Evaluating the Relationship between Supervisor Self-Efficacy and Competence and the

Supervisory Relationship: A Mediation Model

by

Henry M. Bruns

Liberty University

A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree

Doctor of Philosophy

Liberty University

March, 2020

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2020

APPROVED BY:

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John C. Thomas, Ph.D., Committee Chair

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Patricia L. Kimball, Ph.D., Committee Member

_____

Stacey C. Lilley, Ph.D., Committee Member

ABSTRACT

The practice of supervision has several implications for the future of mental health. Despite these implications and a recent movement towards competency-based supervision, little research has been done on the construct of competency in supervision. This may be partially related to a lack of consensus as to what defines competency in supervision. Nevertheless, within the supervisory relationship, a supervisee's perception that the supervisor is competent plays a role in the quality of the supervisory relationship. Additionally, it is hypothesized that a supervisor's self-efficacy serves as a precursor for competency, indicating that a supervisor's self-efficacy may influence their competence, and thereby influence the quality of the supervisory relationship. Given the lack of research regarding a supervisor's self-efficacy, supervisor competence, and the supervisory relationship, this study examined the relationship between supervisor self-efficacy, supervisor competence, and the supervisory relationship. The results suggested that there was not a statistically significant correlation between supervisor self-efficacy and the supervisory relationship. This study also examined the correlation between supervisor competence and the supervisory relationship, finding a strong, statistically significant correlation between both variables. Finally, it was hypothesized that a supervisor's competence would significantly mediate the relationship between a supervisor's self-efficacy and the supervisory relationship. The results indicated that there was no interaction between self-efficacy and the supervisory relationship when supervisor competence served as a mediator.

Keywords: supervision, competence, self-efficacy, supervisory relationship

Dedication

This study is dedicated to my bride, Jerri, and my daughter, Lucy. I love you very much. Regardless of whatever trial comes, may we never forget God's goodness, grace, and mercy towards us.

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List of Abbreviations

American Counseling Association (ACA)

Approved Clinical Supervisor (ACS)

Association for Counselor Education and Supervision (ACES)

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Counselor Education and Supervision Network Listserv (CESNET-L)

Counselor Supervisor Self-Efficacy Scale (CSSES)

Licensed Professional Counselors (LPC)

Michigan Department of Licensing and Regulatory Affairs (LARA

Objectives Approach to Supervision (OBAS)

Self-Determination Theory (SDT)

Social Cognitive Theory (SCT)

Supervision Evaluation and Supervisory Competency (SE-SC) Scale

Supervisor Complexity Model (SCM)

Supervisory Relationship Measure (SRM)

Supervisory Relationship Questionnaire (SRQ)

Supervisory Working Alliance Inventory (SWAI)

CHAPTER ONE: INTRODUCTION

Supervision has been long practiced and researched (Bernard & Goodyear, 2014; Getz, 1999; Watkins, 1995). Recently, the practice of supervision has garnered international focus with a hope that supervision practice will continue to advance towards identifying specific components of supervision that relate to progressive developmental outcomes in supervisees' clinical competencies (Bell, Hagedorn, & Robinson, 2016). Bernard and Goodyear (2014) spoke to supervision's influence on the supervisee's development and as a gatekeeping tool to match the continuous evolution and new developments within the counseling field. *Supervision* is a term that for the purposes of this present study will be used synonymously with *clinical supervision* and encompass *administrative* or *management supervision*.

The field of counseling has continued to progress in the last decade, forming an operational definition of counseling through the development of the *20/20: Vision for the future of counseling* (Kaplan, Tarvydas, & Gladding, 2014). A significant component of progression for the field of counseling is working to identify educational standards that address the clinical skills of counselors-in-training to reach the vision for the field, including the development of a comprehensive definition for what constitutes counseling (Council for Accreditation of Counseling and Related Educational Programs (CACREP), 2015; Kaplan et al., 2014). Enrollment in a master's-level program in counseling requires a practicum and/or internship experience facilitated by field/site supervisors providing supervision. While site supervisors are required to hold certain qualifications, they may have limited opportunities for training that diminishes the effectiveness of the supervision they are providing. The purpose of this study is to explore the relationship between supervisor self-efficacy and the supervisory relationship and

whether a supervisor's competence significantly mediates the relationship between supervisor self-efficacy and the supervisory relationship

Background of the Problem

The American Counseling Association (ACA)'s vision and corresponding movement do not explicitly address supervision standards. Although Council for Accreditation of Counseling and Related Educational Programs (2015) includes educational standards, they are limited in how they approach and address supervision for masters-level students (Bruns, 2018). Neglecting to address supervision standards, including the practice of supervision for master's-level students, is significant as small percentages of counselors who are eligible to be promoted to supervisory positions will hold doctoral degrees where specific supervision training is delivered. Milne (2009) identified three reasons to study supervision, including the importance of supervision's influence on a supervisee's competence, the adherence to evidence-based treatment, and improved conceptualization of cases that improves the effectiveness of services and limits overall costs and length of time waiting for services. Historically discussions surrounding the importance of supervision training and the corresponding impact on supervisor competence and the supervisory relationship have taken place (Gray, 2000; Milne & James, 2002; Milne, Sheikh, Pattison, & Wilkinson, 2011). However, O'Donovan, Clough, and Petch (2016) indicated that limited research studying the effective training of supervisors existed. Additionally, O'Donovan, Halford, and Walters (2011) identified difficulties linking the practice of supervision to the desired outcomes of supervision. Lack of research regarding effective training of supervisors may partially be related to limited agreement as to what defines effective supervision (Falender & Shafranske, 2017).

Supervision Standards

Although standards for supervision have been implemented, Bright and Evans (2019) have identified that inconsistencies in supervision practice still exist. As Milne and Watkins (2014) pointed out, some of these inconsistencies can be identified as arising from inconsistent definitions for supervision or vague language that did not specify what approaches constitute supervision. In addition to inconsistencies in supervision practice and in definitions of supervision, variations in state-to-state requirements for obtaining a supervisor credential present a significant concern. Nate and Haddock (2014) compared nine different states, finding that in five states a supervisor license is not required. In Connecticut, no defined standards exist for clinical experience, supervision training, continuing education in supervision, or supervision field experience to be considered able to supervise (Nate & Haddock, 2014).

Within the field of counseling, this author has observed that supervisors are often identified and promoted from their roles as counselors due to their clinical competence and a belief that clinical competence with clients will result in proficiency as a supervisor. These types of promotions are often made without plans for providing training, making it difficult for supervisors to receive timely training to assist them in providing an ethical and effective approach to supervision that facilitates supervisee development (Bernard & Goodyear, 2014; Falender, Burnes, & Ellis, 2013; Reiser & Milne, 2012), a best-practice standard outlined by the Association for Counselor Education and Supervision (ACES; 2011). Additionally, Watkins (2012a) identified that supervision training contributes to supervisor development. This assists in mastering various supervisory roles, and in addition to supervision training, experience as a supervisor influences higher levels of self-efficacy (Baker, Exum, & Tyler, 2002).

Supervisor Self-Efficacy

Bandura's (1986) Social Cognitive Theory posits that an individual's self-efficacy influences the person's learning and ultimately competence, which then influences future learning as a continuous cycle. Given the relationship between self-efficacy and competence as suggested by Bandura's theory, supervisor competence has historically been evaluated using self-reports of self-efficacy, a problematic conceptualization given the limited research to support this approach and the concern that self-efficacy does not necessarily indicate that competence will follow (Barnes, 2002). Additionally, self-efficacy does address an individual's persistence in performing a task, but it does not serve as an indicator for the quality of the action being performed or any associated outcomes (Rodgers, Makrland, Selzler, Murray, & Wilson, 2014).

Supervisor Competence

Attempts to address the importance of studying supervision as identified by Milne (2009) include the recent focus and development of competency-based supervision. Competency-based supervision has been defined as an approach that recognizes the necessary "knowledge, skills, and attitudes that comprise clinical competencies" that intersect with supervisee learning and evaluation of the supervision process (American Psychological Association, 2014, p.5) Falender and Shafranske (2014) indicated that while any approach or implementation of a supervision model could be considered competency based, the movement towards competency-based practice aims to address current perspectives of supervisor training, assessment of supervisor competence, and competency-based licensure/accreditation. Additionally, competency-based supervision stresses the importance of setting clear goals and implementing strategies to meet

those goals, evaluating a supervisee and providing feedback, and the importance of the supervisor and supervisee relationship and how the power differential is navigated (Falender, Shafranske, & Ofek, 2014).

Gonsalvez, Oades, and Freestone (2002) and Falender and Shafranske (2017) have both presented models for competency-based supervision. Gonsalvez et al. (2002) presented the Objectives Approach to Supervision (OBAS) based on the objectives approach that has been applied to education (Bell & Lefoe, 1998; Newble & Cannon, 1995). The OBAS model includes five components: objectives that are clear and have measurable outcomes; objectives that are based on knowledge, skill, and attitude objectives that relate to thinking and feeling; objectives that indicate types of topics discussed, necessary resources used, and methods of supervision; assessment objectives related to the supervisee's progress; and evaluation related to the supervisor's roles and responsibilities (Gonsalvez et al., 2002). Falender and Shafranske's (2017) model was built on Kolb (1984) and Milne (2009), suggesting a cycle of supervisee performance, observation, reflection, feedback/evaluation, and planning. Within this model, Falender and Shafranske (2017) suggested that each piece of this cycle includes skills that relate to supervisor competence.

While different in their conceptualizations, both models (Falender & Shafranske, 2017; Gonsalvez et al., 2002) have similarities including the focus of skills, resources related to reflection and feedback, methods of supervision, and the use of observation. Contributing further to the conceptualization of competency models of supervision, Gonsalvez and Calvert (2014) referenced the molecular approach, which outlines the examination of individual facets of competence as well as how the individual facets combine and interact to form competence. The complex interactions between facets of competence indicate that while supervisors may be

competent in one area of supervision (e.g., relationship) they may reflect lower levels of competence in other areas (e.g., skills, knowledge). Despite the value of these formal models, the practice of competency-based supervision is still being developed, indicating that the formal process for supervisor development should be of primary focus at this time to identify how these factors influence supervisor competence.

A possible contributing factor to the limited number of studies related to supervisor competence is the scarcity of measures developed to measure supervisor competence. Gonsalvez, Hamid, Savage, and Livni (2017) provided psychometric properties for a scale to measure supervisor competence. In their review of the psychometric properties for their scale, Gonsalvez et al. indicated that future research evaluating competence would do well to evaluate how results from their study compare to measures of the supervisory relationship as well as evaluating supervisor competence across developmental levels and theoretical orientations. Further, following their review of clinical supervision research, Kuhne, Maas, Wiesenthal, and Weck (2019) recommended focusing on competency-based supervision.

Supervisory Relationship

As identified by Falender and Shafranske (2012), a key pillar of supervision competency includes the development of the supervisory relationship. Research has often used the terms *supervisory relationship* and *supervisory working alliance* interchangeably. While the supervisory relationship encompasses the components of the supervisory working alliance, these are two different constructs. The ability to form a strong supervisory relationship provides a space for supervisees to discuss countertransference, sexual attraction towards clients, their willingness to self-disclose, addressing conflict, and parallel processes (Inman et al., 2014).

The willingness of supervisees to disclose any difficulties they are having or mistakes that they are aware they had made has been linked to the supervisory relationship (Goodyear, 2014). Additionally, Wallace, Wilcoxon, and Satcher (2010) identified that one significant challenge faced by supervisors included balancing administrative roles while maintaining the supervisory relationship. Further, Lemoir (2013) identified that the supervisory relationship is, on some level, influenced by the supervisee's belief in the supervisor's competence. In addition to the benefits of forming a strong supervisory relationship that were outlined above, a strong supervisory relationship has been linked to personal and professional growth of the supervisee (Ellis, 2010; Ladany, Friedlander, & Nelson, 2005; Nelson & Friedlander, 2001).

Supervision Working Alliance

The working alliance is a relationship between the supervisor and supervisee that is reflective of the supervisor's development and supervision best practices (Bernard & Goodyear, 2014; Borders, 2014; Falender et al., 2014; Watkins, 1990). Despite the frequent use of the supervisory working alliance to represent the supervisory relationship, Milne (2009) reported on limited empirical evidence to support the influence of the supervisory alliance on the overall quality of supervision. The working alliance is often considered a core competency for supervision but a systematic review by Ellis and Ladany (1997) suggested that the alliance was modestly related to the process and associated outcomes of supervision. Ellis and Ladany called for improved operational definitions of the supervisory alliance, suggesting that the supervisory alliance does not sufficiently encompass the supervisory relationship.

<div align="center">

Statement of the Problem

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Despite the examination of the experiences of counseling supervisors, literature is limited in its coverage of variables that influence the effectiveness of supervision (Bright & Evans,

2019). Conversely, research has identified the influence that inadequate or harmful clinical supervision can have on supervisees. Harmful clinical supervision includes psychological trauma, loss of confidence, functional impairment, and decline in general mental or physical health that may range from lasting a couple days to multiple years (Ellis et al., 2014). Given a supervisor's responsibility to develop competent supervisees (Callahan, Almstrom, Swift, Borja, & Heath, 2009, p. 72) and the limited understanding of variables that influence the effectiveness of supervision, Falender and Shafranske (2017) have called for research measuring supervisor competence.

The movement towards a competency-based approach to supervision has been limited in progress, partially due to a lack of available instruments to measure supervisor competence as well as to limited research identifying what constitutes competence in supervision. Progress has also been limited due to concerns that competency-based supervision's focus on skill acquisition and attainment of knowledge does not truly reflect competence (Talbot, 2004). Gonsalvez and Calvert (2014) voiced concerns that competency-based supervision would ultimately lead to supervisor regulations and associated requirements for supervision best-practice that could negatively influence the supervisory relationship. However, Falender and Shafranske (2007) asserted that competency-based supervision's focus on skills assists supervisors in individualizing supervision on a case-by-case basis and thereby positively influences the supervisory relationship. Additionally, suggesting that regulations and associated requirements could provide a valuable structure to the supervision process that limits supervisees' anxieties and affirms their clinical competence is reasonable.

While Gonsalvez et al. (2017) suggested that, moving forward, research should focus on supervision effectiveness over supervision satisfaction, the limited progress over the years in

identifying what makes supervision effective necessitates a focus on satisfaction with supervision as a starting point. Addressing this gap in research, Park, Ha, Lee, Lee, and Lee (2019) conducted a meta-analysis identifying that the supervisory working alliance was positively correlated with supervision satisfaction. Therefore, if satisfaction of supervision is related to a supervisee's perception of a supervisor's competence, there is value in evaluating the relationship between a supervisor's report of their competence and the supervisory relationship. Additionally, given self-efficacy's relationship to competence as purported by Bandura's (1986) Social Cognitive Theory, a value exists to identify how self-efficacy is related to the supervisory relationship as compared to supervisor competence and the supervisory relationship. Finally, research should evaluate how supervisor self-efficacy relates to the supervisory relationship and whether supervisor competence significantly mediates the relationship between self-efficacy and the supervisory relationship.

Purpose of the Study

The purpose of this study is to explore the relationship between supervisor self-efficacy and the supervisory relationship and whether a supervisor's competence significantly mediates the relationship between supervisor self-efficacy and the supervisory relationship. Additionally, given the tendency for self-efficacy and competence to be used interchangeably in research, this study will use the supervisory relationship as an outcome to identify if whether these constructs are indeed separate as evidenced by whether a more significant relationship exists between the supervisory relationship and supervisor self-efficacy or the supervisory relationship and supervisor competence. This present study serves to bridge the current gap in literature regarding the call for researching supervisor competence and identifying if past research on supervisor self-efficacy is an indicator of supervisor competence.

Research Questions

The first research question is "Does a significant positive relationship exist between supervisor self-efficacy and the supervisory relationship?". Figure 1.1 provides a pictorial representation of this research question. This research question is an important first step as no research to date has explored this relationship. Historically, research has identified the role of self-efficacy with the working alliance, not the relationship between supervisor self-efficacy and the supervisory relationship. The hypothesis is that there will be a positive correlation between a supervisor's self-efficacy and the supervisory relationship.

| Self-Efficacy | ⟶ | Supervisory Relationship |

Figure 1.1. Proposed theoretical model of research question one.

The second research question is "Does a significant positive relationship exist between supervisor competence and the supervisory relationship?". Figure 1.2 provides a pictorial representation of this model. No research to date has evaluated supervisor competence, partially due to lack of available scales to measure this construct. The hypothesis is that there will be a significant positive relationship between supervisor self-efficacy and the supervisory relationship

| Competence | ⟶ | Supervisory Relationship |

Figure 1.2. Proposed theoretical model of research question two.

The third research question is "Does a supervisor's level of competence significantly mediate the relationship between a supervisor's self-efficacy and the supervisor's ability to effectively build a supervisory relationship?". At the time of this study, no published studies existed that addressed research questions two and three using a measure specifically developed

for measuring supervisor competence. The model is displayed in Figure 1.3. This question is expected to provide insight into the standard practice of using self-efficacy to measure competence and to address calls for research to focus on supervisor competence.
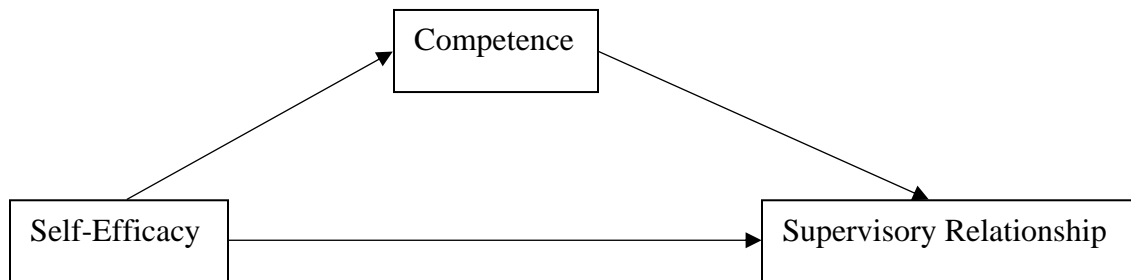
Figure 1.3. Proposed theoretical model of research question three.

Assumptions and Limitations

An assumption of this study is that the participants recruited are representative of the broader population supervisors across the United States.

A few limitations to this study are present. This research uses a correlational design and cross-sectional sampling (rather than a longitudinal design), not allowing for testing of causal relationships between variables. An additional limitation includes measurements. While tested to determine validity and reliability, measurements inherently include errors. In this study, scores across all three measures of self-efficacy, supervisor competence, and the supervisory relationship were measured by self-report. Obtained scores were then linked to self-perception which may have some degree of error due to the influence of ecent supervisory experiences as an outlier to the norm or experiences outside of the supervisory relationship that clouded the supervisors' scores. Additionally, not measuring supervisee scores of the assigned supervisors to compare to self-report scores from supervisors serves as a limitation to this study.

Definition of Terms

Supervision has been defined by Bernard and Goodyear (2014) as:

an intervention provided by a more senior member of a profession to more junior

colleague or colleagues who typically (but not always) are members of that same

profession. This relationship is evaluative and hierarchical, extends over time, and has the

simultaneous purposes of enhancing the professional functioning of the more junior

person(s), monitoring the quality of professional services offered to the clients, she, he,

or they see, and serving as a gatekeeper for the particular profession the supervisee seeks

to enter. (p. 8)

Aligning with Bernard and Goodyear's (2014) definition of supervision, Milne (2007)

attempted to specify elements that encompass the practice of supervision, including "corrective

feedback on supervisee's performance, teaching, and collaborative goal-setting" (p. 4) through

the use of normative (specific case issues), restorative (providing a space for processing and

growth), and formative (development of supervisee competence) practice.

The *supervisory working alliance* was defined by Bordin (1983) as a "mutual agreement

and understanding regarding goals, clear understanding of the tasks of each of the partners, and

the creation of bonds between each of the partners to sustain the enterprise" (p. 35).

Self-efficacy has been defined as involving a "generative capability in which component

cognitive, social, and behavioral skills must be organized into integrated courses of action to

serve innumerable purposes. A capability is only as good as its execution" (Bandura, 1986, p.

122).

Competence has been defined as "being qualified, knowledgeable, and able to act in a

consistently appropriate and effective manner – reflecting critical thinking, judgment, and

decision making – that is in accordance with standards, guidelines, and ethics of the particular profession being practiced" (Milne & Watkins, 2014, p. 8).

Competency includes skills, abilities, and knowledge for a given task (United States Department of Education, National Center for Education Statistics, 2002). Competency, according to Milne and Watkins (2014), indicates that an individual must first be able to combine "the required knowledge, skills, and values, and once that particular set has been satisfactorily integrated, only then does realization of the competency begin to occur within the practice setting, guided by a value base" (p. 9).

Holloway (1995) defined the *supervisory relationship* as encompassing three areas including how the relationship navigates and negotiates power and involvement within the relationship, the different phases of the relationship, and the supervision contract which provides a foundation for expected tasks and functions of supervision. The supervisory relationship is born out of the systems approach to supervision (SAS) which focuses on the relationship serving as a process that is modified based on the trainee's development and acquisition of knowledge and skills, key components of competence (Holloway, 1995). It is therefore reasonable to suggest that while current models of supervision minimally address the importance of the supervisory relationship (Beinart, 2014), a competency-based approach to supervision that addresses knowledge and skills would provide insight into the relationship between competence and the supervisory relationship.

Significance of the Study

This study furthers the discussion of supervisor self-efficacy, supervisor competence, and the supervisory relationship. Since no research to date has examined the relationship between supervisor self-efficacy and the supervisory relationship, or the relationship between supervisor

self-efficacy and competence, this study will explore a supervisor's self-efficacy and whether a supervisor's competence mediates the relationship between self-efficacy and the supervisor relationship. This research is likely to be helpful for researchers, educators and supervision trainers, supervisors, and supervisees. For researchers, this study may lead to a greater understanding of the supervisory relationship beyond the historical emphasis of the working alliance, as well as a greater understanding of the influence of competence through the use of a competence measure rather than a historical use of self-efficacy measures for competence. For educators and supervision trainers, this study may lead to an increased understanding of strategies to support supervisors-in-training or site supervisors for supervisees in their master's programs and may provide a greater understanding of the importance of a supervisor's experience and level of training. The results may allow for discussion to improve standards required for supervisors given the call for supervision to move towards a model of competence where a supervisor's skills, knowledge, and attitudes are monitored following their development (Falender & Shafranske, 2017). For supervisors, this study may assist with expanding metacompetencies and developing strategies for supervision practices. For supervisees, this study may provide greater insight and expectations related to the roles and tasks of supervisors, as well as identifying strategies for effectively using their supervisors to develop their competencies.

Organization of the Remaining Chapters

The second chapter is a detailed exploration of the present literature on these topics. The chapter will focus on the significance of supervision, including supervisor development, various models of supervision, and general characteristics and best practices of supervisors. Next, the literature regarding the self-efficacy and supervision will be explored as it relates to and is yet distinguished from competence, specifically discussing supervisor competence, the practice of

competency-based supervision, and specific supervision competencies. Following is a discussion of the supervisory working alliance and how it is measured along with a discussion of the supervisor relationship. The second chapter closes with a discussion of research questions, a presentation of the theoretical model, and a chapter summary. The third chapter describes the research method. This includes method of data collection, measures that were used, and procedures for data analysis. The fourth chapter focuses on study results. This includes a report of how the hypotheses were tested using statistical analyses and data that were obtained. Any supplemental analyses will be described in this section. Finally, the fifth chapter explores the findings for this study. This includes a summary of results, how these findings relate to and build on previous research, and implications of findings. Also, limitations of this research and areas for future research are discussed.

Chapter Summary

The evolution and progress of the counseling field necessitates a similar process with the practice of supervision. Clinical supervision has become more global with a focus on competence, and decades of research evaluating the influence of the supervisory relationship. Given the recent development of measures for supervisor competence and the historical use of self-efficacy as a measure for competence, updated research related to supervisor competence is needed. Only recently have measures for the supervisory relationship been developed. Additionally, the supervisory relationship been conceptualized as a component of supervision competence, and researchers have called for an evaluation of what components of supervision are linked to competence. This study explores the relationship between self-efficacy and the supervisory relationship and whether competence serves as a mediator between self-efficacy and

the supervisory relationship as well as whether competence will be a better indicator for the

supervisory relationship than self-efficacy.

CHAPTER TWO: REVIEW OF THE LITERATURE

The purpose of this study is to explore the relationship between supervisor self-efficacy and the supervisory relationship and whether a supervisor's competence significantly mediates the relationship between supervisor self-efficacy and the supervisory relationship Specifically, the researcher aims to answer the following question: Does a supervisor's level of competence significantly mediate the relationship between a supervisor's self-efficacy and the supervisor's ability to effectively build a supervisory relationship? This chapter will focus on supervision, including supervisor training and experience, self-efficacy, competence, the supervisory working alliance, and the supervisory relationship.

Significance of Supervision

Supervision has had numerous definitions that attempted to sufficiently capture the complexities of the profession, but Shafranske and Falender (2016) spoke to the limitations that have arisen due to the numerous definitions. As defined by Shafranske and Falender, the practice of clinical supervision includes the following components: addressing welfare for clients through safe and effective evidence-based services; developing a supervisee's competence, professionalism, and identity; and gatekeeping practices to promote the well-being of the public and the profession.

The practice and delivery of supervision has long existed, but the counseling profession's recognition of supervision as a specialty did not take place until 1990 when the Association for Counselor Education and Supervision (ACES, 1990) published their *Standards for counseling supervisors*. Borders et al. (2014) spoke to the progression of the field of counselor supervision following the publication of the *Standards for counseling supervisors*, including the Approved Clinical Supervisor (ACS) credential through the National Board for Certified Counselors as

well as the Approved Supervisor Model supported by the American Association of State

Counseling Boards. These progressions have also influenced changes in state regulations for

supervisor training with Borders et al. identifying that in 2010, 26 states had developed state

regulations for supervisor training. This paper's focus will be on counselor supervision, but

Kavanagh et al. (2008) identified a consistency in supervision competencies across disciplines,

indicating that research findings from other disciplines can serve to inform counselor

supervision.

      While the development of the Approved Clinical Supervisor credential demonstrates the

growth of counselor supervision, the limited oversight and inconsistent regulations across the

United States limit the effectiveness of supervisor training and ultimately the development and

well-being of supervisees and the counseling field. Whether services are funded through private

insurance or federal programs such as Medicaid, reimbursement for behavioral health services

continues to focus on clinical outcomes and evidence-based clinical practices. With such a focus

on clinical outcomes and evidence-based clinical practices, it is concerning that Milne and Reiser

(2012) indicated that the regulation of supervision is still at an early stage. Limitations for the

regulation of supervision have significant implications for the practice of supervision and the

corresponding belief in the significance of supervision. Implications for the practice of

supervision includes the recent development of a proposal by the Michigan Department of

Licensing and Regulatory Affairs (LARA) to significantly modify requirements for supervisors

to no longer require training and limiting the scope of practice for counseling in the state of

Michigan for Licensed Professional Counselors (LPC's) to no longer be considered qualified to

diagnose (Michigan Mental Health Counselors Association, 2019). In addition, the Department

of Medical Assistance Services (2019) has recently presented a redesign of Medicaid-funded

services in Virginia, stressing the importance of evidence-based, trauma-informed, and cost-effective services. This redesign will result in new treatment modalities for services and consequently, a greater impetus on a supervisor to effectively oversee the implementation of these services.

Training of supervisors has evolved within the field of supervision from a general resistance to greater acceptance and from a belief that training is not imperative to an acknowledgement that supervisor training is a necessity. While beliefs regarding training of supervisors continues to evolve and more opportunities for training are available, variations in how much supervision training is required vary from state to state. Genuchi, Rings, Germek, and Erickson Cornish (2014) found that supervisors were not concerned if they had not received formal training through coursework for clinical supervision. Additionally, Peake, Nussbaum, and Tindell (2002) reported that less than 20% of supervisors had received formal training in supervision. Based on these findings, there appears to be an apathy for supervision training as well as corresponding beliefs that supervision competence sufficiently develops from years of experience without supervision training. Addressing the danger of holding such beliefs, Falender and Shafranske (2017) spoke to the disruption that arises from the belief that supervision training is not needed as well as the lack of research support for measuring supervisor competence and the associated supervisee outcomes.

A contributing factor to supervisor competence is the type of training that the supervisor has received. Nate and Haddock (2014) examined the inconsistencies of states and their requirements to become a board-approved supervisor, finding that nine states at the time recognized Licensed Professional Counselor as a title while also requiring specialized training in supervision. For comparison, Connecticut does not require any experience to be a board-

approved supervisor, Michigan requires only three years of counseling experience (not required

to be licensed), and Mississippi requires five years of counseling experience to be a board-

approved supervisor (Henderson, Henriksen, Liang, & Marks, 2016; Nate & Haddock, 2014).

Some states did not require continuing education credits once approved to be a supervisor, while

others required that continuing education credits be collected to maintain proficiency in the field.

While the ACA (2014) *Code of ethics* and ACES (2011) *Best practices in clinical*

supervision have been implemented to varying degrees state-to-state, some states have neglected

to implement standardized regulations that adequately reflect these organization's attempts to

further the field of counseling. Although supervision's presence in the mental health profession

has been consistent for decades, the training and subsequent outcomes are limited in scope due to

the paucity of research specific to competency in supervision (Falender, 2014). In Borders

(2006) five-year review of clinical supervision, Borders identified several key themes including

misconceptions related to what constitutes clinical supervision. These misconceptions of what

constitutes clinical supervision addresses the importance of supervision training as supervision

training serves to limit role ambiguity for supervisors. This author's observation is that the

process of identifying and defining competency in supervision and addressing supervision

training inherently comes with questions and concerns from supervisors, and an immediate

impact on supervisors. Supervisors who are currently providing supervision could be impacted

by greater requirements for maintaining their status as a supervisor, including losing their

credentialing to continue in their role as a supervisor if supervision training standards are

modified. Any change in training would also have implications for university-level students in a

practicum or internship as some clinical sites may not be able to immediately meet new

standards of supervision training and thereby limit the availability of sites and supervisors for a student to obtain hours for their program.

While opportunities to engage in supervision training have increased, master's-level clinicians without formal supervision training are often providing supervision to supervisees who are not licensed or licensed-eligible (Borders, 2006). Summarizing findings from Price, Callahan, and Cox (2017) as well as Tracey, Wampold, Lichtenberg, and Goodyear (2014), Callahan and Watkins (2018) reported that limited growth in clinical competency or expertise following degree completion. One can argue that the limited growth in competency and expertise for clinicians following degree completion is a direct reflection on current standards for supervisor training. Addressing the value of supervisor training, Callahan and Watkins (2018) evaluated the economic impact of a psychology training clinic compared to other local community providers over a five-year period at the University of North Texas. Callahan and Watkins found that community provider costs were nearly 2.5 million dollars whereas the costs of the training clinic were just over $418,000. Along with significantly lower costs to the community, training clinics allowed for direct supervision of supervisees as an opportunity to experience a didactic type of formal supervision training that was emphasized by Borders (2006). These findings suggest that an examination of supervisor training, competence, and the supervisory relationship is needed to solidify the significance of supervision.

Supervisor Development: Training and Experience

Borders (2010) presented five principles for supervisor training: addressing core content based on professional standards and literature; didactic instruction with concurrent or sequential supervised practice; developmental approach to training; training with various methods, approaches, and techniques; and addressing learning theory. While the specifics of supervision

that influence supervisees' clinical growth are relatively unknown, Milne, Sheikh, Pattison, and

Wilkinson (2011) identified that supervision training has the capacity to be effective.

Unfortunately, ascertaining the components of supervision training that will improve supervisor

competence if there is a general uncertainty as to what about supervision yields supervisee

clinical growth is difficult.

To address supervision competence and begin the process of adapting supervision

training, the Association for Counselor Education and Supervision's (2011) task force for the

development of the *Best practices for clinical supervision* reflected on decades of work outlining

the practice of supervision as a specialty. This reflection included the Council for Accreditation

of Counseling and Related Educational Programs (CACREP, 2009) standards, and reviewing

available research evidence. While the Association for Counselor Education and Supervision

(2011) has outlined best practices for supervision, significant research-based contributions

regarding best practices for competency-based supervision followed the development and

publishing of the *Best practices for clinical supervision*. This timeline suggests that, in addition

to a revised document, updated research and a careful evaluation of more recent research are

needed to address various competencies for supervision and the training that could contribute to

promoting supervisor growth and developing supervision competencies. Watkins' (1990)

Supervisor Complexity Model suggested that supervisory growth is related to years of

experience. Baker et al. (2002) researched supervisor development through the lens of the

Supervisor Complexity Model, revealing that in addition to a supervisor's skills maturing over

time, the concurrent experience of learning through teaching and experiential training improved

the supervisor's skills.

The Supervisor Complexity Model (Watkins, 1990), is a linear-stepped model for supervisor development, focusing on the roles of experience, confidence, awareness, and ability as the supervisor moves from four stages of "role shock, role recovery and transition, role consolidation, and role mastery" (Watkins, 1990, pp. 556-558). Watkins (1993) defined the first stage of role shock as experiences of anxiety, confusion, and lack of confidence. Watkins described the second stage of role recovery and transition as moving towards lower levels of anxiety and improved awareness of the supervisor's own competence. As supervisors move towards the third stage of role consolidation, they begin to experience greater self-efficacy and consequently improved feelings of qualifications as supervisors (Baker et al., 2002). Baker et al. (2002) argued that improved self-efficacy, while valuable, may inconsistently influence one's performance as a supervisor until one reaches the fourth stage of role mastery where the supervisor is consistent in performance.

Internationally, supervision competencies are recognized and at times agreed upon, but these competencies are almost exclusively discussed within the field of psychology with a recognition of how cultural, social, and cognitive perspectives influence the level of agreement (Falendar & Shafranske, 2017; Falender et al., 2014; Olds & Hawkins, 2014). Colburn, Grothaus, Hays, and Milliken (2016) reviewed research specific to supervision competencies (Association for Counselor Education and Supervision, 2011; Barnett & Molzon, 2014; Kemer, Borders, & Willse, 2014) as well as conducted a delphi study to develop a list of competencies specific to counseling doctoral graduates. Colburn et al.'s research identified five themes (i.e., ethical/legal, facilitating supervisee development, cultural responsiveness, supervisory understanding and skills, and evaluation) and 33 corresponding competencies. These identified competencies align with previously identified best practices for ACES (2011) and Council for

Accreditation of Counseling and Related Educational Programs (2009), as well as Falender et al.'s (2014) previously identified competencies of knowledge, skills, values, social context overarching issues, training of supervision competencies, and assessment of supervision competencies.

Addressing the emphasis of supervision in the field of psychology, as of August 2018, the Psychology Board of Australia required supervisors to demonstrate competencies in knowledge and skills for effective supervision, knowledge and ability to develop the supervisory relationship, ability to assess supervisee's competencies and the supervisory process, and to address legal and ethical considerations (Psychology Board of Australia, 2018). The Psychology Board of Australia took an active role in developing and regulating supervisor competencies by requiring an application to become a board-approved supervisor with the Psychology Board of Australia. This application requires a 3-tiered training, including at least at least seven hours of studying, reading, and reflecting on topics related to the Board and supervision; at least 12 hours of direct supervision training; and finally, up to three attempts to receive a passing score after submitting a recorded supervision session and corresponding reflection on the supervision session (Psychology Board of Australia, 2018).

Addressing the oft-held belief that clinical competencies translate to supervision competencies and the influence of clinical competencies on supervision competencies, Milne (2009) spoke to the need for additional training to facilitate the transition to taking on new roles and responsibilities as a supervisor. Additionally, Gonsalvez and Milne (2010) reflected on the importance of supervisor training that has been repeatedly stressed by supervision experts. While the role of experience plays a crucial role in the delivery of clinical services as a supervisee, these services are presided over by a supervisor whose role is to provide feedback and help

facilitate a supervisee's growth. The natural assumption in this scenario is that the supervisor's competence is sufficient to provide a space for supervisee growth and development. If this assumption is indeed the case, and competent supervision and oversight facilitates supervisee growth, this author believes that one cannot assume that years of clinical experience will suffice for supervisor competence without appropriate oversight and evaluation to facilitate growth for the supervisor. Additionally, if the supervisor's competence is not enough to facilitate the needed development of the supervisee, then suggesting that a deficit in counseling effectiveness for future generations of counselors will exist is reasonable.

In a review of supervision research Watkins (2012a) summarized that supervision training is a significant contributing factor to the supervisor's development. While supervision training contributes to the supervisor's development, the training of supervisors has received limited attention. Spence, Wilson, Kavanagh, Strong, and Worrall (2001) and Fleming (2012) wrote that limited data exists identifying effective methods for training supervisors. Although Baker et al.'s (2002) study had limited power due to a sample size of 12 participants in a Ph.D.-level supervision practicum course, lack of control for client severity, and lack of a comparison of groups was between a treatment and no-treatment group, their findings indicated that supervisor development was significantly influenced by supervisory experiences that were coupled with didactic training.

One intervention included in trainings for developing supervision competencies is the practice of supervision-of-supervision, an intervention that Power (2013) identified as an opportunity to assist with identifying the supervisor's unconscious tendencies and making them conscious to assist with the supervisor-in-training's development. While the Association for Counselor Education and Supervision's (2011) best practice standards call for supervision of

supervision as a component of supervisor training, this practice is currently presented as an optional certification rather than as an expectation and has limited research support. Wheeler and King (2001) found that of those surveyed, 90% participated in supervision of supervision, adding that this process was helpful for supervisors needing to address ethics, boundaries, and supervisee competence. Supporting these findings, Baker et al. (2002), Falender et al. (2014), and Borders (2006) identified supervision-of-supervision as a key component to supervisor development and, consequently, a significant factor in supervisor training.

As Bright and Evans (2019) indicated, a paucity of research related to the supervisor development from the perspective of the supervisor exists. Their research evaluated the role of the supervisory working alliance on supervisor development and questioned whether the working alliance played a more significant role in supervisor development than experience. Their results indicated that the working alliance accounted for 33% of variance in supervisor development, and that the Client Focus subscale of *The Working Alliance Inventory: Supervision Form* (Efstation, Patton, & Kardash, 1990) was a significant indicator of supervisor development (Bright & Evans, 2019). The examination of the relationship between counseling and supervisory experience did not yield significant results, seemingly consistent with findings from Baker et al. (2002) who identified the ability to navigate challenges rather than simply years of experience as a key component of supervisor role mastery.

Attempting to address the significant limitations in research designs regarding supervisor training, Milne and James (2002) developed a study focusing on the impact of training on a supervisor's competency (structural and functional) by measuring the supervisee's evaluation of the supervisory experience and coding of video recordings following a structured approach to supervisor training. The inter-rater reliability ranged from 0.88 to .94 and supported the

hypothesis that data would reflect low levels of competence during the baseline phase of the research (Milne & James, 2002). Following a period of consultation for the supervisor participants, findings between the coding of videos and the supervisee's report of the supervision experience indicated that the supervisor's competency improved. While the supervisor's use of experiential learning and enactive methods (e.g. role-play) increased following intervention periods, results from the second stage of interventions was insignificant. Milne and James (2002) suggested that the period of time allotted for the second intervention was not sufficient which could have contributed to the supervisor's inability to competently implement feedback.

Models of Supervision

Inherent within supervision models are the functions, tasks, outcomes, and purposes towards which supervisors work. Milne (2009) identified the sole purpose of supervision as promoting client well-being, with collaborative goals including the supervisees' development to practice, recognition of their purpose, development of their identities, and receipt of awards within the profession or obtaining new professional qualifications. The supervisor functions and associated tasks that lead to those outcomes and purposes, while similar on some levels, will differ between various supervision models based on how the model conceptualizes supervisee development. The four primary approaches to clinical supervision include competency-based, process-based, developmental, and psychotherapy-based (Shafranske & Falender, 2016). For the purposes of this project, psychotherapy-based models of supervision will not be reviewed.

Process-based models are not theoretically driven and focus on roles, tasks, and relationships inherent in the delivery of supervision (Shafranske & Falender, 2016). A significant focus of the process-based models of supervision includes the supervisory relationship, a

component not explicitly addressed in competency-based models of supervision, but a key component in the supervisor's ability to facilitate supervisee growth.

While supervision models focused on the supervisee's development have been helpful in identifying the importance of adapting supervision to meet each supervisee's developmental needs, developmental models of supervision are limited in the clarity regarding what determines a supervisee's development and how a supervisor's delivery of supervision plays a role in that process (Watkins, 1993; Worthington, 1987). Gonsalvez (2014) purported that the integration of developmental models with competency-based supervision could serve to increase the value of competency-based supervision. Watkins' (1990) Supervisor Complexity Model (SCM) is grounded in developmental theory, suggesting that supervisors move from role shock, to role recovery/transition, to role consolidation, to the final stage of role mastery. Watkins (1993) identified three categories to organize assumptions of the model: foundation, developmental stage, and developmental issue/construct assumptions. Two assumptions within this model include the development of an identity and skills, as well as the role of competency and incompetency within each of the four stages of supervisor growth. Specifically, Watkins (1993) defined competency/incompetency as the feelings, thoughts, and views regarding the supervisor's ability to perform the necessary functions of a supervisor. To move from one stage to the next and avoid stagnation, the supervisor must possess a higher level of competence to incompetence. The SCM also assumes that the supervisors' experiences as well as their prior training influence their development and growth (Watkins, 1993).

Competency-based models were developed to address the movement towards competency-based practices, with a focus on the "identification of knowledge, skills, and attitudes and values required to form specific clinical competencies" (Shafranske & Falender,

2016, p. 176). By moving towards identified knowledge, skills, and abilities, supervision can be structured and individually tailored to meet the needs of the supervisee. This type of movement requires training for supervisors that facilitates the knowledge, skills, and abilities necessary to meet the needs of supervisees.

General Characteristics and Best Practices of Effective Supervisors

The training that supervisees receive forms a knowledge base from which supervision can build and that can assist supervisees in applying knowledge to their clients. Within the scope of the supervisor is the ability and imperative to modify the delivery of supervision to meet the developmental needs of the supervisees as they progress in the profession (Pilling & Roth, 2014).

Effective supervision encompasses the ability to promote supervisee development across multiple domains, including initiating and maintaining a supervisory relationship as a key component (Bernard & Goodyear, 2014; Ladany et al., 2005). The abilities needed to initiate and maintain the supervisory relationship include the supervisor's ability to clearly communicate expectations and to agree upon goals in a safe manner that expresses a genuine care and concern for the supervisee (Cooper & Ng, 2009; Jordan, 2006)

Gonsalvez et al. (2002) identified that guidelines in place for supervision practice were often not followed. At the core, these guidelines serve to keep supervisors from doing harm to supervisees. Consequently, neglecting to follow established guidelines could be unethical and harmful to the supervisee's growth and development, and consequently to future client outcomes. The many supervisory roles present challenges for the developing supervisor, and Borders (2014) spoke to the need for supervisors to identify best practices and competencies with needed emphasis on "critical guidelines necessary to developing supervision as a core professional activity" (p. 152).

The Association for Counselor Education and Supervision (2011) best practice standards were developed after reviewing qualitative and quantitative research, but as they identified at time of publishing these standards, some essential components of the supervision delivery had not been adequately researched at the time that the best practice standards were developed. According to the ACES best practices, supervisor responsibilities included orienting the supervisee to the expectations and guidelines for the supervisory relationships, collaboratively setting goals, providing feedback, and meeting professional standards during the delivery of supervision. In addition, the supervisor had a responsibility to provide a safe and supportive environment with the use of multiple interventions and formats for supervision (Association for Counselor Education and Supervision, 2011).

A key component of promoting supervisee development across multiple domains includes the ability to effectively evaluate and provide feedback to the supervisee without allowing the supervisor's care and concern for the supervisee to cloud the supervisor's judgement. Norcross, Stevenson, and Nash (1986) spoke to the influence and value that supervisor evaluations held for internship directors. While Norcross et al. indicated that supervisor evaluations hold value for internship directors, Gonsalvez and Crowe's (2014) review of research related to supervisor evaluations indicated that the reliability of a supervisor's evaluation was limited and was suggestive of biases, consistent with findings by Robiner, Saltzman, Hoberman, Semrud-Clikeman, and Schirvar (1998) indicating that alternative methods to accurately measure supervisory outcomes were needed.

Another key component to supervisory best practices is multicultural competence. In their evaluation of multicultural supervision with supervisor-supervisee dyads with different ethnicities, Dressel, Consoli, Kim, and Atkinson (2007) identified the following dimensions of

multicultural supervision: supervisory tasks, supervisory relationship, and supervisor and supervisee growth. By practicing supervision without multicultural competence, supervisors can harm supervisees, resulting in supervisees experiencing themselves as more aware of cultural issues than supervisors, particularly among minority supervisees and White supervisors (Duan & Roehlke, 2001). This outcome can have significant implications for the supervisee's development and openness with the supervisor, limiting the strength of the supervisory relationship. Borders (2006) reflected on the limited progress in research related to multicultural supervision with one key factor being that a significant percentage of research participants were Caucasian females, resulting in findings that do not address individual differences between cultures as it relates to supervision.

While there has been growth in multicultural supervision research, Inman and Ladany (2014) have continued to report that multicultural supervision is a relatively new development in supervision research. Additionally, while evaluating the relatively new development of multicultural supervision research, Inman et al. (2014) conceptualized that a contributing factor to the limited development of multicultural competence could be the limited training in multicultural competencies for the generation currently providing a majority of supervision. Gonsalvez et al.'s (2017) Supervision Evaluation and Supervisory Competency (SE-SC) Scale, used in the present study, acknowledged that the initial results of their study did not yield sufficient data to include multicultural competence as a key component of their measure for supervisor competence. Nevertheless, Inman (2006) identified that multicultural competence is positively correlated to the supervisory working alliance and supervisee satisfaction with supervision.

The Council for Accreditation of Counseling and Related Educational Programs (2015) standards indicated that the role of supervision within the counseling profession is included in a master's-level counseling student's orientation class. Outside of the orientation course, master's-level students are not oriented to the purposes or practice of supervision until they are being supervised in their practicum and/or internship experience. Site supervisors for practicum and internship students are required to have a master's degree with relevant certificates or licenses, two years of experience, familiarity with the supervisee's program, and supervision training (Council for Accreditation of Counseling and Related Educational Programs, 2015). At this time, Council for Accreditation of Counseling and Related Educational Programs (2015) prefers that the supervisor's degree be in counseling or a related field, but it is not required, potentially limiting the development of the supervisee's professional counseling identity. Additionally, the requirement for "relevant training in counseling supervision" is a vague requirement reflective of the current state of supervision training (Council for Accreditation of Counseling and Related Educational Programs, 2015, p. 16). When supervisees lack an introduction to supervision in their graduate training, their understanding or awareness of what to look for or request in supervision will be limited, and thereby serve as a factor that inherently limits the overall effectiveness of supervision.

Should students choose to pursue higher education as doctoral students in a CACREP-accredited program, they will be required to be trained in the purpose, skills, evaluation, legal and ethical issues, and culturally relevant strategies for clinical supervision (Council for Accreditation of Counseling and Related Educational Programs, 2015). In addition to these requirements, doctoral students are trained in various models of supervision, roles and

relationships, assessments, and various modalities of supervision (Council for Accreditation of Counseling and Related Educational Programs, 2015).

Outside of their own supervisory experiences in their graduate programs, master's-level supervisors are limited in their knowledge of supervision and may operate with uncertainty in their own abilities or a limited belief in the effectiveness of supervision due to their experiences with supervision (Borders & Brown, 2005).

Self-efficacy and Supervision

The construct of self-efficacy is associated with Social Cognitive Theory (SCT), a theory built on the triadic reciprocality between human development, change, and adaptation (Bandura, 1986). Within this theory, self-efficacy serves to link knowledge and performance of the obtained knowledge. For supervisors, higher levels of self-efficacy are indicative of a supervisor's tendency to persist when presented with challenging situations or elevated anxiety, their openness to feedback on performance, and internal dialogue that is not self-deprecating (Bandura, 1997). Luszczynska, Gutierrez-Dona, and Schwarzer (2005) reported that higher levels of self-efficacy are linked to those who have a tendency to set goals that are more challenging and require greater persistence than those with lower self-efficacy. Additionally, for self-efficacy to serve as a link between knowledge and action and greater likelihood to persist through various challenges, Bandura (1997) indicated that self-efficacy beliefs should be close to but above the supervisor's actual performance. Bandura's indication presents an inherent difficulty for supervisors who may have inflated views of their performances and necessitates that supervisors intentionally seek out other methods of evaluation to accurately align their self-efficacy with their performance, key components advocated for by Bandura (1986).

Supervisors move between various roles and tasks, including modeling, social influence, and feedback. Given that a supervisor is required to move between these roles, a supervisor's self-efficacy will influence a willingness to model developmentally appropriate skills for the supervisee. Regarding the role of social influence mentioned above, supervisors with lower levels of self-efficacy may be less likely to be viewed as an expert, possibly limiting the effectiveness of the supervisory relationship and the supervisee's belief in the supervisor's ability to serve as a catalyst for professional growth. This outcome can directly feed into the supervisor's role in feedback. If the supervisee does not experience the supervisor as an expert, the supervisee's willingness to hear and implement changes based on feedback may be diminished and serve as another factor that limits a supervisee's professional growth.

A supervisors-in-training, like the counselors-in-training, begins their training at various levels of knowledge and understanding as well as their readiness and ability to benefit from supervisor training (Watkins, 2012a). In addition, the supervisor-in-training moves through developmental stages indicating that the supervisors must be flexible with how they train (Watkins, 2012b). Historically, self-efficacy has been used to measure the supervisor-in-training's progress from a beginning stage of discomfort to a place of "comfort, confidence, and heightened and solidified supervisory skill" (Watkins & Wang, 2014, p. 185).

Limited research specific to supervisor self-efficacy has been done, and within the research, results have shown limited significance. Barnes (2002) studied counselor educator supervisors using the Counselor Supervisor Self-Efficacy Scale (CSSES) to evaluate the relationship between supervision training, degree type, occupation, and certifications and self-efficacy. Findings indicated a significant relationship between supervision training or certification and higher levels of self-efficacy, with a positive relationship between self-efficacy

and the supervisor's developmental level. While the findings reflected a positive relationship between self-efficacy and the supervisor's developmental level, the supervisor's developmental level cannot be conceptualized as a static variable as Falender and Shafranske (2012) reported that supervisors can no longer assume that they have achieved competence as a supervisors.

Competence

While self-efficacy is associated with Social Cognitive Theory, perceived competence and the motivation to increase it is associated with Self-Determination Theory (SDT) (Deci & Ryan, 1985). Self-determination theory posits that competence, autonomy, and relatedness are the basis of choosing goals, influencing relationships, and behavior. Perceived competence is then seen as an individual's innate need to comprehend and be proficient with a set of specific tasks (Rodgers et al., 2014). Further, White (1959) spoke to the importance of effecting change and its relationship with competence, indicating that competence is a reflection of how one perceives the importance of the task along with one's ability to perform the task. The specific term, competency, and the general term, competence, are differentiated as follows: competence is a reflection of someone's capabilities whereas competency is the "bundling of the required knowledge, skills, and values, and once that particular set has been satisfactorily integrated, only then does realization of the competency begin to occur" (Milne & Watkins, 2014, p. 9). Bundling indicates a continuous process; one may suggest that competence is a fluid and consistent process of growth and development that requires intentionality rather than competence's simply being a state of being that is reached and maintains its effectiveness and value as time passes regardless of the level of investment.

Competency-based Supervision

The evolution of clinical supervision has continued over the years, with greater focus on the importance of supervisor competency given the supervisor's role to protect the profession and future clients through gatekeeping and ethical practice. While the practice of effective clinical supervision is not new, a more recent development is the consideration of competencies and their roles in the effective practice of supervision. Competence has been conceptualized in many different ways, from a form of motivation to a model of supervision which identifies competence as a construct that varies in its manifestations as the supervisor moves between roles and across domains of functioning (Gonsalvez & Calvert, 2014).

Milne and Watkins (2014) indicated that effective supervision will work towards developing competent and capable supervisees with a professional identity that enables them to obtain necessary qualifications and provide safe and effective services. The provision of competent supervision by competent supervisors continues to be considered imperative for the ethical and effective development of the supervisee. Despite this imperative, the factors that contribute to competent supervision are still relatively unknown although more recent developments have taken place related to specific competencies (Falendar & Shafranske, 2004; Milne et al., 2011).

Additionally, some researchers identified that no clear component of supervision exists that results in progressive developmental outcomes in supervisees being met (Bell et al., 2016). Nevertheless, the practice of supervision has continued to evolve, with a greater focus on a formal process for supervisor development and a focus on competency-based supervision. While clinical supervision's operational definition does acknowledge competency in variations of its many definitions, competency-based supervision is defined as follows:

an approach that explicitly identifies the knowledge, skills and values that are assembled

to form a clinical competency and develop learning strategies and evaluation procedures

to meet criterion-referenced competence standards in keeping with evidence-based

practices and the requirements of the local clinical setting. (Falender & Shafranske, 2017,

p. 233)

In 2002, The Competencies Conference (Association of Psychology Postdoctoral and

Internship Centers, 2002) focused on developing supervision competencies in the United States

and identified the importance of supervision models and corresponding research, strong

interpersonal skills to build relationships, a willingness to engage in activities focused on growth,

and an awareness of limitations (Falender & Shafranske, 2004). In addition to the competencies

outlined at US-based Competencies Conference, the Psychology Board of Australia (2013)

identified seven competencies focused on

knowledge and understanding of the profession, knowledge of and skills in effective

supervision practices, knowledge of an ability to develop and manage the supervisory

alliance, ability to assess the psychological competencies of the supervisee, capacity to

evaluate supervisory process, awareness and attention to diversity, and ability to address

the legal and ethical considerations related to professional practice (pp. 4-5).

It is important to note that frameworks of competency and the associated knowledge, skills, and

attitudes have been organized to encompass multiple professions (Falender & Shafranske, 2017).

The American Counseling Association's (2014) *code of ethics* identified supervisor

competence as a key component to ethical practice, addressing supervisor preparation,

multicultural competence, and online supervision, with a requirement for supervisors to engage

in training prior to providing supervision services. While the American Counseling

Association's (2014) *code of ethics* does briefly address supervisor competence and supervisor training, there is no discussion for evaluating supervisor competence or addressing the effectiveness of trainings provided to supervisors despite the ethical requirement for supervisors to serve as gatekeepers to the profession and provide feedback to address a supervisees development. Similar to the American Counseling Association's (2014) *code of ethics,* the Association for Counselor Education and Supervision (2011) best practices addressed the need for supervisor competence and formal training in supervision. However, operational definitions for supervisor competence were not presented within the ACES best practices.

Supervision Competencies

Falender and Shafranske (2007) provided some strategies for practicing competency-based supervision that are consistent with research, including supervisor self-assessment, facilitating a healthy supervisory relationship, intentional commitment to integrity-driven and ethical delivery of supervision, clear communication of expectations, identification of developmentally-appropriate skills and competencies for the supervisee, collaboration with other providers, a clear path with procedures for developing appropriate competencies, reviewing work and providing substantive feedback, providing an environment where a supervisee can ask questions, and modeling the practice of self-assessment and communication. Aligning closely with the strategies outlined by Falender and Shafranske (2007), Gonsalvez (2014) identified competencies related to relationships, ethical, and legal standards, as well as functional competencies related to assessment and intervention.

Falender and Shafranske (2007) spoke to the supervisor's role in determining supervisee competence and the corresponding impact that the supervisor's competence (expertise) will have

on client outcomes. In addition to the strategies identified above, in a review of competency in different cultures and countries, Watkins (2013) identified six areas of supervision competency:

(a) knowledge about/understanding of supervision models, methods, and intervention; (b) knowledge about/skill in attending to matters of ethical, legal, and professional concern; (c) knowledge about/skill in managing supervision relationship processes; (d) knowledge about/skill in conducting supervisory assessment and evaluation; (e) knowledge about/skill in fostering attention to difference and diversity; and (f) openness to/utilization of a self-reflective, self-assessment stance in supervision. (p. 80)

Additionally, Pilling and Roth (2014) suggested that supervisory competence encompasses generic skills, specific skills, specific applications, and metacompetencies. For supervisors, metacompetence is the ability to be aware of what they do not know, and to develop such an awareness in their supervisees to make the most of the supervisory relationship and to assist the supervisee in progressing developmentally (Gonsalvez & Calvert, 2014; Milne, 2009). Falender (2014) spoke to the value of metacompetence within supervisors and the importance of assisting supervisees with developing their own metacompetencies and improving their abilities to accurately self-assess their competences. Developing supervisee metacompetencies is important as supervisors often rely on supervisee self-report, and if supervisees are inflating their competence, knowingly or unknowingly, then a supervisor's ability to develop the supervisee will be hampered.

The recent focus on competency-based supervision has necessitated the creation of measures that move beyond satisfaction with supervision and supervision effectiveness, which have been primarily measured as a reflection of trainee competence (Gonsalvez et al., 2017). In an attempt to address supervision effectiveness, Gonsalvez et al. (2017) set out to design a scale

focused on measuring supervisor competency consistent with Gonsalvez et al.'s (2002) model of competency-based supervision. Their study included 142 psychology supervisees who had completed four years of undergraduate studies in psychology in Australia. In addition to taking the 31-item Likert Supervision Evaluation and Supervisory Competence (SE-SC) scale, a subgroup of 70 supervisees were asked to take the Supervisory Working Alliance Inventory-supervisee version and a second subgroup of 51 completed the Supervisory Styles Inventory (Gonsalvez et al., 2017). To addressing test-retest reliability, a subgroup of 20 supervisees took the SE-SC scale a second time four to six weeks following the first completion of the scale. The SE-SC measures supervise satisfaction and supervision effectiveness across supervisor roles of therapist, teacher, assessor, and facilitator, and types of competency, including the necessary knowledge, skills, relationship, and attitude-value competencies (Gonsalvez et al., 2017). The higher the score on the measure, the better the supervision outcomes and the higher the levels of supervisor competency. The reliability and validity of the measure will be discussed in Chapter Three, but Gonsalvez et al.'s measure was the first to support competency-based approaches to supervision as well as measure satisfaction and effectiveness with supervision.

Distinguishing between Self-efficacy and Competence

Bandura's (1986) Social Cognitive Theory posits that an individual's self-efficacy influences the person's learning and ultimately competence, which then influences future learning as a continuous cycle. Based on this theory, supervisor competence has historically been evaluated using self-reports of self-efficacy, a problematic approach given the limited research to support this approach and the concern that self-efficacy does not necessarily indicate that competence will follow (Barnes, 2002).

To clearly delineate the constructs of self-efficacy and competence, Rodgers et al. (2014) utilized confirmatory factor analysis between two scales used to measure self-efficacy and psychological needs presented by SDT within the field of exercise. Rodgers et al.'s (2014) first study of 357 adult participants yielded the three scales of self-efficacy (task, coping, and scheduling) and perceived competence had squared bivariate correlations of .13, .18, and .11 (respectively), a weak association between the variables and evidence of discriminant validity between self-efficacy and competence. In Rodgers et al.'s (2014) follow-up replication study with 244 undergraduate students, squared bivariate correlations between the three self-efficacy scales and competence were .34, .38, and .31 (respectively), a moderate association between the variables, still providing evidence of discriminant validity between self-efficacy and competence. The findings from Rodgers et al.'s study, specifically the discriminant validity between self-efficacy and competence, seem to indicate that self-efficacy are two separate constructs.

Bandura (1986) indicated that self-efficacy serves as a motivator for performance only when the required skills and rewarding experiences are in place. Therefore, one may suggest that self-efficacy and competence independently contribute to persistence (Rodgers et al., 2014). Further distinguishing itself from competence, self-efficacy is an individuals' confidence in their abilities within a specific situation to "organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). Self-efficacy does address an individual's persistence in performing a task, but it does not serve as an indicator for the quality of the action being performed or any associated outcomes (Rodgers et al., 2014).

Watkins' (1990) Supervisor Complexity Model's focus on confidence aligns closely with self-efficacy, indicating the value in measuring competence through self-efficacy up until this time. However, with the recent development of the SE-SC by Gonsalvez et al. (2017) and the

clear delineation between self-efficacy and competence outlined above, the SE-SC's

representation of the necessary range of supervisor competencies and differentiation between

satisfaction in supervision and effectiveness within supervision should be a significant focus of

research moving forward. Specifically, although competency-based models of supervision do not

explicitly focus on the supervisory relationship, knowing the relationship between competence

and the supervisory relationship would be of value to the development of the field of supervision.

Supervisory Working Alliance

The term *therapeutic working alliance* originates in psychoanalytic theory, specifically

identifying the role of the alliance between a psychoanalyst and the ego of the patient as well as

the therapeutic contract (Bordin, 1979). The conceptualization is that the working alliance serves

to provide a therapeutic space where the individual's thoughts, feelings, and behaviors are

examined and modified or entirely removed (Bordin 1979). The working alliance has origins

within psychoanalytic theory but research pointing to the relationship as a primary change agent

more so than theory indicates that the working alliance exists outside of one particular theory

(Bordin, 1979; Burke, Goodyear, & Guzzard, 1998). Similar to ruptures and repairs within

attachment, the strength of the working alliance fluctuates due to a client's resistance or errors

due to the counselor (Burke et al., 1998).

Bordin's (1983) definition of a working alliance included eight goals and three tasks to

pursue those eight goals. The three tasks included report (oral or written), treatment session

observation (audio/video recordings or live), and presentation of problems or issues in

supervision as selected by supervisee. The eight goals included mastering skills, broadening

understanding of clients, broadening understanding of processes, including the influence of self,

overcoming personal obstacles toward learning and mastery, deepening an understanding of

concepts and theory, providing stimulus to research, and maintaining standards of service (Bordin, 1983, pp. 37-38). In an attempt to address the supervisory relationship, Efstation et al. (1990) developed the Supervisory Working Alliance Inventory based on Bordin's (1983) concept of the working alliance where the supervision working alliance is a "set of actions interactively used by supervisors and trainees to facilitate learning of the trainee" (Efstation et al., 1990, p. 323).

Research has had mixed findings regarding the link between the working alliance and supervisee self-efficacy. Some studies indicated that the ability to form a significant supervisory working alliance is linked to greater supervisee satisfaction with the process of supervision, diminished stress levels and improved ability to cope, and improved self-efficacy, while others have been unable to identify a significant relationship (Crockett & Hays, 2015; Inman et al., 2014; Reese et al., 2009).

Addressing the importance of the supervisory alliance, Falender, et al. (2014) identified that while the concept of the supervisory alliance is a core competency for the delivery of supervision, inherent limitations exist in the construct of the working alliance as Bordin (1983) did not take into consideration key components of the supervisory relationship including the many roles of the supervisor. Schweitzer and Witham (2018) aimed to address this limitation by assessing the supervisory alliance using the traditional measure of the Supervisory Working Alliance Inventory (SWAI) and the newly developed Supervisory Relationship Questionnaire (SRQ). The SRQ was designed to address the limitations in available measures specifically developed for supervision and is sound psychometrically when compared to the SWAI (Palomo, Beinart, & Cooper, 2010). An inherent weakness in Schweitezer and Witham's (2018) study is the use of two measures, each designed to measure a different construct, being used to measure

the single construct of self-efficacy. The findings from this study seem to reflect this weakness, as Palomo et al. (2010) indicated that while the measures were highly correlated, they were measuring similar but separate constructs.

Supervisory Relationship

The supervisory alliance and supervision relationship are terms often used interchangeably. Bernard and Goodyear (2014) identified that both constructs separately contribute to the process of supervision while Watkins (2012b) identified that the supervisory alliance has been studied and identified as a significant contributing factor to the supervisory relationship. Regardless, the influence of the supervisory relationship on supervisee development is well-documented and has been conceptualized as a substantial factor within supervision by others, indicating that the supervisor's approach to providing supervision must include a consistent pursuit of professional development (Inman & Ladany, 2008; Ladany & Inman, 2008, 2012). In addition to the benefits outlined previously, a strong supervisory relationship has been linked to personal and professional growth of the supervisee (Ellis, 2010; Ladany et al., 2005; Nelson & Friedlander, 2001).

In an attempt to define the complexities of the supervisory relationship, Bernard and Goodyear (2014) described the supervisory relationship as a construct as difficult to capture as adequately capturing and noticing the intricacies of a forest through a telescope. Some of these intricacies include multicultural components, supervisor style and personal characteristics, and development of the relationship (Bernard & Goodyear, 2014; Goodyear, 2014; Muse-Burke, Ladany, & Deck, 2001). Addressing the intricacy of relationship development, the ACA (2014) *code of ethics* requires supervisors to evaluate the risks and benefits of the supervisory relationship, using clearly defined expectations for ethical practice within the supervisory

relationship. One final intricacy includes the intersection of attachment theory and the supervisory relationship. Attachment theory is becoming increasingly used to investigate the supervisory relationship, with avoidant attachment and a tendency to be self-reliant as indicators that there will be limited impact from the supervisory relationship (Bennett & Saks, 2006).

Interestingly, the variables of supervisor experience and supervisor care and concern within the supervisory relationship was linked to greater significance than gender-matching between supervisor and supervisee, as identified by Jordan (2006). In an attempt to study and test aspects of Bordin's (1983) supervisory working alliance and the supervisory relationship purported by Holloway (1995), Beinart (2002) collected and analyzed quantitative and qualitative data, identifying the following nine themes from supervisee responses to open-ended questions regarding supervisors who impacted their effectiveness as supervisees: boundaried, supportive, respectful, open relationship, respectful, committed, sensitive to needs, collaborative, educative, and evaluative. In addition, qualitative research by Lemoir (2013) and Borsay (2012) examined circumstances related to supervisee disclosure and non-disclosure, identifying themes consistent with the supervisory relationship construct. Lemoir (2013) identified that a supervisor's inability to promote a safe environment for disclosure was related to negative influences on the supervisory relationship, including a supervisee's willingness to disclose, a supervisee's knowledge and overall personal development, and consequently diminished effectiveness in the supervisee's work with clients. Borsay (2012) evaluated the supervisory relationship as it relates to supervisee and supervisor attachment, identifying that supervisor attachment patterns influence the supervisory relationship more so than supervisee attachment patterns.

A significant factor that has limited research findings related to supervision is the small percentage of psychometrically sound scales, as well as the tendency for research on the supervisory relationship to originate from the therapeutic working alliance developed by Bordin (1983). To address the shortcomings of previous research related to the supervisory relationship, Pearce, Beinart, Clohessy, and Cooper (2012) organized an original list of 106 items for the Supervisory Relationship Measure (SRM) that was eventually condensed to 89 items related to the three categories based on findings from Clohessy's (2008) research. Ultimately, the study ended up with 267 participants with a mean age of 40.83 years. To be eligible, supervisors had to be currently engaged in supervision or had supervised for at least three months leading up to Pearce et al.'s study. Results from the study yielded five factors: the supervisor serving as a safe base, supervisor's professional commitment to supervision, trainee contribution, external influences, and the supervisor's emotional investment (Pearce et al., 2012).

After their exploratory factor analysis, the measure yielded acceptable psychometric properties for internal consistency, good convergent and divergent validity, and high levels of test-retest reliability (Pearce et al., 2012). However, Pearce et al. (2012) recommend that future researchers should attempt to replicate the factor structure of the Supervisory Relationship Measure. Additionally, participants in Pearce et al.'s study were all from the UK, and predominately white females, making generalizing findings difficult as the sample may not have been representative of the population.

Research Questions and Theoretical Model

Literature regarding supervision has primarily focused on the role of self-efficacy with supervision outcomes. With a greater focus on competency-based supervision, the field of supervision would benefit from an examination of supervisor competence. Based on the current

literature, and the relatively new development of supervisor competencies and measures for

supervisor competencies, the following research questions were developed. The first research

question is: Is there a significant positive relationship between supervisor self-efficacy and the

supervisory relationship? A second research question is: Is there a significant positive

relationship between supervisor competence and the supervisory relationship? A third research

question is: Does a supervisor's level of competence significantly mediate the relationship

between a supervisor's self-efficacy and the supervisor's ability to effectively build a supervisory

relationship?

A statistical model was proposed to represent this research question and associated

hypothesis. Figure 2.1 provides a diagram of the proposed model. The rationale for this model is

that while self-efficacy may have a positive relationship with the supervisory relationship, this

researcher hypothesizes that competence will significantly mediate the relationship between self-

efficacy and the supervisory relationship.
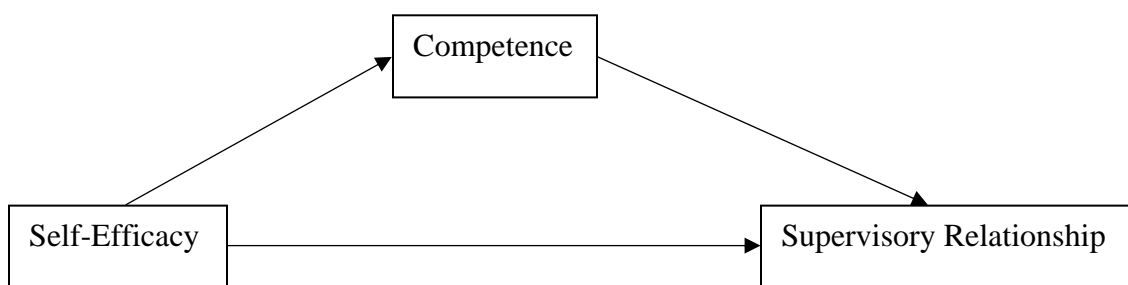
Figure 2.1. Proposed theoretical model of research question three

Chapter Summary

Clinical supervision and the supervisory alliance have a rich history of research that

inform current supervision practice. The international and multi-disciplinary movement of

conceptualizing supervision as a process of developing competencies reflects a new focus on

supervision effectiveness. This new focus comes with many challenges for those who have practiced supervision for a significant number of years, and for those just entering the field as specifics for supervision competencies are still being developed. Additionally, supervision research has historically evaluated supervision effectiveness with the supervisory working alliance. However, recent developments have indicated that the supervisory working alliance does not provide an all-encompassing view of the supervisory relationship, resulting in the development of new measures to delineate between the two constructs. While historical research has served an important function in the development of supervision as its own specialty, recent developments of new measures for supervisor competence and the supervisory relationship have indicated that new research is needed to test the relationship between supervisor self-efficacy and supervisor competencies and how those constructs relate to the supervisory relationship.

CHAPTER THREE: METHODS

This chapter focuses on the methods used to assess the relationship between perceived levels of self-efficacy and the supervisory relationship, as well as on examining whether competence has a mediating role between self-efficacy and the supervisory relationship. The chapter briefly reviews the purpose of the study, the research question, and hypotheses. Next, the process of obtaining participants is explored, along with an explanation of the measures that were used in this study. The research procedures are described, followed by the statistical tests used to analyze the data and test the hypotheses.

Research Purpose

The purpose of this research is to better understand the relationship between supervisor self-efficacy and the supervisory relationship as well as supervisor competence and the supervisory relationship. Also, the function of self-efficacy and its interaction with the supervisory relationship will be tested in a mediation analysis. Gaining additional insight into the relationship between self-efficacy and the supervisory relationship and the possible role of competence may help diminish the gap in understanding what components are linked to competent supervision practice and the development/maintenance of a supervisory relationship. Additional insights will continue adding to research emphasizing the importance of supervisor training.

Research Questions and Hypotheses

Research Question One

Is there a significant positive relationship between supervisor self-efficacy and the supervisory relationship?

Hypothesis 1. There will be a significant positive relationship between supervisor self-efficacy and the supervisory relationship.

Null hypothesis. There will be no significant relationship between supervisor self-efficacy and the supervisory relationship.

Research Question Two

Is there a significant positive relationship between supervisor competence and the supervisory relationship?

Hypothesis 2. There will be a significant positive relationship between supervisor competence and the supervisory relationship.

Null hypothesis. There will be no significant relationship between supervisor competence and the supervisory relationship.

Research Question Three

Does a supervisor's level of competence significantly mediate the relationship between a supervisor's self-efficacy and the supervisor's ability to effectively build a supervisory relationship?

Hypothesis 3. Supervisor competence will significantly mediate the relationship between self-efficacy and the supervisory relationship.

Null hypothesis. Supervisor competence will not significantly mediate the relationship between self-efficacy and the supervisory relationship.

Research Design

This study will use a nonexperimental cross-sectional between-subjects design. This design was chosen because no treatment or intervention was used. Since a longitudinal design

will not be used, caution is important in the interpretation of any time-order or causal relationships.

Selection of Participants

Participants were recruited via email to faculty and site supervisors associated with CACREP-accredited programs as well as active members on CESNET-L. Adult participants (age 18 or older) who at the time of the study served as a faculty or site supervisor within a CACREP-accredited program and provided or were in the process of providing supervision at the time of the survey for a single supervisee for at least three months were recruited. Inclusion criteria included being over the age of 18, acceptancy of consent for the study, and those who had been providing supervision for at least three months to a single supervisee as a faculty or site supervisor. To obtain sufficient power and to account for some participants not completing the survey, the target sample size for this study is 100 participants.

Research Instruments

Demographic information. The demographic survey (Appendix A) included questions specific to the type of formal supervision training received and years of experience providing supervision, whether supervisors practiced or held to a specific theory/model of supervision, how recently they were trained in supervision, and what methods of supervision they used for evaluating their supervisee.

Supervisor self-efficacy. Supervisor Self-Efficacy beliefs were measured using the Counselor Supervisor Self-Efficacy Scale (CSSES) (Barnes, 2002). The 39-item scale assesses supervisor perceptions regarding their competence in the following domains of providing clinical supervision: theories and techniques, group supervision, supervisory ethics, self in supervision, multicultural competence, and knowledge of legal issues. The CSSES items are rated on a ten-

point Likert scale, from 1 (*Not confident at all*) to 10 (*Completely confident*) to reflect the supervisor's confidence for completing each task at the time of scoring. Scores can range from 39 to 390 and are summed, with higher scores reflecting higher supervision self-efficacy beliefs.

In the original research study with the CSSES by Barnes (2002), the population consisted of 287 supervisors from CACREP-accredited programs who had provided supervision in the previous two years. The Cronbach's alpha was .97 and internal reliability had an alpha level of .96 (Barnes, 2002). The mean scale score was 7.57 (*SD*= .92) indicating that supervisors held relatively high confidence in their ability to provide supervision. Convergent validity was demonstrated with positive correlations of higher levels of self-efficacy scores with more years of reported counseling experience (*r*=.41, *p*<.0001) and supervision experience (*r*=.40, *p*<.0001). Test-retest reliability was established with 57 of the original participants four to six weeks after the initial administration with a Pearson correlation of .82 (*p*<.0001) between the scores of the first and second administration. The original Barnes (2002) study did not address discriminant validity. The original second-order six-factor model from Barnes (2002) accounted for 62% of data variance.

Theories and techniques includes 14 items that cover knowledge of supervision models, counselor development, and the implementing supervision-specific interventions (Barnes, 2002). Factor loadings range from .47 to .80. Compared to the other five factors, internal consistency was highest for this factor (α=.94). Group supervision includes five items that describe specific tasks associated with group supervision and factor loadings range from .60 to .85 while the alpha coefficient for was .92. The supervisory ethics (SE) factor has eight items with factor loadings ranging from .41 to .56, addressing knowledge related to ethics and the supervisor's belief in their ability to respond to ethical issues and dilemmas within the supervisory relationship.

Cronbach's alpha was .90 for SE. Self in supervision includes five items that describe a supervisor's perceived ability to respect individual differences and receive feedback within the supervisory relationship with factor loadings ranging from .46 to .76 with good internal consistency (α=.84). Four items are associated with multicultural competence with factor loadings that ranging from .66 to .80. These items represent the supervisor's perceived ability to recognize and respond to cultural issues in the supervision setting and have a Cronbach's alpha of .90. The last factor, knowledge of legal issues, addresses supervisor knowledge of legal issues as they present in supervision. Three items load on this factor (.44 to .76), and the alpha coefficient is .78.

Providing further validation following the initial construction of Barnes's (2002) measure, Murphy's (2017) study re-evaluated the psychometric properties of the original measure and test the six underlying factors. Murphy's study included correlations between supervisor age, years of clinical experience, and years of supervisory experience and the supervisor's self-efficacy. Respective correlations of $r = .25$, $p = .000$, $r = .24$, $p = .001$, and $r = .18$, $p = .01$ indicated that the older the supervisor and the more years of clinical and supervisory experience, the higher the supervisor's self-efficacy score. Addressing social desirability, Murphy included the Balanced Inventory of Desirable Responding (BIDR), with scores implying that supervisors may report higher confidence in their abilities as a supervisor due to social desirability. Based on the Impression Management subscale of the BIDR, it is possible that the CSSES measures more than supervisor self-efficacy, including the possibility of measuring social desirability.

Supervision competence. Supervisor competence was measured with the Supervision Evaluation and Supervisory Competence Scale (SE-SC) (Gonsalvez et al., 2017). This scale was

developed in part to "assess the supervisee's evaluation of supervision and ratings of supervisory competence" (p. 96). Gonsalvez et al. (2017) developed a modified scale for supervisors to self-assess their own competency and granted permission for use of the modified scale in this study (Appendix B; Appendix C). The original SE-SC is a 31-item Likert scale that comprises an overall evaluation of supervision (six items) and an additional 25 items that lists a range of supervisor competencies, grouped into 3 clusters (A, B, and C). Each item is rated on a 7-point Likert scale, ranging from 1 (*not at all, strongly disagree*) to 7 (*very much so, strongly agree*). This measure identifies overall supervision satisfaction and supervision effectiveness, rated by the supervisor.

Gonsalvez et al. (2017) indicated that internal consistency was high for the six A clusters, ranging from .75 to .92. Additionally, test-retest reliability was high for the three B clusters and test-retest reliability was respectively .93, .81, and .87. Further, correlations between the SE-SC and the Supervisory Working Alliance Inventory (SWAI) overall scores were high, $r(69) = .75$, $p<.001$ and Pearson's correlation between the SE-SC cluster A1 and the rapport scale of the SWAI was $r(70) = .82$, $p<.001$ (Gonsalvez et al., 2017). Additionally, the SE-SC cluster A1 and the SSSI interpersonal sensitivity subscale correlations were high $r(50) = .87$, $p <.001$ and the SE-SC clusters accounted for a larger proportion of variance (85%) than the subscales of the SSI (58%) and the SWAI (57%) (Gonsalvez et al., 2017).

Supervisory relationship. The supervisory relationship was measured using the Supervisory Relationship Measure (SRM) (Pearce et al., 2012). The measure was developed from a qualitative study by Clohessy (2008) using exploratory factor analysis to analyze data, form subscales, and assess for internal consistency, convergent and divergent validity, and test-retest reliability. After the exploratory factor analysis 51 items and five subscales were

identified: safe base, supervisor commitment, trainee contribution, external influences, and supervisor investment (Pearce et al., 2012). Correlations between the five subscales varied between .23 to .78 with $p<.01$. Pearce et al. (2012) reported an alpha coefficient of .90 for the whole measure, and alpha coefficients ranging from .71 to .96 for the five subscales. The total score of the Supervisory Relationship Measure was significantly correlated with the Working Alliance Inventory subscales and the Personal Reaction Scale-Revised subscales with respective r values of .71 and .83 respectively (p values $< .01$).

For test-retest reliability, 134 participants completed the measure a second time, with time between the completion of the measure ranging between 9 and 53 days (Pearce et al., 2012). A Wilcoxon Matched Pairs Sign Rank Test indicated no significant differences in scores between both testing times ($p = .13$), and scores from time one were significantly correlated with scores at time two ($r = .94, p < .001$). Concurrent validity was evaluated using two separate hierarchical multiple linear regression analyses, with demographic variables and two of the SRM subscales (trainee contribution and safe base) accounting for 87.7% of variance in Total Outcome score (Pearce et al., 2012). Additionally, demographic variables and two of the SRM subscales (trainee contribution and safe base) accounted for 68.0% of variance in supervision satisfaction scores.

Research Procedures

Prior to collecting data, approval was obtained from the Liberty University Institutional Review Board (Appendix D). After approval of the research, a demographic survey and the identified instruments was entered into Qualtrics, followed by an email request for participants. Participants were recruited through an online Qualtrics survey that was distributed via email to faculty and site supervisors associated with CACREP-accredited programs. In addition to the

email to CACREP-accredited programs and supervisors, the Qualtrics survey was distributed on the Counselor Education and Supervision Network Listserv (CESNET-L), a professional listserv for counselors, counselor educators, and supervisors following approval from the listserv list owner (Appendix E; Appendix F). The email invitation to CESNET-L indicated that only supervisors with CACREP-accredited programs would be eligible for participation. Hackworth and Kunz (2010) spoke to the value of low-cost sampling on a large scale via electronic communication methods. Additionally, electronic communication is associated with a better response rate (Brondani, MacEntee, & O'Conner, 2011) when compared to other methods such as standard mail-in responses, assisting with increased responses overall.

In the email, participants were informed of the purpose for the study before being asked to click on a link provided in the email that sent the potential participant to an informed consent for participation (see Appendix G). Participants were asked to read an informed consent that explained the study. Following the reading of the informed consent, participants were informed that the demographic survey and measures would be used to gather information related to a supervisor's self-efficacy and competence and the strength of the supervisory relationship. Participants were informed that the collected data would be kept anonymous and private, be stored securely, and be available only to the researcher. Participants were informed that their participation was voluntary and that they could withdraw from the survey at any time.

Those who provided consent through the Qualtrics link on a Liberty University Qualtrics server were given access to a demographic survey and the remaining three assessments within the Qualtrics survey. The order of measures was as follows: demographic items, the Counselor Supervisory Self-Efficacy Scale, the Supervision Evaluation and Supervisory Competence Scale, and the Supervisory Relationship Measure. The emails were sent in January and February 2020.

Data Processing and Analysis

The data were downloaded into IBM SPSS Statistics Version 26 with the PROCESS macro for SPSS (Hayes, 2013). Data were screened, and missing data were excluded from the analysis as indicated. A preliminary data screening determined if scores on the measures were normally distributed and data were screened for outliers. Sample means, standard deviations, and minimum and maximum scores will be detailed in Chapter Four.

The first and second research questions were tested using Pearson's correlation coefficients. The final research question was tested through PROCESS (Hayes, 2013) which is a macro for SPSS that allows for testing of conditional process models. Due to irregular variable distribution, bootstrapping may be used (Hayes, 2013). The coefficients, standard error, R square, and p-value will be included in Chapter Four. The model informing the identified research questions will be found in Chapter Four.

Ethical Considerations

Although the study was designed to ensure anonymity for participants, the regulations and guidelines from the institutional review board and from the American Counseling Association's (2014) ethical guidelines for research were implemented throughout the study. The demographic items did not ask for identifying information and the data from this study did not contain any identifying information from participants. It was not anticipated that participants would encounter adverse risks from completing survey items.

Chapter Summary

This chapter reviewed the research question, including the hypotheses. The research design for this cross-sectional study was explored. Next, the selection of participants was

described. The measures that were used in this study were explored and evaluated. Finally, the

data screening and analysis were covered. This concludes the chapter about research methods.

CHAPTER FOUR: RESULTS

The purpose of this study was to examine if a participant's self-efficacy and competence had a significant positive relationship with the supervisory relationship, and if the supervisor's competence mediated the relationship between self-efficacy and the supervisory relationship. First, this study examined the relationship between supervisor self-efficacy and the supervisory relationship. Second, this study investigated the relationship between a supervisor's reported competence and the supervisory relationship. Finally, this study utilized a mediation model to examine whether a supervisor's competence mediates the relationship between self-efficacy and the supervisory relationship.

Participants responded to demographic items as well as whether they had been formally trained in supervision, the type of training they received, and how recently the training took place (Appendix A). Participants also completed measures that assessed their self-efficacy, competence, and the supervisory relationship. This chapter describes the data analysis used to examine whether hypotheses were supported by the data. A summary of the findings is presented here.

Data Screening

At the time of data collection, 46 participants had initially responded; but seven participants were removed from analysis due to not completing all items; two participants were removed for neglecting to select that they consented to the study; and three other participants were removed for not meeting the eligibility criteria for the study. This resulted in a total of 34 participants who were retained. For those that met the initial eligibility questions, the average length of time for completing the survey was 21 minutes and 56 seconds (SD = 7 minutes and 39

seconds). All participants completed the survey in no less than 10 minutes, resulting in no cases being deleted for this reason.

Sample means and standard deviations were calculated for the CSSES, the SE-SC, and the SRM. Osborne (2012) recommended the removal of participants who scored outside 3.0 standard deviations. Scores outside of ±3.0 standard deviations varied across the total scores and subscales of all three instruments. However, given previously identified research outlining variations in definitions of what constitutes supervision and the nature of self-reporting, it is expected that there will be some participants with high self-report scores; therefore, although outliers were identified using histograms and box plots, participants were not removed from data analysis for this reason. Additionally, skew and kurtosis were calculated to explore whether data were normally distributed. Given the tendency for self-report scores to be inflated, it is anticipated that data for each scale would be negatively skewed. Across all three scales, both total and sub-scale scores were negatively skewed, reflecting participants primarily selecting the top three choices across the scales. The high average scores demonstrate a narrow clustering of scores at the high end of the range resulting in little variation. Although the data appear to violate assumptions for the use of correlation and regression (Warner, 2013), Hayes (2013) suggested that regression analyses, including mediation, do not necessarily need to have a normal distribution. Given that data are rarely normally distributed and continuous distributions do not come from Likert-type scales, it is appropriate to use ordinary least squares regression (Hayes, 2013).

An a priori analysis was conducted using G*Power 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009) for a fixed regression model, a large effect size ($f^2 = 0.35$), and an alpha of .05. The

analysis in Figure 4.1 showed that a total sample of 31 participants was required to achieve a

power of .80 with two predictor variables.
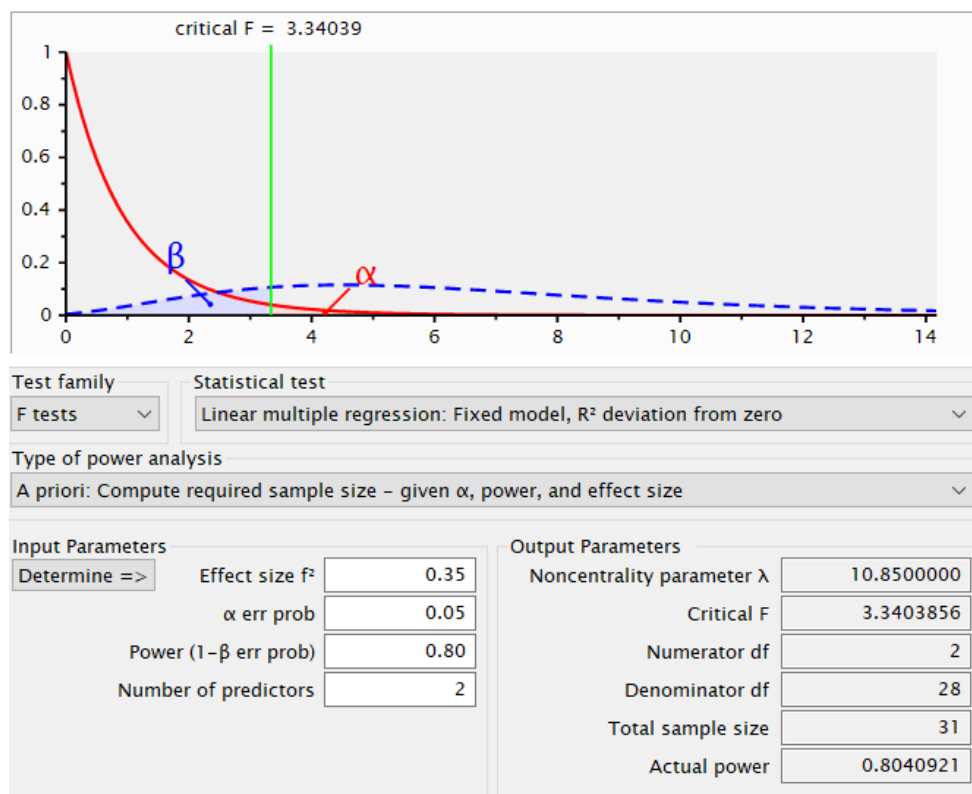
Figure 4.1. G*Power 3.1 analysis.

Participant Demographics

Of the participants over the age of 18 who, at the time of taking the survey, were actively

serving as a faculty or site supervisor in a CACREP-accredited program and had provided

supervision for at least three months for a single supervisee within three months of taking the

survey ($n = 34$), 76.5% were female, 20.6% were male, and one participant selected "choose not

to report" to describe gender. Participants' ages between 31 and 40 totaled 38.2% of the sample;

23.5% were ages 41 to 50; 29.4% were 51-60; and 8.8% of participants were over the age of 60.

The majority of the sample was Caucasian (73.5%), with 14.7% describing their race as African

American/Black; 5.9%, Hispanic/Latino; 2.9%, Asian; and 2.9%, multiracial. Most participants

(55.9%) endorsed having completed a master's degree, while 41.2% endorsed having completed a doctoral degree, and 2.9% endorsed "other." Participant demographics are detailed in Table 4.1.

A vast majority of participants (91.2%) had received one or more formal supervision training(s), including supervision of supervision training (58.8%), master's-level supervision training (17.6%), doctoral-level supervision training (55.9%), workshop (61.8%), and/or online webinar training (38.2%). Participants also endorsed one or more licenses/credentials, with 82.4% of participants endorsing themselves as a Licensed Professional Counselor, 8.8% as Licensed Clinical Social Workers, 5.9% as Licensed Marriage and Family Therapists, 2.9% as Psychologists, and 20.6% as other licenses.

For those supervisors who endorsed receiving training, 32.4% endorsed receiving training one to five years ago; 26.5%, over 11 years ago; 23.5%, six to 10 years ago; 2.9%, zero to 6 months ago; and 5.9%, six months to one year ago. Regarding the training level of the identified supervisee, 58.8% of participants reported their supervisee was a master's-level internship student; 23.5% were master's-level practicum students; and 17.6% were resident/licensed-eligible supervisees. Most supervisors reported providing supervision for less than 5 years (38.2%); 32.4%, for five to 10 years; 11.8%, for 16 to 20 years; 11.8%, for 11 to 15 years; 2.9%, for 21 to 25 years; and 2.9%, for more than 25 years. Participants also identified the type of theory/model they tended to operate out of while providing supervision, with 41.2% endorsing using a psychotherapy-based model of supervision; 26.5%, a developmental model; 17.6%, an integrated model; 11.8%, a different model; and 2.9%, "I don't tend to operate out of a theory/model of supervision."

Within these models, 94.1% of participants endorsed providing supervision on a weekly basis, while 5.9% endorsed "other." Participants utilized one or more supervision tools, with 91.2% of participants reporting the use of supervisee self-report; 67.6%, the use of live supervision; 52.9%, the use of video recordings; 23.5%, the use of audio recordings; and 29.4%, the use of other supervision tools. Please see Table 4.2 for supervision demographics.

Table 4.1

Participant Demographics

	N	%
Age		
31-40	13	38.2
41-50	8	23.5
51-60	10	29.4
Over 60	3	8.8
Gender		
Choose not to report	1	2.9
Female	26	76.5
Male	7	20.6
Race		
African/American/Black	5	14.7
Asian	1	2.9
Caucasian	25	73.5
Hispanic/Latino	2	5.9
Multiracial	1	2.9
Education		
Doctorate	14	41.2
Master's	19	55.9
Other	1	2.9

Table 4.2

Supervision Demographics

	N	%
Supervision Training		
No	3	8.8
Yes	31	91.2
Type of Supervision Training		
Supervision of Supervision	20	58.8
Master's-Level	6	17.6
Doctoral-Level	19	55.9
Workshop	21	61.8
Online Webinar	13	38.2
License/Credential		
Professional Counselor	28	82.4
Clinical Social Worker	3	8.8
Marriage and Family Therapist	2	5.9
Psychologist	1	2.9
Other	7	20.6
Time Since Supervision Training		
0-6 months ago	1	2.9
6 months to 1 year ago	2	5.9
1 to 5 years ago	11	32.4
6 to 10 years ago	8	23.5
Over 11 years ago	9	26.5
Supervisee Training Level		
Master's Internship Student	20	58.8
Master's Practicum Student	8	23.5
Resident/Licensed Eligible	6	17.6
Years Providing Supervision		
Less than 5 years	13	38.2
5-10 years	11	32.4
11-15 years	4	11.8
16-20 years	4	11.8
21-25 years	1	2.9
More than 25 years	1	2.9

Theory/Model of Supervision

Psychotherapy	14	41.2
Developmental	9	26.5
Integrated	6	17.6
Other	4	11.8
No theory/model of supervision	1	2.9

Frequency of Supervision

Other	2	5.9
Weekly	32	94.1

Supervision Tools

Live Supervision	23	67.6
Video Recordings	18	52.9
Audio Recordings	8	23.5
Supervisee Self-Report	31	91.2
Other	10	29.4

Sample Means

The minimum score, maximum score, mean, and standard deviation were calculated for all of the measures used. These results are displayed in Table 4.3.

Data Analysis

Data analysis was performed using IBM SPSS Statistics Version 26 with the PROCESS macro for SPSS (Hayes, 2013). Bivariate correlations were calculated between the CSSES total scores and the SRM total scores. Also, bivariate correlations were calculated between the SESC total scores with the SRM total scores. Finally, one mediation model was tested. In the remainder of this chapter, results from these analyses are explored.

Table 4.3

Descriptive Statistics of All Measures Used in This Study

Measure	Minimum Score	Maximum Score	M	SD
CSSES Total	257.00	390.00	350.82	31.09
CSSES Theories and Techniques	92.00	140.00	122.94	11.56
CSSES Group Supervision	25.00	50.00	44.91	6.24
CSSES Supervisory Ethics	54.00	80.00	74.15	6.06
CSSES Self in Supervision	35.00	50.00	45.85	3.82
CSSES Multicultural Competence	24.00	40.00	35.50	4.29
CSSES Knowledge of Legal Issues	20.00	30.00	27.47	3.10
SESC Total	120.00	209.00	184.21	19.47
SESC Scale A	16.00	28.00	24.91	2.59
SESC Scale A (Subscale OS)	8.00	14.00	12.47	1.35
SESC Scale A (Subscale OE)	8.00	14.00	12.44	1.48
SESC Scale B	104.00	181.00	159.29	17.60
SESC Scale B (Subscale X1)	12.00	21.00	19.18	2.11
SESC Scale B (Subscale X2)	8.00	14.00	12.53	1.66
SESC Scale B (Subscale X3)	8.00	14.00	12.29	1.55
SESC Scale B (Subscale X4)	8.00	14.00	11.65	1.81
SESC Scale B (Subscale X5)	12.00	21.00	19.47	2.16
SESC Scale B (Subscale X6)	11.00	28.00	22.47	5.06
SESC Scale B (Subscale T Items)	40.00	70.00	59.71	7.18
SESC Scale C (Optional Items for response)	.00	55.00	33.20	16.29
SRM Total	204.00	352.00	320.15	34.90
SRM Safe Base	60.00	105.00	97.91	10.84
SRM Supervisor Commitment	36.00	63.00	58.56	6.45
SRM Trainee Contribution	52.00	91.00	80.29	9.59
SRM External Influences	8.00	56.00	45.68	12.23
SRM Supervisor Investment	24.00	42.00	37.71	4.54

Note. CSSES = Counselor Supervisor Self-Efficacy Scale. SESC = Supervision Evaluation and Supervisory Competence Scale, V2-Supervisor version). SRM = The Supervisory Relationship Measure.

Correlations

Supervisor self-efficacy and the supervisory relationship. Pearson correlations were

performed to examine the relationship between total counselor supervisor self-efficacy and the

total scores of the supervisory relationship. See Table 4.4 for Pearson correlations and significance levels. The analysis suggested no significant correlation between total scores for counselor supervisor self-efficacy and total scores for the supervisory relationship ($r = .254$, $p > 0.14$). While this may be due to a small sample size, this finding does not provide support for a linear relationship between a supervisor's self-efficacy and the supervisory relationship. This finding does not support hypothesis 1.

Table 4.4

Correlation between Supervisory Relationship and Self-Efficacy

Self-Efficacy Scale	Supervisory Relationship Pearson Correlation Coefficient (r)
CSSES Total	.254

Supervisor competence and the supervisory relationship. Pearson correlations were performed to examine the relationship between total supervisor competence and the total scores of the supervisory relationship. See Table 4.5 for Pearson correlations and significance levels. The analysis suggested a strong correlation between supervisor competence and the supervisory relationship ($r = .554$, $p < .01$). This correlation suggests that participants who have a higher self-evaluation of competence are more likely to have a higher report on their supervisory relationship. This provides support for hypothesis 2.

Table 4.5

Correlation between Supervisory Relationship and Competence

Competence Scale	Supervisory Relationship Pearson Correlation Coefficient (r)
SESC Total	.554[**]

**. Correlation is significant at the 0.01 level (2-tailed).

Model Testing

      The third research question asked whether supervisor competence mediated the relationship between supervisor self-efficacy and the supervisory relationship. To test the mediation analysis, Hayes' (2013) Conditional Process Analysis PROCESS 3.4 macro for SPSS was used. Model four used the total supervisory relationship as the outcome variable, the total self-efficacy as the predictor variable, and the total competence as the mediator. A pictorial representation of this conceptual model is presented in Figure 4.2, and Figure 4.3 presents the statistical model. Bootstrapping resampling using 5,000 bootstrap samples was used.
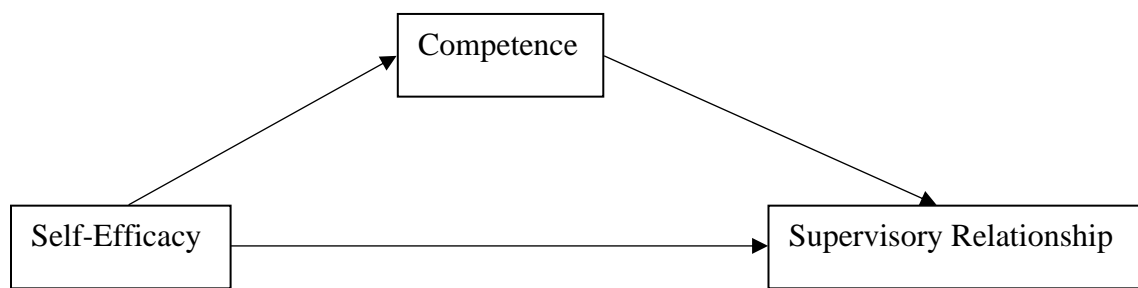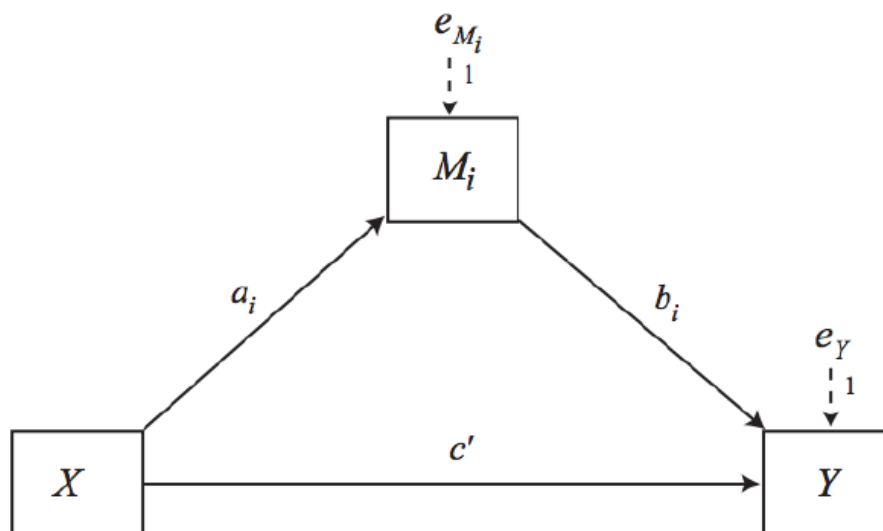

Figure 4.2 Hypothesized conceptual model

Indirect effect of X on Y through M_i = a_i b_i
Direct effect of X on Y = c´

Figure 4.3 Hypothesized statistical mediation model

The overall mediation model was not a statistically significant mediation. The total effect of self-efficacy on the supervisory relationship was not significant ($b = .29$, $t(32) = 1.48$, $p < .10$); higher scores of self-efficacy did not predict higher scores for the supervisory relationship. However, self-efficacy was significantly predictive of the hypothesized mediating variable, supervisor competence, ($b = .41$, $t(32) = 4.91$, $p < .001$). When controlling for self-efficacy, competence was significantly predictive of the supervisory relationship ($b = 1.22$, $t(31) = 3.49$, $p < .01$). The estimated direct effect of self-efficacy on the supervisory relationship, controlling for competence, was insignificant ($b = -.22$, $t(31) = -.98$, $p < .34$). Additionally, the supervisory relationship was predicted quite well from self-efficacy and competence ($F(2, 31) = 7.57$, $p < .01$, $R^2 = .33$). This means that the predictors and their interaction account for 33% of the variance in the supervisory relationship. Bootstrapping was also performed; 5,000 samples were requested; a bias-corrected and accelerated confidence interval (CI) was created for *ab*. For this 95% CI, the lower limit was -.02, and the upper limit was 1.19. As this confidence interval included zero no interaction exists. Results from the PROCESS mediation model can be found in Table 4.6.

Table 4.6

PROCESS Analysis Results for Mediation Model

Source	b	se	t	p	LLCI	ULCI
SESC Total: $R = .6556$, $R^2 = .4298$, $MSE = 222.9646$, $F(1, 32) = 24.12$, $p < .0001$						
CSSES Total	.4106	.0836	4.9116	< .0001	.2403	.5809
SRM Total: $R = .5728$, $R^2 = .3280$, $MSE = 871.4622$, $F(2, 31) = 7.5671$, $p < .01$						
CSSES Total	-.2154	.2189	-.9841	.3327	-.6619	.2310
SESC Total	1.2187	.3495	3.4872	.0015	.5059	1.9315
SRM Total: $R = .2539$, $R^2 = .0645$, $MSE = 1175.3975$, $F(1, 32) = 2.2048$, $p = .1474$						
CSSES Total	.2850	.1919	1.4849	.1474	-.1059	.6761

Chapter Summary

A sample of 34 participants over the age of 18 who, at the time of taking the survey, were actively serving as a faculty or site supervisor in a CACREP-accredited program and had provided supervision for at least 3 months for a single supervisee within 3 months of taking the survey were used in this study. This chapter highlighted the results of this study. First, data screening procedures were detailed, and the deleted cases were explained. Then, the participant demographics were presented, along with the sample means of each measure used. A bivariate correlation was conducted to address the hypothesis for research question one: There will be a significant positive relationship between supervisor self-efficacy and the supervisory relationship.. The results did not support this hypothesis. A second bivariate correlation was conducted to address the hypothesis for the second research question: There will be a significant positive relationship between supervisor competence and the supervisory relationship. The results did support this hypothesis. Finally, a mediation analysis was conducted to address hypothesis for the third research question: Supervisor competence will significantly mediate the relationship between self-efficacy and the supervisory relationship. After bootstrapping was utilized, the results did not support this hypothesis. The next chapter will discuss the implications of these results.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This is an exploratory study evaluating the interaction between a supervisor's self-efficacy, a supervisor's competence, and the supervisory relationship. Research has indicated that a supervisee's belief in the supervisor's competence influences the supervisory relationship, including a supervisee's willingness to disclose in supervision (Goodyear, 2014; Lemoir, 2013). Given the influence of competence on the supervisory relationship, Falender and Shafranske's (2012) assertion that the supervisory relationship is a key pillar of supervision competency, and Gonsalvez et al.'s (2017) development of a measure for supervisor competence, this study evaluated the relationship between supervisor competence and the supervisory relationship.

Additionally, Bandura's (1986) Social Cognitive Theory suggested that self-efficacy influences an individual's willingness to learn and that individuals who are more willing to learn are more likely to develop competence. Self-efficacy, at times, has been used synonymously with the construct of competence, although Rodgers et al. (2014) identified that self-efficacy does not serve as an indicator for the quality of an action being performed or any associated outcomes. Supervisor self-efficacy is a construct that has yet to be studied as it relates to the supervisory relationship, and given Social Cognitive Theory's assertion that self-efficacy precedes competence, this study examined self-efficacy as it relates to supervisor competence and the supervisory relationship. The first research question explored the relationship between supervisor self-efficacy and the supervisory relationship. The second research question explored the relationship between supervisor competence and the supervisory relationship. The third research question explored the relationship between self-efficacy and the supervisory relationship, and the influence of a supervisor's competence.

The previous chapter described the data analysis and results of this study. This chapter discusses the significance of this study's findings. Research questions one through three will be discussed, including the predictor variable supervisor self-efficacy, the mediator supervisor competence, and the outcome variable, supervisory relationship. The chapter describes implications for practice, limitations that exist in this study, and suggestions for future research.

Summary of Findings and Implications

Participants were recruited through an online Qualtrics survey distributed via email to faculty and site supervisors associated with CACREP-accredited programs. In addition to the email to CACREP-accredited programs, the Qualtrics survey was distributed on the Counselor Education and Supervision Network Listserv (CESNET-L), a professional listserv for counselors, counselor educators, and supervisors following approval from the listserv list owner. Participants over the age of 18 who, at the time of taking the survey, were actively serving as a faculty or site supervisor in a CACREP-accredited program and had provided supervision for at least three months for a single supervisee within three months of taking the survey ($n = 34$), completed a demographic survey, the Counselor Supervisor Self-Efficacy Scale (Barnes, 2002), the Supervision Evaluation and Supervisor Competence Scale (Gonsalvez et al., 2017), and the Supervisory Relationship Measure (Pearce et al., 2012).

Research Question One

Question one evaluated the correlation between supervisor self-efficacy and the supervisory relationship. While supervisor self-efficacy has not been studied as it relates to the supervisory relationship, it was reasonable to hypothesize that there would be a positive correlation between supervisor self-efficacy and the supervisory relationship. This hypothesis was not supported by the data. No statistically significant relationship existed between supervisor

self-efficacy and the supervisory relationship, indicating that higher scores of self-efficacy do not tend to have higher scores for the supervisory relationship. This finding seems to be consistent with Rodgers et al. (2014) assertion that self-efficacy does not serve as an indicator for the quality of a supervision action being performed or any associated outcomes. In this case, the data suggest that a supervisor's self-efficacy does not serve as an indicator of the quality of the supervisory relationship. While no other research examining the relationship between self-efficacy and the supervisory relationship has been done, Landon (2016) identified that task-specific components of supervision may lower supervisor self-efficacy given the variability in training opportunities for supervisors and a greater comfort level related to the domain of counseling based on previous experience (Phillips, Schultz, & Thielsen, 2012). The Counselor Supervisor Self-Efficacy Scale (Barnes, 2002) is structured around specific tasks of supervision, possibly serving to lower scores and limit the strength of the relationship with the supervisory relationship.

Research Question Two

Question two evaluated the correlation between supervisor competence and the supervisory relationship. Supervisor competence has only recently been measured with the development of the Supervisor Evaluation and Supervisor Competence scale (Gonsalvez et al., 2017). Though the construct of supervisor competence has not been studied as it relates to the supervisory relationship, it was reasonable to hypothesize that there would be a positive correlation between supervisor competence and the supervisory relationship given previous articles citing the relationship between supervisor competence and the supervisory relationship (Falender & Shafranske, 2012; Falender et al., 2014; Lemoir, 2013). This hypothesis was supported by the data. A statistically significant and strong relationship existed between

supervisor competence and the supervisory relationship, indicating that the higher scores of supervisor competence were, the higher the scores for the supervisory relationship would be. Contrary to the task-specific components of the Counselor Supervisor Self-Efficacy Scale (Barnes, 2002), the Supervisor Evaluation and Supervisor Competence scale (Gonsalvez et al., 2017) addresses knowledge, skills, and attitudes, a supervisors' beliefs that they are seen as caring and supportive, as well as setting goals and implementing strategies to achieve these goals. The Supervisor Evaluation and Supervisor Competence scale's (Gonsalvez et al., 2017) items are framed in such a way that reflects the domain of supervision and include items that represent the supervisory relationship, whereas the Counselor Supervisor Self-Efficacy scale's (Barnes, 2002) items are framed as specific tasks associated with counselor supervision. The language of these items could possibly serve as a key factor in the strength of the relationship between supervisor competence and the supervisory relationship.

It is important to note that correlation does not imply causation. Also, this was a small sample size and the data were collected at one point in time in a nonexperimental research design. The correlations between supervisor competence and the supervisory relationship does not indicate that competence changed the supervisory relationship. Rather, these values indicate the strength of the linear relationship. Kuhne et al. (2019) recommended focusing on competency-based supervision, including reviewing competencies for future research. Using partial correlations to evaluate the strength of the relationship between subscales of the Supervisor Evaluation and Supervisor Competence scale (Gonsalvez et al., 2017) and the Supervisory Relationship Measure (Pearce et al., 2012), while controlling for other factors such as years of experience providing supervision and the type of formal supervision training may be helpful in understanding this relationship in the future. Bright and Evans (2019) spoke to the

limited understanding that exists regarding variables that influence the effectiveness of supervision. Controlling for such factors for future research would give further insight into the possible influence that a supervisor's years of experience providing supervision plays in the strength of the relationship between both variables, as well as whether supervision training influences the strength of the relationship. Evaluating the strength of the relationship between the subscales of the Supervisor Evaluation and Supervisor Competence scale (Gonsalvez et al., 2017) and the Supervisory Relationship Measure (Pearce et al., 2012) would give insight into whether specific components of competence are more significantly related with the supervisory relationship. This finding could serve the field well to inform trainings to address specific competencies.

Research Question Three

In the third research question, supervisor competence was hypothesized to serve as a mediator between supervisor self-efficacy and the supervisory relationship. This hypothesis was not supported by the data. Supervisor self-efficacy was a significant predictor for supervisor competence, and supervisor competence was a significant predictor for the supervisory relationship while controlling for self-efficacy. This finding appears to support Bandura's (1986) Social Cognitive Theory, which posits that self-efficacy can serve as a precursor for competence. Additionally, these findings appear to support that self-efficacy and competence are two different constructs and that a supervisor's competence significantly predicts the supervisory relationship, consistent with Falender and Shafranske's (2012) identification of the supervisory relationship as a pillar of competence. However, self-efficacy was not a significant predictor for the supervisory relationship, and supervisor competence did not significantly mediate the relationship between supervisor self-efficacy and the supervisory relationship. Given the absence of a linear

relationship with the supervisory relationship, and the possible influence of task-specific components to the Counselor Supervisor Self-Efficacy scale (Barnes, 2002), it is not surprising that self-efficacy did not significantly predict higher scores for the supervisory relationship and that supervisor competence was, therefore, unable to mediate the relationship between self-efficacy and the supervisory relationship. Fritz and MacKinnon (2007) reviewed methods for testing mediation, including the Causal Steps Approach (Baron & Kenny, 1986). The Causal Steps Approach requires that a significant relationship must, for the purposes of this study, exist between supervisor self-efficacy and the supervisory relationship for mediation to be possible. Given that a significant relationship did not exist between supervisor self-efficacy and the supervisory relationship, bootstrapping methods were used as there were violations of assumptions, including non-normal distribution shape. Despite meeting minimum requirements for power and a large effect size, Koopman, Howe, Hollenback, and Sin (2015) studied the use of bootstrapping in small sample sizes (e.g., 20-80 participants), and the tendency to have higher Type 1 error rates and overall insufficient statistical power, appearing to serve as a possible explanation as to why statistical significance was not met for the overall mediation analysis.

Limitations of the Study

One limitation of this study is a small sample size. While the sample size meets minimum requirements for power of .80 with two predictor variables and a large effect size of .35, the sample size ($n = 34$) makes suggesting that the sample was representative of the population difficult. Despite distributing the study to over 5,000 individuals, the low response rate may be related to the workload of faculty and site supervisors, as indicated by 64.7% of participants reporting that they worked 40-59 hours a week.

A small sample size makes finding significant relationships between the variables difficult. A larger sample size would increase the likelihood that results were representative of the population and provide a more stable foundation for generalization. Additionally, a larger sample would have allowed the researcher to control for extraneous variables like supervisor years of experience and the types of training that they have completed.

A second limitation for this study is the lack of prior research regarding supervisor self-efficacy, supervisor competence, and the supervisory relationship. Self-efficacy has been primarily researched as it relates to the self-efficacy of the supervisee. Barnes (2002) evaluated the self-efficacy of counselor-educator supervisors, but with limited significance in results. Additionally, the construct of supervisor competence has little-to-no research despite the recent movement towards competency-based supervision (Falender & Shafranske, 2014; Falender et al., 2014; Gonsalvez et al., 2002; Falender & Shafranske, 2017). This lack of research corresponds with a lack of consensus as to what constitutes effective and competent supervision. Not until Gonsalvez et al. (2017) developed the Supervision Evaluation and Supervisory Competence Scale was a formal measure for competence available. Finally, while Holloway (1995) initially used the term, the supervisory relationship, a measure for this construct was not available until Pearce et al. (2012) developed the Supervisory Relationship Measure. In addition, this measure was developed with only 12, primarily Caucasian, participants in the United Kingdom making generalizing to the rest of the population difficult. Thus, while researchers that suggested a relationship among these three variables, they had not examined whether a relationship between each of these pairs of variables exists.

Another limitation for this study is the use of self-report measures. Bandura (1986) spoke to the importance of intentionally seeking out methods of evaluation to accurately align self-

efficacy with performance. For the supervisor, one method of evaluation may be participating in regular trainings. While 32.4% of participants had training within one to five years of taking the survey for this study, 23.5% of participants had supervisor training six to ten years ago, and 26.5% of participants had training for supervision over 11 years ago. Further, there were inconsistencies among participant answers when asked to identify the number of required hours to maintain their status as a supervisor in their respective state. This finding seems to indicate that the high level of variability from state-to-state for supervisor requirements serves as a limitation for supervisor development and perhaps of supervisors' abilities to accurately gauge their self-efficacy, competence, and the quality of the supervisory relationship.

A limitation of this study, which is related to the use of self-report measures, is a ceiling effect. Most participants scored quite high on all three measures. For supervisor self-efficacy, the mean score was 350.82, and the maximum score was 390; for supervisor competence the mean score was 184.21 with a maximum score of 209; and for the supervisory relationship the mean score was 320.15 with a maximum score of 352. This represents a ceiling as participants scored close to the highest score, indicating that the measures minimally address individual differences among participants at the upper end of the distribution (Warner, 2013).

While Kavanagh et al. (2008) identified a consistency in supervision competencies across disciplines, the measure for self-efficacy was developed for counselor supervisors, and the measure used for competence was developed within the field of psychology. Utilizing measures developed within and for different fields and with a sample primarily comprised of counselors may also be a limitation.

Suggestions for Future Research

Future researchers would do well to continue exploring the relationships among supervisor self-efficacy, supervisor competence, and the supervisory relationship, including replicating this study with a larger sample size to better represent the population and allow for controlling of other variables. Also, it may be of value for future researchers to consider how supervisor attachment style is related to the supervisory relationship given Bennet and Saks (2006) conceptualization that avoidant attachment and a tendency to be self-reliant serve as factors that could negatively impact the supervisory relationship. Additionally, while their findings were related to the self-efficacy of supervisees, Mesrie, Diener, and Clark (2018) indicated that a relationship existed between attachment and self-efficacy. Given that findings from this study indicated that there is not a significant relationship between self-efficacy and the supervisory relationship, and yet there is a significant relationship between self-efficacy and competence, and competence and the supervisory relationship, it may be of value to identify if self-efficacy and competence mediate the relationship between attachment and the supervisory relationship. Other variables to control for with a larger sample size include the years of experience providing supervision and the type of training that the supervisor has received. Further, future researchers could evaluate potential differences in supervisor competencies from state-to-state, given the different requirements for eligibility to provide supervision from state-to-state across the United States.

Future researchers would also benefit from including supervisor and supervisee pairings. By focusing solely on the perspective of the supervisor, this study neglected to address a natural limitation of self-report measures by excluding the input of supervisees. Comparing scores on measures between supervisors and supervisees would grant further insight into the accuracy of

supervisor perceptions and the beliefs and experiences of supervisees withing the supervisory relationship. Further, Murphy's (2017) evaluation of the psychometric properties of the Counselor Supervisor Self-Efficacy Scale (Barnes, 2002) indicated that the Counselor Supervisor Self-Efficacy Scale may be measuring social desirability as well as a supervisor's self-efficacy. By researching pairings of supervisors and supervisees, future research could evaluate the role of social desirability in participant scores.

Implications

For Supervisors

Baker et al. (2002) suggested that while years of experience providing supervision improve the supervisor's skills, concurrently learning through teaching and training improve a supervisor's skills. While only 8.8% of participants in this study had received no formal supervision training, and 58.8% of participants had participated in supervision-of-supervision, a majority of supervisors had provided supervision for less than five years (38.2%), and 26.5% of participants had not received training in supervision for over 11 years. Given the recent movement for supervision to move towards a model of competence where a supervisor's skills, knowledge, and attitudes are monitored following their development (Falender & Shafranske, 2017), supervisors would benefit from engaging in training for supervision although it may not be required to maintain status as a supervisor. However, research up until this point has not identified a specific component of supervision training that improves supervisor competence, making it difficult to advocate for consistent supervision training standards from state-to-state.

Despite the unknowns regarding supervision training and its relationship to supervisor competence, Milne et al. (2011) spoke to the effectiveness that can be associated with supervisor training, including the value of supervisor training through supervision-of-supervision that was

identified through findings by Baker et al. (2002), Falender et al., (2014), and Borders (2009). Further, Milne et al. (2011) identified that trainings that include feedback, educational role-play, and modeling, were more effective than other training modalities, suggesting that supervisors would do well to pursue these types of training modalities. Also, O'Donovan et al. (2016) studied the impact of supervisor training on experienced supervisors, finding that training was beneficial for experienced supervisors, an important consideration for supervisors who may avoid trainings due to the level of experience they have providing supervision.

Bandura (1986) spoke to the importance of intentionally seeking out methods of evaluation to accurately align self-efficacy with performance, indicating that supervisors would do well to consistently pursue trainings to maintain and/or improve their competencies as supervisors and the overall effectiveness of their provisions of supervision. Supervisors may consider the use of supervisee evaluations as part of their supervision practice to identify how a supervisee is experiencing them within the supervisory relationship.

For Counselors

The field of counseling has emphasized the importance of clinical training for counselors and yet has varied standards for qualifications for supervision. While the specific components of supervision that influence developmental outcomes for supervisees are relatively unknown (Bell et al., 2016), supervision is still recognized as imperative and as impacting the counseling professional (Bernard & Luke, 2015; Wheeler & Richards, 2007). The influence of supervision on the counseling professional indicates that counselors would do well to consider their own developmental levels, their desired outcomes for supervision, and how a prospective supervisor's competence may influence their developmental growth and the quality of the supervisory relationship. While it would be preferable that counselors could identify a supervisor to meet

their developmental needs, the availability of such supervisors may not be a reality. Depending on state requirements, counselors may benefit from web-based supervision services should face-to-face supervisors who can meet their needs not be immediately available.

For Counselor Educators and CACREP-accredited Programs

Counselor-educators and counseling students alike would prefer that the student have multiple site placement options for their training. Given that the opportunity to have multiple site placement options may be unlikely whether due to locality or the training of supervisors, counselor-educators would do well to advocate for supervisees by setting expectations for the site supervisor. These expectations could include the university's desired qualities of a supervisor and the university's desired outcomes for the supervisee based on their developmental level entering placement at a site.

Additionally, this study indicates that a majority of supervisors in the counseling field are likely to not pursue education beyond a master's degree. Keeping the likelihood that supervisors will not pursue education beyond a master's degree in mind, as well as the Association for Counselor Education and Supervision's (2011) call for supervision-of-supervision as a best-practice standard, the Council for Accreditation of Counseling and Related Educational Programs (2015) may do well to modify education standards to include supervision standards within master's-level programs. The introduction of supervision standards into master's-level programs presents as a difficult task to complete given the needed emphasis on clinical competencies to be an effective counselor, the number of prospective supervisors in the area, and limited time for a supervisor to address clinical and administrative competencies within a traditionally hour-long timeframe for supervision on a weekly basis. Nevertheless, an inclusion of supervision standards towards the end of their clinical programs may serve the field well as it

aims to develop competent counselors through competent supervision. As the Council for Accreditation of Counseling and Related Educational Programs (2015) standards are currently written, master's-level students should identify the role of counseling supervision within the profession while orienting themselves to the profession, but simply identifying the role of supervision within the field of counseling is not sufficient for supervision training within master's-level programs.

Chapter Summary

This chapter presented a summary and discussion of the findings; implications for supervisors, counselors, and counselor educators; limitations of this study; and recommendations for future research. The study had three main findings. First, self-efficacy was not significantly correlated with the supervisory relationship which did not support the hypothesis for research question one and that there was a significant correlation between supervisor competence and the supervisory relationship which did support the hypothesis for research question two. Second, supervisor competence did not significantly mediate the relationship between supervisor self-efficacy and the supervisory relationship, which did not support the hypothesis for research question three. Third, while supervisor competence did not serve as a mediator, it was significantly predictive of the supervisory relationship, and supervisor self-efficacy was significantly predictive of supervisor competence. Future research is recommended, including replicating this study with a larger sample size for a better representation of the population and to control for factors such as years of experience providing supervision and the format of training that the supervisor has obtained. Should a replicated study indicate that self-efficacy still does not serve as a predictor for the supervisory relationship, examining supervisor attachment as it

relates to the supervisory relationship, with supervisor self-efficacy and competence as mediating variables, may be valuable.

Summary of the Study

This study aimed to further the discussion of supervisor self-efficacy, supervisor competence, and the supervisory relationship. Since no research to this date had examined the relationship between supervisor self-efficacy and the supervisory relationship, or the relationship between supervisor self-efficacy and competence, this study explored a supervisor's self-efficacy and whether a supervisor's competence mediates the relationship between self-efficacy and the supervisor relationship.

This study initially recruited 46 participants through Qualtrics, via email to faculty and site supervisors associated with CACREP-accredited programs as well as active members on CESNET-L. After data screening, 34 participants over the age of 18 who, at the time of taking the survey, were actively serving as a faculty or site supervisor in a CACREP-accredited program and had provided supervision for at least three months for a single supervisee within three months of taking the survey were retained. Participant self-efficacy scores were not significantly correlated with supervisory relationship scores, but participant competence scores were significantly positively correlated with supervisory relationship scores. Additionally, supervisor competence did not serve as a mediator between supervisor self-efficacy and the supervisory relationship. However, supervisor competence was significantly predictive of the supervisory relationship, and supervisor self-efficacy was significantly predictive of supervisor competence. The constructs of supervisor self-efficacy, supervisor competence, and the supervisory relationship are likely important for supervisors, counselors, and counselor educators with CACREP-accredited programs.

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APPENDIX A: DEMOGRAPHIC SURVEY

Supervisor Demographic Survey

1. How do you identify your gender? _____ Male   _____ Female   _____Choose not to report

2. Please select the appropriate age range for your age (in years)?:
   a. Under 21
   b. 21-30
   c. 31-40
   d. 41-50
   e. 51-60
   f. Over 60

3. How do you identify your racial/ethnic background?
   a. African American/Black
   b. First Nations/Inuit/American Indian/Alaskan Native
   c. Caucasian
   d. Hispanic/Latino
   e. Asian
   f. Multiracial
   g. Native Hawaiian or Other Pacific Islander
   h. Other (Please specify):

4. What is the highest level of education that you have completed?
   a. Bachelor's degree (e.g. BA, BS)
   b. Master's degree (e.g. MA, MSW)
   c. Doctorate (e.g. PhD, PsyD, EdD, MD)
   d. Other (Please Specify):

5. Are you currently a doctoral student in either a counselor education or counseling psychology program?
   a. Yes (1st three years)
   b. Yes (4th or later years)
   c. No; I have a doctoral degree in a different field
   d. No; I have my doctoral degree in either counselor education or counseling psychology
   e. No; I do not hold a doctoral degree in any field

6. Have you had formal supervision training?
   a. Yes
   b. No

7. What formal supervision training have you received (select all that apply)?
   a. Master's-level course
   b. Doctoral-level course
   c. In-person workshop or training
   d. Online webinar or training
   e. Supervision of Supervision
   f. None – I have never had formal supervision training
   g. Other (Please specify):

8. At what point did you receive formal supervision training?
   a. Before practicing as a supervisor
   b. During my role as supervisor

9. How recently did you receive your formal supervision training?
   a. 0-6 months ago
   b. 6 months to one year ago
   c. 1-5 years ago
   d. 6-10 years ago
   e. Over 11 years ago

10. What level of clinical experience does your identified supervisee hold?
    a. Master's-level practicum student
    b. Master's-level internship student
    c. Resident/Licensed-Eligible
    d. Other (Please specify):

11. How many years have you been providing supervision?
    a. Less than 5 years
    b. 5 to 10 years
    c. 11 to 15 years
    d. 16 to 20 years
    e. 21-25 years
    f. More than 25 years

12. What Clinical Supervision Theory/Model do you tend to operate out of?
    a. Psychotherapy-Based Models
       i. Psychodynamic

        ii. Feminist
       iii. Family Therapy
       iv. Cognitive-Behavioral
       v. Person-Centered

b. Developmental Models
       i. Integrated Developmental Model
       ii. Expanded Developmental Model (Skovholdt and Ronnestad)
       iii. Supervision based on Attachment Theory

c. Integrated Model
       i. Discrimination Model
       ii. Systems Approach to Supervision (SAS)
       iii. Solution-Oriented

d. Other (Please specify):

e. I don't tend to operate out of a theory/model of supervision

13. In what setting do you currently practice supervision?
a. Site Supervisor for Community Mental Health
b. Site Supervisor for University Counseling Center
c. Site Supervisor for Private Counseling Practice
d. Faculty Supervisor
a. Other (Please specify):

14. If you are a site supervisor, are you considered an "on-site" supervisor?
a. Yes
b. No
c. N/A; I am only a faculty supervisor

15. What clinical licensure do you hold?
a. Licensed Professional Counselor
b. Licensed Marriage and Family Therapist
c. Licensed Clinical Social Worker
d. Licensed Psychologist
e. Resident in Counseling
f. Resident in Social Work
g. Other (Please specify):
h. None

16. Do you currently hold the Approved Clinical Supervisor (ACS) credential from the National Board for Certified Counselors (NBCC)?

17. In what state(s) are you registered as a board-approved supervisor?

18. How many hours of continuing education are required in your state to meet/maintain a status as supervisor?
    a. No requirements for my state
    b. 1-5
    c. 6-10
    d. 11-15
    e. 16-20
    f. I do not know
    g. Different requirement (Please specify)

19. How many hours do you work per week?
    b. More than 60 hours
    c. 40-59 hours
    d. 20-39 hours
    e. 1-19 hours
    f. 0 hours

20. How often do you provide supervision?
    a. Weekly
    b. Monthly
    c. Other (Please Specify):

21. What methods do you use for evaluating the supervisee?
    a. Live Supervision
    b. Reviewing Video Recordings
    c. Reviewing Audio Recordings
    d. Supervisee Self-Report
    e. Other (Please Specify):

APPENDIX B: SUPERVISION EVALUATION AND SUPERVISORY COMPETENCE SCALE (SUPERVISOR VERSION)

At the end of placement/supervision period, use the following Likert scale to evaluate the supervision (individual and group) you provided your supervisee. Use *NA* for items that were definitely not applicable.

1	*2*	*3*	*4*	*5*	*6*	*7*
Not at all Strongly disagree			Moderately Neutral			Very much so Strongly agree

No	Overall Items	Score	Scale
A1	Overall, my supervisee's expectations of supervision were matched or exceeded		OS
A2	Overall, my supervisee would gladly recommend me as supervisor to others		OS
A3	Overall, my supervision significantly enhanced my supervisee's competence as a practitioner and professional		OE
A4	Overall, my supervision significantly contributed to my supervisee achieving better outcomes for their clients.		OE

No	Specific Items	Score	Scale
B1	In day-to-day dealings, my supervisee got along well with me		X1
B2	In supervision, I came across as a skilled and effective therapist		X2
B3	In supervision, I expertly used a range of techniques (e.g., case presentation, DVDs role play) to facilitate the supervisee's competence development		T1
B4	Supervision goals focused on important and achievable clinical competencies		X3
B5	Supervision goals were formulated collaboratively and articulated clearly		X4
B6	In supervision, my supervisee felt comfortable discussing difficulties, dilemmas and aspects that required improvement.		X5
B7	Supervisory feedback about case management significantly improved my supervisee's effectiveness with clients		T2
B8	Supervision has enhanced my supervisee's self-awareness as a person		X6
B9	I came across as approachable, caring and supportive		X1
B10	Supervisory feedback was constructive and informative (e.g., explaining what could be better and how my supervisee could make progress)		T3
B11	In supervision I came across as knowledgeable, capable of explaining theoretical concepts and enunciating their practice applications		X2
B12	Supervision goals and competencies were designed to match my supervisee's developmental needs		X3
B13	Supervision improved my supervisee's awareness and analyses of how socio cultural values affected the processes and outcomes of professional work		T4

B14	Supervision sessions were thoughtfully structured and supervision activities were goal driven		X4
B15	As supervisor I was sensitive to the impact of client work on my supervisee's emotional wellbeing and self-care needs		X5
B16	As supervisor, I enhanced my supervisee's skills to deal with socio-cultural issues in an interpersonally sensitive manner		T5
B17	The supervision experience has given my supervisee a richer and more accurate appraisal of themselves as a therapist and professional		X6
B18	Through supervision my supervisee has significantly enhanced their practitioner-client alliance skills		X1
B19	My supervision improved my supervisee's awareness and analyses of how ethical issues affected client care and professional activities		T6
B20	Supervision provided a safe place for emotional ventilation and support		X5
B21	The supervision experience has enhanced my supervisee's respect and love for the profession and developed my supervisee's identity as a psychologist/professional		X6
B22	Supervision helped my supervisee understand how evidence-based principles were translated into practice guidelines		T7
B23	As supervisor, I helped my supervisee understand their patterns of emotional responding (including, when appropriate, transference reactions) in client work		X6
B24	Supervision helped my supervisee gain a deeper appreciation for the value of using scientific methods and principles to shape professional practice		T8
B25	Supervision has helped my supervisee develop a richer and more incisive analyses of case material and better case conceptualisation competencies		T9
B26	My supervision enhanced my supervisee's competence in making accurate diagnoses		T10

The following items relate to **_summative assessment, group supervision and psychological testing_** supervision. Not all supervision focuses on these activities. Use NA (not applicable) as appropriate. Use the following Likert scale to evaluate the supervision you received from your primary supervisor at the placement you just completed.

1	*2*	*3*	*4*	*5*	*6*	*7*
Not at all Strongly disagree			Moderately Neutral			Very much so Strongly agree

C1	Summative (formal) assessment tasks were planned, sequenced, and conducted well	
C2	Summative (formal) assessment tasks appropriately focused on important competencies	
C3	My supervision helped my supervisee gain a much better understanding of psychological testing principles and their practice applications	

C4	Supervisory feedback has significantly improved my supervisee's psychological testing report-writing skills across a range of situations	
C5	Supervision facilitated engagement of and enhanced the contributions by all group members	
C6	Learning activities within group supervision were planned and coordinated well	
C7	As supervisor, I enhanced group supervision outcomes by being insightful in my analyses of client-practitioner and group processes	
C8	As supervisor, I ensured that group supervision was a safe place for appropriate disclosure and professional growth	

**APPENDIX C: PERMISSION TO USE SUPERVISION EVALUATION AND
SUPERVISORY COMPETENCE SCALE**

Craig Gonsalvez
Sat 9/21/2019 7:59 AM

Bruns, Henry M

Dear Henry,
Yes you have permission to use the SE-SC scale. I'd appreciate your keeping me informed about
your results.

Kind regards,
Craig

Craig Gonsalvez
Fri 10/25/2019 8:26 PM

Bruns, Henry M

Dear Henry,
Yes – you may include the SE-SC in your dissertation. Best with your res.

Kind regards,
Craig

APPENDIX D: IRB APPROVAL

January 6, 2020

Henry M. Bruns
IRB Exemption 4137.010620: Evaluating the Relationship between Supervisor Self-Efficacy and Competence and the Supervisory Relationship: A Mediation Model

Dear Henry M. Bruns,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

> (2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
>
> > (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office
Liberty University | Training Champions for Christ since 1971

APPENDIX E: ELECTRONIC INVITATION

Dear Faculty and/or Site Supervisor:

As a doctoral candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a PhD in Counselor Education and Supervision. The purpose of my research is to identify if a supervisor's self-efficacy influences the supervisory relationship, and if the supervisor's reported competence influences the strength of the supervisory relationship, and I am writing to invite you to participate in my IRB-approved research study.

Your participation in this study is voluntary. Requirements to take part in this study are as follows: (1) be at least 18 years of age, (2) serve as a faculty or site supervisor in a CACREP-accredited program or serve as a supervisor for a student currently enrolled in a CACREP-accredited program or graduated from a CACREP-accredited program, and (3) be currently providing or provided supervision (within the last 3 months) for a single supervisee for at least 3 months.

Participants will be asked to complete an informed consent document, a demographic questionnaire, the Counselor Supervisor Self-Efficacy Scale, the Supervision Evaluation and Supervisory Competence scale, and the Supervisory Relationship Measure. It should take approximately 20-30 minutes to complete the procedures listed. Your participation will be completely anonymous, and no personal, identifying information will be collected.

If you meet the listed eligibility criteria and you are interested in participating, please click on this survey link provided below to first complete a consent document. The consent document contains additional information about my research and consent must be given before continuing with the research study. After reading and giving your consent, you will be given the ability to continue with the study. You are free to withdraw without penalty at any time.

Results from my study will be used to further the conversation related to supervision training and supervisor competencies.

Sincerely,

Henry M. Bruns
Doctoral Candidate

APPENDIX F: CESNET-L DISTRIBUTION APPROVAL

JENCIUS, MARTIN
Mon 1/6/2020 10:33 PM

Bruns, Henry M

Henry,

Thank you for taking the appropriate and ethical procedure to contact me and ask permission to post to the listserv. Please also pass on to your advisor my gratitude.

Take a look at the survey recommendations at www.cesnet-l.net for ideas about doing research using CESNET-L. Make sure that your request contains all of the specified information. After that, feel free to proceed and post.

With best regards,

Dr. Marty Jencius
Associate Professor of Counseling
Kent State University
Counseling & Human Development Services
Rm 310 - White Hall Bldg
Kent, OH 44242
mjencius@kent.edu

APPENDIX G: INFORMED CONSENT

<div align="right">

The Liberty University Institutional
Review Board has approved
this document for use from
1/6/2020 to –
Protocol # 4137.010620

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CONSENT FORM

Evaluating the Relationship between Supervisor Self-Efficacy and Competence and the
Supervisory Relationship: A Mediation Model
Henry M. Bruns
Liberty University
School of Behavioral Sciences

You are invited to be in a research study on identifying the relationship between supervisor self-efficacy and the supervisory relationship and whether a supervisor's perceived competence influences the strength of the supervisory relationship. You were selected as a possible participant because you are (1) at least 18 years of age, (2) serve as a faculty or site supervisor in a CACREP-accredited program, and (3) are currently providing or provided supervision (within the last 3 months) for a single supervisee for at least 3 months. Please read this form and ask any questions you may have before agreeing to be in the study.

Henry M. Bruns, a doctoral candidate in the School of Behavioral Sciences at Liberty University, is conducting this study.

Background Information: The purpose of this study is to identify if there is a significant positive relationship between supervisor self-efficacy and the supervisory relationship after controlling for effects of years of experience and type of formal supervision training, whether there is a significant relationship between supervisor competence and the supervisory relationship, and whether a supervisor's level of competence significantly mediate the relationship between a supervisor's self-efficacy and the supervisor's ability to effectively build a strong supervisory relationship after controlling for the effects of years of supervision experience and type of formal supervision training.

Procedures: If you agree to be in this study, I would ask you to complete the following tasks which should take 20-30 minutes of your time:
1. Complete a demographics questionnaire.
2. Complete the Counselor Supervisor Self-Efficacy Scale.
3. Complete the Supervision Evaluation and Supervisory Competency Scale.
4. Complete the Supervisory Relationship Measure.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Please note that any email communication between yourself and the investigator is neither secure nor private.

Benefits: Participants should not expect to receive a direct benefit by participating in this study.

Benefits to society include the potential to adapt current supervisory practice to further develop supervisees and thereby influence the effectiveness of services for clients.

The Liberty University Institutional Review Board has approved this document for use from 1/6/2020 to – Protocol # 4137.010620

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Data may be used in future research studies. Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please exit the survey and close your internet browser or select "I do not consent, I do not wish to participate." Your responses will not be recorded or included in the study.

Contacts and Questions: The researcher conducting this study is Henry M. Bruns. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at hbruns@liberty.edu. You may also contact the researcher's faculty chair, Dr. John Thomas, at jcthomas2@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study. By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

I consent, begin the study

I do not consent, I do not wish to participate