The Journal of Counselor Preparation and Supervision

Volume 9 | Number 1

Article 3

2017

Expert Clinical Supervisors' Descriptions of Easy and Challenging Supervisees

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Abstract

Expert supervisors provided descriptions of what made two of their recent supervisees easy or challenging. Content analysis revealed seven categories of experts' descriptions for those supervisees. Supervision behaviors, clinical competencies, traits and personal background, and self-awareness/self-reflectivity categories were the most frequently reported categories, regardless of the supervisee being easy or challenging. Comparisons of the seven categories did not yield significant differences in their frequencies for the easy and challenging supervisees. Importantly, the experts appeared to rely on objective (observable) rather than subjective assessments of their supervisees, whether easy or challenging. Limitations and implications for future research and practice are discussed.

Keywords

Expert supervisor, easy supervisee, challenging supervisee

Author's Notes

Clinical supervision is one of the fundamental learning and training opportunities for counselor trainees (Bernard & Goodyear, 2014; Borders & Brown, 2005). Accordingly, it is within the supervision process that supervisors must assess and evaluate supervisees' competencies as well as their suitability for the profession. Although clinical supervisors are considered to be the conductor of supervision, what supervisees bring into and contribute to the supervision cannot be discounted, as their self-presentations considerably influence the supervisory process (Borders & Brown, 2005). Across professions, clinical supervisors have identified supervisee characteristics/behaviors and traits that influence the conduct of supervision. Early on, Rodenhauser, Rudisill, and Painter (1989) asked psychiatrists to list attributes that facilitated residents' learning of psychotherapy. They grouped the responses into five categories: basic personal qualities (e.g., reliability, openness, interpersonal competence), facilitators of the relationship with supervisors (e.g., interest, enthusiasm, willingness to change), facilitators of relationships with patients (e.g., interpersonal curiosity, flexibility, empathy), facilitators of learning theory (e.g., intellectual openness, habit of reading), and facilitators of learning skills (e.g., minimal defensiveness, introspection, receptivity to feedback).

Within the counseling field, researchers have interviewed experienced supervisors about their interactions with both highly successful and unsuccessful supervisees (Norem, Magnuson, Wilcoxon, & Arbel, 2006; Wilcoxon, Norem, & Magnuson, 2005). Supervisors reported six categories of attributes of "stellar supervisees" (Norem et al., 2006, p. 33): maturity (e.g., understanding of self based on diverse life experiences), autonomy (e.g., self-confidence, accepts feedback, active in supervision), perspicacity (e.g., strong knowledge and skills, cognitive complexity, intuition), motivation (e.g., proactive, committed to growth), self-awareness (e.g., aware of strengths and weaknesses as well as their emotional responses), and openness to

experience (e.g., willing to take risks, open to feedback). In contrast, supervisee characteristics that contributed to "lousy supervision outcomes" (Wilcoxon et al., 2005, p. 31) were categorized into four areas: intrapersonal development (e.g., weak ego, unresolved personal issues, unwilling to examine self), interpersonal development (e.g., poor social skills, insensitivity, unwilling to accept feedback), cognitive development (e.g., lack of cognitive complexity, concreteness and rigidity in thinking), and counselor development (e.g., lack of basic knowledge and skills, motivation to change, and understanding of counseling process). Within counseling psychology, Vespia, Heckman-Stone, and Delworth (2002) created a measure of behaviors and characteristics of students who "use supervision well" (p. 58). They included eight subscales describing effective supervisee behaviors, such as complies with expectations, shows responsibility, demonstrates initiative and independent thinking, exhibits openness and nondefensiveness, demonstrates self-insight, uses effective relationship/interpersonal skills, demonstrates growth and risk-taking behaviors, and exhibits positive personal characteristics. Across these studies, then, researchers have found that experienced supervisors' reports of good and difficult supervisees' descriptions were not limited to clinical competencies, but also supervisees' personal characteristics as well as supervision attitudes and behaviors.

Most recently, supervision researchers have begun to explore expert supervisors' perspectives and practices in clinical supervision, including their perspectives on supervisee contributions to the supervision process. The perspectives of experts were of interest as researchers in several fields (e.g., Chase & Simon, 1973; Glaser, 1985; Patel, Glaser, & Arocha, 2000) have reported that experts are able to think and process knowledge in a deeper and more structured manner than their less experienced counterparts. Several supervision researchers have explored experts' supervisory strategies in the face of difficult situations (Grant, Schofield, &

Crawford, 2012; Nelson, Barnes, Evans, & Triggiano, 2008) and supervisees' contributions to those. Supervisors in Nelson et al. (2008) reported supervisee factors that contributed to conflict as resistance, lack of responsibility for work, evaluation anxiety, negative transference, inadequate skills, and unethical or unprofessional behavior. In order to manage conflict with these supervisees, supervisors described reflective (e.g., working to empathize with supervisees' experiences), interpersonal (e.g., working hard not to shame or embarrass a supervisee when giving difficult feedback), and technical (e.g., direct observations of the supervisee to gain more information about their skills) strategies. Similarly, Grant et al. (2012) reported supervisee incompetence and unethical behavior, supervisee characteristics (e.g., arrogance, defensiveness), specific problems in the supervisory relationship, and supervisor countertransference as the broad domains of experts' supervisory difficulties. Expert supervisors managed these difficulties using avoidant (e.g., withheld validation, ignored), relational (e.g., named the difficulty, validated and normalized the issue), reflective (e.g., remained mindful, patient, transparent), and confrontive (e.g., confronted tentatively at first and, after assessing the level of directness needed, confronting the issue directly) interventions.

In a recent study (Kemer, Borders, & Willse, 2014), expert supervisors generated a large list of statements regarding their thoughts while planning, conducting, and evaluating their supervision work. Assessment of their supervisees was one of the main areas experts considered. Demonstrating an extensive awareness of their responsibility to assess their supervisees, experts reported a broad range of supervisee characteristics and behaviors that they considered in their supervision work, including those similar to supervisors in previous studies (e.g., clinical skills, response to supervision, self-awareness). In a follow-up study, Kemer, Borders, and Yel (2017) focused on the expert supervisors' supervision priorities while working with both easy and

challenging supervisees. With their easy supervisees, experts prioritized assessment and conceptualization of the supervisee as well as administrative considerations (e.g., paperwork) of supervision. On the other hand, with their challenging supervisees, experts focused on components of the supervisory relationship. When their challenging supervisees were compared to the easy supervisees, experts prioritized a focus on their own self-reflection and assessment, supervisory relationship, administrative considerations (e.g., paperwork), and assessment of the supervisee and his/her work. Kemer et al. (2017) reported that, regardless of working with easy or challenging supervisees, fundamental priorities of experts' supervision work included assessment and conceptualization of the supervisee and his/her work as well as administrative considerations.

Similar to the previous studies, experts have noted supervisees' inadequate/deficient clinical skills, lack of investment in the clinical work, personal difficulties, and supervisory relationship issues as characteristics that contribute to difficult supervisory situations. In the face of easy or challenging supervisory situations, experts in these studies considered assessment of their supervisees and supervision work comprehensively, used various interventions (e.g., relational, confrontive), and engaged in reflective practices.

Although offering valuable information about good/successful and difficult supervisees, none of these researchers specifically explored experts' descriptions of their easy and challenging supervisees. Instead, they focused on experienced supervisors' descriptions of a supervisee profile (e.g., supervisees who contribute to stellar and lousy supervision outcomes), what experts considered in their supervision practices, or experts' supervisory strategies or priorities to handle easy or difficult situations. Moreover, neither of the researchers reported how pervasive descriptions of good and/or difficult supervisees were. Thus, we do not know if any of

the descriptive categories are reported more frequently or if frequencies would differ for easy supervisees when compared to challenging supervisees. Despite similarities in the characteristics of the good/successful and difficult supervisees across previous studies, furthermore, we wondered whether experts' highly organized thinking would lead to similar categories for separate supervisee profiles and what those categories might be. Given their ability to think in more cognitively complex ways, we also questioned if experts' descriptions would offer any nuances around supervisees' self-presentations. In other words, an examination of expert supervisors' descriptions for their easy and challenging supervisees to explore common categories could contribute to our efforts to assess supervisees and shape supervision practices.

In this study, we sought to understand experts' descriptions of supervisees with whom they believed they worked well and those they found challenging. The overall research question of the present study was how do expert supervisors describe their easy and challenging supervisees? Within this research question, we also explored whether any of these categories were more frequently reported for a particular supervisee profile (easy or challenging).

METHOD

Participants

The sample in the current study consisted of nine females (56.3%) and seven males (43.8%), equaling a total of 16 expert supervisors. The 15 Caucasians (93.8%) and one Asian/Pacific Islander (6.2%) had a mean age of 53.19 (SD = 12.46; range of 33-76). Fourteen experts held doctoral degrees from Counselor Education (87.5%) and two held doctoral degrees from Counseling Psychology (12.5%). All experts were faculty members; nine were Full Professors (56.3%), five were Associate Professors (31.3%), and two were Assistant Professors (12.5%). Experts held various professional credentials; 12 were National Certified Counselors

(75%), 11 were Licensed Professional Counselors (68.8%), two were Licensed Psychologists (12.5%), 10 were Approved Clinical Supervisors (62.5%), and four also held other professional credentials (25%).

The 16 expert supervisors had practiced supervision from a range of eight to 42 years (M = 21.63, SD = 10.50). Their typical supervisee profiles included practicum master's students (n = 12, 75%), internship master's students (n = 14, 87.5%), doctoral practicum/internship students (n = 14, 87.5%), and doctoral supervisors (n = 12, 75%). They had published six supervision-related books (without counting each edition of a book), 49 book chapters (M = 3.77, SD = 4.34), and 184 peer-reviewed articles (M = 11.50, SD = 12.66); presented 282 professional presentations (M = 18.80, SD = 20.07), given 50 workshops (M = 8.33, SD = 6.41) on supervision, and had been nominated/recognized with 42 awards for their supervision or mentoring (M = 2.80, SD = 1.82).

Procedures

The current study was part of a larger project conducted to examine expert supervisors' cognitions (Kemer, 2012). As we were aware that an expert supervisor's description would depend on the supervision setting where supervision occurs (e.g., academia, mental health agencies), we paid close attention to specifying our selection criteria. In this study, we used academic criteria for the selection of our expert participants. These criteria involved (1) a doctoral degree in either counselor education or counseling psychology, (2) experience in teaching and supervising student counselors and/or supervisors, and (3) extensive involvement in scholarly activities in supervision. An award or nomination as distinguished mentor, counselor educator, etc., was an optional criterion.

We used purposive sampling to find and select our expert supervisors. First, following the criteria, we reviewed faculty and/or personal websites of the supervision scholars known to us from literature, conferences, and professional organizations. Then, we created a master list of expert supervisors representing diverse cultural backgrounds and geographical locations in the U.S. This resulted in a list of 44 experts who received email invitations to participate in our study. Of the 44, 16 experts, who also participated in Kemer et al. (2014) study, responded to the current study.

We asked experts to identify two of their recent supervisees, one they worked well with and one who challenged them. Then, experts responded to two open-ended questions about what made those supervisees easy or challenging in their supervision sessions (i.e., What made the supervisee you identified easy/challenging to work with?). In analyzing their responses, we first conducted a content analysis and then calculated frequencies to examine the differences among categories.

Data Analyses

Content analysis is "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (Krippendorff, 2012, p. 24). In order to make inferences from experts' written descriptions of their easy and challenging supervisees to the supervisee characteristics in clinical supervision, we conducted a content analysis. Both qualitative and quantitative procedures are appropriate in content analysis (Insch, Moore, & Murphy, 1997). Thus, we used both procedures to examine the nuances of our data. We followed Insch et al. (1997) and Neuendorf's (2002) guidelines to conduct our content analysis. Two coders worked on the data in several rounds and consulted with an external auditor before finalizing the content analysis.

Initially, each of the coders (first and second authors) independently read through all of the descriptions and generated a list of potential categories (coding scheme) that emerged from the data, and then conducted a pilot unit analysis (sampling) of three randomly selected experts' easy and challenging supervisee descriptions. We then came together to conceptualize and operationalize the potential categories and determine the unit of analysis (i.e., how to break up the descriptions for coding). First, we agreed on six underlying categories across both supervisee profiles and defined the content of each category. We defined *Traits and Personal Background of the Supervisee* as the supervisees' cognitive, emotional, and interpersonal characteristics, such as cognitive complexity or being easy-going, mature, and/or bright. The *Preparation for/Investment/Engagement in Supervision* category involved supervisees' attitude toward supervision, response/receptivity to feedback, and/or traits as a learner, such as being motivated or not prepared. We described *Counseling Skills/Conceptualization Abilities* as the supervisees' competency level and ability to apply feedback and make changes. *Self-awareness/Self-reflectivity* was characterized as having awareness and reflection abilities, such as being able to critique self or explore biases and values. *Supervisory Relationship* involved supervisees' relational qualities in supervision, such as being able to disagree with the supervisor while keeping boundaries and collegiality or being unresponsive to here-and-now work in supervision. *Opinion/Attitude toward Client, Site, and/or Supervisor* denoted the characteristics of being judgmental of the client, supervisor, or clinical site, and/or invested in the clients and counseling work at their site. Second, we reviewed the pilot unit analysis and agreed to define each unit as a single described characteristic or behavior of the supervisee (e.g., bright, did not follow through).

Next, we separately assigned the pilot units to the agreed-upon categories and met again to discuss. In this second meeting, we disagreed on 11 assignments of the 44 units from three

participants' data, yielding an inter-rater agreement of .75 for the pilot unit assignments, indicating moderately high agreement strength (Gwet, 2012). We examined the disagreements and came to a consensus about unit assignments to the categories before performing the procedure for the rest of the data set. In this meeting, we also agreed on the need to add a new, seventh category: *Supervisors' Personal View/Opinion of the Supervisee* was defined as the supervisors' own views of their similarities or differences with the supervisee and feelings towards the supervisee.

For the final unit analysis, one of us worked on the odd-numbered (randomly selected) participants' descriptions whereas the other completed the even-numbered descriptions. Then, we e-mailed the units coded into the descriptive categories to each other for review. In the third consensus meeting, we disagreed on the assignments of 23 units out of 224, yielding an inter-rater reliability of .90 (high agreement strength, Gwet, 2012). We also double-coded one of the units to both preparation for/investment/engagement in supervision and self-awareness/self-reflectivity categories. Krippendorff (2012) suggested that qualitative researchers of content analysis value double coding due to the binary nature of the texts, whereas quantitative researchers avoid overlapping units as it is difficult to enumerate them. Therefore, we used double coding in our content analysis, but eliminated the double-coded unit from the quantitative part (see Chi-square analysis) of this study.

In the last step of content analysis, an external auditor was asked to review the final assignments to provide a validity control over the coders' work. The external auditor agreed with one double-coded unit and made eight comments about the meaning of the statements. Coders reviewed and discussed these comments and finalized the content analysis without making any further changes.

For the descriptive statistics, we first calculated the frequencies of units for each of the descriptive categories across the participants for the easy and challenging supervisees separately. Next, we computed frequencies of experts in each of the descriptive categories for the easy and challenging supervisees. Lastly, to examine for the relationships among the frequency of units per categories and the two supervisee profiles (i.e., easy and challenging), we conducted a Chi-square analysis.

Results

Content analysis of the experts' descriptions for their easy and challenging supervisees yielded 268 units assigned to the seven categories. The 268 units exceeded the minimum of 167 units needed to generalize the results of this content analysis to the population of easy and challenging supervisees' descriptions with a 99% confidence interval (-/+ 10% sampling error; Neuendorf, 2002). The mean number of units by participant was 16.81 (SD = 6.90, range 9-35), while the mean number of units by category was 38.43 (SD = 34.36, range 6-106). In each category, different numbers of experts reported descriptions for the easy and challenging supervisees. In the following sections, we will present each category separately for easy and challenging supervisees based on the frequencies by units (see Figure 1) and frequency by experts (see Table 1), and then report results of the Chi-square analysis.

Descriptions of Easy Supervisees

Experts' descriptions involved a total of 147 units representing all seven categories for the easy supervisees (reported by descending number of units). As shown in Table 1, the largest number of supervisors and units were in the *preparation for/investment/engagement in supervision* category; supervisors (n = 15) reported 54 descriptions (units) for their easy supervisees. Some of these descriptions were "*... eager to learn ... open to the supervision*

process with a lot of enthusiasm …," "… took the initiative … responded well to feedback …
initiated interaction and always responded in a timely manner…," "… was invested in her own
development, sought out growth-related opportunities, and was engaged in supervision process
… open to multiple perspectives…"

In the *counseling skills/conceptualization abilities* category, supervisors ($n = 13$)
described easy supervisees with 27 units. Descriptions of the experts included "… *would*
challenge herself by taking on diverse clients and would utilize a variety of techniques and new
counseling theories … was willing to take risks and attempt new, more advanced techniques …,"
"… synthesized information and feedback … applied knowledge and suggestions in next sessions
… saw bigger picture of client/s … grasped basic skills … engaged in professional and ethical
behavior …"

Supervisors ($n = 9$) reported 25 descriptions in the *traits and personal background of the*
supervisee category, such as "… *was bright … talented and very capable … mature, had a great*
sense of humor …," and "… *was easy going, friendly … able to relax and not always take this*
seriously …"

For *Self-awareness/self-reflectivity*, experts ($n = 11$) included 24 statements. Examples of
experts' descriptions were "…*insightful … reflective, self-aware … willing to explore self and*
biases/values, internal processes …," and "… *was self-aware … knew her limitations/strengths*
… very accepting of self …"

Experts' ($n = 5$) statements in the *supervisory relationship* category totaled 10
descriptions, "… *our interactions were close to collegial. Yet, she was always respectful and*
never crossed supervisor-supervisee boundaries …."

For *Opinion/attitude toward client, site, and/or supervisor*, experts (*n* = 4) had four descriptions, such as "*... invested in client welfare and improvement (thought lots about how to help client) ...,*" and "*... loved the work he was doing ...*"

Lastly, experts (*n* = 3) had three descriptions in the *supervisors' personal view/opinion of the supervisee* category, including "*I really liked her as a person*" and "*...similar philosophically/theoretically to the supervisor ...*"
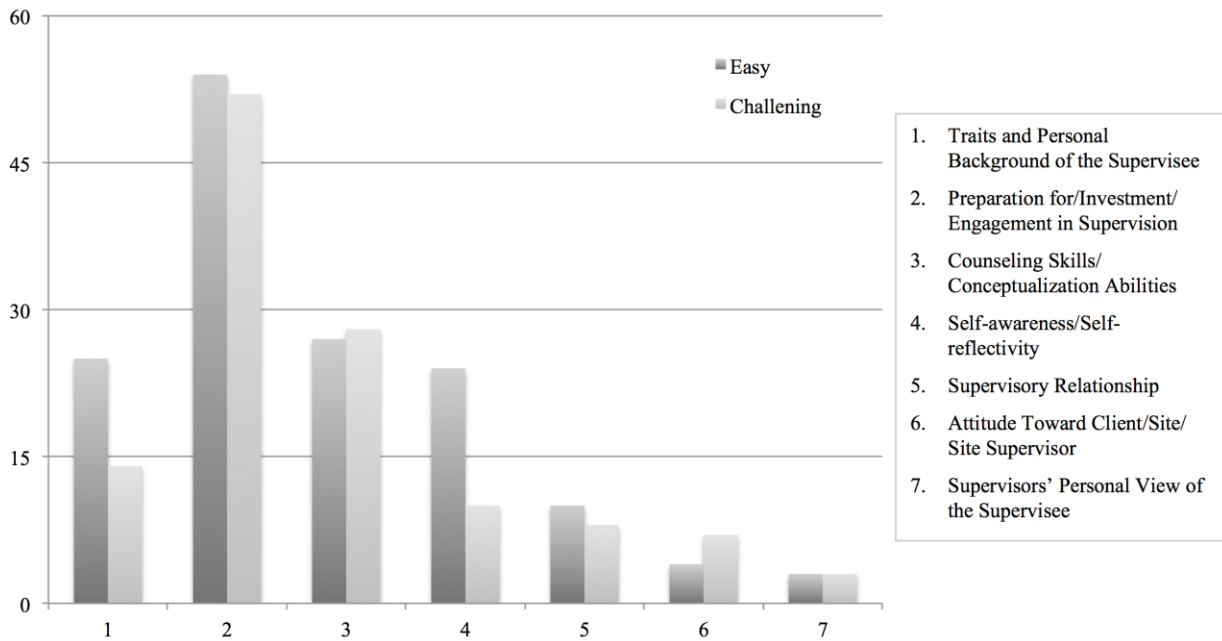

Figure 1. Representation of the unit frequencies for easy and challenging supervisees across categories.

Descriptions of Challenging Supervisees

Experts' statements describing challenging supervisees consisted of 122 units representing all seven categories (again reported in descending order of units). Similar to the easy supervisees, experts' (*n* = 16) had the most descriptions for their challenging supervisees in the *preparation for/investment/engagement in supervision* category, with 54 statements (see

Table 1). Some of these descriptions included "*... defensive ... closed/rigid ... knew the right way to do something ... resistant to see this or take perspective of client ... not able to benefit from supervision, unable to hear supervisor feedback ... unreceptive to positive feedback ...,*" "*... sometimes difficult to read ... could not always determine what she was thinking or wanting from me. When asked directly, could not always articulate her needs. Was less invested in supervision process (?) - hard to tell ...,*" and "*... unable to be open ... unwilling to acknowledge weaknesses/mistakes. Unable to meet logistical/administrative expectations. All excuses and apologies ...*"

For *Counseling skills and conceptualization abilities*, experts (*n* = 10) reported 28 descriptions, including "*... rarely followed through on feedback ... No big, theoretical picture of client ... grasped basic skills, no reflection of feeling (not grasp of more advanced counseling skills) ...,*" and "*... misapplying skills from previous career to counseling task ... multiple interventions to get her to see how she was misapplying skills and misinterpreting counseling literature/theory (e.g., being present) ... misunderstood/had own definitions of counseling skills. Avoided client's negative emotions ... limited use of goal-setting ...*"

In the *traits and personal background of the supervisee* category, experts (*n* = 8) stated 14 descriptions for their challenging supervisees, such as "*... fragile ... Dualistic thinker. Moralizing ... Personal issues (trauma history) override ability to connect with client and supervisor ...,*" and "*... Concrete ... Low level maturity ...*"

Experts' (*n* = 7) descriptions in the *self-awareness/self-reflectivity* category included 10 statements, such as "*...Unwilling (or less willing/able) to engage in self-reflection, e.g., about own processes, values, biases ... impasses in relationship with client ...,*" and "*... belief that s/he did not need to learn a lot ...*"

Experts (*n* = 7) had eight descriptions around the *Supervisory relationship*, including "*... silent/unresponsive to here and now ...,*" "*... difficult to 'connect' with ...,*" and "*... attitude to supervisor was inappropriate ...*"

Fewer experts (*n* = 4) had *Opinion/attitude toward client, site, and/or superviso*r descriptions, with seven statements such as "*... judgmental – even angry with client (and showed it) ...*" and "*... this supervisee simply did not like me (s/he told me) ...*"

Three experts provided three *Supervisors' personal view/opinion of the supervisee* descriptions for the challenging supervisees, such as "*...Negative prior emotions (mine) towards supervisee before working with her ...*" and "*...Different theories/philosophies ...*"

Table 1.

Frequencies of Units and Expert Supervisors within each Category for Easy and Challenging Supervisees

Category	Easy Supervisee		Challenging Supervisee		Total	
	Units (*n*)	Experts (*n*)	Units (*n*)	Experts (*n*)	Units (*n*)	Experts (*n*)
Traits and Personal Background of the Supervisee	25	9	14	8	39	11
Preparation for/Investment/Engagement in Supervision	54	15	52	16	106	16
Counseling Skills/Conceptualization Abilities	27	13	28	10	55	15
Self-awareness/Self-reflectivity	24	11	10	7	34	13
Supervisory Relationship	10	5	8	7	18	10
Attitude toward Client/Site/Site Supervisor	4	4	7	4	11	11
Supervisors' Personal View of the Supervisee	3	3	3	3	6	4

Total n of experts = 16

Chi-square Analysis

A Chi-square analysis was conducted to examine the frequency of descriptive units within each category by the two profiles, easy and challenging supervisees. First, we checked the minimum cell size assumption of Chi-square test of independence (i.e., at least 80% of the cells had expected cell counts more than 5 and no cell had an expected value of less than one; Tabachnick & Fidell, 2001). Our data slightly violated this assumption (79% of the cells had expected cell counts more than 5 and all the cells had an expected value of more than one). The Chi-square analysis did not reveal significant relationships among the seven descriptive categories and two supervisee profiles [χ^2 (6, 267) = 8.42, p > .01]. In other words, the number of descriptive units for easy and challenging supervisees in each category did not differ significantly.

Discussion

Expert supervisors' descriptions of what made their supervisees easy or challenging in their supervision sessions were organized into seven common categories. Our categories involved descriptions of supervisees' contributing/hindering personal traits and background, un/desired behaviors toward supervision, in/competencies to perform counseling skills and conceptualize the cases, self-awareness and self-reflection in/capabilities, supervisory relationship mis/behaviors, and positive/negative attitudes toward the clients, site, and/or supervisor as well as experts' personal views and opinions of the supervisee. In these categories, our experts provided similar numbers of descriptions for their easy and challenging supervisees. In other words, none of the categories appeared to be a more specific description for either of the supervisee profiles, and both easy and challenging supervisees' descriptions were equally represented in all seven categories. Our descriptive categories supported previous findings (e.g.,

Norem et al., 2005; Nelson et al., 2008) of good and challenging supervisees' traits and behaviors.

Our experts characterized their easy supervisees as having desired behaviors toward supervision, counseling skills and conceptualization competencies, high self-awareness and reflection, supportive personal traits and background, and positive supervisory relationship qualities, as well as constructive attitudes toward clients, site, and/or the supervisor. Similar to the previous study reports (Norem et al., 2005; Rodenhauser et al., 1989), easy supervisees were frequently described as bright, invested, engaged, open to feedback and experience, as well as highly self-reflective and good at keeping boundaries while being assertive within the supervisor relationship. Thus, experts said they worked well with supervisees who were more active and open in the supervision process, up for challenges and risks in their clinical practices, willing to explore self in relation to their practices, and capable of being collegial in the supervisory relationship. With these attitudes and qualities, supervisees appeared to be more likely to contribute to the effective supervisory processes.

Our experts' descriptions for the challenging supervisees also supported findings from previous studies (Grant et al., 2012; Nelson et al., 2008; Wilcoxon et al., 2005). Besides undesirable behaviors toward supervision and lack of competencies to perform counseling skills and conceptualize the cases, challenging supervisees according to our experts possessed hindering personal traits and background, deficiencies in self-awareness and self-reflection, and negative supervisory relationship characteristics and attitudes toward the clients, site, and/or the supervisor. Our experts described their challenging supervisees as rigid in their way of thinking, unprepared and uncooperative in the supervision process, less skilled/competent than where they were developmentally expected to be, unable to engage in self-reflection, and difficult to connect

with. Hence, our experts were challenged in their work with supervisees who did not seem to believe they had a lot to learn, and who were characterized by lack of investment in supervision, incompetent functioning in their clinical work, unresolved personal difficulties, challenges with self-awareness/reflection, and weak supervisory alliance. Challenging supervisees did not work with their supervisors to obtain the most out of supervision process or enhance their personal and professional development.

Characterizing both supervisee profiles, the largest frequencies of experts' descriptive units cumulated in the supervisees' *preparation for/investment/engagement in supervision*, *counseling skills/conceptualization abilities*, *traits and personal background*, and *self-awareness/self-reflectivity* categories (highest to lowest). With these categories describing both their easy and challenging supervisees, experts appeared to primarily articulate supervisees' commitment to supervision, clinical abilities to be effective with their clients, personal traits that contributed to their ability, and self-awareness and willingness to engage in self-reflection. In reading the descriptors from these categories, a potential reflection of their expert status seemed evidence. These categories seemed to include more objective assessments of specific supervisee behaviors. In other words, most of the experts' descriptions were based in observational factors, effective and ineffective behaviors, and/or characteristics of the supervisees. On the other hand, categories that appeared to involve expert supervisors' more subjective assessment of the supervisees appeared less frequently, again across both profiles. These categories included supervisees' *supervisory relationship qualities*, *their attitudes toward client/site/site supervisor* categories, and *experts' own personal view of the supervisee*. In short, when describing their easy and challenging supervisees, expert supervisors appeared to provide more concrete and objective

descriptions of their supervisees' behaviors and/or characteristics than their own experience of the relationship and supervisee.

At first glance, these results seem to contradict those of previous studies in which the supervisory relationship was identified as a critical aspect of experts' supervision work with particularly challenging situations and supervisees (e.g., Grant et al., 2012; Kemer et al., 2017). This finding may indicate, however, that experts tend to rely on objective rather than subjective assessments of their supervisees to inform, prioritize, and choose interventions that use the supervisory relationship as the primary vehicle for their work. This interpretation would be in line with other research on experts, in that experts focused on more principle-based, solution-focused conceptualizations while their novice counterparts presented more concrete components of the problem (Chi, Glaser, & Rees, 1982).

All or most of our experts' descriptions were represented in the supervisees' *preparation for/investment/engagement in supervision*, *counseling skills/conceptualization abilities*, *self-awareness/self-reflectivity*, *traits and personal background*, *attitudes toward client/site/site supervisor*, and *supervisory relationship* categories (most to least frequent). Thus, these six categories sufficiently represented our experts' descriptions for their easy and challenging supervisees. In contrast, the *supervisors' personal view/opinion of the supervisee* category represented a small number of experts. However, this category was a unique finding in the current study. Some of our experts expressed their own personal views/opinions of the supervisee (e.g., liked the student, negative prior emotions (mine) towards supervisee before working with her/him) as contributing to what made their supervisees easy or challenging. These experts seemed to be aware of their positive or negative personal views of the supervisee and their influence on the supervision practices; they stated them rather factually rather than with

emotion, however. Experts' awareness of their personal views/opinions or countertransference reactions (e.g., Grant et al., 2012; Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000) is supportive of the expertise literature. Glaser and Chi (1988) identified strong self-monitoring skills as one of the key characteristics of experts from different fields. In Kemer et al.'s study (2014), one of the five areas of expert clinical supervisors' supervision thoughts was their self-assessment and reflection, including awareness of their own feelings and biases. Expert supervisors in other studies also prioritized and used self-assessment and reflection in challenging supervisory situations (e.g., Grant et al., 2012; Kemer et al., 2017). Thus, experts' awareness and reports of their personal views/opinions of the both easy and challenging supervisees appear to be crucial indicators of experts' inclination to acknowledge and, potentially, address their own countertransference as well as feelings and biases.

Limitations

This study also comes with limitations. First, the descriptions and categories are limited to the experts who participated in this study. A different group of experts (e.g., from different supervisory settings, with a diverse race/ethnicity backgrounds) might report different descriptions and categories (e.g., multicultural similarities or differences). For example, in a study of cross-ethnic/racial supervision dyads, Burkard, Knox, Clarke, Phelps, and Inman (2014) found European American supervisors focused on supervisees-of-color's interpersonal skills while supervisors-of-color identified lack of cultural sensitivity. Second, we did not ask our participants to focus on a specific supervisee developmental/experience level (e.g., practicum counselor, doctoral supervisor). An examination of specific supervisee developmental/experience level might reveal different descriptions and categories. Despite representing a developmentally multifarious profile, the descriptions and categories obtained in this study cannot be attributed to

a specific developmental level. Third, the sample size of the descriptive units in this content analysis was sufficient with the assumption of a higher level of sampling error; thus, our data slightly violated the Chi-square analysis expected cell-count assumption. Further studies with a larger unit sample size may yield confirmation for our findings and more generalizable results.

Implications for Future Research and Practice

Findings of the current study have implications for both future research and clinical supervision practices. Further research studies to understand experts' practices with their supervisees are needed. In the current study, we could not detect any differences when reading the descriptors based on demographics (e.g., age, years of experience as a supervisor, faculty position) of the supervisors, and none stood out in terms of tone, wording, or unique focus in any of the categories. Studies of supervisors in other settings (e.g., mental health agencies, schools, inpatient facilities), however, might reveal different descriptions of easy and challenging supervisees.

Across studies of expert supervisors (e.g., Kemer et al., 2014; Nelson et al., 2008), including this study, there is a good consensus on experts' structured thinking and self-monitoring skills. Thus, further studies on experts' more nuanced descriptions and/or actual interactions with these supervisees should be examined through process research to illuminate how good/bad supervisee characteristics are manifested, what expert supervisors actually do with these supervisees, and what is effective (e.g., interventions, use of relationship). Moreover, in those studies, examinations of beginning supervisors as well as experts would inform supervisor training and our understanding of supervisor development. Of particular interest may be similarities and differences in the self-reflections of experts and beginning supervisors, and

research on how to help new supervisors move toward experts' reflective abilities as a way of enhancing their supervisory practice.

Our findings also have implications for clinical supervisors and supervisor training programs. Descriptions of easy and challenging supervisees in this study may help supervisors reflect on their own experiences with supervisees and develop a comprehensive assessment of their supervisees. Easy supervisees appeared more likely to get the most out of their training by becoming active participants and agents of their development as counselors. Supervisors may want to educate their supervisees about these characteristics, particularly in the initial stages of supervisory work, to promote supervisees' knowledge of how to get the most out of their supervision sessions. On the other hand, supervisors may want to pay attention to the descriptions of challenging supervisees and develop strategies to handle these situations. In these cases, gatekeeping and related interventions may be necessary for supervisors to consider and practice (Nelson, Oliver, Reeve, & McNichols, 2010). Moreover, regardless when working with easy and challenging supervisees, supervisors' reflections on their own contributions to the supervisory situations is a crucial area for developing awareness, including when to pursue consultation and/or supervision for themselves. Thus, supervisor training programs could promote self-reflective practice by involving and highlighting these descriptions and categories in their curricula.

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