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An Investigation Of Professional Supervisor And Supervisee Development

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AN INVESTIGATION OF
PROFESSIONAL SUPERVISOR
AND
SUPervisee DEVELOPMENT

BY

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requirements of the Degree of Doctor of Philosophy
Seton Hall University

1999
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Chapter I

INTRODUCTION

Introduction

Although supervision can be seen simply as the process of teaching a supervisee how to conduct therapy, the ways in which technical skills are taught to the supervisee by the supervisor are not well understood. Effective supervision prepares supervisees and supervisors to take leadership roles within their respective fields of study, helps the profession, and upgrades the field. One reason that the process of supervision is not well understood is because supervision as a field of study is relatively new. Over the past twenty years, much interest has been paid to conceptualizing the supervision process in developmental terms. Indeed, developmentally oriented approaches to supervision process has been of interest across several professions, and especially in the counseling-psychology literature (Watkins, 1995a; Watkins, 1995b; Stoltenberg, McNeill, & Crethar, 1994; Liddle, 1988; Stoltenberg & Delworth, 1987; Hess, 1986; Grater, 1985; Yogeve & Pion, 1984; Friedlander, Dye, Costello, & Kobos, 1984; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Litrell, Lee-Borden, & Lorenz, 1979; Tucker, Hart, & Liddle, 1976; Hogan, 1964).
In recent years, the sequencing of training skills in supervisees has been found to be a significant variable in the acquisition of family-therapy skills (Anderson, 1992; Perlesz, Stolk, & Firestone, 1990; Pulleyblank & Shapiro, 1986; Byles, Bishop, & Horn, 1983; Churven & McKinnon, 1982). Specifically, research has supported the notion that conceptual skills are developed prior to executive skills. Furthermore, it has been found that interpersonal skill development may be a significant variable in terms of outcome satisfaction with families (Anderson, 1992; Stolk & Perlesz, 1990; Perlesz, Stolk, & Firestone, 1990). Marriage and family researchers have only recently focused on developmental perspectives when considering the supervision process (Rigazio-DiGilio & Anderson, 1994; Olsen & Stern, 1990; Carter & McGoldrick, 1989; Breunlin, 1988; Combrinck-Graham, 1985). Historically, most of the family-therapy supervision literature focused on training from various theoretical perspectives. The process of doing supervision was advanced from specific family-therapy models. Some of these models included the multigenerational model (Roberto, 1997; Papero, 1988; McGoldrick, 1982), the symbolic-experiential model of Whitaker (Roberto, 1997; Connell, 1984), the strategic models of Haley and Madanes (Todd, 1997; Fisch, 1988; Mazza, 1988), the behavioral model (Jacobson & Strosahl, 1986; Linehan, 1980), the Milan model (Todd, 1997; Pirrota & Cecchin, 1988), the integrated psychodynamic systems
model (Reiner, 1997; Nichols, 1988), and the structural model (Todd, 1997; Minuchin, Lee, & Simon, 1996; Colapinto, 1988).

Despite recent progress in understanding supervision processes, several questions have yet to be answered regarding both supervisees and supervisors. How exactly do supervisees acquire technical skills, conceptual skills, and interpersonal skills? How does a supervisee adopt a therapeutic style? How does a supervisee acquire autonomous functioning and leadership? Is there a relationship between years of experience, years and/or hours of training, and gender on developmental level for supervisees and supervisors? How does a supervisor learn to be a supervisor? How do supervisors acquire technical skills, competencies, and professional identities? How generalizable is a developmental supervision process across disciplines? One way to think about these questions is to assume that these skills will be developed over time, i.e., over the course of supervision. Indeed, researchers have conceptualized differences in supervisee skill acquisition by describing the process in developmental terms, viz., stages (Rodenhauser, 1994; Chazan, 1990; Watkins, 1990; Stoltenberg & Delworth, 1987; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Litrell, Lee-Borden, & Lorenz, 1979; Hogan, 1964). Most researchers interested in the process of supervision from the perspective of a developmental model agree that learning occurs in stages. Learning not only occurs in stages for a supervisee, but
also for a supervisor. However, in both the psychology and family-therapy supervision literature, most of the attention has been given to understanding supervisee development. Very little attention has been given to understanding supervisor development and/or understanding the developmental learning process of psychology and marriage-and-family-therapy supervisors (Watkins, 1995b; Rodenhausen, 1994; Watkins, 1994a; Watkins, 1994b; Watkins, 1993; Watkins, 1990; Liddle, 1988; Liddle, Breunlin, & Schwartz, 1988; Stoltenberg & Delworth, 1987; Hess, 1987; Hess, 1986).

Worthington (1987) reviewed the supervision literature, and identified sixteen models of supervisee development which pointed to stages of growth that a supervisee goes through to become a counselor. Worthington (1987) also identified eight studies that focused on supervisor development. All eight studies were conducted in counseling-psychology programs. He concluded that: (a) "theories are still imprecise and general" (p.206) and (b) "the empirical investigation of how supervisors change with experience is at the rudimentary level" (p.206). Developmental models focusing on supervisors have indeed been scant. However, in a more recent review of the supervisee and supervisor literature, Watkins (1995b) identified four models describing the developmental process which supervisors go through in becoming supervisors (e.g., Rodenhausen, 1994; Watkins, 1993; Stoltenberg & Delworth, 1987; Hess, 1986).
The model that Watkins put forth, i.e., the Supervisor Complexity Model or SCM, has been examined the most. In addition, the SCM-level descriptions are spelled out clearly, and they incorporate features of the other models (e.g., Stoltenberg & Delworth, 1987; Hess, 1986) mentioned above. Stevens (1994) found some support for the SCM. A limitation in this study was the fact that the researcher used a video-tape (of a male supervisee) for supervisors to evaluate. The analog nature of this study could provide only a limited amount of information, which was not generalizable. In actual supervision, supervisors have opportunities to interact with their supervisees over a given period of time. Data obtained from actual supervisory relationships would have enhanced external validity.

Another study by Watkins, Schneider, Haynes, and Nieberding (1995c) resulted in a general measure of supervisor development called the Psychotherapy Supervisor Development Scale (PSDS). Hillman (1997) examined test-retest reliability, internal consistency, and concurrent validity of the PSDS. She found the PSDS to be a highly stable instrument supporting "the PSDS as a very general, but valid assessment of supervisor development" (p.4). Apart from those three studies, no empirical supervisor-development research exists. However, all of the above studies utilized either counseling-or clinical-psychology supervisors as participants. This present study examined certain aspects of the development of supervisors as described by Watkins (1995d). Specifically, it explored whether
the four stages of the SCM model (as measured by the four factors of the PSDS—competence, identity and commitment, self-awareness and sincerity in the supervisor role), role shock, role recovery/transition, role consolidation, and role mastery generally apply to AAMFT-Approved marriage and family therapy supervisors in actual supervisory relationships on a global level, i.e., what specific behaviors account for higher scores on the PSDS (e.g., years of experience, hours of training, et cetera?).

Background

Stoltenberg and Delworth’s (1987) developmental theory of supervision process implies several goals for supervision as well as the notion that supervisees will perceive their goals as consistent with their previous training experiences. In addition, supervisors will adjust their levels of supervision and/or style of supervision accordingly. In other words, supervisors will change their styles of supervision based on the levels of training of their supervisees from beginning to advanced students. Conceptualization of a supervisee’s skill level has traditionally been defined by his and/or her position in educational training, i.e., supervisees in first practicum are seen as beginners, second-practicum supervisees are considered to be at an intermediate level, and supervisees in an advanced practicum and/or in internship are regarded as advanced supervisees (Mead, 1990). It has been hypothesized that novice supervisees need support and specific
technical assistance from their supervisors. Intermediate supervisees tend to have difficulty exploring different theoretical models and consequently continue to use what is familiar and comfortable. Advanced supervisees tend to struggle with clarifying and formulating their own models and styles of therapy. Supervisors at each level will respond to the above needs of their supervisees in developmentally appropriate ways (Mead, 1990; Stoltenberg & Delworth, 1987).

For example, for beginning supervisees, supervisors will respond to their needed support and technical assistance with interpersonal responses and teaching behaviors. Supervisors will help intermediate supervisees by encouraging them to try out new techniques and theoretical models. The more advanced supervisees will be pushed by their supervisors into formulating their own personal models (based upon epistemological ideologies), identities, and increased consolidation of the supervisee’s executive and cognitive skills (Rodenhauser, 1994; Chazin, 1990; Watkins, 1990; Hess, 1987; Stoltenberg & Delworth, 1988; Krause & Allen, 1988; Borders & Liddick, 1987; Stoltenberg & Delworth, 1987; Freidman & Kaslow, 1986; Brabeck & Welfel, 1985; McNeill, Stoltenberg, & Pierce, 1985; Reising & Daniels, 1983; Holloway & Wolleat, 1981; Worthington & Roehlke, 1979). Similarly, Stoltenberg and Delworth (1987) proposed a four-stage developmental model for supervisors: Level-1, Level-2, Level-3, and Level-3 Integrated.
At Level-1 a supervisor is self-focused, and in need of support. Level-2 brings confusion and conflict. Level-3 brings increasing autonomy and a stable identity as a supervisor. Level-3 Integrated is deemed the master supervisor. At this level, a supervisor is able to work with any level of supervisee, and is considered to be at the highest skill level with his and/or her supervisory peers.

Thus, there is a good deal of literature which supports the notion that supervisors will vary their supervision styles according to the developmental levels of supervisee skills, but only scant literature which is supportive of a supervisor developmental process. Eighteen years ago Stoltenberg (1981) proposed his supervisee complexity model. His Counselor Complexity Model was an integration of Hogans’s (1964) thinking on the supervisory process, and Hunt’s (1971) conceptual systems theory. Watkin’s (1993) SCM also integrated Hogan’s (1964) and Stoltenberg’s (1981) models. The basic concepts behind Watkin’s (1993) model included, and are referred to by, its “developmental nature, its hierarchical progression of stages, and the evolving complexity of tasks, crises, and possibilities with which the supervisor must deal over time” (p. 60). Although Watkins considered the idea of many developmental issues across his proposed stages, he advanced only four as key to developmental thought. Those four issues are constructed as polarities and include competency versus incompetency, autonomy versus dependency, identity versus identity-diffusion,
and self-awareness versus unawareness. His main assumption was that these four issues become increasingly more conceptually complex (e.g., from less to more complex) as a supervisor advances through her or his proposed developmental stages (Watkins, 1993; 1990). Exactly how the above four issues become integrated and increasingly complex or exactly which variables attribute to developmental complexity are more difficult to discern.

Utilizing Watkins et al’s. (1995c) Psychotherapy Supervisor Development Scale, this assumption was tested with AAMFT-Approved marriage-and-family-therapy supervisors. Very little attention has been given to bi-directional process and/or the mutual shaping of supervisor and supervisee development. Rigazio-DiGilio and Anderson’s (1994) cognitive-developmental model of supervision purports to be a co-constructive model of supervision. Yet, their model does not attend to the development of supervisors. Only supervisees’ development is discussed along with how supervisors foster their development. Liddle, Breunlin, and Schwartz (1988) focused on a model in which there was concurrent training of both the supervisor and the supervisee, but they stopped short of studying the potential bi-directional influence of skill acquisition and/or stage development. Liddle (1988) suggested that training should be isomorphic, with behavior and attitude to be learned by supervisees. That is to say, supervisors are not just passive observers of pattern replication between the supervisees and their
families, but also active "intervenors and intentional shapers of the misdirected sequences they perceive, participate in, and co-create" (p. 155). By the same token, Hess (1987) emphasized a supervisee-supervisor relationship with overlays of theories of psychotherapy. He stressed the importance of supervision theory as something more than a focus on either supervisor or supervisee. Indeed, he implied that the relationship between supervisor and supervisee is greater than the sum of its parts, a notion with which any family-systems thinker would be comfortable. He did not state, however, how or if each contributed to the other's development. This bi-directional influence of supervision has been overlooked by researchers (Bernard & Goodyear, 1992; Heppner & Claiborn, 1989).

Even more recently, postmodern or narrative models of psychotherapy have focused on how a therapist and client together "co-construct" varying "realities". These collaborative efforts provide opportunities for change and/or growth via multiple levels of meaning, multiple selves, and multiple contexts (Gardner, Bobele, & Biever, 1997; Dickerson & Zimmerman, 1996). Transformation or growth is born out of certain discourses that are formed and influenced by both therapist and client. From this social-constructionist therapeutic viewpoint, narrative therapists describe the process of supervision as one in which hierarchy is collapsed. That is to say, although supervisors impart knowledge, the supervisees' knowledge is equally useful. This emphasis is not foreign to a
certain aspect of social-influence research with the implication of a bi-directional influence. Indeed, according to Bernard and Goodyear (1992), “Just as the supervisor influences the trainee, the trainee also influences the supervisor” (p.241). The bi-directional influence has the potential to create what can be considered a “meta-knowledge-influence” which drives growth and leads to transformation to a higher level of cognitive complexity. Social-constructionists advocate for a nonhierarchical, nonimposing, nonobjectifying, and nonpathologizing process that promotes respect for the views of clients and/or supervisees (Anderson, 1997; Neal, 1996; Anderson, 1991). For example, Anderson (1997) stated, “From a postmodern perspective there are many ways to know. People learn in different ways and this variety is reflected in postmodern approaches to teaching and supervising....All differences are valued, considered equally important, and viewed as the seeds of newness” (p. 245).

In short, supervisors and their supervisees may learn in stages, but the process may be “co-constructive” and/or “bi-directional” as well as linear. Skills, ideas, and attitudes are all developed over time and within a social and/or relationship-based context. Changes in individual supervisors are most likely linked with changes in the linguistic routines with their supervisees. Changes in linguistic routine are influenced by the level of dominant discourse which is instrumental for “reality” construction (Gergen, 1991; Loos & Epstein, 1989). A
discourse can be looked at as “dominant” if it is widely accepted as a
construction, and “scientific” if there is consensus about a model within which
specific problems are defined and elaborated (Willutzki, & Wiesner, 1996; Kuhn,
1970).

In beginning to understand a bi-directional influence of the developmental
model of supervisory process and a consensus about a developmental model, it
would be helpful to first explore whether years of experience, years and/or hours
of training, and gender of marriage-and-family-therapy supervisors (and their
supervisees) effectively discriminates between lower-stage and higher-stage
recommendations for developmental models appear relevant. She acknowledged
the need for more trainee descriptions and “more precise depictions of the
supervision environments...that ‘match’ each stage or foster movement toward
higher stages” (p.17). One environment that may correlate with movement
towards higher stages is training. Specifically, formal-training such as AAMFT-
Approved supervisors is a more precise variable that needs investigation. Indeed,
Stoltenberg (1981) and Blocher (1983) stand on opposite sides of the fence in
terms of supervisory environment. Stoltenberg (1981) suggested that supervisory
environments should be purposely matched with a supervisee’s level of cognitive
development and/or conceptual level. Blocher (1983), on the other hand,
recommended an intentional mismatch in order to push supervisees to higher conceptual levels.

Significance of the Study

Stoltenberg and Delworth (1987) presented a theory of development in an attempt to address developmental levels across both supervisee and supervisor skill acquisition. So too, did Watkins (1990; 1993; 1994a; 1994b; 1995a). These researchers raised one of many interesting questions: How does supervisee developmental level interact with supervisor developmental level—and what does that mean for practice in clinical settings? In other words, there exists the possibility for either a mismatch according to developmental levels and/or a bi-directional influence. To my knowledge, no research exists which examines the possibility of the supervision process as a co-construction in the matching of levels, or of a bi-directional influence on levels. There has been much research that verifies a developmental supervision process for supervisees. There is very little research which examines the developmental process for supervisors. Although the importance of an association between supervisee and supervisor development has been supported, no research exists which systematically examines the interactive effects of developmental levels between the supervisee and supervisor as defined by training, experience, and gender. Nor has any research included marriage-and-family therapy supervisees and/or supervisors.
Consequently, attention needs to be focused on moderating variables that may influence supervisee and/or supervisor development such as: (1) the relationship and/or co-construction between supervisor and supervisee development (e.g., years of experience and training which may discriminate between lower and higher-stage supervisors), (2) gender differences in terms of growth between lower and higher-stage supervisors, (3) growth of the supervisor through stages as proposed by Watkins’ SCM; and, (4) a different population to study, i.e., AAMFT-Approved marriage and family therapy supervisors. This study represented an effort to focus on the above moderating variables by exploring the relationships among gender, experience, and training in marriage-and-family therapy approved supervisors and developmental levels as measured by the PSDS.

Statement of the Problem

If research is to advance in the supervision field, then supervision research must include more cross-disciplinary, cross-setting research, and cross-training research. Most of the supervision to date has been limited to restricted settings (e.g., universities) and samples. Most studies used counseling-or clinical-psychology supervisees. No previous research exists which examines any developmentally-based studies focusing on school psychologists, social workers, psychiatric nurses, physicians, or marriage-and-family therapists (Watkins, 1994a). Indeed, the process of learning how to be a psychologist, social worker, or
marriage and family therapist may differ among the various mental health
disciplines or training sites.

In an effort to advance our knowledge in this area, marriage-and-family
therapists and/or supervisors must be included as participants. Consequently, the
American Association for Marriage and Family Therapy (AAMFT) Approved
Supervisors and their “real” supervisees need to be surveyed. According to
Watkins (1994a) “until we make a more concerted cross-disciplinary effort across
mental health specialties and settings...Our knowledge...will remain incomplete,
and the ultimate validity of developmental models will remain in question”
(p.275). In addition, a replication of Hillman’s (1997) test-retest of the PSDS
with more respondents, and from a different population (e.g., AAMFT Approved
supervisors) is in order.

Furthermore, this study tested the assumption that there is an association
between what is emphasized in supervision and the developmental level of a
supervisor (Stevens, 1994). This premise is based on the fact that the PSDS
measures developmental levels of supervisors, and the SERF-R was purported to
measure developmental levels of a supervisor, but from different perspectives. If
they measure similar information, then only one measure is needed for future
research with AAMFT supervisors and their supervisees. However, if there are
significant differences between these two measures, then both measures would be
necessary. This study hypothesized that Watkins SCM will apply to AAMFT-A
Approved marriage-and-family-therapy supervisors, that training and/or experience
of supervisees and supervisors will influence their levels of development, that the
SERF-R is best left to measuring supervisee level (as intended), and that gender
will not effectively discriminate between lower-stage and higher-stage supervisors
or supervisees as measured by the PSDS and the SLQ-R respectively. Stevens
(1994) research questions in his study applied equally well to this investigation.
Consequently, Stevens (1994) research questions will be reiterated, reframed, and
elaborated upon below.

Research Questions

One question which needs to be addressed is whether there is a
developmental sequence through which supervisors move during the supervision
process for marriage-and-family therapy supervisors, and/or which variable(s) may
account for it? That is to say, what is the relationship between years of experience
post-AAMFT approval, hours of training, and gender on PSDS total scores?

Stoltenberg (1981) and Stoltenberg and Delworth (1987) originally
proposed a model of supervision process based upon conceptualizations in
cognitive development. Loganbill, Hardy, and Delworth (1982) also
conceptualized the supervision process from a developmental perspective. They
incorporated the theories of Erikson, Chickering, and Mahler. In the
psychodynamic model of supervision, supervisees advance through developmental sequences. Furthermore, it is viewed as necessary (albeit not sufficient) for supervisees to be cognizant of their own issues and levels of development (Reiner, 1997; Alonso, 1983). Watkins’ (1993; 1990) Supervisor Complexity Model also embodied a conceptualization regarding supervision process from a developmental perspective, i.e., there are distinct, sequential, hierarchical, and necessary stages in the development of a supervisor. The question is, which variable(s) contributes to overall development, i.e., years of experience, hours of training, gender?

A second question which needs to be addressed is whether marriage and family therapy supervisors supervise beginning supervisees differently than advanced supervisees based on a supervisee’s level of development? Alternatively, a researcher could ask, what is the relationship between years of experience post-AAMFT approval, hours of training, and gender of a supervisor on supervisory emphasis? That is to say, does the SERF-R measure extend to supervisors levels of development?

Wiley and Ray (1986) reported that beginning supervisees wished that their supervisors had provided more structure in supervision. Advanced supervisees were more autonomous. Similarly, Mead (1990) noted that supervisees advance from a need for more structure (early on in their training) to a need and/or desire for less structure (later on in their training). According to Holloway and Wolleat
(1981), beginning supervisors maintained one particular style of supervision regardless of a supervisee’s needs. More advanced supervisors altered their styles according to the needs of their supervisees (e.g., Mead, 1990; Krause & Allen, 1988; Wiley & Ray, 1986; Miars, Tracey, Ray, Cornfeld, O’Farrell, & Gelso, 1983). Worthington (1987) concluded that “supervisors do not become more competent as they gain experience” (p. 205). One reason for Worthington’s (1987) criticism was that most, if not all, supervisors had no training in how to supervise in an efficient or effective manner. If Worthington’s (1987) statement is accurate, then a supervisor’s emphasis should correlate with his or her level of training. The Supervisory Emphasis Rating Form-Revised (SERF-R; Lanning & Freeman, 1994) will be used to test this assumption.

A third question which needs to be addressed is twofold: Specifically, do years or hours of training, or both by supervisees and supervisors effectively influence or discriminate between lower-stage and higher-stage supervisors or supervisees? Additionally, the same question applies to years of experience. That is to say, do years of experience by the supervisee and the supervisor effectively influence or discriminate between lower-stage and higher-stage supervisors or supervisees?

This question concerns whether or not developmental models are indeed continuous or discontinuous. Indeed, change may be a function of the relationship
itself between supervisor and supervisee. In addition, change may be quite discontinuous. Current models of supervision process need to advance beyond describing the process; they also need to be able to explain the process (Holloway, 1987). A relationship between people is not only intrapersonal; it is interpersonal and influential. If a developmental influence can be found to correlate with both the growth of supervisees and their supervisors, it would certainly expand the limits of a developmental model of supervision. The search for a “co-development” of supervisor and supervisee is an effort toward consensus and, therefore, explanation. A meta-analysis by Holloway and Wampold (1986) validated the idea of matching conceptual levels of the supervisees with counseling-related tasks in counselor education. The key variable in conceptual systems theory is that of conceptual level. Conceptual level is defined as proceeding on a continuum from a low or concrete level to a high or abstract level (Hunt, 1971; Harvey, Hunt, & Schroeder, 1961). Therefore, conceptual level as defined by both experience and training level per se could be used to advance the co-development notion and/or bi-directional influence of developmental processes in supervision. Given that the PSDS is the first theory-driven developmental instrument measuring scores ranging from less to more complex and/or abstract levels of development, Watkins’ (1995a; 1995c; 1993) SCM is consistent with the assumptions of conceptual systems theory.
By the same token, conceptual level as defined by experience and/or hours of training may be more prescriptive than descriptive, i.e., matching a supervisee with more experience than a supervisor has may propel the supervisor to a higher conceptual and/or developmental stage (Borders, 1989; Worthington, 1987). This study, utilizing amount of formal-training and years of experience (post-AAMFT Approval) as an indicator of conceptual level, will help not only in matching supervisee to supervisory environment, but may also assist in understanding the process of "co-construction" and/or co-development in an interpersonal context in which cognitive structures can be affected in a more global sense (Holloway, 1987; Blocher, 1983). The impact of bi-directional influence would add to the already existing validation of developmental models, albeit viewed from a different perspective than the existing models (Stoltenberg & Delworth, 1988; Stoltenberg & Delworth, 1987).

A fourth question which needs to be addressed is whether the gender of a marriage-and-family approved supervisor has an influence on the rate of growth within a developmental process of supervision?

Stoltenberg (1981) indicated that individual variables and/or characteristics influence rates of developmental process. For the purposes of this study, gender will be viewed as an individual characteristic. Stoltenberg and Delworth (1987) hypothesized that cognitive interventions are most productive for female
supervisees at Level-2 and that teaching empathy skills to male supervisees is the most productive intervention at Level-2. Level-2 is considered a “dependency-autonomy” conflict stage. They reported that female supervisees’ will remain at level-2 longer than male supervisees. They described four levels and/or stages of development for both a supervisee and supervisor. Level-1 is the beginning level, Level-2 is the intermediate or middle level, Level-3 is the advanced level, and Level-3 integrated is reserved for the “master” therapist and/or the “master” supervisor. The stages of development remain in sequence and are basically immutable. What varies is the rate of change among individuals. This notion of developmental stages in sequence as a stable pattern and rate of change as variable is consistent with developmental psychology of Piaget’s stages of cognitive development specifically (Crain, 1980; Gardner, 1978; Piaget, 1970).

Watkins’ (1993) model also included an autonomy-versus-dependency struggle as one of four primary developmental issues which are negotiated both within and between stages. To progress developmentally, these issues will become increasingly complex as a supervisor moves from stage 1 to stage 4. According to Watkins (1993), to progress developmentally a supervisor must have a ratio in favor of autonomy over dependency. There must also be a favorable ratio for the other three key developmental issues, i.e., competency over incompetency, identity over identity confusion, and self-awareness over unawareness. He stated, “When
favorable ratios of these exist ...this then is synonymous with growth and reflects a developmental process that is proceeding optimally” (p.67). A comparison between developmental levels of each gender with years of experience and training may shed some light on this question.

A fifth question that needs to be addressed is whether the growth of a marriage-and-family-therapy approved supervisor changes across two developmental variables such as skill development and identity? Gaining experience towards becoming a supervisor necessarily involves forming an identity as a supervisor. In this study, a solid sense of being a marriage-and-family-therapy supervisor would be an outcome of supervisory development. The supervisor, as part of a developmental process, will engage in a struggle to define and consolidate his or her identity. Consequently, growth and identity are viewed as synonymous (Watkins, 1993; Hess, 1986). Skill development is also part of a supervisor’s developmental process. Skills refer to a supervisor’s ability to recognize the supervision process as isomorphic to a therapist’s sessions with a client, the ability to conceptualize cases, being confrontive, challenging, and supportive when deemed necessary, and teaching techniques. From stage to stage, a supervisor is said to struggle with refining existing skills and adding new ones (Watkins, 1993; Stoltenberg & Delworth, 1987; Hess, 1986; Loganbill, Hardy, & Delworth, 1982).
Hypotheses

The following hypotheses are posited in this study:

Hypothesis 1. There is a difference between what is emphasized in supervision, years of experience, hours of training, gender and the developmental level of the AAMFT supervisor. Higher ratio scores on the SERF-R will be associated with supervisory emphasis on Personalization Skills and lower ratio scores on the SERF-R will be associated with supervisory emphasis on Professional Behavior. Process and Conceptualization skills will have ratio scores somewhere between Personalization and Professional Behavior.

Hypothesis 2. There is a difference between years of experience (post- AAMFT Approval), and hours of training, and scores on the PSDS. Higher scores on the PSDS will be associated with higher total hours of training, years of experience, or both. Higher scores on the PSDS will not be associated with either women or men.

Hypothesis 3. There is a difference between years of experience, and semesters and/or hours of training/supervised practicums, internships or beyond, and SLQ-R scores. Higher subscale and total scores on the SLQ-R will be associated with higher supervisee experience, training, or both. Higher subscales and total scores on the SLQ-R will not be associated with either women or men.
Hypothesis 4. There will be temporal stability of the PSDS over a four-week period with AAMFT Approved supervisors.

Definition of Terms

**Experience:** denotes years of time a supervisor has worked professionally as a supervisor subsequent to attaining AAMFT Approved Supervisor status, and years of time a supervisee has worked professionally. Years of experience for the supervisor will be placed in one of three categories. The categories are: (1) zero to two years or 2000 hours of post-master's MFT clinical practice i.e., the Standard AAMFT track requirements prior to AAMFT Approval, (2) two to five years or 500 supervised hours in clinical practice of MFT i.e., COAMFTE-Accredited Doctoral track requirements, (3) five to twelve years or 4,000 hours of post-master's MFT clinical practice, i.e., Advanced track requirements and (4) number of years experience since AAMFT Approved status divided equally among three groups as provided by the data (e.g., zero to seven years, eight to fourteen years and fifteen to twenty-two or more years). For supervisees, the categories are: (1) zero to two or three years, (2) three or four to six years, and (3) seven or more years. Stevens (1994) explained that the rationale for three categories was based on the educational levels through which all supervisors or supervisees pass. For example, two to three years is roughly the equivalent of a master's-level therapist. Five years is roughly the equivalent of a doctoral-level therapist. Five or more
years is roughly the equivalent of those who have finished their education and have begun their professional careers. Given that it takes up to three years for a master’s-level therapist, the supervisee groups will be divided into two or three groups. The low experience group will be defined by experience from one to three years, and the high experience group will be defined by three or more years experience up to a maximum number of years as provided by the data.

**Training:** There exists no doubt that training is a key variable in the development of therapeutic or supervisory strategies within the Supervisor Complexity Model (Watkins, 1993; 1990). For the purposes of this study, training will be placed in one of two categories for supervisors, and three or four categories for supervisees depending on the data. The categories for the supervisor are: (1) completion of one graduate course in supervision, and at least 36 hours of supervision-of-supervision post-master’s MFT i.e., Standard AAMFT track requirements, or completion of one graduate course in supervision, and at least 36 hours of supervision-of-supervision, eighteen hours of which must be obtained while enrolled in a practicum course in MFT supervision, i.e., COAMFTE-Accredited doctoral track requirements, and (2) provided a minimum of eight years and 500 contact hours of MFT training or teaching, and at least 18 hours of supervision-of-supervision, i.e., Advanced AAMFT track requirements. Number of hours of other supervisor training and their totals will also divide the two groups. For the
supervisee, the categories are: (1) first practicum, (2) second practicum, (3) advanced practicum and/or internship, and (4) training beyond internship, e.g., institute training for one or more years. In addition, total number of hours in practicum plus any training beyond intern-level supervisees as well as postmasters or postdoctoral professional hours of training or years of experience will be added. In other words, a composite variable for experience will be developed in order to assess the full range of scores and developmental level on the Supervisee Levels Questionnaire-Revised, and to remain consistent with previous research (McNeill, Stoltenberg, & Pierce, 1985; McNeill, Stoltenberg, & Romans, 1992).

**Gender:** Supervisors and supervisees will define their own genders by marking the appropriate response on the demographic questionnaire (i.e., Female/Male in the corresponding boxes).

**Developmental Sequence:** The Supervisor Complexity Model assumes distinct identifiable stages in the growth of a supervisor (e.g., Role Shock, Role Recovery/Role Transition, Role Consolidation, and Role Mastery). These stages will be operationally defined as a rating of the eighteen Psychotherapy Supervisor Development Scale (PSDS) items which measure competence, identity and commitment, self-awareness, and sincerity in the supervisor role on a one to seven scale, on which one denotes never, four half the time, and seven always. Higher global scores on the PSDS will indicate greater competence, increased self-
awareness, a greater sense of identity, and sincerity in the supervisory role than lower global scores.

**Style/Emphasis:** The style or emphasis that supervisors place on four areas of supervision (Professional Behavior, Personalization Skills, Client Conceptualization, and Process Focus) as measured by the SERF-R, Form-SS for supervisors. Stevens’ (1994) states that the supervisory emphases, as measured by the SERF-R, should be equivalent to the supervisor’s level of development. Consequently, given the definitions of Professional Behavior, Personalization Skills, Conceptualization, and Process Focus a supervisor with more training hours, years of experience post-AAMFT approval, or both should rate Personalization Skills as more important than Professional Behavior regardless of a supervisee’s level of development. Therefore, for the purposes of this study, a supervisor who emphasizes Professional Behavior overall will be given a score of ten, Process Focus will receive a score of twenty, Conceptualization a score of thirty, and Personalization Skills a score of forty. Any ties (e.g., overall scores on Process Focus and Conceptualization that are equal) will be viewed as missing data and dropped from the analyses (S. Utsey, personal communication).

**Lower-Stage and Higher-Stage Supervisors:** Because the Supervisor Complexity Model is developmental, for the purposes of this study, a higher global score on the PSDS will indicate a more complex or higher-stage supervisor, and a lower
global score on the PSDS will signify a less complex or lower-stage supervisor. Watkins et al.'s (1995c) data indicated that lower-stage and/or experienced supervisors scores be defined as being one standard deviation below the mean, the moderate-stage and/or experienced supervisor score be defined as a score between -1 and +1 standard deviations from the mean, and the higher-stage supervisor scores be defined as being one standard deviation above the mean. Watkins et al. (1995c) divided their data into three groups. The three groups were based on amount of years of supervision experience, i.e., the low-experience group had less than eight years of experience, the moderate-experience group had eight through 24 years experience, and the high-experience group had 25 or more years of supervision experience. The participants scores ranged from a low of 80 to a high of 126. In this study, the total scores of the PSDS will be divided into three groups based on the range, mean, or divided equally among the total number of participants. The separation of groups into equal participants allows the principal researcher to analyze the data into something akin to a normal curve if necessary (Watkins, Schneider, Haynes, & Nieberding, 1995c).

**Psychotherapy Supervisor Development Scale-1:** In this study, the PSDSI was the first administration of this instrument given to AAMFT-Approved supervisors.
Psychotherapy Supervisor Development Scale-2: In this study, the PSDS2 was the second administration of this instrument given to AAMFT-Approved supervisors four-weeks after the first administration was returned to the investigator.

Supervisor Identity: In this study, a solid sense of being a marriage and family supervisor would be an outcome of supervisory development. The supervisor, as part of a developmental process, will struggle to define and consolidate her and/or his identity. Consequently, growth and identity are viewed as synonymous. Operationally, the high-experience or trained supervisors global PSDS score will be higher than the low-experience or trained supervisors global PSDS score.

Supervisor Skill: For the purposes of this study, skill will relate to a supervisor’s ability to recognize the supervision process as isomorphic to a supervisees’ session with his and/or her client, the ability to conceptualize cases, being confrontive when necessary, and teaching techniques. Operationally, the high-experience or trained supervisors will score significantly higher on the PSDS than the low-experience or trained supervisors.

Limitations

This sample will be limited by the fact that the participants will be Approved Supervisors from the American Association for Marriage and Family Therapy (AAMFT). Generalization to clinical or counseling psychologists,
psychiatric nurses, or social-work supervisors would not be warranted. Therefore, replication of this study should be undertaken, especially for medical, nursing and social-work supervisors.

Another limitation is presented by the use of the survey method, i.e., participants who choose to respond to the survey may be more motivated and/or have an invested interest in the outcome. In this sense it is a biased sample.

The assessment measures used in this study are self-report. However, there is no reason to suspect that supervisors will give false information between what they say they do and what they actually do.

The cross-sectional design of this study is another possible limitation. Researchers investigating developmental models, such as in this study, are challenged with the decision of whether to use cross-sectional or longitudinal designs. Observing particular supervisor-supervisee relationships over time would correct for some problems inherent in a cross-sectional design, but raise other problems such as cohort effects. However, this study assumes that a relationship between a supervisor and his and/or her supervisee has been established.
Chapter II

REVIEW OF LITERATURE

Introduction

The purpose of this chapter is to provide theoretical support for a developmental model of supervision that undergirds this study. This will include a general definition and purpose of supervision. Specific models within the supervision literature will be described. Atoretical models will be delineated first, followed by theoretical and/or school-specific models. Both parallel process and isomorphism will be subsumed under the atoretical category. The reason for this is the fact that some supervisors embrace the metaphors of parallel process and isomorphism as a total approach to supervision irrespective of any particular theory. Therapist developmental models will then be discussed as a prelude for supervisory-driven developmental models. Finally, the most comprehensive model of supervisor development will be portrayed at length and investigated.

Definition and Purpose of Supervision

The general purpose of supervision is to enhance and change the behaviors of supervisees to a reasonable facsimile of the behaviors of an experienced supervisor (Haley, 1988). Likewise, Mead (1990) summarized what he called, “key elements of... supervision” (p. 4). They are as follows: (a) “an experienced
therapist, (b) safeguarding the welfare of clients by (c) monitoring a less experienced therapist’s performance (d) with real clients in clinical settings, and (e) with the intent to change the therapist’s behavior to resemble that of an exemplar therapist” (p.4). The overarching goal of supervision is to aid a supervisee in the development of technical skills and ethical behaviors. Liddle (1988) defined supervision as a process in which a supervisee learns how to conduct therapy. He stated, “Supervision...involves significantly more than the mere transmission of technical information or clinical skills: it challenges participants both personally and intellectually in a context in which the best and worst of a supervisor’s or therapist’s individual style can emerge” (pp.153-154).

Minuchin, Lee, and Simon (1996) explicitly inform their supervisees that “the goal of supervision is to increase the complexity of the therapist’s interventions. This goal makes supervision a very intimate process because people’s preferential styles are tied in with their history and who they are, and I must respect the boundaries that forbid me to enter and tinker with their lives” (p.81).

Blocher’s (1983) definition of supervision speaks to the growth of a supervisee as well as instilling ethical and professional behaviors within a supervisee. He defined supervision as “a specialized instructional process in which the supervisor attempts to facilitate the growth of a counselor-in-
preparation, using as the primary educational medium the student’s interaction with real clients for whose welfare the student has some degree of professional, ethical, and moral responsibility” (p. 27). By the same token, Saba and Liddle (1986) defined supervision as, “A continuous relationship between a trainee and a trainer which focuses on the specific development of the trainee’s therapeutic abilities within the context of treating families” (p.111). Each definition of supervision implies growth and change within the context of interpersonal relationships. The implication that supervision leads to growth and change fits well within the developmental framework of the supervisory process.

A theoretical Models of Supervision

As implied in the introduction, many supervision models are predicated on existing theoretical models of supervisee development, i.e., supervision models usually evolve as extensions of therapy models. An overarching model of supervision across disciplines has yet to be developed. The models which follow exemplify precursors to the task of providing a developmental supervision model in its own right, a paradigm in which any one specific theory and/or school of therapy would find palatable. The specific models to be described below were selected because of their representativeness for the practice of supervision.
Parallel Process

The idea of parallel process began within the context of psychodynamic supervision. Parallel process was first suggested by Searles (1955). He described parallel process as a reflection process, i.e., the process between therapy and supervision is similar. Parallel process refers to the dynamics that replicate themselves across the therapeutic and supervisory domains. Specifically, in psychodynamic terms, supervisees represent themselves to their supervisors as their clients have represented themselves to the supervisees. This process occurs on an unconscious level, and, therefore, in terms of supervision it can be utilized for both descriptive and assessment purposes (Friedlander, Siegel, & Brenock, 1989; Liddle, 1988). Indeed, Mueller (1982) viewed parallel process as a powerful tool of supervision that should be consciously integrated into both the assessment and intervention aspects of supervision. Parallel process is thought to be both a bottom-up and a top-down phenomenon. That is to say, it is assumed to be a bi-directional process involving both transference and countertransference in that the supervisor is as likely as the supervisee to provide the unconscious dynamic that could be played out within the context of therapy (Bernard & Goodyear, 1992; Moldawsky 1980; Doehrman, 1976). Although it is an important conceptual approach to supervision, empirical support that parallel
process occurs between therapy and supervision is sparse (Bernard & Goodyear, 1992).

Isomorphism

Briefly stated, the concept of isomorphism signifies that form, pattern, behavior, and affect are circular and recursively replicated in the interrelationship between training and therapy (Liddle, Breunlin, Schwartz, & Constantine, 1984). According to White and Russell (1997), isomorphism was originally a mathematical concept which informed the basic tenets of “general systems theory” and which also stemmed from the works of Bateson (1979) who gave isomorphic meaning to the idea behind “the pattern which connects” (p. 8). Since supervision is considered as the isomorph of therapy, Liddle et al. (1984) stated that “the training of supervisors consists of the identical premises about the facilitation of change with families (theory of therapeutic change) and with trainees (theory of trainee change and learning)” (p. 141). Recently, Liddle (1988) stated that he preferred the term isomorphism over parallel process because “its inferences are both more comprehensive and more precise, given the intervention-ability of the supervisor….the replicating interactions are information that can be reshaped. They are realities that can be altered; thus, assessment and intervention become blurred” (p.155).
According to Bernard and Goodyear (1992), there are three assumptions regarding isomorphic process. They are: (1) that parallels between supervision and therapy are not random phenomena, (2) that what the supervisor models for the supervisee will be empowering and replicated with their clients, and (3) all supervisees are affected by these dynamics. Although isomorphism remains a useful metaphor and a potential overarching concept under which all supervisory models may be subsumed, there exists no empirical literature to support the idea that training should be isomorphic with the behavior and attitude to be learned by supervisees (Liddle, 1988).

However, several studies do lend some support to the idea that training methods parallel a therapeutic school’s ideology and link training to therapeutic outcome. Indeed, techniques appear continually “isomorphic” to a supervisor’s theoretical orientation, and there is some support for the relationship of supervision and trainee congruence on client change. Unfortunately, the data are correlational and do not include client assessment of trainees (Wetchler & Vaughn, 1991; Frankel & Piercy, 1990; Kniskern & Gurman, 1988; Fenell, Hovestadt, & Harvey, 1986). In addition, isomorphism as an interventive stance, i.e., supervision and supervisee congruence on client change is only one of many potential meanings related to the term. Indeed, recent research suggests a lack of conceptual clarity related to the term isomorphism (White & Russell, 1997).
Interpersonal Process Recall

Interpersonal Process Recall (IPR) is another atheoretical model of supervision which needs to be addressed. Kagan's (1980) IPR model can also be an overarching model under which all supervision models can be subsumed. Initially, IPR was used as a model for therapy i.e., therapists reviewed sessions with their clients using videotape replays in order to discover insights about therapeutic process and interpersonal relationships. Discovering insights into the therapeutic relationship according to IPR (e.g., facilitating communication, counselor recall, inquirer training, client recall, and mutual recall) has been extended to incorporate its usefulness in supervision proper.

The process of the IPR model is simple, yet complex, in that supervisor and supervisee review a previously videotaped therapy session together. It is simple in that either the supervisor or the supervisee can stop the videotape at a point in which one perceives that something had been missed or something in the session needed to be elaborated. Kagan's (1980) Interpersonal Process Recall is complex in that it is nested within an ideology of phenomenology. Consequently, supervisors, supervisees, and clients, i.e., all the people involved in the supervisory process, are "the best authority of their own dynamics and the best interpreters of their own experiences" (pp. 279-280). According to Bernard and Goodyear (1992), given IPR’s phenomenological assumptions, "the supervisor’s
role becomes that of a facilitator to stimulate the awareness of the supervisee beyond the point at which it operated during the therapy session” (p. 61). In other words, the supervisor’s response to a therapist’s session becomes, in effect, a meta-response to the supervisee’s realities of his or her performance. A supervisor’s intention is to create a different reality about a supervisee’s performance which hopefully will further clinical acumen and foster clinical development.

The main problem with IPR is that the process takes time and adequate time in the real world is not always available. Indeed, only one or two segments of a videotape may be selected. Consequently, it behooves both the supervisors and their supervisees to chose the most efficient and interpersonally relevant segments for review. This task is never feasible, and whoever gets to chose the portion for review acquires both administrative and clinical consequences (Bernard & Goodyear, 1992; Breunlin, Karrer, McGuire, & Cimmarusti, 1988).

**Micro-training**

Another atheoretical model of supervision concerns the teaching of “micro-skills” through demonstration, role-play, and rehearsal. According to Ivey (1971) and Forsyth and Ivey (1980), general counseling skills can be broken up into individual small-skill segments. Microtraining is considered necessary and sufficient in that it allows beginners to focus in on specific areas which need
feedback and practice. It is based on the assumption that trainees learn best when therapeutic process or training process “is organized into discrete, well-defined skills that can be objectively observed, evaluated, and practiced” (p. 246).

Indeed, Forsyth and Ivey (1980) described four systematic steps to teaching therapeutic skills. These include (1) the teaching of one skill at a time which is to be incorporated into a more elaborate intervention, (2) the presentation of a skill, i.e., a supervisor models for a supervisee the exact skill to be learned either in live-supervision or via videotape playback, (3) the specific practice of a skill to be utilized (the practice of the skill to be learned should be role-played, audio or videotaped in either group or individual supervision), and (4) mastering a skill prior to termination of instruction by the supervisor. According to Forsyth and Ivey (1980), during mastery “Trainees practice the skill until they attain specific levels of mastery (e.g., in your five minute interview, demonstrate a minimum of five open and three closed questions)” (p. 243).

Bernard and Goodyear (1992) reported that micro-training assumes no particular theoretical orientation in that its aim is to develop general therapeutic skills, despite the fact that the model is based on behavioral theory. Bernard and Goodyear (1992) added that microtraining is a key teaching ingredient for supervision in that “the supervisor is often put in the position of teaching new or more advanced skills or strategies to the counselor. Indeed, if teaching were not a
component of supervision, professional growth for the counselor would be limited” (p. 278).

**Hess's Model**

According to Hess (1980a; 1980b), several models, as they relate to counseling and supervision, have implicated varying roles and interpersonal relationships which supervisors and their supervisees occupy during supervision. In addition, models are not theories, but the models are helpful in constructing conceptualizations of supervision process and the specific techniques which derive from them.

Hess (1980b) described six roles in particular which define a supervisory process. They are as follows. The first role is that of a **lecturer**. As a lecturer, a supervisor provides general concepts and constructs to supervisees who may or may not integrate this knowledge. It is a one-sided affair, i.e., a superordinate lectures to a subordinate. The second role is that of a **teacher**. As a teacher, a supervisor provides the skills necessary for a beginning therapist to learn. A supervisor has flexibility in how he or she wishes to impart those skills. The third role is that of a **case reviewer**. A supervisor provides a quality-control aspect to a supervisee’s cases, and has many administrative duties which need attention. If supervision goes well, the forth role emerges, and there exists more of a **collegial-peers** relationship between supervisor and supervisee who strive toward mutual
goals. The relationship is based more on equality than hierarchy or teacher-student inequality. A supervisor's quality control intensifies in that the fifth role of monitor is advanced. It is mostly a "bureaucratic" role in that the supervisor becomes critical, and administrative duties are intensified. During the sixth and final role the emphasis is on the therapist because, by default, a supervisor knows how to do therapy. The supervisees' developmental growth is accentuated.

Hess's (1980) goal was to identify key issues related to supervision which might facilitate classifying specific techniques and interventions. He fell short of that goal, and, as a consequence, his model is viewed as a model which describes supervisory behavior rather than as a model which is guided by supervisory prescription. In other words, he made no suggestions regarding the circumstances which a supervisor might best use one of the six roles (Stevens, 1994; Hess, 1980).

**Bernard's Discrimination Model**

In her model, Bernard (1979) made an attempt to describe circumstances under which a supervisor could make interventions in relation to individual supervisees. The model highlighted three areas of supervision which tracked supervisees' skills. The three areas suggested by the Discrimination Model, upon which an effective supervisor should focus in order to help supervisees become therapists are (1) process skills, (2) personalization skills, and (3)
conceptualization skills. In addition, like Hess (1980b), Bernard (1979) included three basic supervisor roles (e.g., teacher, therapist, and consultant). These three roles, together with each individual focus (i.e., process, personalization, and conceptualization) suggest a total of nine areas from which to choose in order to help a particular supervisee.

Process skills are those skills which involve techniques and intervention strategies. The supervisory goal is to teach how to implement interventions rather than how to perceive or conceptualize the planning of such interventions. Conceptualization skills fall under the area of actually planning or anticipating interventions. A supervisee’s conceptualization skills are reported to be the most comfortable for both a supervisor and his or her supervisee precisely because the focus is primarily on a client (Bernard & Goodyear, 1992). Personalization skills fall under personal aspects of a supervisee’s life experiences, and include, but are not limited to, countertransference feelings and responses.

The Discrimination Model is considered to be situation-specific, i.e., the supervisor’s role changes according to the circumstances which occur both within and between any particular therapeutic session (Bernard & Goodyear, 1992; Bernard, 1979). Both its strength and its weakness stem from its technical eclecticism, i.e., it frees a supervisor to respond in a flexible manner, and it
constrains a supervisor precisely because it is not based on any particular theory (Bernard & Goodyear, 1992).

The Supervisor Emphasis Rating Form (SERF) and the Supervisor Emphasis Rating Form-Revised (SERF-R) were based on Bernard’s functional areas of supervision (Lanning & Freeman, 1994; Lanning, 1986). Lanning (1986) added one other area, that of professional behavior. Therefore, the SERF was designed as an instrument to measure the perceived areas of supervision such as process skills, personalization skills, conceptualization skills, and professional behavior (Lanning & Freeman, 1994; Stevens, 1994).

Theoretical Models of Supervision

All theoretical models of supervision are congruous with the particular theory which organizes them. Some of the following models to be elaborated are more prescriptive (i.e., recommending supervisory interventions) than descriptive (i.e., describing the process of supervision without making any recommendations), and some are both prescriptive and descriptive given their isomorphic nature. Both models of counseling theory and models based on marriage-and-family therapy will be described.
Counseling Theory Models

**Psychodynamic Models of Supervision**

As seen in Ekstein and Wallerstein (1972), the parallels between therapy and supervision have been reported for a long time in psychoanalytic writings. A key idea in terms of professional development, as a therapist, rests in the assumption that personal therapy during supervision is desirable, if not totally necessary. Whether supervision is based on individual, marital, or family therapy, supervisors are also urged to have completed personal therapy (Reiner, 1997).

The focus in supervision is on personal growth of the supervisee and on the specific use of a supervisor’s emotional growth and/or experience (Searles, 1955). Indeed, according to Alonso (1983), “Competent supervision requires the supervisor to be self-aware and willing to be self-critical as well as critical of the student” (p. 34). The developmental aspect of identity formation in psychodynamic supervision is also evident. Ekstein and Wallerstein (1972) encapsulated the developmental process within the supervisory context most clearly when they said, “Professional identity is a higher form, a later acquisition than the self concept. It is an extension of the self concept” (p. 66).

Just as in psychodynamic therapy, psychodynamic supervision includes notions such as the frame (formal arrangements in which supervision is expected to occur), the holding environment (in which supervisees can grow and develop
without outside intrusion), the understanding of transference and
countertransference (projections and/or projective identifications onto the
supervisor and/or supervisee), and the therapeutic alliance, (the forming of a
learning context between the supervisor and his or her supervisee) (Reiner, 1997;
Scharff, 1992; Auld & Hyman, 1991; Scharff & Scharff, 1987). Given the
inherent nature of psychodynamic theory, supervision is clearly consistent with
psychotherapy per se, and, therefore, is more consistent with therapy than not.
Bernard and Goodyear (1992) have criticized this aspect of psychodynamic
supervision.

Behavioral Supervision

Another theoretical or school-specific model of supervision is that of
behavioral supervision. Linehan (1980) and Strosahl and Jacobson (1986)
reported little empirical work in the training of behavioral therapists. Indeed,
Linehan (1980) concluded, “there has been little effort to systematically apply
psychological, especially learning, theories to the professional training of
behavior therapists” (p. 148). Similarly, Strosahl and Jacobson (1986) reported a
paucity of work in this area, in that behavioral methods of supervision “have not
kept pace with the rapid growth of behavior therapy training programs. This has
resulted in a rather curious situation...[m]ore is known about behavior change
technology than is known about the effects of various approaches to behavior
therapy training” (p. 199). For Strosahl and Jacobson (1986), two principles are key to behavioral supervision: (1) criterion-reference training and (2) clinical transfer of learning. Criterion-reference training refers to specific skills to be learned by a behaviorist and include behavioral interviewing, behavior-change techniques, homework and self-control monitoring techniques, and relationship skills. Clinical transfer describes a supervisee’s ability to extend the skills learned to heterogeneous populations. For Linehan (1980), skills required of the trainee are divided into three response systems—(1) the cognitive/thinking system, (2) the motor/behavioral system, and (3) the physiological/feeling system. How this “tripartite” model of supervision is accomplished for a supervisee occur via procedures which include behavioral techniques such as response shaping, response strengthening, response disinhibition, response acquisition, and response transfer. The similarities between Linehan’s and Strosahl and Jacobson’s models should be apparent.

Within the behavioral model of supervision, relationship factors between a supervisor and supervisee are not viewed as the active means of supervision, and are, therefore, downplayed. Role-reversal and rehearsal may be utilized, but, again, as in psychodynamic supervision, in behavioral supervision supervision mirrors therapy. Despite the fact that relationship factors are downplayed, Strosahl and Jacobson (1986) admitted that therapeutic failures happen precisely
because there is a lack of relationship between therapist and client during the
onset of therapy. The same failures are assumed to occur between a supervisor
and supervisee, but the authors did not raise the idea of isomorphic process as a
potential failure in supervisory process. They neglected to explicitly mention this
aspect. Instead, Strosahl and Jacobson (1986) insisted that “There is nothing
inherent in the supervisory relationship which is regarded as instrumental to the
therapist’s training” (p. 202).

Person-Centered Supervision

Person-centered supervision is clearly similar to the way therapy is
conducted, and it is done intentionally (Bernard & Goodyear, 1992). Indeed, as
Rice (1980) stated, “Client-centered supervision often focuses more on the
apprentice therapist’s own feelings and attitudes in relationship to the client than
it does on examination of the therapist’s actual responses and their probable
effects” (p. 137). The most fundamental concept in person-centered supervision
is trust. So it is with therapy (Raskin & Rogers, 1989). Clearly, the concepts of
congruence, unconditional positive regard and empathy represent the qualities a
supervisor must have in order for the supervisee to expand or actualize his or her
potential. The same “truth” obviously applies between the therapist and his or her
client (Rogers, 1957). Congruence relates to the connection between the
behaviors and thoughts of a therapist, viz., the “genuineness” of the therapist.
Unconditional positive regard represents a profound respectful interest in a client’s world. Empathy is expressed through a therapist's manner of responding to a client in a warm, respectful, and sensitive way (Raskin & Rogers, 1989).

According to Rogers (1986), when clients receive empathy, unconditional positive regard, and congruence, their concepts of themselves become more open, self-directed, and self-expressive. In addition, they appear more mature, and are better able to deal with difficult and stressful life circumstances. The same assumption is made between the supervisors engaged in client-centered supervision and their supervisees. The supervisors are presumed to possess the qualities of empathy, congruence, and unconditional positive regard, and, therefore, their supervisees grow, mature, and become more self-actualized.

Indeed, according to Hackney and Goodyear (1984), Carl Rogers stated, “Supervision for me becomes a modified form of the therapeutic interview” (p.283). Establishing a therapeutic relationship is the goal in client-centered therapy, and establishing a supervisory relationship is the goal in supervision. The key variable is “relationship.” In fact, establishing a relationship is more fundamental to becoming a therapist than are teaching and making correct diagnoses.

Patterson (1983) suggested that it is a supervisory-relationship that allows a supervisee space to be self-reflective and evaluative. Indeed, an environment
which allows a supervisee to "grow" is necessarily a facilitative one. The
resources for self-reflection and understanding already reside within a supervisee.
Just as it is between a therapist and client, it is the relationship between a
supervisor and supervisee, and the expression of a supervisor's unconditional
positive regard, empathy, and congruence, which bring forth these resources
altering a supervisee's behaviors, attitudes, and self-concepts (Raskin & Rogers,
1989).

Marriage-and-Family-Therapy Models

Structural Model of Supervision

Because structural family therapy requires the cooperation of a family, it is
essential for the therapist to participate actively in the formation of a therapeutic
system (Minuchin, 1974; Minuchin & Fishman, 1981). Likewise, joining with
supervisees is essential in supervision, especially if they espouse a different
epistemology. Learning the structural way requires a supervisee's willingness to
suspend his or her existing view(s) of therapeutic realities. This process can be
highly threatening. From this viewpoint, the importance of joining cannot be
understated. On the other hand, if a supervisee has been socialized to the process
of group supervision, then relationships formed within the group may
counterbalance the effects of direct supervisory interventions. Consequently,
jointing by the supervisor per se may be less necessary (Todd, 1997). Simply
stated, the initial joining operations seem critical to successful family-therapy supervision.

Colapinto (1988) reported that it is important to emphasize that joining is not necessarily the outcome of a calculated technique, but the outgrowth of a positive attitude towards supervisees. To encourage this attitude, a supervisor and/or fellow supervisee must nurture a therapist’s curiosity about oneself and believe in his or her confidence about the resources within oneself. That is, the model builds on strengths. Consequently, the structural model also emphasizes the “person of the therapist” to achieve particular goals of supervision (Todd, 1997; Simon, 1995; Aponte, 1994; 1992).

Typical structural supervisory interventions include challenging, boundary-making, intensifying, and enactment. In terms of challenging, supervisees are prompted to think that one’s theory does not reflect a given reality. Rather, one’s theory or view creates one’s reality. In this way, truth is more of a creation, and not a discovery (Liddle & Saba, 1982). According to Colapinto (1988), joining and challenging need to be seen as simultaneous qualities in any therapeutic or supervisory intervention. Specifically, “Both qualities express the same basic attitude, of curiosity, commitment to change, and confidence in the family’s latent resources, that is a natural corollary of the therapist’s adhesion to the structural paradigm” (p.32). In terms of boundary-making, supervisors need to be
alert to potential problems of hierarchy making sure that certain boundaries are not crossed during supervision. Explicitly, Todd (1997) gave an example of his supervision-of-supervision. He stated, “I have resorted to the simple expedient of never touching the telephone. This ensures that all communication will flow through the supervisor-in-training and prevents any short-circuiting of communication” (pp. 177-178).

In terms of enactment and intensifying interventions, video-tape, live-supervision, and role-playing examples of this model assume importance. Intensifying includes both therapy and supervision contexts. For example, supervisees may be overly accepting of chaos, or there may be a lack of response from a supervisee in a situation that calls for intense affect (Todd, 1997). Enactment is well-known to structural family therapists. Enactment in supervision usually takes the form of live-supervision in order for patterns to be delineated and corrected at the moment of intervention (Todd, 1997). The way in which to understand these patterns is to probe for them and to experience them directly in session, thereby gaining a picture of the family’s and/or supervisee’s rules of organization and patterns of redundancy. Consequently, a supervisor works “to expand a therapist’s use of narrow responses in relation to family members” (Minuchin, Lee, and Simon, 1996; Colapinto, 1988). Once again, however, supervision mirrors therapy despite the varying techniques employed to
help a supervisee learn. This is not a specific model of supervision per se. Neither are the strategic or transgenerational models which follow.

**Strategic Model of Supervision**

The strategic model(s) of supervision are best represented by the works of Haley (1976; 1980; 1988) and Madanes (1981; 1984). Both Todd (1997) and Mazza (1988) explicated the strategic supervisory process eloquently. Developmentally, supervision process occurs in stages. According to Todd (1997), just as a family who seeks help does not automatically get better by proceeding from total dysfunction to cure, supervision requires that a supervisor devise an “intermediate goal, which is also ‘abnormal’ and which would be undesirable if it became the final outcome” (p. 180). According to Mazza (1988), just as in therapy, a supervisor devises a specific plan for a supervisee to help get past an area in which a person is stuck. Interestingly, a supervisor does not always share this plan with a supervisee. The goal is for a supervisee to “grow” irrespective of the supervisee’s awareness of the supervisor’s strategy. The specific context of training is live supervision, and the strategic supervisor is highly directive in an indirect way. According to Minuchin, Lee, and Simon (1996), “Haley’s supervision is also an exercise in indirect direction” (p. 44). The directives allow for growth through changing something as opposed to thinking
about something, or discussing it. Indeed, the doing of something leads to change or learning as opposed to having “insight” to something, and then changing or learning from that experience.

The use of directives and the notion of how pathology develops within the strategic model assume the idea of hierarchy (Haley, 1976). A hierarchical relationship is considered very carefully when a supervisor decides upon an appropriate strategy of intervention for a supervisee. According to Mazza (1988), “the way in which the supervisor expects the therapist to behave toward the family being treated is directly related to the way in which the supervisor behaves toward the therapist being trained” (p. 95). In other words, the most basic premise of the strategic model is the idea that dysfunction occurs when there exists confusion in hierarchy and/or the existence of incongruous hierarchies (Haley, 1976; Madanes, 1981). Consequently, it is important for boundaries to remain clear between and among all members of the supervisory process, viz, among a supervisor, a supervisee, and clients.

Transgenerational Models

Intergenerational models or transgenerational models of supervision underscore temporal dimension in that they include the past, the present, and future contexts of families being treated and of supervisees in supervision. According to Roberto (1997), “Transgenerational schools are distinguished from
other schools by marriage and family therapy supervisors and educators primarily by (1) their valuing of historical information, (2) the belief that past patterns of relating and behavior influence present and future patterns, and (3) their pursuit of therapy outcomes beyond discrete symptom control or reduction” (p. 156). Under the umbrella of transgenerational models, the following models are representative: the multigenerational model (Roberto, 1997; Papero, 1988; McGoldrick, 1982), the symbolic-experiential model of Whitaker (Roberto, 1997; Connell, 1984), and the contextual model formulated by Boszormenyi-Nagy (Roberto, 1997; Boszormenyi-Nagy & Ulrich, 1981). The Bowenian multigenerational model will briefly be described as representative of the intergenerational models.

According to Papero (1988), a key notion in the Bowenian model is the idea of differentiation. Differentiation has to do with maintaining perspective and/or autonomy “in spite of pressures for togetherness” (p. 65). Differentiation, however, does not exclude being close or connected. Indeed, the well differentiated person possesses the ability (with flexibility) to be both separate and close. As a consequence of the notion of differentiation (read healthier), a transgenerational supervisor nurtures this skill on the part of supervisees by having them understand (a cognitive requirement) their own families of origin by going on treks back to their families of origin, but this time with the goal of
learning about the part they played in the family processes. The Bowenian supervisor therefore, is on the alert as to how well supervisees deal with emotional reactivity during therapeutic sessions (Papero, 1988). Going “home” again in a sense allows for a natural laboratory by which a supervisee can “be in contact with a family, as close as desired, while remaining a separate, autonomous individual” (p. 71).

According to Minuchin, Lee, and Simon (1996), the goal of supervision from the intergenerational model as put forth by Bowen is “to enhance the therapist’s differentiation of self. Since this goal is identical with that of therapy, the process of supervision will be identical with the process of therapy” (p. 42). The main problem with this model in terms of developmental processes is that it does not allow for the differentiation process to occur with a “new” family that is formed through marriage and/or “coupling,” i.e., the necessary route for change is nested within the past based on former early relationships (Minuchin, Lee, & Simon, 1996).

**Postmodern Models of Supervision**

There exists an interesting new way of looking at human behavior in the field of family therapy and family therapy supervision. That “new way” is captured by the “meaning” of postmodernism. Postmodernism is an elusive and slippery term, whose meaning varies as widely as do the individuals who are
associated with it. Nevertheless, Gardner, Bobele, and Biever (1997) observed that “Postmodernism is a term that is frequently employed to describe the movement away from a quest for, and belief in, ultimate foundations in any areas of our lives” (p.217). Similarly, Anderson (1997) stated “In its simplest form, the concept postmodern refers to a critique, not an era. It is related to a discontinuous philosophical direction that radically departs from the modern tradition in its questioning of the modernist monovocal discourse as the overarching foundation for literary, political, and social criticism” (p. 35). There are several applications of postmodernism which speak to the issue of supervision, but those within the social constructionist epistemology will be described.

Social-constructionism implies that the world of duality/mind-body distinctions, objectivity, hierarchy, and universal truths are challenged and rejected in favor of unpredictability, uncertainty, a leveling of hierarchy, subjectivity, and the unknown (Anderson, 1997). In social constructionism, language does not reflect reality; reality reflects language. Meanings are as fluid as one’s constructions of stories are fluid, and ever-changing. Knowledge, therefore, is a construction and/or product of social exchange, i.e., products of persons-in-relationship-in-context (Gergen, 1994; 1985). The goal or focus in supervision for a supervisee is to understand and bring forth equally valid multiple meanings of a given event. That is to say, supervisees must attend to the
social construction of varied and shifting meaning systems (Gardner, Bobele, & Biever, 1997). In another context, Bobele, Gardner, and Biever (1995) presented what they called key ideas for the social constructionist supervisor. Four key ideas serve as the conceptual foundation for understanding: (1) meanings are developed through social consensus and interaction, (2) meanings are transitory and always on the way, (3) emphasis is on the crisscrossing of ideas and meanings during conversations, and (4) there exists no privileged information or privileged knowledge, i.e., the not-knowing position.

As a consequence of shifting meanings within contexts, a postmodern supervisor must necessarily adopt a “not-knowing” position in relation to supervisees (Anderson, 1997; Anderson & Goolishian, 1992). According to Anderson (1997), “Not-knowing is critical to the embedded assumption that the dialogical creation of meaning is always an intersubjective process. It allows possibilities that knowing does not... Not-knowing refers to a therapist’s position—an attitude and belief—that a therapist does not have access to privileged information, can never fully understand another person, always needs to be in a state of being informed by the other, and always needs to learn more about what has been said or may not have been said” (p. 134). In a supervisory relationship, the emphasis is on the sharing of ideas, cooperation, and collaboration. A question often raised by “modern” supervisors concerns, who has the expertise?
Doesn't the teacher teach? The role of “expert” in postmodern supervision is a shared construction between supervisor and supervisee. This shared expertise does not mean a supervisor has no knowledge or nothing to teach. It does mean, however, that social-constructionist supervisors and their supervisees use their skills and knowledge in different ways (Gardner, Bobele, & Biever, 1997).

Indeed, for a postmodern supervisor, the implicit hierarchical relationship to a supervisee must be re-examined and expanded. One way to expand hierarchy is to present ideas and interventions to supervisees’ using tentative and non-expert language. The use of a reflecting team is another way to remain in a not-knowing position, i.e., all of the therapists and client’s voices are heard and are assumed to be equally valid in terms of expertise and are potentially useful (Gardner, Bobele, & Biever, 1997; Biever & Gardner, 1995; Andersen, 1991; 1987).

Postmodern supervisors would not embrace the idea that there exist developmental stages of supervision such as those proposed by Stoltenberg and his fellow researchers (e.g., Stoltenberg & Delworth, 1988; Loganbill, Hardy, and Delworth, 1982; Stoltenberg, 1981). Indeed, as Gardner, Bobele, and Biever (1997) stated, “Postmodern supervisors may feel constrained by the preexisting assumptions about what supervisees at one particular stage or another might be capable or incapable of doing” (p. 223). In a study done by Fisher (1989), a supervisee’s level of development and/or training was not related to perceptions
of useful supervisor behaviors. In addition, a supervisor did not necessarily alter supervisory strategy based on a supervisee’s developmental level. Indeed, her study challenged Hogan’s (1964) hypothesis that “Supervision needs to be appropriate to the level of development in the therapist” (p. 139). The developmental models to follow all assume that stages in supervision exist for the supervisee. Much less research has been devoted to supervisor development, but, as will be seen, these models also assume supervisory stages whereby experience, rather than training, is the key variable. As Mead (1990) stated, “Supervisors need preparation to do supervision just as therapists must be prepared to do therapy” (p. 28). Parenthetically, then, one can say that moderism speaks to order and continuity (this is analogous to classical physics, i.e., determinism), and postmoderism speaks to variability and the idea of discontinuity in the supervisory process (this is analogous to quantum physics, i.e., potentialities and probabilities).

As can been seen, most models of supervision, in general, rely on marriage-and-family or counseling theory. No model exists which separates the practice of psychotherapy from that of supervision, i.e., supervision is not psychotherapy. Most researchers in the field of supervision would agree that there is a need for a separate supervision model. Indeed, Borders (1989) has called for separation between psychotherapy and supervision hoping to legitimize the supervision field
in its own right. According to Mead (1990), supervisors not only need a separate model of supervision, but require a model that allows for expertise in the field. Mead's (1990) Task-Oriented Model is a case in point.

**Supervisee Developmental Models**

**Hogan's Model**

As reported by Stevens (1994), Hogan's model was probably the first model of supervisee development. He paved the way for approaching the supervisory process from a developmental perspective. Although lacking a specific reference to a theory, Hogan nevertheless assumed four stages of supervisee development ranging from novice or beginner to that of a accomplished psychotherapist or psychologist.

According to Hogan (1964), supervisees advance through four developmental stages beginning with total dependency on their supervisors and ending as self-sufficient accomplished therapists. As a developmental model, Hogan's (1964) stages are successfully negotiated by supervisees who struggle between issues of competency versus incompetency and dependency versus autonomous functioning. Beginning stages are characterized by a supervisee's insecurity, dependency, and imitation of a supervisor's behaviors. A supervisee's motivation fluctuates from high in the first stage to low in the second stage and back to high in the latter stages. According to Hogan (1964), the outcome of
struggling with different issues at each of his four developmental stages is a
responsible, independent, and creative therapist.

Hogan (1964) was also the first to recommend different supervisory
behaviors for each of his four developmental levels. Hogan (1964) recommended
matching appropriate supervisory environments with skill level of a supervisee.
For example, Hogan (1964) believed that the methods of supervision used at
level-1 are “based upon the hypothesis that imitation of the supervisor is
inevitable” (p. 139). Consequently, teaching of skills is highlighted at level-1.
Supervisory methods at level-2 are founded upon the idea that the road to being
an accomplished therapist is “fraught with success and tragedy of becoming and
that struggle is to be respected just as hope and despair are to be respected” (p.
140). Consequently, Hogan (1964) recommended that a supervisee at level-2
enter into a therapeutic relationship with someone else besides his or her
supervisor to help the supervisee begin to function autonomously. Level-3
supervisory approaches reflect the beginning of “peership” whereby personal and
professional confrontations are the hallmark of supervision. Level-4 marks clear
autonomous functioning. Confrontation, sharing of personal experiences, and
mutual consultation are the techniques utilized.

Fisher (1989) as well as Reising and Daniels (1983) tested Hogan’s model
and found limited support for a link between supervisee development and how
supervision is to be conducted. Fisher (1989) discovered no significant
differences between beginning and advanced supervisees. Although Fisher
(1989) utilized AAMFT-Approved supervisors and their supervisees, the
generalizability of her study is limited by the small number of participants (e.g.,
five AAMFT supervisors and sixteen supervisees). In addition, Fisher (1989) did
not assign groups randomly, and the supervisees self-selected into either the
beginners or advanced groups on the basis of therapeutic experience.

Reising and Daniel's (1983) results supported Hogan's model of counselor
development, but did not support Hogan's supervisory
recommendations/environments. Their results challenged the idea of invariant
supervisory styles based on supervisee development. Both Fisher (1989) and
Reising and Daniels (1983) agreed that a developmental model of supervision is
not a straight forward and simple process. Rather, it is complex and
discontinuous. Indeed, Fisher (1989) stated, "...practicing different supervisory
approaches is a complex and challenging task....The 'basics' of supervision (i.e.,
establishing a relationship with a trainee, working towards goals, regular meetings
with each supervisee, awareness of the status of each supervisee's caseload, etc.)
is [sic] an overwhelming responsibility. Customizing supervision sessions may
simply be unrealistic" (pp.71-72). Holloway (1987) criticized Hogan's model for
lacking a specific developmental theory to support his ideas concerning the
differential processes of counselor development.

**Rigazio-Digilio's Model**

Rigazio-Digilio and Rigazio-Digilio and Anderson (1997; 1994) approached
marital-and-family therapy supervision from a cognitive-developmental
perspective. Rigazio-Digilio's (1997) model of the supervisory process
reinterprets Piaget's (1970) model of structuralism. According to her, "The
corresponding supervision model uses a metaphorical reinterpretation of neo-
Piagetian cognitive-developmental orientations to identify supervisee and client
worldviews and to sequence questioning and intervention strategies aimed at
enhancing and expanding these worldviews" (p. 196). Unlike Hogan (1964),
Rigazio-Digilio and Rigazio-Digilio and Anderson (1997; 1994) directly linked a
specific developmental theory to the supervisory process.

Rigazio-Digilio's (1997) systemic cognitive-developmental supervision
(SCDS) model has been constructed primarily from four orientations which are
used as guidelines in identifying various ways supervisees experience and operate
on their worlds during therapy and supervision. Supervisees are viewed as
possessing various degrees of skills inherent within each specific orientation.
Each of the four orientations provides opportunities for a supervisee to draw upon
those orientations that reflect various skills required in becoming an advanced
therapist, e.g., conceptual, perceptual, executive, and relational resources. In
addition, each orientation is accompanied by specific constraints and
competencies. Constraints refer to keeping within a certain orientation which
tend to stagnate a supervisee's therapeutic repertoire. Competencies are the
available skills that a supervisee brings to a supervisory process (Rigazio-Digilio,
1997; Rigazio-Digilio & Anderson, 1994).

Prior work with Allen and Mary Bradford Ivey (Ivey & Rigazio-Digilio,
1991 and Ivey, Rigazio-Digilio, & Ivey, 1991) paved the way for Rigazio-
Digilio's model by conceptualizing the four orientations that she described as the
sensorimotor, concrete, formal, and dialectic/systemic. Each orientation is
separated by its characteristic mode of conceptualizing problems within a
supervisory process. The sensorimotor supervisee will usually be conducting
therapy and/or responding to therapeutic process with mostly sensory-based
information, i.e., feelings. Therapists operating from the level of concrete
orientation will most likely be responding to the therapeutic process with specific
facts in understanding or conceptualizing clinical data. The therapist operating at
the level of formal orientation will be concerned with recurring patterns of
interaction, and the therapist whose orientation is from the dialectic/systemic skill
level will incorporate the socio-cultural context into there schema, whereby the
information gathered will also be used to stand outside one's orientation and
question his or her own assumptions about a particular case (Rigazio-Digilio, 1997; Rigazio-Digilio & Anderson, 1994).

In addition, supervisees are seen as needing optimal supervisory environments which vary according to each supervisee’s developmental, contextual, historical, and sociocultural histories (Rigazio-Digilio, 1997). Supervisors determine and provide the optimal environments specifically designed to meet each supervisee’s orientation in order to assist and/or facilitate his or her skill development.

Blocher’s Model

As Stevens (1994) has indicated, Blocher’s model is a “cognitive-developmental” model. Like Rigazio-Digilio’s (1997) model, Blocher (1983) assumed that a counselor’s developmental level and supervisory environment is the most important aspect of his model, i.e., a good “person-environment” fit. Blocher’s model represents a constructivist view of cognitive development, and as a consequence, its theoretical grounding lies within the purview of Kelly’s (1963) psychology of personal constructs. Indeed, Blocher (1983) stated that a constructivist “contends that human beings are active information processors who do not merely receive stimuli fully structured and coded in the external environment. Instead, human beings develop cognitive structures or schemas that
function as category systems through which information from the environment is filtered, classified, and idiosyncratic meanings assigned” (p. 27).

According to Blocher (1983), the interaction of supervisee/learner and supervisor/environment were conceptualized on the basis of seven basic dynamics (e.g., challenge, involvement, support, structure, feedback, innovation, and integration). Challenge refers to the degree of “mismatch” between a supervisee and the immediate demands within the learning environment. Involvement is the degree of personal investment of psychological values in a supervisee’s therapeutic performance. Support is defined as the basic caring, warm, and empathic relationship. Structure denotes a clear learning strategy through which a supervisee could approach his or her relevant tasks. Feedback refers to information given to a supervisee by a supervisor about the effects of the supervisee’s performance specific to process, and outcome of the therapeutic environment. In addition, the supervisor helps the supervisee to be self-reflective by interpreting feedback from him or herself, the client, and the client’s environment. Innovation denotes a supervisee’s ability to try out new behaviors and techniques. Integration characterizes a bi-directional process which includes a stable pattern of interaction between the supervisee/learner and his or her learning environment/supervisor.
Although Blocher's (1983) model is based upon the premise that supervisees arrive at the therapeutic environment with their own unique levels of competence, developmental histories, and learning styles, nothing new has been added to existing cognitive-developmental theory. His model simply places supervisee development into a more global overview of cognitive development without any specifics as to how it impacts or changes supervisee behaviors within a therapeutic context (Stevens, 1994; Holloway, 1987).

**Loganbill, Hardy, and Delworth's Model**

According to Bernard and Goodyear (1992) Loganbill, Hardy, and Delworth (1982) were the first to provide a comprehensive counselor development model. Loganbill et al. (1982) integrated the ideas of Erikson, Mahler, and Chickering in their model. Based mostly on Chickering's (1969) developmental tasks of adolescents, Loganbill et al. (1982) incorporated three stages of development (stagnation, confusion, and integration) with eight issues related to professional counselor development (autonomy, competence, identity, emotional awareness, personal motivation, respect for individual differences, purpose and direction, and professional ethics).

Loganbill et al. (1982) defined their stages as components of an ongoing process whereby assessing supervisees on eight dimensions as either stagnant, confused, or integrated is re-cycled, i.e., coming to the point of integration on a
key issue, is not an end in and of itself, rather, that key issue will recycle later on but with a deeper understanding of that particular issue. Within this model there exist five categories of supervisor interventions (facilitative, confrontive, conceptual, prescriptive, and catalytic) which help supervisees move along the developmental continuum from stagnation to integration. The cycling through of stages within specific issues is said to occur throughout one's professional life. According to Stevens (1994), there are several concerns about this model. One is that Loganbill et al. (1982) do not describe exactly how the processes of their model affect supervisee development. The other is specific to supervisor development, i.e., the authors failed to acknowledge the importance of supervisor training.

Stoltenberg and Delworth's Developmental Model

Stoltenberg's (1981) Counselor Complexity Model (CCM) was the first model to conceptualize the training process as a sequence with identifiable developmental stages. Stoltenberg's (1981) CCM is based on Hogan's (1964) approach to supervision as well as Hunt's (1971) Conceptual Systems Theory. That is to say, Hogan's notions of four levels of supervisee development along with Hunt's four stages of conceptual levels have been integrated and amplified. Stoltenberg (1981) described four developmental stages that a supervisee advances through, i.e., the dependency stage, the dependency-autonomy conflict
stage, the conditional dependency stage, and, finally, the stage of master counselor.

The developmental stages as proposed by Stoltenberg (1981) are not that different from those of Hogan's (1964) stages. However, in his model Stoltenberg (1981) addressed the supervisory environment at each stage by utilizing cognitive-developmental theory. For example, a level-1 supervisee's supervisor would rely on techniques which encourage autonomy in a supervisee while providing a safe environment in order to control for the supervisee's anxiety. At level-2, a supervisor allows for an increase in autonomy with much less structure and nurturing. During level-3, the structure that was provided was primarily from a supervisee oneself, rather than from a supervisor. During level-4, the relationship between the supervisor and supervisee was mostly "collegial". Although a considerable number of recommendations flow from Stoltenberg's model, both the evaluation of supervision and the specific training of supervisors were not attended to.

Stoltenberg and Delworth's (1987) developmental model for supervising counselors and therapists embodied an attempt at refining and articulating supervisee development by describing and explaining changes over time during supervisory processes. This model also contains the four levels of development consistent with Hogan (1964) and Stoltenberg's models (1981). However, in this
"integrative" approach, a supervisee advances to Level-3 integrated. According to Stoltenberg and Delworth (1987), Level-3 integrated "results from a natural unfolding from within rather than from structural change per se" (p. 35). A supervisee progresses through level's 1 to 3 in terms of three basic structures (self-and other-awareness, motivation, and autonomy) in a continuous fashion. Theoretically, a structural shift occurs between each level. In addition, as in Loganbill, Hardy, and Delworth's (1982) model, there exist eight domains (intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics) which are key to professional development and identity. Advancement through each stage, and within each domain, is carefully monitored by a supervisor in regards to the three structures noted above, i.e., self-and other-awareness, motivation, and autonomy.

Furthermore, each level is viewed as part of a sequence that supervisees advance through in a systematic fashion. The levels are also viewed as irreversible. While no recycling through earlier structures is conceptualized, "regressions" may take place when supervisees are challenged with new and/or ambiguous tasks. The regressions are viewed as temporary lapses back to more familiar territory. Indeed, according to Stoltenberg and Delworth (1987), these regressions are "similar to Piaget's examples of the formal operational adolescent..."
who, under stress, uses the concrete operations of an earlier age. Earlier levels of
development do not disappear; they are built upon and left behind but remain
available when needed” (p. 36).

In addition, Piaget’s (1970) constructs are relied upon in terms of upward
movement to another cognitive level (or schema) in that movement is viewed as
occurring as a direct consequence of both assimilation and accommodation
processes. By the time a supervisee reaches Level-3 integrated, if at all, he or she
has essentially integrated all Levels (especially Level-3 skills and knowledge)
across all eight domains. At this point, integration is said to reflect horizontal or
depth movement as opposed to the previous three levels which were linear or
vertical. Once again, Piaget (1970) is called upon by Stoltenberg and Delworth
(1987) in that Piaget’s concept of “horizontal decalage” best explains Level-3
integrated as it represents an “unfolding from within.” In this process a therapist
utilizes all the prior levels for the expressed purpose of generating new meaning
and/or awareness both within self and others, and between self and others, i.e., the
creative, relational, and interpersonal aspects of self.

Although Stoltenberg and Delworth (1988; 1987) preferred a qualitative
organistic model articulating growth from level to level, they also saw the utility
in a mechanistic approach to examining certain aspects of learning within
particular levels, i.e., a mechanistic additive model where the whole-is-equal-to-
the-sum-of-the-parts versus an organistic model where the whole-is-greater-than-the-sum-of-the-parts. Stoltenberg and Delworth (1987) also believed that it is important to not place so much emphasis on age and experience as a therapist’s stage of development. Although they may be useful indicators, Stoltenberg and Delworth (1987) viewed age and experience as crude benchmarks of development. In other words, changes in supervisees’ behaviors in supervision are not attributable to age, but rather to the interaction between a supervisee and his or her supervisory environment.

Despite the fact that Stoltenberg and Delworth (1987) mentioned the important effects of individual variables in development, it was Holloway (1987) who questioned whether or not developmental models were in fact developmental. Supervisee’s lives are more complex, and they have access to various roles (e.g., student, spouse, parent,) other than the role of a trainee. She argued that it may be these varying roles that could account for the developmental growth of a supervisee. As a consequence, Holloway (1987) engaged in an extensive, critical examination of such models and concluded that, “Although these researchers are interpreting their results as tentatively supporting a developmental model, lack of developmental-specific methodology, confinement to the supervisory experience as a source of information, predominant use of
structured self-report questionnaires, and lack of evidence of distinct, sequential
stages in trainees’ growth reflect the prematurity of such claims” (p. 215).

Stoltenberg and Delworth (1987) supported Holloway’s methodological
research criticisms. However, for them, the very fact that partial validation was
found justified that developmental models should be pursued rather than
abandoned as suggested by Holloway. In addition, Stoltenberg and Delworth
(1987) argued that their model was never intended to describe the “status quo” of
all training sites or all theoretical models (one of several criticisms levied by
Holloway), but that a metaphor such as the “developmental model” is a useful
one to the extent that the “development” of a therapist can be explored and
examined. Indeed, they stated, “Development is an analogy or metaphor that has
proven useful in other areas of human behavior. It is not the ‘truth’, but it may
serve us well in providing an understandable framework through which to
examine the process of becoming a counselor” (p. 136). The same can be said of
Watkin’s (1991) developmental supervisory model. It can be viewed as a useful
metaphor in describing the process by which a novice supervisor becomes an
expert supervisor. Watkin’s (1993; 1991; 1990) model will be described and
elaborated upon below.
Supervisor Developmental Models

As indicated above, a useful metaphor, or concept of supervisee development, is expressed in the construct of developmental stages. The same is "true" for supervisors' developmental models. It can be assumed that supervisors also advance through stages "developmentally," and the idea of development as a metaphor remains useful in understanding human behavior (Watkins, 1995a). It is, by now, well-known that beginning supervisees require and expect support and direction from supervisors (York, 1997; Wetchler, 1989; Brock & Sibbald, 1988; Stoltenberg & Delworth, 1987; Worthington, 1987; 1984a; Heppner & Roehlke, 1984; Stoltenberg, 1981). Other skills and experiences are required of supervisees as they progress through middle and advanced levels of supervisory process (e.g., conceptual clarity, understanding and integrating several theoretical perspectives, understanding parallel process and isomorphism, utilizing countertransferenceal feelings, thoughts, and behaviors therapeutically, autonomous functioning, understanding ethical and legal issues, and increasing awareness of professional identity). As supervisees progress, it behooves a supervisor to adjust his or her supervision strategy as supervisees become increasingly more competent and autonomous (York, 1997; Liddle, 1988).

The existing literature supports the assumption that supervisors will change their styles and/or strategies of supervision in relation to the levels of experience
of their supervisees (Rigazio-DiGilio, 1997; Rigazio-DiGilio & Anderson, 1994; Chazin, 1990; Wetchler, 1989; Brock & Sibbald, 1988; Stoltenberg & Delworth, 1987; Worthington, 1984a; Heppner & Roehlke, 1984; Miars, Tracey, Ray, Cornfield, O’Farrell, Gelso, 1983; Reising & Daniels, 1983; Stoltenberg, 1981). What does the literature have to say about a supervisor’s level of experience or development? Apparently, there is not much known about the development of supervisors nor about the specific characteristics which make them accomplished supervisors (York, 1997; Watkins, 1995d; Liddle, 1988). Below, several of the more pertinent studies which examined supervisory development will be explored. This will be followed by several of the more recent models of supervisor development including Watkin’s (1995a; 1993; 1990) Supervisory Complexity Model (SCM). Watkin’s (1995a; 1993; 1990) model will be the guiding perspective and will serve as the foundation for this investigation.

Studies Examining Supervisor Development

Although not specific to stages of supervisor development per se, Wetchler (1989) surveyed 318 AAMFT supervisors and 299 of their supervisees on their perceptions of the effectiveness of several supervisor interpersonal skills. Despite the fact that Wetchler found high ratings in interpersonal skills such as “helps supervisee assess own strengths,” (p. 247), “encourages development of own style,” (p.247), and “offers feedback on the supervisees’ strengths,” (p. 249) both
supervisees and supervisors had the highest ratings on the interpersonal skill “respects the supervisee” (p. 249). Apparently, assisting a supervisee in developing autonomous functioning as a therapist is valued by both supervisees and their supervisors. This finding is important to supervisor development in that AAMFT-Approved supervisors require training specific to supervision.

Developing autonomous behavior in supervisees is consistent with the existing literature on developmental stages during the supervisory process for later stages of supervisee development. Unfortunately, except for the American Association of Pastoral Counseling (AAPC) and the American Association for Marriage and Family Therapy (AAMFT), no other field “requires” training in becoming a supervisor (Todd & Storm, 1997).

In a similar study, Wetchler and Vaughn (1991) surveyed 280 AAMFT-Approved supervisors and 266 of their supervisees regarding perceptions of the primary supervisory interpersonal skill used during a critical time in therapy which had an effect on supervisee development. They found that supervisor “directiveness” (p. 67) was the most highly rated skill by both supervisors and their supervisees. For supervisors, “confronts when appropriate” (p. 67) was rated second, and “helps supervisee assess own strengths” (p. 67) was third. For supervisees, “provides constructive negative feedback” (p. 67) was second, and “builds supervisees’ confidence” (p. 67) was third. Directiveness or providing
direction is also consistent with the literature on supervisee development during the supervisory process, but for “beginning” therapists only. Supervisees in this study practiced family therapy an average of 4.3 years with a range from one to 28 years. Their supervisors had an average of 9.8 years of supervisory experience with a range of 3 to 40 years. Consequently, the need for “direction” by supervisees may not be specific to beginning therapists, but may depend more on the circumstances being presented by the therapeutic context per se. During a critical time in therapy (e.g., threat of suicidal behavior), direction is a technique welcomed by supervisees. What was consistent in this study with the existing literature was the fact that providing direction by a supervisor led to supervisees’ “growth.” Indeed, according to Wetchler and Vaughn (1991), “It appears that both trainers and trainees have found supervisor directiveness to be important in supervisees’ clinical development.... This also seems to validate some supervisees’ concern in wanting their supervisors to spend more time telling them what to do” (p. 67).

In a study investigating the impact of experience on supervisor planning, Stone (1980) found that beginning supervisors made less “planning” statements about their supervisees whereas experienced supervisors were found to provide more “planning” statements about their supervisees. The more experienced supervisors were more goal oriented, and less vague about the supervisory process
before supervision began. In addition, the largest planning statements for experienced supervisors focused on process, followed by concern for their supervisees. The inexperienced group was most concerned with the “subject” matter of supervision, a lower-order level within supervisory process. Although planned comparisons were used appropriately, and considered a statistical strength of this investigation, Stone (1980) used undergraduate psychology students for his inexperienced supervisor group.

In a related study, Marikis, Russell, and Dell (1985) examined the effects of supervisor experience on presession planning and in-session supervisor verbal behavior. These investigators found support for Stone’s (1980) earlier study. More experienced supervisors made more planning statements which were related to a supervisor’s increase in verbal responses to the supervisory environment. In other words, supervisors in the low-and high-experience groups made significantly more statements both about themselves and about counseling skills in psychotherapy than did the no-experience group. However, although these investigators did not use “undergraduates” in their study, they used a confederate client as the main stimulus for the observed supervision session. In addition, no supervisor had formal training.

Studying supervisory focus, Goodyear and Robyak (1982) observed that supervisors who had minimal experience (0 to 8 years) tended to place emphasis
on theory in their supervisory practice. That is to say, they tended to emphasize skills related to their theories. Supervisors who had more experience (9 or more years) were flexible in their orientations and would deviate from their orientations depending on the specifics of the therapeutic context. They also emphasized skills unrelated to their specific orientations and focused more on counseling skills. In addition, no main effects were found for supervision experience between supervisors who had supervised 25 supervisees or those supervisors who had supervised less than 25 supervisees.

Yoge and Pion (1984), in a study related to supervisors modifying supervision according to the levels of experience of their supervisees, observed that supervisors did not modify their styles or respond differently to supervisees with no experience (first-year practicum students), two years of experience (second-year externship students), or two or more years of experience (interns). Although supervisors completed a questionnaire about goals, procedures, and expectations regarding their supervisees, with an internal consistency of Alpha equal to .72, there was limited information on their data analysis. Only means and standard deviations were computed across all three groups. In addition, only 31 supervisors were surveyed. Consequently, both the low number of participants and the apparent lack of inferential statistical analyses leave in question the extent to which their results are generalizable.
Worthington (1984b), in a study that investigated attributional styles of supervisors of counselors, concluded that less-experienced supervisors are more apt to view supervisee behavior as "trait" related behavior as opposed to more-experienced supervisors who view supervisee behavior as attributable to "external" factors, i.e., to observed external stimuli. In other words, supervisors with more experience were able to empathize and/or "take the role of the counselor" whereas less-experienced supervisors were less likely to understand the role of a counselor in relation to his or her client. The fact that three of the four groups of supervisors used in this study had no experience being a supervisor is seen as a limitation. Indeed, one group was composed of undergraduate psychology students, and only one group was composed of post-Ph.D. counselors.

Miars, Tracey, Ray, Cornfield, and Gelso's (1983) study is important in that they examined both supervisor experience (e.g., post-PhD-level supervisors' experiences were broken down into three categories—low or 1-5 years, medium or 6-11 years, and high or greater than 11 years) and supervisee level (e.g., first practicum, second practicum, advanced practicum, and predoctoral intern) in order to determine the specific variable(s) related to varying supervisory environments. In addition, it was the first empirical investigation to use Stoltenberg's (1981) Counselor Complexity Model (CCM) as its basis. They discovered that one variable in particular—the theoretical orientation of the
supervisor—accounted for most of the variance as it related to changing the conditions of the supervisory environment. More specifically, they found that psychodynamic supervisors altered the conditions of the supervisory environment more often than cognitive-behavioral or humanistic supervisors. They hypothesized that this may be so because “a psychodynamic perspective of supervision is inherently developmental in nature” (p. 411). Half of the significant differences found across supervisee levels were between second-and advanced-practicum students. For only one item studied (“for this supervisee, I use a lot of instruction”) was there a significant difference between advanced practicum students and interns. However, all supervisor behaviors changed as their supervisees’ performance levels changed, and, in general, supervisor responses revealed that supervisees with more experience were given less structure, support, and direction. No significant differences were found for gender or for counselor or supervisor experience levels.

Worthington and Stern (1985) paired supervisors with different levels of experience and skill with supervisees with different levels of experience and skill. Gender and degree level were two variables they examined in order to describe changes within supervisory relationships. Their results showed that supervisors believed that the experience level of a supervisee was an important variable to regarding the content and ways in which they, as supervisors, responded to during
a supervision session. However, neither supervisors nor supervisees rated supervisors as more effective. Supervisees and supervisors did not rate supervisors as more effective despite their different status (e.g., as faculty, students in practicum, or students on internship). Furthermore, there were no perceived differences in either the strength or quality of the supervisory relationship. Effects for gender were significant for male supervisors only. Male supervisors rated their relationships with their supervisees as stronger than did female supervisors on knowledge of the supervisee’s acts and feelings, the degree that the supervisor thought he or she contributed to the supervisee’s improvement, and perceptions on how close the relationship was thought to be.

Worthington (1987) reviewed research on changes in supervision as supervisees and supervisors become increasingly experienced. He found that, in general, supervisors do not improve with experience, and there was no difference between pre-and post-PhD supervisors as perceived by their supervisees. On the other hand, he cautioned against the assumption that supervisors do not change as they gain experience. He stated, “the experienced supervisor might have more technical expertise than the fledgling, being more facile with client assessment counseling interventions, or technical skills” (p. 206). The main reason given by Worthington for the different meanings between improvement and change was primarily based on the fact that there exists no formal training in how to
supervise, and those therapists with the most experience are usually "promoted" to supervisory status based on time alone.

In a more recent investigation of the developmental process of a supervisor, Stevens (1994) uncovered some support for Watkin's model of development in clinical supervisors. Specifically, the idea that time served (e.g., experience) as a supervisor and personal growth in stages was supported only for the measure "self-efficacy". The more time in as a supervisor, the better one felt about the skills and capabilities of supervising a supervisee. Training and supervisory stage was also supported, but only for the composite variable "relationship to supervisee" which was comprised from three dependent variables—criticism, support, and dogmatism as elements of stages for a supervisor according to Watkin's Supervisory Complexity Model. In other words, supervisors with more experience are less likely to rely on theoretical dogma and are more likely to form their own integrated models of supervision. However, training consisted only of course work, i.e., from no courses to three courses. No supervisor had formal training on how to be a supervisor. Utilizing Lanning and Freeman's (1994) Supervisor Emphasis Rating Form-Revised (SERF-R), Stevens (1994) found no relationship between supervisory emphasis and level of training with the variables "supervisory skill" and "personalization" as hypothesized. Despite "training level" supervisors were as likely to focus on skills as they were to focus on
personal issues. Stevens (1994) stated, “it was presumed that higher stage
supervisors would emphasize personalization issues more at the expense of skills
issues. This was not found to be the case” (p. 83).

Stevens (1994) found limited support for the idea that supervisors advance
in predictable linear fashion as they acquire experience and training (e. g., the
more experience and training a supervisor has, the more enhanced is his or her
ability to focus on the needs of a supervisee as opposed to one’s own needs). The
fact that his was an analog study with supervisors who had no formal training
requires caution when analyzing the results. Specifically, the main problem with
analogue research pertains to the question of external validity. How generalizable
are artificial circumstances which do not resemble actual supervisory conditions
and/or environments? Surveying real supervisor-supervisee-dyads with
supervisors who have had “formal” training in supervision (e. g., AAMFT-
Approved supervisors) would test whether actual results lend greater support to
the notion that supervisors advance in linear fashion as they acquire experience
and/or training. Whether or not gender is a key variable in supervisory
development would also add to the existing literature.

Parenthetically, it would appear that research on the development of a
psychotherapy supervisor is sparse and remains a much neglected area. In
addition, what is known about supervisor development is mixed and dependent
mostly upon supervisee’s perceptions. Indeed, most of the work in this area tends to make “level of experience” synonymous with, “development”. What is needed is a study that broadens the meaning of development by minimally including training in supervision as well as experience at supervision (Watkins, 1995d). Nevertheless, the supervisor developmental models to follow all share the same basic assumptions and theoretical constructs. Three of the most basic assumptions and constructs shared are that (1) all developmental models incorporate the assumption that the idea of development, though a useful metaphor, can be shown to incorporate a specific process, (2) all models have a focus on developmental issues such as dependency versus autonomy, and (3) all models imply agreement that a stage process of some kind is involved (Watkins, 1995a). The four models to be presented below all embrace the metaphor of development, as a “reality.”

**Hess’s Model of Supervisor Development**

According to Hess (1986; 1987), a supervisor passes through three stages of development (a beginning stage, an exploration stage, and a stage in which a supervisor’s identity has been confirmed). The beginning supervisor is unsure of oneself primarily because of a lack of formal training. A beginning supervisor takes refuge in knowing that he or she can focus on the “concrete.” Indeed, according to Hess (1987), “Teaching dream interpretation, a flooding technique,
or differential diagnosis, are safer grounds on which to tread than is exploration of parallel processes among client, therapist, and supervisor” (p. 252). The exploration stage begins when awareness of better or worse supervisory sessions have occurred. Supervisors begin to see an impact on their supervisee’s, and modify interventions accordingly by explicitly focusing on supervisee’s needs (e.g., student learning takes priority, and the supervisor attends supervision workshops). Confirmation of a supervisor’s identity takes place when he or she is well-skilled. Excitement as a professional supervisor builds and is capped by the feeling of solid effectiveness, competence, and an understanding of the subtleties which separate therapy from supervision per se.

**Rodenhauer’s Model of Supervisor Development**

Rodenhauer’s (1994) model of supervisor development consists of four stages (emulation, conceptualization, incorporation, and consolidation). During the **emulation** stage, a supervisor draws on experience from one’s own work as a supervisee, and models oneself after respected supervisors. During the **conceptualization** stage, a supervisor begins to formulate guidelines on how to supervise, and a conceptual basis for supervision takes shape as well. During the **incorporation** stage, a supervisor begins to become self-reflective or aware of how one accomplishes the tasks of supervision and it’s impact on a supervisee. In addition, a supervisor becomes sensitive to “structural” variables within
supervisory process such as experience level, gender, and ethnicity. With solid experience, theoretical acumen, technical skill, and professional identity in hand, a supervisor is said to have entered the final stage of consolidation. At this stage, a supervisor is able to recognize and use parallel process effectively. He is also able to recognize and use transference and countertransference issues with much clinical acumen.

Stoltenberg and Delworth's Model of Supervisor Development

Stoltenberg and Delworth (1987) made it clear in their model that "progression in levels as a supervisor assumes progression in levels of counselor development" (p. 154). In other words, they found it impossible for a level-3 supervisor to be at the skill level of a level-1 counselor, i.e., supervision is a unique process despite similarities to counseling. Stoltenberg and Delworth's model is a four-stage model (three individual levels and an integrated level).

Level-1 supervisors are said to be highly anxious and overly concerned about "doing the right thing" as are their level-1 counselor counterparts. They are dependent on their supervisors for guidance, and are more in tune with their own feelings and reactions as opposed to their supervisees' feelings and reactions. They tend to be dogmatic and prefer that their supervisees "adopt their therapeutic orientation and techniques" (p. 155). Concerned about a mismatch between a supervisor and supervisee, Stoltenberg and Delworth (1987) reported
that a level-1 supervisor and a level-2 supervisee are a bad match. This is because a level-1 supervisor is not yet prepared to deal with the conflict and confusion that a level-2 supervisee tends to go through during this stage of development. Nevertheless, at this stage, motivation for the level-1 supervisor is high.

**Level-2 supervisors** are said to be equivalent to level-2 counselors in that they share a level of confusion and conflict during this phase of development. A level-2 supervisor realizes, probably for the first time, just how complex the supervisory process is. Motivation fluctuates, and the supervisor “relapses” to being dependent on his or her supervisor or colleague. A level-2 supervisor is “a poor match for any supervisee but does best with a beginning level trainee” (p. 157).

**Level-3 supervisors** maintain a consistent level of motivation, autonomous functioning, are self-aware, can easily balance between his or her needs and supervisees’ needs, and view the supervisory role as one role among many which defines oneself as a professional. Most supervisors are said to attain this level of supervisory status. The level-3 supervisor can supervise supervisees at any training level.

**Level-3 Integrated supervisors** are referred to as “master supervisors.” A supervisor at this level is able to integrate many skills and theoretical epistemologies. They tend to supervise all supervisee levels equally well and are
adept at utilizing parallel process. Indeed, according to Stoltenberg and Delworth (1987), “these supervisors are thought of as ‘supervisor’s supervisors’ and are asked to provide supervision to less experienced supervisors” (p. 158).

Watkin’s Model of Supervisor Development

Watkin’s (1995a; 1993; 1990) Supervisor Complexity Model (SCM) appears to be the best model of supervisor development to date. Indeed, Watkin has incorporated and elaborated both Hogan’s (1964) and Stoltenberg’s (1981) Models. Watkin’s model is a four-stage linear model through which supervisors are said to progress. Based on assumptions of a developmental model, supervisors necessarily are faced with both tasks and crises at each of the four stages. A great deal of development and experience is required in order for a supervisor to reach stage-four status. As indicated above, four developmental issues are key to this model. With experience, they become increasingly complex. The four developmental issues are competency versus incompetency, identity versus identity diffusion, self-awareness versus unawareness, and autonomy versus dependency. The four stages are role shock, role recovery/transition, role consolidation, and role mastery. Each will be taken in turn, described, and elaborated upon.

Role shock is the first stage that novice supervisors traverse. During this stage, supervisors are uncertain about their new roles. In fact, they question
whether or not they posses the competence or confidence to guide their supervisees, especially since they, too, have recently made the transition from therapist to supervisor. Indeed, it is precisely the crisis of confidence and competence that leads directly to feelings of role shock and the impostor phenomenon. Perceptually they feel inadequate, and are hyperalert to comments about their performances. Behaviorally, they tend to either retreat and withdraw, or attack and advance protecting themselves via distancing maneuvers. As impostors, they tend to play the role of supervisor rather than identifying with it. They often inquire, and struggle with questions such as, “Am I a professional or student?”, “What exactly is a professional anyway?”, and “What does it take to be a psychotherapy supervisor?” (p. 556). There exists an exaggerated stance on rules, procedures, and content as opposed to the supervisory process.

The Role Recovery/Transition stage is marked by the observance of skills which comes with experience. Positive experiences during the supervisory process bring forth the beginning of an identity core. As this core identity begins to cohere, a supervisor recognizes his or her impact on supervisees. Ambivalent feelings mark this stage with increasing dialectical polarities, i.e., competent/incompetent, self-and-other-awareness, autonomy/dependency.

Because a supervisor’s confidence is fragile, countertransference and transference
issues are recognized but not delved into because of uncertainty about how to
handle them.

During the Role Consolidation stage, a supervisor begins to develop his or
her supervisory expertise further, and identity as a supervisor becomes more solid.
Because a supervisor’s confidence is formed at this stage, transference and
countertransference issues are both recognized and used. However, they are not
used on a consistent basis. Supervisors are also more in control of supervisory
process overall, i.e., they are more comfortable with their responsibilities, and act
with greater independence as well as flexibility. In addition, according to
Watkins (1990), “supervisors further develop a cohering supervisory style (i.e.,
their own way of operating in supervision), which is undergirded by their
theoretical leanings, is personally meaningful to them in their practice of
supervision, and generally guides their efforts” (p. 558). supervisee’s and their
client’s needs are placed before a supervisor’s needs and/or goals. This reflects a
major sign-post of developmental growth for the budding “expert” supervisor.

Role Mastery, the fourth and final stage, is said to occur when a supervisor
possesses a high level of self-awareness about one’s own weaknesses, strengths,
and limitations during supervisory processes. In addition, supervisors are able to
reflect on their own reflections, i.e., they are able to observe themselves observing
themselves with their supervisees. Clearly, the ability to take a superordinate
position as it is occurring requires a capacity to think abstractly. Furthermore, a supervisor is able to consistently recognize and use transference and countertransference issues effectively. A fully elaborated and integrated sense of identity manifests itself during this stage, and, as Watkins (1990) stated, a supervisor comes to the final position and acceptance believing that "I am an effective, professionally responsible supervisor" (p. 558).

Summary and Conclusions

Development into an accomplished supervisor over the life span of one's professional career purportedly evolves in a linear fashion over time, and in sequential stages. How much time this is supposed to take, and the specific tasks which are most critical to overcome at each stage, are issues not specifically addressed in either the supervisee or supervisor literature. Indeed, as Watkins (1990) stated, "As with most models of psychotherapy trainees' development, I am hesitant to specify a timetable for psychotherapy supervisors' development" (p. 558). He went on to say that a great deal of experience is required in order to reach the upper echelons of supervisor status, i.e., role mastery. There has been much emphasis on the idea of experience in the literature as if experience alone is a sufficient developmental defining variable. Stevens (1994) put it rather
succinctly when he stated, "The 'best clinicians' become supervisors without regard to whether or not they feel competent to the task" (p. 43).

Although Watkins (1993) made it clear that formal "training" leads most effectively to supervisor competence and professional identity, none of the researchers stated above included it in their empirical research. Rather, "training" was defined by how many courses a supervisee had in supervision. No "formal training" in supervision via professional standards (e.g., AAMFT-Approved Supervisors) has been examined prior to this study. In addition, years of "experience" post-formal training has not been investigated and evaluated prior to this study. If there, indeed, exists a linear acquisition of developmental growth and skill level, then both "formal training" and "years of experience" post-formal training must be included as important variables to study. Perhaps, studying post years of experience and formal training may aid us in our examination of the issue of how much "time" it takes to become an "accomplished" supervisor.

Gender, also, has not been a sufficiently studied variable as it relates to linear developmental growth of a professional supervisor. Indeed, as stated by Carol Gilligan (1982), a woman's developmental orientation and/or task may be more relational, or more attached, as opposed to a man's developmental orientation or task, i.e., to become more autonomous and separate. Consequently, maintaining some level of attachment, proximity, or non-
hierarchical position as a supervisor, in relation to a supervisee, does not necessarily equate with poorer performance, lack of skill, or boundary violation.

Although we must continually be aware of how the metaphor of development is informed by differences in gender and culture, an “accomplished” supervisor hopefully becomes an “accomplished” supervisor with regard to competence, training, and continued motivation to learn and expand regardless of gender and/or culture or how much experience one has. It cannot be overstated or emphasized enough about how important it is to find certain variables and/or combinations thereof, which lead to a so-called “accomplished supervisor.” In fact, the mental health field demands no less when one considers that clients’ lives and emotional well-being are at stake. As approved supervisors, marriage and family therapists must take the lead and begin empirical investigations at the very point of approval, and not before. Clearly, factoring out variables which may determine effective versus ineffective supervisors is essential for the professional development of competent supervisors and for the development of the profession as a whole.

Within this chapter, theoretical supports for the proposal that the construct and/or metaphor of development is a useful one when studying which factors lead to increased competence for both an “accomplished therapist” and an “accomplished supervisor” have been addressed. In addition, the above studies
have indicated that supervisors change their strategies of supervision based on the experience levels of their supervisees (Rigazio-Digilio, 1997; Rigazio-Digilio & Anderson, 1994; Chazin, 1990; Wetchler, 1989; Brock & Sibbald, 1998; Stoltenberg & Delworth, 1987; Worthington, 1984a; Heppner & Roehlke, 1984; Yoge & Pion, 1984; Miar, et al, 1983; Reising & Daniels, 1983; Stoltenberg, 1981).

However, the research results are mixed when examining supervisor experience level and behavior. Several researchers observed that beginning supervisors were prone to making less “planning” statements than those with more experience who not only made more planning statements, but those planning statements addressed directly the supervisory environments (Marikis et al., 1985; Stone, 1980). Worthington (1984b) noted that less experienced supervisors were apt to view supervisee behavior as trait related whereas those with more experience were apt to view supervisee behavior as state-or externally related factors. Stevens (1994) discovered that supervisors with more experience were less likely to rely on theoretical tenets than their less experienced counterparts. This finding was consistent with Goodyear and Robyak’s (1982) earlier study which found that supervisors with less experience emphasized both theory and skills than supervisors with more experience. In addition, Stevens
(1994) discovered that the more experienced supervisors felt better about their 
skills and abilities than did their less-experienced counterparts.

In terms of experience as the variable denoting effectiveness as a supervisor, 
Worthington and Stern (1985) observed no significant differences across three 
levels of supervisor experience. Similarly, Worthington (1987) observed no 
relationship between skill and experience level. However, Wetchler (1989) noted 
that assisting a supervisee in developing autonomous functioning was highly 
valued by both supervisees and their supervisors. All supervisors surveyed by 
Wetchler were AAMFT-Approved. Consequently, his results may be related to 
formal-training rather than experience level. In addition, Wetchler and Vaughn 
(1991) found that supervisors providing direction for their supervisees during a 
critical incident, was related to “growth” as a therapist. A supervisor’s response, 
however, was not dependent on supervisee experience level. If Watkins is 
accurate in his assumptions that advanced supervisors will be more flexible, 
autonomous, independent, more skillful, and in possession of a solid sense of 
identity as a supervisor, then his assumptions should apply to AAMFT- Approved 
supervisors equally as well as they have with counseling-psychology supervisors.
Chapter III

METHODOLOGY AND DESIGN

Chapter three will be divided into the following sections of the study: (a) respondents, (b) procedures, and (c) instrumentation, design, power and statistical analysis.

Participants

A volunteer randomly selected sample of 136 AAMFT-Approved supervisors, and 116 of their supervisees responded to a national mailing. Each supervisor (see Appendix E) and supervisee (see Appendix G) was given a written explanation of the study. Returning the packet of questionnaires implied informed consent. A summary of the results was offered to all participants with participant anonymity guaranteed. In the supervisors’ group 70 (51.5%) were women, and 66 (48.5%) were men. Participants’ ages ranged from 30.0 years to 76.0 years, ($M = 52.17$ years, $SD = 8.16$). Most held either a doctoral degree (n = 66, 48.5%) or a master’s degree (n = 66, 48.5%). Of the remaining AAMFT-Approved supervisors, 4 held an Ed.S. (Education Specialist) degree. The majority of participants identified themselves as European-American (n = 129, 95.30%). Among the other participants, 3 (2.0%) identified themselves as Hispanic, 3 (2.0%) as Native-American, and 1 (.7%) as African-American.
For the supervisees, 64 (55.2%) were women, and 52 (44.8%) were men. Supervisees' ages ranged from 24.0 years to 59.0 years, \( \text{M} = 35.8, \text{SD} = 9.21 \). Most held a master's degree (\( \text{n} = 94, 81\% \)). Of the remaining participants, 3 (2.6%) held a doctorate degree, 3 (2.6%) an Education Specialist degree, and 16 (13.8%) Bachelors degrees. The majority of participants identified themselves as European-American (\( \text{n} = 104, 92.0\% \)). Of the remaining participants, 4 (2.75) identified themselves as Hispanic, 3 (2.0%) as African-American, 3 (2.0%) as Native-American, and 2 (1.3%) as other. For additional descriptive statistics of the demographic data see chapter four.

Procedures

Supervisors were contacted through a mailing to AAMFT-Approved supervisors in the United States. At the time of this study, there were 2,197 AAMFT-Approved supervisors. An initial mailing sample of 500 AAMFT-Approved supervisors were selected. An additional mailing to 200 AAMFT-Approved supervisors produced this sample of 136 supervisors and 116 supervisees who participated in the study. For this investigation, both the initial sample of 500 AAMFT-Approved supervisors and the additional sample of 200 AAMFT-Approved supervisors were necessary in order to satisfy the requirements of the desired power level (Cohen, 1988). A computer-generated table of random numbers was used to assign consecutive numbers to each
member of the population of interest. An initial letter of interest, a postcard, and the questionnaires required for the study were sent. Each supervisor who participated in this study was instructed to randomly select a supervisee he or she had been supervising for at least a four-week time period to also participate in this study. The supervisees who chose to participate filled out the questionnaires in a sealed packet marked “TO BE OPENED BY A SUPERVISEE ONLY.”

During the original mailing, each supervisor received one copy of the AAMFT-Approved Supervisor Demographic Questionnaire (Appendix H), one copy of the Psychotherapy Supervisor Development Scale (PSDS, Appendix A), one copy of The Supervisor Emphasis Rating Form-Revised (SERF-R, Appendix B), Form-SS for supervisors, and one copy of the Personal Preference Scale (see Appendix D). A follow-up letter requesting additional data was sent to supervisors who participated in this study (see Appendix F). The supervisees received one copy of the Supervisee Demographic Questionnaire (see Appendix I), one copy of the Supervisee Levels Questionnaire-Revised (SLQ-R, see Appendix C), and one copy of the Personal Preference Scale (see Appendix D). Independently, both a supervisor and a supervisee were instructed to return his or her packet in a sealed envelope back to the principal investigator in a stamped, self-addressed envelope. Instrumentation packets were designed to ensure anonymity. All instruments contained a code number. A particular supervisor,
and his or her supervisee, had the same code numbers. A “master” list of
supervisor names and code numbers was available to allow for follow-up on
nonrespondents.

Participants who wished to receive a summary of the results, indicated their
desire on a post card. Post cards did not contain a code number in order to ensure
anonymity. All the scoring of the standardized instruments used in this study
followed the specific published directions and were scored by the investigator.

Instrumentation

**Psychotherapy Supervisor Development Scale** (Watkins, et al., 1995)

The Psychotherapy Supervisor Development Scale (PSDS) is an 18-item
self-report instrument designed to measure a supervisors developmental stage
according to the Supervisor Complexity Model (hereafter refer to as the SCM)
(Watkins, 1993; 1990). The PSDS includes core developmental issues consistent
with the SCM (e.g., competency/incompetency/effectiveness, identity/identity
diffusion/commitment, self-awareness/unawareness, and
autonomy/dependency/sincerity in the supervisor role). According to the
researchers, high and low scores on the PSDS significantly differentiate between
low, moderate, and high levels of supervisor experience (Watkins, Schneider,
Haynes, & Nieberding, 1995).
Validity was established by mailing the original 46-item questionnaire to 1000 members of the American Psychological Association's Division of Psychotherapy. The final sample consisted of 335 supervisors. All items were rated on a seven-point scale, where one denoted never, four half the time and, seven always. Items number thirteen, sixteen, seventeen, and eighteen were reverse scored. The 46-items were subjected to a principal-components factor analysis with varimax rotation. Four factors were retained. The solution accounted for 43.5% of the variance. Eigenvalues represent explained variance. The maximum number of factors (eigenvalues larger than 1) are retained in the final solution. Factor I (competence/effectiveness) had an eigenvalue of 13.87, Factor II (identity/commitment) had an eigenvalue of 2.52, Factor III (self-awareness) had an eigenvalue of 1.95, and Factor IV (sincerity in supervisor role) had an eigenvalue of 1.66. Eighteen of the 46 items loaded at the .45 level or higher and were retained in constructing the final self-report measure of the PSDS. Varimax rotation simplifies the factors by maximizing the variance of the loadings within factors and across variables. The spread in loadings is maximized, with the first component extracting the most variance, and the last component extracting the least variance. Mathematically, the solution is unique (Tabachnick & Fidell, 1989). The PSDS had good reliability, i.e., the alpha coefficient for the 18 items was .90.
Recently, the PSDS received further validation. Hillman (1997) examined test-retest reliability, internal consistency, and concurrent validity of the PSDS. Her sample consisted of 43 clinical supervisors and supervisor trainees who worked in university counseling centers or were enrolled in graduate clinical supervision courses. The stability of scores for the PSDS was obtained over a four-week period. The coefficient of stability was .85 (p<.00) which indicates that the scores were stable over time. Internal consistency was examined utilizing the split-half procedure. Using the Guttman split-half procedure, Hillman (1997) found a high correlation of .95 (N=42) indicating that both parts of the split-half were measuring the same construct.

The Supervisor Emphasis Report Form-R (Lanning & Freeman, 1994)

The SERF-R (Lanning & Freeman, 1994) as an ipsative instrument (as opposed to a Likert-scale instrument) eliminates supervisor's tendencies to rate all test items as a high-emphasis area of supervision. Instead, there are 15 groups of four items. Each group uses a one to four rank-order format. Supervisors are asked to rank order the degree of emphasis and/or area of competence that they believe supervisees should learn in the following areas: Professional Skills, Conceptual Skills, Process Skills, and Personalization Skills. Professional Skills are those behaviors, ethical and otherwise, which reflect a therapist's and/or supervisor's ability to adhere to appropriate standards for practice. Conceptual
Skills deal with a professional's skill in assessing client themes, selecting appropriate techniques, and utilizing theoretical frameworks. Process Skills refer to the ability of a professional in evaluating levels of interaction between oneself and clients such as questioning skills and self-disclosure. Personalization skills relate to the inner attitudes, feelings, and beliefs of a professional therapist and/or supervisor, i.e., the ability to tolerate personal feelings and ambiguity. The SERF-R is a revision of the original Supervisor Emphasis Report Form (Lanning, 1986). Both the SERF and SERF-R are reported to be valid and reliable (Lanning & Freeman, 1994). Construct validity of the instrument was established by submitting the list of items developed from each of the four areas as indicated above to six supervisors and then eight supervisors. Reliability was established by submitting the SERF to 100 counselor educators. Consensus was established at an 80%-agreement level from the first group of supervisors, and was used as the criterion for inclusion of an item for the second group of supervisors. Of the 100 counselor educators, 87 returned completed instruments. The reliabilities for each of the subscales ranged from .83 to .87. The total reliability was .94. The reliabilities for the SERF-R range from .68 to .80 on the subscales. Split-half measure results demonstrated that the reliabilities of the subscales are at acceptable levels, ranging from .65 to .73 (Lanning & Freeman, 1994).
The Supervisee Levels Questionnaire-Revised (McNeill et al., 1992) is a 30-item self-report form designed to capture characteristics on a continuum of development regarding the levels hypothesized by Stoltenberg and Delworth (1987). The response format is a seven-point Likert scale with “never” and “always” as extreme opposites. Cronbach alphas for the three subscales for self-and other-awareness, motivation, and dependency-autonomy were .83, .74, and .64 respectively. The Cronbach alpha for the total scores on the SLQ-R was .88. Construct validity was established by examining differences in subscale and total scores between the beginning, intermediate, and advanced supervisee groups with a total sample of 105 subjects. MANOVA, ANOVA, and Planned Comparisons were utilized in obtaining validity (McNeill, et al., 1992).

Response Bias Checks

Given that all data in this study were obtained using self-reports, the likelihood that a certain response style might confound the results existed. A questionnaire consisting of items from published scales was administered in order to establish to what extent (if any) self-monitoring, social desirability of self, social desirability of others, or an acquiescence response bias might have been a factor in the responses of a participant.
In order to account for a self-monitoring bias, a 6-item scale developed by Snyder (1974) was used. Social desirability of others was assessed with a 6-item Marlowe-Crowne Social Desirability Scale (Strahan & Gerbasi, 1972). Social desirability of self was assessed with a 6-item Jackson Social Desirability scale from Form AA of the Personality Research Form (Holden & Fekken, 1989; Jackson, 1984). Self-monitoring was assessed with a 6-item Self-Monitoring Scale (Snyder, 1974), and a 6-item scale developed by Couch and Keniston (1960) to assess for a bias of an acquiescence response was administered.

Demographic Questionnaire

Demographic data was reported individually by both supervisors and supervisees. Information was collected regarding years of experience, hours of training, years and/or semesters of supervision by each supervisor and his or her supervisee, gender, ethnicity, professional degree, age, work setting, and theoretical orientation.

Design

The design of this study was cross-sectional, and used the survey method of data collection with the intent of generalizing from a sample to a population. Consequently, the study is correlational and quasi-experimental. No cause-and-effect relationships can be assumed.
Power Analysis

A power analysis is the basis for deciding the sample size for an investigation, and in determining the appropriate effect size (ES) in order to represent the magnitude of treatment effects found (Cohen, 1988). Four overall factors that determine statistical power, the statistical test, effect size, sample size, and alpha level (Lipsey, 1990). The purpose of a power analysis is to avoid a mistake known as Type I error, i.e., attaining statistical significance falsely. Therefore, statistical power is the probability that a statistical test will yield significance when the null hypothesis is, in fact, false (Lipsey, 1990). For this study, the following recommendations by Cohen (1988) were adhered to: alpha = .05, medium effect size (ES) = .30, power = .80. This combination yielded a sample size of 150 for supervisors and for supervisees.

Statistical Analysis

Both descriptive and inferential statistics were utilized for the purposes of this study. Demographic data to help show relationships between years of experience, training and gender with a supervisor’s developmental level are shown in chapter four.

The specific research questions which guided this study were analyzed with inferential statistics appropriate to each question.
Hypothesis 1. There will be a difference between what is emphasized in supervision and the developmental level of the AAMFT-Approved supervisor, and gender. Lanning and Freeman's (1994) total scores on the SERF-R (Form-SS) will be tested using a factorial ANOVA and an additive Bonferroni inequality test. The independent variables are gender, levels of experience subsequent to AAMFT Approval (one to six years, eight to thirteen years, and fifteen to twenty-two years), and level of training (one graduate course in supervision and 36 hours of supervision and/or Standard AAMFT requirements; one graduate course in supervision and 36 hours of supervision, 18 hours of which occurred while enrolled in a practicum class and/or COAMFTE AAMFT doctoral degree requirements; and 18 hours of supervision plus eight years of training and/or teaching and/or Advanced AAMFT requirements) plus total number of other or additional supervisor training hours. The total number of hours were divided at the mean yielding two levels. Levels of experience subsequent to AAMFT Approval was divided into three groups. One to six years of experience was approximately one standard deviation below the mean, eight to thirteen years of experience was approximately between minus one and plus one standard deviations from the mean, and fifteen to twenty-two years was approximately one standard deviation above the mean. Dividing levels of experience into three
groups is consistent with previous research and is empirically based (Watkins, 1995c).

Hypothesis 2. There will be a difference between developmental level (as measured by the PSDS), and years of experience (post-AAMFT Approval), hours of training, and gender. This hypothesis was tested using a factorial analysis of variance (ANOVA). The independent variables are gender, levels of experience subsequent to AAMFT Approval (one to six years, eight to thirteen years, and fifteen to twenty-two years), levels of training (one graduate course in supervision and 36 hours of supervision and/or Standard AAMFT requirements; one graduate course in supervision and 36 hours of supervision, 18 hours of which occurred while enrolled in a practicum class and/or COAMFTE AAMFT doctoral degree in MFT requirements; and 18 hours of supervision plus eight years of training and/or teaching and/or Advanced AAMFT requirements) plus total number of other or additional supervisor training hours. The total number of hours were divided at the mean yielding two levels. Levels of experience subsequent to AAMFT Approval was divided into three groups. One to six years of experience was approximately one standard deviation below the mean, eight to thirteen years of experience was approximately between minus one and plus one standard deviations from the mean, and fifteen to twenty-two years was approximately one standard deviation above the mean. Dividing levels of experience into three
groups is consistent with previous research and empirically based (Watkins, 1995c). The dependent variable will be total score on the PSDS.

Hypothesis 3. There will be a difference between supervisee developmental level (as measured by the SLQ-R), and years of experience, hours of training, and gender. This was tested using a MANOVA, a factorial ANOVA, and apriori one-way planned comparisons. The independent variables are gender, levels of experience (zero to two years, two to five years, and five or more years), levels of training (beginning-first practicum, intermediate-second practicum, and advanced-practicum and/or internship, and training beyond internship, e.g., institute training—one or more years). To investigate for differences in SLQ-R scores or developmental levels between the groups, a MANOVA using a composite variable for experience will be the independent variable, and the SLQ-R subscales will be used as the dependent variables. To investigate for differences in supervisee levels associated with experience level and gender, an ANOVA with supervisee experience and gender as the independent variables and total score as the dependent variable on the SLQ-R will be utilized. In addition, preplanned comparisons will be used to identify difference between intermediate versus advanced, and beginning versus advanced supervisee developmental levels. It is predicted that no significant difference will be found between

Hypothesis 4. That there will be temporal stability of the PSDS over a four week period utilizing AAMFT-Approved supervisors as participants was tested by a Pearson Product-Moment correlation.
Chapter IV

RESULTS

The results of the data analyses, as conceptualized in chapter three, will be presented in this chapter. The first section provides descriptive statistics of the demographic data. The next section will be an examination of the various assumptions underlying multivariate and univariate statistics. The subsequent sections will address hypotheses testing and additional statistical analyses of data.

Demographic Data

Responses were obtained from 136 AAMFT-Approved supervisors and 116 supervisees for a total of 252 participants. Of the 700 supervisors contacted, 136 returned the completed measures, resulting in a return rate of 19.4%. Of the 136 supervisors who participated in this study, 116 of their supervisees returned the completed measures, resulting in a return rate of 85.2%.

In the supervisors’ group 70 (51.5%) were women, and 66 (48.5%) were men. Participants’ ages ranged from 33.0 years to 76.0 years, (M = 52.17 years, SD = 8.16). Most held either a doctoral degree (n = 66, 48.5%) or a master’s degree (n = 66, 48.5%). Of the remaining AAMFT-Approved supervisors, 4 (2.9%) held an Ed.S. (Education Specialist) degree. The distribution of participants by initial level of training hours was as follows: 36-standard hours (n
107, 78.7%), 36-COAMFTE hours (n = 9, 6.6%), 18-Advanced hours (n = 18, 13.2%), and grandparented (n = 2, 1.5%). Years of experience post-AAMFT Approval ranged from 1 year to 22 years, (M = 8.96 years, SD = 5.07). Total training hours accumulated ranged from 18 hours to 300 hours, (M = 68.91 hours, SD = 45.67). The distribution of participants by primary work setting was as follows: college/university (n = 42, 30.9%), private practice (n = 55, 40.4%), clinic/agency (n = 30, 22.1%), hospital (n = 1, .7%), free-standing institute (n = 4, 2.9%), and other (n = 4, 2.9%). The majority of participants identified themselves as European-American (n = 129, 95.30%). Of the remaining participants, 3 (2.0%) identified themselves as Hispanic, 3 (2.0%) as Native-American, and 1 (.7%) as African-American. Total scores on the PSDS ranged from a low of 90 to a high of 126, (M = 110.03, SD = 8.96).

For the supervisees, 64 (55.2%) were women, and 52 (44.8%) were men. Supervisees’ ages ranged from 24.0 years to 59.0 years, (M = 35.8, SD = 9.21). Most held a master’s degree (n = 94, 81.0%). Of the remaining participants, 3 (2.6%) held a doctorate degree, 3 (2.6%) an Education Specialist degree, and 16 (13.8%) Bachelors degrees. Total number of hours of training received by marriage and family therapists ranged from 25 hours to 1500 hours, (M = 595.93, SD = 470.40). Years of experience as an MFT ranged from 1 year to 12 years, (M = 3.56, SD = 2.78). The distribution of participants by primary work setting was
as follows: clinic/agency (n = 66, 56.9%), private practice (n = 25, 21.6%),
college/university (n = 10, 8.6%), hospital (n = 7, 6.0%), free-standing institute (n
= 5, 4.3%), and other (n = 3, 2.6%). The majority of the participants identified
themselves as European-American (n = 104, 92.0%). Of the remaining
participants, 4 (2.7%) identified themselves as Hispanic, 3 (2.0%) as African-
American, 3 (2.0%) as Native-American, and 2 (1.3%) as other.

Data Screening

All underlying populations in a factorial ANOVA are assumed to be
normally distributed with equal variances when statistical assumptions are met
(Iversen, & Norpoth, 1987; Tabachnick & Fidell, 1989; Witte, 1989). According
to Iversen and Norpoth (1987), even when those assumptions are not met, “the
analysis is not necessarily doomed” (p. 92). Likewise for MANOVA and other
multivariate statistics, assumptions of normality, linearity, and homoscedasticity
underlie all populations of interest. Prior to data analysis, the variables of interest
in this study were scrutinized for compliance with the above assumptions. The
variables of interest requiring testing for normal distributions included
dependency-autonomy, motivation, as well as self-and-other awareness (derived
from the subscales of the Supervise Levels Questionnaire-Revised), total SLQ-R
score, total Psychotherapy Supervisor Development Scale-I score, total
Psychotherapy Supervisor Development Scale-2 score, and total Supervisor Emphasis Rating Form-Revised (SERF-R).

Descriptive statistics for the independent variables included total hours training post-AAMFT Approval, years experience post-AAMFT approval, total training hours of supervisees, and years experience as an MFT supervisee. Both total training hours for supervisors (three supervisors reported more than 116 hours) and supervisees (two supervisees reported more than 1500 hours) contained outliers. For example, supervisors who reported more than 116 total hours of training were placed in the 116 hour category, and supervisees who reported more than 1500 hours of training were placed in the 1500 hour category, i.e., both the 116 hours and 1500 hours were the next most extreme scores in the distribution. Consequently, those scores considered “deviant” remained “deviant,” but not as “deviant” as they were originally. Because the results of this empirical investigation were unchanged despite assignment of outliers to the next most extreme score and because they were part of the original sample, they remained in the analysis and were accepted as an alternative to transformation or deletion, i.e., the cases that were outliers were part of the population that the investigator intended to sample (Tabachnick & Fidell, 1989). Table 1 describes all instruments used in this study. Table 2 contains a summary of PSDS1 and
SERF-R scores by gender. Table 3 includes descriptive statistics for the independent variables.

Table 1

List of Instruments used in this Study

1.) The Psychotherapy Supervisor Development Scale-1 (PSDS1). The Psychotherapy Supervisor Development Scale (PSDS) is an 18-item supervisor self-report instrument designed to measure a supervisors developmental stage. The PSDS includes core developmental issues such as competency/incompetency/effectiveness, identity/identity diffusion/commitment, self-awareness/unawareness, and autonomy/dependency/sincerity in the supervisor role.

2.) The Psychotherapy Supervisor Development Scale-2 (PSDS2) is the second administration of the Psychotherapy Supervisor Development Scale given to AAMFT-Approved supervisors four-weeks after the first administration.

3.) The Supervisor Emphasis Report Form-Revised (SERF-R) measures areas of competence that supervisors believe supervisees should learn in the following areas: Professional skills (behaviors which reflect the therapist’s and/or supervisor’s ability to adhere to appropriate standards for practice), Conceptual skills (assessing appropriate client themes and/or theoretical frameworks), Process skills (the ability of a professional to evaluate levels of interaction
between oneself and their clients such as self-disclosure), and Personalization
skills (the ability to tolerate personal feelings and ambiguity within the
therapeutic context).

4.) The *Supervisee Levels Questionnaire-Revised (SLQ-R)*. The SLQ-R is a 30-
item self-report form designed to capture characteristics on a continuum of
development. For example, level-1 supervisees are presumed to be dependent on
the supervisor for advice and direction. Level-2 supervisees experience a
dependency-autonomy conflict. Level-3 supervisees function more autonomously
and with a higher degree of confidence. Theoretically, total score on the SLQ-R
increases as a result of a supervisees experience, i.e., supervisees with more
experience and/or training should score higher. Changes in subscale scores (self-
and-other-awareness, dependency-autonomy, and motivation) track the progress
of supervisees over the three hypothesized developmental levels stated above.
Table 2

PSDS1 Scores by Gender

<table>
<thead>
<tr>
<th>variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>66</td>
<td>111.12</td>
<td>8.54</td>
</tr>
<tr>
<td>Female</td>
<td>70</td>
<td>109.01</td>
<td>9.28</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>110.03</td>
<td>8.96</td>
</tr>
</tbody>
</table>

Note. The minimum score = 90, maximum score = 126, and the range = 36.
Table 2 (continued)

**SERF-R Scores by Gender**

<table>
<thead>
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<th>variable</th>
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<th>Mean</th>
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<td>Gender</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>63</td>
<td>29.84</td>
<td>12.38</td>
</tr>
<tr>
<td>Female</td>
<td>66</td>
<td>26.82</td>
<td>12.42</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>28.29</td>
<td>12.45</td>
</tr>
</tbody>
</table>

**Note.** The minimum score = 10, maximum score = 40, and the range = 30.
Table 3

Descriptive Statistics of Independent Variables

<table>
<thead>
<tr>
<th>variable</th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>post AAMFT-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval</td>
<td>136</td>
<td>1-22</td>
<td>8.96</td>
<td>5.07</td>
</tr>
<tr>
<td>Total hours training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>post AAMFT-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval</td>
<td>136</td>
<td>18-300</td>
<td>68.91</td>
<td>45.67</td>
</tr>
<tr>
<td>Supervisee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years experience as</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MFT</td>
<td>116</td>
<td>1-12</td>
<td>3.56</td>
<td>2.78</td>
</tr>
<tr>
<td>Total hours of training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training</td>
<td>116</td>
<td>25-1500</td>
<td>595.93</td>
<td>470.40</td>
</tr>
</tbody>
</table>
The results for the variables of interest are presented in Table 4. A one-sample Kolmogorov-Smirnov (KS) Test was used to test for the goodness-of-fit of the distributions for the above variables with the normal distribution (Pett, 1997). The distribution of self-and-other awareness approached normality (p < .05). The Kolmogorov-Smirnov Test (K-S) is extremely sensitive to the slightest deviations from normality which makes it more likely that the null hypothesis of normality of distributions will be rejected. Consequently, visual inspection is necessary and recommended in addition to the K-S test (Pett, 1997). Visually, the data distribution of self-and-other awareness appeared to be normal. The distributions for dependency-autonomy, motivation, total SLQ-R scores, PSDS-1 and PSDS-2 total scores were normally distributed (p > .05).

Homogeneity of variances was tested using the Levene Test. The rule of thumb is that the variance of one group should not be twice that of another group (Pett, 1997; Tabachnick & Fidell, 1989). All groups tested using the Levene Test had equal variances (p > .05). Thus, assumptions for ANOVA were not violated.

According to Tabachnick and Fidell (1989), if there is multivariate normality, then there is also linearity and homoscedasticity. They recommended using one of two methods to assess for multivariate normality—graphical or statistical. Multivariate normality was assessed by examining residual plots via the graphical method (SPSS, 1997). Residual plots for the variables dependency-
Table 4

Descriptive Statistics and Tests of Normality for Dependent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>K-S z</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSDS-1</td>
<td>136</td>
<td>90-126</td>
<td>110.03</td>
<td>8.96</td>
<td>1.014</td>
<td>.256</td>
</tr>
<tr>
<td>PSDS-2</td>
<td>73</td>
<td>93-126</td>
<td>111.49</td>
<td>7.95</td>
<td>.597</td>
<td>.869</td>
</tr>
<tr>
<td>SLQ-R</td>
<td>116</td>
<td>110-180</td>
<td>149.94</td>
<td>14.25</td>
<td>1.140</td>
<td>.149</td>
</tr>
<tr>
<td>dependency-</td>
<td>autonomy</td>
<td>116</td>
<td>30-58</td>
<td>44.96</td>
<td>5.88</td>
<td>1.178</td>
</tr>
<tr>
<td></td>
<td>motivation</td>
<td>116</td>
<td>30-54</td>
<td>41.83</td>
<td>5.12</td>
<td>.736</td>
</tr>
<tr>
<td></td>
<td>self-other</td>
<td>awareness</td>
<td>116</td>
<td>40-79</td>
<td>63.16</td>
<td>8.43</td>
</tr>
</tbody>
</table>
autonomy, motivation, self-other awareness, PSDS-1, PSDS-2, and SLQ-R were
normally distributed, and had a straight-line relationship, i.e., they were
rectangular with a concentration of scores around the center.

Variables were also examined for multicollinearity and singularity.
Tabachnick and Fidell (1987) recommend using the guideline of a bivariate
correlation of .90. No variables in the data were correlated at the .90 level.
Homogeneity of variance-covariances matrices were examined by visual
inspection of cells. According to Tabachnick and Fidell (1989), visual inspection
of cells is appropriate if cell sizes are unequal. Cells with larger samples should
produce larger variances and covariances. Visual inspection of cells revealed that
larger samples produced larger variances and covariances. Consequently, all
groups were considered homogeneous. Homogeneity of variance-covariance was
also examined through visual inspection of plots. The spreads for the three
groups were relatively equal. Because the spreads were relatively equal, no
further tests were necessary (Tabachnick & Fidell, 1989).

Because the Pearson Product-Moment correlations performed in this study
are straightforward, no tests of assumptions were necessary (Tabachnick & Fidell,
1989).
Response Bias

Product-moment correlations between the four response-bias variables and the study variables were conducted. A significant correlation was found between the social-desirability-of-self scale and total PSDS1 score for supervisors ($r = .177, p < .05$), and a significant correlation was observed between the social-desirability-of-other scale and SLQ-R subscale score on motivation for supervisees ($r = .187, p < .05$). The data for supervisors are summarized in Table 5, and the data for supervisees are summarized in Table 6.
Table 5

Correlations Between Response Bias Measures and Study Variables for Supervisors

<table>
<thead>
<tr>
<th>Variable</th>
<th>social desirability of others</th>
<th>social desirability of self</th>
<th>self-monitoring</th>
<th>acquiescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSDS1</td>
<td>-.092</td>
<td>.177*</td>
<td>.040</td>
<td>-.096</td>
</tr>
<tr>
<td></td>
<td>.288</td>
<td>.040</td>
<td>.266</td>
<td>.078</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.367</td>
</tr>
<tr>
<td>PSDS2</td>
<td>.036</td>
<td>.182</td>
<td>.122</td>
<td>-.127</td>
</tr>
<tr>
<td></td>
<td>.759</td>
<td>.122</td>
<td>.286</td>
<td>.050</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.671</td>
</tr>
</tbody>
</table>

* p < .05, 2-tailed
Table 6

Correlations Between Response Bias Measures and Study Variables for
Supervisees

<table>
<thead>
<tr>
<th>Variable</th>
<th>social desirability of others</th>
<th>social desirability of self</th>
<th>self-monitoring</th>
<th>acquiescence</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self/Other</td>
<td>-.170 .068</td>
<td>.054 .565</td>
<td>.084 .368</td>
<td>-.182 .051</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependency</td>
<td>-.094 .317</td>
<td>.001 .990</td>
<td>.075 .421</td>
<td>-.162 .083</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>.187* .045</td>
<td>.024 .797</td>
<td>-.001 .990</td>
<td>.059 .531</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLQ-R</td>
<td>-.077 .411</td>
<td>.041 .660</td>
<td>.026 .781</td>
<td>-.156 .093</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05
Hypothesis Testing

**Hypothesis 1.** There will be a difference between what is emphasized (e.g., process skills, professional skills, conceptualization skills, and personalization skills) in supervision and the developmental level of the AAMFT-Approved supervisor on the Supervisor Emphasis Report Form-Revised (SERF-R) (Lanning & Freeman, 1994).

Factorial ANOVAs and an additive Bonferroni inequality test (for years of experience post AAMFT Approval) were used to test this hypothesis. The additive Bonferroni inequality test controls for experimentwise Type I error when conducting multiple ANOVAs (Huberty & Morris, 1989). Factorial ANOVAs were used in order to evaluate the effects of training, years of experience as an AAMFT-Approved supervisor, and gender on the SERF-R scores. For mean scores for hours of training, gender, and years of experience post-AAMFT approval see table 7. The SERF-R scores were derived by a ratio which emphasized a particular subscale over another subscale as described in chapter one. For example, a supervisor who emphasized professional behavior overall was given a score of ten in each set, a supervisor who emphasized process skills overall was given a score of twenty in each set. If a supervisor emphasized process skills more than professional behavior skills across all sets, than that supervisor’s overall emphasis would be scored accordingly. Any ties would be
viewed as missing data and dropped from the analyses (S. Utsey, personal communication). This procedure provided no significant results for SERF-R scores for gender \( F(1, 117) = 1.916, p < .169 \), training \( F(1, 117) = .450, p < .503 \), or years of experience \( F(2, 117) = 1.197, p < .306 \) (Table 7). The additive Bonferroni inequality test for years of experience post-AAMFT Approval provided no significant results (Table 8).

**Hypothesis 2.** There will be a difference between years of experience (post-AAMFT Approval), hours of training, and gender for total scores on the

**Table 7**

**Analysis of Variance for Training on SERF-R Score**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>.701</td>
<td>1</td>
<td>.450</td>
<td>.503</td>
</tr>
<tr>
<td>Training</td>
<td>.701</td>
<td>1</td>
<td>.450</td>
<td>.503</td>
</tr>
<tr>
<td>Residual</td>
<td>197.458</td>
<td>127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>198.248</td>
<td>128</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note. Mean score for participants who reported 18 to 59 hours of training = 27.64. Mean score for participants who reported 60 to 116 hours of training = 29.12. Total mean score for both groups = 28.29.

$p = > .05$, 2-tailed.

Table 7 (continued)

**Analysis of Variance for Gender on SERF-R Score**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>2.946</td>
<td>1</td>
<td>1.916</td>
<td>.169</td>
</tr>
<tr>
<td>Gender</td>
<td>2.946</td>
<td>1</td>
<td>1.916</td>
<td>.169</td>
</tr>
<tr>
<td>Residual</td>
<td>195.302</td>
<td>127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>198.248</td>
<td>128</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Males mean score was 29.84. Females mean score was 26.82.

$p = > .05$, 2-tailed.
Table 7 (continued)

Analysis of Variance for Years of Experience Post-AAMFT on SERF-R Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>3.696</td>
<td>2</td>
<td>1.197</td>
<td>.306</td>
</tr>
<tr>
<td>Years of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>3.696</td>
<td>2</td>
<td>1.197</td>
<td>.306</td>
</tr>
<tr>
<td>Residual</td>
<td>194.552</td>
<td>126</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>198.248</td>
<td>128</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. AAMFT-Approved supervisors who reported 1 to 6 years of experience mean score was 27.96, AAMFT-Approved supervisors who reported 8 to 13 years of experience mean score was 26.94, and AAMFT-Approved supervisors who reported 15 to 22 years of experience mean score was 31.54. Total mean score was 28.29.

p = > .05, 2-tailed.
Table 8

**Bonferroni Post-Hoc Analysis Effect of Years of Experience Post AAMFT Approval on SERF-R Scores**

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>MD</th>
<th>SIG.</th>
<th>99% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 and 8-13</td>
<td>1.02</td>
<td>1.00</td>
<td>Lower Bound: -4.92, Upper Bound: 6.97</td>
</tr>
<tr>
<td>8-13 and 15-22</td>
<td>-4.60</td>
<td>.389</td>
<td>Lower Bound: -11.92, Upper Bound: 2.72</td>
</tr>
<tr>
<td>1-6 and 15-22</td>
<td>-3.58</td>
<td>.691</td>
<td>Lower Bound: -10.77, Upper Bound: 3.62</td>
</tr>
</tbody>
</table>

*Note: p = > .01, 2-tailed; MD = Mean Difference.*
Psychotherapy Supervisor Development Scale. A factorial ANOVA was used in order to evaluate the effects of years of experience, training, and gender on the PSDS1 scores. The analysis (see table 9) resulted in a significant effect for PSDS1 total score for training \[ F(1, 123) = 12.059, p < .001 \]. No significant effects emerged on PSDS1 total scores for years of experience post-AAMFT Approval \[ F(2, 123) = .427, p < .653 \] or gender \[ F(1, 123) = .000, p < .988 \] of the participants, and there were no significant effects for either the 2-or 3-way interactions.

**Hypothesis 3.** There will be a difference between years of experience, hours of training, and gender for marriage-and-family-therapy supervisees on developmental levels. This hypothesis was tested using a MANOVA, a factorial ANOVA, and a series of focused one-way planned contrasts, i.e., t-tests.

MANOVA was selected as the most appropriate test of whether experience level differentiates variance in the SLQ-R subscale dependent variables. MANOVA allowed for all dependent variables to be considered together. The participants’ experience levels were classified into groups defined as beginning, intermediate, and advanced supervisees on the basis of an MFT’s years of experience in the field of therapy and/or counseling, plus hours of training and/or supervision experience. Thus, similar to McNeill, Stoltenberg,
Table 9

Analysis of Variance for Effect of Training, Years of Experience Post AAMFT-Approval, and Gender on PDSI Total Score

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>6.764</td>
<td>4</td>
<td>3.151</td>
<td>.017*</td>
</tr>
<tr>
<td>Training</td>
<td>6.472</td>
<td>1</td>
<td>12.059</td>
<td>.001***</td>
</tr>
<tr>
<td>Years Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post AAMFT-Approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1.217</td>
<td>1</td>
<td>.000</td>
<td>.988</td>
</tr>
<tr>
<td>Residual</td>
<td>66.011</td>
<td>123</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>79.748</td>
<td>134</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. AAMFT-Approved supervisors who reported 18 to 59 hours of training mean score was 107.40. AAMFT-Approved supervisors who reported 60 to 116 hours of training mean score was 113.47. AAMFT-Approved supervisors who reported 1 to 6 years of experience post AAMFT-Approval mean score was 109.38.
Table 9 (continued)

AAMFT-Approved supervisors who reported 8 to 13 years of experience post AAMFT-Approval mean score was 109.07. AAMFT-Approved supervisors who reported 15 to 22 years of experience post AAMFT-Approval mean score was 110.50. Males mean score was 111.12. Females mean score was 109.01.

* p < .05. *** p < .001, 2-tailed. Two-way and 3-way interactions were not significant.
and Pierce (1985) and McNeill, Stoltenberg, and Romans (1992), the investigator
attempted to allow for multiple criteria in classifying supervisees developmentally
by assigning each supervisee a value for each area of experience (e.g., 1, 2, or 3)
and summing the values to construct a score accounting for years of experience,
total training hours, and supervision experience. For example, a supervisee with
one to three years of experience, plus 25 to 250 hours of training, and in first,
second, or third practicum would receive a score of three. One point for each
category (1+1+1=3). A supervisee with five to eight years of experience, 251
hours (or more) of training, and with institute training beyond internship would
receive a total score of seven. Two points each for hours of training and years of
experience plus three points for institute training (2+2+3=7). The investigator
then divided the sample into three groups who differed in terms of supervisee
experience level as exemplified by the Integrated Developmental Model (IDM).

This procedure resulted in 34 beginning supervisees with 1 to 4 years experience
as an MFT plus 25 to 250 hours of training with supervision (level-1), 34
intermediate supervisees with 5 to 8 years experience as an MFT plus 251 to 749
hours of training with supervision (level-2), and 48 advanced supervisees with 9
to 12 years experience as an MFT plus 750 to 1500 hours of training with
supervision (level-3). Using the above experience levels as the independent
variables and the SLQ-R subscales dependency-autonomy, motivation, and self-
and other-awareness as dependent variables, the Multivariate F-test of the MANOVA (Wilks Lambda) indicated significant effects for both self-and other-awareness \[ F(2, 113) = 11.208, p < .000 \] and dependency-autonomy \[ F(2, 113) = 6.183, p < .003 \]. No significant effect was found for motivation \[ F(2, 113) = 1.861, p < .160 \] (see table 10).

Table 10

Multivariate Analysis of Variance with Dependent Variables Self-and Other-Awareness, Dependency-Autonomy, and Motivation with Independent Variable Levels of Training

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Value</th>
<th>Approx. F</th>
<th>Hypoth DF</th>
<th>Error DF</th>
<th>Sig. F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilks</td>
<td>.781</td>
<td>4.866</td>
<td>6</td>
<td>222.00</td>
<td>.000***</td>
</tr>
</tbody>
</table>

**** p < .0001.
Table 10 (continued)

Univariate F-Tests with (2, 113) D. F.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Hypth. SS</th>
<th>Error SS</th>
<th>Hypth. MS</th>
<th>Error MS</th>
<th>F</th>
<th>Sig. F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self and Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>1329.97</td>
<td>6704.77</td>
<td>664.99</td>
<td>59.33</td>
<td>11.208</td>
<td>.000***</td>
</tr>
<tr>
<td>Dependency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>371.44</td>
<td>3394.24</td>
<td>185.72</td>
<td>30.03</td>
<td>6.183</td>
<td>.003**</td>
</tr>
<tr>
<td>Motivation</td>
<td>85.97</td>
<td>2610.46</td>
<td>42.98</td>
<td>23.10</td>
<td>1.861</td>
<td>.160</td>
</tr>
</tbody>
</table>

Note. For self-and other-awareness, level-1 supervisees mean score was 58.88, level-2 supervisees mean score was 62.00, and level-3 supervisees mean score was 66.88. For dependency-autonomy, level-1 supervisees mean score was 43.15, level-2 supervisees mean score was 44.00, and level-3 supervisees mean score was 47.15. For motivation, level-1 supervisees mean score was 42.12, level-2 supervisees mean score was 42.85, and level-3 supervisees mean score was 40.83.

** p < .01. **** p < .0001.
An ANOVA using supervisee experience levels and gender as independent variables indicated that the total SLQ-R scores for supervisee experience levels was significant \[ F(2, 110) = 6.214, p < .003 \]. No significant effect was found for gender \[ F(1, 110) = 1.600, p > .209 \] (see table 11).
Table 11

Analysis of Variance for Levels of Experience and Gender for Supervisees on SLO-R Total Score

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>2701.44</td>
<td>3</td>
<td>5.27</td>
<td>.002**</td>
</tr>
<tr>
<td>Levels of Experience</td>
<td>2128.64</td>
<td>2</td>
<td>6.214</td>
<td>.003**</td>
</tr>
<tr>
<td>Gender</td>
<td>274.08</td>
<td>1</td>
<td>1.600</td>
<td>.209</td>
</tr>
<tr>
<td>2-Way</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions</td>
<td>364.46</td>
<td>2</td>
<td>1.064</td>
<td>.349</td>
</tr>
<tr>
<td>Residual</td>
<td>18840.58</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21748.99</td>
<td>115</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Level-1 supervisees mean score was 144.15. Level-2 supervisees mean score was 148.97. Level-3 supervisees mean score was 154.85. Males mean score was 147.65. Females mean score was 151.89. Total mean score was 150.00.

** p < .01.
The investigator anticipated that SLQ-R subscales and total scores would increase as an outcome of supervisee experience. Taking the square root of the value of a focused F-test is the same as computing a t-test (McNeill, Stoltenberg, & Romans, 1992; Rosenthal & Rosnow, 1985).

Therefore, the investigator used a series of focused, apriori one-way planned contrasts in order to test the hypotheses. Results of the focused one-tailed t-tests are summarized in table 12. As can be seen in table 12, using a .05 alpha level, significant differences were found between a level-1 supervisee (beginning) and a level-3 supervisee (advanced) and between a level-2 supervisee (intermediate) and a level-3 supervisee (advanced) for the SLQ-R total scores and subscales. As anticipated, (see chapter 3) no significant results were obtained between a level-1 supervisee (beginning) and a level-2 supervisee (intermediate).
### Table 12

**Preplanned Contrasts of SLO-R for MFT’s Supervisee Experience Level**

#### Beginning vs. Intermediate

<table>
<thead>
<tr>
<th>Score</th>
<th>T-Value</th>
<th>df</th>
<th>Sig.</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self and Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>1.379</td>
<td>66</td>
<td>.172</td>
<td>3.12</td>
</tr>
<tr>
<td>Dependency-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>.559</td>
<td>66</td>
<td>.578</td>
<td>.85</td>
</tr>
<tr>
<td>Motivation</td>
<td>.549</td>
<td>66</td>
<td>.585</td>
<td>.74</td>
</tr>
<tr>
<td>Total Score</td>
<td>1.28</td>
<td>66</td>
<td>.202</td>
<td>4.82</td>
</tr>
</tbody>
</table>

#### Intermediate vs. Advanced

<table>
<thead>
<tr>
<th>Score</th>
<th>T-Value</th>
<th>df</th>
<th>Sig.</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self and Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>3.43</td>
<td>80</td>
<td>.001***</td>
<td>4.88</td>
</tr>
<tr>
<td>Dependency-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.14</td>
<td>80</td>
<td>.002**</td>
<td>3.15</td>
</tr>
<tr>
<td>Motivation</td>
<td>2.01</td>
<td>80</td>
<td>.047*</td>
<td>2.02</td>
</tr>
<tr>
<td>Total Score</td>
<td>2.47</td>
<td>80</td>
<td>.016*</td>
<td>5.88</td>
</tr>
</tbody>
</table>
Table 12 (continued)

**Beginning vs. Advanced**

<table>
<thead>
<tr>
<th>Score</th>
<th>T-Value</th>
<th>df</th>
<th>Sig.</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self and Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>4.76</td>
<td>80</td>
<td>.000****</td>
<td>7.99</td>
</tr>
<tr>
<td>Dependency-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.15</td>
<td>80</td>
<td>.002**</td>
<td>4.00</td>
</tr>
<tr>
<td>Motivation</td>
<td>1.27</td>
<td>80</td>
<td>.205</td>
<td>1.28</td>
</tr>
<tr>
<td>Total Score</td>
<td>3.60</td>
<td>80</td>
<td>.001***</td>
<td>10.71</td>
</tr>
</tbody>
</table>

* p < .05.  ** p < .01.  *** p < .001.  **** p < .0001 (one tailed).
**Hypothesis 4.** There will be temporal stability of the PSDS1 over a four-week period. This hypothesis was tested using the Pearson Product-Moment correlation with AAMFT-Approved Supervisors. Temporal stability of the scores was assessed for total PSDS1 scores over a four-week time period (n = 73). As can be seen in table 13 the coefficient of stability was .863 (p < .01). This coefficient indicated that the scores were stable over a four-week period. Given that  \( r = .863 \), the strength of this relationship is 74\% ( \( r^2 \) ) which is almost three-quarters as strong as a perfect relationship. Hillman (1997) found a temporal stability of scores over a four-week time period (n = 38) of .85 (p < .00). Consequently, there is additional evidence to support the PSDS1 as a very general and valid assessment of supervisor development, not only in the counseling psychology field, but across disciplines.
### Table 13

**Correlation Between PSDS1 Total Score and PSDS2 Total Score**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PSDS1</td>
<td>1.000</td>
</tr>
<tr>
<td>2.</td>
<td>PSDS2</td>
<td>.863*</td>
</tr>
</tbody>
</table>

* p < .01 (1-tailed).
Additional Statistical Analyses

Discriminant Function Analysis for MFT Supervisees

A discriminant function analysis (DFA) was performed using three variables as predictors of interpretation in three groups. The rationale for the DFA was to determine if the groups differed in any way on some set of characteristics, how well they discriminated, and which characteristics were the most powerful discriminators (Klecka, 1980). Predictors were levels of experience with level-1 (beginners) defined as MFT supervisees with 1 to 4 years of experience plus 25 to 250 hours of training with supervision, level-2 (intermediate) was defined as MFT supervisees with 5 to 8 years of experience plus 251 to 749 hours of training with supervision, and level-3 (advanced) was defined as MFT supervisees with 9 to 12 years of experience plus 750 to 1500 hours of training with supervision. The grouping variables were self- and other-awareness, dependency-autonomy, and motivation.

Two discriminant functions were calculated, with a combined Chi-square $X^2(6) = 27.675$, $p < .001$. After removal of the first function, there was no significant reliable relationship between groups and predictors, $X^2(2) = 1.64$, $p > .05$. In terms of relative importance of an individual variable and intergroup difference, function 1 was defined primarily by self- and other awareness, and
dependency-autonomy. Function 2 was defined primarily by motivation, and self-and-other awareness. (see Table 14).

Table 14

Residual Discrimination and Test of Significance

<table>
<thead>
<tr>
<th>Test of Functions</th>
<th>Wilk's Lambda</th>
<th>Chi-Square</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 through 2</td>
<td>.781</td>
<td>27.675</td>
<td>6</td>
<td>.000***</td>
</tr>
<tr>
<td>2</td>
<td>.985</td>
<td>1.647</td>
<td>2</td>
<td>.439</td>
</tr>
</tbody>
</table>

**** p < .0001
The two discriminant functions accounted for 94.6% and 5.4%, respectively, of the between-group variability. The eigenvalues, percent of variance, cumulative percentage, and canonical correlations are presented in Table 15.

Table 15

<table>
<thead>
<tr>
<th>Function</th>
<th>Eigenvalue</th>
<th>Percent of Variance</th>
<th>Cumulative Percentage</th>
<th>Canonical Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.262</td>
<td>94.6</td>
<td>94.6</td>
<td>.455</td>
</tr>
<tr>
<td>2</td>
<td>.015</td>
<td>5.4</td>
<td>100.0</td>
<td>.121</td>
</tr>
</tbody>
</table>
Table 16 contains a summary of the results of the standardized canonical discriminant functions. Pooled within-group correlations (loadings) between the predictor variables and the discriminant function inform us how closely a variable and a function are related (Klecka, 1980).

Table 16

**Standardized Canonical Discriminant Function Coefficients**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-and Other-Awareness</td>
<td>.771</td>
<td>.686</td>
</tr>
<tr>
<td>Dependency-Autonomy</td>
<td>.305</td>
<td>-.561</td>
</tr>
<tr>
<td>Motivation</td>
<td>-.457</td>
<td>.758</td>
</tr>
</tbody>
</table>
Table 17 contains the results of the within-structure coefficients. Because there were three variables and three groups, two functions were the most one could get from this study. Given that the primary goal of this analysis was to discover and “interpret” the combinations of functions which separate the groups, discriminant function plots were examined by way of a spatial interpretation. To summarize a position of a group, the group’s “centroids” are computed. A group centroid is an imaginary point in discriminant space which has coordinates which are the group’s mean on each of the variables. Since each centroid indicates the position for its group, they can be examined in order to observe how the groups differ. While the groups have the potential to overlap, their “territories” are not identical (Tabachnick & Fidell, 1989; Klecka, 1980).
Table 17

**Pooled Within-Groups Correlations Between Discriminating Variables and Standardized Canonical Discriminant Functions**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self and Other Awareness</td>
<td>.862*</td>
<td>.506</td>
</tr>
<tr>
<td>Dependency-Autonomy</td>
<td>.646*</td>
<td>-.103</td>
</tr>
<tr>
<td>Motivation</td>
<td>-.302</td>
<td>.785*</td>
</tr>
</tbody>
</table>

**Note.** The asterisk indicates the largest absolute correlation between each variable and discriminant function.
As can be seen in Figure 1, the first discriminant function maximally separated level-3 MFT supervisees from the other two groups.
Figure 1.

Plots of Three Group Centroids on Two Canonical Discriminant Functions

[*] level 2 supervisee

[*] level 1 supervisee

[*] level 3 supervisee

Note. The asterisk in brackets indicates the group centroids
Chapter V

DISCUSSION AND RECOMMENDATIONS

The purpose of this study was to extend (across mental-health disciplines) the findings of previous researchers. Earlier researchers observed that among both supervisors and their supervisees they progress through developmental stages in a somewhat linear fashion based on years of practiced experience in the field, hours of training, and supervision. Specifically, this study represented an effort to explore the relationships among gender, years of experience post-AAMFT supervisor approval, and hours of training regarding supervisor’s developmental levels for marriage and family therapy supervisors. This study also represented an effort to explore the relationship between gender, years experience as an marriage and family therapist, and training regarding supervisee’s levels of development.

This empirical extension was accomplished in four ways. First, there was an association between AAMFT-Approved supervisor’s hours of training and higher scores on the Psychotherapy Supervisor Development Scale as conceptualized in the Supervisor Complexity Model (Watkins, Schneider, Haynes, & Nieberding, 1995; Watkins, 1993; Watkins, 1990). Second, experience levels of Marriage and Family Therapy (MFT) supervisees differentiated between groups classified as beginning, intermediate, and advanced as exemplified by the Integrated Developmental Model (IDM) on both the total
Supervisee Levels Questionnaire-Revised scores and Supervisee Levels Questionnaire-Revised subscale scores (McNeill, Stoltenberg, & Pierce, 1985; Stoltenberg & Delworth, 1987; McNeill, Stoltenberg, & Romans, 1992). In other words, results indicated differences in supervision needs between a level-1 and level-2 supervisee as contrasted with a level-3 supervisee. Third, validation of the PSDS as a general measure of supervisor development utilizing a different population was successful. Specifically, total number of hours of previous training in AAMFT-approved supervision was associated with higher PSDS total scores. Fourth, the assumption that the SERF-R (originally created to evaluate a supervisee’s development as perceived by a supervisor) could also determine the developmental level of a supervisor (see Table 3.8 of Stevens, 1994, for complete data) was not supported. The SERF-R was not a valid measure of the construct of supervisor development for this sample of AAMFT-Approved Supervisors.

Discussion

Participant Characteristics for AAMFT-Approved Supervisors

One hundred thirty-six AAMFT-Approved supervisors randomly selected throughout the United States of America from the national AAMFT-Approved supervisors list participated in this study. Females comprised 51.5% of the sample and males 48.5%. Participants included European-Americans (95.3%), African-Americans (7%), Hispanics (2.0%), and Native-Americans (2.0%). Most
held either a doctorate degree (48.5%) or a master’s degree (48.5%). The remaining supervisors had an Education Specialist degree (3.0%). Total training hours ranged from 18 to 300.

Compared with earlier reported sample characteristics, the present sample was similar concerning degree level of supervisors, the average number of years respondents have been providing clinical supervision services, and ethnic backgrounds. Primary work settings were more diverse. They included a higher percentage of university or college departments, clinics and/or agencies, and free-standing institutes. Many respondents were also in private practice. However, the respondents did not list private practice as their primary work setting. In earlier reported samples, as high as fifty-three percent of the respondents listed private practice as a primary work setting. The sample was also more equal in terms of gender distribution. In this sample, 70 (51.5%) were women, and 66 (48.5%) were men. Previous research respondents were mostly male supervisors from the counseling-psychology field.

**Participant Characteristics for MFT Supervisees**

The participants of this study were 116 supervisees randomly selected by their supervisors throughout the United States of America. They met the criteria of being in a supervisory relationship for at least a four-week time period. Females comprised 55.2% of the sample and males 44.8% of the sample. Most
held master's degrees (81.0%), some a doctoral degree (2.6%), an Education Specialist degree (2.6%), and some Bachelor's degrees (13.8%). Participants identified themselves as European-American (92.0%), Hispanic (2.7%), African-American (2.0%), Native-American (2.0%), and other (1.3%). Total hours of training ranged from 25 to 1500 and years of experience as an MFT from 1 to 12 years.

Compared with earlier reported samples, the present sample was similar regarding ethnic background and gender distribution. There exists a wider diversity of supervisees regarding degree levels, training hours, and number of years of experience as an MFT. That is to say, there were more respondents with masters and doctoral degrees as well as more respondents with experience as an MFT and/or counselor than in previous research. In previous research, all participants were master's-level trainees with little or no experience as counselors and/or therapists. In addition, previous samples were either intern-level or practicum-level supervisees from either counseling or clinical-psychology programs. Consequently, this current sample was likely to be representative of both intern-level supervisees as well as postmaster's and postdoctoral professionals from marriage-and-family-therapy programs.
Supervisor Development

In light of the limited amount of research in the area of supervisor development, and the absence of a theory-based instrument designed to tap supervisor development, the current study was aimed at discriminating among AAMFT-Approved supervisors at different levels of experience or training. In addition, the current study was geared to find variable(s) associated with different levels of experience or training, to include both genders, and to provide further validation of the PSDS as a general measure of supervisor development across other mental-health specialties. Reliability of the PSDS as a measure was also sought in this study by a second administration of the instrument four-weeks after the first administration was completed by AAMFT-Approved supervisors.

In addition, the SERF-R (an instrument which measures specific emphases that supervisors perceive as important to focus on during supervision with their supervisees) was also examined as a measure to discriminate supervisor’s developmental levels. Theoretically, it was hypothesized that supervisory emphasis was related to experience/training level of a supervisor. The assumption was that supervisors with more years of experience and/or hours of training would emphasize more personalization skills, and supervisors with less years of experience and/or hours of training would emphasize more process skills. In other words, supervisors’ emphases as measured by the SERF-R would
correlate with supervisors’ developmental levels (Stevens, 1994). Because
different areas of emphasis imply different levels of development, this study
sought to find out which areas were correlated with various experience and
training levels of supervisors. If the SERF-R were found to be a valid instrument
for supervisory development as well as supervisee development, then either the
PSDS or the SERF-R could be used to advance supervisor developmental
research. If it were found not to be the case, then, at the very least, the SERF-R
could be used as an instrument which measures individual preferences in
supervisor behaviors. This would not only enhance training foci with supervisees,
but also assist supervisors’ awareness of their own preferred styles, inclinations,
or emphases in a supervision setting (Lanning, Whiston, & Carey, 1994; Bernard,
1979).

Supervisee Development

Because of the limited amount of research in the area of supervisee
development (especially across specialties), this study was intended to further
validate and assess the full range of scores on the Supervisee Levels
Questionnaire-Revised (SLQ-R), and to investigate the constructs of the
Integrated Developmental Model (IDM) with an MFT sample of participants.
Investigation of the constructs of the Integrated Developmental Model and full
range of scores on the Supervisee Levels Questionnaire-Revised were examined
in subscale and total scores between beginning, intermediate, and advanced groups of MFT supervisees on the Supervisee Levels Questionnaire-Revised. Practicum, intern-level supervisees, post-masters, and post-doctorate professionals were included in this study. In addition, this study included variables which could discriminate among groups associated with various levels of development (McNeill, Stoltenberg, & Romans, 1992).

**Supervisor Emphasis and Development**

The findings of this study did not support the hypothesized association between what is emphasized in supervision and developmental level of an AAMFT-Approved supervisor. Hours of training, experience level, and gender did not discriminate between different levels of supervisor development and what was emphasized in supervision based on a supervisee’s needs. The prediction that supervisors with more hours of training or years of experience would emphasize personalization skills over process, conceptual, or professional behavior skills was not found.

As Stevens (1994) pointed out, emphasis in the supervisory process can be thought of as a specific intervention. Consequently, it was assumed that there would be more variability with hours of training than with years of experience or with gender per se. This finding did not emerge in this study. The findings of other studies indicated that what a supervisor emphasized in supervision was
more related to the supervisee’s developmental level and/or was more related to what supervisors did best (rather than what the needs of a particular supervisee were) appear to be more accurate (Lanning & Freemien, 1994; Stevens, 1994).

The SERF-R’s ipsative structure imposes upon the respondents choices between four emphases as they rank them. The instruments ipsative structure does not allow respondents to state that they provide a strong emphasis on everything in the supervision session. Despite the fact that supervisors had established relationships with their supervisees, the rankings (which were transformed into ratios for the purpose of this research) were unrelated to the supervisors’ levels of experience, training, or gender. Previous research found that the rankings were unrelated to the supervisors’ perceptions of supervisees. Instead, the rankings addressed a supervisor’s particular style of supervision (Stevens, 1994). The SERF-R appears to be an instrument that has limited value in measuring a supervisor’s level of development, and is, therefore, not valid for this purpose. The SERF-R did not discriminate between supervisors’ levels of development in this study. Stevens (1994) also did not find any merit in the assumption that supervisors change emphasis with development, i.e., from emphasizing personalization and/or process skills with development, while simultaneously decreasing emphasis on professional behavioral skills. Consequently, use of the SERF-R may prove more valuable in keeping the focus
on the supervisee’s level of development by closely tracking a supervisor-
supervisee relationship over time as was intended by the original researchers
(Lanning, 1986; Lanning & Freeman, 1994). Alternatively, the SERF-R could be
used to help a supervisor understand her or his style of supervision with a
particular supervisee (Stevens, 1994). Indeed, Holloway and Wolleat (1981)
revealed that supervisors maintained one particular style of supervision regardless
of a supervisee’s needs.

**Supervisor Years of Experience, Hours of Training, Gender, and Development**

Hypothesis 2 examined the relationships among years of experience, hours
of training, and gender on total scores of the PSDS with implications for
supervisor development according to the Supervisor Complexity Model (SCM).
Consistent with previous findings (Watkins, Schneider, Haynes, & Nieberding,
1995c), the results of this study found no significant results for either the gender-
by-experience interaction or for the main effect of gender on PSDS total score.
Previous research did find a significant main effect for supervisor experience and
total scores on the PSDS. Higher total scores on the PSDS discriminated well
between low-, moderate-, and high-experience groups (Watkins, Schneider,
Haynes, & Nieberding, 1995c). The results of this study did not find a significant
effect for supervisor experience after AAMFT supervisor approval on total PSDS
scores. It was not clear from Watkins et al.’s (1995c) study if their participants
ever received formal training in supervision. In fact, no previous research on supervisor development included formal training in supervision as a variable. Indeed, in all previous developmentally-oriented supervisor research, the construct of development was synonymous with years of experience (Hillman, 1997; Watkins, Schneider, Haynes, & Nieberding, 1995c; Watkins, 1995d; Rodenhauser, 1994; Stevens, 1994; Watkins, 1993; Stoltenberg & Delworth, 1987; Worthington, 1987; Hess, 1986).

The results of this study indicated that total hours of training in supervision was an important variable with respect to total score on the PSDS. Specifically, higher scores on the PSDS were associated with increased hours of training in supervision with AAMFT-Approved supervisors more than were lower scores on the PSDS. Apparently, formal training in supervision taps key developmental issues as exemplified by the Supervisor Complexity Model (e.g., a solid sense of identity as a supervisor, competence, self-awareness, and commitment to the supervision field). The finding that total number of hours of previous training in supervision was associated with higher total PSDS scores was a significant finding in this study. This finding supported the belief that other variables (such as hours of formal training) contribute to the development of a competent supervisor, and that past research has focused too much on one variable (such as experience level) rather than expanding the focus to include other complex
factors that can have an influence on psychotherapy-supervision research. Based
on the findings of this study, it would appear that divergent developmental paths
(in terms of the development of a supervisor) are in operation, and must be
factored into any developmental paradigm (Watkins, 1995b; Watkins, 1995d;
Holloway, 1987; Russel, Crimmings, & Lent, 1984). Consequently, years of
experience in the field as a supervisor, in and of itself, does not assure that
development or competence will occur. The answer to Watkins (1991) earlier
question, “Do potential psychotherapy supervisors need training…in how to
supervise” (p. 145), would appear to be “yes.” Experience alone is not sufficient.

In previous work, training was noted to be a key variable, not only in how to
supervise, but how to supervise through different stages of supervisor
development as proposed by the Supervisor Complexity Model (Watkins, 1993;
Watkins, 1995d). Unfortunately, the construct of training was either ill-defined or
subsumed under years of experience. Therefore, no previous studies examined
exactly how training impacted upon the different stages of supervisor
development. For example, we do not know exactly how many hours of training
it takes to move from one stage of supervisor development to another according
to the Supervisor Complexity Model (SCM). We also do not know what score(s)
on the PSDS could be considered cut-off points for each stage of the hypothesized
transition phases of the Supervisor Complexity Model (SCM). The results of this
study suggested that supervisors who reported a minimum of 60 hours of training in supervision scored higher on the Psychotherapy Supervisor Development Scale than those who reported less than 60 hours of training in supervision. Supervisors who continued their training beyond that required for AAMFT-Approval were more likely to score higher on the Psychotherapy Supervisor Development Scale than were supervisors who obtained the minimum number of hours required for AAMFT-Approval status. In previous work, supervisors’ total scores on the Psychotherapy Supervisor Development Scale ranged as low as 80 to a high of 126 (Watkins, 1995c). In this study, supervisors’ total scores on the PSDS ranged from as low as 90 to as high as 126 (which is the highest score possible). The different ranges, albeit very similar, raised a concern as to whether or not the PSDS is equally sensitive over the entire range of supervisor experience and/or supervisor training. A scale that does not accurately assess the range of development as proposed by the PSDS brings into question ceiling and floor effects in measurement. A measure may lack validity for measuring change if a floor or ceiling effect limits downward or upward responses. Low ceilings or high floors also influence effect-size ratios because they limit the extent to which the means may differ under experimental situations from group to group (Lipsey, 1990).
Parenthetically, and as theoretically conceptualized, experience as a variable is necessary, but not sufficient, in terms of overall supervisor development and identity formation (Watkins, 1995d; Stevens, 1994). Considering years of experience (as a supervisor) to be synonymous with development is no longer warranted. It is an oversimplification of a complex construct, especially given the findings of this study. Yet, training too may not be a sufficient, albeit a necessary, condition for supervisor development. Indeed, as in supervisee-development research, other factors which lead to professional competence and/or identity warrant consideration in understanding the development of the supervisor. Holloway (1987) has been influential in the area of supervisee development, and her words may apply equally well in terms of supervisor development. She stated, "Professional identity cannot be held separate from other areas of one's self, and changes must be considered outside of the supervisory situation in order to validate the developmental nature of the trainee's learning process. Neither the models nor the research sufficiently address this consideration and thus has not yet dealt with the underlying constructs of a developmental model" (p. 215).

The results of this part of the study were consistent with previous findings in concluding that the Psychotherapy Supervisor Development Scale can be of value in researching the Supervisor Complexity Model. The Psychotherapy Supervisor
Development Scale appeared to discriminate between AAMFT-Approved supervisors who have over 60 hours of training and AAMFT-Approved supervisors who have less than 60 hours of training. The results of this study also concurred with previous research (e.g., Watkins, 1995c; 1995d) in that the Psychotherapy Supervisor Development Scale does not appear to be able to investigate the specific items that compose the Psychotherapy Supervisor Development Scale (e.g., identity, competency, and commitment). At this point, the constructs implied in the Psychotherapy Supervisor Development Scale can only be inferred to occur based on total scores on the Psychotherapy Supervisor Development Scale. That is to say, higher Psychotherapy Supervisor Development Scale scores assumed greater competence, increased self-awareness, increased skill acquisition, and a greater sense of identity, growth, and sincerity in the supervisory role as conceptualized by the Supervisor Complexity Model. This research supported the utility of the Psychotherapy Supervisor Development Scale as a general, albeit global, measure of supervisor development (Hillman, 1997; Watkins, 1995c).

**Supervisee Years of Experience, Hours of Training, Gender, and Development**

Overall, the data from this research indicated that the SLQ-R measures the theoretical constructs of the Integrated Developmental Model of supervisee development as conceptualized by its authors. That is to say, supervisees with
varying amounts of training, experience, and education demonstrated self-reported characteristics consistent with the constructs of the IDM as measured by the SLQ-R (McNeill, Stoltenberg, & Romans, 1992; Stoltenberg & Delworth, 1987; McNeill, Stoltenberg, & Pierce, 1985). The results of this study were also consistent with previous research which addressed supervisees’ perceptions of differences in experience levels and behaviors (McNeill, Stoltenberg, & Romans, 1992; Stoltenberg & Delworth, 1987; Worthington, 1987; McNeill, Stoltenberg & Pierce, 1985; Heppner & Roehlke, 1983; Reising & Daniels, 1983). Similar to previous research, the focus of this research was on the supervisees’ own development and needs, and did not address preferences for supervisory environments as described by the IDM (McNeill, Stoltenberg, & Romans, 1992). Consequently, the results of this study must be considered as preliminary.

In examination of the full range of scores on the SLQ-R, results of this study suggested that MFT supervisees with a wide range of years of experience, hours of training, and supervision demonstrated characteristics associated with the constructs of the IDM on both total scores and subscale scores on the SLQ-R. Specifically, on subscale and total scores it appeared that self-and other-awareness as well as dependency-autonomy were the most sensitive in discriminating between groups of MFT supervisees. No significant effects were found for motivation or gender. The results of this investigation were not
consistent with those of previous researchers. For example, in an earlier
investigation by McNeill et al. (1992), motivation was more sensitive to the
differences between groups on subscale scores than was dependency-autonomy.
The scores on the motivation subscale progressed hierarchically. This was
consistent with the definition of motivation attributed to Level-3 of the Integrated
Developmental Model (IDM). That is to say, beginning supervisees were more
motivated than intermediate supervisees. Intermediate supervisees were less
motivated than advanced supervisees. Supervisees who were considered
advanced were the most motivated in their work as counselors. The lower score
of the dependency-autonomy subscale was theorized to be attributable to the
difficulty in measuring the construct because, as the IDM predicted, Level-2
supervisees vacillate in their independent functioning (McNeill, Stoltenberg &
Romans, 1992). The difference in findings between past research and this study
may be attributable to inherent problems with the SLQ-R measure in its ability to
tap the dependency-autonomy dimension, or simply an effect of the lack of range
of supervisee experience. This study included practicum and intern-level
supervisees as well as post-masters and post-doctoral professionals. Difficulty in
tapping the subscale scores of the dependency-autonomy dimension in past
research may have been the case simply because practicum and/or intern level
supervisees are less autonomous in their functioning than are professional supervisees as measured by the SLQ-R.

Results of the preplanned contrasts in this study were consistent with previous research findings in that no significant results were obtained between a level-1 supervisee and a level-2 supervisee (McNeill, Stoltenberg, & Romans, 1992; Wiley & Ray, 1986). Both total and subscale scores of beginners and intermediate supervisees on the SLQ-R were lower than those of the advanced supervisee group. It may well be that the intermediate group was more reflective of a beginning-level group of participants as defined by the IDM and/or that the hypothesized groups as defined by this study were not completely determinable. That is to say, the intermediate group would be at various levels closer to the beginners' group than to the advanced group. Therefore, the findings of this study were more suggestive of a qualitative shift which appears to have occurred when a supervisee became "advanced" than they were of a quantitative nature. Consequently, the theoretical notion of a linear-stage-developmental-hierarchical model has its limitations.

As noted above, the significant discriminant function of the DFA maximally separated level-three MFT supervisees from the other two groups. Self-and other-awareness along with dependency-autonomy subscale scores accounted for 94.6% of the between-group variability. If there is a qualitative shift from level-one and
level-two to level-three, then the results of the DFA indicated that such a shift occurred on SLQ-R scores with MFT supervisees who had 9 to 12 years of experience plus 750 to 1500 hours of training with supervision. By way of speculation, since no reasonable proof exists, it appears that an "advanced" supervisee and/or "expert clinician" takes in much more information and has the ability to conceptualize clinical situations in more abstract ways than does either a beginning or intermediate supervisee. In this study, the level-three supervisee challenged the developmental notion of linear progression. Supervisees with 1 to 4 years of experience plus 25 to 250 hours of training and supervisees with 5 to 8 years of experience plus 251 to 749 hours of training scored similarly on both the SLQ-R total and subscale scores. Why is there a shift in SLQ-R total and subscale scores with MFT supervisees who had 9 to 12 years of experience plus 750 to 1500 hours of training with supervision? How come the other two groups were indiscriminate? Indeed, developmental progress or "growth" may be quite discontinuous, uncertain, and unpredictable.

This apparent unpredictable developmental progress may be representative of social constructionists' notions that collaborative efforts between people provide opportunities for change and growth which leads to transformation (a leap, a qualitative shift, change as discontinuous) to a higher level of cognitive complexity. The idea of a "qualitative shift" to a higher level of development is
also representative of research on bi-directional influence (Anderson, 1997; Gardner, Bobele, & Biever, 1997; Dickerson & Zimmerman, 1996; Bernard & Goodyear, 1992; Heppner & Claiborn, 1989). In linear terminology, conceptual level proceeds from a low-concrete to a high-abstract level in stages (Hunt, 1971; Harvey, Hunt, & Schroeder, 1961). The findings of this study suggested that level-three supervisees attained a higher abstract level of conceptualization and/or growth in autonomous functioning, but it cannot account for the why or the how of it. In addition, the social-constructionists’ notion of a qualitative shift to a higher level of complexity was assumed to be socially derived. This socially-derived qualitative shift differed from constructivist’s notions of transformation. For constructivists, the concept of “reality” and shifts to higher cognitive levels are constructed by the individual, i.e., the realities for a person and the so-called cognitive shifts are implicit in the active-organism-driven model (Piaget, 1971). The question of qualitative transformations, or shifts to higher cognitive levels, is made more complex by the very idea that the term “qualitative” requires qualification. A number of developmental researchers (Stoltenberg & Delworth, 1987; Baltes, Reese, & Nesselroade, 1977) have noted that models of human development should combine features of both “mechanistic” (the idea that change is a result of causal forces or antecedent-consequent relationships) and “organismic” (models which adhere to epistemological constructivism) for the
necessity of constructing “discontinuous” models of change. However, the emergence of social-constructionism must also be reckoned with when theoretical discourse focuses on discontinuous developmental change which may evolve from social discourse as well as (or in place of) individual idiosyncrasies (Anderson, 1997; Gardner, Bobele, & Biever, 1997; Stoltenberg & Delworth, 1987; Baltes, Reese, & Nesselroade, 1977, Piaget, 1971). Although Social-constructionism challenges traditional knowledge claims and avoids traditional empiricist accounts of scientific research, it does not avoid investigative methods. Instead knowledge, truth, or shifts in developmental growth become derivatives of social interaction. Gergen (1985) summed up social-constructionism when he stated, “The explanatory locus of human action shifts from the interior of the mind to the processes and structure of human interaction. The question ‘why’ is answered not with a psychological state or process but with consideration of persons in relationship” (p. 271).

In examining the subscale scores on the SLQ-R (see table12) for motivation, it is interesting to note that motivation is not significant for both the beginning versus the intermediate (p > .05) group and for the beginning versus the advanced group (p > .05), but is significant for the intermediate versus the advanced group on supervisee experience level (p < .05). As stated above, the result of this study on motivation is not consistent with previous research. In the previous studies,
the scores on motivation progressed in a linear hierarchical fashion. This progression tapped the proposed type of motivation posited to occur with a level-three supervisee according to the IDM (McNeill, Stoltenberg, & Pierce, 1985; McNeill, Stoltenberg, & Romans, 1992). In this study, motivation does not follow a linear progression. A supervisee's motivation is not high during the beginning or during the advanced stage of experience level as proposed by the IDM. This finding may suggest a need to reexamine the subscale of motivation on the SLQ-R across disciplines. In general, the results of this study supported the IDM model and indicated that both the total and subscale scores on the SLQ-R discriminate well among different developmental levels of supervisee groups.

Test-Retest on the Psychotherapy Supervisor Development Scale

This study supported previous research that the Psychotherapy Supervisor Development Scale is a highly stable, albeit general, measure of supervisor development across a four-week time period (Hillman, 1997). As stated above, Hillman (1997) found a temporal stability of scores over a four-week time period with counseling psychology supervisors of .85 (p < .00). The coefficient of stability in this study of scores on the PSDS over a four-week time period with AAMFT-Approved supervisors was .863 (p < .01). Given that the results of this study were quite similar [or almost identical] to the above study, there is now
additional evidence to support the PSDS as a general and valid assessment of supervisor development.

**Response Bias**

Possible response bias was a concern in this study because all the measures involved self-report. Four short-scale measures (social desirability of self), (social desirability of others), (self-monitoring), and (acquiescence) were used in an effort to determine if response styles were used by either supervisor or supervisee participants.

A significant association was found between social desirability of self and total score on the PSDS1 for supervisors. This style of response makes a great deal of sense conceptually. This style was consistent with a highly autonomous, effective, competent, self-identified, and confident supervisor. This response was an outcome which would be expected of a supervisor who has progressed developmentally according to the Supervisor Complexity Model (Watkins, 1995a; 1995b; 1995c 1995d).

There was also a significant association between social desirability of others and subscale scores on motivation for supervisees. This style of response by supervisees’ also made sense intuitively and was consistent with the social-desirability literature. Specifically, supervisees’ have a great need for approval from their supervisors (Crowne & Marlowe, 1960). Furthermore, according to
the Integrated Developmental Model, a developmental response to a supervisory environment by a supervisee was to experience a sense of dependency on others as well as consideration of others. That is to say, consideration is given to one’s supervisor whom one holds in apparent high regard. This pattern was the same across all three groups of supervisees (i.e., level-1, level-2, and level-3).

Taken together, supervisors and their supervisees were responding in ways developmentally consistent with the SCM and IDM models, and were complimentary to one another. Seemingly, the supervisory environment behaviors are being sustained by all participants. It should be noted that response bias was assessed by using questions from several different questionnaires, albeit conceptually relevant ones, and, therefore, the results of this analysis should be interpreted with caution.

Conclusions and Implications

**Psychotherapy Supervisor Development Research**

The results of this empirical investigation supports the observations and conclusions of several others who investigated supervisor development as a complex process. This exploration attempted to fill the gap of past researchers’ inclination for focusing too much on one variable (e.g., years of experience) when examining supervisor development. In this project, the number of hours an AAMFT-Approved supervisor acquired for training (in addition to the minimum
requirement necessary for approval) was a significant factor in relation to total score on the PSDS. Validation of the PSDS as a global and general instrument which tapped supervisor development was an important finding in this study. The Psychotherapy Supervisor Development Scale (PSDS) discriminated AAMFT-Approved supervisors across training levels based on the total number of hours of training. Examining test-retest reliability of the PSDS further validated the PSDS as a useful instrument in researching psychotherapy supervisor development. The potential value of the PSDS in researching the Supervisor Complexity Model as espoused by Watkins et al. (1995c) has limitations, and can benefit from further work. As currently developed, the PSDS did not capture the specific issues which are inherent in the Supervisor Complexity Model. Although this study did not specifically test for the issues inherent to the Supervisor Complexity Model, until the PSDS can capture those specific issues (e.g., competence/effectiveness and identity/commitment) or the proposed conceptually distinct stages (e.g., role shock, role recovery and transition, role consolidation, and role mastery), the instrument will remain a general (albeit viable) instrument which assesses global supervisor development.

The data of this study did not support the hypothesis that the SERF-R can be used to tap the developmental level of a psychotherapy supervisor. As stated above, the SERF-R did not discriminate between supervisor's levels of
development. Users would do well to stay within the limits of its original design as tapping supervisee's levels of development and/or focusing on a particular style of supervision by the supervisor. For example, by using the SERF-R, a researcher could find out which areas are emphasized more than others within a specific supervisory environment if the goal is to study what the supervisor does best rather than on what a supervisee needs.

Psychotherapy Supervisee Developmental Research

The results of this study supported the observations, conclusions, and prior research that the Supervisee Levels Questionnaire-Revised (SLQ-R) measures the theoretical constructs of the Integrated Developmental Model (IDM), but also raised another question. How linear is a developmental model? Supervisee development may be linear and hierarchical, but it may also be recursive, bi-directional, circular, or discontinuous. The same can be said for supervisor development.

Examination of the full range of scores on the SLQ-R showed that, self-and other-awareness as well as dependency-autonomy were the more sensitive than motivation in discriminating between groups of MFT supervisees. Indeed, the advanced group appeared to make a leap far beyond the intermediate and beginning groups. That "discontinuous leap" occurred at the 9 to 12 years of experience plus 750 to 1500 hours of training and supervision. Is there a point
when a supervisee makes some qualitative shift to a higher level of conceptualization? Do experts or people with expertise in an area solve problems differently than novices? According to research in expertise, experts have a greater ability to recall more information, and can form abstract conceptualizations and/or perceive patterns related to their specialties better than novices. Indeed, in one study Chase and Simon (1973) observed expert and novice chess players. Both experts and novices were shown board positions with 24 to 26 pieces from a game in progress. The board was then covered, and participants were asked to reconstruct the exact board position on another board. The expert players recalled an average of 16 pieces versus an average of 4 pieces by novices. The researchers concluded that experts see patterns and appear to chunk information into larger units which are recognized as a whole-board configuration. Novices focused more on pieces as pieces, i.e., surface features of a concrete nature. The end result of this research was that experts performed better on qualitative measures of skills than did novices. Similar findings between experts and novices have also been found in studies examining differences between expert and novice computer programmers (Solso, 1988).

Parenthetically, if this “leap” is linear, then it cannot be captured by the present methods of evaluation, or by the present range on the SLQ-R scores. If this “leap” is non-linear, other methods of gathering data need to be invoked in
order to account for the shift (in both total and subscale scores on the SLQ-R) between the beginning-intermediate and advanced groups. Either way, future research needs to focus on increasing ways to be able to capture the subtleties involved in assessing developmental phenomena.

Clinical Implications

For both supervisor and supervisee developmental models to advance, supervisory environments must be considered “intervention-sensitive” and ongoing. Intervention-sensitive means to be always at the ready to accept or provide a professional colleague with a collaborative, yet challenging, context for the expressed purpose of advancing a colleague’s competence while simultaneously attending to the needs of the defined client and advancement of one’s chosen field. As indicated above, both supervisee and supervisor development are complex processes. For supervisees and supervisors to continue to “advance” or to “grow” in their fields of study, ongoing peer supervision and/or consultation as well as continued training beyond that which is required for practice may contribute to the advancement of developmental models and/or to the supervision field as a whole. An overriding expectation of competence and continued refinement of learned perceptual, conceptual, and intervention skills, as well as refinement of observed patterns between and within levels of interaction, such as isomorphism and parallel process on an ongoing basis, and
across disciplines would provide challenging (albeit time-constraining supervisory) "intervention-sensitive" environments.

Past research has provided the supervision literature with the need to match supervisory environments infused with the developmental level of a trainee (Watkins, 1994; Bernard & Goodyear, 1992; Worthington, 1987). What standardized environment(s) do we have in place which accommodate(s) the ongoing development of either a supervisee or supervisor who has achieved "expertise" or "practiced competence"? Do conceptual understanding and implementation of professional practice or professional development of a supervisee or supervisor end with the acquisition of a degree, license, or AAMFT-Approved supervisor status? This study suggested that development does not end when a professional supervisor acquires a degree, license, or AAMFT-Approved status. Training, supervision, consultation, and the continued acquisition of psychotherapy and/or supervisory skills are not mutually exclusive, and do not have an end point. Although the idea of self-supervision and being a self-critical supervisor have been proposed in the recent literature on supervisor development (e.g., Todd, 1997; Watkins, 1993d), other-supervision and other-critical supervisor seems equally if not more relevant to research into both supervisee and supervisor development. That is to say, empirical investigation of ongoing peer supervision and/or consultation may add to our knowledge base concerning
supervisor and supervisee development. Supervisors should be both self-and
other critical. Watkins' (1995d) self-critical supervisor asks questions such as
"What did I do in that supervision hour? Why did I do that? How did I help my
supervisee? How did I hinder my supervisee? Are my supervisory interventions
becoming more effective? If so, how and why? If not, why?" (p. 116). Although
the self-critical supervisor is apt to seek out on-going training through workshops
and seminars, a self-critical supervisor must also invite more than periodic
consultation from a colleague. Supervision of supervision and/or other-critical
supervisory contexts should be common-place and on-going. In proposing other-
critical, yet supportive, ongoing supervision of supervision contexts, Watkins'
(1995d) questions would necessarily expand to "What did you do in your
supervision hour? Why did you do that? How do you think you helped your
supervisee? How do you think your intervention hindered your supervisee? Do
you think your supervisory interventions are more or less effective and complex?
I liked what you said and/or did because you were sensitive to your supervisees
needs." With both self-and-other criticality, supervisors are more apt to hold
themselves to higher standards as they strive towards increased competence.
Perhaps AAMFT-Approved supervisors should be required to attend workshops
on supervision in order to keep their approval status and/or be required to consult
with peers on an on-going basis.
Limitations of the Study

The participants in this study were AAMFT-Approved supervisors and their MFT supervisees. As a consequence, the generalizability of the results to members of other professional disciplines may be limited.

The measures in this study involved self-report. Despite the fact that response biases were assessed, beliefs may differ from actual behavior. The scores on the PSDS and SERF-R were scores from AAMFT-Approved supervisors only, and do not extend to AAMFT Supervisors-in-Training. The low return rate of questionnaires (19.4%) was another limitation in this study. Consequently, the participants in this study may not be representative of all AAMFT-Approved supervisors. Nevertheless, this sample represented a trained group of participants who met the minimum requirements to practice as a supervisor according to AAMFT’s professional standards. Therefore, this sample was not representative of supervisors in general, or supervisors-in-training. Similar to past studies, this investigation focused solely on supervisees’ and supervisors’ perceptions of their own development, and was cross-sectional in design. Cross-sectional designs do not allow for historical development or cultural influences on supervisee or supervisor development.

In addition, despite the fact that supervisors and their supervisees reported varying settings in which they worked, it was not clear from this study if the
supervisory environment stretched beyond those settings, or was more confined to university settings or centers. Settings vary in the demands usually placed on supervisees and/or supervisors and in how supervisory process is conducted.

Because of the nature of survey research, there was a loss of potential information because of nonresponse in this study. These nonresponses introduced possible error bias into the results of this investigation because of differences between respondents and nonrespondents in motivation and other unknown potentially important factors. For example, it is often difficult to replicate survey research because there are many unknown aspects of the process that cannot be repeated or controlled despite clear description of self-administered questionnaires such as unique reactions of the respondents, the response sets (e.g., some participants may have been predisposed to use Likert-type responses), or recall ability in test-retest studies such as this one. Reminder postcards were sent out 10 days after the initial questionnaire packets were mailed in an attempt to increase response rate. Although this method to increase response rate is standard in survey research, it also has the potential to bias the sample.

Recommendations for Further Research

Supervisor Research

Recommendations for further research can be made based simply on the fact that previous research in supervision was scant. There was a need to study
supervisor development. Survey research using the PSDS should be replicated with members of different disciplines. This research attempted to close the gap across disciplines by surveying AAMFT-Approved supervisors. Extending supervisor developmental research is sorely needed in other mental-health disciplines such as nursing, social-work practice, clinical psychology, school psychology, and psychiatry. In addition, developmental research in supervision needs to extend across various mental-health or other work settings. Since the participants were AAMFT-Approved supervisors, a study involving a comparison between AAMFT-Approved supervisors and AAMFT Supervisors-in-Training may help tease out developmentally sensitive variables. Comparing supervisor development between groups of counseling-psychology supervisors and AAMFT-Approved supervisors may also help to determine developmentally sensitive variables and may help ferret out variables (e.g., experience level versus hours of training) which contributed most of the variance related to developmental level.

Experience level appeared to be an important and necessary variable when examining supervisor development, but not a sufficient one. According to the results of this study, amount of hours in training was also a necessary variable to study beyond that which was required for practice. The necessity for supervisory training (in order to become an AAMFT-Approved Supervisor) is a standard to which other disciplines might hold themselves. Yet, based on the data from this
study, even the above standard was not a sufficient one. Supervisors who scored the highest on the Psychotherapy Supervisor Development Scale had engaged in training above and beyond that which was required for AAMFT approval. Perhaps AAMFT-Approved supervisors could develop their own instrument, and/or expand the items on the PSDS to include items related more to "systemic" ways of knowing, especially since the PSDS was limited to issues and/or items more relevant to counseling psychologists. Expanding the instrument to tap more AAMFT-relevant responses may serendipitously lead to settling any ceiling or floor effects on the PSDS (if they exist) or at least generate an instrument which can be used across disciplines in a more validated manner. Be that as it may, and at the risk of being redundant, it is worthwhile reiterating Worthington's (1987) words from his review on developmental models and research about experience levels of supervisors and competence. He concluded that, "Unwilling as we might be to accept it, most supervisors simply might not improve with experience. One reason for this might be that supervisors have little training in how to supervise effectively and thus may perpetuate the mistakes of their own supervisors" (p. 206).

Neither experience nor training are enough to account for developmental models of supervisor growth. Multiple factors must be taken into account when examining important moderating variables which influence supervisor
development. Variables which need further study include years of previous experience in the field, hours of training (both pre-and-post supervisory approval), environmental settings (e.g., university settings, private practice, hospitals, and clinics or agencies), theoretical orientation, specific interventions, time spent supervising a particular supervisee, personality factors, purposely mismatching supervisors and supervisees in terms of training and experience levels, ethnic background, and gender to name only a few. In addition, these variables need to be examined in interaction and on multiple levels, including utilizing both quantitative and qualitative methods of the data. Using multi-method approaches to measure supervisor development to help distinguish the variance that was reflective of development rather than variance due to the method itself would be beneficial. For example, utilizing both survey and in-depth interviews would be advantageous to further research efforts in supervisory development since research into the area is still new, and because a combination of methods is beginning to be used to better understand a concept or construct being tested or explored (Creswell, 1994). Combining both self-report and direct observational data could also help determine important variables related to interpersonal interaction between a supervisor and supervisee and developmental progress. Along these lines, it is useful to examine any developmental model from a longitudinal perspective. Holloway (1987) recommended longitudinal methods in
supervisee research, and her recommendations apply equally well in supervisor research. Specifically, she reported that cross-sectional designs do not capture intraindividual changes over the course of university or training programs. Nor can they record changes beyond training programs in general, i.e., beyond an arbitrary end-point.

Just as a researcher can combine quantitative with qualitative methods, so, too, can a researcher combine cross-sectional and longitudinal methodological strategies. Since the main focus of developmental models is studying development over time, models which are developmentally sensitive need to be commonplace if further research is to examine how supervisors grow, expand, and/or develop over a period of years. Utilizing cross-sequential or time-sequential designs may shed some light in the area of supervisor development. The cross-sequential design is best described as a combination of cross-sectional and longitudinal studies. The cross-sequential design is used in studies when a researcher wants to partial out or disentangle the most common interacting effects in developmental research: cohort, age, and time of measurement. Obtaining sufficient numbers of participants and sustaining follow-up over years will be a difficult barrier to overcome, but one which may be necessary as well as sufficient if research in this area is to hold any promise. A useful beginning for MFT researchers may be to test AAMFT Supervisors-in-Training with recent
AAMFT-Approved Supervisors, and with AAMFT-Approved Supervisors who continue training by various methods post-AAMFT-approval over the course of several years. Cross-sectionally, there could be three age-cohort groups, and, longitudinally, there could be two (or more) age-times of testing groups. Using an ANOVA, a researcher can ask three questions. The first question asked would be whether the three age-cohort groups differ in regards to their scores on the PSDS (or some other measure)? Second, are the scores of test-time two different from test-time one? Third, do scores change from test-time one to test-time two in a greater way for one age-cohort group than for another? The time-sequential method is similar to the cross-sequential method and requires no further elaboration. Suffice it to say that supervisory developmental research will progress more rapidly if mixed models and designs are employed.

Supervisee Research

The cross-sequential method and the mixing of models also apply to developmental research with supervisees. For example, self-reports, although useful data, give us only one kind of information, i.e., individual perceptions of what happens during supervision. The exploration of actual behaviors (e.g., observational data) of both supervisee and supervisor within the supervisory environment would add much to the supervision literature. There is a need to examine data from verbal and nonverbal behaviors as they occur between a
supervisee and supervisor. In-session examination of cognitive, perceptual, and executive skills across developmental stages would be a useful area to explore. How the above skills translate to actual therapeutic success (across developmental stages) with clients is also fertile ground for researchers to explore. In addition, moderating variables (such as crisis versus noncrisis clients, and supervisee and supervisor reactions to client's crises) implicate an unexplored area for future developmental researchers (Watkins, 1995b; Borders, 1989; Tracey, Ellickson, & Sherry, 1989; Wetchler, 1989).

The results of this investigation concerning the outcome of the first discriminant function which maximally separated level-three supervisees from the other two groups needs further examination. Since developmental models are supposed to capture variables which account for change over time and since there is a need to examine the change process within supervisory environments, mixing methods and models would appear to be another way of analyzing how change comes about, especially qualitative changes. Administration of the Supervisee Levels Questionnaire-Revised (SLQ-R) along with both a qualitative, open-ended interview and observation of supervisor-supervisee dyads may help explain the apparent qualitative shift between the level-three supervisee and the other two groups captured in this study. Past developmental supervisee studies have all been explored by using traditional hypothesis-testing quantitative methods. These
methods can overlook change processes which may be revealed by utilizing quantitative and qualitative methods as well as mixing cross-sectional and longitudinal models. Instead of simply categorizing perceptions of supervisory experiences, researchers could examine “clusters” of perceptions along with “clusters” of observed behaviors complimented by “clusters” of interviews. In this way, overlapping and different facets of a developmental phenomenon could lead to fresh perspectives, i.e., mixing methods and models could bring depth and breadth to an investigation. Expansion of paradigms, as opposed to extensions of past or recent paradigms, could very well lead to greater understanding of apparent qualitative developmental leaps into competent behaviors as a marriage-and-family-therapist. Advocating for or doing discovery and/or quantitative-qualitative research would allow for data to be examined from multiple perspectives resulting in more accuracy and greater stability in researchers findings. While there is a continued need for supervisee and supervisor developmental (linear) outcome research, there is also a need to explore why developmental shifts occur in an apparent non-linear fashion. That is to say, process research is as valid an endeavor as is outcome research, and a much needed area of exploration if supervision as a field of study in its own right is to advance.
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Appendix A

Psychotherapy Supervisor Development Scale
Watkin's et al (1995c) Psychotherapy Supervisor Development Scale (PSDS)

Please answer the following items using the scale below.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Half The</td>
<td>Often</td>
<td>Most Of</td>
<td>Always</td>
<td>Time</td>
</tr>
</tbody>
</table>

If you believe that an item is not at all true of you, then you would use the “NEVER” descriptor. If you believe just the opposite, then use the “ALWAYS” descriptor. If you believe somewhere in between about an item, then use the descriptor (e.g., SOMETIMES or HALF THE TIME) that would best convey your thoughts.

___ 1. “If asked, ‘Do you really feel like a psychotherapy/counseling/marriage and family supervisor?’ I could honestly answer ‘yes’.”

___ 2. “I believe I have a good awareness about myself as supervisor, the impact that I have on supervisees, and how I affect the supervisory situation as a whole.”

___ 3. “I believe I have a good knowledge of and understanding about the supervision process itself.”

___ 4. “If asked, ‘Can you give a good assessment of yourself as a supervisor?’ I could easily answer ‘yes’.”

___ 5. “Becoming a supervisor is an ongoing process that requires much time and energy, but I see myself as well on my way to getting there.”

___ 6. “I have a realistic awareness about my strengths and abilities as a supervisor.”

___ 7. “As a supervisor, I structure the supervision experience effectively.”

___ 8. “I must say that, when I perform my supervisory responsibilities, I often think of myself as an impostor.”

___ 9. “I believe I am able to increasingly foster a sense of self-sufficiency in

___ 10. “I believe I am able to increasingly foster a sense of self-sufficiency in

___ 11. “I believe I am able to increasingly foster a sense of self-sufficiency in
my supervisees.”

10. “When needed, I am able to be appropriately assertive and confrontive with my supervisees.”

11. “Right now, I feel ill-at-ease and somewhat confused with the supervisor role.”

12. “Sometimes I believe I’m just playing at being a supervisor.”

13. “I have a realistic awareness about my limitations and weaknesses as a supervisor.”

14. “I believe I am generally effective in dealing with transference/counter-transference issues in supervision.”

15. “Becoming and being a supervisor demands a commitment (i.e., to keep working at developing oneself as supervisor) that I believe I have made.”

16. “I consider the supervision that I provide to be helpful to my supervisees.”

17. “I just don’t consider myself that identified with the supervisor role.”

18. “I consider supervision to be a very important role that I perform.”
Appendix B

Supervisor Emphasis Form-Revised (Form-SS)
Lanning and Freeman's (1994) Supervisor Emphasis Form-R (Form-SS)

Directions: A number of competencies that many supervisors consider important for marriage and family therapists/counselors to demonstrate in practicum/internship are listed below. Competencies are listed in sets of four. You are requested to rank order the competencies in each set from 1 to 4 in terms of how much emphasis you have given in each area with a supervisee you are currently supervising. Within each set, please rank the one you would most likely emphasize as “1” and the one you would least likely emphasize as “4”. Please rank all the competencies within all sets.

Set

1. ___ A. The marriage and family therapist (MFT)/counselor maintains appropriate conduct in personal relationships with clients.
   ___ B. The MFT/counselor uses appropriate reflection of feeling with a client.
   ___ C. The MFT/counselor maintains a nonjudgmental attitude despite value differences with a client.
   ___ D. The MFT/counselor is able to prioritize client problems.

2. ___ A. The MFT/counselor is knowledgeable about ethical codes of behavior.
   ___ B. The MFT/counselor is able to identify client themes.
   ___ C. The MFT/counselor recognizes his/her personal limitations and strengths.
   ___ D. The MFT/counselor demonstrates the use of open-ended questions.

3. ___ A. The MFT/counselor is aware of socio-economic and/or cultural factors that may influence the counseling session.
   ___ B. The MFT/counselor uses open-ended questions and allows the client maximum freedom of expression.
   ___ C. The MFT/counselor is aware of his/her own needs and conflicts.
   ___ D. The MFT/counselor keeps appointments with clients.

4. ___ A. The MFT/counselor makes appropriate use of additional information obtained from other professional resources.
   ___ B. The MFT/counselor is able to risk self in counseling with a client.
   ___ C. The MFT/counselor communicates his/her sincerity and genuineness to the client.
   ___ D. The MFT/counselor maintains confidentiality of client information.
5. ___ A. The MFT/counselor is aware of the effects of his/her own anxiety in the counseling process.
   ___ B. The MFT/counselor engages in appropriate confrontation with the client.
   ___ C. The MFT/counselor recognizes when he/she needs consultative help from another professional.
   ___ D. The MFT/counselor is able to set attainable goals in line with client readiness.

6. ___ A. The MFT/counselor shows a commitment to personal growth.
   ___ B. The MFT/counselor prepares clients for termination.
   ___ C. The MFT/counselor responds to client non-verbal behavior.
   ___ D. The MFT/counselor understands how people are the same even though they may be worked with differently.

7. ___ A. The MFT/counselor is able to develop short and long term goals with a client.
   ___ B. The MFT/counselor allows him/herself the freedom to be wrong in the counseling session.
   ___ C. The MFT/counselor communicates his/her respect and positive regard to the client.
   ___ D. The MFT/counselor actively participates in professional organizations.

8. ___ A. The MFT/counselor formulates specific plans and strategies for client behavior change.
   ___ B. The MFT/counselor makes appropriate referrals of clients.
   ___ C. The MFT/counselor keeps personal problems out of the counseling session.
   ___ D. The MFT/counselor accurately reflects the content of a client’s speech.

9. ___ A. The MFT/counselor is able to manage a strong expression of client’s feelings.
   ___ B. The MFT/counselor is on time for client appointments.
   ___ C. The MFT/counselor receives feedback in a non-defensive fashion.
   ___ D. The MFT/counselor is aware of the client’s potential for successful counseling progress.
10. ___ A. The MFT/counselor recognizes when a client needs help in continuing to cope.
    ___ B. The MFT/counselor takes advantage of opportunities for additional training.
    ___ C. The MFT/counselor is able to identify and manage personal feelings that are generated in counseling.
    ___ D. The MFT/counselor maintains a receptive and appropriate posture during the session.

11. ___ A. The MFT/counselor recognizes and admits when he/she enters into a "power struggle" with the client.
    ___ B. The MFT/counselor appropriately summarizes client statements.
    ___ C. The MFT/counselor dresses appropriately.
    ___ D. The MFT/counselor conceptualizes a client accurately within a theoretical frame of reference.

12. ___ A. The MFT/counselor identifies the need for and uses immediacy appropriately.
    ___ B. The MFT/counselor engages in adequate note-keeping on clients.
    ___ C. The MFT/counselor is able to choose and apply techniques appropriately.
    ___ D. The MFT/counselor is able to tolerate ambiguity in the counseling sessions.

13. ___ A. The MFT/counselor maintains appropriate relationships with professional colleagues.
    ___ B. The MFT/counselor is able to interpret client behaviors within a coherent theoretical framework.
    ___ C. The MFT/counselor can effectively manage his/her frustration with lack of progress with clients.
    ___ D. The MFT/counselor engages in appropriate non-verbal expressions.

14. ___ A. The MFT/counselor exhibits appropriate eye contact.
    ___ B. The MFT/counselor understands which techniques are compatible and consistent with his/her stated theoretical model.
    ___ C. The MFT/counselor is aware of his/her personal needs for approval from the client.
    ___ D. The MFT/counselor engages in adequate preparation for counseling sessions.
15. ___ A. The MFT/counselor is aware of how his/her attraction to the client is affecting the counseling process.
___ B. The MFT/counselor maintains his/her office neatly and orderly.
___ C. The MFT/counselor reinforces appropriate client behavior.
___ D. The MFT/counselor is able to predict the effects on a client of the techniques applied in counseling.
Appendix C

Supervisee Levels Questionnaire-Revised
McNeill, Stoltenberg, and Roman's (1992) Supervisee Levels Questionnaire-Revised

The following instrument is designed to study the behaviors of counselors/therapists in training. The gaining of skills as a counselor/therapist is a learning process, and it is therefore necessary to continuously gather new information. Your total honesty will be appreciated.

All information will remain completely anonymous. Thank you for your participation and cooperation!

In terms of your current behavior, please answer the items below according to the following scale as explained previously.

1: Never
2: Rarely
3: Sometimes
4: Half The Time
5: Often
6: Most Of The Time
7: Always

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

   Never                      Always
   1   2   3   4   5   6   7

2. I am able to critique counseling tapes and gain insights with minimum help from my supervisor.

   Never                      Always
   1   2   3   4   5   6   7

3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

   Never                      Always
   1   2   3   4   5   6   7

4. I lack self confidence in establishing counseling relationships with diverse client types.

   Never                      Always
   1   2   3   4   5   6   7
5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.
   Never 1 2 3 4 5 6 7 Always
6. I tend to get confused when things don’t go according to plan and lack confidence in my ability to handle the unexpected.
   Never 1 2 3 4 5 6 7 Always
7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.
   Never 1 2 3 4 5 6 7 Always
8. I depend upon my supervisor considerably in figuring out how to deal with my clients.
   Never 1 2 3 4 5 6 7 Always
9. I feel comfortable in confronting my clients.
   Never 1 2 3 4 5 6 7 Always
10. Much of the time in counseling/therapy, I find myself thinking about my next response, instead of fitting my intervention into the overall picture.
    Never 1 2 3 4 5 6 7 Always
11. My motivation fluctuates from day to day.
    Never 1 2 3 4 5 6 7 Always
12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.
    Never 1 2 3 4 5 6 7 Always
13. During counseling/therapy sessions, I find it difficult to concentrate because
of my concern with my own performance.

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14. Although at times, I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

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15. Sometimes the client’s situation seems so hopeless, I just don’t know what to do.

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16. It is important that my supervisor allow me to make my own mistakes.

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17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don’t.

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18. Sometimes I question how suited I am to be a counselor/therapist.

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19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

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20. Sometimes I feel that counseling/therapy is so complex, I will never be able to learn it all.

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21. I believe I know my strengths and weaknesses as a counselor/therapist sufficiently well to understand my professional potential and limitations.

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22. Regarding counseling/therapy, I view my supervisor as a peer/colleague.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

23. I think I know myself well and am able to integrate that into my therapeutic style.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

24. I find I am able to understand my clients' view of the world, yet help them objectively evaluate alternatives.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

26. I find I am able to empathize with my clients' feeling states, but still help them focus on problem resolution.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

27. I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically.
   
   | Never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Always
   |-------|---|---|---|---|---|---|---|-------|

29. I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor/therapist without undue overinvolvement with my clients.
   
   | Never | Always
   |-------|-------|
30. I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor/therapist without excessive distance from my clients.

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Appendix D

Personal Preference Scale
Personal Preference Scale

Please answer the following items below according to the following scale

1. STRONGLY AGREE
2. AGREE
3. SLIGHTLY AGREE
4. SLIGHTLY DISAGREE
5. DISAGREE
6. STRONGLY DISAGREE

____ 1. I constantly try to make people think highly of me.

____ 2. I like to gossip at times.

____ 3. Let us eat, drink and be merry, for tomorrow we die.

____ 4. I sometimes try to get even rather than forgive and forget.

____ 5. I have considered being an entertainer.

____ 6. There have been occasions when I took advantage of someone.

____ 7. I never resent being asked to return a favor.

____ 8. I tend to make decisions on the spur of the moment.

____ 9. I have a number of health problems.

____ 10. One should not give free reign to the passions, but rather control and weigh them before expressing them.

____ 11. I often have the feeling that I am doing something evil.

____ 12. Uncontrolled impulsiveness is not part of my make-up.

____ 13. Nothing that happens to me makes much difference one way or the other.

15. I would probably make a good actor.

16. In a group of people I am rarely the center of attention.

17. I would not change my opinions (or the way I do things) in order to please someone else or win their favor.

18. The good opinion of one's friends is one of the chief rewards for leading a good life.

19. I have trouble changing my behavior to suit different people and different situations.

20. I guess I put on a show to impress or entertain people.

21. I'm always willing to admit it when I make a mistake.

22. There are few things more satisfying than really to splurge on something books, clothes, furniture, etc.

23. I seldom if ever lose my temper.

24. When I am doing something, I often worry about what other people will think.
APPENDIX E

Letter to AAMFT-Approved Supervisors
Dear AAMFT Approved Supervisor,

I am currently a doctoral candidate in the Marriage and Family program at Seton Hall University. I have begun my dissertation project, and would like to understand more about the development of an AAMFT Approved Supervisor.

You have been randomly selected from the national AAMFT Approved Supervisor’s list. It is my hope that this study will enhance our understanding of this important role and will add to the current literature. This letter is to request participation by you (and a supervisee you have been supervising for at least a four wee period in practicum, internship, or beyond) in my Doctoral Dissertation research. I hope that you will volunteer to participate in this study. Should you to decide to participate you are still free to withdraw at any time without prejudice.

I am asking you as an AAMFT Approved Supervisor to both answer the enclosed questionnaires, and to invite a supervisee to independently consider the materials in the envelope marked for the supervisee.

If you chose to participate, first fill out the enclosed questionnaires in the packet designated AAMFT Approved Supervisor. Filling out the demographic survey, the Psychotherapy Supervisor Development Scale, the Supervisor Emphasis Report Form-Revised, and the Personal Preference Scale should take you no
longer than 30 minutes. Your materials can be mailed in the stamped return envelope enclosed. Second, kindly give the packet marked “TO BE OPENED BY A SUPERVISEE ONLY” to a supervisee you select. The only criteria is that you have supervised the individual for a minimum of four weeks.

The information that you provide in these questionnaires will be completely confidential. Please do not place your name on any document. There will be a code number on the packet and on the questionnaires. The code number may be used for a follow-up contact. By completing and returning the questionnaires, it is understood that you have consented to participate in this study.

There are no foreseen risks to you for participating in this research study. However, if you become upset or experience discomfort because of participating, you should contact a trusted friend, colleague, or a trained therapist.

Should any questions arise following your completion of this research study, you may contact the investigator, Joseph C. Bencivenne at (973)-736-5748 or you may e-mail the investigator at JosephBencivenne@msn.com.

This project has been reviewed and approved by the Seton Hall Institutional Review Board for Human Subjects research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and
rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973)-378-9809.

Thank you for you time and participation in this matter. If you decide to not participate, please return the blank questionnaires in the stamped return envelope enclosed.

Sincerely,

Joseph C. Bencivenne, MA., Ed.S.
APPENDIX F

Follow up Letter to AAMFT-Approved Supervisors
Dear AAMFT Approved Supervisor

Thank you so much for participating in my research project. The purpose of this follow-up letter is to request participation by you once again. However, this time I am asking you to fill out the Psychotherapy Supervisor Development Scale (PSDS). In all, the project requires less than 10 minutes of your time. These additional data will hopefully add to the present supervision literature. I would appreciate your returning the completed PSDS in the next week.

The information that you provide in the PSDS will be completely confidential. Please do not place your name on the document. There will be a code number on the questionnaire. By completing and returning the PSDS, it is understood that you have consented to participate in the final part of my study.

There are no foreseen risks to you for participating in the study. However, if you become upset or experience discomfort because of participating, you could contact a trusted friend, colleague, or a trained therapist. Should any questions arise following your completion of the PSDS, you may contact the investigator at (973) 736-5748 or you may e-mail the investigator at JosephBencivenne@msn.com.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects research. The IRB believes that
the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of grants and Research Services. The telephone number of the Office is (973)-378-9809.

Thank you for your time and consideration in this matter.

Sincerely,

Joseph C. Bencivenne, MA., Ed.S.
APPENDIX G

Letter to MFT Supervisees
Dear MFT Supervisee,

I am currently a doctoral candidate in the Marriage and Family program at Seton Hall University. I have begun my Dissertation project, and would like to understand more about the development of supervisors and supervisees. Your current AAMFT Approved Supervisor was randomly selected from the national AAMFT Approved Supervisor’s list. Each supervisor was asked to select a supervisee whom she/he has been supervising for at least a four week period. Since your current supervisor selected you, I am requesting that you participate in the study.

I hope that you are in a position to volunteer in the study. Should you decide to participate you are still free to withdraw at any time without prejudice. Since you have your own packet, your current supervisor need not know of your decision. If you chose to participate, please fill out the enclosed questionnaires in the packet marked “TO BE OPENED BY A SUPERVISEE ONLY”. Filling out the demographic survey, the Supervisees Levels Questionnaire-Revised, and the Personal preference Scale should take you no longer than 30 minutes.

The information that you provide in these questionnaires will be completely confidential. Please do not place your name on any document. There will be a code number on the packet and on the questionnaires. By completing and returning the questionnaires, it is understood that you have consented to
participate in this study.

There are no foreseen risks to you for participating in this research study.

However, if you become upset or concerned because of participating, you could contact a friend, colleague, or trained therapist.

Should any questions arise following your completion of this research study, you may contact the investigator, Joseph C. Bencivenne at (973)- 736-5748 or you may e-mail the investigator at JosephBencivenne@msn.com. Good luck to you in your studies.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973)-378-9809.

Thank you for your time and consideration in this matter. If you decide to not participate, please return the blank questionnaires in the stamped return envelope enclosed.

Sincerely,

Joseph C. Bencivenne, MA., Ed.S.
APPENDIX H

AAMFT-Approved Supervisor Demographic Questionnaire
AAMFT Approved Supervisor Demographic Questionnaire

Gender: Male___ Female___

Do you consider yourself: European-American___ African-American___
Hispanic___ Asian-American___ Native-American___ Other___

ETHNICITY: Mother’s Ethnic Background____________________________________

_______________________________________________________________

Father’s Ethnic Background__________________________________________

_______________________________________________________________

BIRTHDATE: ____________

DEGREE: Masters___ Education Specialist ___ Doctorate ___ Other___

AAMFT Approved Supervisor Track: Standard AAMFT Requirements or 36 hours___

COAMFTE AAMFT Requirements or 36 hours___

Advanced AAMFT Requirements or 18 hours___

Number of Hours of Other Supervisor Training (e.g., workshops, Institutes)___

Total Number of Hours of Supervisor Training (include AAMFT Track Hours)___

Years of Experience Post-AAMFT Supervisor Approval: ________________

Years of Experience PRE-AAMFT Supervisor Approval: ________________

Current Work Setting: College/University___ Private Practice___ Clinic/Agency___

Hospital___ Free Standing Institute___
Other (please describe)

Please Indicate the Percentage of Time Spent in Each Work Area if More Than One (e.g., College, 80%; Private Practice 20%).

Your Personal Approach to Supervision: Modern (e.g., Behavioral, Bowenian, Experiential, MRI, Solution Focused, Psychodynamic/Object Relations, Structural, Strategic)

Postmodern (e.g., Narrative, Social Constructionism)

Both Modern and Postmodern

Please Indicate your Personal Approach by Preference, i.e., First Behavioral, Second Structural, etc.
APPENDIX I

Supervisee Demographic Questionnaire
Supervisee Demographic Questionnaire

GENDER: Male___ Female___

Do you consider yourself: European-American___ African-American___
Hispanic___ Asian-American___ Native-American___ Other___

ETHNICITY: Mother’s Ethnic Background______________________________

______________________________
Father’s Ethnic Background______________________________

______________________________
BIRTHDATE: ______________

DEGREE: Bachelors___ Masters___ Education Specialist___ Doctorate___ Other___

Years of Experience as an MFT Therapist/Counselor: ______________

Present Level of Training: First Practicum___ Second Practicum___

Advanced Practicum___ Internship___

Institute/Training or Beyond Internship (one or more years)___

Total Number of Hours in Practicum/Training: __________________________

Your Current Work Setting: College/University___ Private Practice___

Clinic/Agency___ Hospital___

Free Standing Institute___ Other (please describe)_______________________

Please Indicate the Percentage of Time Spent in Each Work Area if More than

One___ (e.g., College, 80%; Private Practice 20%).
Your Personal Approach to Therapy: **Modern** (e.g., Behavioral, Bowenian, Experiential, MRI, Solution Focused, Psychodynamic/Object Relations, Structural, Strategic)

**Postmodern** (e.g., Narrative Therapies, Social constructionism)

**Both Modern and Postmodern**

Please indicate your personal approach by preference, i.e., First Behavioral, Second Structural, etc.