 15 (for students) and 20 (for supervisors) items on a seven-point Likert scale that ranged from *almost never* to *almost always* (Efstation et al., 1990). The dependent variables were perceptions of self-disclosure during clinical supervision, the perceived impact of self-disclosure on the development of a strong supervisory relationship, and the abilities of social work students to recognize issues of countertransference that arose while working with clients. These interval levels of measurement were measured through student and supervisor reports during surveys and interviews.

The established SWAI scale had two domains for trainees and three for supervisors. Cronbach's alpha was utilized to determine internal consistency reliability for each domain. For trainee scales, the alpha coefficients were ".90 for Rapport and .77 for Client Focus". For supervisor scales, the alpha coefficients were ".71 for Client Focus, .73 for Rapport, and .77 for Identification" (Efstation et al., 1990). The reliability for each domain ranged between acceptable and

excellent. According to Efstation and colleagues (1990), the SWAI was compared to an additional scale, the Supervisory Styles Inventory, and it was found to present “moderate correlations with the Supervisor’s (.50) and Trainee’s (.52)”. There are no identified cultural barriers to this scale due to the straightforward language to describe scale items.

The established SWAI scale was modified for the purpose of this research. Scale items were chosen based on the item-scale correlation. The items with the lowest correlation in each domain were omitted from the established SWAI scale. Three (for students) and four (for supervisors) additional questions were included along with demographic questions and the SWAI scale when the survey was provided for participants to further explore concepts related to the research topic. This scale was modified for this study in consideration of the participants’ time and to increase reliability of responses.

A strength to using the SWAI scale was that it was already established and therefore reliability and validity were acceptable. A second strength of including the SWAI scale was the ability to address viewpoints of the supervisor and student clinicians. One limitation was the inability to include every scale item on the SWAI. Another limitation of survey data was the lack of in-depth responses from participants. Both limitations were addressed by conducting semi-structured interviews to add to the body of knowledge obtained from participants.

Procedures

This study utilized purposive sampling. The Director of Field Education and Administrative Support Coordinator at California State University, San Bernardino (CSUSB) School of Social Work were contacted to connect researchers with supervisor and student participants. The Director of Field Education at CSUSB provided the student researchers with a list of names of field supervisors she deemed willing and interested in participating. The Administrative Support Coordinator at CSUSB had access to the list of CSUSB MSW students who were currently in a field placement. After Institutional Review Board (IRB) approval (see appendix C), the Director of Field Education was provided a solicitation email (see appendix D) by student researchers to be sent to the selected supervisors via email. After IRB approval, student researchers provided the Administrative Support Coordinator with a solicitation email during the Winter 2018 Quarter to administer to students via email. One solicitation email was sent out to supervisors and one was sent out to students that contained information regarding the study and how to participate in both the survey and the interview portion. Each individual had the opportunity to participate in the survey, interview, or both by clicking individual links in the recruitment email.

Five supervisors and five students were selected and asked to participate in the interview from among those who identified themselves as interested in participating in the interview portion of the study. Interview participation did not

require survey completion. Both authors of this study interviewed participants in a place of each respondents' choice. Researchers scheduled interview appointments according to the availability of each participant. Each interview was expected to last approximately 30 to 45 minutes. Interviews were conducted one-on-one, with each researcher interviewing five participants individually. Interview participants were provided with an informed consent sheet to sign and a copy of the questions for their convenience. Researchers explained confidentiality and collected the signed consent form (see appendix E). Interviewees were thanked for their participation. Before beginning the interview, the study was explained verbally and participants were given the opportunity to choose a pseudonym. The interviewee was informed when the audio-recording device was turned on and the interview began with the established questions (see appendix F).

Protection of Human Subjects

The confidentiality of participants in this study was maintained. Surveys were completed anonymously and no identifying information was collected. All interview participants were given a pseudonym and no identifying information was released by researchers. Interviews were recorded using a digital tape recorder and transcribed manually. All audio-recording files were downloaded and stored in a password protected laptop. When interviews were transcribed, no identifying information was documented. After transcription, audio files were deleted from recording device. All participants were asked to sign an informed

consent document. One year after this study is completed, all data including audio-recordings, documentation, and informed consent sheets will be erased from computer files.

Data Analysis

When analyzing survey data, quantitative analysis techniques were utilized. Descriptive statistics were used to describe demographic information of participants. The independent variable and dependent variables were analyzed using a Correlation Analysis. The independent variable was the strength of the supervisory relationship. The dependent variables were perceptions of self-disclosure during clinical supervision, the impact of self-disclosure on the development of a strong supervisory relationship, and the abilities of social work students to recognize countertransference.

Qualitative data collected during interviews were analyzed through the identification of themes. Audio recordings of individual interviews were manually transcribed into written form. Each interview participant was assigned a pseudonym for transcription purposes. After transcribing the data, researchers separately highlighted code words and common concepts. Highlighted documents were compared between student researchers to determine final themes to be used. A predicted theme that was expected to emerge was students who were encouraged by their supervisor to process how they felt about specific clients would be more likely to accurately identify countertransference

with a client. Another anticipated theme was students feeling more or less comfortable to self-disclose based on questions supervisors asked during clinical supervision.

Summary

This study sought to explore the perceptions supervisors and student clinicians had regarding self-disclosure during clinical supervision. Furthermore, this study assessed how the supervisory working alliance impacted student clinicians' ability to recognize countertransference issues that arose while working with clients. Both qualitative and quantitative methods incorporated aided in the exploration of a topic that required further research. A Correlation Analysis of survey data and identification of themes that arose through the interview process determined the results of this study.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this chapter is to present the results of the quantitative and qualitative analyses conducted. The chapter will provide demographic information of both survey and interview participants such as gender, age, race/ethnicity, focus of practice, and agency sector. In addition, the means and standard deviations of age and years of being a field supervisor will be included. The inferential statistics based on correlation analyses will be presented. Finally, interview themes will be identified and will include: self-disclosure aids the supervisory relationship, identifying countertransference through supervision, supervision similarities to therapy, understanding student role, structure during supervision, communication patterns, promoting a sense of comfort, and normalizing feelings of countertransference.

Presentation of Quantitative Findings

Sample Demographic Characteristics

The demographic characteristics for student survey participants are shown in Table 1. The majority of the student participants identified as female with 56 (78.9%), whereas 13 (18.3%) identified as male (n=69). The mean age (n=67) of the student population was 30.07 (SD=7.54). Over half of the survey participants

were Hispanic or Latino (54.9%), and approximately one third of the participants were White/Caucasian (31.0%). The third largest group identified as Black or African American (9.9%) with n=69. Thirty (42.3%) of the participants were in their Foundation Year and thirty-nine (54.9%) were in their Advanced Year of Field Internship (n=69). The breakdown for Focus of Practice (n=69) is as follows: Micro (52.1%), Macro (8.5%), Both (36.6%), Unsure (0.0%). In terms of Category of Internship (n=69), participants identified the following: Non-profit (14.1%), County (40.8%), Medical (22.5%), and Other (19.7%). Of those who selected "Other", 1 (1.4%) wrote "Government" and 13 (18.3%) wrote "School District".

Table 1. Student Sample Demographic Characteristics

Demographic	N (%)	M	SD
Gender			
Female	56 (78.9%)		
Male	13 (18.3%)		
Age		30.07	7.54
Race/Ethnicity			
American Indian or Alaskan Native	1 (1.4%)		
Asian or Pacific Islander	3 (4.2%)		
Black or African American	7 (9.9%)		
Hispanic or Latino	39 (54.9%)		
White/Caucasian	22 (31.0%)		
Prefer not to answer	1 (1.4%)		
Other	1 (1.4%)		
Year of Field Internship			
Foundation	30 (42.3%)		
Advanced	39 (54.9%)		

Table 1. (continued)

Focus of Practice	
Micro	37 (52.1%)
Macro	6 (8.5%)
Both	26 (36.6%)
Unsure	0 (0.0%)
Category of Internship	
Non-profit	10 (14.1%)
County	29 (40.8%)
Medical	16 (22.5%)
Other	14 (19.7%)

Table 2 shows the demographic characteristics of the supervisor sample population. Fourteen (82.4%) supervisors identified as female while 3 (17.6%) identified as male (n=17). The mean age (n=16) was 43.94 (SD=12.19). Majority of the supervisor participants identified as White/Caucasian 8 (47.1%), with the next highest being Hispanic or Latino 5 (29.4%). The third highest was Black or African American 3 (17.6%). The mean number of years serving as a field supervisor (n=17) was 8.94 (SD=10.5), with an identified outlier of 43 years. Only two areas for Focus of Practice (n=17) were reported by supervisors with 9 (52.9%) reporting Micro and 8 (47.1%) reporting Both (Micro and Macro). The Category of Agency (n=17) is broken down as follows: Non-profit 2 (11.8%), County 4 (23.5%), Medical 7 (41.2%) and Other 4 (23.5%). Of those who selected "Other", 1 (5.9%) wrote "Private Practice" and 3 (17.6%) wrote "School District".

Table 2. Supervisor Sample Demographic Characteristics

Demographic	N (%)	M	SD
Gender			
Female	14 (82.4%)		
Male	3 (17.6%)		
Age		43.94	12.19
Race/Ethnicity			
American Indian or Alaskan Native	0 (0.0%)		
Asian or Pacific Islander	1 (5.9%)		
Black or African American	3 (17.6%)		
Hispanic or Latino	5 (29.4%)		
White/Caucasian	8 (47.1%)		
Prefer not to answer	0 (0.0%)		
Other	0 (0.0%)		
Years as Field Supervisor		8.94	10.5
Focus of Practice			
Micro	9 (52.9%)		
Macro	0 (0.0%)		
Both	8 (47.1%)		
Unsure	0 (0.0%)		
Category of Agency			
Non-profit	2 (11.8%)		
County	4 (23.5%)		
Medical	7 (41.2%)		
Other	4 (23.5%)		

Inferential Statistics

Analyses were conducted utilizing SPSS software Base Edition. Pearson correlation analysis was utilized to explore the relationships between the following variables: client focus, rapport, identification (for supervisor participants only), self-disclosure during clinical supervision is acceptable, self-disclosure aids the development of a strong supervisory relationship, my students have the

ability to recognize countertransference when working with clients (for supervisor participants only), and having a strong supervisory relationship helps students identify countertransference during individual sessions with clients. Table 3 presents the findings in student participants and Table 4 presents the findings for supervisor participants.

Table 3 shows five significant correlations. There is a significant correlation between rapport and client focus, $r(64) = .81, p < 0.01$. The next significant correlation is between rapport and self-disclosure during clinical supervision being perceived as acceptable, $r(65) = .29, p < 0.05$. Another significant correlation found is between client focus and self-disclosure during clinical supervision being perceived as acceptable, $r(64) = .25, p < 0.05$. There was also a significant relationship between self-disclosure during clinical supervision being seen as acceptable and the belief that self-disclosure aids in the development of a strong supervisory relationship, $r(66) = .67, p < 0.01$. The final significant relationship found is between the perception that self-disclosure aids in the development of a strong supervisory relationship and the belief that having a strong supervisory relationship helps students to identify countertransference during individual sessions with clients, $r(66) = .32, p < 0.01$.

Table 3. Correlation Matrix for Students

	1	2	3	4	5
1. Rapport	1				
2. Client Focus	0.81**	1			

3. Self-disclosure during clinical supervision is acceptable	0.29*	0.25*	1		
4. Self-disclosure aids the development of a strong supervisory relationship	0.09	0.15	0.67**	1	
5. Having a strong supervisory relationship helps identify countertransference during individual sessions with clients	0.01	0.08	0.18	0.32**	1

Note. ** $p < 0.01$ level (2-tailed); * $p < 0.05$ (2-tailed)

Table 4 shows two significant correlations. There is a significant correlation between self-disclosure during clinical supervision being perceived as acceptable and the belief that self-disclosure aids the development of a strong supervisory relationship, $r(16) = .80, p < 0.01$. The other significant correlation was between the perception that self-disclosure aids in the development of a strong supervisory relationship and the supervisors' perceptions that their students have the ability to recognize countertransference when working with their clients, $r(16) = .57, p < 0.05$.

	1	2	3	4	5	6	7
1. Client Focus	1						
2. Rapport	0.24	1					
3. Identification	-0.06	0.42	1				
4. Self-disclosure during clinical supervision is acceptable.	0.04	0.17	0.20	1			
5. Self-disclosure aids the development of a strong supervisory relationship.	0.19	0.20	0.23	0.80**	1		

6. My students have the ability to recognize countertransference when working with their clients.	-0.07	0.46	0.39	0.25	0.57*	1	
7. Having a strong supervisory relationship helps students identify countertransference during individual sessions with clients.	0.26	-0.11	-0.09	0.35	0.47	0.24	1

Note. **p< 0.01 level (2-tailed); * p< 0.05 (2-tailed)

Presentation of Qualitative Findings

Sample Demographic Characteristics

The demographic characteristics for all interview participants are displayed in Table 5. Student participants (n=5) were interning in the sectors of County Behavioral Health 3 (60.0%) and School District 2 (40.0%). The supervisor participants (n=5) identified their agencies as: County Behavioral Health 3 (60.0%), School District 1 (20.0%), and Forensic Mental Health 1 (20.0%).

Table 5. Interview Demographic Characteristics

Sector	Student N (%)	Supervisor N (%)
County Behavioral Health	3 (60.0%)	3 (60.0%)
School District	2 (40.0%)	1 (20.0%)
Forensic Mental Health	0 (0.0%)	1 (20.0%)

Qualitative Analysis

Interview transcriptions were utilized to identify significant themes from supervisor and student participants. The eight following themes were discovered by researchers: self-disclosure aids the supervisory relationship, identifying countertransference through supervision, supervision similarities to therapy, understanding student role, structure during supervision, communication patterns, promoting a sense of comfort, and normalizing feelings of countertransference.

Self-disclosure Aids the Supervisory Relationship. All interview participants stated that self-disclosure has the potential to aid in developing a strong supervisory working relationship. Self-disclosing allows supervisors and students to build rapport. Furthermore, self-disclosure allows students to self-reflect and process feelings when working with clients. “From my experience I’ve felt that it has aided—It has helped our relationship become stronger because she just knows what’s going on and I think it’s just better to be more open” (Student “Rosy”, personal interview, March 2018).

“I think it aids in their ability to form a strong relationship. Mostly because I think it allows them—I mean you’re building rapport, you are building the relationship. And so, I think when they are open and they are willing to self-disclose, it provides that opportunity to build that closer relationship” (Supervisor “AM”, personal interview, February 2018).

Identifying Countertransference Through Supervision. Supervisors and students both expressed that supervision is helpful by assisting student clinicians in identifying feelings of countertransference. Supervisors are able to identify when a student is experiencing countertransference through observing non-verbal behaviors and making connections to experiences shared through student self-disclosure. Supervisors assist students by asking direct questions and challenging them to self-reflect and process feelings that arise while working with clients. During supervision, student clinicians willingly share the experiences they have when working with clients in order to process possible countertransference reactions with their supervisors.

“What I do is, when they bring up a situation of some sort, I ask them ‘how are you? When the client was saying this particular thing to you, how were you feeling then?’... Because I know a little bit about them, I would ask them, and I could look at their body language. I would say ‘I noticed that, when you were explaining this to me, you became tearful, or there was a scowl on your face. Tell me, as you were talking about that, what were you feeling? When the client was expressing that to you, what were you relating to?’ And that’s how I help them” (Supervisor “CC”, personal interview, February 2018).

“She did help with one of my clients because I presented it and said, ‘I think I may be having countertransference with this client’ and explained it and then I asked for her advice on that. I think it is important to identify

those when you're working with a client. So, I'm very forthcoming with those incidents when I think they're occurring. And then once I'm honest about it, I think she can be honest with her feedback on it" (Student "Sarah", personal interview, February 2018).

Supervision Similarities to Therapy. An additional theme that emerged was how supervision can resemble the therapeutic process. Students, like clients, may require time to build rapport and become comfortable with their supervisor. Student clinicians benefit from working with supervisors who permit them to process feelings and share experiences without the fear of being judged.

"Especially toward the beginning of the relationship—the supervision relationship—it's a lot harder for students to open up about those types of things. Definitely toward the middle and end, I found that students tend to feel a little bit more comfortable opening up" (Supervisor "JG", personal interview, March 2018).

"I think the same characteristics that are used in therapy, even though it's not a therapy session in supervision, those same characteristics are very important to have with the supervisor towards myself or to the supervisee. Because it makes supervision more open and comfortable to talk and go into, so definitely having like the open conversation, being able to share and process, even the most difficult stuff, without any judgement" (Student "CA", personal interview, February 2018).

Understanding Student Role. This theme relates to supervisors being cognizant of the learning role of the student. Students require additional assistance and the ability to learn from mistakes in order to develop professionally. Supervisors can help students by providing resources, teaching clinical skills, and by being conscious that students will make mistakes. “She’s very understanding, she is helpful in teaching us different skills. Like different therapy techniques that we can use while we’re working with our clients. So that’s um... that’s her biggest strength” (Student “Rosy”, personal interview, March 2018).

“I give them information, like to develop their library. I bring in books and I say this is a very informative book that you’re going to be using in years to come, so I’d like you to purchase it. So, I give them resources. And we practice and role play. And I think those things contribute to them developing confidence in their abilities” (Supervisor “CC”, personal interview, February, 2018).

“Being understanding of their process as well, because, we’ve all been there. We’ve all been in school and in internship, so kind of being able to touch back and remember how stressful it was, and anxiety provoking, so being mindful of that and, I think that’s one important thing too, when you can kind of look back and be like ‘I’ve been there, so I know it’s difficult. How can I help you?’ And then providing, kind of like validation of what

they're going through, and knowing that they're gonna make mistakes and it's okay" (Supervisor "RU", personal interview, March 2018).

Structure During Supervision. Another common theme that was identified was that supervision should be structured and organized in order for students to know what to expect and utilize it appropriately. Every student interviewed reported having consistency and a reliable supervisor was imperative for a positive supervisory working alliance. Students also reported that organization and accessibility to their supervisor was necessary. Structure in supervision could be provided by having a set agenda that includes case consultations and check-ins with students.

"I think they have to be organized, so have an idea of what we're going to talk about and not be all over the place. Being organized, that really helps me, keep me on track. So I think that's important" (Student "Mayra", personal interview, February 2018).

"I think for one, is being consistent. So, you know, the expectation is every week we have a set time and they come to supervision. I have a supervisory plan that we go over, and then, again, being consistent. I review every single one of their assigned cases, and we talk about how the session went that week, what interventions they're using, why they're using them. And then also, having an open-door policy is really helpful. So we have our time for an hour, but, you know, if they need to come in and

discuss, 'hey, this just happened', then we can do that" (Supervisor "RU", personal interview, March 2018).

Communication Patterns. Students and supervisors highlighted the importance of maintaining open communication during the supervision process. Students reported being provided with constructive feedback, both positive and negative, is helpful to their learning. Students also reported supervisor engagement to be important when attending clinical supervision. Supervisors also need to accept feedback from supervisees in order to improve upon supervision practices.

"I think the communication obviously, if you have good communication with your supervisor and them knowing that you're human and you're going to make mistakes but learning from them um is a good thing. And basically the guidance that a supervisor provides to you whether it's good or bad. Correcting you when you're doing something that you shouldn't be doing. And when you do something good, letting you know so that you know the good and the bad" (Student "JL", personal interview, February 2018).

"Being very present and engaged in the conversation. Giving both, positive feedback but then also constructive feedback for things that you need to work on, to further your own personal growth. So, yeah, I think those factors would be important" (Student "Sarah", personal interview, February 2018).

“I ask them, ‘what has been helpful in this session?’ In our supervisory session, what has helped them. And I ask them ‘what is it you want from this process that we are going through together?’ And I let them know that I am very committed to their learning. And they can say anything that they need to say to me and that I will not be judgmental” (Supervisor “CC”, personal interview, February 2018).

Promoting a Sense of Comfort. Another theme that was common in both students and supervisors was the need for supervisors to help students feel comfortable in supervision. Students reported needing supervisors to be approachable and non-judgmental. Supervisors reported the importance of being genuine with students and the need to demystify the supervisory process. “I think openness, trust, being supportive. I guess with the student you know trusting that they can be able to bring in any issues and not be judged” (Supervisor “NL”, personal interview, March 2018). “That would make me feel more comfortable. I think that she’s not intimidating, so she’s like, very approachable. And she’s pretty honest and open and able to answer questions” (Student “Sarah”, personal interview, February 2018).

“In the beginning, I also kind of demystify supervision so that there’s the expectation that, ‘hey, we’re going to be talking about this, this, that, and that. Our goal is to aid in professional development by doing it this way’, so I use that” (Supervisor “RU”, personal interview, March 2018).

Normalizing Feelings of Countertransference. A final theme that was discovered exclusively in the supervisor interviews was the importance of normalizing feelings of countertransference to students. Students often feel guilty when experiencing countertransference. Supervisors stated that they can help by expressing to students that countertransference is a normal part of the therapeutic process.

“And I also say to them ‘It happens every day but as therapists, we have to be aware of the relationship that we’re having with the client and we have to understand this is not your sister, this is not your auntie, this is not your nephew” (Supervisor “CC”, personal interview, February 2018).

“I think as clinical supervisors, I remember being a student and just looking toward my supervisor and saying they’re just perfect and there’s nothing wrong, and they never have a bad day or they’re never stressed out, but the fact of the matter is that us as supervisors also have countertransference and biases and different things like that” (Supervisor “JG”, personal interview March 2018).

Summary

This chapter provided the results of the quantitative and qualitative analyses. An overview of the participants’ demographic characteristics was presented. Significant relationships found in the correlation analyses for students and supervisors were identified. The eight themes from qualitative interviews

were introduced. Direct quotations from both student and supervisor interview participants were provided to support common themes.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the perceptions that students and supervisors have regarding self-disclosure during clinical supervision. In addition, this study examined how developing a strong supervisory working alliance can influence a student's ability to recognize countertransference when working with clients. This chapter will discuss the findings and limitations of this study. Recommendations for social work practice, policy, and future research will also be provided.

Discussion

The quantitative data for students revealed five significant relationships. One significant relationship was between rapport and client focus. This finding demonstrates how having good rapport between students and supervisors may lead to open discussions regarding client cases and case planning. Furthermore, the constructs of client focus and self-disclosure being perceived as acceptable were significant. If student self-disclosure during supervision is related to their feelings about clients and work in the field, it can aid in the student's professional growth. This supports research by Gunn and Pistole (2012) which found that forming strong relationships with supervisors can lead to supervisees being more likely to self-disclose and utilize feedback from supervisors.

The constructs of rapport and self-disclosure being perceived as acceptable were also significant. This relates to the first research question and argues that self-disclosure is viewed as acceptable when there is a strong bond between students and supervisors. A relationship was found between self-disclosure being perceived as acceptable and self-disclosure being perceived as aiding the supervisory relationship. This also addresses the first research question and it implies that self-disclosure can be used to strengthen the relationship between a student and their supervisor. Finally, self-disclosure being perceived as aiding the supervisory relationship and the belief that a strong supervisory relationship helps students identify countertransference were significantly related. This addresses the second research question in which having a strong supervisory relationship can lead to a student recognizing issues of countertransference.

The quantitative results for supervisors demonstrated two significant relationships. The perception of self-disclosure being acceptable and the belief that self-disclosure aids in the development of a strong supervisory relationship were significantly related. This addresses the first research question and supports the idea that self-disclosure can help in the development of a strong supervisory relationship. There was also a relationship between the perception that self-disclosure aids in the development of a strong supervisory relationship and the supervisors' perceptions that their students have the ability to recognize countertransference when working with their clients. This addresses the second

research question and promotes the idea that a student's ability to recognize countertransference is impacted by their relationship with their supervisor.

Qualitative themes found in this study relate to the focus of the research questions in identifying the impact the supervisory relationship has on student willingness to self-disclose during supervision and the ability to recognize countertransference. In regards to the first question, every participant in the study agreed that self-disclosure aids the development of the supervisory relationship. This was paired with the need for supervisors to communicate openly, provide structure during supervision, understand the student role, promote a sense of comfort, and normalize countertransference reactions. When all these factors are considered, students may have a better ability to identify countertransference through supervision. Mehr and colleagues (2015) stated that it is important for clinicians to self-disclose during supervision because it allows them to properly become aware of their own emotions. These themes support the finding that supervisors can help student clinicians develop skills for therapeutic practice while assisting in processing their own emotions (Trimboli & Keenan, 2010).

One unanticipated finding came from the qualitative data. A discovered theme from both students and supervisors expressed how supervision can be similar to the process of therapy with clients. While this makes sense, it is something that should be monitored. Supervisors should be validating, non-judgmental, and normalizing and these are qualities that a therapist has. However, students should be made aware that this is not a therapeutic

relationship and self-disclosure should remain appropriate and pertinent to the client cases being discussed. If they require therapy, they should seek services outside of their clinic and supervisors should encourage their students to access help when necessary.

Limitations

One limitation of this study is that the results of the quantitative data may not be generalizable to other populations. There was a limited number of participants who took the surveys. Of these participants, 82.4% of the supervisor population and 78.9% of the student population were females. Thus, the results of this study may not be representative of males in the field. Furthermore, as this study was comprised of students and supervisors affiliated with CSUSB, the results may not be generalizable to other social work programs and geographic areas.

A second limitation of this study is that the scale used to determine the strength of the supervisory working alliance was shortened. Therefore, not all of the original scale items were included. This was done in order to be considerate of the participants' time and to increase reliability of responses. However, removing some scale items may have impacted the content validity of the SWAI due to the fact that some scale items that were removed may have covered additional concepts related to the supervisory working alliance. Researchers

attempted to address this limitation through selectively choosing the scale items to be omitted.

Recommendations for Social Work Practice, Policy, and Research

Based on this research, one recommendation for social work practice would be for supervisors to encourage self-disclosure during clinical supervision as a way for students to explore issues of countertransference. Supervisors can do this by asking direct questions to students about their work with clients and feelings that arise. Supervisors can normalize the feelings of countertransference to help students feel comfortable and encourage them to self-disclose during clinical supervision.

Agencies can implement policies that require supervisors and students to attend specific trainings. Supervisor trainings will provide information on how to develop a strong supervisory relationship with students. This can include methods to help students feel comfortable in supervision, techniques to help students self-disclose, and how to recognize when students are experiencing countertransference. Student trainings will discuss how to utilize the supervisory relationship in a beneficial way. This can include breaking down the supervisory process, how to engage in appropriate self-disclosure with supervisors, and how to define and identify countertransference. Students and supervisors may also benefit from attending trainings together. Sometimes students are assigned to a supervisor who they may not be compatible with and this can hinder the

supervisory relationship from the beginning. Attending trainings together may provide them with the opportunity to learn different techniques in which the supervisor and student can learn how to compromise, build rapport, and build a more secure attachment. Providing students and supervisors with trainings that will teach them how to form a stronger supervisory working alliance will allow students to be more comfortable with the supervisory process.

As this study was exploratory in nature, future research is required in this area. Additional studies can focus on the impact of individual versus group supervision on the willingness of students to self-disclose during supervision. Furthermore, studies can be conducted to determine what should be included in supervisor and student trainings that can aid the supervisory working relationship. Finally, the effectiveness of trainings in this area can be evaluated and improved upon if necessary.

Conclusions

The significant relationships found in this exploratory study provided support for the ideas that self-disclosure can aid the supervisory working alliance and that this can facilitate a student's ability to identify countertransference. Two limitations of this study were the lack of generalizability due to the sample population demographics and the need to modify the scale used to assess the supervisory working alliance. This study suggests that supervisors should encourage appropriate self-disclosure during supervision. The field of social work

can benefit from implementing policies to provide in-depth trainings to supervisors that would allow them to improve the supervisory process with students. Furthermore, students could benefit from trainings that teach the purpose of supervision and how to utilize supervision effectively. Future research should examine other forms of supervision and the benefits to clinical practice. Supervision is an essential form of support for students during field practice and it is also the foundation to a student's professional development. Supervision can be considered the place for students to utilize self-disclosure appropriately and learn to effectively identify countertransference. Therefore, it is imperative for the supervisory relationship to be examined in order to develop supervisory practices that will promote professional growth in both students and supervisors.

APPENDIX A
SUPERVISORY WORKING ALLIANCE INVENTORY
SCALE FOR STUDENTS

**Perceptions of the Supervisory Relationship and Abilities to Recognize
Countertransference for Masters of Social Work (MSW) Students at
California State University, San Bernardino (CSUSB)**

Student Survey

**Section A:
Characteristics**

These questions are meant to gain an understanding of who is completing this survey.

1. What is your gender?
 - a. Male
 - b. Female
 - c. Other (please specify)

2. How old are you? _____ years

3. What is your race/ethnicity? (please select all that apply)
 - a. American Indian or Alaskan Native
 - b. Asian or Pacific Islander
 - c. Black or African American
 - d. Hispanic or Latino
 - e. White/Caucasian
 - f. Prefer not to answer
 - g. Other (please specify) _____

4. What year of field internship are you currently completing?
 - a. Foundation Year
 - b. Advanced Year

5. What would you consider the focus of your social work field practice to be?
 - a. Micro
 - b. Macro
 - c. Both
 - d. Unsure

6. What category does your current internship fall under?
- a. Non-profit
 - b. County
 - c. Medical
 - d. Other (please specify) _____

Section B: (Efstation, Patton, & Kardash, 1990)

The purpose of these questions is to understand your perception of your supervisory relationship. Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisor. After each item, check the number corresponding to the appropriate point of the following seven-point scale:

Almost Never 1 2 3 4 5 6 7 Almost Always

1. I feel comfortable working with my supervisor.
- a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always
2. My supervisor welcomes my explanations about the client's behavior.
- a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

3. My supervisor makes the effort to understand me.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

5. My supervisor helps me talk freely in our sessions.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

6. My supervisor stays in tune with me during supervision.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

7. In supervision, my supervisor places a high priority on our understanding the client's perspective.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

8. My supervisor encourages me to take time to understand what the client is saying and doing.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

9. My supervisor's style is to carefully and systematically consider the material I bring to supervision.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

10. My supervisor helps me work within a specific treatment plan with my clients.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

11. My supervisor helps me stay on track during our meetings.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

12. I work with my supervisor on specific goals in the supervisory session.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

Section C: (Developed by student researchers)

The purpose of the following questions is to understand your perception of self-disclosure with your supervisor during supervision and how it helps identify feelings of countertransference with clients. Self-disclosure refers to discussing personal information that your supervisor would not know otherwise. Please select the appropriate response for each question below:

1. Self-disclosure during clinical supervision is acceptable.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

2. Self-disclosure aids the development of a strong supervisory relationship.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

3. Having a strong supervisory relationship helps identify countertransference during individual sessions with clients.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

Thank you for your time and participation.

APPENDIX B
SUPERVISORY WORKING ALLIANCE INVENTORY
SCALE FOR SUPERVISORS

Perceptions of the Supervisory Relationship and Abilities to Recognize Countertransference for Masters of Social Work (MSW) Students at California State University, San Bernardino (CSUSB)

Supervisor Survey

**Section A:
Characteristics**

These questions are meant to gain an understanding of who is completing this survey.

1. What is your gender?
 - a. Male
 - b. Female
 - c. Other (please specify)

2. How old are you? _____ years

3. What is your race/ethnicity? (please select all that apply)
 - a. American Indian or Alaskan Native
 - b. Asian or Pacific Islander
 - c. Black or African American
 - d. Hispanic or Latino
 - e. White/Caucasian
 - f. Prefer not to answer
 - g. Other (please specify) _____

4. How long have you been a field supervisor? _____

5. What would you consider the focus of your social work field practice to be?
 - a. Micro
 - b. Macro
 - c. Both
 - d. Unsure

6. What category does your current agency fall under?
- a. Non-profit
 - b. County
 - c. Medical
 - d. Other (please specify) _____

Section B: (Efstation, Patton, & Kardash, 1990)

The purpose of these questions is to understand your perception of your supervisory relationship. Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check the number corresponding to the appropriate point of the following seven-point scale:

Almost Never 1 2 3 4 5 6 7 Almost Always

- 1. I help my trainee work within a specific treatment plan with his/her client.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

- 2. I help my trainee stay on track during our meetings.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

3. My style is to carefully and systematically consider the material that my trainee brings to supervision.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

4. My trainee works with me on specific goals in the supervisory session.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

5. In supervision, I place a high priority on our understanding the client's perspective.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

6. I encourage my trainee to formulate his/her own interventions with his/her clients.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

7. I encourage my trainee to talk about the work in ways that are comfortable for him/her.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

8. I welcome my trainee's explanations about his/her client's behavior.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

9. I make an effort to understand my trainee.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

10. I am tactful when commenting about my trainee's performance.
 - a. 1-Almost Never
 - b. 2-Rarely (less than 10% of the time)
 - c. 3-Occasionally (about 30% of the time)
 - d. 4-Sometimes (about 50% of the time)
 - e. 5-Frequently (about 70% of the time)
 - f. 6-Usually (about 90% of the time)
 - g. 7-Almost Always

11. In supervision, my trainee is more curious than anxious when discussing his/her difficulties with me.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

12. My trainee appears to be comfortable working with me.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

13. My trainee understands client behavior and treatment techniques similar to the way I do.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

14. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

15. I stay in tune with my trainee during supervision.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

16. My trainee identifies with me in the way he/she thinks and talks about his/her clients.

- a. 1-Almost Never
- b. 2-Rarely (less than 10% of the time)
- c. 3-Occasionally (about 30% of the time)
- d. 4-Sometimes (about 50% of the time)
- e. 5-Frequently (about 70% of the time)
- f. 6-Usually (about 90% of the time)
- g. 7-Almost Always

Section C: (Developed by student researchers)

The purpose of the following questions is to understand your perception of self-disclosure of your supervisees during supervision and how it helps identify their feelings of countertransference with clients. Self-disclosure refers to discussing personal information that supervisors would not know otherwise. Please select the appropriate response for each question below:

- 1. Self-disclosure during clinical supervision is acceptable.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

2. Self-disclosure aids the development of a strong supervisory relationship.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

3. My students have the ability to recognize countertransference when working with their clients.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

4. Having a strong supervisory relationship helps students identify countertransference during individual sessions with clients.
 - a. 1-Strongly disagree
 - b. 2-Disagree
 - c. 3-Neither agree or disagree
 - d. 4-Agree
 - e. 5-Strongly agree

Thank you for your time and participation.

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Melissa Alvarez Torres & Jessica Wilinski
Proposal Title Perceptions of Self-Disclosure Impacting the
Supervisor Relationship and Recognizing Confidentiality Breaches
SW1814


Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)
- _____



Committee Chair Signature

1/16/2018

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX D
RECRUITMENT TOOLS

Dear MSW Students/Supervisors,

Our names are Melissa Alvarez Torres and Jessica Wilinski. We are conducting a research project exploring the impact of the relationship between student social workers and their clinical supervisors on clinical practice. Specifically, we want to look at the impact of self-disclosure during clinical supervision on the ability to recognize feelings of countertransference when working with clients. We also want to look at how the supervisory relationship impacts the ability of student social workers to work effectively.

We would greatly appreciate your participation in this study by completing the survey provided. This survey is anonymous and your participation in this study is completely voluntary. This study is not a requirement of the School of Social Work. You may choose to withdraw from this study at any time without consequences. The survey should take between 15 to 20 minutes to complete. If you would like to participate in this study, please click the link below:

[Survey Link](#)

Additionally, we would like to conduct interviews in order to gain more in depth information regarding the supervisory relationship. Interviews will be voluntary and conducted in a place of your choice at your convenience. Interviews should take between 30 and 45 minutes to complete. If you would like to participate in this part of the study, please click the link below and enter your contact information as well as days of the week and times that would work best for you:

[Survey Link](#)

It is possible to participate in both the survey and the interview portion of the study if you are interested.

Thank you for your time,

Melissa Alvarez Torres and Jessica Wilinski

005763702@coyote.csusb.edu

004354505@coyote.csusb.edu

APPENDIX E
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine how beliefs regarding self-disclosure during clinical supervision influence the development of a strong supervisory working alliance. In addition, this study will explore how a strong supervisory relationship aids or hinders a student clinician's ability to recognize issues of countertransference that arise while working with clients. The study is being conducted by Melissa Alvarez Torres and Jessica Wilinski, MSW graduate students, under the supervision of Dr. Erica Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine perceptions of self-disclosure during supervision and supervisory relationships. This study will also explore student clinicians' abilities to recognize issues of countertransference while working with clients.

DESCRIPTION: Participants will be asked survey and/or interview questions regarding their relationship with their supervisor or student intern, perceptions of self-disclosure during supervision, perceptions on the ability to recognize countertransference, and some demographics.

PARTICIPATION: Your participation in the study is completely voluntary. It is **not** a requirement of the school. You can refuse to participate in the survey or interview or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and all data will be destroyed one year after the completion of this study.

DURATION: It will take 15 to 20 minutes to complete the survey. If selected as an interview participant, it will take approximately 30 to 45 minutes to complete the interview.

RISKS: There are no foreseeable immediate or long-term risks to the participants. A minor short-term risk is possible discomfort related to answering questions about one's supervisory relationship and competency in social work practice.

BENEFITS: There will not be any direct benefits to the participants. However, studying the supervisory relationship may lead to indirect long-term benefits of improved social work supervision practices resulting in higher levels of competence in the field for social work interns.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lizano at (909) 537-5584.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

I agree to be tape recorded: _____ YES _____ NO (for interview participants only)

This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here _____ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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APPENDIX F
INTERVIEW GUIDE

Interview Guide
(Developed by student researchers)

Students

1. How often do you self-disclose to your clinical supervisor?
 - a. Do you feel comfortable self-disclosing personal information?
2. Do you believe self-disclosure aids or hinders your ability to form a strong supervisory relationship with your supervisor?
 - a. How so?
3. What characteristics do you consider to be important for a supervisor to have to make students feel more comfortable in supervision?
 - a. What qualities do you believe your current supervisor displays?
4. What factors do you believe to be important in the development of a strong supervisory working alliance?
5. In what ways does your supervisor help you to recognize feelings of countertransference when working with your clients?
 - a. Do you believe you can successfully identify feelings of countertransference with the help of your supervisor?

Supervisors

1. How often do your supervisees appropriately self-disclose to you during clinical supervision?
2. Do you believe student self-disclosure aids or hinders the ability to form a strong supervisory relationship with your supervisees?
 - a. How so?
3. What do you do to help supervisees feel comfortable during clinical supervision?
 - a. How do your students respond to these efforts?
4. What factors do you believe to be important in the development of a strong supervisory working alliance?
5. What do you do to help supervisees identify feelings of countertransference?
 - a. Do you believe your current supervisees can successfully identify feelings of countertransference with your help in supervision?

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ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort by Melissa Alvarez Torres and Jessica Wilinski

2. Data Entry and Analysis:

Team Effort by Melissa Alvarez Torres and Jessica Wilinski

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort by Melissa Alvarez Torres and Jessica Wilinski

- b. Methods

Team Effort by Melissa Alvarez Torres and Jessica Wilinski

- c. Results

Team Effort by Melissa Alvarez Torres and Jessica Wilinski

- d. Discussion

Team Effort by Melissa Alvarez Torres and Jessica Wilinski