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Differences in Perceptions of Supervisee Contribution: Supervisors' vs. Supervisees' Evaluations

Abstract

Supervisees' behaviors contribute to or detract from effective supervision. The purpose of this study was to compare supervisors' evaluations of supervisee contribution behaviors with that of supervisees' self-assessments using the Adapted Supervisee Utilization Rating Form (SURF). Statistically significant differences in the ratings indicate that supervisors perceive their supervisees as more proactive and open than supervisees perceive themselves. To create a milieu in which supervisees feel safe enough to share their work with supervisors and encourage supervisees to take initiative in their own learning, the researchers make the following recommendations: (1) following ACES best practices for monitoring and assessing supervisees, (2) using appropriate supervisor self-disclosure, and (3) adopting a solution-focused approach to supervision.

Keywords

supervisee contribution, nondisclosure, solution-focused supervision, supervisory relationship, supervisory working alliance

Author's Notes

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Supervised experience is a requirement in the counseling profession. Most state licensing boards require mental health counselors to have their work supervised for a period of time post-graduation before they may become fully licensed (Borders & Brown, 2005). The supervisory relationship is considered crucial in developing counselor competence (Corey, Haynes, Moutlton, & Muratori, 2010; Falender & Shafranske, 2007), but relative to the supervisor's impact on supervision, the supervisee's role has received less attention in supervision literature (Lizzio, Stokes, & Wilson, 2005; Pearson, 2005). In order for supervisors to fulfill their responsibilities for developing competency in their supervisees and protecting the public, supervisees cannot be passive bystanders in the supervision process. Researchers (Norem, Magnuson, Wilcoxon, & Arbel, 2006; Pearson, 2004) have noted that supervisees can contribute to the effectiveness of their supervision through behaviors that involve being proactive in their learning and open with their supervisors. It is clear that supervisee contribution behaviors impact the quality of clinical supervision, but do supervisors and their supervisees define and assess these behaviors in the same manner? With the current study, researchers endeavored to determine whether supervisors and supervisees evaluate supervisee contribution behaviors similarly.

Review of the Supervision Literature

Counseling trainees are required to complete a supervised experience in their educational program and post-graduation employment (Borders & Brown, 2005). Through supervisory relationships, new counselors receive guidance and support as they put their academic training into practice. By taking risks and trying out new interventions supervisees develop their clinical skills. Supervisors are responsible for helping supervisees develop *metacompetence* (Falender, 2014). Falender and Shafranske (2007) defined metacompetence as "the ability to assess what

one knows and what one doesn't know" (p. 232). Gaining metacompetence allows supervisees to become more aware of their knowledge, their limits, and an overall idea of their proficiency with clinical skills. Supervision sessions typically involve discussion of client cases, in which the supervisee provides both an account and reflection of what has transpired in their sessions, and future interventions are deliberated (Bernard & Goodyear, 2013; Corey et al., 2010; Omand, 2010). The propensity of supervisee self-report as a method for monitoring used in clinical supervision (Amerikaner & Rose, 2012) suggests that many supervisors assume a degree of metacompetence; specifically, they assume that supervisees have the ability to appropriately self-monitor and understand what information is relevant to disclose in supervision sessions.

Supervisory Relationship

The supervisory relationship is evaluative and has three simultaneous purposes: (1) enhancing the professional growth of the supervisee, (2) monitoring the quality of professional services offered to the clients that she or he sees, and (3) serving as a gatekeeper for those trainees who are to enter the particular profession (Bernard & Goodyear, 2013). The bond between a supervisee and supervisor is likened to a teacher with her classroom (Bordin, 1983). As in a teacher-student relationship, there is an inherent power differential due to the evaluation component of supervision (Bernard & Goodyear, 2013; Borders & Brown, 2005; Hess et al., 2008). A strong bond between supervisor and supervisee is important for a positive working alliance in which fear of evaluation does not inhibit supervisee growth.

Supervisory working alliance. The *supervisory working alliance* is the partnership dedicated to counselor development (Bordin, 1983; Gard & Lewis, 2008) and considered to be the "heart and soul of supervision" (Watkins, 2014, p. 20). Bordin (1983) distinguished three key aspects in a supervisory working alliance: agreed-upon goals, tasks undertaken to reach

those goals, and the bond between supervisor and supervisee. The supervisory working alliance has a positive correlation with supervisees' satisfaction with supervision (Humeidan, 2002; Ladany, Ellis, & Friedlander, 1999) and presents an opportunity for supervisors to influence their supervisees through modeling. Supervisees learn to deal with problematic issues in the counselor-client relationship based on what the supervisor has demonstrated in the supervisory relationship (Gard & Lewis, 2008; Shulman, 2005). In their recommendations for creating a strong supervisory working alliance, Gnilka, Chang, and Dew (2012) advised supervisors to adhere to the goals and tasks of the supervisee, encourage supervisees to take control in the supervision process, and constantly monitor the stress level experienced by supervisees and the coping resources that supervisees have available throughout the supervision experience. The creation of a strong supervisory working alliance contributes to a supervisee's willingness to share necessary information in supervision (Ladany, Hill, Corbett, & Nutt, 1996).

Supervisee openness. Beginning counselors often experience anxiety about their performance and how they are perceived by the supervisor evaluating them (Borders & Brown, 2005; Stoltenberg & McNeill, 2010). Supervisees often feel reticent to disclose any clinical weaknesses or issues pertaining to the supervisory relationship (Borders & Brown, 2005; Farber, 2006; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010). Indeed, Mehr et al. (2010) discovered that 84.3% of trainees in their study withheld information in supervision, with 20% reporting worry about how they would be judged both personally and professionally by the supervisor. Other reasons for supervisee nondisclosure include fear of hurting the supervisor's feelings, lack of confidence in the supervisor's competence, feelings of professional insecurity, and fear of being criticized or receiving negative reactions from supervisor (Reichelt et al., 2009). Conversely, supervisors attribute supervisees' withholding information about their

clinical work to insecurity, desire to hide mistakes, and feeling as though they have made a fool of themselves (Skjerve et al., 2009).

A strong supervisory working alliance is related to reduced supervisee stress (Briggs & Munley, 2008; Gnilka et al., 2012), and may contribute to supervisees being more open. Likewise, openness in supervision is one way that supervisees contribute to a strong working alliance and positive supervision outcomes (Spence, Fox, Golding, & Daiches, 2014). According to Farber (2006):

> Learning is best accomplished when we are open and fully disclosing about what we do and don't know, about mistakes we've made, about the ways we have thought about tasks that need to be accomplished, about the feelings we bring to these tasks, and what we believe we need to learn. (p. 181)

Yet, Farber admitted that this statement disregards the shame and vulnerability that supervisees may experience when disclosing what they think and feel. If there is a frequent lack of openness, both the supervisory relationship and clinical work of the supervisee suffer (Farber, 2006). Facilitating such openness is considered one of the most effective behavior skills of supervisors (Ladany, Mori, & Mehr, 2013).

Supervisee Contribution

Supervisee contribution refers to efforts made by supervisees to be proactive and take responsibility for their own learning and professional growth (Norem et al., 2006; Pearson, 2004). In addition to openness (i.e., disclosure of pertinent information) in supervision, examples of supervisee contribution include reviewing session recordings, preparing a list of questions for supervision meetings, and implementing supervisor suggestions with clients (Stark, 2015; Norem et al., 2006; Pearson, 2004; Vespia, Heckman-Stone, & Delworth, 2002). Further,

advanced supervisees are self-aware of their strengths, weaknesses, and emotional reactions to clients (Norem et al., 2006; Stoltenberg & McNeill, 2010), and they are "amenable to exploring their experiences related to clients and supervisors" (Norem et al., 2006, p. 7). Other key factors influencing positive supervisory outcomes include maturity, autonomy, perspicacity, motivation, self-awareness, openness assertiveness (Norem et al., 2006), and honoring oneself through patience and being aware of needs (Gazzola & Theirault, 2007).

The construct of supervisee contribution is further clarified with descriptions of what it is not. For instance, a supervisee's lack of assertiveness and discounting oneself in the supervision process may lead to negative outcomes for the supervisory relationship (Gazzola & Theirault, 2007). Additionally, lower levels of intrapersonal and interpersonal development (e.g., inability to understand the client's perspective, unwillingness to consider feedback, and defensiveness in supervision), restricted knowledge base and understanding of the counseling process, lack of resourcefulness for learning and willingness to grow, and a constant focus on the mechanics of therapy are areas of deficiency that may hinder supervision (Wilcoxon, Norem, & Magnuson, 2005).

Using the Construct of Supervisee Contribution

At the onset of supervision, the supervisee may be unaware of what to expect in the process. Preparing trainees for supervision may prove beneficial in establishing expectations of their contributions to the supervisory relationship (Berger & Buchholz, 1993; Bernard & Goodyear, 2013; Pearson, 2004). "Discussing [supervisee contribution] behaviors, their importance, and how they could be demonstrated might prove particularly helpful in the supervisory dyad" (Vespia et al., 2002, p. 63). Vespia, Heckman-Stone, and Delworth (2002) identified the behaviors of counselor trainees who contribute to their own supervision by asking

both supervisors and supervisees to identify the most important supervisee behaviors on an 11-point scale and the least important supervisee behaviors on the same scale. Using this list of effective behaviors, Vespia et al. developed the 52-item Supervisory Utilization Rating Form (SURF) as a tool to facilitate discussion between supervisors and their supervisees.

Vespia et al. (2002) recommended that additional research "be conducted in which supervisors and supervisees complete the SURF as an actual evaluation (or self-evaluation) of performance rather than rating the items as to importance" (p. 64). Following their suggestion, this study used an adapted form of the instrument and compared the responses of board-approved supervisors in two Southern states with the responses of Licensed Professional Counselor-Interns (i.e., post-master's supervisees who are seeking licensure) in the same two states. The purpose of this study was to compare supervisors' evaluations of supervisee contribution behaviors with the supervisees' self-assessments.

Method

The primary research question for this study was "What is the relationship between supervision role (i.e., supervisor and supervisee) and ratings of supervisee contribution?" To answer this question, a survey research design was employed, using an adapted version of Vespia et al.'s (2002) SURF (Stark, 2015). Based on the findings, as well as Amerikaner and Rose's (2012) finding that supervisee-initiated case presentation is the most frequently-used method of supervision, the researchers became curious about whether or not supervisor participants relied on supervisee self-report in their supervisory assessments. Therefore, the researchers developed a post-hoc research question: What percentage of supervisors rely on supervisee self-report when evaluating supervisees? Survey demographic data were used to answer this question.

Participants

After receiving approval from an Institutional Review Board, the researchers recruited participants from random samples of 1,000 Licensed Professional Counselor (LPC) Interns and 1,000 LPC Supervisors, identified from rosters posted by the counselor licensing boards of two Southern states. All pertinent ACA and ACES ethical codes for research were followed. A total of 275 participants, 118 supervisees and 157 supervisors, completed surveys. Of these participants, 64 (23.4%) participants were male, 210 (76.6%) participants were female, and one participant declined to report identified sex. Ages ranged from 24 to over 65 in both groups. However, the majority of the supervisors (n = 108, 68.8%) were age 45 and over, with a mode range of 55-64, whereas only 14 (11.8%) of the counseling interns were over the age of 45, with a mode range of 24-34. The ethnic breakdown was as follows: Asian/Pacific Islander (n = 1, .4%), Black/African American (n = 28, 10.2%), Hispanic/Latino/Latina (n = 24, 8.8%), Multiple Heritage (n = 11, 4%), Native American (n = 1, .4%), White (n = 207, 75.5%), and Self-identified Other (n = 2, .7%). The intern sample was somewhat more diverse with 34.7% (n = 41) of the participants identifying as non-White as opposed to the supervisor sample where only 17.2% (n = 27) identified as non-White.

Measures

The measures used to collect data included parallel forms of a demographic survey including the Supervisee Demographic Questionnaire and Supervisor Demographic Questionnaire and the Adapted SURF Supervisee Form and Adapted SURF-Supervisor Form. The Adapted SURF is a modification of Vespia et al.'s (2002) SURF, which was reported to have content validity demonstrated "by the use of experts in the field in item development" (p. 63), but no reported reliability. The instrument contains 51 Likert-response items of supervisee

contribution behaviors. Supervisors were given a prompt to "Please select one current or recent supervisee who is representative of your typical experience in supervision (neither the best nor the worst). On the following items, please indicate how consistently this Intern exhibits the following behaviors." Conversely, supervisees were asked "Please indicate how consistently you display each behavior in the context of your LPC supervision." The Adapted Surf contains five subscales of behaviors, including Professional, Proactive, Self-Awareness/Growth-Seeking, Clinical Competence, and Relational Skills in the Supervisory Relationship, based on an exploratory factor analysis and demonstrated reliability alpha values ranging from .80 to .92 (Stark, 2015).

Data Collection and Analysis

As a result of a review of the literature concerning research response rates (Dillman, Smyth, & Christian, 2009; Kaplowitz, Hadlock, & Levine, 2004), the researchers used different data collection methods for each participant group in effort to obtain the highest response rate possible. Supervisors received hard copies of the Adapted SURF-Supervisor Form, an informed consent, demographic survey, and a postage-paid return envelope, via postal service. As an incentive for their participation, LPC Supervisors were offered an electronic copy of the instrument for personal use once the study has concluded. Researchers coded and entered returned surveys into SPSS manually. Alternatively, supervisees received postcards soliciting their participation and providing both a weblink and QR code for an online survey. They were offered the incentive of a gift card to an online store. Data from supervisee participants were gathered using an online version of the demographic survey and the Adapted SURF-Supervisee Form, which was created in the Qualtrics™ online software program, and downloaded into

SPSS. Two to three weeks after the initial contact, the researchers sent both groups reminder postcards in efforts to increase the response rate.

Research question 1: What is the relationship between supervision role and ratings of supervisee contribution? Data analysis was conducted utilizing SPSS 19.0. First, the researchers calculated and reviewed descriptive statistics to check for normality and determine appropriate analyses. Second, the researchers split the dataset into two groupings of supervisors and supervisees, and the mean ratings for each group were examined for all 51 items. A mean difference of .30 or greater was set *a posteriori* to reduce the number of items for evaluation. Because the dependent variable (i.e., Likert-rating responses) constituted ordinal data, the two categorical groups were independent, and the distribution violated rules of normality, the researchers used nonparametric, independent samples *t*-tests to determine whether the differences between the two groups were statistically significant (Morgan & Leech, 2006).

Research question 2: What percentage of supervisors relies on supervisee self-report when evaluating supervisees? The demographic survey included the question: *What methods does your supervisor use to assess your skills* [for supervisors*, what methods do you use to assess specified intern*]*? Check all that apply.* Options were provided that included co-counseling, live supervision, reported behaviors by intern, review of progress notes, review of audio-recorded sessions, review of video-recorded sessions, and an open-ended "other." The researchers used descriptive statistics to tally the responses of both sample groups to ascertain whether supervisors were using multiple methods of evaluation or relying on supervisee self-report.

Results

Research Question 1

A cursory comparison of the means between the two groups yielded 10 items with a difference of .30 or greater. The researchers conducted nonparametric Mann-Whitney *U* tests to determine the statistical significance of the differences. Table 1 presents all 10 items, with means and standard deviations for each group, *U* statistics, and *p* values of significance. Nine of the items had a rate of error below the Bonferoni-adjusted alpha of .005. The only item that did not reach this adjusted level of significance was *collaborate in setting agenda for supervision sessions.* The supervisors rated the frequency of the behavior as occurring more frequently than the supervisees for each of the items.

Effect sizes varied according to Cohen's (1988) criteria. *Attempt new behaviors or interventions in counseling sessions* and *create and share treatment plans with supervisor* had the largest effect sizes, both at .80. Items with moderate effect sizes included *strive to achieve specific supervision goals* at .66, *collaborate with supervisor in directing the flow of supervision sessions* at .52, and *implement supervisor's directives related to client welfare* at .58. The remaining items had low effect sizes ranging from .39 to .44.

TABLE 1. Differences Between Groups

Item	Interns		Supervisors		Mann-Whitney	
	Mean	S.D.	Mean	S.D.	*U*	Significance
Strive to achieve specific supervision goals.	3.21	.895	3.68	.532	6561.5	.000
Attempt new behaviors or interventions in counseling sessions.	2.96	.074	3.25	.647	7502.0	.003
Collaborate with my supervisor in directing the flow of supervision sessions.	2.93	.967	3.39	.792	6712.5	.000
Implement supervisor's directives related to client welfare.	3.44	.711	3.78	.462	6950.5	.000
Create and share treatment plans with my supervisor.	2.84	1.054	3.42	.394	6286.0	.000
Make work available for observation and feedback.	3.03	.862	3.39	.784	6920.0	.000
Collaborate in setting agenda for supervision sessions.	2.85	1.043	3.18	.873	7690.5	.011
Tolerate ambiguity by struggling for answers.	2.79	.941	3.13	.705	7433.5	.003
Set appropriate goals for supervision (as considered by both supervisor and intern).	3.25	.915	3.61	.586	7452.0	.002
Discuss issues related to the supervisory relationship when brought up by supervisor.	3.02	1.013	3.38	.812	7496.5	.003

Research Question 2

Based on our sample of participants, 12% (n = 33) reported only the use of supervisee self-report as a means of supervisee evaluation. Fewer supervisors (n = 11, 7%) reported the use of supervisee self-report alone than did supervisees (n = 22, 18.6%). Although supervisee self-report was the most common, with 86.4% (n = 236) of participants reporting its use, the vast

majority of participants reported multiple means of assessment, with review of progress notes (*n* = 190, 69.6%) and live supervision (*n* = 108, 39.7%) being the second and third most common methods, respectively. Live supervision (*n* = 27, 73%) and review of progress notes (*n* = 21, 56.8%) were the most common methods of evaluation for those participants who reported no use of supervisee self-report. Fewer participants reported the use of co-counseling (*n* = 72, 26.4%) and review of audio-recorded sessions (*n* = 48, 17.6%) or video-recorded sessions (*n* = 9, 7.8%).

Discussion

For nine supervisee contribution behaviors, supervisor ratings were statistically significantly higher than the supervisee self-ratings. One explanation for supervisors' higher ratings is that they view their supervisees' investments as a reflection of their own success as a supervisor. Walfish, McAlister, O'Donnell, and Lambert (2012) noted that mental health providers tend to perceive themselves at a higher level of practice in comparison to others in their field. This assertion did not hold true for the supervisees in the study, but it is possible this perception of superiority extends to the realm of supervision. Supervisors may see their supervisees as extension of themselves, leading them to inflate the ratings of their supervisees.

Of course, supervisees do not always do what their supervisors think they do, which may be another explanation for the statistically significant differences in responses between the two groups. This explanation of the differences supports the assertions in the literature that supervisees may not always disclose relevant information in supervision. The differences in responses with the largest effect sizes demonstrated a lack of openness on the part of supervisees; they were more reluctant to attempt new counseling interventions, make their work available, and share treatment plans. Recognizing that there could be other confounding variables influencing the data, the researchers postulate this hesitancy could be out of fear that

any therapeutic shortcomings observed will result in a negative evaluation. Supervisees may believe they cannot fail at a new counseling intervention if they do not attempt it, and mistakes in their work cannot be found if they do not make their work available to their supervisors.

Borders and Brown (2005) pointed out, "Supervisees are asked to be vulnerable and self-disclose their professional inadequacies and their personal biases to the same person who will grade them, write letters of recommendation, or complete reference forms for licensure" (p. 67). In addition to the power differential inherent in supervisory relationships (Bernard & Goodyear, 2013; Hess et al., 2008), supervisees tend to be personally invested in their work. Due to counseling being personal, perceived therapeutic failures may impact a supervisee's self-concept as both a helper and a person (Borders & Brown, 2005). Hess et al. (2008) explored nondisclosures within the supervisory relationship and found that pre-doctoral interns gave concerns about evaluation and negative feelings as reasons for nondisclosure, regardless of whether their supervisory relationship was good or problematic. They were anxious about disclosing clinical mistakes for fear their supervisor would judge them. Indeed, the difference in the reports of supervisors and supervisees regarding the three behaviors mentioned (i.e., attempt new counseling interventions, make their work available, and share treatment plans) suggests that post-graduate, pre-licensed counselors might also struggle with the dilemma of whether or not to disclose relevant information for fear of negative repercussions.

Most of the behaviors with statistically significant differences (see Table 1) fell into two of the primary areas of supervisee contribution: openness with supervisor (e.g., creating and sharing treatment plans, making work available for observation and feedback, discussing issues related to the supervisory relationship) and proactiveness (e.g., setting appropriate supervision goals and striving to achieve them, attempting new behaviors in counseling, collaborating with

supervisor to direct flow of supervision). However, perhaps the most alarming of the significantly different ratings is the implementation of supervisor's directives related to client welfare because it has the most potential to harm clients. The Texas Board who governs a large percentage of the participants in this study sanctions supervisors for the actions of their supervisees (Texas State Board of Examiners of Professional Counselors, 2014), because supervisors are considered to be liable for every client of each of their supervisees. Therefore, it is incumbent upon supervisors to actively monitor the counseling of their supervisees to ensure their directives are being implemented.

When left to self-report what has transpired in their counseling sessions, supervisees have control over what to disclose or not disclose in the supervision session (Ladany et al., 1996). Ladany et al. (1996) investigated the reasons a supervisee may not disclose certain information in the supervision process, and they learned that, most often, supervisees were passive by keeping information from their supervisors. In 83% of the cases they researched, the topic of nondisclosure simply was not brought up by the supervisee and had never been directly asked by the supervisor (Ladany et al., 1996).

It is clear that some of the supervisor participants also rely on their supervisees to be forthcoming about whether or not directives were implemented. Of the participants in this study, 12% indicated that supervisee self-report was the only method used for evaluation. A higher percentage of supervisees reported this circumstance than supervisors. Although it is possible that the supervisee participants were unaware of all the methods their supervisors were using to evaluate them, supervisees would know if they were being asked for case notes and audio or video recordings or if their supervisors were providing live supervision or co-therapy with clients. The disparity more likely results from the frequency of these methods. Supervisors

would be aware if another method (aside from supervisee self-report) was used even once, whereas supervisees may be more likely to consider assessments that occurred frequently or recently. In sum, although the results support previous research findings that self-report is a common method of assessment used in supervision, a majority of the supervisors appear to follow the best practice of using multiple methods. Nevertheless, it would appear that supervisees are still able to give their supervisors a false impression of what they are doing.

Implications for Supervision

Based on the outcomes of this study, the researchers suggest that supervisors can impact supervisee contribution by: (1) creating a safe milieu in which supervisees feel comfortable making their work available for feedback and expressing feelings about the supervisory relationship, and (2) following best practice recommendations for monitoring and evaluation in supervision. Supervisors can help supervisees feel comfortable sharing their work and treatment plans through self-disclosure. Supervisor self-disclosure can be useful for normalizing supervisees' struggles, both in the development of clinical skills and in accepting supervisory recommendations (Santa Rita, 1996). Allowing supervisees access to the supervisor's own difficulties (past or present) with similar issues is a way of providing support. Ladany and Walker (2003) suggested that supervisor self-disclosure communicates a level of trust which could enhance the supervisee's trust with the supervisor. With increased trust, supervisees may be willing to be more open with their supervisors.

In addition to appropriate supervisor self-disclosure, the researchers recommend solution-focused supervision (SFS; Juhnke, 1996; Thomas, 2012), an approach that builds on supervisee strengths and promotes supervisee-initiated goal-setting to create a strong supervisory work alliance and encourage supervisee openness. Solution-focused supervision involves highlighting

times of therapeutic success and acknowledging the supervisee's competency both inside and outside of their professional experience. By focusing on what supervisees are doing well rather than on their deficiencies, supervisees develop clinical self-efficacy (Koob, 2002). Self-efficacy allows supervisees to risk attempting new behaviors or interventions in counseling sessions.

To encourage openness in the relationship, solution-focused supervisors attempt to minimize the power differential inherent in supervision through collaboration, and by using tentative language when offering their own perceptions. Supervisors using a solution-focused approach also make a habit of asking their supervisees for feedback (e.g., *how was this meeting useful for you?*), in part, to model the practice for their supervisees to use with clients. The practice of asking for feedback follows Gnilka et al.'s (2012) recommendation for supervisors to monitor the supervisory working alliance. Seeking feedback on a regular basis can make discussions of the supervisory relationship more commonplace and thus more comfortable for the supervisee.

To increase supervisee proactiveness, the researchers recommend goal setting, which is an integral (and collaborative) part of SFS. Bordin (1983) had delineated goals as a key aspect of the supervisory working alliance. To encourage supervisees to be proactive in their learning, solution-focused supervisors ask specific goal-formulation questions of their supervisees. Juhnke (1996) offered the following example:

> If we were to make a videotape of the counseling you do today and fast-forward 16 weeks into the future and videotape a counseling session you will be doing, how will these videotapes be different? What will you be doing in the second videotape that you weren't doing in the first? (''Techniques for Identifying Goals,'' para. 2)

By collaboratively setting goals and keeping those goals as the focus of supervision, supervisees have an opportunity to work toward what is important to them, and supervisors set up an expectation that supervisees will be proactive in their learning. Collaborative goal setting aligns with suggestions made by Gnilka et al. (2012). The structure of SFS puts in place a clear expectation that supervisees will *strive to achieve specific supervision goals* and c*ollaborate with supervisor in directing the flow of supervision sessions*, each of which had differences of moderate effect sizes in the present study. Thomas (2012) suggested that supervisors separate performance evaluation from the goal-setting process as much as possible. Thomas explained that when the two are linked, supervisees "often avoid the possibility of failure by taking fewer risks, as small success and reward can be more enticing than risking more and failing" (p. 89). Similarly, supervisees may simply refrain from disclosing information about their counseling practices.

In addition to strengthening the supervisory working alliance and creating an atmosphere of trust, supervisors should follow the best practices outlined by the Association for Counselor Education and Supervision (ACES; 2011) for monitoring and assessing their supervisees. Specifically, they should take time to inquire about any directives given rather than assuming that they have been carried out. Ladany et al.'s (1996) finding that most supervisee nondisclosures were topics that the supervisor did not directly ask about indicates the need for supervisors to follow-up with their supervisees regarding the implementation and outcomes of given directives. It is imperative that supervisors actively monitor the counseling of their supervisees to minimize their liability for supervisee infractions, as well as to protect the welfare of their supervisees' clients.

In agreement with best practices identified by the Association for Counselor Education and Supervision's (ACES, 2011), the researchers suggest supervisors document supervision session notes and use multiple methods of assessing supervisees, including the use of videos or live supervision. The researchers add that supervisors should review supervision notes immediately preceding the next meeting. The review can prompt supervisors to ask about the outcomes of their previous conversation. The old management adage, *You can't expect what you don't inspect* (Stone, 1990) is also true in clinical supervision. Farber (2006) noted that supervisee nondisclosure has a negative impact on supervision outcomes, and Falender (2014) argued that if the only form of supervision is through self-report, the supervision will be limited due to the supervisee's lack of metacompetence.

Limitations and Recommendations for Future Research

As is typical in social science research, a sampling bias exists because the researchers obtained data only from those supervisors and supervisees who agreed to participate in the study. The participants may place a higher priority on supervision than those who did not participate. The sample population was limited to two Southern states; caution should be taken in generalizing to a wider population. Additionally, the sample population contained an overrepresentation of female participants; however, this majority of females may be representative of counselors in the United States (Evans, 2010). Readers should note that the researchers based the comparisons between supervisors and supervisees on self-report data (i.e., their perceptions) rather than on any objective measure of supervisee contribution. The study used independent samples of supervisors and supervisees. Although both groups of participants were selected from the same two states, the supervisee participants may have had different

supervisors than those supervisors who participated in the study. Future studies should involve matched pairs to determine whether there are differences in a given supervisory dyad.

The researchers discovered differences between supervisors and supervisees in their perceptions of the construct of supervisee contribution, but the reason for these differences is beyond the scope of this study. In addition to concerns about evaluation (Hess et al., 2008), a poor supervisory alliance, negative reactions to the supervisor, and perceived unimportance of the information kept hidden are all common reasons that supervisees do not disclose information to their supervisors (Ladany et al., 1996). Mixed-method research involving qualitative interviews may help address why supervisees are not following supervisor directives or engaging in other behaviors to contribute to their own supervision. Future researchers should examine this construct from a developmental perspective to determine how supervisee self-ratings change as they gain experience and/or remain in supervision.

Conclusion

Supervision in counseling is essential for the proper training of upcoming mental health professionals. Supervisees can contribute to the effectiveness of their supervision by being proactive in their learning and by being transparent with their supervisors, but statistically significant differences between supervisors and supervisees in ratings of supervisee contribution behaviors suggest that supervisees do not perceive themselves to be as proactive and open as indicated by supervisors' ratings. Supervisors should follow ACES (2011) best practices for supervision to increase supervisee contribution as well as to effectively monitor supervisees.

Supervisors can increase the likeliness of these contributions through a strong supervisory working alliance. Supervisees share more openly when there is a strong supervisory working alliance (Ladany et al., 1996), and Gnilka et al. (2012) recommended adherence to

supervisee-initiated goals, encouragement of supervisees to taking control in the supervision process, and monitoring of the supervisory relationship as ways to strengthen that alliance. The researchers propose that SFS is an approach that meets those objectives. The collaborative structure of SFS, with appropriate use of supervisor disclosure, may create a safe atmosphere in which supervisees can make the most of their supervision and develop into clinically competent counselors—the kind of mental health counselors in whom clients can place their trust.

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