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PERCEPTION OF SUPERVISORY STYLES AND SATISFACTION

by

Stephanie M. Schaaf

A DISSERTATION

Presented to the Faculty of

The College of Education and Human Services

Department of Educational Studies, Leadership, and Counseling

at Murray State University

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## Abstract

Supervision is a dynamic and challenging leadership process that remains an essential element within the field of speech-language pathology. This study utilized a descriptive research design in attempt to amass quantifiable information that can be used to statistically analyze elements within the supervisor-supervisee relationship. Agreement of perceived supervisory styles and satisfaction between supervisor-supervisee dyads (n=74) were examined. External and personal characteristics including age, clinical setting, experience, and previous training were also examined in relation to supervisee satisfaction and agreement of supervisory styles within dyads. Data was collected through completion of a demographic questionnaire as well as the Supervisory Style Inventory (SSI) to identify supervisory style as being attractive, interpersonally sensitive, or task oriented. Results indicate that there is not a significant relationship between satisfaction of supervisees and agreement of supervisory styles ( $p = 0.82$ ) with over half (66%) of dyads in disagreement of perceived style employed. However, interpersonal ( $p = < .0001$ ) and task oriented ( $p = .0002$ ) styles were strongly correlated with supervisee satisfaction. There was not a significant relationship between age ( $p = .75$ ), training ( $p = .68$ ), and experience ( $p = .94$ ) of the supervisor related to supervisee satisfaction. Discussions include practical implications, limitations of the study as well as recommendations for future research. Additional research in the area of supervision is necessary to continue increasing positive outcomes through evidence-based practice.

*Keywords:* supervision, supervisor style, leadership, speech-language pathology

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## **Chapter 1: Introduction**

Every speech-language pathologist participates in the supervisory process at some point in time (McCrea & Brasseur, 2003) completing clinical placements as a graduate student and then a clinical fellowship year. Supervision is an essential component of clinical education for training graduate students in speech-language pathology (Fencel & Mead, 2017). Although supervision is crucial during educational training, impacts from supervisory experiences do not dissipate upon leaving the educational setting and entering a professional role. Speech-language pathologists are perpetually impacted and shaped early in their professional careers by supervisory and clinical experiences.

Speech-language pathologists will also participate in the supervisory process by pursuing a leadership role as a clinical supervisor (McCrea & Brasseur, 2003). The area of supervision is extensively regarded as a desirable and respected activity among various practitioners (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Professionals can contribute to their field and positively influence clinical practice through leadership. Involvement in the supervisory process should result in professional growth for the supervisor as well as the supervisee. Professional advancement of the supervisor will ultimately enhance service delivery by providing optimal client care (Anderson, 1988; Wright & Needham, 2016; Fencel & Mead, 2017). The impacts of supervision are more profound than facilitating student outcomes for clinical education. Supervision is associated with professional growth and most significantly with enhanced client outcomes.

As stated by the American Speech-Language-Hearing Association (ASHA) in a position statement on clinical supervision, “clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential

component in the education of students and the continual professional growth of speech-language pathologists” (American Speech-Language-Hearing Association, 2008a, p. 1).

Anderson (1988) provided a definition of the supervisory process that continues to remain relevant, stating that “supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations, and philosophies of the supervisor and the supervisee and the specifics of the situation” (p. 12). To add to Anderson’s definition, ASHA (2008a) contributed a statement that enhancing professional growth and development of both the supervisor and supervisee can be achieved through inclusion of self-analysis and self-evaluation. The supervisory process plays a significant role in shaping the future of speech-language pathology.

### **Evidence of Supervision**

In the field of speech-language pathology, the area of supervision is under-investigated with limited empirical evidence (Ho & Whitehill, 2009; American Speech-Language-Hearing Association [ASHA], 2008a; Spence et al., 2001). An educational experience required for every therapist could be viewed as one of the most important processes in training and development. Additionally, it may be assumed that clinical education would be given extensive resources and attention; this is not the case. Continued research and identification of resources are undeniably needed in the area of supervision for speech-language pathology. Since developing high-quality professionals impacts client care, there is too much at stake not to fully investigate the complicated supervisory process and increase awareness of practice delivery, training requirements and resources. Undoubtedly, there is a need for additional systematic investigation into supervision to verify effective methodologies, thus increasing evidence-based practice in clinical education (Ho & Whitehill, 2009).

There are few areas of practice in speech-language pathology that every therapist takes a role in regardless of contexts, settings, populations, and specializations. Leadership through supervision is a common practice embedded in all service delivery models and infused throughout the scope of practice for speech-language pathologists. While supervision is a universal experience for speech-language pathologists, its process is not consistent. Every supervisor-supervisee dyad, clinical setting, and client is unique. There is profound distinctiveness in each supervisory experience, which makes it difficult to identify the key factors directly attributed to positive outcomes. Supervision might be a widely-practiced and respected activity (Spence et al., 2001), however, that does not mean it comes without challenges.

Experiences throughout an individual's career will change across time and circumstances (McCrea & Brasseur, 2003) just as therapy techniques, talents and applications differ extensively from one clinician to another (Carozza, 2011). The supervisory process is unique and cannot be limited or controlled by following a single protocol across settings and situations. Supervision methods and procedures should vary based on the distinct situation, individual client needs, and dynamics of the supervisory relationship. Variability across time, individuals and circumstances makes supervision impossible to replicate perfectly. However, knowledge of key factors attributed to positive outcomes would promote success for individual supervisor and supervisee dyads. The dynamic process makes it extremely challenging to consistently and adequately identify specific characteristics, techniques, styles and methods of supervision that are most effective through empirical research (Carozza, 2011).

The relationship between a clinical supervisor and supervisee directly contributes to successful supervision (Bernard & Goodyear, 1998). Nevertheless, every relationship is unique

depending on the individuals involved and the context for supervision, which makes the key elements of the supervisory relationship difficult to empirically support. Bernard and Goodyear (1998) state that influential differences can arise from learning styles, belief systems, theoretical orientation, culture, experience, and setting contexts. Influential differences can negatively impact the supervisor-supervisee relationship. A positive supervisee-supervisor relationship is crucial for successful supervision (Bernard & Goodyear, 1998). Although external and personal factors cannot be predicted or controlled, supervisors should become cognizant of variables affecting the supervisory relationship.

ASHA has emphasized that empirical evidence on the dynamic supervisor and supervisee relationship is essential (ASHA, 2008a). Advancement of clinical knowledge and competencies through continuous development as a speech-language pathologist is essential. This need will become increasingly crucial as the profession advances with impacts of globalization (Carozza, 2011). Service delivery opportunities and evidence-based practice foundations are constantly evolving across the world. In order to continually provide the highest quality client care, a clinician must remain abreast of emerging practice techniques. Pioneering innovations and research could promote positive outcomes for diverse populations, especially in the area of supervision.

### **Professional Training in Supervision**

Discipline-specific knowledge and clinical skills alone are not enough to guarantee that a professional will be able to provide quality supervision (Carozza, 2011). The literature indicates that there is an exorbitant number of clinical supervisors who have not had an adequate amount of formal training or education, if any, in the necessary supervision techniques (Spence et al., 2001; Wright & Needham, 2016; Carozza, 2011; ASHA, 2008a). However, creating a universal

training or education program for supervisors would be challenging due to the dynamic and individualized relationship between supervisors and supervisees. There is not going to be a ubiquitous approach.

Trainings within academic programs and licensing organizations that increase awareness of current supervisory practices, theoretical models, and practice applications to meet individual supervisee needs could be beneficial. McCready and Raleigh (2009) state that successful clinical teaching includes a deep self-understanding. According to the ASHA (2008a), “Studying one’s own behavior in the supervisory process not only facilitates accountability in clinical teaching, but also is an important opportunity for supervisors to examine their own behavior in order to improve their effectiveness in supervision” (p. 7).

Currently, the most powerful tool for educating supervisors is increasing their receptiveness to current literature, theories on the supervisory process, self-reflection and participation in evidence-based training programs. Supervisors should seek training on the supervisory process to increase their knowledge and understanding of supervisory styles and develop competencies in supervision (ASHA, 2008a). Awareness and understanding of current evidence enhances application of best practice techniques, which consequently increases effectiveness of the supervisory process. The limitation is that the literature generally presents mixed results on pinpointing key factors that are most influential in the supervisory process. One thing is evident: every supervisor and every supervisee presents a unique set of needs, expectations and circumstances (Bernard & Goodyear, 1998), making the leadership process complex and dynamic.

Even if there is not a specific, delineated program to complete, supervisors in the field of speech-language pathology need support. The consensus seems to be that they are starting at the

baseline. Given this scenario, everyone will build their skills uniquely and independently using varying foundations and structures. There is a need for supervisor preparation programs and continued education opportunities that facilitate appropriate training prior to accepting a supervisory role. Professionals within speech-language pathology commonly acquire a supervisory role without training (ASHA, 2008a; Wright & Needham, 2016).

Due to an absence of formal training, supervisors are employing supervisory practice methodologies that lack foundation from theoretical models and are not thoughtfully planned (McCrea & Brasseur, 2003). Being a skillful and excellent clinician does not inevitably indicate that an individual will also be a successful and effective supervisor (Carozza, 2011). Changing roles to a supervisor requires thoughtful development of practice methodology. Identifying a foundational theoretical model could certainly be a useful place to start in order to increase knowledge of supervisory practices.

A supervisee's satisfaction of experiences with clinical supervision across settings has lasting impacts on clinical performance, as well as decisions for future careers (Ostergren, 2011). Supervisors can have significant impacts on the development of a beginning speech-language pathologist and should be adequately prepared for that responsibility. Currently, the only requirement for becoming a supervisor is having completed required coursework and clinical hours to successfully obtain certification (Carozza, 2011). Supervisors are practicing the act of supervision with little to no preparation or training. Supervisors engage in supervision without discussing the supervisory role, attending trainings, or developing a sound theoretical framework and understanding of methodology for promoting successful outcomes (Carozza, 2011).

Norton (2010) examined the extent of training for speech-language pathologists assuming supervision roles in offsite placements and discovered that 64% of supervisors surveyed lacked

training. Supervisors had not been educated in supervisory styles, approaches, techniques, and were not familiar with current literature in the area of supervision. Norton concluded that the preliminary findings do not suggest supervisors are inadequate; rather, it suggests that while they are skilled in clinical practice and knowledge they may not have fully developed their potential in the area of supervision. Supervisors could enhance their skills through adequate training.

The lack of preparation is problematic. Professionals are not cognizant of the impacts in supervisory outcomes potentially resulting from a result of a lack of appropriate preparation. Based on the supervisor's perspective, they report adapting to the supervisee and perceive they are executing supervision skillfully (Spence et al., 2001). There are reported differences in perceptions of performance, expectations, and level of awareness from the supervisee and supervisor perspective.

### **Guiding Investigation and Seeking Understanding**

An ad hoc committee on supervision in speech-language pathology appointed by ASHA identified various areas where systematic study into the process of supervision was required (ASHA, 2008a). These areas included examining how supervisory styles affect clinical competence, supervisee satisfaction, and examining supervisory approaches and styles with supervisees in consideration of demographic and external factors (ASHA, 2008a). Supervisors' increased understanding of the type of leadership role they are employing and the supervisee's perceptions of those roles could provide insight into potential trends and satisfaction within clinical outcomes (ASHA, 2008a). Additional evidence is needed to understand the impacts of the supervisor and supervisee relationships, including supervisory style, influential factors, agreement in perceptions and overall satisfaction within the clinical education process (ASHA, 2008a).

With knowledge and identification of contributing factors of supervisor and supervisee outcomes, it may be possible to control a variety of variables to increase the effectiveness and outcomes of the supervisory process. Practicing supervisors have their own ideology about effective versus ineffective supervisory methods. Training a supervisor to utilize a different supervisory style to match a specific supervisee's needs could be challenging. The potential challenge presented by supervisor and supervisee dynamics could be addressed by pairing supervisors and supervisees based on quality indicators for style preference. However, that would require the supervisor and supervisee to have an accurate knowledge of their preferred style. Assuring that the supervisor and supervisee are aware of their style and then matching a student who prefers that identified style could be advantageous. Fostering a successful match between supervisors and supervisees is vital to diminish negative results from supervisory experiences (Crespi & Dube, 2005).

### **Statement of the Problem**

Supervision research in the field of speech-language pathology primarily consists of descriptive and experimental methods. Descriptive research has guided advancements in development of clinical practice and understanding the significance of supervision; however, there continues to be a lack of empirical evidence in the area of supervision (ASHA, 2008a; Spence et al., 2001). Currently, instead of training, many supervisors are using skills acquired through their own experiences with mentors and supervisors throughout their educational and professional journey (Klick & Schmitt, 2010). Supervisors draw from personal experiences, including both positive and negative sources, to develop individual techniques and strategies (ASHA, 2008a). Additional evidence is needed to identify factors that are most influential for



impacting client outcomes, training effective supervisors, developing relationships, satisfying supervisees, and impacting supervisor communication and styles (ASHA, 2008b).

ASHA has acknowledged the importance of the supervisory process and the need for increased evidence to promote successful supervisory outcomes (ASHA, 2008a). The association has asked for support from its members to increase awareness and knowledge of the supervisory process. Guidance for improving supervisory roles in the field of speech-language pathology and cultivating positive supervisory outcomes beginning within university placements would be a success. Every supervisor has the individual responsibility to continually seek education opportunities to improve their knowledge and skills in the area of supervision. Nonetheless, the data indicates this is not occurring and most supervisors lack official training with some having no training at all (Spence et al., 2001; Wright & Needham, 2016). General lack of formal preparation may be secondary to an absence of awareness regarding potential disagreement in perceptions of the supervisory process.

The ability to effectively facilitate clinical development and professional skills of a supervisee ultimately depends on the relationship between the clinical supervisor and supervisee. Establishing the central supervisor-supervisee relationship encompasses the ability to successfully communicate, and it requires understanding and application of various learning and communication styles (American Speech-Language-Hearing Association, 2013). The supervisory relationship is an essential component of the supervisory process and part of developing and maintaining an appropriate relationship is clear communication between both parties.

While there have been multiple studies (Spence et al., 2001; McCrea & Brasseur, 2003; ASHA, 2008a; Carozza, 2011) specifically examining supervisory styles within allied

professions including psychology, counseling, and education, there have been few empirical investigations into perceptions of supervisory styles in speech-language pathology. No current studies were found in the literature that specifically involve investigation of styles as reported by the supervisor as well as speech-language pathology students at the graduate level.

### **Purpose of the Study**

The purpose of this study was to evaluate the supervisor-supervisee relationship by examining the agreement of perceived styles and satisfaction between the supervisor and supervisee. This study aimed to increase awareness of supervisory practices and contribute empirical evidence to improve general understanding of influential elements in supervision. The findings of this study could aid in continued development of evidence-based practice and promote positive experiences for supervisors as well as supervisees.

Additionally, in an attempt to identify and gain insight about possible influences from external and personal factors, this study examined unique characteristics of each supervisor and supervisee dyad. Examining demographic information contributes to the understanding of the impacts extraneous factors can have on perceptions of satisfaction and supervisory style. Specifically, this study sought to describe the relationship between age, setting, experience and training on agreement of supervisory style reported and satisfaction. Gaining information and increasing awareness of supervisor-supervisee relationships, the impacts of style, and satisfaction is important to develop a greater understanding of the dynamic leadership process and promotion for best practice.

## Research Questions

Specifically, the following research questions will be investigated:

Question 1 - Does the supervisor's self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), match the perception of style that the supervisee believes is demonstrated?

H<sub>0</sub> – Supervisors' self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), will not match the perception of style that the supervisee believes is demonstrated 100% of the time

Question 2 - Is there a relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles?

H<sub>1</sub> - There will be no significant relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles

Question 3 - Can external factors such as age, experience, prior training, and setting, help to predict agreement in style and satisfaction?

H<sub>2</sub> - There will be no significant relationship between age and agreement in style and reports of satisfaction.

H<sub>3</sub> - There will be no significant relationship between years of experience and agreement in style and reports of satisfaction.

H<sub>4</sub> - There will be no significant relationship between hours of prior training and agreement in style and reports of satisfaction.

H<sub>5</sub> - There will be no significant relationship between setting and agreement in style and reports of satisfaction.

## Definitions

1. Supervision: Clinical teaching in speech-language pathology as an essential component in the education of students and the continual professional growth of speech-language pathologists (American Speech-Language-Hearing Association, 2008a).
2. Supervisory process: A process consisting of various patterns of behavior which are contingent on the needs, competencies, expectations, and philosophies of the supervisor and the supervisee and the specific context (Anderson, 1988).
3. Supervisor: A term used for an individual who engages in clinical teaching procedures (McCrea & Brasseur, 2003)
4. Supervisee: A term used for an individual who is working under the direct guidance of a supervisor. For the purpose of this study, supervisee will be defined as a graduate student completing their required clinical experience to meet obligations for certification in speech-language pathology.
5. Style: The distinct interactional process of approaching, responding and implementing supervision between a supervisor and supervisee (Fernando & Hulse-Killacky, 2005; Friedlander & Ward, 1984; Holloway & Wolleat, 1981).
6. Supervisory Relationship: The unique rhythm, sequences and content between a dyad including feelings and attitudes that supervisors and supervisees have toward one another and the manner in which they are expressed (Bernard & Goodyear, 1998).

## **Chapter 2: Review of the Literature**

### **History of Supervision in Speech-Language Pathology**

The field of speech language pathology is considered a young profession with practices and principles of treatment and supervision still being developed (Carozza, 2011). The acknowledgement of supervision and the lack of empirical evidence was first addressed by ASHA in 1978 stating that there was no data to indicate that supervision had an impact on the effectiveness of clinicians. Additionally, there was no knowledge of critical factors in supervision methodology (McCrea & Brasseur, 2003). Research has expanded since that statement was released and professionals within the field of speech-language pathology have since formed a consensus agreeing that clinical supervision is a key aspect in the development and education of graduate students (Fencel & Mead, 2017). In addition to crucial impacts on education, involvement in the supervisory process should result in growth and professional development for the supervisor as well as the supervisee, and it will ultimately impact service delivery with results found in achieving optimal client care (Anderson, 1988, Wright & Needham, 2016, Fencel & Mead, 2017).

The process of supervision is not exclusive to communication disorder specialists, and for many years therapists have turned to literature for guidance from related fields such as education, counseling, psychology, and business management (McCrea & Brasseur, 2003; ASHA, 2008a; Carozza, 2011; Anderson, 1988). Theories on leadership were emerging as early as the 1960s when researchers were deeming the idea of leadership worth seriously investigating (Nohria and Khurana, 2010). Within the field of education, theories on data collection and analysis of supervision have been present as early as 1970 (Dowling, 2001). Knowledge contributed from other disciplines is demonstrated within the core principles of supervision in speech-language

pathology, as those key principles are shared across settings and professions (Dowling, 2001; ASHA, 2008a).

The need for field-specific research was evident in the late 1970s, and there has been a significant increase in knowledge base, ongoing developments, and literature since the 1980s (Norton, 2010; McCrea & Brasseur, 2003). This substantial increase was motivated by the development of the Council of Supervisors in Speech-Language Pathology and Audiology (CSSPA) following the strong lead of Jean Anderson (McCrea & Brasseur, 2003). Anderson established a robust and accurate definition of supervision within speech-language pathology that still remains relevant and consistent (ASHA, 2008a), stating that supervision is a “process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations, and philosophies of the supervisor and the supervisee and the specifics of the situation” (Anderson, 1988, p. 12).

The goal of supervision as Anderson (1988) introduced, began with the end in mind, and focused on growth and professional development for both the supervisor and supervisee. This is assumed to result in the production of highly-qualified professionals providing high-quality care and services to clients. There is a significant component of being an effective educator and leader that supervisors may neglect. The supervisory process is not ultimately about narrating, modeling, and providing the chance to practice a routine; instead, supervision is about teaching, understanding, guiding and facilitating individual growth across a multitude of facets. The act of supervision is considered clinical teaching, and teaching entails encouraging the supervisee to think critically, solve problems, reflect and self-evaluate in order to continuously enhance their skills (Anderson, 1988).

## **Supervision as Leadership**

Supervision in the field of speech-language pathology is a form of leadership and is present across a multitude of settings ranging from universities, hospitals, rehabilitation facilities, schools, and private practices (Dowling, 2001). Since supervision is a form of leadership, turning to the literature and training focused on foundational leadership development is beneficial in supervisor development. In addition to the supervisor engaging in the role of leadership for improved clinical outcomes, the process of supervision is also important in fostering and developing leadership qualities within a supervisee (Sherman & Phillips, 2005).

Leadership roles through supervision in speech-language pathology are not isolated to clinical fellowships and student education. Supervision frequently includes managing a variety of professionals, students, and support staff with diverse levels of experience, while effectively providing services to clients. Therefore, effective leadership is a complex issue (Dowling, 2001). Supervisors have the most difficult task of developing and maintaining clinical relationships (Sherman & Phillips, 2005). In theory, supervision seems straightforward and simple. However, considering the diversity among supervisees and the breadth of scope of practice, successful supervision in speech-language pathology is not an easy role to assume (Sherman & Phillips, 2005).

Although research steadily emerges and awareness of supervision continues to gain attention within ASHA and value among its members, there remains a lack of empirical evidence supporting supervision and demonstrating understanding of key components consistently required across settings that make the supervisory process successful and effective (ASHA, 2008a). The first step in developing methodology that will increase supervisory skills begins with recognizing supervisory style (Holloway & Wolleat, 1981). The literature acknowledges

that clinical supervisors differ in their supervisory styles, and increased knowledge of leadership styles could help supervisors guide students (Sherman & Phillips, 2005; Dowling & Shank, 1981). However, there is a general lack of awareness about leadership styles and limited empirical research on which leadership traits supervisees prefer (Sherman & Phillips, 2005).

### **Supervisory Styles Along the Continuum**

Authors of supervision research have proposed that the process of supervision should be viewed and approached as a continuum, where a supervisee begins the supervisory process as a dependent and evolves to a level of independence (Anderson, 1988; McCrea & Brasseur, 2003; Ostergren, 2011). Anderson developed a model of supervision known as the continuum of supervision, which remains the most widely acknowledged and utilized model in speech-language pathology supervision (Ho & Whitehill, 2009; ASHA, 2008a; McCrea & Brasseur, 2003; Fencel & Mead, 2017; Ostergren, 2011). Within Anderson's model of supervision, there are three stages along a continuum of services, beginning with the evaluation-feedback stage, then moving to the transitional stage, and finishing with the final stage of self-supervision (Anderson, 1988).

Anderson (1988) stressed the importance of supervisors adapting and changing their supervisory style based on the response, situation, and needs of the supervisee throughout every stage of clinical development. Anderson states, "there are styles of interaction which are appropriate to each stage of the continuum" (p. 49). In the beginning stages, the supervisee has more intense needs and the dominant role will be provided by the supervisor. Moving through the stages on the continuum, the supervisee should continuously increase participation until ultimately the role becomes one that resembles an interaction of equivalent peers (Anderson, 1988).



Anderson (1988) identified three dominant styles that were appropriate for each stage of the continuum. A direct-active style would be taken in the initial evaluation feedback stage, where the supervisor takes the dominant role controlling the supervisory process with the supervisee as more of a passive participant (Anderson, 1988; McCrea & Brasseur, 2003; Ostergren, 2011). Within the next stage of progression, as the supervisee gains knowledge and skills, the supervisor begins to utilize a less directive role described by Anderson as a collaborative style. A collaborative style is dynamic with the supervisor engaging in a combination of direct, indirect, and passive actions, encouraging the supervisee to take responsibility and share input in clinical decision-making as deemed necessary by the supervisor (Anderson, 1988; McCrea & Brasseur, 2003; Ostergren, 2011). Within the final stage of the supervisory process, supervisors should shift responsibility to the supervisees as independent clinicians capable of self-supervision, and the style of the supervisor is commensurate with that of a consultative role (Anderson, 1988; McCrea & Brasseur, 2003; Ostergren, 2011).

Emphasizing the continuum model, Anderson (1988) does not set timeframes to move throughout stages and provides no pre-identified criteria for a universal starting point. The continuum model allows for individualization from the supervisor. Regardless of the starting point along the continuum, supervisors should be adapting their styles throughout the process of supervision (Anderson, 1988). A supervisee may initially be placed at a collaborative style for a specific client population; however, when given a client from a less-prominent population, the supervisee may require more of a direct-active style. A supervisor might have to employ multiple styles to meet supervisee needs within a single day. The continuum allows flexibility and guides supervisors to identify and shift processes to best meet the supervisee's needs.

The American Speech-Language-Hearing Association states that it is the supervisor's responsibility to understand the significance of employing a style and role that appropriately corresponds to the supervisee's level of skill and knowledge, and ultimately must be able to change their supervisory style and role based on a supervisee's needs within a setting (American Speech-Language-Hearing Association, 2008b). Anderson (1988) provides insightful descriptions for each stage to support supervisors in understanding the process; however, it ultimately comes down to the supervisor being perceptive and accurately understanding and identifying the level along the continuum the supervisee should be initially placed. Anderson suggests that identification of the most appropriate style as well as placement along the continuum should be determined through considerable insight and examination by collaboration between the supervisor and supervisee. After reaching a consensus, it is ultimately up to the supervisor to begin adapting their style to meet the appropriate starting level on the continuum.

### **Identification of Styles and Relationship**

The continuum of supervision by Anderson (1988) initiated understanding and significance for identification and adaptation of supervisory style throughout the supervisory process in speech-language pathology, while concurrently in other disciplines, the emphasis of supervisory style was also being examined. Researchers within the field of counseling began systemic investigation of supervisory responses and communication processes to define the distinct interactional process of approaching, responding and implementation of supervision between a supervisor and supervisee as style (Fernando & Hulse-Killacky, 2005; Friedlander & Ward, 1984; Holloway & Wolleat, 1981). The definition illuminates the dynamic relationship between a supervisor and supervisee as unique and distinct. With increased recognition of the significant impacts the supervisory relationship has on supervisees also came the potent

realization that the supervisor and supervisee relationship positively impacts client outcomes (Friedlander & Ward, 1984; Anderson, 1988). Supervisors work with individual supervisees implementing a variety of styles, roles, and approaches that they believe will influence clients' progression and outcomes (Ladany, Walker, & Melincoff, 2001; Friedlander & Ward, 1984).

Through a series of studies examining the supervisory process, Friedlander and Ward (1984) found that supervisory strategy depends partly on their predominant style or role with a supervisee; however, the supervisory style is dependent on the supervisor's underlying theoretical orientation and assumptions. Friedlander and Ward (1984) identified six variables leading to supervisor techniques and actions that are interrelated, one of which is style. Styczynski (1980) stated that supervisory style was based on interpersonal models and was typically made unconsciously. However, by making style decisions consciously, supervisors could select a style that could best relate to the supervisee and simultaneously be most beneficial. With various interrelated variables, identifying and employing a style by choice would be difficult to do without having biases. Making a conscious decision to employ a specific style could be beneficial since specific styles are more appropriate depending on the supervisee's level of experience (Lambert, 1980).

The process of supervision should not be stagnant; it should be active and continuously changing based on the supervisee's response and level of clinical skill. Theoretical models of supervision advise that the style of a supervisor should be modified in response to supervisee's needs (Dowling, 2001; Anderson, 1988). Friedlander and Ward (1984) discovered that supervisory style differentiated based on the level of clinical experience and skill level of the supervisee in three out of five studies completed during validation of the SSI. Findings supported that supervisors working with more experienced supervisees at a higher level such as an intern,

were viewed as more attractive than when supervising students at the practicum level, where they were viewed as task-oriented (Friedlander & Ward, 1984).

Addressing the challenge to gain empirical evidence to assist in identifying the distinctive dimensions of the supervisory relationship, Friedlander & Ward (1984) created an instrument known as the Supervisory Styles Inventory (SSI). The SSI is a questionnaire that identifies various forms of supervision that could be used to investigate supervisors' self-perceptions of their styles, as well the supervisee's perception of their supervisor's style. The authors generated questions from a detailed content analysis of interviews completed with experienced supervisors from diverse professional settings (Friedlander & Ward, 1984). The instrument was finalized and then validated across multiple studies. The authors identified and established three distinct styles of supervision labeled as attractive/collaborator, interpersonally sensitive/counselor, and task-oriented/teacher.

The styles identified by Friedlander and Ward (1984) have similarities to the three styles identified by Anderson (1988). Supervisors utilizing an attractive style of supervision would be characterized as warm, considerate, empathetic, and supportive to their supervisees across situations. Supervisors employing the second supervisory style labeled as interpersonally sensitive would demonstrate characteristics of being committed to their supervisees, highly perceptive, and can often resemble interactions similar to what would be expected within a counseling session. The third supervisory style, task-oriented, would be associated with a supervisor who is very goal-oriented and methodical, providing specific tasks to be completed with content always in focus.

The style and personality of a supervisor influences the supervisory process and can be strongly associated with outcomes such as the supervisee's willingness to collaborate with

certain supervisors and general satisfaction with the supervisor (Friedlander & Ward, 1984; Greenberg, 1980; Ladany et al., 2001). The relationship between supervisors and supervisees is not free from conflict and the personal nature of the process only adds to the complexity. Greenberg (1980) found that variance in style can actually create a conflict between the supervisor and supervisee, leaving the supervisee in a very difficult position to ultimately decide whether or not to adopt their supervisor's preferred style in an attempt to please the leadership, or to choose to employ an individual style that the supervisee might adopt if they were not in the position of supervision.

Development of the supervisory relationship is a key component of the supervisory process and is facilitated by the approach supervisors employ with their supervisees (Bernard & Goodyear, 1998; Ladany et al., 2001). There is a relationship between supervisory styles utilized during the process of supervision and the development of a working alliance, self-disclosures and perceptions of satisfaction (Ladany et al., 2001). Having the option to openly discuss decisions impacting supervisory experiences such as personal preferences of style could improve the supervisor-supervisee relationship; however, frequently those decisions are not made mutually or even consciously (Greenberg, 1980).

### **Significance of the Supervisory Relationships**

Developing the supervisory relationship is an essential component of the supervisory process and is promoted by the methods that supervisors utilize in working with supervisees (Ladany et al., 2001; Bernard & Goodyear, 1998). Models of supervision all have one common component of operation: the supervisory relationship. Supervisory relationship may be the component responsible for transforming supervisees from a state of vulnerability to increased independence (Efstation, Patton, & Kardash, 1990). Supervisory relationships and experiences

build confidence and increase a supervisee's self-belief that they are capable of performing tasks successfully (Pasupathy & Bogschutz, 2013; Ladany et al., 2001).

Identification of key interactive features within a supervisory relationship require assessing both the supervisee and supervisor's perception of each other (Efstation et al., 1990). Therefore, in an effort to gain additional empirical evidence of supervisory style impacts on relationship, researchers characterized and investigated the supervisory relationship using the term working alliance. Working alliance is a term used to describe the unique and dynamic relationship between a supervisor and supervisee where a set of actions are interactively used to facilitate learning (Efstation et al., 1990; Ladany et al., 2001; Ostergren, 2011).

Efstation et al. (1990) examined the properties of the supervisory relationship in counselor supervision to develop the Supervisory Working Alliance Inventory (SWAI). The SWAI is used to measure the relationship between a supervisor and supervisee. The instrument was created based on multiple conceptual frameworks within literature. Convergent and divergent validity were established by examining relation to the SSI created by Friedlander and Ward (1984). Through responses and analysis of 185 supervisor participants and 178 supervisee participants, it was established that there is a substantial difference between perceptions about what goes into a supervisory relationship (Efstation et al., 1990). A few commonalities were present in the dimension of the supervisory relationship and included both the supervisor and supervisee perceiving the focus to be on working to understand the client and establish a rapport (Efstation et al., 1990).

Ladany et al. (2001), examined elements of the supervisory working alliance and self-disclosure through reported supervisor perceptions and collected data from 137 supervisors in the field of counseling, through a variety of instruments including the Working Alliance Inventory-

Supervisor Version (WAS-S), Supervisory Self-Disclosure Inventory (SSDI), the Supervisory Styles Inventory (SSI), and a demographic questionnaire. Results indicated a significant positive relationship between supervisory style perceptions and perceptions of their working relationship with supervisees. Supervisors identifying with a more attractive style perceived themselves to have a stronger emotional bond and increased agreements on goals and supervisory tasks; whereas, supervisors who identified more as having a task oriented style specifically perceived greater agreement with tasks of supervision (Ladany et al., 2001).

Supervisory relationships are important. However, they are extremely complex and involve external factors as well as personal influences that cannot always be predicted or accounted for. Personality is an influencing factor on relationships in the supervisory process that can impact content as well as outcomes (Greenberg, 1980). There is a paucity of literature that can empirically and consistently negate or support the specific impact of personality style in the supervisor and supervisee dyad. Just as one study supports the correlation between styles and personality such as the findings by Greenberg (1980) and Moore, Dietz and Dettlaff (2004), another study negates the relationship. Bernard, Clingerman and Gilbride (2011) found that supervisors continue to base their actions and approach on individual needs and there is no direct relation to personality.

In the study conducted by Bernard et al. (2011) examining the relationship between personality of supervisors and supervisees and clinical interventions, the researchers found no direct evidence to support previous assumptions and claims that personality type is discernable in supervisory practices or relationships. Supervisors participating in the study were found to adjust their interventions to counterbalance elevated personality type preferences. The findings indicate that the supervisory relationship and personality influences are much more complex than a single

influential indicator. Data trends from Bernard et al. (2011) also emerged to support the idea that supervisors frequently change their interventions and approach based on the needs of the supervisee. Supervisors were making choices and reacting based on the needs of their supervisee. Overall, Bernard et al. (2011) discovered that regardless of the personality type and gender, supervision interventions were primarily reported as Intuitive and Perceiving even when the supervisor personality might be significantly different (Bernard et al., 2011).

The caveat in the study by Bernard et al. (2011) may be that participating supervisors were aware of their personality style as well as their supervisee's preference. Having that awareness could have influenced their actions and responses to supervisees. Bernard et al. (2011) acknowledged that preparation of supervisors could be improved if they were able to identify diverse interventions across personality categories. This would allow them to consider instruction to match the supervisee's personality preference or to challenge and diversify style preferences in order to promote development and acceptance. Acknowledging impacts from preparation of supervisors prior to assuming a supervisory role, is consistent with the ideology of the American Speech-Language-Hearing Association and efforts initiated towards required training.

While personal influences such as personalities cannot be changed, they can be considered when pairing supervisors with a supervisee to potentially increase chances of establishing a quality relationship. Evidence from supervision research has revealed that the quality of the supervisor-supervisee relationship is critical factor in the development and performance of a supervisee (Fencel & Mead, 2017; ASHA, 2008a; McCrea & Brasseur, 2003; Ostergren, 2011). The American Speech-Language-Hearing Association (2008b) identified the



relevance of relationship and understanding of the supervisor-supervisee relationship as one of the core areas of knowledge and skills necessary for therapists who are providing supervision.

### **Impacts of Supervisory Experiences**

Supervisory styles and types of field experiences that a supervisee is exposed to within a clinical placement can directly alter perceptions of his or her clinical success. Consequently, identifying factors that will contribute to providing supporting and positive placements for pre-professionals is very important (Fencel & Mead, 2017). While programs that place supervisees in clinical settings have requirements to meet, such as providing a diverse clinical experience and ensuring that the supervisors maintain the appropriate licensure and certifications, there are not restrictions on how the supervisor dyad is assigned. Circumstances where a student makes specific requests for future placements would influence placement decisions, but generally matching students with supervisors is an arbitrary decision made by the clinical coordinator. There was no literature found that examined the outcomes of supervisory experiences when students were paired with supervisors based on analysis and compatibility results from pre-assessments identifying indicators such as style. Additionally, literature was not found that examined the agreement in perception of supervisory styles from both the supervisor and supervisee perspective.

Clinical experiences can contribute to feelings of confidence, or conversely of inadequacy, depending on the experience. These experiences could impact an individual when completing similar tasks in the future (Fencel & Mead, 2017). A study completed by Pasupathy and Bogenschutz (2013) investigated the relationship between self-efficacy beliefs and clinical performance of graduate students in speech-language pathology. Findings revealed that student clinicians demonstrated a strong positive correlation between their self-efficacy beliefs and their

clinical experiences. Secondary to the relationship between clinical performance and experience, Pasupathy and Bogschutz (2013) conclude that incorporating elements of building clinical self-efficacy within graduate education is crucial.

Outcomes of a positive clinical supervisory experience include greater confidence, increased likelihood for engagement in learning, improved professional identity, and advanced therapeutic perceptiveness (Nelson & Friedlander, 2001). Clinical experiences under supervision during the educational process will shape a clinician's skills but also their views and professional practices (Fencel & Mead, 2017). Therefore, whether it be intentional or unintentional, a supervisor's interactions with their supervisee stemming from their relationship to their supervision style, will undoubtedly impact a future clinician. Impacts and outcomes of clinical experiences are unique for every individual, which makes the supervisory process personal. Including elements of personalization when matching supervisors to supervisees could support successful relationships. The quality of the supervisor-supervisee relationship is a critical factor in the development and performance of a supervisee (Fencel & Mead, 2017; ASHA, 2008b; McCrea & Brasseur, 2003; Ostergren, 2011).

Theorists and researchers working to identify key elements in supervisory practices have discovered that supervisors work with supervisees using a variety of styles, perspectives and roles. An approach utilized by a supervisor depends moderately on their predominant style or role (Friedlander & Ward, 1984; Ladany et al., 2001). The various roles a supervisor carries has potential to impact their leadership style. This should not be ignored, since many supervisors take the role of therapist, administrators, educators, students, managers, and additional personal roles. A supervisor who works within a university setting where their primary role is that of an

educator, may have a very different perspective than an offsite supervisor who is serving clients as a therapist and is also the rehabilitation manager for the entire facility.

With every role that a supervisor carries, comes expectations that could potentially end up competing with one another (Nelson & Friedlander, 2001). Switching roles continuously can be exhausting, and there are very few supervisors whose primary role or only role is supervision. Assuming a variety of roles and learning to adapt and implement those roles effectively within the supervisory process is not a challenge supervisors face exclusively. The supervisee must also learn to take on multiple roles such as an authoritarian role with clients, a subordinate role with supervisors, and also the role of a student working to meet academic expectations (Nelson & Friedlander, 2001).

### **Supervisory Preparation and Training**

The literature indicates that there is an exorbitant number of clinical supervisors who have not had an adequate amount of formal training or education, if any, in the necessary techniques of supervision (Spence et al., 2001, Wright & Needham, 2016; Carroza, 2011; ASHA, 2008a). Current supervisory practice methodologies are lacking foundation from conceptual or theoretical models and are not thoughtfully planned (McCrea & Brasseur, 2003). Training supervisors to better understand and identify theoretical orientations would allow the supervisor to develop and emphasize various dimensions of the supervisory relationship and make adaptations according to the supervisee's level of experience (Efstation et al., 1990).

The lack of training and preparation for supervisors is not a new concept as Anderson (1988) expressed concerns early in her work, stating that speech-language pathologists "often become 'overnight supervisors' - one day a clinician, the next a supervisor," (p. xiii). Presently, instead of having formal training in supervision techniques, as training is very rare, many

supervisors are using skills they have acquired through their own experiences with mentors and supervisors throughout their educational and professional journey along with influences of personality (Klick & Schmitt, 2010; Styczynski, 1980; Spence et al., 2001). Without opportunities to discuss supervision, clinicians have no other option but to pull from their past personal experiences as a supervisee to develop techniques (Anderson, 1988). Supervisory behaviors are influenced by past personal experiences with supervisors. Anderson states that a supervisor will model past behaviors, adopting a style that resembles their prior supervisors and mentors. Without formal opportunities to evolve supervisory techniques, supervisors pull from past experiences and emulate those who held dominant positions over them.

A study conducted by Norton (2010) examined the extent of training that speech-language pathologists who assumed a primary role of offsite supervision had been provided. Norton found that 64% of the supervisors surveyed had not been educated in supervisory styles, approaches, techniques, and were not familiar with current literature in supervision. Norton goes on to state that the preliminary findings do not suggest supervisors are inadequate. Instead, it suggests that while they are skilled in clinical practice and knowledge, they may not have fully developed their potential in the area of supervision.

The area of supervision is extensively regarded as a desirable and respected activity among various practitioners (Spence et al. 2001). However, practitioners are not provided preparation and the act of successful supervision comes with challenges. Professionals commonly progress straight from experiences as a supervisee to a supervisory role without any official education or training in supervision (Sherman & Phillips, 2005). Giving back to the profession as a supervisor can be rewarding since the goal is to produce self-sufficient and highly capable speech-language pathologists (Dowling & Shank, 1981). In turn, this is making an

investment in the future of speech-language pathology. Student clinicians are the future of speech-language pathology. Developing a better understanding of factors that influence the growth of professionals through successful supervision could increase promotion of positive outcomes.

### **Adaptation and Perception of Supervisory Styles**

A study completed by Ostergren (2011) examined supervisory styles, relationships and satisfactions outcomes for speech-language pathologists completing their clinical fellowship year. Ostergren found that past studies focused on speech-language pathology students at the practicum level discovered the predominant supervisory style utilized by supervisors was a directive style. Yet, a different style of supervision was found to be used at the internship level with speech-language pathologists completing their clinical fellowship year. Ostergren discovered that the predominant style of supervision utilized during clinical fellowship was collaborative or consultative. The combined findings across levels of supervision from graduate practicum to completion of an internship year demonstrate a continuum of style application consistent with what Anderson (1988) created and described (Ostergren, 2011). However, Ostergren (2011) also discovered that the perceived predominant style of their supervisor was not strongly correlated to how confident or skilled a supervisee was in completing clinical tasks asked of them, which contradicts Anderson's model.

Literature and theoretical models of supervision support the idea that supervisors should vary their supervision techniques to match the needs of the individual being supervised. However, supervisory styles of supervisors who have not been appropriately trained tend to remain static regardless of individual needs and changing dynamics in the clinician's skill level (Dowling, 2001). Supervisors seem to have one primary style that they use across all supervisees

and do not change their style depending on the unique needs of a supervisee, even when they perceive that they do make modifications (Anderson, 1988; Spence et al., 1998). There is a breakdown in agreement between self-perceptions and reality of practices with accurate self-awareness.

Findings in the literature are consistent with the theory that supervisors may not be accurately reflecting on their performance style throughout the supervisory process (Spence et al., 2001). Spence et al. discovered that while most supervisors claim to adapt their style to the needs of the supervisee and situation, the data refutes that and indicates that the majority of supervisors make minimal adjustments and tend to be poor judges of their own behaviors. Without appropriate identification and application of practices from supervisors, it would be difficult to implement styles appropriate to a supervisee's unique personality and level of needs. Supervisors may not be aware of their own style or the most appropriate style to utilize across varied situations (Spence et al., 2001). Development is a dynamic process that requires supervisors to both understand and adapt to influences such as developmental, cultural and social differences. Understanding where a supervisee is performing along the continuum of experience is crucial in order to meet the supervisee's needs and maintain a productive supervisory relationship (Bernard & Goodyear, 1998).

There is evidence that supervisors lack training, yet there is not enough evidence to justify training supervisors to utilize a standard approach in specific situations. In completing a systematic review of the evidence in clinical supervision, Spence et al. (2001) found that a considerable emphasis has been placed on the importance of supervisors adapting their style based on individual supervisee characteristics. Spence et al. (2001) stated the need to identify styles of supervision that produce positive outcomes for individuals depending on characteristics

such as age, experience, genders, learning style, theoretical orientation and work setting. Across the literature, there are discrepancies in the ideology behind development and selection of supervisory styles and whether a style can be changed even if the supervisor is aware that it might be beneficial. However, training to support supervisory practice development and awareness of style could increase the likelihood that supervisors will adopt suggested models such as Anderson's (1988) continuum.

### **Summary**

Advancements in knowledge and development of clinical practice within the field of speech-language pathology have been guided by descriptive and experimental research; however, there is a lack of empirical evidence in the area of supervision (McCrea & Brasseur, 2003; Spence et al., 2001; Bernard & Goodyear, 1998; ASHA, 2008a). Currently, instead of training, many supervisors are using skills they have acquired through their own experiences with mentors and supervisors throughout their educational and professional journey (Klick & Schmitt, 2010; Spence et al., 2001). Personal experiences are varied and could be detrimental if supervisors were not guided using best practice and experienced negative outcomes. Additional evidence is needed in supporting identification of factors that are most influential for impacting client outcomes, training effective supervisors, developing relationships, satisfying supervisees, and impacting supervisory styles (ASHA, 2008a).

Supervisee's satisfaction of experiences with clinical supervision across settings have lasting impacts on clinical performance, as well as decisions for future careers (Ostergren, 2011) justifiably making supervision one of the most important areas of focus in the field of speech-language pathology. While it is every supervisor's individual responsibility to seek education to improve their knowledge and skills in supervision, the data continue to indicate that is not

occurring. In fact, most supervisors lack official training or having no training at all (Spence et al., 2001, Wright & Needham, 2016). The ability to effectively facilitate clinical development and professional skills of a supervisee ultimately depends on the relationship between the clinical supervisor and supervisee. This encompasses the ability to successfully communicate, understanding and applying various learning and communication styles (American Speech-Language-Hearing Association, 2013).

The supervisory relationship is an essential component of the supervisory process, and part of that is clear communication. There have been multiple studies (Spence et al., 2001; McCrea & Brasseur, 2003; ASHA, 2008b; Carozza, 2011) specifically examining supervisory styles within allied professions including psychology, counseling, and education. Yet, there have been few empirical investigations into perceptions of supervisory styles in speech-language pathology. No current studies were found in the literature that specifically involve investigation of styles as reported by the supervisor as well as speech-language pathology students at the graduate level.

Fostering a successful match between supervisor and supervisee is vital in order to diminish negative outcomes from supervisory experiences (Crespi & Dube, 2005; Bernard & Goodyear, 1998). Evidence in the literature to identify and understand the impacts on agreement or disagreement in perceptions of styles employed during the supervisory process as reported from both the supervisee and supervisor have not been adequately explored. Disagreement or agreement in perceptions between the supervisor and supervisee in use of style could possibly indicate aspects of effective communication, identification of supervisee needs, and accurate reflection of styles utilized.



Additionally, agreement or disagreement within supervisory dyads could plausibly be related to factors such as a lack of systematic training to build appropriate foundational knowledge and self-awareness, age, and setting. There is a need to increase literature focused on identification of key components for positive supervisory outcomes and best practices in the area of supervision (ASHA, 2008a). However, at this time there continues to be a paucity of empirical evidence supporting consistent identification of factors across dynamic supervisory dyads.

### **Chapter 3: Methodology**

This chapter describes the research design and methodology used to complete the study. A nonexperimental research design was utilized in attempt to amass quantifiable information that can be used to statistically analyze elements within the supervisor-supervisee relationship. Nonexperimental research designs such as a survey, allow the researcher to investigate conditions or problems without manipulating them (Nelson, 2013). In this study, using a nonexperimental research design allowed the researcher to gain understanding of key elements in the supervisor-supervisee relationship in relation to satisfaction outcomes. Variables within this study were not controlled or manipulated by the researcher with the intent to describe, compare, and determine relationships within the supervisory process.

#### **Purpose of the Study**

The purpose of this study was to evaluate the supervisor-supervisee relationship by examining the agreement of perceived styles and satisfaction between the supervisor and supervisee. Additionally, in an attempt to identify possible influences from external and personal factors, the study examined unique characteristics of each supervisor and supervisee as reported in a demographic questionnaire. Examining additional information could contribute to understanding the impacts of extraneous factors on the supervisory relationship. The researcher sought insights into variances of agreement in perceptions or satisfaction based demographics such as age, setting, experience, and previous training. Increasing awareness of supervisor-supervisee relationships, impacts of style, and satisfaction is important to develop a greater understanding of the dynamic supervisory process will support best practice and positive outcomes.

## Research Questions

Question 1 - Does the supervisor's self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), match the perception of style that the supervisee believes is demonstrated?

H<sub>0</sub> - Supervisors self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), will not match the perception of style that the supervisee believes is demonstrated 100% of the time

Question 2 - Is there a relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles?

H<sub>1</sub> - There will be no significant relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles.

Question 3 - Can external factors such as age, experience, prior training, and setting help to predict agreement in style and satisfaction?

H<sub>2</sub> - There will be no significant relationship between age and agreement in style and reports of satisfaction.

H<sub>3</sub> - There will be no significant relationship between years of experience and agreement in style and reports of satisfaction.

H<sub>4</sub> - There will be no significant relationship between hours of prior training and agreement in style and reports of satisfaction.

H<sub>5</sub> - There will be no significant relationship between setting and agreement in style and reports of satisfaction.

## **Population and Sampling**

A non-probability sampling method was used with a convenience sample selected. This study specifically targeted graduate student supervisees and clinical supervisor dyads within western Kentucky. The goal was to obtain baseline data at the regional level with the possibility to expand population across diverse regions in future studies. Murray State University was easily accessible to the researcher, therefore students enrolled in the Master of Science in Speech-Language Pathology program at Murray State as well university supervisors were the focus population. This study collected a total of 129 survey responses from supervisees and supervisors. Data regarding gender and race of participants was not collected in this study.

**Supervisors and Supervisees.** Participating supervisors held a current state licensure, clinical certificate of competence, and active membership status with the American Speech-Language-Hearing Association. Participating supervisors were not required to complete any form of supervision training before agreeing to assume the role as supervisor. Supervisors assumed a supervisory role by verbally agreeing to accept a supervisee when requested by the university clinic coordinator. If the supervisor was in a setting off-campus, the company or organization the supervisor is employed through also agreed to have supervisees within their practice as documented through a current legal contract. Contracts are agreed upon by Murray State University as well as the off-site organization. A total of 48 supervisors were invited to participate in the study with 35 completing the survey.

Participating supervisees were enrolled in an accredited speech-language pathology master's program and currently completing practicum placements under the supervision of a certified speech-language pathologist. For this study, all supervisees were enrolled in Murray State's speech-language pathology graduate program. Supervisees could be in the first or second

year of their master's program as long as they were enrolled in practicum. While enrolled in practicum courses, supervisees were assigned eight-week placements within various clinical settings under the supervision of the licensed speech-language pathologist. Supervisees were asked to complete a survey at the end of an eight-week placement. The survey for supervisees included demographic questions such as age, year in program, clinical setting, reports of satisfaction and level of needs being met within the supervisory experience. Supervisees were also asked to complete the SSI based on their current supervisor. The survey for supervisees can be found in Appendix G.

Requests to complete the survey were sent to 63 supervisees within the months of December, March, and May. Over the span of data collection, 94 supervisee surveys were completed. Supervisees were categorized as second-year graduate students or first-year graduate students. Supervisees were asked to complete the survey upon completion of an eight-week placement under the guidance of a supervisor. Supervisees within their first year made up 57.6% of total supervisee responses. Supervisees within their second year accounted for 42.4% of supervisee responses.

**Supervisor and supervisee settings.** Participating supervisors and supervisees in this research study represent a variety of clinical settings. Settings included skilled nursing facilities, hospitals, private practices, university clinics, preschools, elementary and high schools. The setting of the supervisee depended on whether they were a first or second-year graduate student. First-year supervisees only complete clinical placements within the university clinic and preschool settings throughout their entire first year. Both of the university clinic and preschool settings are considered on-campus placements. Second-year supervisees completed multiple

eight-week off-site placements within hospitals, skilled nursing facilities, private practices and schools.

There were some variations between first-year and second-year supervision practices. On campus, first-year supervisees were under the direction of multiple supervisors. Supervisors working with first-year supervisees also had more than one supervisee they were currently working with. Off-site supervisors working with second-year supervisees only had one supervisee at a time. Second-year supervisees only had one supervisor during each eight-week placement. Supervisors who had multiple supervisees during the time of this study had multiple student response pairings to examine the relationship between each unique dyad.

**Supervisor-Supervisee dyads.** This study examined elements of the supervisory relationship, which made it necessary to analyze responses among supervisor-supervisee dyads. Supervisor responses needed to be accurately paired with supervisees' responses. Individual participant codes provided at the beginning of the survey allowed the researcher to pair supervisees with the correct supervisor. When alphanumeric participant codes were created, the dyads were paired by the alpha portion of the code. If the supervisor completed the survey but the supervisee did not, that information was not used in answering the research questions for this study's purpose. Additionally, if the supervisee completed the survey but the supervisor did not, those results were not used. There were a total of 76 supervisor and supervisee paired responses with two of those having an incomplete question and were eliminated from the sample. A total of 74 supervisor-supervisee dyads were used in this study.

### **Confidentiality and Anonymity**

This study was designed to complete a direct investigation of the supervisor-supervisee dyad; therefore, supervisee and supervisor responses must be identified as a pair. To do this and

protect participant identity, a participant code was used instead of participant names or identifying information. Assigning participants with an individual participation code provides a sense of security and can increase the likelihood of participation (Dillman, Smyth, & Christian, 2009). A research assistant created and assigned participant codes and did not have access to the results. The primary researcher did not have access to the list of participant codes to maintain participant confidentiality. Each survey was recorded independently. Supervisors did not have access to supervisee responses and supervisees did not have access to supervisor responses. The survey link was private and the document did not save IP information or email addresses from respondents.

Results from the study are stored on a password-protected hard drive in a locked file cabinet for three years. Results will be destroyed by permanently deleting the saved files from the hard drive. The results from the study may be published; however, participants will not be identified. Due to limitations within technology outside of the researcher's control, the researcher could not promise that information sent by email would be private. Once results were received, the information was secured and kept on a password-protected hard drive.

### **Instrumentation**

Surveys have remained an efficient and useful tool for learning about individuals' behaviors and opinions; however, survey methodologies have evolved with technological innovations and cultural shifts (Dillman et al., 2009). Intended participants for this study were best suited for survey methodologies utilizing the internet. Data was collected by means of a web-based survey application. All participant contacts were made via e-mail. E-mail has become the standard method for communicating within the workplace as well as individual use, replacing postal mail (Dillman et al., 2009). Participants were given access to the survey instruments

through a secure online survey platform. The platform for this study was powered by Google Survey.

**Supervisory Styles Inventory (SSI).** The SSI (Friedlander & Ward, 1984) is a 33-item questionnaire that allows supervisors to indicate their perceptions about their supervisory style by rating themselves on the provided adjectives using a Likert scale ranging from 1 (not very) to 7 (very). Survey questions can be found in Appendix F and Appendix G. The SSI was designed for use by either a supervisor or supervisee and is known as one of the most widely-used and best-validated instruments within supervision research (Prieto, 1998). When being used by a supervisee, the supervisee completes the 33-item questionnaire to indicate perceptions about their supervisor's style.

The SSI consists of three subscales: Attractiveness, Interpersonal Sensitivity, and Task Oriented. There are seven items that measure Attractiveness, eight items measuring Interpersonal Sensitivity, 10 items measuring Task Oriented and a total of eight neutral filler items. To obtain a total score in each style, subscale totals are divided by the number of total subscale items to allow for comparison. The highest score within the three subscales would be considered the supervisor's primary style. If a score in two or more subscales is equal, the supervisor is said to demonstrate a flexible style and uses elements of more than one subscale.

The styles identified by Friedlander and Ward (1984) have similarities to the three styles identified by Anderson (1988). Supervisors utilizing an attractive style of supervision would be characterized as warm, considerate, empathetic, and supportive to their supervisees across situations. Supervisors employing the second supervisory style labeled as interpersonally sensitive would demonstrate characteristics of being committed to their supervisees, highly perceptive, and can often resemble interactions similar to what would be expected within a



counseling session. The third supervisory style, task-oriented, would be associated with a supervisor who is very goal oriented and methodical, providing specific tasks to be completed with content always in focus.

Evidence of validity and reliability for the SSI can be found in Friedlander and Ward's (1984) completion of multiple studies examining the structure, validity and internal consistency of the instrument. Test-retest reliability estimates were found to be between .78 and .94, with internal consistency coefficients for the Attractiveness subscale at .93, the Interpersonal Sensitivity subscale at .88, and the Task-Oriented subscale at .85 (Friedlander & Ward, 1984). Permission to use the SSI for this study was provided by the author of the instrument (see Appendix H).

Supervisors and supervisees were asked to complete the same 33 items on the SSI. The only difference in the SSI was that supervisors were asked to self-rate their supervisory style, whereas supervisees were asked to rate the supervisory rating based on their current primary supervisor. A primary supervisor was stated and defined for any supervisee who had multiple supervisors. The primary supervisor was defined as the supervisor with whom a supervisee had the most clients and contact hours.

**Demographics questionnaire.** A demographic questionnaire was included in the survey to gain additional information about external factors within the supervisory process. Both supervisees and supervisors completed a short questionnaire inquiring about age, years of experience as supervisor and therapist, level of graduate student, amount of previous training in the area of supervision, and general statements of satisfaction with the supervisory experience. The demographic questions varied slightly from supervisor to supervisee. Both supervisors and supervisees were asked to provide their age and clinical setting. Supervisors were asked to

provide years of experience as a speech-language pathologist as well as years of experience as a supervisor. Additionally, supervisors were asked if they had received training in the area of supervision, and if so, to provide an approximate number of hours in training. When enrolled in a graduate program, supervisees are provided with diverse experiences but experiences cannot be counted as years of experience per se. Therefore, in this study the supervisees were asked to indicate if they were a first-year or second-year master's student as a measure of experience. First-year supervisees have fewer experiences in clinical practicums, limited clock hours with patients, and less coursework completed as compared to second-year supervisees.

Questions related to satisfaction outcomes within the survey were for supervisees only. Supervisees were asked to rate their level of satisfaction with the supervisory experience as well as feelings of having their needs met by the supervisor through the use of a 5-point Likert scale. Supervisees were asked to rate their overall satisfaction ranging from "1= very dissatisfied", "3= neutral" up to "5= very satisfied." Relating to satisfaction, the scale was similar for indicating beliefs of having needs met as a supervisee. Supervisees were asked if supervision experience met their needs using a Likert scale ranging from "1= No, definitely did not", "3= Neither did or did not", up to "5= Yes, definitely." The complete survey for supervisees can be found in Appendix F.

### **Data Collection and Analysis**

Permission was obtained from the Murray State University Institutional Review Board to conduct this study. See Appendix A for the IRB approval letter. To begin the data collection process, an initial letter from the researcher was emailed out to regional supervisors and supervisees. The letter clearly stated the purpose and scope of the study while also requesting supervisors and students to participate in the upcoming survey. A copy of the initial letter can be

found in Appendix B. A week later, the initial letter requesting completion of the survey was sent to participants from the administrative assistant at the Center for Communication Disorders at Murray State University. This emailed letter included a direct link to the survey and an individual participant code (see Appendix C). The participant code was an alphanumeric code to assist in identifying which participants had responded to the survey, but also as a necessary identification for matching supervisor and supervisee dyads. Up to two participation and completion reminder emails were sent to participants who had not responded to the survey. The first reminder email (see Appendix D) was sent ten days following the initial request for participation, and the second reminder email (see Appendix E) was sent two weeks after the first completion reminder if necessary. In order to ensure supervisors and supervisees had sufficient time to establish a relationship, invitations to participate in the survey were sent within the last two weeks of an eight-week clinical placement. Data was collected for placements in the Fall 2017 semester as well as the Spring 2018 semester.

Informed consent was obtained from each participant before they volunteered to participate in the study. Informed consent was provided on the first page of the survey (see Appendix F and G). Participants provided consent by selecting “participate” or declined consent by selecting “decline to participate.” Participation was voluntary and participants could choose not to answer a question if they did not feel comfortable. Declining to participate in the study did not result in any penalties or loss of benefits participants would otherwise have from participation. Once participants provided consent agreeing to complete the survey, they were asked to provide the participant code received through email and complete the demographic and SSI questionnaires.

**Data analysis.** Statistical Analysis System (SAS) software tools were used to analyze the data for all the research questions. Due to the limited sample size, non-parametric test including chi-square were completed using SAS software to test the hypotheses while making fewer assumptions than a robust test. Parametric tests including t-test, Pearson's correlation coefficient, and one-way analysis of variance (ANOVA) were also completed using SAS software to test the hypotheses when appropriate. There have been no previous studies that examined style as reported from both the supervisor and supervisee as a pair using the SSI in speech-language pathology. Therefore, the goal was to obtain baseline data to help describe the supervisory relationship as support through statistical analysis.

Data was obtained through the online instrument administration included demographic data, satisfaction of supervisory experience, and individual supervisory style data from the SSI. Data was transferred to a Microsoft Excel spreadsheet and coded as necessary. Descriptive statistics showed the mean and standard deviation for demographic variables, including participant age, years of experience, previous training indicated in hours, and years of experience as a supervisor.

To evaluate the first research question, each of the three SSI subtests were scored to identify supervisor style. Using SAS, the SSI scoring formula was entered and applied to respondent data. A total sum was provided in the categories of Attractiveness, Interpersonal Sensitivity and Task-Oriented. Once responses on the SSI were scored, the results were compared within each dyad to determine agreement or disagreement in the styles identified. Through scored responses on the SSI, supervisors were identified as having an attractive style, interpersonally sensitive style or task-oriented style. The highest score in a style category was considered the primary style. The possibility existed for supervisee responses with equal score

results in two or more style categories. When a score was the same in two or more categories, that supervisor was labeled as having a mixed style for the purpose of this study.

If the style identified by the supervisee was the same as the self-reported supervisor style, they were said to match and agree on the supervisory style being employed. If the supervisor and supervisee did not identify the same supervisory style, they were said to not match and disagree on the supervisory style. The researcher had to code agreement by hand in order to use the information for further statistical analysis. If the styles identified within the supervisor-supervisee dyad were the same, it was coded as a 1 for agreement of match. If the identified styles within the dyad were not the same, it was coded as 0 for disagreement of match. A percentage was obtained for agreement (34%) and disagreement of reported style (66%) between the 74 participating supervisee-supervisor dyads.

To evaluate the second research question, a paired sample t-test was conducted using SAS software. The t-test is a common procedure to examine the difference between means for two sets of data and determine if the difference is a statistically significant (Nelson, 2013). The t-test in this study allowed the researcher to compare satisfaction of supervisory experience in supervisor dyads with agreement in style and satisfaction of supervisor dyads who had disagreement in style. Results of the t-test indicated if there was a statistically significant difference in the satisfaction of supervisees based on agreement or disagreement of style. Distribution of satisfaction data was also considered when addressing this question secondary to skewed distribution of data with most participants indicating high levels of satisfaction.

To evaluate the third research question and hypotheses using SAS, a parametric correlation analysis was completed. Specifically, Pearson's correlation coefficient was used to determine if there is significant relationship, be it positive or negative, between variables.

Pearson correlation coefficient is the most widely used measure of association when investigating the relationship between two variables (Nelson, 2013). The relationship between age, setting, experience and training with reports of satisfaction were investigated. Relationships between agreement or disagreement in supervisory styles reported between variables of age, setting, experience and training were also investigated.

A Chi-square test was used to investigate the degree of association between two categorical variables (Nelson, 2013). Specifically, in this study the chi-square was used to determine if there was a significant relationship between matching reports of supervisory style and setting, as well as matching reports of supervisory style and the year of the supervisee within their master's program. The standard  $p$  value of  $<.05$  was identified as the significance level. In addition to chi-square, a one-way analysis of variance (ANOVA) was conducted to investigate variances between three or more groups. ANOVA was used compare satisfaction across placement settings and determine if there was a significant effect of clinical setting on supervisee satisfaction. The independent variable was clinical setting and the dependent variable was satisfaction.

## Chapter 4: Results

This chapter presents the results of the study by summarizing the survey data. Each research question and hypothesis will be addressed with an analysis of supporting data from the study results. The purpose was to evaluate the supervisor-supervisee relationship by examining the agreement of perceived supervisory styles and satisfaction between the supervisor and supervisee. In an attempt to identify possible influences from external and personal factors, the study examined unique characteristics of each supervisor and supervisee as reported in the demographic questionnaire. Increasing awareness of supervisor-supervisee relationships, impacts of style, and satisfaction of the supervisory experience are important to develop a greater understanding of the dynamic supervisory process and promotion for best practice.

### Survey Data

Participants responded to the survey, which included demographic questions as well as completion of the Supervisory Style Inventory (SSI) developed by Friedlander and Ward (1984) to identify supervisory styles. Statistical Analysis System (SAS) was used to analyze the data for all research questions. There have not been previous studies that examined style as reported from both the supervisor and supervisee as a pair using the SSI in speech-language pathology. Therefore, the goal was to obtain baseline data to help describe the supervisory relationship as support through statistical analysis.

**Participants.** This study collected a total of 129 survey responses from supervisees and supervisors with a mean age of 28 (SD = 8.64). Gender and race of participants were not collected as the targeted population was knowingly predominately female. Participants in this study included supervisors (n=35) as well as supervisees (n=94). Supervisees were categorized as second-year graduate students or first-year graduate students. Supervisees were asked to

complete the survey upon fulfillment of an eight-week placement under the guidance of a supervisor. Supervisees within their first year made up 57.6% of total supervisee responses. Supervisees within their second year accounted for 42.4% of supervisee responses. There was one supervisee respondent with missing data on this indicator and was not included.

**Years of experience.** Supervisor participants reported years of experience as a practicing speech-language pathologist in addition to years of experience as a supervisor. Supervisors in this study had an average of 13.8 (SD=7.37) years of experience. Experience ranged from four years to 32 years as a practicing speech-language pathologist. Years of experience as a supervisor was also reported with an average of 7.83 (SD=6.11) years of supervisory experience. Participants in this study had years of supervisory experience ranging from one year to 28 years.

**Training in supervision.** Supervisors were asked if they have had training in the area of supervision. Supervisors who had previous training were asked to report the amount of training in number of hours. Sixty percent of the supervisors participating in the study indicated they have not had training in the area of supervision. The remaining 40% of supervisors indicated they have had some type of training in the area of supervision with a mean of 3.13 (SD=5.72) hours completed. Hours of training reported by supervisors ranged from zero to 20 hours.

A summary of the participant demographics including age, experience as a speech-language pathologist, experience as a supervisor, and hours of previous training can be found in Table 1.



Table 1

<i>Participant Demographics</i>					
Variable	<i>n</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Age	129	28.00	8.64	21	56
Yrs SLP	35	13.80	7.37	4	32
Yrs Supervise	35	7.83	6.10	1	28
Training	30	3.13	5.72	0	20

**Supervisee satisfaction.** Supervisees were asked to rate their level of satisfaction with the supervisory experience on a 5-point Likert scale. Supervisees were asked to rate their overall satisfaction ranging from “1= very dissatisfied”, “3= neutral” up to “5= very satisfied.” Supervisee satisfaction was high, with 47% of participants indicating they were “satisfied” and 41% indicating they were “very satisfied” with the supervisory experience. See Table 2 for a summary of supervisee satisfaction.

Table 2

<i>Supervisee Satisfaction Results</i>		
Satisfaction Rating	Frequency	Percent
1 (Very dissatisfied)	1	1.08
2 (Dissatisfied)	2	2.15
3 (Neutral)	8	8.60
4 (Satisfied)	44	47.31
5 (Very satisfied)	38	40.86

**Supervisee needs.** Supervisees were asked to indicate their feelings related to having their needs met by the supervisor throughout the supervisory process. Supervisees were asked to

rate the level in which their needs were met on a 5-point scale. When asked if the supervisor met their needs, responses ranged from “1= No, definitely did not”, “2= no, not really”, “3= neither did or did not”, “4= yes, generally” and “5= Yes, definitely.” There were no reports (0%) of the supervisor definitely not meeting the needs of a supervisee. Most supervisees indicated that their needs were, in fact, generally met (46%) or definitely met (44%). See Table 3 for a summary of supervisee needs.

Table 3

<i>Supervisee Needs</i>		
Needs Rating	Frequency	Percent
1 (No, definitely not)	0	0
2 (No, not really)	7	7.53
3 (Neither did or did not)	2	2.15
4 (Yes, generally)	43	46.24
5 (Yes, definitely)	41	44.09

**Setting.** There were six clinical settings represented in this study. Two settings were considered on-campus settings and included the university clinic as well as preschool. The first-year supervisees complete their clinical practicum on-campus. Off-campus settings included public schools, skilled nursing facilities, private practices, and hospitals. Most participants completing the survey were practicing within the university clinic, preschools, and public schools. Hospitals and skilled nursing facilities were similarly represented with the private practice setting being least represented. See Table 4 for total participant numbers, including both supervisors and supervisee responses, by setting.

Table 4

*Represented Clinical Settings*

Clinical Setting	Number of Participants
University clinic	46
Preschool	12
Public school	35
Skilled nursing facility	15
Private practice	4
Hospital	17

### **Supervisory Style**

Participants responded to the survey, which included demographic questions as well as completion of the Supervisory Style Inventory (SSI) developed by Friedlander and Ward (1984) to identify supervisory styles. Each survey was scored to identify the perceived supervisory style as being Attractive, Interpersonally Sensitive, or Task-Oriented. For the purpose of this study the category of a mixed style was also added due to some respondents having the same total score in two or more of the style subscales.

The styles identified by Friedlander and Ward (1984) each have key characteristics to describe the supervisory style employed. Supervisors utilizing an Attractive style of supervision would be characterized as warm, considerate, empathetic, friendly and supportive to their supervisees across situations. Supervisors employing the second supervisory style labeled as Interpersonally Sensitive would demonstrate characteristics of being committed to their supervisees, highly perceptive, and can often resemble interactions similar to what would be expected within a counseling session. The third supervisory style, Task-Oriented, would be

associated with a supervisor who is very goal-oriented and methodical, providing specific tasks to be completed with content always in focus.

Over half of supervisors and supervisees (64%) indicated that the primary supervisory style implemented was Attractive. Interpersonally Sensitive style was the second most reported (16%), with Task-Oriented being the least identified style (5%). Responses in which the highest total score was equal in two or more categories indicated a flexible mixed style; this occurred in 15% of scored surveys. See Table 5 for a summary of identified supervisory style.

Table 5

*Identification of Supervisory Styles*

Style	Frequency	Percent
Attractive	83	64.34
Interpersonally Sensitive	21	16.28
Task Oriented	7	5.43
Mixed Style	20	15.50

### Research Questions

Question1 - Does the supervisor's self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), match the perception of style that the supervisee believes is demonstrated?

H<sub>0</sub> – Supervisors' self-identification of style, as indicated by the Supervisory Styles Inventory (SSI) (Friedlander and Ward, 1984), will not match the perception of style that the supervisee believes is demonstrated 100% of the time.

To evaluate this research question, participant responses on the SSI were scored and then compared within each dyad. If the style identified by the supervisee was the same style the

supervisor reported, they were said to match and agree on implemented supervisory style. If the supervisor and supervisee did not identify the same supervisory style, they were said to not match and disagree on implemented supervisory style. Results were coded as a “1” for dyads who matched and a “0” for those who did not match. Over half of the supervisor-supervisee dyads (66%) did not report matching styles of supervision, with only 34% showing agreement of styles with matching styles identified. Thus, the results failed to reject the null hypothesis with 66% of supervisee-supervisor dyads not reporting matching styles.

Question 2 - Is there a relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles?

H<sub>1</sub> - There will be no significant relationship between self-reported supervisee satisfaction and agreement of identified supervisory styles

A paired-samples t-test was conducted to compare satisfaction of supervisory experience in supervisor dyads with agreement in style and supervisor dyads with disagreement in style. There was not a significant difference in satisfaction of the supervisory experience for supervisor dyads with agreement in style (M=4.16, SD=0.850) and supervisor dyads without agreement in style (M=4.20, SD=0.790);  $t(72)=0.22$ ,  $p=0.82$ . It should be noted that the distribution of satisfaction is skewed with most participants rating high levels of satisfaction. Results failed to reject the null hypothesis. A summary of data analysis for H<sub>1</sub> can be found in Table 6.

Table 6

*Results of t-test and Descriptive Statistics for Satisfaction and Agreement of Style*

	Agreement of Style			Disagreement of Style			95% CI for Mean Difference	t	df
	M	SD	n	M	SD	n			
Satisfaction	4.16	0.850	25	4.20	0.790	49	-0.35, 0.44	0.22*	72

Note. \* $p>.05$ .

Although satisfaction was not significantly related to identification of matching style, while analyzing the data a relationship was found for satisfaction and supervisory style categories. Satisfaction was correlated with all three reported style categories including Interpersonally Sensitive, Attractive, and Task-Oriented. There was a significant correlation between Attractive styles and satisfaction [ $r = 0.257$ ,  $n = 94$ ,  $p = .01$ ]. There was also a significant correlation between Interpersonally Sensitive styles and satisfaction [ $r=0.407$ ,  $n=93$ ,  $p<.0001$ ] as well as Task-Oriented styles and satisfaction [ $r=0.388$ ,  $n=90$ ,  $p= .0002$ ]. While all three types of style were significantly correlated with satisfaction, supervisee satisfaction and level of needs met is more strongly correlated with Interpersonally Sensitive styles than Attractive  $t(90)=-2.71$ ,  $p<.01$  and Task-Oriented styles than Attractive  $t(90)=-1.99$ ,  $p<.05$ .

Question 3 - Can external factors such as age, experience, prior training, and setting help to predict agreement in style and satisfaction?

H<sub>2</sub> - There will be no significant relationship between age and agreement in style and reports of satisfaction.

Pearson Correlation Coefficients were used to assess the relationship between age and satisfaction as well as age and agreement in supervisory style reported. There was not a significant correlation between age and satisfaction [ $r = -0.032$ ,  $n = 93$ ,  $p = .75$ ]. Additionally, age was not significantly correlated with agreement in reported supervisory styles between supervisors-supervisee dyads [ $r = -0.215$ ,  $n = 74$ ,  $p = .06$ ]. The findings of the study failed to reject the null hypothesis.

H<sub>3</sub> - There will be no significant relationship between years of experience and agreement in style and reports of satisfaction.

Related to years of experience as a student, a chi-square test was performed and a significant relationship was found between matching reports of supervisory style and the year of the student within their master's program,  $\chi^2(2, N = 74) = 23.105, p < .0001$ . There was not a significant relationship between years of experience as a supervisor and agreement of styles [ $r = -0.013, n = 30, p = .94$ ]. Results failed to reject the null hypothesis.

H<sub>4</sub> - There will be no significant relationship between hours of prior training and agreement in style and reports of satisfaction.

Pearson Correlation Coefficients were used to assess the relationship between hours of prior training and satisfaction as well as hours of training and agreement in supervisory style reported. There was not a significant correlation between hours of training and agreement of style [ $r = 0.086, n = 25, p = .68$ ]. The null hypothesis failed to be rejected.

H<sub>5</sub> - There will be no significant relationship between setting and agreement in style and reports of satisfaction.

A chi-square test was performed and a significant relationship was found between matching reports of supervisory style and setting,  $\chi^2(5, N = 74) = 26.67, p < .0001$ . The likelihood of match differs by setting, but is also confounded with the year of the student in their programming. Second-year students are only in off-site clinical placements and not in the university clinic or preschool where first year students' complete clinical practicum. Within the first-year settings (coded as setting 1 and 2), only 12% matched. Within the second-year settings (coded as 3 through 6) there was a 65% match.

A one-way ANOVA was conducted to compare satisfaction across placement settings. There was not a significant effect of setting on satisfaction at the  $p < .05$  level,  $F(5,87) = 0.73$ ,

MSE = 0.632,  $p=.60$ . Satisfaction did not significantly differ across settings. Thus, the study failed to reject the null hypothesis. A summary of analysis for H5 can be found in Table 7.

Table 7

*Setting Effect on Satisfaction One-Way Analysis of Variance (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.31	5	0.461	0.73	0.60
Within Groups	55.00	87	0.632		
Total	57.31	92			



## Chapter 5: Discussions and Conclusions

The purpose of this study was to evaluate the supervisor-supervisee relationship by examining the agreement of perceived styles and satisfaction between the supervisor and supervisee. The aim was to increase awareness of supervisory practices and contribute empirical evidence to improve understanding of influential elements in supervision. The supervisory relationship is vital. Having a better understanding of the dynamic leadership process will aid in continued development of evidence-based practice and promote positive experiences for supervisors as well as supervisees.

### Summary of Findings

**Research question one.** This research question examined if the self-reported style the supervisor believed was being demonstrated matched the style that supervisees perceived as being demonstrated. The results of this research study found significant disagreement in perception of styles used within the supervisory dyad. There was variance in the self-reported supervisor style and the style supervisees perceived as being demonstrated. Over half (66%) of supervisor-supervisee dyads did not report the same style as being exhibited. Previous research completed in the area of supervision has clearly stated the importance of the supervisory relationship and has noted a breakdown in agreement between self-perceptions and reality of practices with accurate self-awareness. Supervisors may not be aware of their own style or the most appropriate style to utilize across varied situations (Spence et al., 2001). With over half of the participating supervisor-supervisee dyads in disagreement, the results are supportive of previous research and provide indication that reflective practices and education may be warranted.

**Research question two.** This research question investigated the relationship between satisfaction reported by the supervisee and agreement of supervisory style reported. Previous research has identified the importance of knowing what supervisory style would be best fitting for an individual supervisor based on factors such as experience, culture, and social differences. Without appropriate identification and application of practices from supervisors, it would be difficult to implement styles appropriate to a supervisee's unique personality and level of needs that could then impact satisfaction. The researcher sought to examine the impacts of varied perception within the supervisor-supervisee dyad. With clear goals, clear communication, and clear understanding of individual needs, the supervisory relationship should be positive and productive. The researcher aimed to discover if elements of variance within the relationship impacted satisfaction. Results of this study indicated that being on the same awareness level when it comes to implementation of supervisory style did not significantly impact satisfaction of the supervisee. Supervisees were generally satisfied and described their needs as being met both with and without agreement in employed style within the dyad. Noting that the distribution of satisfaction was skewed in this study with most supervisees indicating higher levels of satisfaction, results may have been impacted and not adequately reflect potential variances within the supervisory dyad.

While analyzing data investigating relationships between satisfaction and agreement of style, it was discovered that all three types of style were significantly correlated with satisfaction. However, supervisee satisfaction and reports of supervisees having their needs met is more strongly correlated with Interpersonally Sensitive styles and Task-Oriented styles than Attractive. This is particularly interesting because a majority of supervisors (n=26) identified their style as Attractive with very few reporting Interpersonally Sensitive (5) and Task-Oriented

(4) styles. When working in a helping field focused on increasing communication and quality of life, professionals frequently share characteristics of enthusiasm and compassion for people. A majority of supervisors identifying with an attractive style could be related to shared traits of speech-language pathologists. Individuals do not enter a helping field of work unless there is a desire for every individual, be it patient or supervisee, to be supported and cared for by a considerate, empathetic, friendly and supportive individual. While the description of attractive style seems to clearly fit the stereotypical description of a speech-language pathologist, it does not mean an attractive style is the best supervisory model.

Based on the description of styles provided by Freidlander and Ward (1984), the results of this study indicate that students are most satisfied with a supervisor who takes more of a role as a perceptive instructor or committed facilitator than as a friend or empathetic supporter. Furthermore, the results of this study differed from the current literature and supervisory models, indicating that supervision styles utilized at the practicum level is more of a task-oriented style. Ostergren (2011) found that past studies focused on speech-language pathology students at the practicum level discovered the predominant supervisory style utilized by supervisors was a directive style. Speech-language pathologists would benefit from training and awareness that simply supports the desire of supervisees to have modified styles as necessary. Having a positive relationship with a supervisee does not have to always look friendly and overly empathetic. Implementing task-oriented styles as well as interpersonal styles could improve supervisees learning experience without negatively impacting the supervisory relationship. Employing the style that is most appropriate for each unique supervisee could result in positive outcomes.

**Research question three.** In attempt to better understand the supervisory relationship, the researcher examined the influence of external factors such as age, experience, prior training, and setting on agreement in style and satisfaction. Results indicated there was not a significant relationship between age, prior supervisory training, and years of experience as a speech-language pathologist on supervisee satisfaction and agreement of style. Interestingly, there was a significant relationship found between years of experience as a supervisee and agreement of styles as well as setting and agreement of styles. However, the setting and year of supervisee were also confounded. The researcher did not account for the disparity between first year and second year supervisee placements. Supervisees in their second year were not completing placements on campus, whereas all first-year placements are within campus, either in the university clinic or preschool. Additionally, there are also inconsistencies in the number of supervisors first-year supervisees have compared to second-year supervisees. Within an offsite placement, supervisees are only working with one supervisor at a time. Offsite supervisors are working with one supervisee for the entire eight-week placement. Onsite supervisors can have anywhere from four to eight supervisees on average. The significant relationship between matching reports of style and clinical setting with second year supervisees could be cautiously interpreted as an influential factor of the supervisory relationship. Satisfaction was not directly correlated with setting or years of experience.

### **Practical Applications**

While the results of this study are not robust, impactful information has emerged with implications across the P-20 continuum. Key factors emerging include the importance of leadership, collaboration across professional and academic settings, and training. Limitations of the study and recommendations for future research are also discussed in this chapter.

**Leadership through supervision.** Leadership is not just the ability to instruct an individual as to what must be accomplished. Leadership is about facilitating growth for achievement and successes through opportunity, perceptive guidance and experience. The relationship between supervisors and supervisees is impactful and vital to professional success. Supervisors become leaders by default when accepting that role and tasked with clinical teaching. Increasing awareness of performance and accurate reflection to enhance the supervisor-supervisee relationship could prove to be beneficial for matching perceptions and shared goals. As the findings of this study indicate, supervisors and supervisees do not always share agreement in perceptions of practice. Fortunately, in this study, disagreement in perceptions of supervisory style utilized did not impact supervisees' satisfaction. However, with skewed distribution of satisfaction, the likelihood of impact cannot be ruled out. Leadership through supervision is not exclusive to practicum experiences. Speech-language pathologists must complete a clinical fellowship year under supervision and frequently make the choice to become a supervisor as their career progresses. Supervision is vital and embedded in many service delivery domains within the clinical scope of practice.

**Collaboration across academia and professional settings.** Relationships within the supervisory dyad are not the only relationships at work. Significant importance is placed on the relationships between academic and professional settings to provide experiential learning appropriate to each supervisee's needs. Maintaining positive relationships with the members of the professional community are important for maintaining access to quality supervisors and placement settings. Positive relationships equate to positive outcomes for clients, and that is always the goal, regardless of supervisor or supervisee roles. Results of this study discovered a significant relationship between second-year students and matching of supervisory styles. The

results can be interpreted as being supportive of supervisory models for offsite clinical placements with high satisfaction and agreement in style. Academic settings could analyze supervisee and supervisor styles before assigning students in attempt to proactively match their needs within a placement. Early reflection and identification of strengths, weaknesses and style preference information could be provided to supervisors in attempt to enhance appropriate identification of supervisory style for each unique dyad.

**Training.** This study did not find a significant correlation between the amount of supervisory training and satisfaction or agreement in style. However, results of this study did indicate that supervisee satisfaction had a stronger correlation with Interpersonally Sensitive and Task-Oriented supervisor styles than attractive. Knowing that Interpersonally Sensitive and Task-Oriented styles were more strongly correlated to satisfaction could be important when educating supervisors. While supervisors will continue to adjust styles dependent on individual supervisee needs, having completed training in awareness of supervisory styles the supervisor may be more likely to strategically implement a Task-Oriented or Interpersonal style.

The study indicated discrepancy in perceptions with over half of supervisory dyads had disagreement in identification of style utilized. By providing training to increase knowledge of foundational theory and awareness of style implementation, supervisors as well as supervisees could increase accurate reflection of practice. The key is not to separate or pinpoint one member of the dyad. Supervisors and supervisees may have different needs and perceptions. However, with increased communication and clear expectations through training, the dyad develops common goals unique to the supervisory experience. Supervisees are stakeholders in the supervisory process just as much as supervisors.

Supervisees enter the supervisory relationship with unique experiences and characteristics that may influence how they perceive supervisory outcomes. Training the supervisee in advance could influence perceptions and satisfaction within the supervisory experience. Supervisee training may include education of placement expectations as well as increasing knowledge of specific supervisory styles. There is a certain level of naivety supervisees have about supervision as well as diverse clinical experiences. Expectations of supervision may be generated from past experiences or lack thereof, in combination with limited ideology. Supervisees are frequently uncertain of realistic expectations, paired with levels of anxiety going into a novel clinical setting. Providing training to educate supervisees on theoretical models and expectations for the evolution of the supervisory process could set foundations for understanding roles and achieving professional growth within each stage of development.

Training for supervisors as well as supervisees should include elements of self-assessment related to supervisory practices and preferences, such as identification of primary style. Gaining awareness of supervisory style going into a supervisory relationship could influence the likelihood of adaptation, or facilitate mutual understanding of employed practices. Results of reflection or preference assessments could become a beneficial tool used to pair supervisor-supervisee dyads. Clinical assignments pairing supervisors with supervisees are completed differently depending on the university or professional setting. Some clinical coordinators might randomly assign supervisor-supervisee dyads, whereas another might take the time to reflect on personal needs of members within the dyad. By providing training for both supervisors and supervisees, pairings could be made based on similar findings to match personalities or needs if that is the desired method. The results could also be used to simply

educate the supervisor and supervisee of diversity within the relationship and allow the dyad to decide how to best adapt the process.

### **Limitations of the Study**

There were several limitations to this study, beginning with the sample size and limited representation of the total population. This study was focused on participants in the western Kentucky region within Murray State University's Graduate Program in Speech-Language Pathology. Additionally, there was not equal representation of supervisors and supervisees across all clinical settings. While the process of supervision in the field is consistently present, the process of supervision across academic institutions is not consistent. Universities vary in delivery models of clinical experiences and supervision. Therefore, the limited sample is not representative of the general population.

Additionally, regarding sample limitations, this study allowed for multiple supervisees to be paired with one supervisor. Only supervisors working with supervisees in their first year of practicum had multiple supervisees whom they were the primary supervisor for. Supervisors were only asked to complete the survey on their primary style one time. Results of the supervisor survey were then paired with multiple matching supervisee surveys. By doing so, the data may not have accurately reflected the individual dynamics between each unique dyad. The relationship and reports between supervisees of each supervisor should have been appropriately investigated.

There were additional limitations regarding considerations of setting and year of supervisee experience. Clinical setting was confounded with the year the supervisee was within their master's program. In order to completely describe the relationship between setting and agreement of styles and satisfaction, the sample should be limited to supervisees with a similar



level of experience and clinical opportunity. Variances in off-campus and on-campus settings were not considered in development of research questions and design.

### **Recommendations for Future Research**

Several considerations for future research have emerged through completion of this study. First, it is recommended that this study be replicated on a larger scale to increase sample size and diverse participants across multiple university programs for purposes of generalization. When replicating the study, it is recommended that the study account for delivery models and limit the target population to second-year students completing practicum placements in an offsite location.

Secondly, further investigation between supervision delivery models of first-year supervisees is warranted. Specifically, there is a need to examine factors that contribute to relationship and satisfaction when supervisors have multiple supervisees. Similarly, investigation of the use of style and adaptation of style within dyads when the supervisor is responsible for multiple students is necessary. Research should investigate the effectiveness of shifting supervisory styles or if the supervisor is changing style at all. Within the same context, the question could be asked about the influence of supervisee experience within the dyad and how the needs of a first-year supervisee vary from those of an experienced second-year supervisee.

Thirdly, while this study had high levels of reported supervisee satisfaction, the key factors contributing to satisfaction were not successfully identified through statistical analysis. Further investigation to identify key elements within the supervisory relationship or clinical experience that directly relate to supervisee satisfaction is necessary. Evaluating elements of supervisor satisfaction as well as supervisee satisfaction is recommended to gain an increasingly holistic view of the dynamics within the supervisory dyad.

Lastly, further investigation into the impacts of supervisory training should be completed. There was a wide range in levels of training for the participants in this study with many supervisors having no direct training in supervision whatsoever. Training programs are limited and frequently only completed at the initiative of each individual supervisor. Development and implementation of supervisory training is recommended specifically for supervisors working with introductory level supervisees. Impacts on supervisory outcomes after implementation of a consistent training should be monitored to determine if education is an effective means for positively influencing the supervisory process. Investigations should focus on training programs for supervisees as well as supervisors and address elements of awareness in supervisory styles.

### **Conclusion**

Participation in the supervisory process is something all speech-language pathologists have in common. Supervision across clinical contexts to develop highly qualified and competent therapists is essential. Speech-language pathologists are perpetually impacted and shaped early in their professional careers by supervisory and clinical experiences, which is why continued research is of the highest priority. Once elements of the supervisory process can be clearly understood and described through research, development and implementation of trainings can be expanded. Improving supervision through increased understanding supported through research will have positive impacts on supervisors and supervisees, but most importantly on the clients served.

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## Appendix A



### Institutional Review Board

328 Wells Hall  
Murray, KY 42071-3318  
270-809-2916 • msu.irb@murraystate.edu

**TO:** Randal Wilson, Educational Studies Leadership and Counseling  
**FROM:** Jonathan Baskin, IRB Coordinator JB  
**DATE:** 11/28/2017  
**RE:** Human Subjects Protocol I.D. – IRB # 18-074

The IRB has completed its review of your student's Level 1 protocol entitled *Perception of Supervisory Styles and Satisfaction*. After review and consideration, the IRB has determined that the research, as described in the protocol form, will be conducted in compliance with Murray State University guidelines for the protection of human participants.

**The forms and materials that have been approved for use in this research study are attached to the email containing this letter. These are the forms and materials that must be presented to the subjects. Use of any process or forms other than those approved by the IRB will be considered misconduct in research as stated in the MSU IRB Procedures and Guidelines section 20.3.**

**Your stated data collection period is from 11/27/2017 to 6/30/2018.**

If data collection extends beyond this period, please submit an Amendment to an Approved Protocol form detailing the new data collection period and the reason for the change.

**This Level 1 approval is valid until 11/27/2018.**

If data collection and analysis extends beyond this date, the research project must be reviewed as a continuation project by the IRB prior to the end of the approval period, 11/27/2018. You must reapply for IRB approval by submitting a Project Update and Closure form (available at [murraystate.edu/irb](http://murraystate.edu/irb)). You must allow ample time for IRB processing and decision prior to your expiration date, or your research must stop until such time that IRB approval is received. If the research project is completed by the end of the approval period, then a Project Update and Closure form must be submitted for IRB review so that your protocol may be closed. It is your responsibility to submit the appropriate paperwork in a timely manner.

The protocol is approved. You may begin data collection now.

Opportunity  
afforded

[murraystate.edu](http://murraystate.edu)



## Appendix B



### Initial Email Contact to Invite Participation in Upcoming Survey

Supervisors and Supervisees,

My name is Stephanie Schaaf and I am a doctoral student at Murray State University. As a requirement for completion of my degree, I am conducting a research study. The purpose of this research is to gain information to better understand the supervisory relationship from the perspective of the supervisor as well as the supervisee. Increasing awareness of supervisory practices could improve understanding of the supervision process and support evidence-based practices.

In the next week, you will receive another email which will include an individualized participant code and a link to participate in the research survey. Specifically, I am inviting graduate students enrolled in a speech-language pathology masters program, as well as their current supervisors to participate. Participation is voluntary. If you choose to participate, please understand that the information you provide will remain confidential. No personally identifiable information will be associated with your responses in any reports of this data.

If you choose to participate, the questionnaire will take approximately 15 minutes of your time. There will be no compensation for your participation, however, the results from this study could help speech-language pathologists in the area of clinical supervision.

I appreciate your time and consideration for completing the upcoming survey.

Many thanks,

Stephanie Schaaf, M.S., CCC-SLP  
Principal Investigator

## Appendix C

From: Wendy Briere (Wbriere@murraystate.edu)

Sent:

To:

Subject: MSU Supervisory Styles Survey



Date:

I am writing to ask for your participation in a survey that I am conducting in partial fulfillment of my doctoral degree from Murray State University. I am asking clinical supervisors as well as supervisees within clinical placements for speech-language pathology, to provide information about supervisory styles.

Your responses to this survey are very important and will help in advancing knowledge and understanding of the supervisory relationship. As part of the survey, supervisors will be completing a series of questions to identify their supervision style. Supervisee, will be completing the same series of questions to identify the style that is used by their current supervisor. Demographic characteristics will also be requested.

This is a short survey and should take no more than 15 minutes of your time. You may click on the link below to go to the survey site (or copy and paste the link into your internet browser).

Once you are in the survey, you will be asked to carefully review the consent for participation.

When completing the survey, you will be asked to enter the participant code listed below.

**Participant code:**

**Supervisee/Student Survey Link:** <https://goo.gl/forms/xk0A0XFvyqOZw0YH2>

**Supervisor Survey Link:** <https://goo.gl/forms/rwgUk6UfiuAjpgwSK2>

Your participation in this survey is entirely voluntary and your responses will be kept confidential. I appreciate your time and consideration in completing the survey. It is through participation from supervisors and supervisees like you that we can continue to build evidence for best practice techniques in speech-language pathology.

Many thanks,

Stephanie Schaaf, M.S. CCC-SLP

## Appendix D

From: Wendy Briere (Wbriere@murraystate.edu)

Sent:

To:

Subject: Participation Requested MSU Supervisory Styles Survey



Date:

We recently sent an email asking you to respond to a brief survey to gain information about clinical supervision styles. Your response to this survey is very important and will help in advancing knowledge and understanding of the supervisory relationship.

This is a short survey and should take no more than 15 minutes of your time. You may click on the link below to go to the survey site (or copy and paste the link into your internet browser). Once you are in the survey, you will be asked to carefully review the consent for participation. When completing the survey, you will be asked to enter the participant code listed below.

**Participant code:**

**Supervisee/Student Survey Link:** <https://goo.gl/forms/xk0A0XFvyqOZw0YH2>

**Supervisor Survey Link:** <https://goo.gl/forms/rwgUk6UfiuAjpgwSK2>

Your response is important. Through participation from supervisors and supervisees like you, we can continue to build evidence for best practice techniques in speech-language pathology.

Many thanks,

Stephanie Schaaf, M.S. CCC-SLP  
Principal Investigator

## Appendix E

From: Wbriere (Wbreire@murraystate.edu)  
Sent:  
To:  
Subject: Please complete MSU Supervisory Styles Survey



Date:

We understand how busy every supervisor and supervisee can be and how valuable your spare time can be. We are hoping that you may be able to give about 15 minutes of your time to help us collect information about clinical supervision styles. Your responses to this survey are very important and will help in advancing knowledge and understanding of the supervisory relationship.

If you have not yet responded, we would ask that you please complete the survey. You may click on the link below to go to the survey site (or copy and paste the link into your internet browser). Once you are in the survey, you will be asked to carefully review the consent for participation. When completing the survey, you will be asked to enter the participant code listed below.

**Participant code:**

**Supervisee/Student Survey Link:** <https://goo.gl/forms/xk0A0XFvyqOZw0YH2>

**Supervisor Survey Link:** <https://goo.gl/forms/rwgUk6UfiuAjgwSK2>

Your response is important. This will be the last opportunity to complete the survey. Through participation from supervisors and supervisees like you, we can continue to build evidence for best practice techniques in speech-language pathology.

Many thanks,  
Stephanie Schaaf, M.S. CCC-SLP

## Appendix F

### Supervisor Style Survey for Supervisors

\* Required



#### Online Research Participation Consent

Online Research Participation Consent

Study Title: Perceptions of Supervisory Styles and Satisfaction  
 Primary Investigator: Stephanie Schaaf, Department of Educational Studies, Leadership, and Counseling  
 Faculty Sponsor Contact: Dr. Randal Wilson Director, Assistant Professor  
 Department of Educational Studies, Leadership, and Counseling  
 Office: AL3232, Alexander Hall  
 270-809-3168  
[rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu)

You are being invited to participate in an online research study conducted through Murray State University. This document contains information you will need to help you decide whether to be in this research study or not. You must be at least 18 years old to participate. Please read the form carefully and ask the study team member(s) questions about anything that is not clear. You should print a copy of this document for your records.

1. **Nature and Purpose of Project:** The purpose of this study is to gain information to better understand the supervisory relationship from the perspective of the supervisor as well as the individual being supervised. This research survey is designed to gather information about supervisory styles, which means the unique way each supervisor and student supervisee pair interact in the process of supervision. Increasing awareness of supervisory practices could improve understanding of the supervision process and support evidence based practices. The study is being completed by a doctoral candidate in partial fulfillment of a doctoral degree.
2. **Participant Selection:** You are being asked to participate because you are either a current supervisor or supervisee in the field of speech-language pathology. You must be a licensed speech-language pathologist(SLP) supervising graduate student(s) enrolled in Murray State University's masters program for speech-language pathology. You can also be a student enrolled in Murray State University's masters program for speech-language pathology and completing clinical placements under the supervision of a licensed SLP.
3. **Explanation of Procedures:** The study will be completed using Google Survey. Completing the survey should take no more than 15 minutes of your time. You will be provided with an individual participant code to enter in the survey. The participant code will have both letters and numbers as a necessary identification tool for matching supervisor and supervisee pairs without using names. The study activities include completion of the Supervisory Styles Inventory developed by Friedlander and Ward (1984), as well as a demographics questionnaire. If you are a supervisor, you will complete the survey based on your own style. Supervisees will complete the survey to describe their supervisor's style and their questionnaire will include questions for self-report of satisfaction.
4. **Discomforts and Risks:** There are no anticipated discomforts or risks associated with this study. None of the survey questions ask for sensitive personal information and you may choose not to answer any questions do not feel comfortable answering. Your participation will be voluntary.

1. **Benefits:** This study is not designed to benefit you directly. However, your participation may help to increase our understanding of the supervisory process.
2. **Confidentiality:** Your answers to this survey are confidential and will not be shared with anyone in a way that could identify you. Your identity or other personal information will not be shared at any point in the research process. In order to pair your responses to the correct supervisee, you have been assigned a code by a third-party who will not have access to the survey responses. The key for this code will not be shared with the researchers and it will be erased once all the surveys have been submitted to prevent you from being identified in the future. Your IP address or email address will not be recorded with your response. However, we are unable to guarantee the security of the computer on which you choose to enter your responses. Information you enter, and websites you visit online can be tracked, captured, corrupted, lost, or otherwise misused.
3. **Refusal/Withdrawal:** Your participation is strictly voluntary and you are free to withdraw/stop participating at any time with absolutely no penalty. You are free to skip any questions that you would prefer not to answer.
4. **Contact Information:** Any questions about the procedures or conduct of this research should be brought to the attention of Dr. Randal Wilson at 270-809-3168 or [rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu). If you would like to know the results of this study, please contact Dr. Randal Wilson at [rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu).

Selecting "Participate" below indicates that this study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

This project has been reviewed and approved by the Murray State University Institutional Review Board (IRB) for the Protection of Human Subjects. If you have any questions about your rights as a research participant, you should contact the MSU IRB Coordinator at (270) 809-2916 or [msu.irb@murraystate.edu](mailto:msu.irb@murraystate.edu).



1. **Consent for Participation \***

*Mark only one oval.*

- Participate      *Skip to question 2.*
- Decline to participate      *Skip to "Decline to Participate."*

Decline to Participate

Thank you for your time and consideration

*Stop filling out this form.*

## Supervisor Style Survey for Supervisors

Thank you for your participation. Remember that your responses are voluntary and you may choose to stop this survey at any time.

2. **Please provide the participant code that was sent to you via email \***

---

3. **What is your age?**

---

4. **How many years of experience do you have as a speech-language pathologist?**

---

5. **How many years of experience do you have as a clinical supervisor in speech-language pathology?**

---

6. **Have you had training in the area of supervision? Training may include professional development courses, self-study, facility training, conferences, online training modules....etc. If you answer yes, please state approximately how many hours?**

---

7. **What clinical setting are you currently in?**

*Mark only one oval.*

University clinic

School

Hospital

Skilled Nursing facility

Private practice

Other: \_\_\_\_\_

**Instructions: Please indicate the characteristics that you as a supervisor demonstrate for each of the following descriptions. Select the number on the scale, from 1 (Not very) to 7 (Very), which best reflects your performance as a supervisor.**

Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984)

8. Mark only one oval per row.

	Not very (1)	2	3	Sometimes (4)	5	6	Very (7)
Goal Oriented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concrete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explicit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intuitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trusting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Appendix G

### Supervisory Style Survey for Supervisees

\* Required



#### Online Research Participation Consent

Online Research Participation Consent

Study Title: Perceptions of Supervisory Styles and Satisfaction  
 Primary Investigator: Stephanie Schaaf, Department of Educational Studies, Leadership, and Counseling  
 Faculty Sponsor Contact: Dr. Randal Wilson Director, Assistant Professor  
 Department of Educational Studies, Leadership, and Counseling  
 Office: AL3232, Alexander Hall  
 270-809-3168  
[rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu)

You are being invited to participate in an online research study conducted through Murray State University. This document contains information you will need to help you decide whether to be in this research study or not. You must be at least 18 years old to participate. Please read the form carefully and ask the study team member(s) questions about anything that is not clear. You should print a copy of this document for your records.

1. **Nature and Purpose of Project:** The purpose of this study is to gain information to better understand the supervisory relationship from the perspective of the supervisor as well as the individual being supervised. This research survey is designed to gather information about supervisory styles, which means the unique way each supervisor and student supervisee pair interact in the process of supervision. Increasing awareness of supervisory practices could improve understanding of the supervision process and support evidence based practices. The study is being completed by a doctoral candidate in partial fulfillment of a doctoral degree.
2. **Participant Selection:** You are being asked to participate because you are either a current supervisor or supervisee in the field of speech-language pathology. You must be a licensed speech-language pathologist (SLP) supervising graduate student(s) enrolled in Murray State University's masters program for speech-language pathology. You can also be a student enrolled in Murray State University's masters program for speech-language pathology and completing clinical placements under the supervision of a licensed SLP.
3. **Explanation of Procedures:** The study will be completed using Google Survey. Completing the survey should take no more than 15 minutes of your time. You will be provided with an individual participant code to enter in the survey. The participant code will have both letters and numbers as a necessary identification tool for matching supervisor and supervisee pairs without using names. The study activities include completion of the Supervisory Styles Inventory developed by Friedlander and Ward (1984), as well as a demographics questionnaire. If you are a supervisor, you will complete the survey based on your own style. Supervisees will complete the survey to describe their supervisor's style and their questionnaire will include questions for self-report of satisfaction.
4. **Discomforts and Risks:** There are no anticipated discomforts or risks associated with this study. None of the survey questions ask for sensitive personal information and you may choose not to answer any questions do not feel comfortable answering. Your participation will be voluntary.

1. **Benefits:** This study is not designed to benefit you directly. However, your participation may help to increase our understanding of the supervisory process.
2. **Confidentiality:** Your answers to this survey are confidential and will not be shared with your supervisor. Your identity or other personal information will not be shared at any point in the research process. In order to pair your responses to the correct supervisor, you have been assigned a code by a third-party who will not have access to the survey responses. The key for this code will not be shared with the researchers and it will be erased once all the surveys have been submitted to prevent you from being identified in the future. Your IP address or email address will not be recorded with your response. However, we are unable to guarantee the security of the computer on which you choose to enter your responses. Information you enter, and websites you visit online can be tracked, captured, corrupted, lost, or otherwise misused.
3. **Refusal/Withdrawal:** Your participation is strictly voluntary and you are free to withdraw/stop participating at any time with absolutely no penalty. You are free to skip any questions that you would prefer not to answer.
4. **Contact Information:** Any questions about the procedures or conduct of this research should be brought to the attention of Dr. Randal Wilson at 270-809-3168 or [rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu). If you would like to know the results of this study, please contact Dr. Randal Wilson at [rwilson6@murraystate.edu](mailto:rwilson6@murraystate.edu).

Selecting "Participate" below indicates that this study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

This project has been reviewed and approved by the Murray State University Institutional Review Board (IRB) for the Protection of Human Subjects. If you have any questions about your rights as a research participant, you should contact the MSU IRB Coordinator at (270) 809-2916 or [msu.irb@murraystate.edu](mailto:msu.irb@murraystate.edu).



1. **Consent for participation \***

*Mark only one oval.*

- Participate      *Skip to question 2.*
- Decline to participate      *Skip to "Decline to Participate."*

**Decline to Participate**

Thank you for your time and consideration

*Stop filling out this form.*

## Supervisor Style Survey for Supervisees

Thank you for your participation. Remember that your responses are voluntary and you may chose to stop this survey at any time.

2. **Please provide the participant code that was sent to you via email \***

\_\_\_\_\_

3. **What is your age?**

\_\_\_\_\_

4. **What year are you in your masters program?**

*Mark only one oval.*

- First year student  
 Second year student

### **Directions: If you have multiple supervisors, please complete the survey questions in regard to your primary supervisor this semester**

Selecting a primary supervisor would be the supervisor whom you have the most clients with or have completed the most clinical hours with this semester.

5. **What clinical setting are you currently in?**

*Mark only one oval.*

- University clinic  
 School  
 Hospital  
 Skilled Nursing Facility  
 Private practice  
 Other: \_\_\_\_\_

6. **How satisfied are you with your clinical supervisory experience?**

*Mark only one oval.*

- Very Dissatisfied  
 Dissatisfied  
 Neutral  
 Satisfied  
 Very Satisfied

7. **Do you think the supervision experience you received fit your needs?**

*Mark only one oval.*

- No, definitely not  
 No, not really  
 Neither did or did not  
 Yes, generally  
 Yes, definitely

**Instructions: Please indicate your perception of the characteristics that your current supervisor demonstrated for each of the following descriptions. Select the number on the scale, from 1(not very) to 7 (very), which best reflects your views of that supervisor.**

Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984)

8. *Mark only one oval per row.*

	Not very (1)	2	3	Sometimes (4)	5	6	Very (7)
Goal Oriented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concrete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explicit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intuitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trusting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix H

### Permission to use SSI instrument in dissertation research

2 messages

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**Stephanie Schaaf** <sschaaf@murraystate.edu>

Tue, Jul 11, 2017 at 1:08 PM

To: mfriedlander@albany.edu

Good afternoon Dr. Friedlander,

My name is Stephanie Schaaf and I am a speech-language pathologist currently working within the Division of Communication Disorders at Murray State University in Murray, KY. I am completing my dissertation focused on supervision within the field of speech-language pathology working to identify the agreement of supervisor and student perception of supervisory styles. In beginning my research, I discovered the Supervisory Styles Inventory and also noticed that professionals across various disciplines have used your SSI. I believe the SSI would be the perfect instrument for my study. I wanted to ask if I could have your permission to use your SSI instrument in my research?

I truly appreciate your time and consideration, and I look forward to hearing from you.

Sincerely,

**Stephanie Schaaf, M.S, CCC-SLP**

Speech-Language Pathologist/Clinical Supervisor

Murray State University

Center for Communication Disorders

[sschaaf@murraystate.edu](mailto:sschaaf@murraystate.edu)

270-809-3783

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---

**Friedlander, Myrna L** <mfriedlander@albany.edu>

Tue, Jul 11, 2017 at 1:36 PM

To: Stephanie Schaaf <sschaaf@murraystate.edu>

Yes, you have my permission, Stephanie. Good luck with your dissertation!