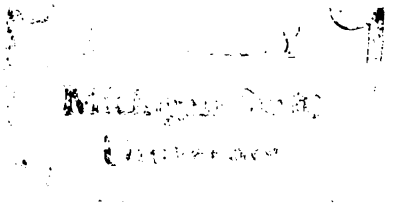
THESIS



This is to certify that the

thesis entitled

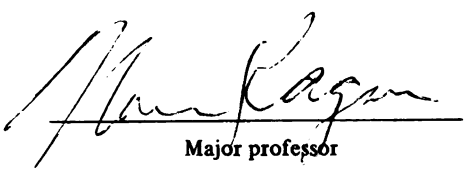
THE IMPACT OF BRIEF TRAINING UPON PSYCHOTHERAPEUTIC ATTRACTION AND SUPERVISOR'S LEVEL OF FUNCTIONING: AN ANALOGUE STUDY

presented by

Emily Virginia Hardy

has been accepted towards fulfillment of the requirements for

Ph.D. degree in Education



Major professor

Date June 25, 1981

O-7639

THE IMPACT OF BRIEF TRAINING UPON PSYCHOTHERAPEUTIC ATTRACTION AND SUPERVISOR'S LEVEL OF FUNCTIONING: AN ANALOGUE STUDY

By

Emily Virginia Hardy

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling and Educational Psychology

1981

ABSTRACT

THE IMPACT OF BRIEF TRAINING UPON PSYCHOTHERAPEUTIC ATTRACTION AND SUPERVISOR'S LEVEL OF FUNCTIONING: AN ANALOGUE STUDY

By

Emily Virginia Hardy

The American Psychological Association has consistently and emphatically regarded clinical supervision as one of the most central and crucial aspects of training in professional psychology. Yet, with all of the emphasis on its critical nature, as well as the determination that competencies in supervision differ from competencies in psychotherapy, models and research on supervision are largely omitted in the literature (Leddick & Bernard, 1980), and the vast majority of supervisors never experience formal training in supervision nor have they benefited from the "rituals or rites of passage which facilitate important role transitions" (Styczynski, 1980, p. 29).

In examining training in supervision, three areas appeared important: role theory, level of empathic functioning, and interpersonal attraction. The literature in social psychological role theory supports the salience of clarity in role expectations, experience in taking a role,

and the value of clear transitions between old and new roles. Both supervisor level of empathic functioning and attraction between the supervisor and supervisee have been demonstrated in previous research to be important variables in supervisor functioning.

This investigation was designed to examine the effects of brief training in clinical supervision upon the supervisor's psychotherapeutic attraction toward, and level of empathic functioning with, an analogue supervisee. The 44 subjects were graduate students in counselor education and social work at the University of Iowa.

These volunteer subjects were randomly assigned to either the experimental training group or to the control group. The experimental training group participated in a previously developed (Loganbill & Hardy, 1980) six-hour workshop which had been implemented with varied groups of beginning and experienced supervisors. The workshop included three components: (a) a didactic presentation of a conceptual model of supervision (Loganbill, Hardy, & Delworth, in press); (b) an experimental component utilizing video-taped vignettes of supervisees depicting critical issues in supervision; and (c) a discussion component which involved taking the role of supervisor.

Subjects were asked to complete the Hogan Empathy Scale and the Supervisor Self-Rating Scale as pre-tests. These two instruments were repeated, with the addition of the

Supervisor Personal Reaction Questionnaire (SPRQ) and the Supervisor Response Questionnaire (SRQ) at the conclusion of the workshop training. The control group completed the same instruments, but received no training before taking the post-tests. Half of the subjects in each group were given a positive (in terms of attraction) protocol of their analogue supervisee, and the other half were given a negative protocol. Subjects responded to the SPRQ and the SRQ as if they were responding to and about the supervisee on their protocol sheet. The two independent variables were treatment group (experimental or control) and protocol group (positive or negative attraction). The four dependent variables were the Hogan Empathy Scale, the Supervisor Personal Reaction Questionnaire (SPRQ), the Supervisor Response Questionnaire (SRQ), and the Supervisor Self-Rating Scale. Statistical procedures consisted of four 2 x 2 factorial ANOVAs, one for each of the dependent measures. The Supervisor Self-Rating Scale was not included in the nine hypotheses because of the lack of validity and reliability information.

One significant finding was that subjects receiving the experimental training, when presented with a positive attraction protocol, demonstrated significantly higher levels of psychotherapeutic attraction than did subjects in the control group. The Supervisor Self-Rating Scale produced significant results in terms of gain scores and of

post-test means between the experimentally trained subjects and the control group.

No significant differences were found with post-test administration of the Hogan Empathy Scale. An unexpected significant finding was that supervisors provided significantly more empathic responses to unattractive supervisees than to attractive supervisees.

The results suggest that brief training for beginning supervisors can produce significant changes along some dimensions of supervisor functioning. Such training may well be a useful adjunct in psychology and counselor education programs. Further research is needed to compare methods of brief training, to explore such training in natural versus analogue settings, and to provide validity and reliability data for the Supervisor Self-Rating Scale.

ACKNOWLEDGMENTS

I would like to express my sincere appreciation to Dr. Ursula Delworth (University of Iowa) and Dr. Norm Kagan (Michigan State University), who served as joint-chairpersons, and to the other members of my committee: Dr. Don Grummon, Dr. Doug Miller, and Dr. Donna Wanous.

Also, I would like to acknowledge and thank the individuals who made substantive contributions: Dr. Carol Loganbill, Kevin Kelly, Katie Laur, Ginny Lee, Dr. Ron May, Sue Cooley, Jennifer Griffith, Connie Weber, and Charlotte Wheat.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

THE PROBLEM

Clinical supervision has repeatedly been identified as one of the central activities of our profession. As early as 1952, the Committee on Counselor Training of the American Psychological Association stated that the supervised practicum was "in some respects the most important phase of the whole process of training in counseling" (p. 122). In a later study of 156 attributes or characteristics of counseling psychology programs, Gerken (1969) reported that individual supervision was judged highest in importance to the training program. More recently, in a survey conducted by the Council of Counseling Psychology Training Programs, supervised practicum was listed by all counseling psychology program directors as a vital part of their program, and one in which almost all of their students participate (Banikiotes, 1977).

In order to be accredited, the American Psychological Association requires that programs in professional psychology include both supervised practicum and internship experiences (Criteria for Accreditation, 1980). The Division of Psychotherapy of the American Psychological Association has two

principles relating directly to individual supervision in its "Recommended Standards for Psychotherapy Education in Psychology Doctoral Programs" (Bookbinder, Fox, & Rosenthal, 1971). These are as follows:

> THE FACULTY SHOULD BE COMPETENT IN THE SUPERVISION ASPECT OF TEACHING PSYCHOTHERAPY.
>
> THE STUDENT SHOULD RECEIVE TRAINING IN SUPERVISION OF PSYCHOTHERAPY.

For all of the importance accorded to supervision as a central and crucial aspect of professional psychology, the vast majority of supervisors never experience any formal training in the area of supervision (Styczynski, 1980; Leddick & Bernard, 1980).

Leddick and Bernard (1980) note that models and research on training are largely omitted in the literature. Others have called specifically for training and practice in the area of supervision (Hansen & Stevic, 1967). Many articles and books have been written about various aspects of supervision, but there is little in terms of models for training and practice.

This study is designed to explore the immediate impact of a conceptually based training program upon the supervisor's level of empathic functioning and degree of psychotherapeutic attraction toward the supervisee.

The Need for the Study

Clinical supervision may be viewed as both a complex dynamic process and a set of complex behaviors which involve taking a definite role. For new supervisors, this role, apart from being ambiguous and undefined, has been experienced only from a perspective which differs considerably from that of supervisor.

In their past training, new supervisors have viewed supervision only from the perspective of the recipient, or supervisee. Their training has focused upon knowledge and skills for counseling and therapy. While marked therapeutic similarities exist between supervision and therapy, Ekstein and Wallerstein (1972) note their basic difference in purpose. This difference is often a source of confusion, conflict, and inefficiency, particularly for the beginning supervisor. It is asserted here that counseling and therapy techniques and skills and experience with the therapist/client relationship are necessary but insufficient for the transition from supervisee to supervisor.

The standards set forth by the Division of Psychotherapy of the American Psychological Association specifically state that "supervisor competence overlaps--but is independent of--competence in psychotherapeutic practice" (Bookbinder, Fox, & Rosenthal, 1971, p. 151). They explain that supervision is a competence and skill best learned through a combination of course work in supervision theory

and practice, and through supervised practice in psychotherapy supervision. In a further emphasis upon the differences that exist between competencies in psychotherapy and competencies in counseling supervision, the Division of Psychotherapy recommends that experience in supervising should be provided for students so that they may begin to "learn the differences between skills required for psychotherapy practice and supervision" (Bookbinder et al., 1971, p. 153).

Yet, with all of the foregoing emphasis on the essential and critical nature of supervision, and the determination that competencies in supervision differ from competencies in psychotherapy, "there are no formal courses, processes, or practica through which the clinician learns to supervise, nor are there the rituals or rites of passage which facilitate important role transitions" (Styczynski, 1981, p. 29).

Part of the confusion regarding supervision lies in the fact that the term "supervision" has been used to refer to a wide variety of activities. In some instances, it refers to skill training (Egan, 1972; Ivey, 1971; Leddick & Bernard, 1980); in others it refers to peer supervision (Kagan, 1980). At still other places in the literature, "supervision" is used to refer to administration or consultation (Watson, 1973; Kaslow, 1977). Other authors use the term only in reference to an intensive clinical process

similar to therapy (Ekstein & Wallerstein, 1972; Mueller & Kell, 1972).

Supervision, in this investigation, will follow the Loganbill, Hardy, & Delworth (in press) definition in referring to

> An intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of the therapeutic competence of the other person.

Loganbill et al. identify four primary functions of the supervisor. These are as follows:

1. Monitoring client welfare
2. Enhancing growth within stages
3. Promoting transition from stage to stage
4. Evaluating the supervisee

The stages here refer to the developmental stages of the supervisee. While serving the "enhancing" and "promoting" functions, the supervisor uses facilitative, therapeutic skills. It is this aspect of supervision which is most like counseling and psychotherapy. It is this aspect, also, which makes such variables as level of functioning and psychotherapeutic attraction important in supervision, as they are in counseling and psychotherapy.

The aspects of supervision which differ from counseling/therapy are primarily those which deal with the monitoring and evaluating functions. The supervisor is often faced with a role conflict when presented with situations involving concern for client welfare or a need to evaluate the

supervisee, while attempting to be therapeutic with the supervisee. It is the assertion of Loganbill et al. that, in light of the difference in role and choices faced by the supervisor (as opposed to the counselor/psychotherapist), additional training is needed for the supervisor to be fully functioning and truly effective.

Qualities of Effective Supervisors

Boyd (1978) notes that, in addition to "competence and success with a broad range of helping activities," the effective supervisor "must possess confidence and professional assurance. A hesitant, unsure supervisor cannot offer the kind of leadership that is needed in supervisory positions" (p. 9).

The Committee on Internship Standards, Division of Counseling Psychology of the American Psychological Association (1960), has emphasized the importance of the atmosphere within which supervision occurs, and wrote about the effective supervisor in the following manner:

> The effective supervisor is one who is able to establish a supervisory relationship conducive to self-development of the intern, a relationship which is constructive rather than punitive. The effective supervisor must be sensitive to the feelings of the intern as he struggles through his learning experiences and, at the same time, keep in mind the long-term objectives of the internship. He must know when to wait patiently for insights to develop and when to press for higher standards of performance. He must aid the intern in making progress toward accepting and/or respecting the client. This presupposes the intern's acceptance of and respect for himself, a process in which the supervisor has an important role

> to play. The effective supervisor should exhibit a positive attitude concerning the supervisory process which motivates the intern and invites him to seek help rather than cover up deficiencies. The supervisory relationship may include help in personal problems short of establishing a therapist-client relationship with the intern as client. (p. 144)

Rogers (1957) asserted the belief that "significant positive personality change does not occur except in a relationship" (p. 96), and specified conditions such as empathic understanding and congruency which were necessary in order for the person being helped to experience constructive change. Rogers' formulations have continued to be seen as vital components of therapeutic relationships.

Loganbill et al. state that "the particular skills necessary to establish effective therapeutic relationships have been fairly well identified, and there is considerable agreement as to the universality of these specific skills." They identify some of these skills as empathy, warmth, immediacy, concreteness, confrontation, and self-disclosure. It is these skills which comprise the more therapeutic function/role of the supervisor and provide us with some measure of the supervisor's effectiveness.

Strong indications (Pierce & Schauble, 1970, 1971; Shiel, 1976) have been found that the level of empathic functioning of the supervisor is positively correlated with supervisee growth and the increased ability of the supervisee to be empathic. For these reasons, the level of empathic functioning of the supervisor can be examined

as one of the few measures available of supervisor effectiveness.

Additionally, psychotherapeutic attraction can be designated as an indicator of potential effectiveness. Psychotherapeutic attraction refers to "the favorableness or positiveness of expectations held by one member of a dyadic relationship about the other" (Sundblad & Feinberg, 1972, p. 192) within a therapeutic relationship. It has been shown that the provision of empathic conditions is positively related to the presence of psychotherapeutic attraction (Goldstein, Heller, & Secrest, 1966; Gustin, 1969) and that high levels of attraction by the trainee for the supervisor are related to the effectiveness of supervisees. In addition, Sundblad and Feinberg (1972) found that the supervisors who had the highest level of empathic functioning were those who experienced the most positive attraction toward the supervisees.

Proposed Model of Training for Supervisors

Bernard (1979) has stated that "unlike the literature that addresses counselor training, little has been said about the training of supervisors" (p. 60). Historically, supervisees have been expected to move directly into the role of supervisors after they have gained experience in counseling and psychotherapy. Yet the differences between counseling/psychotherapy and supervision have been explicitly

stated previously. In attempting to rectify this training omission, a number of models have been proposed. In reviewing these models, Leddick & Bernard (1980) found that most "attempt to take the pieces offered through the years by good supervisors and order them into a conceptual package . . . without reference to a theoretical base" (p. 186).

Loganbill, Hardy, & Delworth (in press) have developed a conceptual model of supervision which also is intended to serve as a model for training supervisors.

The theoretical base from which this model was built lies primarily in the developmental psychology works of Erikson, Mahler, and Chickering. Though Erikson (1963, 1968) and Mahler (1979) focused on development of the young child, the basis for this model is that many of the developmental processes essential for growth in the young child and adolescent apply equally well to the personal and professional development of the beginning counselor and therapist. Chickering (1969) used Erikson's identity stage as an orienting point for his work in which he conceptualized the developmental themes of young adulthood. The views of these theorists strengthened or aided in the development of this model in two major ways. The first involves their profound respect for and belief in the individual's own inner capabilities. Erikson (1968) viewed the "potential crises" which occur in development as connoting "not a threat of catastrophe but a turning point, a crucial period of

increased vulnerability and heightened potential" (p. 210). This theory allowed the authors to not only use developmental crises in the supervisee as a means of conceptualizing, this also encouraged the use of critical incidents in training supervisors. The second way in which Mahler and Erikson's perspectives strengthened the model was in their perspective of the formation of identity, and the process of separation and individuation as central to an individual's overall development (Loganbill et al., in press).

Furthermore, they make four basic theoretical assumptions which form the basis for their model:

> Assumption 1. Core concepts in developmental theory apply to the development of the counselor/therapist. Learning the professional role is a complex cognitive/affective/behavioral task which assumes use of one's whole personality as a "tool of the trade."
>
> Assumption 2. Distinct stages in the development of the counselor/therapist exist. While the definition of all aspects of these stages is not as specific and detailed as we would like, they are discernible enough to be of value to the practicing supervisor and they appear to be useful for the beginning supervisor.

Assumption 3. These developmental stages exist in a definite sequential order, but different "contents" may be at different developmental stages. In stating this, we agree with Harvey, Hunt, and Schroeder (1961). We also heed Widick's (1977) admonition that "in order to effectively implement and assess differential developmental approaches, one needs an extensive knowledge of position characteristics" (p. 37). These position characteristics, or qualities inherent in each stage, are not yet fully developed in our model, but a solid beginning has been made.

Assumption 4. Growth within and between developmental stages assumes a careful sequence of experience and reflection. Such experience must be grounded in careful assessment of present functioning.

Loganbill et al. state that their model was "based on the process of forming identity in the supervisor (as a training model) and in the supervisee." The model of training emphasizes the assessment and intervention phases which they see as essential in effective supervision, and prepares the novice to take the role of supervisor.

This is consistent with the writings of Bernard (1979), who, in presenting a model of supervision, emphasized the importance of supervisors being able to make a "deliberate choice" as to the approach or role that they take in any

given situation. Without training, it is her assertion that supervisors will take the role or approach that they are most comfortable with, such as the didactic or therapeutic role. She emphasized the importance of training in allowing the potential or practicing supervisor to become comfortable in a variety of roles and with a variety of approaches.

Along these same lines is a method of training supervisors (Spice & Spice, 1976) which utilizes teaching students to "function alternately in the three roles of supervisor, commentator, and facilitator." In this method, the supervisor-in-training presents his/her work sample, and the commentator develops a critical commentary on it which is then communicated to the supervisor-in-training. The person in the triad who is acting in the supervisor role then facilitates the dialogue between the supervisor-in-training and the commentator, focusing on immediacy in an attempt to "deepen the impact of this dialogue" (p. 253). The emphasis in this method of training is upon helping the potential or practicing supervisor to effectively serve in all three roles, all of which are important aspects of supervision.

The literature in social psychological role theory supports the salience of clarity in role expectations, experience in taking a role, and the value of clear transitions between old and new roles.

Traditionally, training for supervisors has consisted only of modeling, the experience they received by being a supervisee. Strauss (1966) noted the importance of the modeling function of the mentor, in which the person being taught or coached identifies with the model and attempts to become like him or her in some ways. Yet, he also stated that, after the initial stages of learning, "mere imitation is not sufficient for progress" (p. 352).

The role theorists specifically state the value of clearly experiencing the distinct passage from one role to another in increasing "clarity" and "minimizing ambiguity in role expectations" (Sarbin & Allen, 1968). Sarbin (1954) also emphasized the value of these transitions in allowing the individual to introduce the new role into his/her self-concept, and to feel comfort and confidence in the new role.

The absence of training for supervisees prior to taking the role of supervisor is particularly alarming in light of empirical studies reported by Sarbin (1968) indicating that lack of clarity in role expectations leads to decreased effectiveness and productivity.

The Study

The purpose of this investigation is to examine the effects of training in clinical supervision upon the supervisor's psychotherapeutic attraction toward the

supervisee and the supervisor's level of functioning. An earlier study (Sundblad & Feinberg, 1972) investigated these variables as they relate to supervisor amount of experience. The results of that study indicated that supervisors with the most experience, and who evidenced the most positive attraction toward the supervisee, were the highest-functioning group of supervisors in terms of Carkhuff's (1969) core facilitative conditions. At the same time, those supervisors with least experience but high levels of psychotherapeutic attraction toward the supervisees consistently exhibited the second highest level of functioning toward the analogue supervisees. Sundblad and Feinberg's primary conclusion was that experience, "as a mediator of attraction, may function differentially dependent upon the type rather than the amount of experience the supervisor has had" (p. 192). The current investigation deals with training rather than experience, i.e., with type rather than amount.

The study explores the differential effect of training for clinical supervisors as opposed to no training. The immediate effects of this training will be evaluated on the basis of two therapeutic variables which have been shown to be related to enhancing the development of supervisees.

The study can be of benefit primarily to educational programming, to clinical practice in training, and to future

research. Such training for clinical supervisors as described and executed in this investigation can prove significant to educational and training programs in two ways. First, brief, intensive training models may serve as useful adjuncts to traditional modeling in supervision. Second, such training has the potential of benefiting the supervisor, therapist, and client by facilitating the conceptual understanding of, and comfort and effectiveness with, the newly acquired supervisory role. Additionally, the investigation attempts to generate hypotheses for further research on training and the supervisory process.

Definition of Terms

Special terms which are used in this study will be defined in the following manner.

Psychotherapeutic Attraction. This term refers to a favorable evaluation or positive attitude of one person in a psychotherapeutic dyad toward the other person. In this study, it refers to the favorable evaluation or positive attitude of the supervisor toward the analogue supervisee. Psychotherapeutic attraction involves interest in working together, a willingness to be influenced by the other person, general liking for or identification with the other person, and positive expectations concerning the relationship and outcome.

Positive Attraction Protocol. This refers to a profile or description of the analogue supervisee which is designed

to induce within the supervisor a positive or favorable attitude toward and evaluation of the analogue supervisee.

Negative Attraction Protocol. This refers to a profile or description of the analogue supervisee which is designed to induce within the supervisor a negative or unfavorable attitude toward and evaluation of the analogue supervisee.

Basic Assumptions

The basic assumptions of this study are:

1. The graduate students in counselor education, psychology, and social work who participated in this study are similar to graduate students in such programs at other institutions throughout the United States.

2. The graduate students who participated in this study do not differ significantly from other such graduate students in their ability to learn supervisory skills.

3. The graduate students in this study do not differ significantly from beginning clinical supervisors.

4. The empathy, psychotherapeutic attraction, and level of facilitative functioning of these students can be measured and changes on these dimensions can be determined.

Hypotheses

H_1: Subjects receiving the experimental training will demonstrate significantly higher levels

of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

H_2: Subjects receiving the experimental training will demonstrate significantly higher levels of empathic functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

H_3: Subjects receiving the experimental training will demonstrate significantly higher levels of psychotherapeutic attraction, as measured by the Supervisor Personal Reaction Questionnaire (SPRQ) than subjects in the control group.

H_4: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

H_5: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathic functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

H_6: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of

psychotherapeutic attraction, as measured by the supervisor Personal Reaction Questionnaire (SPRQ), than subjects in the control group.

H_7: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

H_8: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathic functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

H_9: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of psychotherapeutic attraction, as measured by the Supervisor Personal Reaction Questionnaire (SPRQ), than subjects in the control group.

CHAPTER II

RELEVANT LITERATURE

Chapter I was directed toward an explanation of the nature of the research problem and rationale for this investigation. This chapter will serve as a review of the relevant literature pertaining to the posited research problem.

First, a content summary of the research and theory on clinical supervision is presented. This focuses on that pertaining to (a) the role of the supervisor, (b) methods and processes utilized within supervision, (c) existing models for or approaches to supervision, and (d) training for supervisors. The specific variables of level of supervisor functioning and degree of psychotherapeutic attraction experienced by the supervisor toward the supervisee are then reviewed. Finally, pertinent literature from social psychology regarding role theory is presented.

Clinical Supervision

The literature within clinical supervision is summarized below. While a number of interesting studies have been conducted, it can be seen that the answers to the research questions posed in this study do not exist. Much

of the literature consists of descriptive studies or writings concerning the role of the supervisor and methods of supervision. In general, the studies deal only with beginning practicum students and fail to build on prior knowledge or research. Relatively few formal models of supervision have been proposed. In addition, training for supervisors has been, for the most part, a glaring omission from the field.

This section on clinical supervision is organized into the following areas: (a) the role of the supervisor, (b) methods and processes utilized within supervision, (c) existing models for or approaches to supervision, and (d) training for supervisors. A summary and discussion of the literature and research from these areas follows.

Role of the Supervisor

Worthington and Roehlke (1979) had beginning practicum students, at the end of their first semester, rate their supervision on three dimensions (satisfaction, supervisor competence, and effect on their ability). These practicum students tended to rate supervision as "good" if (a) their relationship was both personal and pleasant; (b) the sessions were structured, especially in the early phases; and (c) they received direct teaching and encouragement from their supervisors. The supervisors, when asked to rate their perception of the importance of 42

supervisor behaviors, however, perceived supervision as primarily providing feedback.

Walz and Roeber (1962), in an early investigation, came to a disturbing conclusion that there existed, in general, no underlying supervisory rationale in most of the responses that supervisors made to a typescript. Additionally, they found that the focus was generally on counselor, not client, behavior and that 73% of the supervisor's comments were either instructive or questioning.

Hansen (1965) conducted a survey which accentuated the general lack of understanding concerning the nature of supervision. Using the Barret-Lennard Relationship Inventory, he found that trainees, prior to supervision, had not expected to find a supervisory relationship as good (in terms of genuineness, empathy, and unconditional positive regard) as the one which they experienced. Further indications that supervisors and practicum students disagreed upon the role of the supervisor were found by Gysbers and Johnston (1965). Supervisors in their study were in agreement that the teaching of specific techniques was inappropriate in supervision--yet this was precisely what the beginning practicum students requested.

Delaney and Moore (1966) called for refinement of the definition of the supervisor's role, as well as the instituting of experiences early in counselor education programs which would bring beginning trainees' perceptions more in

line with the realities they would encounter in supervision. This came as a result of their finding that pre-practicum students perceived the role of the supervisor as primarily that of an instructor, a role that included such aspects as planning of duties and tasks, evaluation, and selection. Further evidence of these opposing perceptions was found by Johnston and Gysbers (1966), wherein supervisors viewed their role as more similar to counseling than to teaching.

A subsequent attempt was made by Miller and Oetting (1966) to identify aspects of supervision designated as "good" or "poor" by students. Using projective statements made by students involved in supervision, they pinpointed three things which seemingly characterized "good" supervision. First, criticisms and recommendations are presented in a clear and specific manner. Second, instead of threat of rejection, understanding, support, and reassurance set the tone for the relationship. And third, the students have an opportunity to express their thoughts, feelings, and ideas prior to receiving the supervisor's feedback and comments.

The following three writers are among those in the psychoanalytic field who have added to conceptualizations of the role of supervisor. Ekstein (1964) proposed a "new kind of identity" for the supervisor, one which could be equidistant from the three separate roles of a supervisor--therapist, administrator, and didactic teacher--and one

which would shift only tentatively among the three facets. His paradigm for this was an equilateral triangle, with effective supervisors finding their place somewhere equidistant from the three, sometimes opposing, sides.

Berlin (1960) emphasized the importance of "vigilance," i.e., attending to details in the therapist's work. He strongly felt that the therapist's self-concept and self-image as a professional was enhanced by the supervisor's close monitoring of the therapist's work and case management.

Haigh (1965) described a dilemma common to the supervisory situation, a dilemma caused by the fact that supervisors are somewhat administrators of the agency at the same time that they are involved in a personal relationship with the therapist. The dilemma involves making a choice between allowing the autonomy of the growing professional or using didactic measures to accomplish the goals of the agency more quickly. Haigh stressed that his own choice is generally to permit decision making by the student whenever possible, and explained his belief that this enhances both the profession in general and the individual student's growth in authenticity.

In examining the role of the supervisor, it is important to consider the function of the supervision. Ekstein and Wallerstein (1972) described a dual purpose of supervision. The first is concerned with monitoring the

performance of the supervisee in an effort to maintain the clinical standards within the agency. The second relates to assisting the supervisee to increasingly gain therapeutic skills. In their classic book, The Teaching and Learning of Psychotherapy (1972), they noted that the task of both the supervisor and of the student is to "work through a given structure, rather than in spite of or against it." They further elucidated the complexities of a process which assists students in self-discovery, in critically evaluating their own work and that which is taught to them, and assists them in making the "inner commitments" needed to be effective with the techniques in psychotherapy. Ekstein and Wallerstein described both the richness and the constant struggle, within and between both the student and the teacher, that results in a psychotherapist who is able to work well and independently.

Hora (1957) identified the purpose of supervision as one which would "enable a less experienced psychotherapist to become effective in his task of benefiting his patient" (p. 769). He viewed the means of this "enabling" as those of teaching, learning, and promoting growth. Gardner (1953) posted four aims of supervision: (a) establishing positive relationships between supervisors and students, (b) enabling students to understand and deal with transference and countertransference, (c) helping students to make the most accurate and complete application of their theoretical knowledge;

and (d) helping students to formulate accurate and workable diagnoses of the cases with which they are working.

Boyd (1978) delineated three primary purposes of counselor supervision: (a) facilitation of the counselor's personal and professional development, (b) promotion of counselor competencies, and (c) promotion of accountable counseling and guidance services and programs (p. 10).

Methods and Processes of Supervision

This division is more general in nature and reflects theory and research on the process of supervision, including various methods and techniques. It is important here primarily as a basis for understanding what has previously been written and discovered in the area of supervision, and the practical nature of supervision.

Much of the thinking of psychologists and counselor educators has centered on the organization of the practicum experience. For example, Fraleigh and Buchheimer (1969) proposed that peer groups be used as an adjunct to work in individual counseling supervision. They perceived supervision as an art, a work in which individual counselors must begin to develop their own style. Not only does the group provide additional modeling, information, and experience, but they note that it is an opportunity for the supervisee to become less dependent upon the individual supervisor. Silverman and Quinn (1974) used a

co-counseling method which fulfills both the facilitating and modeling functions of the supervisor. Their research indicated that significant increases in counselor facilitative functioning occurred when the supervisor was actually in the room with the counselor during the session with the client. They compared this method, where the supervisor actually interceded at times during the session, with more traditional feedback and discussion immediately after the counseling session.

Van Atta (1969) described a "participant-observer" method in which the supervisor is a co-therapist with the student, and specified various occasions in which the supervisor will likely choose to intervene. Other writers (Haigh & Kell, 1950; Kell & Burrow, 1970; Rosenberg, Rubin, & Finzi, 1968) have emphasized the supervisory and training value of "multiple therapy."

With the greater availability of taping procedures, Anderson and Brown (1955) described a method for utilizing tapes during the supervisory session. Their "model" involved first having supervisees present the tape from their own viewpoint and play portions of it. Then the supervisor would evaluate it in terms of facilitating or inhibiting factors, with a goal of increased understanding of the supervisee's work in the session.

Harmatz (1975) described a process whereby a two-channel recording is used, allowing the supervisor's

processing of the session to be recorded over the actual taping of the session. Ward (1960) described an intermittently popular technique of the "bug-in-the-ear" type which allows the supervisor to speak directly to the supervisee during the session through a hearing-aid-type speaker.

Dreikurs and Stonstegard (1966) pointed to the benefits of supervising (on an individual, one-to-one basis) within a group. They linked this to Adlerian psychology, seeing maladjustment as an expression of wrong ideas/goals rather than intra-psychic conflicts. In this method, demonstration and observation purportedly resulted in generalization to the counselor's own work.

Guttman (1973) was successful in reducing defensive behavior of counselors during supervision through the use of a structured procedure in teaching nondefensive communication.

A number of investigations in counselor supervision also focused on the ratings of counselor effectiveness. Dilley (1964) found that peer and academic instructor ratings were in agreement with ratings given counselors by off-campus supervisors. Bishop (1971), in looking at ratings of counselor effectiveness, found a significant positive correlation between the self-ratings of counselors and the ratings they received from their supervisors. Yet the client's ratings of effectiveness were significantly higher than both. Bishop pointed to our lack of

understanding about how supervision influences the counselors' self-perception concerning their own effectiveness. Friesen and Dunning (1973), again in a study rating effectiveness of practicum students, found high interrater reliability among peers, lay people, and professional counselors/supervisors. Unfortunately, more work has been done in correlating various ratings than in developing increasingly effective instruments and other means of measurement.

Arlow (1963), who added to the understanding of the accounting of therapy sessions given by the therapist, termed it an "artistic" account, one in which the supervisor must fill in the gaps. He viewed supervision as an opportunity for the therapist to confront reality.

Research by Muslin, Burstein, Gedo, and Sadow (1967) indicated that the data given by therapists in supervision, at least in the early stages, reflects therapist needs rather than patient difficulties. They found that supervisors were unable to conceptualize difficulties of patients from the information given by therapists.

Bier (1964), whose process involves teaching the therapist "to respect each single message and its response and their meaning in the therapeutic hour" (p. 94), identified three questions which he hoped the therapist would internalize and automatically ask regarding each patient. First, "Where does the patient hurt?" The therapist's answers should be gleaned not from the patient's words, but from

the therapist's own emotional responses to the patient. Second, "What is the evidence for my hypothesis?" In this answer lies an evaluation of the specific ways the patient evidences and maintains his/her maladaptive behavior. Third, "What is the therapeutic objective, and what experience do I want the patient to have now?" With this, Bier extolled the value of antithetical experiences and accentuated the importance of the therapist's determination of how he/she wants to be with the patient.

Fleming (1953) proposed three types of learning experiences which are of significance in supervision: (a) imitative (identification with the supervisor), (b) corrective (awareness of mistakes and handicaps), and (c) creative (increase in dynamic understanding of relationships and ability to construct a therapeutic relationship with the patient).

Truax, Carkhuff, and Douds (1964) urged that supervision include an integration of the didactic and experiential approaches, and described supervision as "a learning process which takes place in a particular kind of relationship leading to self-exploration" (p. 240).

Berenson, Carkhuff, and Myrus (1966) found support for the integration of the didactic and experiential approaches to supervision in a study in which they added an experiential, quasi-therapeutic group to a regular training program in interpersonal functioning. Lanning (1971) examined the

supervisees' perception of their supervisory relationship, their expectations for relationships with their clients, and the actual clients' perceptions of relationships with the supervisees. He found little indication of differences between those supervisees receiving group or individual counseling. It did seem, however, that the type of relationship that trainees expected to achieve with their clients was quite similar to the way in which they perceived their own relationship with their supervisor.

Silverman (1972) found some evidence that trainees who underwent an experiential/introspective experience in practicum were slightly more successful in forming an affective relationship with their clients, in the initial counseling session.

Danish (1971) clearly described both didactic and experiential methods of supervision and formulated an approach using Kagan's Interpersonal Process Recall, which not only integrates the two methods, but which allows them to be presented simultaneously. This approach is designed to increase interpersonal effectiveness, including not only sensitivity to feelings, but an ability to "act on hunches" and "follow through with behavior" (Danish, 1971, p. 32).

In beginning to look at the theoretical orientation of the supervisor, Demos and Zuwaylif (1962) used the Porter Attitude Test to measure the results of a 6-week NDEA training session for counselors. The client-centered group was

significantly less probing and more understanding on the post-test than either the eclectic or directive group, yet all three groups showed significant positive changes. In a later study of the effects of different types of supervision, Payne, Winter, and Bell (1972) found that techniques-oriented supervision and audio modeling of empathy resulted in higher levels of empathic responses by trainees to recorded client statements than did counselor-oriented supervision.

Altucher (1967) asserted that, while becoming a counselor requires both emotional and intellectual learning, it is the emotional part which is most "crucial." He also discussed the multitude of learning difficulties which often must be encountered and dealt with in supervision.

Bernier (1980) also presented an integrated didactic, experiential, and practical general approach to counselor education. In light of the complexity of the supervisory process, he recommended focusing on developmental stages of the learner along with performance skills.

Hora (1957) articulated the phenomenon known as "parallel process," wherein therapists identify with the patient and elicit emotions in the supervisor which they themselves have experienced with the patient. An exceptionally well-conducted research project was described by Doehrman (1976) in which she examined the reoccurring and

multi-faceted aspects of parallel process as they presented themselves in a series of intensive case studies.

Hassenfeld and Sarris (1978), after disclosing the difficulties that they encountered when they failed to include an examination of their own relationship within the supervisory process, proposed a "meta-education" model wherein transference and countertransference issues are examined. They believed that this enhances the therapist's self-concept by allowing him/her to move from disciple to colleague and also assists in making the transition from supervisee to supervisor as well as the transition to self-supervision.

Hackney (1971) believed that certain skills (e.g., listening, using silence, identifying feelings) should be taught prior to the practicum experience so that supervision could then be on a "consultation-professional" model.

Self-supervision and maintenance of skill level was addressed by Meyer (1978). He applied behavioral self-control tactics to distinguishable behaviors which counselors can observe by listening to their own tapes.

Gurk and Wicas (1979) described a "meta-model" of supervision based on process consultation in an attempt to organize and subsume other models.

In an investigation into a supervisee variable, Bernstein and Lecomte (1979) found that, in terms of psychological differentiation, field-independent trainees distorted

less of the feedback they received, and evaluated the feedback content more positively, than did their field-dependent counterparts. They pointed to the importance of evaluating the expectancies that trainees have concerning feedback.

Meerlo (1952) listed nine difficult issues that must be dealt with within supervision. These are: (a) the meaning of control and authority to the therapist; (b) the interplay of mutual anxiety and hostility; (c) the fact that the supervisor never sees the patients; (d) the submissive qualities within the relationship; (e) learning blocks; (f) conflicts between the old master and the new professional; (g) the imprint of former analyst's, supervisor's, and teacher's skill and insight; (h) timing and the importance of intellectual zest and patience; and (i) the tapping of "hidden complexes" within the therapist. Ornstein (1967) examined problems in learning how to analyze, as an attempt to determine how people learn within supervision.

Gustin (1958) enumerated 18 forms of resistance (e.g., over-enthusiasm, undue diffidence, argumentativeness, concealment, compulsive talking) that supervisees may use in protecting themselves. Grinberg (1970) dealt with more general difficulties within supervision such as problems with philosophy, recording method, the supervisor's personality, and countertransference. Book (1973) delineated defensive maneuvers used by supervisees to cope with the anxiety induced in supervision.

Models of Supervision

Matarazzo (1978) noted that there are five methods of teaching and supervising. These are: (a) didactic instruction; (b) supervisor modeling; (c) direct observation of the trainee's interviews, either actual or role-play; (d) "in-process" supervisor interventions; and (3) feedback on audio- or video-tape after the session. Combinations of all or some of these methods have been combined to form various models of supervision.

Loganbill, Hardy, and Delworth (in press) developed a conceptual model of supervision which is based on developmental stage theory, and focused on two primary phases of assessment and intervention. They identified three stages (stagnation, confusion, integration) through which supervisees cycle, and illustrated the cycling and recycling of supervisees throughout these stages in regard to key supervisory issues.

Hogan (1964), placing emphasis upon the interpersonal interaction between the therapist and supervisor, described a four-stage model of therapist development. For each stage, he described characteristics (e.g., dependency, dependency-autonomy conflict, increased self-confidence, creativity) and appropriate methods of supervision (tuition, support, confrontation, peer supervision).

Stoltenberg (1981) built on Hogan's model and expanded it to include the cognitive development of the supervisee.

He described counselor characteristics at four levels of development: (a) dependent on supervisor, (b) dependency-autonomy conflict, (c) conditional dependency, and (d) master counselor. Furthermore, Stoltenberg described the optimal environments at each level which would facilitate counselor growth. Essential in this model are supervisory skills of discrimination and the ability to create appropriate environments.

In another developmental model which described the growth of counselors as that of movement toward professionalization, Littrell, Lee-Borden, and Lorenz (1979) delineated the overall supervisory process. In doing so, they incorporated all four functions or types of supervision which have often been described but are sometimes viewed as complete within themselves. In their developmental framework, the supervisee is seen to increasingly assume additional responsibility for his/her own growth. Stage I of their model involves establishing the relationship, goal setting, and contracting. In Stage II, the integration of the counseling and teaching models occurs. In Stage III, counselors can engage in a consultatory relationship. The final move is to Stage IV, where self-supervision serves a maintenance and growth-producing function.

Schmidt (1979) proposed a structured, issue-oriented, cognitive-behavioral model for supervision which focuses on the cognitive activity of the therapist. Schmidt prescribed

the following sequence which should be followed in each supervisory session: (a) presentation of a difficult or troublesome issue by the trainee, (b) mutual development of theoretical hypotheses, (c) attention to the emotional responses of the trainee, (d) discussion of therapeutic approaches, and (e) summarization by the supervisee.

A behavior-modification approach to supervision was espoused and outlined by Levine and Tilker (1974), including stages of supervision reflective of the trainee's level of development, as developed by Hogan (1964). Levine and Tilker emphasized means of helping the trainee increase incrementally in "theoretical sophistication and technical skill." They noted the "seducing" effect that strictly didactic supervision can have by lulling the trainee into believing that clients can change solely through the use of techniques and with no regard for the interpersonal aspects, and by allowing the trainee to be far more advanced verbally than practically. They also advocated having the supervisee sit in during some of the supervisor's sessions with clients.

Delaney (1972) conceptualized a rather clear-cut behavioral model of supervision, in which the following five stages are identified within the supervisory process: (a) initial session; (b) development of a facilitative relationship; (c) goal identification and determination of

supervisory strategies; (d) supervisory strategies--instruction, modeling, reinforcement; and (e) termination and followup. For each stage, Delaney specified desirable supervisor behaviors and goals.

In the psychoanalytic literature, Gaoni and Neumann (1974) described a four-stage developmental model of the relationship between the supervisor and the therapist. They proposed that the first stage is similar to the teacher/pupil relationship, with the therapist as novice. Second, they described an apprenticeship, with the focus placed on the patient's diagnosis and psychopathology. The third stage, regarded as distinctly the most important by Gaoni, is focused on developing the therapeutic personality of the young supervisee and encouraging his/her self-awareness and self-analysis. The fourth stage, that of mutual consultation, evolves when the therapist has reached a certain maturity of personality and experience.

Training of Supervisors

Leddick and Bernard (1980), in their critical review of the history of supervision, noted that "probably as a result of the stress on trainee education," both "training for supervisors before the activity of supervision" and subsequent evaluation of that activity have been glaring omissions in the field (p. 193). A further omission has to do with a failure to develop differential methods of giving

feedback to students which are "based on trainee characteristics" (p. 193). This reflects little progress since Hansen and Stevic's (1957) "proposal for action" calling for seminars and practica in supervision designed to prepare prospective supervisors.

Sundblad and Feinberg (1972) found indications that type of experience, rather than amount, was often the more significant indicator of supervisor functioning.

Stone's (1980) results suggested that experienced supervisors generate a greater number of planning statements and that these statements were more often focused on the supervisee than were statements made in supervision by inexperienced or graduate-student supervisors. He suggested that using inexperienced supervisors has the possibility of leading to "impoverished" supervision in which the developmental needs of the beginning practicum students are given insufficient attention.

In presenting a model for training supervisors, Bernard (1979) outlined a "discrimination" model consisting of three counseling functions (process, conceptualization, personalization) and three supervisor roles (teacher, counselor, consultant). Her intent was for the supervisor to make active, conscious, and evolving decisions among the resulting nine choice points regarding the role which is most appropriate at that time. The three functions serve as dimensions of learning upon which the supervisor can focus. The first,

process, deals with such behaviors as the ability to open, conduct, and close an interview in a facilitative manner. Conceptualization, as a competent counselor function, refers to more covert behaviors such as recognizing themes, identifying appropriate goals, comprehending the client's messages, and choosing strategies. The final dimension, personalization, includes a wide range of behaviors indicating that the counselor is at ease assuming authority, is open to hearing challenges and feedback, is evidencing respect for the client, and is growing personally. These three dimensions serve as an "outline" for supervision, in helping "to delineate the abilities of a competent counselor" (p. 63). Consequently, knowledge of the "outline" can help supervisors attend to areas they may have neglected.

Bernard further defined the three roles of supervisors, in terms of the goals of each. In the teacher role, the focus is on the supervisor as expert, sharing knowledge or skill with the supervisee. The personal needs of the supervisee are of foremost importance in the "counselor" role. Finally, the consultation role results in a focus on a relationship that is "explorative in nature" and assumes that the counselor has the ability to express his/her supervision needs (p. 64).

Bernard referred to this as a "situation-specific" model, in which the supervisor's discrimination ability results in a choice of the most appropriate role and focus

within the given situation. She described how this model can be applied to "systematic" pairing of supervisor training with counselor training. In this process, counseling sessions are video-taped, presented, and discussed by practicum students in terms of the concepts and functions in the model. The students first identify counselor behaviors and functions and then role play with attention to the three functions. Parallel activities in a lab section are provided for supervisors-in-training.

Spice and Spice (1976) described a "triadic model," which can be used as a method to train supervisors by focusing on supervisory behavior and presenting work samples from supervision rather than from counseling. As a counselor training method, it is applicable not only for practicum but on a continuing in-service basis. The method involves learning to assume three differing roles: supervisee, facilitator, and commentator. Four basic processes are taught: (a) presentation of counseling work, (b) art of critical commentary, (c) engagement in meaningful self-dialogue, and (4) deepening of the here and now. Their method appears to include not only the dynamic, process dimensions of supervision, but also a quite functional approach to learning which might be best utilized as an adjunct to individual supervision.

Boyd (1978) noted that a workshop format is best suited for inservice training of counselor supervisors.

Boyd viewed supervision as a set of activities which include consultation, training and instruction, counseling, and evaluation, in an attempt to oversee all of the various aspects of the counselor's work. In this sense, counseling supervision is only one aspect of the material covered in his workshop. He included the following five "overlapping steps" in preparing his workshops: (a) psychological understanding of the supervisor-trainee, (b) situational analysis, (c) skill analysis and assessment, (d) synthesis of data gathered, and (e) preparation design (pp. 222-223). The four instructional modalities which he has found most effective in preparing supervisors are: (a) didactic presentations, (b) modeling, (c) simulation exercises, and (d) supervised practice (pp. 227-228).

Davis and Arvey (1978) presented an experiential model wherein a student supervisor alternates with a staff supervisor in working with a single practicum student. In this model, training in supervision is provided for by the experience of having a supervisee, and of receiving consultative supervision on one's supervision. This is presented as an alternative to the more traditional method of assigning two trainees to a student supervisor, who then meets weekly with a staff member.

Many of the methods which have been utilized in training counselors and psychotherapists appear also to be appropriate for training supervisors. The use of video-tape

in training has been described and developed by a number of authors (Danish, 1971; Eisenberg & Delaney, 1970; Kagan & Krathwohl, 1967). Poling (1968) noted that the use of video-tape recordings resulted in opening "many more avenues . . . for productive discussion" (p. 38). Yenawine and Arbuckle (1971) also described the increased relevancy of material which can be discussed, including "physical appearances, gesticulations, nonverbal expressions, and environmental conditions" (p. 5).

Flannagan (1954), in a now-classic article, described the critical-incident technique, where incidents "having special significance" were recorded and used in such a manner that they facilitated "solving practical problems and developing broad psychological principles" (p. 327). Since that time, critical incidents have been used by a number of authors (Goralski, 1978; Kaczkowski, Lieberman, & Schmidt, 1978; Thayer, Carr, Peterson, & Merz, 1972) as a training method.

Summary and Discussion

Consistently, the results of studies which have been conducted regarding perceptions of the role of the supervisor have emphasized great dissonance between role expectations. In general, these studies have been conducted using beginning practicum students, and provide only a knowledge of what beginning supervisees expect to find in

supervision. Little knowledge exists concerning the more advanced supervisee. Most often, the results suggest that beginning supervisees want direction and structure, indicative of teaching situations which have been more familiar to them in their academic lives. Running counter to this is the finding that supervisors perceive themselves as having a more facilitative, therapeutic role.

Yet even supervisors display wide variations, or lack of understanding, concerning their role. Early in the history of counselor education, a number of descriptive studies were conducted which pointed out confusion and contradictions regarding the role of the supervisor. In their simplest form, these could be viewed as differences of perception over whether the supervisor should act as an instructor or as a counselor. This debate has evolved into one concerned not only with the dichotomy of didactic supervision versus experiential supervision, but with the execution of elements of these as specific activities within supervision. While variations do not of themselves necessarily cause problems, the literature on role theory later in this chapter indicates the negative implications of having a supervisor assume a role which is highly ambiguous to him/her.

In terms of the methods and processes of supervision, almost all of the literature indicates that the utilization of a variety of methods and integrated approaches is more

effective than any one method or approach. This is to be expected both from our knowledge that individuals learn by different means and from the fact that supervision is a complex process serving a number of different functions and needs. Thus, instead of arguing the merits of, for example, didactic versus experiential approaches, it appears far more advantageous to include elements of both of these throughout supervision.

The literature also supports the importance of the relationship between the supervisor and supervisee, and the use of knowledge about this relationship. This accentuates the salience of attending to the reactions and responses of the individuals involved in the relationship, as well as to their interaction.

Relatively few models of supervision have been proposed. Most of these focus either on the developmental level of the supervisee or the development of the supervisory relationship.

Training for clinical supervisors has been long neglected and is distinguished by its glaring omission from the field. Several models and methods of training supervisors were described. Some of the effort and ingenuity which have entered into the training of counselors also seem to be appropriate for the training of supervisors, e.g., the use of video-tape and the use of critical incidents in training.

There was some indication that the type of experience was more important than the amount of experience (Sundblad & Feinberg, 1972). When type of experience is considered as training, it is possible to determine what is important within supervision and then to prepare the supervisor to take the appropriate and most facilitative role. The next section deals with one such aspect which has been found to contribute to effective supervision, the level of functioning of the supervisor.

Supervisor Level of Functioning

While there has been extensive discussion concerning the relative merits of the various types of supervision, Karr and Geist (1977) asserted that the "more relevant determinant of change is the presence of facilitative conditions" (p. 267).

Littrell, Lee-Borden, and Lorenz (1979), in their presentation of a developmental framework for counseling supervision, explicitly stated that "facilitative conditions, especially the establishment of a nonjudgmental and supportive environment for the trainee, seem necessary for optimal learning to occur in supervision" (p. 131).

Empirical indications of the effectiveness and importance of level of functioning within the supervisory relationship can be found in two primary studies.

Pierce and Schauble (1970) evaluated the level of functioning of the supervisor according to Carkhuff's (1969) core facilitative conditions. They examined the facilitative conditions of empathy, regard, genuineness, and concreteness in 15 advanced trainees and their 12 Ph.D.-level supervisors at a university counseling center. The level of conditions was rated on the counseling of both the trainees and their supervisors. Over the period of an academic year, the interpersonal skills of supervisees of only those high-level (in terms of facilitative functioning) supervisors showed positive change.

In a nine-month followup study, Pierce and Schauble (1971) found that this high-functioning group maintained its superiority on all dimensions of the core conditions.

Further indications of the potency of level of functioning in supervisee growth were found by Shiel (1976) in an investigation examining the effects of the supervisory relationship upon supervisee growth. He studied the development of the core conditions of empathy, warmth, and genuineness (as measured by the Truax-Carkhuff scales) through tape recordings of supervision at the first, sixth, and twelfth weeks of supervision. Shiel reported that

> Significant relationships were found between the change in offered conditions of warmth, empathy, and genuineness of the supervisor and the offered conditions of the supervisee from week one to week twelve of supervision. Also, a highly significant relationship existed at week twelve in supervision between

> the offered conditions of the supervisor and offered conditions of the supervisee. (p. 4881)

Shiel noted that the "influencing process of the relationship occurs over time," as reflected in the fact that no significant relationship existed between the offered conditions of the supervisor and supervisee at the beginning of their supervisory relationship.

Does (1969) found that supervisors who provided high levels of Carkhuff's (1969) facilitative conditions also confronted their trainees in an experiential manner significantly more frequently than low-functioning supervisors. In addition, those supervisors who were rated as high functioning had confrontation patterns which were quite similar to one another. As a group, however, those supervisors rated as low functioning evidenced a more variable pattern of confrontation.

Other studies, too, provide indications of the importance of experiencing a high level of facilitative conditions within the supervisory session.

Blane (1968), in measuring the impact of positive and negative supervisory experiences upon counselor candidates, found indications of significant increases in empathic understanding following positive experiences. Those receiving negative experiences, or no supervision at all, showed no change in empathic understanding.

In a comparison of supportive and nonsupportive supervisor behavior by the supervisor, Davidson and Emmer (1966) reported that students receiving nonsupportive supervision (i.e., didactic, evaluative) had less positive feelings about the concept of "supervisor" and experienced a shift of concern toward themselves and away from concern toward the client.

Lambert (1974), in a study of supervisors, found that the levels of empathy and specificity were significantly lower in their supervision activity than in their counseling with clients. At the same time, the level of respect and genuineness was equivalent in the two situations. Lambert asserted that, while the didactic approach may enhance the day-to-day functioning of the counselor, it may well evolve that it is the level of conditions within the relationship that is more significant in long-term effectiveness.

The importance of level of functioning in supervision has been emphasized in the preceding studies. Early in the history of supervision, two prominent psychologists urged that the same type of facilitative, nonevaluative relationship that was therapeutic in counseling would also be therapeutic and conducive to growth in supervision.

Arbuckle (1963) emphasized the importance of supervisors forming the same type of process (rather than

content) oriented nonevaluative relationship with students as they have with clients.

Patterson (1964) described supervision as an influencing process and further defined it more by what it is not (neither teaching, nor therapy, nor counseling) than by what it is. Patterson did emphasize the importance of supervisors working in a manner which is congruent to their natural style and theoretical orientation. He felt that conditions which were facilitative to client growth in counseling were likewise facilitative to counselor growth in supervision.

In a study involving training, rather than supervision, Pierce, Carkhuff, and Berenson (1967) obtained results suggesting that trainers who were functioning at the highest levels were able to elicit the greatest amount of constructive gain in the trainees, again measured in terms of the core level of functioning.

The level of functioning was first seen as being of primary importance within the counseling session. Hence, a major focus of training for counselors has been upon acquisition of skill in providing empathy, regard, genuineness, and concreteness to the client.

Orlinsky and Howard (1978), in a review of empirical studies relating warmth and empathy to outcome in psychotherapy, reported that "nearly two-thirds . . . show a significant positive association between the externally

rated aspects of therapist interpersonal behavior and therapeutic outcome; the remaining one-third show mostly null results." They concluded that, if warmth and empathy "do not by themselves guarantee a good outcome, their presence probably adds significantly to the mix of beneficial therapeutic ingredients" (p. 293).

Gladstein (1977), in an extensive review of the literature on empathy and outcome, reported findings of "positive evidence" (p. 70) for empathy in psychotherapy, and evidence that there are specific times in counseling "when empathy is most crucial" (p. 76).

A number of writers (Kell & Mueller, 1966; Truax, Carkhuff, & Douds, 1964; Karr & Geist, 1977) described the parallels between the supervisory relationship and the psychotherapy/counseling relationship, thus encouraging an extrapolation of what has proven to be effective in psychotherapy/counseling to the supervisory relationship.

Summary and Discussion

Supervisor level of functioning has been shown to be an important variable in the amount of change the supervisee is able to make in terms of his/her ability to provide facilitative conditions to his/her clients. Previous research has repeatedly emphasized the importance of providing these conditions within the counseling relationship.

In addition, it was shown that positive, supportive supervision results in supervisees who evidence greater empathic understanding and who are able to focus their concern on the client rather than on themselves. Several notable psychologists expressed their belief that a high level of functioning within the supervisory relationship is the primary condition which enhances the functioning and development of the supervisee.

With this in mind, training for supervisors must be at least partially directed toward increasing the potential supervisor's level of functioning.

The next section deals with the attraction experienced by the supervisor for the supervisee, as another important variable in facilitating supervisee growth.

Psychotherapeutic Attraction in Supervision

Two primary studies have been concerned with psychotherapeutic attraction within the supervisory dyad.

Dodenhoff (1981), using a shortened form of the Counselor Rating Form, measured the ratings of beginning practicum students toward their supervisors in regard to the characteristics of expertness, trustworthiness, and attractiveness. On the independent variable of attraction, she determined that "counselor trainees who are highly attracted to their supervisors will be more effective at the end of practicum than counselor trainees who are less highly attracted to their supervisors" (p. 51).

Sundblad and Feinberg (1972), in an analogue study, involved supervisors at both high and low levels of experience. Each supervisor was provided with a statement describing his/her hypothetical supervisee. The statements and description were of either a positive, neutral, or negative nature based on the literature on attraction and expectations. The supervisors indicated what they would say to the analogue supervisee in response to vignettes describing supervisee behavior within a supervisory session, and their responses were scored using the Carkhuff scales (1969). In addition to this Supervisor Response Questionnaire, the supervisors also completed a Supervisor Personal Reaction Questionnaire (SPRQ), indicating the level of interpersonal attraction held by the supervisor toward the analogue supervisee. The findings suggested that

> experienced supervisors, provided with a positive set of expectations about an analogue supervisee, were able to provide a higher level of the process dimensions than any of the other experimental groups. However, when supervisors were provided with a negative set of expectations, those with less experience had higher level of the process dimensions than those with greater amounts of experience. (p. 192)

The overall-highest-functioning group were those supervisors who had the most experience and who evidenced the most positive attraction toward the supervisee. At the same time, those supervisors with least experience but high levels of psychotherapeutic attraction toward the supervisees consistently were the second-highest-functioning

group. Their primary conclusion is that experience, "as a mediator of attraction, may function differentially dependent upon the type rather than the amount of experience the supervisor has had" (p. 192).

A third study concerning attraction within the supervisory dyad analyzed the factor leading to this attraction.

Hester, Wertz, Anchor, and Roback (1976), in an analogue study, found that supervisor skillfulness was a primary determinant of attraction held by the supervisee for the supervisor, and indeed was a far more influential determinant than similarity of attitude.

Goldstein and Simonson (1971) explained that the focus in studies on psychotherapeutic attraction is on the "candidacy and initial stages of psychotherapy," with the concern "for maximizing the favorableness of the initial relationship so that the patient, at minimum, returns for further sessions and, more maximally, is open to the therapist's influence attempts" (p. 162). Instead of attempting to connect this initial attraction directly to therapy outcome, Goldstein viewed "the initial relationship as a possible potentiator or catalyst whose consequents can lead to a more favorable outcome" (p. 162).

Once again, as with the level of supervisor functioning, it is possible to extrapolate what has proven to be effective in psychotherapy/counseling to the supervisory relationship by referring to the parallels between the

two relationships (Karr & Geist, 1977; Kell & Mueller, 1966; Truax, Carkhuff, & Douds, 1964).

Goldstein and Simonson (1971) asserted that in a therapeutic relationship, not only must the client "feel positively toward his therapist, the feeling must be reciprocated" (p. 172). Supervision is viewed as a therapeutic relationship, with a fundamental difference in purpose from therapy (Ekstein & Wallerstein, 1972) but with the same process of positive change and growth.

Approximately 40 studies dealing with perceived attractiveness or with attractiveness and expertness have been reviewed by Corrigan, Dell, Lewis, and Schmidt (1980). The vast majority of these deal with attractiveness within the counseling, rather than supervisory, dyad. In addition, most of them deal with the perception of the client toward the counselor, rather than the counselor's perception of the potential therapeutic candidate.

Consistently, findings have indicated that counselors who were "structured" as warm are found to be more attractive than counselors "structured" as cold. Goldstein and Simonson (1971) described this technique of "structuring," which has been utilized in a number of studies. In this, the subject is given information about the client's or therapist other person's traits or characteristics, in an attempt to determine the amount of influence such pre-session information has upon client attraction. This

"structuring" results in an "attraction set" or predisposition or attitude toward the other person.

Greenberg (1969) randomly assigned 112 introductory psychology undergraduate students to one of four groups and gave them different information regarding the therapist's warmth and experience. All subjects then listened to the same tape of a therapy session. Those subjects who were "structured" warm or experienced (as opposed to cold or inexperienced) were more attracted to the therapist (as measured by the Therapist Personal Reaction Questionnaire), were more responsive to his influence, and furthermore, were more positive in evaluating his work which they observed on tape. Greenberg noted that this analogue study "highlights the impact which . . . preconceived notions may have on psychotherapy" (p. 428).

Gustin (1969), in a study which also utilized the Therapist Personal Reaction Questionnaire, further investigated these "biased" expectations that Greenberg referred to. In a study utilizing a 3 x 3 factorial design, she investigated the effects of "planted case history information on therapist's attitudes and behavior toward a prospective psychotherapy patient" (p. 394). There were three levels of motivation (high, low, and unstated) and three types of diagnoses (neurotic, psychopath, and unstated), all represented in an "intake staff report" designed by the investigator. Motivation was found to be a significant

influence of prognosis-evaluation and commitment to the patient. As Gustin had predicted,

> the "neurotic, highly-motivated" trait structuring resulted in higher levels of empathy, warmth, attraction, commitment, prognosis-evaluation, and perceived age similarity, while the "psychopath, poorly-motivated" condition pulled the lowest levels of attraction and prognosis-evaluation. (p. 394)

Additionally, diagnosis also significantly impacted the levels of warmth and empathy offered by the therapist and also significantly affected the therapist attraction to the client.

Rosen (1978) examined the global attraction of 187 clients toward their counselor at a midwestern university counseling center. The results of his study indicate the possible importance of high global attraction, for when attraction was high, "clients remained in counseling until they felt finished" (p. 4050). Yet when the global attraction level toward the counselor was low, clients tended to terminate therapy prior to making improvement on the problems with which they presented.

Nash, Hoehn-Saric, Battle, Stone, Imber, and Frank (1965) "concluded that 'attractiveness,' an impressionistic judgment of suitability for psychotherapy made by an initial interviewer, was significantly related to outcome" (p. 374). Part of their finding related to the fact that these attractive clients participated in a "better therapeutic relationship" (p. 374).

Summary and Discussion

Numerous studies involving attraction within the supervisory and counseling dyads have been summarized. Those which involve supervision tend to reflect an enhancing effect in terms of allowing potential to be reached when the attraction is positive. Attraction between the supervisor and supervisee seems to lead to more effective supervision and to higher levels of facilitative conditions. While attraction is not directly related to outcome, Goldstein & Simonson (1971) noted the catalytic influence that positive attraction can have in facilitating a relationship.

The value of studying this variable in training supervisors lies in the potential for increasing the attraction that supervisors can hold for supervisees that previously might have been considered unattractive, especially in terms of difficulty in working with them.

The following section looks at the possibility for such training of supervisors following a role-theory model, which can allow supervisors to become more comfortable with new roles and increasingly comfortable in working with difficult supervisees.

Social Psychological Role Theory

Literature in the area of social psychology emphasized the potency of role taking and role playing in the learning of a new task or in the assumption of a different perspective.

Sarbin and Allen (1968) defined role taking as "a [covert] cognitive process, the ability symbolically to put oneself in the place of the other . . . to adopt the attitudes of another person, to see things from his point of view, to predict his behavior" (pp. 515-516). Role taking, then, involves empathy for the other individual or for a new role. Sarbin and Allen further accentuated the importance of being able to take the role of the other by noting that the lack of such skill has repeatedly been shown to result in a social behavior, including delinquency and behavior disorders.

Mead (1934) described empathy as the capacity to "take the role of the other" (p. 142) and to consider various alternatives and perspectives in interpersonal behavior and attitudes. Greif and Hogan (1973) ascribed to Meade's theory in suggesting that "practice at role taking leads to social sensitivity and the emergence of the self-concept and self-control," which subsequently enables the individual to be comfortable in conducting a variety of relationships with a wide variety of individuals (p. 280).

Sarbin and Allen (1968) discussed the importance of role expectations, defined as a "cognitive concept," consisting of such aspects as beliefs, expectancies, and subjective probabilities. These role expectations define for individuals the rights, responsibilities, and appropriate behavior of persons occupying the given roles. An

understanding of these appropriate behaviors, rights, and responsibilities greatly enhances and facilitates social interaction. In addition, an understanding of what others expect from an individual "facilitates interaction with them, regardless of whether his own conception of his role coincides with theirs" (p. 501). Sarbin and Allen continued by citing a number of studies indicating that "to the extent that role expectations are unclear and ambiguous, behavior will be less readily predictable, resulting in ineffective and dissatisfying social interaction" (p. 503).

Sarbin and Allen (1968) accentuated the salience of transitions between the leaving of an old role and the assumption of a new role. They distinctly stated that "the degree of abruptness or continuity in passage from one role to another will affect the clarity of the person's role expectations" (p. 507). They discussed effective transitions in terms of rites de passage, which help "provide a sharp distinction between the abandoned role and the newly assumed role, thereby minimizing ambiguity in role expectations" (p. 507).

In his earlier writings, Sarbin (1954) emphasized that these definitive transitions "signify change from one position to another" and have the effect of modifying the "participant's self-concept so that the new role . . . may not be incongruent with the self" (p. 235). Sarbin associated this learning with "the ability to treat an . . . event

as if it is something else," i.e., to fantasize that one has a different role in a situation (p. 236).

While role taking involves attitudes, role playing "may be considered as an experimental procedure . . . an act . . . a method of learning to perform roles more adequately" (Moreno, 1960, p. 84). Specifically, Mann and Mann (1966) found empirical support for the hypothesis that "the enactment of a role in role play sessions improves the future enactment of that role" (p. 213). Numerous other authors have attested to the value of role playing in developing skill and comfort with a new role (Musselman, 1961; Miller, 1972; Schwebel, 1953). Matarazzo (1978), in her review of the "research on the teaching and learning of psychotherapeutic skills," listed role playing as one of the primary methods of teaching and supervision which is effectively used in a wide variety of settings and programs.

Strauss (1966) noted the importance of the modeling function of the mentor, in which the person being taught or coached identifies with the model and attempts to become like him or her in some ways. Yet he also stated that, after the initial stages of learning, "mere imitation is not sufficient for progress" (p. 352).

Summary and Discussion

Social psychological role theory enumerates a number of points which are salient in examining the role transition

from supervisee to supervisor. With the dearth of training for supervisors, this transition has generally been non-existent. The new supervisor has simply moved from the role of supervisee into the role of supervisor. The role theorists specifically state the value of clearly experiencing the distinct passage from one role to another in increasing "clarity" and "minimizing ambiguity in role expectations" (Sarbin & Allen, 1968). Sarbin (1954) also emphasized the value of these transitions in allowing the individual to introduce the new role into his/her self-concept and to feel comfort and confidence in the new role. The sort of revised self-conceptualization could, in the case of supervision, produce a supervisor who is "better equipped to occupy the position" (Sarbin, 1954, p. 235). The research cited earlier consistently indicated that there are large discrepancies between the perceptions of supervisors and supervisees concerning the process and nature of supervision, and specifically concerning the role of the supervisor. This is particularly alarming in light of empirical studies reported by Sarbin (1968) indicating that lack of clarity in role expectations leads to decreased effectiveness and productivity.

Additionally, role playing, or the experience in acting in a role, has been shown to improve "future enactment of that role" (Mann & Mann, 1966). This substantiates the

value of practice in acting in the role of supervisor prior to actually taking that role. Identification with the supervisor while one is a supervisee, which has often been relied upon as the primary training for potential supervisors, has been shown to be insufficient training for taking a new role. The implications for supervision are quite clear. Learning by observing a model or experiencing a relationship, while clearly and highly significant, is insufficient preparation for actually taking the role of supervisor.

CHAPTER III

PROCEDURES

In the first two chapters the existing problem was explored, a rationale for this investigation presented, and the relevant literature reviewed. This chapter focuses on the procedures followed in conducting the investigation. First, the population and method of sampling are described. Next, descriptions of the four instruments used in the investigation are presented. Following this, a detailed description of the training received by the experimental groups is given. Finally, the design and statistical procedures are described and the research hypotheses restated.

Population

Subjects consisted of a pool of 44 prospective supervisors. They were currently enrolled at the University of Iowa as graduate students in counselor education (counseling psychology, rehabilitation counseling, student development, counseling and human development, and substance abuse counseling) or social work. These subjects were either receiving supervision or had received supervision within

the past year. In addition, subjects had never served in the role of supervisor.

Subjects were informed in their classes of their opportunity to participate in this study, and all were volunteers.

Instrumentation

Four measures were used. The first two (Empathy Scale; Supervisor Self-Report Scale) were administered as pre- and post-tests; the third and fourth (Supervisor Personal Reaction Questionnaire; Supervisor Response Questionnaire) were given only as post-tests.

Empathy Scale

Robert Hogan (1969) developed this scale using items from the California Psychological Inventory (CPI) (Gough, 1956). Originally, Hogan's scale consisted of 64 items, but the current and most accessible form of the scale consists of 39 items from the California CPI. Hogan (1981) noted that this 39-item scale "correlates above .90 with the original 64-item version," and that consequently "norms for the 39-item version . . . can . . . therefore be derived from the original norms published in [his] 1969 article."

Hogan's (1969) concept of empathy involves "the intellectual or imaginative apprehension of another's condition or state of mind" (p. 307). This is consistent with Sarbin and Allen's (1968) definition of role taking as

involving empathy which is reflected in the "ability to symbolically put oneself in the place of another . . . to adopt the attitudes of another person, to see things from his point of view, to predict his behavior" (pp. 515-516). Hogan's scale is built on this social psychology role-taking model.

Gladstein (1975), in his review of empathy and its relationship to outcome in counseling, termed Hogan's empathy scale one of the seemingly more "promising" predictive measures of empathy.

Hogan (1969) developed this empirically keyed, objectively scored, and standardized set of 64 self-report items "by comparing the responses of 57 men with high ratings and 57 with low ratings for empathy across the combined-item pools of the California Psychological Inventory (CPI) (Gough, 1969) and the Minnesota Multiphasic Personality Inventory (MMPI)." Greif and Hogan (1973) termed the psychometric properties of this 64-item scale "satisfactory" and sufficient in terms of predictive validity. They reported that "a test-retest reliability coefficient of .84 was found over a 3-month interval while internal consistency estimates as high as .71 have been reported" (p. 280). When the KR-21 formula was applied to the scores of 100 military officers, Hogan found it to result in a reliability coefficient of .71 (Hogan, 1969).

The empathy scale was built, according to Hogan (1969), to predict Q-sort-derived empathy. In the sample used in its development (N = 211), the average correlation between the scale and these Q-sort-derived empathy ratings was .62. Also in the original sample, the scale correlated .58 with ratings of social acuity (Greif & Hogan, 1973). Hogan defined social acuity in part as "the ability to respond intuitively and empathically to others and to group situations" (p. 310). The empathy scale was found to correlate .42 with ratings of social acuity in an independent sample of 70 medical-school applicants (Hogan, 1979, p. 311).

The Hogan Empathy Scale is scored objectively, with higher scores indicating increasing empathy. The following statements from this scale were scored when they were marked "true": 1, 2, 3, 5, 9, 10, 12, 14, 15, 16, 17, 18, 22, 24, 25, 26, 30, 31, 32, and 36. The others were scored when they were marked as "false."

Supervisor Personal Reaction Questionnaire (SPRQ)

The Supervisor Personal Reaction Questionnaire (SPRQ) was used to assess the level of interpersonal attraction of the supervisor toward the analogue supervisee after the supervisor was presented with either a positive or negative supervisee profile. The SPRQ is an adaptation, by Sundblad (1972), of the Therapist's Personal Reaction Questionnaire (TPRQ), which was originally developed and

designed by Ashby, Ford, Guerney, and Guerney (1957). In its original form, the TPRQ consisted of two scales (positive; negative) of 35 items each. The scale which was intended to reflect negative reactions to therapy and to the client included items reflecting

> feelings of hostility, resentment, criticism, superiority toward the client; feelings of doubt, discouragement, uncertainty, and failure in regard to progress and accomplishment with the client in therapy; feelings of anxiety, displeasure, discomfort, boredom in anticipation of or in the interviews; feelings of incompetence, inadequacy, ineffectiveness, lack of understanding, and inability to help both in regard to interview behavior and in the long run; feeling disliked, rejected, ridiculed, and pushed. (p. 11)

The positive scale, on the other hand, reflects

> feelings of progress, achievement, and accomplishment with the client in therapy; feelings of identification and involvement with the client; feelings of comfort, pleasure, and anticipation in relationship to the interview hour; feelings of respect, admiration, sympathy, and affection for the client; and gratification of existing needs such as those for approval, respect, and therapeutic competence. (p. 11)

In constructing the TPRQ, the authors only included statements which were likely to elicit subjective personal reactions. The test-retest correlations were obtained on the TPRQ by correlating a score obtained at the fourth interview with a score obtained at the eighth interview. The authors reported that the negative scale had a test-retest correlation of .85 ($p < .001$) and that the positive scale had a test-retest correlation of .81 ($p < .001$). Together, the positive and negative scales yielded a

correlation of -.23 ($p < .10$) at the fourth interview and -.18 ($p < .10$) at the eighth interview.

Goldstein (1971) repeatedly used the TPRQ in his extensive studies of psychotherapeutic attraction, and a number of other authors (Gustin, 1969; Loganbill, 1977; Shiel, 1978) have continued to use it as a dependent variable measure of attraction.

The specific instrument used in this study, however, was a modified version of the TPRQ, which was developed by Sundblad (1972), who substituted the word "supervisee" for "client" and "supervisor" for "therapist." Sundblad used the SPRQ as "a check on the inducement of the expectional set in the subjects" (p. 72). He noted that the SPRQ consists of "a series of first-person statements . . . about the supervisee, to each of which the subjects were asked to indicate the extent of their agreement." Each item has five choices associated with it, ranging from "1" (not characteristic of my present feelings") to "5" (highly characteristic of my present feelings). Sundblad randomly varied the order of the response numbers so that the subjects would refrain from responding in a style of acquiescence (Jackson & Messick, 1967).

The scoring was objective. An attraction score was derived from the algebraic sum of the responses to two kinds of statements. Positive statements were scored with a plus (+) and negative statements were scored with a

minus (-). The plus-minus scoring system was designed, according to Sundblad (1971), to "provide a weighted score of attraction and commitment" (p. 77).

The positive statements (those scored with a plus) were numbers 1, 2, 7, 9, 10, 11, 13, 17, 20, 23, and 25. The remainder of the statements were scored with a minus.

Supervisor Response Questionnaire (SRQ)

Designed and utilized by Sundblad (1971), the Supervisor Response Questionnaire (SRQ) consists of a series of 15 brief written vignettes describing various incidents of supervisee behavior. Sundblad designed the SRQ as an instrument which could be used to record written supervisors' responses which could then be analyzed on the core dimensions of empathy, warmth, and genuineness. This analysis was then used to determine the level of functioning of the supervisor.

In developing the SRQ, Sundblad used a modification of Flanagan's (1954) Critical Incident Technique, in which incidents having "special significance" were determined to be useful in "solving practical problems and developing broad psychological principles" (p. 327). Sundblad had graduate-level supervisees submit written descriptions of problems they wished to discuss with their supervisors, as well as problems they had discussed with their supervisors which they felt were handled effectively, and those which

were handled ineffectively by their supervisors. Sundblad then rewrote the vignettes so that they appeared to have been various incidents with the same supervisee. Sundblad stated that the themes of the vignettes "range from questions about the nature of the supervisory relationship and how to handle specific questions of clients to affectively based concerns about their personal progress in supervision and feelings of fear about serious client behavior" (p. 71).

Sundblad (1971) tested the resulting vignettes on doctoral students and faculty members in an attempt to ascertain their ability to elicit scorable responses and found that on all vignettes he was able to elicit scorable responses.

After each vignette, the supervisor was asked to write out what he would say in response to the supervisee's statement. The response was then scored by trained judges using a modification of the Carkhuff (1969) scales. Sundblad's modification of the Carkhuff scales, in which the term "supervisee" was substituted for "client," and "supervisor" for "therapist," was utilized in scoring the responses. In the current study, those vignettes which specified the vocational-rehabilitation setting of "workshop" were restated more generically as either "agency" or "clinic."

Supervisor Self-Rating Scale

A brief self-report measure, the Supervisor Self-Rating Scale, was developed by Loganbill and Hardy (1981) to assess the subjects' pre-post perceptions of themselves as supervisors. It consists of seven questions concerning the subjects' self-perception of their comfort and ability in the role of supervisor. Each response was rated by the supervisor according to a 7-point Likert-type scale. Pre-post differences in perceptions were described, and it was included in the statistical analysis. This measure was not included in the hypotheses of this investigation, however, given the lack of validity and reliability data on it at this time.

Procedures and Overview of Treatment

Subjects were randomly assigned to one of two groups. The experimental group received the treatment to be evaluated, which involved taking the role of the supervisor. The second group was the control group which received no treatment. Members of this group were, however, given an opportunity to participate in the training after they completed the testing. The subjects were randomly assigned to groups through use of the table of random numbers. In the event that random assignment resulted in assignment of a subject to a group which was administered on a day that

subject was not available, a random exchange was made with a subject who was available.

Subjects were asked to complete the Hogan Empathy Scale and Supervisor Self-Report Scale measure as pre-tests, administered at the beginning of the training. These two instruments were repeated, with the addition of the Supervisor Personal Reaction Questionnaire (SPRQ) and the Supervisor Response Questionnaire (SRQ) at the conclusion of the workshop. The control group was given the same pre-tests, and asked to return for the administration of the post-tests, at least 6 hours, but less than 24 hours, after taking the pre-tests.

Half of the subjects in each group were given a positive (in terms of attraction) protocol on their "supervisee," and the other half were given a negative protocol. Subjects were randomly assigned to protocol group. These protocols were adapted from those designed and used by Sundblad (1971). The protocols (one positive and the other negative in attraction) each consisted of a written description of a male supervisee. The description included information about his academic and clinical background and an evaluation written by the student's academic supervisor. Subjects then responded to the SPRQ and the SRQ as if they were responding to and about the supervisee on their protocol sheet. The measures were each printed in a different color, and were administered in the following order:

(a) Supervisor Self-Report Scale (pre-test), (b) Hogan Empathy Scale (pre-test), (c) Supervisor Self-Report Scale (post-test), (d) Supervisor Response Questionnaire, (e) Supervisor Personal Reaction Questionnaire, and (f) Hogan Empathy Scale (post-test). The positive or negative attraction protocol was given to each subject immediately prior to the Supervisor Response Questionnaire.

This investigation followed procedures described by the American Psychological Association (1973) in Ethical Procedures in the Conduct of Research With Human Participants. These procedures were approved by both the Committee D on Human Rights of Research Participants at the University of Iowa and by the University Committee on Research Involving Human Subjects (UCRIHS) at Michigan State University.

Statistical Procedures

Scoring for the Empathy Scale and the Supervisor Personal Reaction Questionnaire (SPRQ) was objective. The Supervisor Response Questionnaire (SRQ) was scored by a trained expert judge, with whom reliability was previously determined. The scoring was along the dimensions detailed by Carkhuff (1969).

The statistical procedure used to analyze the data consisted of four 2x2 factorial analyses of variance (ANOVA). This allowed the nine hypotheses to be tested.

Each ANOVA tested hypotheses dealing with one of the instruments. Separate ANOVAs were conducted because the scales were not highly correlated. Hogan (1975) reported that his scale routinely correlated about .4 with rated empathy. All hypotheses were tested at the .05 level of significance.

Thus, the design of the study was as follows:

	+	-
E	11	11
C	11	11

$\underline{n} = 11$
$\underline{N} = 44$

Ths symbols "+" and "-" refer to those groups presented with either positive (+) or negative (-) supervisee protocols.

In this investigation, there were two independent variables in each analysis of the four dependent variables. The two independent variables were treatment group (experimental or control) and protocol group (positive or negative attraction). The four dependent variables were the Supervisor Self-Rating Scale, the Hogan Empathy Scale, the Supervisor Personal Reaction Questionnaire (SPRQ), and the Supervisor Response Questionnaire (SRQ).

CHAPTER IV

RESULTS

The previous chapters contain a description of the problem, relevant literature, and procedures for the study. This chapter consists of the results of the statistical analysis of the data.

This chapter begins with a presentation of the results of the two tests, the Hogan Empathy Scale and the Supervisor Self-Rating Scale, which were administered at the onset of the study, and which verify the random assignment of subjects to groups. In the remainder of the chapter, the nine hypotheses developed in Chapter I (pp. 16-18) are presented in groups of three according to the dependent variable used to test them. Each of the three dependent variables, the Hogan Empathy Scale, the Supervisor Response Questionnaire (SRQ), and the Supervisor Personal Reaction Questionnaire (SPRQ) was used to test three of the hypotheses. The incidental findings from the Supervisor Self-Rating Scale are also examined. A summary concludes the chapter.

Pre-tests

The tests described in this paragraph were included in the analysis of data to determine the efficacy of the random assignment in the study, i.e., the effectiveness in meeting the assumptions necessary for an analysis of variance. A *t*-test was used to examine the difference between experimental and control group scores on the Hogan Empathy Scale (pre-test). The results (Table 1) indicate that no significant differences exist between the scores of the two groups on the pre-test for the Hogan Empathy Scale $t(42) = 1.22$, $p < .05$. Another *t*-test was applied to the scores of the two groups on the Supervisor Self-Rating Scale (pre-test). Once again, the results (Table 2) indicate no significant differences between the two groups at the onset of the study. The *t*-test for independent means yielded $t(42) = 0.56$.

Hogan Empathy Scale

Three hypotheses were tested using the Hogan Empathy Scale as the dependent variable. These hypotheses were stated as follows:

H_1: Subjects receiving the experimental training will demonstrate significantly higher levels of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

Table 1: Mean Number of Empathic Responses on the Hogan Empathy Scale

	Pre-test			Post-test		
	Positive Attraction	Negative Attraction	Total	Positive Attraction	Negative Attraction	Total
Experimental	$\bar{X}$=28.27	$\bar{X}$=26.64	$\bar{X}$=27.45	$\bar{X}$=27.55	$\bar{X}$=27.36	$\bar{X}$=27.45
	n = 11	n = 11	n = 22	n = 11	n = 11	n = 22
Control	$\bar{X}$=25.45	$\bar{X}$=27.18	$\bar{X}$=26.32	$\bar{X}$=26.00	$\bar{X}$=27.55	$\bar{X}$=26.77
	n = 11	n = 11	n = 22	n = 11	n = 11	n = 22
t-values	$t(20)=2.22$*	$t(20)=0.41$	$t(42)=1.22$	$t(20)=1.29$	$t(20)=0.15$	$t(42)=0.76$

*$p < .05$.

Table 2: Mean Scores on the Supervisor Self-Rating Scale

Group	Pre-test	Post-test	Gain	*t*-value pre vs. post
Experimental	$\bar{X}$ = 27.77 *SD* = 6.38 *n* = 22	$\bar{X}$ = 34.55* *SD* = 5.70 *n* = 22	6.77	*t*(21)=5.25*
Control	$\bar{X}$ = 28.91 *SD* = 7.24 *n* = 22	$\bar{X}$ = 28.73 *SD* = 7.47 *n* = 22	-0.18	*t*(21)=0.35
Experimental vs. control *t*-value	*t*(42)=0.56	*t*(42)=2.92**	*t*(42)=5.04*	

*$p < .001$.

**$p < .01$.

H_4: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

H_7: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathy, as measured by the Hogan Empathy Scale, than subjects in the control group.

Post-test scores on the Hogan Empathy Scale (Table 1, p. 77) reveal no significant differences between the experimental training group and the control group. This finding was supported by a 2x2 factorial ANOVA (Table 3, p. 80) which indicates no significant main effects nor interaction effects. Thus, not only are the groups not significant on the post-test, but it appears that there are no significant differences between the mean scores (Table 1, p. 77) on this scale received by those subjects receiving the independent variable of positive attraction.

Additionally, presentation of a negative attraction protocol did not significantly affect the empathy scores of the two groups. The independent variable of attraction did not, therefore, affect the mean scores on the Hogan

Empathy Scale to any significant degree. Therefore, these three hypotheses are not supported.

Table 3: 2x2 Factorial ANOVA of Post-test Scores on the Hogan Empathy Scale

Source	df	SS	MS	F
(A) Attraction	1	5.11	5.11	.59
(B) Group (E or C)	1	5.11	5.11	.59
(AxB) Attraction x group	1	8.21	8.21	.95
(Within) Error	40	346.00	8.65	
Total	43	364.43		

*$p < .05$.

Supervisor Response Questionnaire (SRQ)

A second group of three hypotheses were tested using the Supervisor Response Questionnaire (SRQ) as the dependent variable. These hypotheses were stated as follows:

H_2: Subjects receiving the experimental training will demonstrate significantly higher levels of empathic functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

H_5: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathic

functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

H_8: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of empathic functioning, as measured by the Carkhuff scales, on the Supervisor Response Questionnaire (SRQ) than subjects in the control group.

No significant differences exist between group (experimental and control) scores on the SRQ, a measure of empathic understanding. A 2x2 factorial ANOVA (Table 4, below) indicates that the only significant effects are for the independent variable of attraction, not for groups nor for any interaction.

Table 4: 2x2 Factorial ANOVA Summary for Scores on the Supervisor Response Questionnaire (SRQ)

Source	df	SS	MS	F
Attraction (A)	1	0.59	0.59	5.36*
Groups (B)	1	0.01	0.01	.09
Groups x attraction (AxB)	1	0.01	0.01	.09
Error	40	4.44	0.11	
Total	43	5.05		

*$p < .05$.

In order to examine this finding further, the mean scores for all four cells are presented in Table 5, below. There is no significant difference between the empathic understanding score across groups. However, the empathic understanding provided by the supervisor is lower for those subjects receiving the independent variable of a positive attraction protocol versus those receiving the negative protocol.

Table 5: Mean Scores by Groups on the Supervisor Response Questionnaire (SRQ)

	Attraction		t-value	Total
	Positive	Negative		
Experimental	$\bar{X}$ =2.36 SD=0.33 n =11	$\bar{X}$ =2.54 SD=0.23 n =11	1.50	$\bar{X}$=2.45 n =22
Control	$\bar{X}$ =2.29 SD=0.42 n =11	$\bar{X}$ =2.57 SD=0.33 n =11	1.75	$\bar{X}$=2.43 n =22
Total	$\bar{X}$ =2.32 n =22	$\bar{X}$ =2.55 n =22		

*$p < .05$.

In summary, the hypotheses regarding treatment effect were not supported. Regarding the hypotheses associated with the impact of the positive treatment protocol, the effect was in the opposite direction and occurred regardless

of group membership. The hypotheses regarding the negative protocol were not supported.

Supervisor Personal Reaction Questionnaire (SPRQ)

A third group of three hypotheses were tested using the Supervisor Personal Reaction Questionnaire (SPRQ) as the dependent variable. These hypotheses were stated as follows:

H_3: Subjects receiving the experimental training will demonstrate significantly higher levels of psychotherapeutic attraction, as measured by the Supervisor Personal Reaction Questionnaire (SPRQ), than subjects in the control group.

H_6: When presented with a positive attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of psychotherapeutic attraction, as measured by the Supervisor Personal Reaction Questionnaire (SPRQ), than subjects in the control group.

H_9: When presented with a negative attraction protocol, subjects receiving the experimental training will demonstrate significantly higher levels of psychotherapeutic attraction, as measured by the Supervisor Personal Reaction Questionnaire (SPRQ), than subjects in the control group.

In a 2x2 factorial ANOVA of the SPRQ scores (Table 6), the overall difference between the two groups (experimental and control) is not significant. While the main effect for groups approaches significance in this study, the two groups are not significantly different. An examination of this main effect may be worthwhile in future analyses, however.

Table 6: 2x2 Factorial ANOVA Summary for the Supervisor Personal Reaction Questionnaire (SPRQ) Scores

Source	df	SS	MS	F
Attraction (A)	1	6336.00	6336.00	47.86**
Groups (B)	1	372.36	372.36	2.81
Attraction x groups (AxB)	1	567.37	567.37	4.29*
Within (error)	40	5295.45	132.39	
Total	43	12571.18		

*$p < .05$.

**$p < .001$.

The main effect which is significant is for attraction. For the experimental group only, analysis of the means for positive versus negative attraction yields $t(20) = 6.51$, $p < .001$. The same test for the control group of the difference between the means of positive versus negative attraction yields $t(20) = 3.38$, $p < .01$. This

is in the expected direction, with negative protocols inducing negative attraction and positive protocols inducing positive attraction.

As predicted (see Table 7), the experimental group was significantly higher, $t(20) = 2.64$, $p < .05$, than the control group on the SPRQ when both groups were presented with a description of an analogue supervisee designed to elicit a positive attitude and evaluation.

Table 7: Mean Scores by Groups on the Supervisor Personal Reaction Questionnaire (SPRQ)

	Attraction		t-value
	Positive	Negative	
Experimental	$\bar{X}$ =18.36 SD = 9.41	$\bar{X}$ =-12.82 SD = 12.91	6.51***
Control	$\bar{X}$ = 5.36 SD =13.43	$\bar{X}$ =-11.45 SD = 9.69	3.38**
t-value (experimental vs. control) $t(20) = 2.64$*		t = 0.28	

*$p < .05$.

**$p < .01$.

***$p < .001$.

Regardless of whether the students received the experimental training or were assigned to the control group, the attraction scores were low (negative scores) and did not significantly differ. The mean score for the experimental group was -12.82 (n=11) and for the control group -11.45 (n=11). A comparison of these scores revealed $t(20) = 0.28$, which was not significant.

Thus, the first hypothesis was not supported while the second and third were partially supported. The only difference was that the hypotheses were not supported for both the treatment and control groups.

Other Findings

An examination of the pre-post comparison scores on the Supervisor Self-Rating Scale was also made. A t-test for correlated means revealed significant increases in the experimental group scores (Table 2) with $t(21) = 5.25$, $p < .001$. There were no significant differences between the pre-post scores on the Supervisor Self-Rating Scale for the control group. In addition, the difference between pre-post gain scores for the experimental and control groups on the Supervisor Self-Rating Scale (Table 2) resulted in $t(42) = 5.04$, $p < .001$. Thus, the experimental group had a significant increase from pre-test to post-test. In addition, there was a significant difference between groups based on their gain scores.

Summary

An analysis of the pre-test scores on the Hogan Empathy Scale and the Supervisor Self-Rating Scale indicates that there were no significant differences between the experimental group and the control group at the onset of the study.

Of the nine hypotheses tested, the one which was accepted and produced the most significant results is Hypothesis 6, which states that subjects receiving the experimental training, when presented with a positive attraction protocol, will demonstrate significantly higher levels of psychotherapeutic attraction than subjects in the control group. As predicted, those trained subjects were more attracted to their analogue supervisees than the untrained subjects.

The investigator-designed Supervisor Self-Rating Scale indicated significantly greater results both in terms of gain scores and of post-test means between the experimentally trained subjects and the control group.

No significant differences were found with post-test administration of the Hogan Empathy Scale, either between the experimental and control groups or between the independent variables of positive and negative attraction.

The independent variable of attraction did, however, indicate significant main effects on both the Supervisor Response Questionnaire (SRQ) measure of empathic

understanding and the Supervisor Personal Reaction Questionnaire (SPRQ) measure of psychotherapeutic attraction. On the SRQ, empathic understanding is lower for those subjects receiving the independent variable of a positive attraction protocol. On the SPRQ, as expected, negative protocols induce lower/negative psychotherapeutic attraction, and positive protocols induce higher/positive attraction psychotherapeutic attraction.

CHAPTER V

SUMMARY, CONCLUSIONS, AND DISCUSSION

This chapter consists of a summary of the entire study, limitations of the investigation, a listing of the conclusions drawn from the results, and a discussion of the implications of these conclusions.

Summary

Clinical supervision has repeatedly been identified as one of the central activities of clinical and counseling psychology. The American Psychological Association has consistently and emphatically regarded supervision as one of the most central and crucial aspects of training in professional psychology. Yet, models and research on supervision are largely omitted in the literature (Leddick & Bernard, 1980), and the vast majority of supervisors never experience any formal training in the area of supervision (Styczynski, 1980; Leddick & Bernard, 1980).

Clinical supervision may be viewed as both a complex dynamic process and a set of complex behaviors which involve taking a definite role. For new supervisors, this role, apart from being ambiguous and undefined, has been

experienced only from a perspective which differs considerably from that of supervisor.

In their past training, they have viewed supervision only from the perspective of the recipient, or the supervisee. Their training has focused upon knowledge and skills for counseling and therapy. While marked therapeutic similarities exist between supervision and therapy, Eckstein and Wallerstein (1972) noted their basic "difference in purpose." This difference is often a source of confusion, conflict, and inefficiency, particularly for the beginning supervisor. It is asserted here that knowledge of behaviors that are taught to the therapist, and experience with the therapist/client relationship, are necessary but insufficient for the transition from supervisee to supervisor.

Yet, with all of the emphasis on the essential and critical nature of supervision, and the determination that competencies in supervision differ from competencies in psychotherapy, "there are no formal courses, processes, or practica through which the clinician learns to supervise, nor are there the rituals or rites of passage which facilitate important role transitions" (Styczynski, 1980, p. 29).

The literature in social psychological role theory supported the salience of clarity in role expectations, experience in taking a role, and the value of clear transitions between old and new roles.

Traditionally, training for supervisors has consisted only of modeling, the experience they received by being a supervisee. Strauss (1966) noted the importance of the modeling function of the mentor, in which the person being taught or coached identified with the model and attempted to become like him or her in some ways. Yet, he also stated that, after the initial stages of learning, "mere imitation is not sufficient for progress" (p. 352).

The role theorists specifically stated the value of clearly experiencing the distinct passage from one role to another in increasing "clarity" and "minimizing ambiguity in role expectations" (Sarbin & Allen, 1968). Sarbin (1954) also emphasized the value of these transitions in allowing the individual to introduce the new role into his/her self-concept, and to feel comfort and confidence in the new role.

The absence of training for supervisees prior to taking the role of supervisor was particularly alarming in light of empirical studies reported by Sarbin (1968) indicating that lack of clarity in role expectations leads to decreased effectiveness and productivity.

Supervisor level of empathic functioning was shown to be an important variable in the amount of change the supervisee is able to make in terms of his/her ability to provide facilitative conditions to his/her clients. Previous

research has repeatedly emphasized the importance of providing these conditions within the counseling relationship.

In addition, it was shown that positive, supportive supervision results in supervisees who evidence greater empathic understanding and who are able to focus their concern on the client, rather than on themselves. Several notable psychologists expressed their belief that a high level of functioning within the supervisory relationship is the primary condition which will enhance the functioning and development of the supervisee.

Numerous studies involving attraction within the supervisory and counseling dyads were summarized. Those which involve supervision tend to reflect an enhancing effect in terms of allowing potential to be reached when the attraction is positive. Attraction between the supervisor and supervisee seems to lead to more effective supervision and to higher levels of facilitative conditions. While attraction is not directly related to outcome, Goldstein and Simonson (1971) noted the "catalytic" influence that positive attraction can have in facilitating a relationship.

This investigation was designed to examine the effects of training in clinical supervision upon the supervisor's psychotherapeutic attraction toward the supervisee and the supervisor's level of functioning. An earlier study (Sundblad & Feinberg, 1972) investigated these variables as they relate to supervisor amount of experience. The

results of that study indicated that supervisors with the most experience, and who evidenced the most positive attraction toward the supervisee, were the highest-functioning group of supervisors in terms of Carkhuff's (1969) core facilitative conditions. At the same time, those supervisors with least experience but high levels of psychotherapeutic attraction toward the supervisees consistently exhibited the second highest level of functioning toward the analogue supervisees. Sundblad and Feinberg's primary conclusion was that experience, "as a mediator of attraction, may function differentially dependent upon the type rather than the amount of experience the supervisor has had" (p. 192). The current investigation dealt with training rather than experience, i.e., with type rather than amount.

The 44 subjects were graduate students in counselor education, counseling psychology, rehabilitation counseling, student development, counseling and human development, and substance-abuse counseling or social work at the University of Iowa. These subjects were either receiving supervision or had received supervision within the past year. In addition, these subjects had never served in the role of supervisor.

Subjects were randomly assigned to either the experimental training group or to the control group. The experimental training group participated in a previously developed

(Loganbill & Hardy, 1981) six-hour workshop which had been implemented with varied groups of beginning and experienced supervisors. The workshop includes three components: (a) a didactic presentation of a conceptual model of supervision (Loganbill, Hardy, & Delworth, in press); (b) an experiential component utilizing video-taped vignettes of supervisees depicting critical issues in supervision; and (c) a discussion component which involves taking the role of supervisor. Loganbill and Hardy's (1981) workshop was designed to encourage the participant to take the role of supervisor both by taking the supervisor's perspective and by practicing role playing in a variety of situations. It was further designed to provide an opportunity for the participants to crystalize their own supervisory style.

Subjects were asked to complete the Hogan Empathy Scale and the Supervisor Self-Rating Scale as pre-tests. These two instruments were repeated, with the addition of the Supervisor Personal Reaction Questionnaire (SPRQ) and the Supervisor Response Questionnaire (SRQ) at the conclusion of the workshop. The control group completed the same instruments but received no training before taking the post-tests at least six hours, and no longer than 24 hours, after taking the pre-tests.

Half of the subjects in each group were given a positive (in terms of attraction) protocol of their analogue "supervisee," and the other half were given a negative

protocol. The protocols (one positive and the other negative in attraction) each consisted of a written description of a male supervisee. The description included information about his academic and clinical experience and an evaluation written by the student's academic supervisor. Subjects responded to the SPRQ and the SRQ as if they were responding to and about the supervisee on their protocol sheet.

The results indicated that training could significantly increase psychotherapeutic attraction toward a (positively attractive) analogue supervisee and that training could significantly enhance the self-perception of students in the new role of supervisors.

Specifically, of the nine hypotheses tested, with a 2x2 factorial ANOVA, the one which was accepted and produced the most significant results stated that subjects receiving the experimental training, when presented with a positive attraction protocol, will demonstrate significantly higher levels of psychotherapeutic attraction than subjects in the control group. As predicted, those trained subjects were far more attracted to their analogue supervisees than the untrained subjects.

The investigator-designed Supervisor Self-Rating Scale produced significantly greater results in terms of gain scores and of post-test means between the experientially trained subjects and the control group.

No significant differences were found with post-test administration of the Hogan Empathy Scale, either between the experimental and control groups or between the independent variables of positive and negative attraction.

The independent variable of attraction did, however, produce significant main effects on both the Supervisor Response Questionnaire (SRQ) measure of empathic understanding and the Supervisor Personal Reaction Questionnaire (SPRQ) measure of psychotherapeutic attraction. On the SRQ, empathic understanding is lower for those subjects receiving the independent variable of a positive attraction protocol. On the SPRQ, as expected, negative protocols induced lower psychotherapeutic attraction, and positive protocols induced higher psychotherapeutic attraction.

Conclusions

1. Brief training does not result in significant increases in either the measured empathy of the supervisor or the offered empathic understanding to the supervisee.

2. Beginning supervisors offered significantly more empathic responses to supervisees who were negatively attractive than they did to those supervisees who were positively attractive.

3. Brief training significantly increased the level of psychotherapeutic attraction that beginning supervisors

expressed toward their positively attractive analogue supervisees.

4. The negative or low level of psychotherapeutic attraction that beginning supervisors felt toward their negatively attractive analogue supervisees remained unaffected by the brief training.

5. Supervisors react differentially to supervisees. A negative or positive attraction protocol (i.e., description of an analogue supervisee) consistently elicited in the supervisor the expected negative/unfavorable or positive/favorable evaluation of and attitude toward the analogue supervisee. In the positive evaluation, this included an interest in working together, a willingness to be influenced by the other person, general liking for or identification with the other person, and positive expectations concerning the relationship and outcome. The negative evaluation involved an absence of such interest in and liking for the other individual.

Incidental Finding

Brief training significantly enhanced the beginning supervisors' self-reported perceptions of themselves as supervisors, as measured by an instrument devised by the investigator. This perception included supervisors' self-reported comfort in assuming the role of supervisor, their perception of their ability to assess and make appropriate

interventions, and their perceptions of their ability to deal effectively with various supervisory issues and types of supervisees.

Delimitations

The following factors limit generalizations from the results of this study:

1. The nature of the analogue study, while allowing for greater control over the independent variables, also raises questions concerning the uncertainty of the generalizability of the results to a natural setting.

2. This study examined the independent variable of attraction only as it applied to male supervisees, as described on the protocols (p. 72) developed by Sundblad (1971). Consequently, the generalizability to the female supervisee population must carry with it some degree of caution.

3. As with most supervision studies, the N was relatively small, and generalizability must be made with some caution.

4. There was an absence of reliability and validity data on the Supervisor Self-Rating Scale; hence, this dependent measure was not included in the hypotheses of this investigation.

5. The possibility exists that extraneous variables of testing occurred, thus affecting the internal validity.

The study measured the immediate effects of brief training, which necessitated the administration of post-tests within a relatively short time after the pre-tests.

6. The participants in this investigation were volunteers, and as such, the possibility existed that they may have represented a biased sample of the target population. Since random sampling was not possible, subjects were randomly assigned to the two experimental groups.

7. There was no contrasting treatment to provide an alternative type of training in this investigation.

Discussion

The results of this study suggest that, in an analogue setting, a brief training model can produce significant change in beginning supervisors along only one aspect of supervisor functioning, e.g., psychotherapeutic attraction with attractive supervisees. Other aspects of supervisor functioning remained unaffected by the experimental training. If replication of this study results in similar change, and if similar results can be obtained in a natural setting, then a training model such as this should be further explored as a potentially useful adjunct to traditional modeling in supervision. Such training for clinical supervisors as described and executed in this investigation could affect educational training programs in two ways. First, the study indicates that brief, intensive training

models could serve as useful adjuncts to traditional modeling in supervision. Second, the data suggest that such training has the potential of benefiting the supervisor, therapist, and client by facilitating their conceptual understanding of, and comfort and effectiveness with, the newly acquired supervisory role.

In working with supervisees who are attractive, in terms of their dedication to learning and their ability to work well with others, brief training appeared to enhance the psychotherapeutic attraction experienced by the supervisor toward the analogue supervisee. This has significant implications for the process of supervision. Greenberg (1969) obtained results which "highlight the impact which . . . preconceived notions may have on psychotherapy" (p. 428). Goldstein and Simonson (1971), who extensively studied psychotherapeutic attraction, viewed positive attraction in the initial stages of the relationship "as a possible potentiator or catalyst whose consequents can lead to a more favorable outcome" (p. 162). In psychotherapy, Nash, Hoehn-Saric, Battle, Stone, Imber, and Frank (1965) "concluded that 'attractiveness' . . . was significantly related to outcome" (p. 374). In light of the fact that supervision, while differing in purpose from psychotherapy, involves a therapeutic relationship, it seems highly appropriate to increase the initial attraction level whenever possible. These results (pp. 84-86) suggest that

a brief, intensive workshop of this type can be effective in reaching this goal. That is, for those supervisees who are positively attractive, brief training significantly increases the attraction that supervisees experience toward them.

It was clear in this investigation that supervisors reacted differentially to supervisees. Across the experimental and control groups, supervisees who were negatively attractive elicited very little positive attraction from supervisors, while those more positively attractive supervisees elicited more positive attraction.

In an earlier study, Sundblad and Feinberg's (1972) primary conclusion was that experience, "as a mediator of attraction, may function differentially dependent upon the type rather than the amount of experience the supervisor has had" (p. 192). This current investigation, which dealt with training rather than experience, i.e., with type rather than amount, added evidence to support that conclusion. This may be a positive finding for the field of psychology. A dependence upon acquiring years of experience for the attainment of expertise in supervision is a cumbersome, time-consuming process. But if a certain type of experience which can be attained within a brief training format can also help to promote the acquisition of expertise in supervision, overall professional competence in this area can be significantly increased. Indeed, consistent with

Sundblad and Feinberg's (1972) conclusion, the type of experience (training) was a mediating variable in increasing attraction with positively attractive supervisees.

One very interesting finding was that for negatively attractive supervisees, however, low attraction in the supervisor remained unchanged by this specific type of training program. Does special attention need to be given in situations involving unattractive supervisees? Further studies may find that either longer training or more extensive training focused specifically on dealing with unattractive supervisees will alter this lack of attraction. The possibility exists, also, that training does not have the potential of increasing psychotherapeutic attraction toward negatively attractive supervisees. This finding is of interest when combined with another unexpected result of the study, that which revealed that supervisors provided significantly more empathic responses to unattractive supervisees than to attractive supervisees.

One of the more promising, yet highly tentative, findings of this study is that recipients of this training seemed to significantly and positively alter their self-concept in regard to their ability to take the role of supervisor. In light of the strong arguments in psychological role theory concerning the importance of a self-concept which is congruent with the new role, the usefulness of this training is quite clear. Sarbin (1954) specified the need

for "rites de passage" which "signify change from one position to another," and which have the effect of modifying the "participant's self-concept so that the new role . . . may not be incongruent with the self" (p. 235). This sort of revised self-conceptualization which results can, in this case, produce a supervisor who is "better equipped to occupy the position" (p. 235). It seems clear in role theory that a self-perception of oneself as competent and ready to take the role greatly enhances one's performance in that role. In this investigation, it is suggested that the training for supervisors resulted in participants who viewed themselves as improved in their preparation for actually taking the role. Further investigations should explore the aspects of this change in self-conceptualization. As noted previously, the instrument used in assessing this change in self-concept (Supervisor Self-Rating Scale) lacks validity and reliability information, and any resulting data must be interpreted with appropriate caution.

It appears that brief training does not result in significant increases in either the measured empathy of the supervisor (Hogan Empathy Scale) or in the offered empathic understanding to the supervisee. While this scale has been extensively validated (Gladstein, 1977; Hogan, 1969, 1975), Haier (1974) stated his belief that the Hogan Empathy Scale actually measured trait rather

than state empathy. If this is indeed true, then brief training would not be expected to result in changes. Another possibility is that this type of training is insufficient, inappropriate, or inadequate in successfully and significantly affecting empathy. Empathy has repeatedly been shown to be important in therapeutic relationships, and its potential importance in the supervisory relationship should not be dismissed.

However, because of the various functions of supervision (monitoring, evaluating, and growth enhancing), it may be inappropriate to evaluate supervision in terms of offered empathy. For example, it may be more appropriate, and indeed ethically necessary, for a supervisor to be monitoring the client welfare at a given time or in a given situation rather than responding empathically with his/her supervisee. Therefore, while supervision involves a therapeutic relationship and the relationship can be enhanced by empathy, it may be that the establishment of a non-judgmental tone or atmosphere within the supervision is what is more important, rather than specific empathic responses. It seems that when the tone is present, perhaps more of the actual interaction will be focused on dealing with the client rather than specifically focused on the supervisee's need for understanding.

Further research focused on developing reliable and valid instruments for measuring effective supervision and

supervisor behavior can greatly increase our knowledge of the specifics which are needed in supervisor training. A measure such as the Supervisor Self-Rating Scale seems to be a promising one, but one which needs data before it can be used more extensively. This investigation provides preliminary support for the assertion that training may be of significant value for beginning supervisors. Further research can be helpful in examining the longer-term effects of training such as offered in this study, as well as the comparative results of other types of training.

REFERENCES

REFERENCES

Altucher, N. Constructive use of the supervisory relationship. Journal of Counseling Psychology, 1967, 14(2), 165-170.

American Psychological Association, Committee on Counselor Training, Division of Counseling and Guidance. The practicum training of counseling psychologists. The American Psychologist, 1952, 7(6).

American Psychological Association, Committee on Internship Standards, Division of Counseling Psychology. Recommended standards for internships in counseling (multilithed report, 1960).

American Psychological Association. Ethical principles in the conduct of research with human participants. Washington, D.C.: Author, 1973.

American Psychological Association. Criteria for accreditation of doctoral training programs and internships in professional psychology. Washington, D.C.: Author, 1980.

Anderson, R. P., & Brown, O. H. Tape recordings and counselor-trainee understandings. Journal of Counseling Psychology, Fall 1955, (2), 189-195.

Arbuckle, D. S. The learning of counseling: Process not product. Journal of Counseling Psychology, 1963, 10(2), 163-168.

Arlow, J. A. The supervisory situation. American Psychoanalytic Journal, 1963, 11, 576-594.

Ashby, J. D., Ford, D. H., Guerney, B. G., Jr., & Guerney, L. F. Effects on clients of a reflective and a leading type of psychotherapy. Psychological Monographs: General and Applied, 71(24), Whole No. 453, 1957, 1-32.

Banikiotes, P. G. The training of counseling psychologists. The Counseling Psychologist, 1977, 7(2), 23-26.

Beier, E. G. On supervision in psychotherapy. Psychotherapy: Theory, Research, and Practice, 1964, 1, 91-95.

Berenson, B. G., Carkhuff, R. R., & Myrus, P. The interpersonal functioning and training of college students. Journal of Counseling Psychology, 1966, 13, 441-446.

Berlin, I. N. Some implications of ego psychology for the supervisory process. American Journal of Psychotherapy, 1960, 14, 536-544.

Bernard, J. M. Supervisor training: A discrimination model. Counselor Education and Supervision, 1979, 19, 60-68.

Bernier, J. E. Training and supervising counselors: Lessons learned from deliberate psychological education. Personnel and Guidance Journal, 1980, 59(1), 15-20.

Bernstein, B. L., & Lecomte, C. Supervisory-type feedback effects: Feedback discrepancy level, trainee psychological differentiation, and immediate responses. Journal of Counseling Psychology, 1979, 26(4), 295-303.

Birk, J. M. Effects of counseling supervision method and preference on empathic understanding. Journal of Counseling Psychology, 1972, 19(6), 542-546.

Bishop, J. B. Another look at counselor, client, and supervisor ratings of counselor effectiveness. Counselor Education and Supervision, 1971, 10(3), 319-323.

Blane, S. M. Immediate effect of supervisory experiences on counselor candidates. Counselor Education and Supervision, 1968, 8, 39-44.

Book, H. E. On maybe becoming a psychotherapist, perhaps. Canadian Psychiatric Association Journal, 1973, 18, 487-493.

Bookbinder, L. J., Fox, R. E., & Rosenthal, V. Recommended standards for psychotherapy education in psychology doctoral programs. Professional Psychology, 1971, 2, 148-154.

Boyd, J. D. Counselor supervision: Approaches, preparation, practices. Muncie, Indiana: Accelerated Development, Inc., 1978.

Carkhuff, R. R. Critical variables in effective counselor training. Journal of Counseling Psychology, 1969, 16, 238-245. (a)

Carkhuff, R. R. Helping and human relations (Vols. 1 & 2). New York: Holt, Rinehart, & Winston, 1969. (b)

Chickering, A. W. Education and identity. San Francisco: Jossey-Bass, 1969.

Corrigan, J. D., Dell, D. M., Lewis, K. N., & Schmidt, L. D. Counseling as a social influence process: A review. Journal of Counseling Psychology, 1980, 27(4), 395-441. (Monograph)

Danish, S. J. Film simulated counselor training. Counselor Education and Supervision, Sept. 1971, 29-35.

Davidson, T. M., & Emmer, E. T. Immediate effect of supportive and non-supportive supervisor behavior on counselor candidates' focus of concern. Counselor Education and Supervision, 1966, 6, 27-31.

Delaney, D. J. A behavioral model for the practicum supervision of counselor candidates. Counselor Education and Supervision, Sept. 1972, 46-50.

Delaney, D. J., & Moore, J. C. Students' expectations of the role of practicum supervisor. Counselor Education and Supervision, 1966, 6, 11-17.

Demos, G. D., & Zuwaylif, F. Counselor attitudes in relation to the theoretical positions of their supervisors. Counselor Education and Supervision, 1962, 8-11.

Dilley, J. S. Supervisory ratings on counselor trainees in a simulated work setting as compared with peer and instructor ratings of the same trainees in an academic setting. Counselor Education and Supervision, 1964, 3, 71-73.

Dodenhoff, J. T. Interpersonal attraction and direct-indirect supervisor influence as predictors of counselor trainee effectiveness. Journal of Counseling Psychology, 1981, 28(1), 47-52.

Doehrman, M. J. Parallel processes in supervision and psychotherapy. Bulletin of the Menninger Clinic, 1976, 40(1).

Does, R. B. Confrontation in the supervisory relationship (Doctoral dissertation, Michigan State University, 1969). Dissertation Abstracts International, 1969, 30, 5685-B. (University Microfilms No. 70-9523)

Dreikurs, R., & Sonstegard, M. A specific approach to practicum supervision. Counselor Education and Supervision, 1966, 6, 18-25.

Egan, G. The skilled helper: A model for systematic helping and interpersonal relating. Monterey, California: Brooks/Cole, 1975.

Eisenberg, S., & Delaney, D. J. Using video simulation of counseling for training counselors. Journal of Counseling Psychology, 1970, 17(1), 15-19.

Ekstein, R. Supervision of psychotherapy: Is it teaching? Is it administration? Or is it therapy? Psychotherapy: Theory, Research & Practice, 1964, 1, 137-138.

Ekstein, R., & Wallerstein, R. S. The teaching and learning of psychotherapy (2nd ed.). New York: International Universities Press, 1972.

Erikson, E. H. Childhood and society. New York: W. W. Norton & Company, 1963.

Erikson, E. H. Identity, youth, and crisis. New York: W. W. Norton & Company, 1968.

Fiedler, F. E. The concept of an ideal therapeutic relationship. Journal of Consulting Psychology, 1950, 14, 39-45.

Flanagan, J. C. The critical incident technique. Psychological Bulletin, 1954, 51(4), 327-358.

Fleming, J. The role of supervision in psychiatric training. Bulletin of the Menninger Clinic, 1953, 17, 157-169.

Fraleigh, P. W., & Buchheimer, A. The use of peer groups in practicum supervision. Counselor Education and Supervision, 1969, 8, 284-288.

Friesen, D. D., & Dunning, G. B. Peer evaluation and practicum supervision. Counselor Education and Supervision, 1973, 12(3), 229-230.

Gaoni, B., & Neumann, M. Supervision from the point of view of the supervisee. American Journal of Psychotherapy, 1974, 23, 108-114.

Gardner, G. E. Problems of supervision and training in clinical psychology. (Round Table #2, The Supervision of Psychotherapy.) American Journal of Orthopsychiatry, 1953, 23, 293-300.

Gerkin, C. An objective method for evaluating training programs in counseling psychology. Journal of Counseling Psychology, 1969, 16, 227-237.

Gladstein, G. A. Empathy and counseling outcome: An empirical and conceptual review. The Counseling Psychologist, 1977, 6(4), 70-79.

Goldstein, A. P. Psychotherapeutic attraction. New York: Pergamon Press, 1971.

Goldstein, A. P., Heller, K., & Sechrest, L. B. Psychotherapy and the psychology of behavior change. New York: Wiley, 1966.

Goldstein, A. P., & Simonson, N. R. Social psychological approaches to psychotherapy research. In A. E. Gergin & S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change (1st ed.). New York: John Wiley & Sons, Inc., 1971.

Goralski, M. M. The development, implementation and evaluation of simulation activities to train counseling supervisees. (Doctoral dissertation, University of Pittsburgh, 1978). Dissertation Abstracts International, 1979, 4728-A. (University Microfilms No. 7902697)

Grinberg, L. The problems of supervision in psychoanalytic education. International Journal of Psycho-Analysis, 1970, 51, 371-383.

Gurk, M. D., & Wicas, E. A. Generic models of counseling supervision: Counseling/instruction dichotomy and consultation metamodel. Personnel and Guidance Journal, 1979, 57(8), 402-407.

Gustin, A. W. Biased therapists: The effects of prior exposure to case history materials on therapists' attitudes and behavior toward patients. (Doctoral dissertation, Syracuse University, 1969). Dissertation Abstracts International, 394-B. (University Microfilms No. 70-12,777)

Gustin, J. C. Supervision in psychotherapy. Psychoanalysis and Psychiatric Review, 1958, 45(3), 63-72.

Guttman, M. A. J. Reduction of the defensive behavior of counselor trainees during counseling supervision. Counselor Education and Supervision, 1973, 12, 294-299.

Gysbers, N. G., & Johnston, J. A. Expectations of a practicum supervisor's role. Counselor Education and Supervision, 1965, 4, 68-74.

Hackney, H. L. Development of a pre-practicum counseling skills model. Counselor Education and Supervision, 1971, 11, 102-109.

Haier, R. Empathy and counselor effectiveness. Paper presented at the annual meeting of the Maryland Psychological Association, 1974.

Haigh, G. V. Alternative strategies in psychotherapy supervision. Psychotherapy: Theory, Research, and Practice, 1965, 2, 42-43.

Haigh, G., & Kell, B. L. Multiple therapy as a method for training and research in psychotherapy. Journal of Abnormal Social Psychology, 1950, 45, 659.

Hansen, J. C. Trainees' expectation of supervision in the counseling practicum. Counselor Education and Supervision, 1965, 2, 75-80.

Hansen, J., & Stevic, R. Practicum supervision: A proposal. Counselor Education and Supervision, 1967, 7, 205-206.

Harmatz, M. G. Two-channel recording in the supervision of psychotherapy. Professional Psychology, 1975, 6, 478-480.

Harvey, O. J., Hunt, D. E. S., & Schroeder, H. M. Conceptual systems and personality organization. New York: John Wiley & Sons, 1961.

Hassenfeld, I. N., & Sarris, J. G. Hazards and horizons of psychotherapy supervision. American Journal of Psychotherapy, 1978, 32(3), 393-401.

Hess, A. K. (Ed.). Psychotherapy supervision: Theory, research, and practice. New York: John Wiley & Sons, 1980.

Hester, L. R., Wertz, L. J., Anchor, K. N., & Roback, H. B. Supervisor attraction as a function of level of supervisor skillfulness and supervisee's perceived similarity. Journal of Counseling Psychology, 1976, 23, 254-258.

Hogan, R. A. Issues and approaches in supervision. Psychotherapy: Theory, research and practice, 1964, 1, 139-141.

Hogan, R. Development of an empathy scale. Journal of Counseling and Clinical Psychology, 1969, 33(3), 307-316.

Hogan, R. Empathy: A conceptual and psychometric analysis. The Counseling Psychologist, 1975, 5(2), 14-18.

Hogan, R. Personal communication, February 1981.

Hora, T. Contribution to the phenomenology of the supervisory process. American Journal of Psychotherapy, 1957, 11, 769-773.

Ivey, A. E. Microcounseling: Innovations in interviewer training. Springfield, Ill.: Thomas, 1971.

Jackson, D. N., & Messick, S. Response styles and the assessment of psychopathology. In D. N. Jackson & S. Messick (Eds.), Problems in human assessment. New York: McGraw-Hill, 1967.

Kaczkowski, H., Lieberman, L., & Schmidt, L. The critical incident as a teaching strategy. Counselor Education and Supervision, September 1978, 74-77.

Kagan, N. Interpersonal Process Recall: A method of influencing human interaction. East Lansing: Michigan State University, 1976.

Kagan, N. Influencing human interaction--eighteen years with IPR. In A. K. Hess (Ed.), Psychotherapy supervision: Theory, research, and practice. New York: John Wiley & Sons, 1980.

Kagan, N., & Krathwohl, D. R. Studies in human interaction: Interpersonal Process Recall stimulated by videotape.

Karr, J., & Geist, G. Facilitation in supervision as related to facilitation in therapy. Counselor Education and Supervision, 1977, 16(4), 263-268.

Kaslow, F. W., & Associates. Supervision, consultation, and staff training in the helping professions. San Francisco: Jossey-Bass, 1977.

Kell, B. L., & Burow, J. M. Developmental counseling and therapy. Boston: Houghton-Mifflin Company, 1970.

Kell, B., & Mueller, W. J. Impact and change: A study of counseling relationships. Englewood Cliffs, N.J.: Prentice-Hall, 1966.

Kerlinger, F. N. Foundations of behavioral research: Educational and psychological inquiry. New York: Holt, Rinehart, & Winston, 1964.

Lambert, M. J. Supervisory and counseling process: A comparative study. Counselor Education and Supervision, 1974, 14, 54-60.

Lanning, W. L. A study of the relation between group and individual counseling supervision and three relationship measures. Journal of Counseling Psychology, 1971, 18(5), 401-406.

Leddick, G. R., & Bernard, J. M. The history of supervision: A critical review. Counselor Education and Supervision, March 1980, 186-196.

Levine, F. M., & Tilker, H. A. A behavior modification approach to supervision of psychotherapy. Psychotherapy: Theory, Research, and Practice, 1974, 11, 182-188.

Littrell, J. M., Lee-Borden, N., & Lorenz, J. Developmental framework for counseling supervision. Counselor Education and Supervision, December 1979, 129-136.

Loganbill, C. R. The effects of selected client variables upon psychotherapeutic attraction and counselor prognostic expectancy: An analogue investigation. Unpublished doctoral dissertation, University of Iowa, 1977.

Loganbill, C., & Hardy, E. Workshop for clinical supervisors. Pre-convention workshop presented at the meeting of the American College Personnel Association, Cincinnati, March 1981.

Loganbill, C., Hardy, E., & Delworth, U. Supervision: A conceptual model. The Counseling Psychologist, in press. (Monograph)

Mahler, M. S. Separation-individuation. The selected papers of Margaret S. Mahler, M.D. (Vol. II). New York: Jason Aronson, 1979.

Mann, J. H., & Mann, C. H. The effect of role-playing experience on role-playing ability. In B. Biddle & E. Thomas (Eds.), Role theory: Concepts and research. New York: John Wiley & Sons, Inc., 1966.

Matarazzo, R. G. Research on the teaching and learning of psychotherapeutic skills. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (2nd ed.). New York: John Wiley & Sons, 1978.

Mead, G. H. Mind, self, and society. Chicago: University of Chicago Press, 1934.

Meerloo, J. A. M. Some psychological processes in supervision of therapists. American Journal of Psychotherapy, 1952, 6, 467-470.

Meyer, R. J. Using self-supervision to maintain counseling skills: A review. Personnel and Guidance Journal, 1978, 57, 95-98.

Miller, C. D., & Oetting, E. R. Students react to supervision. Counselor Education and Supervision, 1966, 6, 73-74.

Miller, T. V. Simulation and instructional objectives in counselor education. Counselor Education and Supervision, 1972, 12(2), 83-87.

Moreno, J. L. (Ed.). The sociometry reader. Glencoe, Ill.: The Free Press, 1960.

Mueller, W. J., & Kell, B. L. Coping with conflict: Supervising counselors and psychotherapists. Englewood Cliffs, N.J.: Prentice-Hall, 1972.

Muslin, H. L., Burstein, A. G., Gedo, J. E., & Sado, L. Research on the supervisory process I. Supervisor's appraisal of the interview data. Archives of General Psychiatry, 1967, 16, 427-431.

Musselman, D. L. Role playing as an in-service training technique for secondary school counselors. Counselor Education and Supervision, 1961, 1(2), 78-83.

Nash. E. H., Hoen-Saric, R., Battle, C. C., Stone, A. R., Imber, S. D., & Frank, J. D. Systematic preparation of patients for short-term psychotherapy: II. Relation to characteristics of patient, therapist, and psychotherapeutic process. Journal of Nervous and Mental Disease, 1965, 140, 374-383.

Orlinsky, D. E., & Howard, K. I. The relation of process to outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (2nd ed.). New York: John Wiley & Sons, 1978.

Ornstein, P. H. Selected problems in learning how to analyze. International Journal of Psycho-Analysis, 1967, 48, 448-461.

Patterson, C. H. Supervising students in the counseling practicum. Journal of Counseling Psychology, 1964, 11 (1), 47-53.

Payne, P. A., Winter, D. E., & Bell, G. E. Effects of supervisor style on the learning of empathy in a supervision analogue. Counselor Education and Supervision, 1972, 11, 262-269.

Pierce, R. M., Carkhuff, R. R., & Berenson, B. G. The differential effects of high and low functioning counselors upon counselors in training. Journal of Clinical Psychology, 1967, 23, 212-215.

Pierce, R. M., & Schauble, P. G. Graduate training of facilitative counselors: The effects of individual supervision. Journal of Counseling Psychology, 1970, 17(3), 210-215.

Pierce, R. M., & Schauble, P. G. Follow-up study on the effects of individual supervision in graduate school training. Journal of Counseling Psychology, 1971, 18 (2), 186-187.

Poling, E. G. Video tape recordings in counseling practicum II: Critique considerations. Counselor Education and Supervision, 1968, 8, 33-38.

Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21(2), 95-103.

Rosen, D. A. Global attraction as a predictor of terminating and remaining in counseling (Doctoral dissertation, Iowa State University, 1978). Dissertation Abstracts International, 1979, 39, 4050B. (University Microfilms No. 7904016)

Rosenberg, L. M., Rubin, S. S., & Finzi, H. Participant-supervision in the teaching of psychotherapy. American Journal of Psychotherapy, 1968, 22, 280-295.

Sarbin, T. Role theory. In G. Lindzey (Ed.), Handbook of social psychology (Vol. I). Cambridge, Mass.: Addison-Wesley Publishing Co., 1954.

Sarbin, T., & Allen, V. Role theory. In G. Lindzey (Ed.), Handbook of social psychology (Vol. I) (2nd ed.). Reading, Mass.: Addison-Wesley Publishing Co., 1968.

Schmidt, J. P. Psychotherapy supervision: A cognitive-behavioral model. Professional Psychology, June 1979, 278-284.

Schwebel, M. Role-playing in counselor training. Personnel and Guidance Journal, 1953, 32, 196-201.

Shiel, T. V. Supervision: Individual control needs, compatibility, and dyadic attraction (Doctoral dissertation, Illinois Institute of Technology, 1976). Dissertation Abstracts International, 1978, 38, 4481B. (University Microfilms No. 780-0878)

Silverman, M. S. Perceptions of counseling following differential practicum experiences. Journal of Counseling Psychology, 1972, 19(1), 11-15.

Silverman, M. S., & Quinn, P. F. Co-counseling supervision in practicum. Counselor Education and Supervision, 1974, 13(3), 256-260.

Smith, J. P. Supervisor behavior and supervisor expectations (Doctoral dissertation, University of Missouri--Columbia, 1975). Dissertation Abstracts International, 1976, 36, 6489A-6490A. (University Microfilms No. 76-7551)

Spice, C. G., & Spice, W. H. A triadic method of supervision in the training of counselors and counseling supervisors. Counselor Education and Supervision, 1976, 15, 251-257.

Stoltenberg, C. Approaching supervision from a developmental perspective: The counselor complexity model. Journal of Counseling Psychology, 1981, 28(1), 59-65.

Stone, G. L. Effects of experience on supervisor planning. Journal of Counseling Psychology, 1980, 27(1), 84-88.

Strauss, A. Coaching. In B. Biddle & E. Thomas (Eds.), Role theory: Concepts and research. New York: John Wiley & Sons, 1966.

Styczynski, L. The transition from supervisee to supervisor. In A. Hess (Ed.), Psychotherapy supervision: Theory, research, and practice. New York: John Wiley & Sons, 1980.

Sundblad, L. M. The relationship of interpersonal attraction, experience, and supervisor's level of functioning in dyadic rehabilitation counseling supervision (Doctoral dissertation, Syracuse University, 1971). Dissertation Abstracts International, 1971, 32, 1284-A. (University Microfilms No. 71-23,473).

Sundblad, L. M., & Feinberg, L. B. The relationship of interpersonal attraction, experience, and supervisor's level of functioning in dyadic counseling supervision. Counselor Education and Supervision, March 1972, 187-193.

Thayer, L., Peterson, V., Carr, E., & Merz, D. Development of a critical incidents videotape. Counseling Education and Supervision, 1972, 188-192.

Truax, C. B., Carkhuff, R. R., & Douds, J. Toward an integration of the didactic and experiential approaches to training in counseling and psychotherapy. Journal of Counseling Psychology, 1964, 11(3), 240-247.

Truax, C. B., Carkhuff, R. R., & Douds, J. Toward an integration of the didactic and experiential approaches to training in counseling and psychotherapy. Journal of Counseling Psychology, 1964, 11, 240-247.

Van Atta, R. Co-therapy as a supervisory process. Psychotherapy: Theory, Research and Practice, 1969, 6, 137-139.

Walz, G. R., & Roeber, E. C. Supervisor's reactions to a counseling interview. Counselor Education and Supervision, 1962, 2, 2-7.

Ward, C. H. An electronic aid for teaching interviewing techniques. Archives of General Psychiatry, 1960, 3, 357-358.

Watson, K. Differential supervision. Social Work, 1973, 18(6), 80-88.

Worthington, E. L. K., Jr., & Roehlke, H. J. Effective supervision as perceived by beginning counselors-in-training. Journal of Counseling Psychology, 1979, 26(1), 64-73.

Yenawine, G., & Arbuckle, D. S. Study of the use of videotape and audiotape as techniques in counselor education. Journal of Counseling Psychology, 1971, 18(1), 1-6.

APPENDICES

APPENDIX A

CONSENT FORM

CONSENT FORM

Research Investigator: Emily Hardy

I agree to participate in the present study being conducted under the supervision of Dr. Ursula Delworth, a professor in the Division of Counselor Education, and director of the University Counseling Service at the University of Iowa. I have been informed, either orally or in writing or both, about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer further questions that I may have regarding the procedures of this study. I understand that I am free to terminate my participation at any time without penalty or prejudice. I am aware that further information about the conduct and review of human research at the University of Iowa can be obtained by calling 353-3350, the Office of the Vice President for Educational Development and Research.

____ _____ 1981 _____

day month year Signature of Participant

APPENDIX B

"WORKSHOP FOR CLINICAL SUPERVISORS"

"Workshop for Clinical Supervisors"

Carol Loganbill, Ph.D.
University of Iowa
Emily Hardy
Michigan State University

Definition of supervision:

" An intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person." (Loganbill, Hardy, Delworth, 1981).

The Four Functions of Supervision:

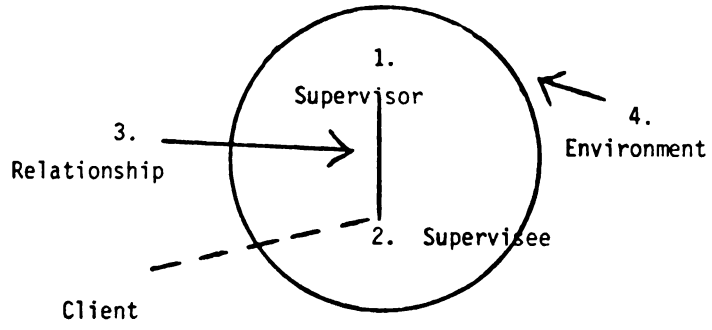
#1. Monitoring client welfare

#2. Enhancing growth within stages

#3. Promoting transition from stage to stage

#4. Evaluating the supervisee

The Four Elements of the Supervisory Context



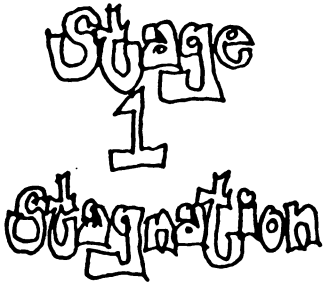
*From a monograph prepared for The Counseling Psychologist. "Supervision: A Conceptual Model." (Loganbill, Hardy, Delworth, 1980.)

APPENDIX C

DEVELOPMENTAL STAGES OF SUPERVISEES

Workshop f Clinical Supervisors

Loganbill/Hardy

	Descriptive Characteristics	Attitude Toward the World
	Stagnation Naive unawareness Uninsightfulness Naive sense of security Stuckness Blind spots "Frozen" in old patterns of behavior Deceptive stability Emotional blocking Avoidance	Narrow, rigid thought patterns Limited, constricted view of the world Black and white thinking Linear problem-solution format Lower conceptual level
	Instability Disorganization Erratic fluctuations Disruption Confusion Conflict Desperate seeking of equilibrium "Unfreezing"of old patterns of behavior Random movement Ambivalence	Same as stage one except the supervisee realizes that this view of the world is no longer adequate Vivid awareness that this attitude is not working
	Reorganization Integration New cognitive understanding Flexibility Personal security based on awareness of insecurity Ongoing continual monitoring "Refreezing" new patterns of behavior	Fresh new perspective Cognitive understanding based on emotional awareness Sense of a future in the world Acceptance of the bad as well as the good parts Flexible, creative view of the problem

Attitude Toward Self	Attitude Toward Supervisor	Value of the Stage
Low self-concept New learning must come from an outside source Devaluing of innate capacities or Unawareness of deficiencies Vaguely positive self-concept	Dependence Idealized image of supervisor as wise, omnipotent, all-knowing or Feeling that supervisor is unnecessary Irrelevant with regard to the issue	Latency period Rest, regeneration Emotional energy can be directed elsewhere
General confusion about self Ambivalence Erratic fluctuation between feelings of great expertise and feelings of failure and incompetence	Remains dependent Disappointment in the supervisor for not producing the golden solution Anger toward the supervisor Feelings that the supervisor is withholding the solution or that the supervisor is inadequate or incompetent	Old ways of behaving and thinking are shaken and shattered, leaving the opportunity for replacement by a fresh new perspective
Solid, realistic view of self Basic awareness of both stronger and weaker areas of functioning Sense of confidence Sense of continuing development	Clear, reasonable view of the supervisor Realistic assessment of the supervisor's stronger and weaker areas Expectations in line with supervisor's abilities Assumption of responsibility in the relationship	Allows for continued growth Flexible yet stable Continuous fresh input Stable yet moving ahead Monograph prepared for The Counseling Psychologist (Loganbill, Hardy, & Delworth, 1981)

APPENDIX D

CRITICAL ISSUES IN SUPERVISION

Carol Loganbill
Emily Hardy
Ursula Delworth

Assessment of Supervisee Stage Level

Critical Issues in Supervision	STAGE ONE Stagnation	STAGE TWO Confusion	STAGE THREE Integration
1. Issues of Competence. Skills. Technique. Mastery.			
2. Issues of Emotional Awareness. Knowing oneself. Awareness of feelings.			
3. Issues of Autonomy. Sense of self. Independence. Self-directedness.			
4. Issues of Identity. Theoretical consistency. Synthesized theoretical identity. Conceptual integration.			
5. Issues of Respect for Individual Differences. Tolerance. Non-judgmentalness. Acceptance of others.			
6. Issues of Purpose and Direction. Setting goals. Direction in counseling. Appropriate long- term or short-term goals.			
7. Issues of Personal Motivation. Personal meaning. Reward satisfaction.			
8. Issues of Professional Ethics. Values.			

APPENDIX E

INTERVENTIONS

Workshop for Clinical Supervisors

Carol Loganbill, PhD., University of Iowa
Emily Hardy, Michigan State University

Interventions

Intervention Strategy	Examples
#1. Facilitative Interventions. Atmosphere conducive to growth Unconditional positive regard Warmth, liking, respect Personal security Opportunity for integration	
#2. Confrontive Interventions. Highlighting discrepancies Contrasting: -feelings and emotions -attitudes and beliefs -behaviors and actions	
#3. Conceptual Interventions. Theories and principles Substantive content Cognitive A single event is given meaning or Ties together a number of events	
#4. Prescriptive Interventions. Provision of a specific plan of action for a particular situation Direct intervention Prescribes a treatment plan or Instruction to eliminate certain behaviors	
#5. Catalytic Interventions. Promoting change Getting things moving A particular process is highlighted, defined, articulated, or given further meaning.	

APPENDIX F

POSITIVE ATTRACTION PROTOCOL

POSITIVE ATTRACTION PROTOCOL

Supervisee Profile

The next part of the experiment consists of a series of excerpts from actual supervisory sessions. In all cases please make the following assumptions: Imagine that you are the supervisor, and that you have been working with the student in counseling supervision for at least three weekly sessions. The student has already seen several clients at his agency this semester, and has a tape available for the interview. In order for you to participate in supervision with the student, we are providing you with some information about your supervisee that you may have already acquired on your own to this point in supervision.

John is a second-year masters-level student in a Counselor Education program. He is twenty-two years of age and in his second practicum setting, a comprehensive community mental health facility. His undergraduate major was psychology, and he graduated with honors after completing a special project in psychology. When applying for our program, he expressed a desire to operationalize the theoretical materials he acquired during his undergraduate work, and in general to help people.

John's first practicum was spent in a university counseling center. In this setting he maintained a case load of twelve, and scheduled his three-day work week so that he was able to provide maximum services to each of his clients, yet establish several long-term counseling relationships. These he found quite rewarding, as well as useful in his counseling supervision. In general, John was seen by his agency supervisor as warm and accepting, and willing to learn from the experience of others. Yet, at times, he proved quite resourceful and creative in working with clients who were preparing to return to the community.

John's academic supervisor believes that John is at a critical stage in his development as a counselor, and reported the following:

> John maintains a real desire to realize his potential as a helping person, and now appears to possess the ability to be open and understanding with his clients. He has the potential for close human relationships of a facilitative nature, and is in need of a supervisory relationship which will provide an environment for a deeper understanding of the counseling process.

In a recent informal discussion with a number of his fellow students and faculty, John expressed a desire to pursue a doctorate in counseling psychology. He intends to do this after one or two years of work experience, however, and would like a balanced program that would provide both research experience and a prolonged clinical internship to examine more closely the complexity of the psychotherapeutic process.

APPENDIX G

NEGATIVE ATTRACTION PROTOCOL

NEGATIVE ATTRACTION PROTOCOL

Supervisee Profile

The next part of the experiment consists of a series of excerpts from actual supervisory sessions. In all cases please make the following assumptions: Imagine counseling supervision for at least three weekly sessions. The student has already seen several clients at his agency this semester, and has a tape available for the interview. In order for you to participate in supervision with the student, we are providing you with some information about your supervisee that you may have already acquired on your own to this point in supervision.

John is a second-year masters-level student in a Counselor Education program. He is twenty-two years of age and is in his second practicum setting, a comprehensive community mental health facility. John had several undergraduate majors, finishing in Liberal Arts because, as he indicates, "I just could not decide what I wanted to do." He chose our program because he could get a good stipend, and had not yet decided what type of work he wanted to pursue as a career.

John's first internship was spent at a university counseling center serving many different disability groups. In this setting he maintained a case load of twelve, and though he spent a three-day work week at the agency, had difficulty managing the cases in order to provide them with minimum services. In addition, John had difficulty establishing long-term counseling relationships, and only provided a few tapes of counseling interviews that were useful in his counseling supervision. The agency and academic supervisors believe that John took little or no initiative in meeting with his clients, and scheduled them so that he could leave early on Fridays. In general, John was seen by his agency supervisor as manipulative and, at times, dishonest. He was resistant to suggestions about his behavior and appeared to avoid both his supervisor and clients.

The academic supervisor reported that John had a tendency to come late for supervision, and on occasion missed a session without an appropriate explanation. John brought only his best tapes to supervision. When asked for an explanation, he said that the agency did not want him to bring in the less acceptable ones. However, when the agency was confronted on the issue, they were indifferent about the tapes he could use for supervision. On several occasions, when working with a hospitalized client who was preparing to return to the community, John said he had worked with the client to prepare him for family and community rejection. It was later discovered that John had not raised the subject with the client. In supervision, John raises questions about the supervisor's personal activities in an apparent effort to subvert the goals of supervision. John's supervisor concluded his final evaluation with the following:

> John appears to be engrossed in his own problems, and therefore has difficulty helping others. He is late for appointments and his mind wanders during his interviews. I have tried to be objective with John, but at times I find myself disliking him and questioning the efficacy of his becoming a counselor.

John and several of his fellow students have been involved in sensitivity training, and though he was quite enthusiastic about it in the beginning, he lost interest rapidly. In discussing John with his trainer, it was discovered that unless John felt that his needs were being met he would withdraw, and at times display hostile behavior toward others in the group. This behavior has been observed in seminars also.

APPENDIX H

SUPERVISOR SELF-RATING SCALE

Supervisor Self-Rating Scale

Below you will find a list of questions concerning how you perceive yourself as a supervisor, and how you would rate your current supervisory skills. Please circle the number on the scale following each question which is most representative of how you would rate yourself. Assume that each scale is a continuum from one extreme (e.g. extremely low ability) to another (extremely high ability.)

1. In general, how comfortable do you feel assuming the role of an individual clinical supervisor for counselors and therapists?

1	2	3	4	5	6	7
Extremely Uncomfortable	Very	Moderately	Average	Moderately	Very	Extremely Comfortable

2. How would you rate your ability to assess the needs and concerns of your supervisee?

1	2	3	4	5	6	7
Extremely Low Ability	Very	Moderately	Average	Moderately	Very	Extremely High Ability

3. How would you rate your ability to evaluate your supervisee's work with clients?

1	2	3	4	5	6	7
Extremely Low Ability	Very	Moderately	Average	Moderately	Very	Extremely High Ability

4. How would you rate the variety of interventions you have as a supervisor?

1	2	3	4	5	6	7
Extremely Low Range	Very	Moderately	Average	Moderately	Very	Extremely High Range

5. How would you rate your ability to deal with issues that arise between you and your supervisee?

1	2	3	4	5	6	7
Extremely Low Ability	Very	Moderately	Average	Moderately	Very	Extremely High Ability

6. How would you rate your ability to deal with a very dependent supervisee?

1	2	3	4	5	6	7
Extremely Low Ability	Very	Moderately	Average	Moderately	Very	Extremely High Ability

7. How would you rate your ability to effectively deal with a counter-dependent, "rebellious" supervisee?

1	2	3	4	5	6	7
Extremely Low Ability	Very	Moderately	Average	Moderately	Very	Extremely High Ability

Loganbill/Hardy 1981

APPENDIX I

HOGAN SCALE

Hogan Scale

Please read each of the 39 statements, decide how you feel about it, and then mark your answer. If you agree with a statement, or feel that it is TRUE about you, answer TRUE. If you disagree with a statement, or feel that it is not true about you, answer FALSE.

1.	A person needs to "show off" a little now and then.	T	F
2.	I liked "Alice in Wonderland" by Lewis Carroll.	T	F
3.	I would like to be a journalist.	T	F
4.	Clever, sarcastic people make me feel very uncomfortable.	T	F
5.	I usually take an active part in the entertainment at parties.	T	F
6.	I feel sure that there is only one true religion.	T	F
7.	I am afraid of deep water.	T	F
8.	I must admit I often try to get my own way regardless of what others may want.	T	F
9.	I have at one time or another in my life tried my hand at writing poetry.	T	F
10.	Most of the arguments or quarrels I get into are over matters of principle.	T	F
11.	Sometimes I think of things too bad to talk about.	T	F
12.	I would like the job of a foreign correspondent for a newspaper.	T	F
13.	People today have forgotten how to feel properly ashamed of themselves.	T	F
14.	I prefer a shower to a bathtub.	T	F
15.	I like poetry.	T	F
16.	I always try to consider the other fellow's feelings before I do something.	T	F
17.	Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world."	T	F
18.	I like to be with a crowd who play jokes on one another.	T	F

19.	I am sometimes cross and grouchy without any good reason.	T	F
20.	My way of doing things is apt to be misunderstood by others.	T	F
21.	I usually don't like to talk much unless I am with people I know very well.	T	F
22.	I can remember "playing sick" to get out of something.	T	F
23.	I like to keep people guessing what I'm going to do next.	T	F
24.	Before I do something I try to consider how my friends will react to it.	T	F
25.	I like to talk before groups of people.	T	F
26.	I am a good mixer.	T	F
27.	When a man is with a woman he is usually thinking about things related to her sex.	T	F
28.	Only a fool would try to change our American way of life.	T	F
29.	My parents were always very strict and stern with me.	T	F
30.	Sometimes I rather enjoy going against the rules and doing things I'm not supposed to.	T	F
31.	I think I would like to belong to a singing club.	T	F
32.	I think I am usually a leader in my group.	T	F
33.	I like to have a place for everything and everything in its place.	T	F
34.	I don't like to work on a problem unless there is the possibility of coming out with a clear-cut and unambiguous answer.	T	F
35.	It bothers me when something unexpected interrupts my daily routine.	T	F
36.	I have natural talent for influencing people.	T	F
37.	I don't really care whether people like me or dislike me.	T	F
38.	The trouble with many people is that they don't take things seriously enough.	T	F
39.	It is hard for me just to sit still and relax.	T	F

APPENDIX J

SUPERVISOR PERSONAL REACTION QUESTIONNAIRE

Supervisor Personal Reaction Questionnaire

During a supervisory session, supervisors have many different reactions. These reactions are sometimes negative, sometimes positive, and sometimes mixed. We are interested in learning what some of your feelings are about the supervisee you have just worked with. There are five possible answers to each of the items in the following questionnaire.

1. *Not characteristic of my present feelings.*
2. *Slightly characteristic of my present feelings.*
3. *Moderately characteristic of my present feelings.*
4. *Quite characteristic of my present feelings.*
5. *Highly characteristic of my present feelings.*

Put a circle around the answer most representative of your present feelings. Be sure to put a circle around one answer for each item. Do not spend too much time on any one item. The numbers may appear in different order after each item, but they always signify the same anser.

1.	This supervisee seems to be a very warm person.	1 2 3 4 5
2.	I could find significant things to respond to in what this supervisee said.	5 4 3 2 1
3.	I do not like this supervisee as much as most supervisees.	1 2 3 4 5
4.	I think another supervisor could probably do a better job with this supervisee.	1 2 3 4 5
5.	At present, I do not want to work with this supervisee as much as most I've seen.	5 4 3 2 1
6.	My immediate reaction to this supervisee was not very favorable.	5 4 3 2 1
7.	I feel that I'd like this supervisee socially if I'd met him/her first in that capacity.	1 2 3 4 5
8.	This supervisee has certain qualities which make him/her difficult for me to work with.	1 2 3 4 5
9.	I was seldom in doubt about what this supervisee was trying to say.	1 2 3 4 5
10.	I have a more warm, friendly emotional reaction toward this supervisee than toward most supervisees.	5 4 3 2 1
11.	This supervisee has a refreshing outlook considering the future.	1 2 3 4 5
12.	I feel no real affection toward this supervisee.	5 4 3 2 1

1. Not characteristic of my present feelings.
2. Slightly characteristic of my present feelings.
3. Moderately characteristic of my present feelings.
4. Quite characteristic of my present feelings.
5. Highly characteristic of my present feelings.

13.	I was never at a loss as to how to respond to this supervisee.	5 4 3 2 1
14.	I can't help being annoyed to some extent by some of this supervisee's behavior.	1 2 3 4 5
15.	I would not be willing to work with this supervisee unless it was absolutely necessary.	1 2 3 4 5
16.	I found it difficult to feel real concern for this supervisee.	5 4 3 2 1
17.	I feel very empathic towards this supervisee.	1 2 3 4 5
18.	It is difficult for me to respect this supervisee.	1 2 3 4 5
19.	I do not feel this supervisee thinks supervision will be worthwhile.	5 4 3 2 1
20.	I feel I could develop a closer relationship with this supervisee than most I work with.	5 4 3 2 1
21.	I feel that I don't have a very complete understanding of this supervisee.	5 4 3 2 1
22.	I found a certain hostility on the part of the supervisee at the start of the session.	5 4 3 2 1
23.	I found it very easy to be accepting of this supervisee.	1 2 3 4 5
24.	It is difficult to become interested in meeting this supervisee.	1 2 3 4 5
25.	I would be willing to work with this supervisee even though my schedule was already pretty full.	5 4 3 2 1

This SPRQ was modified by L. Sundblad (1971) from the original Therapist's Personal Reaction Questionnaire (Ashby, Ford, Guerney, & Guerney, 1957). Used with permission.

APPENDIX K

SUPERVISOR RESPONSE QUESTIONNAIRE

Supervisor Response Questionnaire

You have been presented with a profile describing your supervisee. The next few pages contain actual statements made by your supervisee concerning problems he/she is having with his/her clients. Please read each one carefully. After each statement by your supervisee, you are to WRITE OUT exactly what you would say to him/her as his/her counseling or therapy supervisor. Please be as complete in your statement as possible, keeping in mind that you are the supervisor and are responsible for his/her growth as a counselor. Be sure to write out the response exactly as you would say it if he/she were with you in a supervisory relationship.

1. "Do you remember what we talked about last week?" (Pause.) "How supervision is . . . well, how I'm supposed to do most of the talking. Almost like counseling. Well . . . I'm not sure if I can talk to you about certain things that are bothering me. Like . . . well, like . . . ." (Pause.) "Oh, damn! I feel lousy."

What would you say?

2. "Remember that 17-year-old girl I told you was moving out of her mother's house. Well, she found an apartment, and is planning to move next week. Well, she asked me if I thought it would be all right. I don't really know what to tell her, but it seems to me that it would be bad for her right now."

What would you say?

3. "I'm sorry I'm late. I know this is the third time this semester, but I just couldn't get here before now." (Pause.) "I hope you're not angry."

What would you say?

4. Your supervisee enters the office and places his/her tape on the recorder. He/she then sits down and stares out the window and makes no attempt to initiate a conversation, or to turn on the recorder. Nothing occurs for about ten minutes, and he/she makes no effort to speak.

What would you say?

5. "This client has been bothering me. Each time I initiate a discussion of his terminating therapy, he says: 'Let's not talk about that. I'd rather talk to you about you and me. Are we friends?' Now what the hell am I supposed to do about that?"

What would you say?

6. "That SOB psychologist at my agency. Every time I try to help one of his clients think about the possibility of getting involved in one of our programs, he butts his nose in and tells me to find someone else to fill those 'Mickey Mouse' programs. We've got good programs, but I can't seem to convince him of that."

What would you say?

7. "You know, I've been thinking, and I'm not sure if you really think I will make a good counselor."

What would you say?

8. "I have a client that I have met with three times, and she doesn't seem to want to talk about herself, even though I know she is unhappy and doesn't see much use in living. Recently, I got the feeling that she sees my talking with her as part of a job rather than my wanting to help her. I know I want to help her, but I can't seem to make that clear to her."

What would you say?

9. "There is something wrong. I've been talking to the other students and they don't feel you criticize them as much as you do me. Mr. Jones, my group supervisor, thinks I'm doing well, but I believe you don't like me, or at least, think I'm . . . well, I don't know."

What would you say?

10. "This guy just sits there. I know he is in contact with reality, but he doesn't say anything." (Pause.) "I'm getting tired of asking him to share his feelings with me."

What would you say?

11. "This is the first time I've been this close to a real homosexual. Sometimes . . . well, sometimes he looks at me, you know, with that look . . . and I get the chills. The other day I even thought of leaving the door open. Wow! And some of the things he talks about. . . . I don't know."

What would you say?

12. "You know, there are times when I feel that the clients are not really mine." (Pause.) "Well . . . like I talk to you about them and then you sort of tell me what to do. I try it, and most of the time it doesn't work."

What would you say?

13. "Down at the clinic they keep asking me to go out on the floor and talk to my clients there." (Pause.) "They seem to feel that counseling should be done there because it is more real for the clients. I don't agree. I feel that counseling should be done in the office so that the client can be more comfortable to talk about anything the client wants to. The supervisor there says I can talk to clients in my office, but if a crisis occurs, I have to go see the client immediately on the floor. I don't want to. I'm thinking of refusing to do that. Do you think I'm right?"

What would you say?

14. "I've got this one client that . . . well, he just seems to be so out of it that I can't reach him. I've not been able to talk with him for more than ten minutes at a time, and then he just gets up and walks out of my office. No one in the clinic seems to know what to do with him."

What would you say?

15. "I'm scared. This guy whom I've been seeing for the last four weeks told me today that he was going to kill himself if his wife left him." (Pause.) "I really think he means it, but all I could say were stupid things like, 'That's not a good idea,' or 'Who would take care of your children.' Finally, I just let him talk about it to me, and I just sat there. I really think he is going to do it, and I couldn't help him." (Hangs his head and stares at the floor.)

What would you say?

APPENDIX L

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESS SCALE

Empathic Understanding in Interpersonal Process Scale

Scale 1: A Scale for Measurement

LEVEL 1

The verbal and behavioral expressions of the helper either do not attend to or detract significantly from the verbal and behavioral expressions of the helpee(s) in that they communicate significantly less of the helpee's feelings and experiences than the helpee has communicated himself.

EXAMPLE: The helper communicates no awareness of even the most obvious, expressed surface feelings of the helpee. The helper may be bored or disinterested or simply operating from a preconceived frame of reference which totally excludes that of the helpee(s).

In summary, the helper does everything but express that he is listening, understanding, or being sensitive to even the most obvious feelings of the helpee in such a way as to detract significantly from the communications of the helpee.

LEVEL 2

While the helper responds to the expressed feelings of the helpee(s), he does so in such a way that he subtracts noticeable affect from the communications of the helpee.

EXAMPLE: The helper may communicate some awareness of obvious, surface feelings of the helpee, but his communications drain off a level of the affect and distort the level of meaning. The helper may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the helpee.

In summary, the helper tends to respond to other than what the helpee is expressing or indicating.

LEVEL 3

The expressions of the helper in response to the expressions of the helpee(s) are essentially interchangeable with those of the helpee in that they express essentially the same affect and meaning.

EXAMPLE: The helper responds with accurate understanding of the surface feelings of the helpee but may not respond to or may misinterpret the deeper feelings.

In summary, the helper is responding so as to neither subtract from nor add to the expressions of the helpee. He does not respond accurately to how that person really feels beneath the surface feelings; but he indicates a willingness and openness to do so. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

LEVEL 4

The responses of the helper add noticeably to the expressions of the helpee(s) in such a way as to express feelings a level deeper than the helpee was able to express himself.

EXAMPLE: The helper communicates his understanding of the expressions of the helpee at a level deeper than they were expressed and thus enables the helpee to experience and/or express feelings he was unable to express previously.

In summary, the helper's responses add deeper feeling and meaning to the expressions of the helpee.

LEVEL 5

The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feelings levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments.

EXAMPLE: The helper responds with accuracy to all of the helpee's deeper as well as surface feelings. He is "tuned in" on the helpee's wave length. The helper and the helpee might proceed together to explore previously unexplored areas of human existence.

In summary, the helper is responding with a full awareness of who the other person is and with a comprehension and accurate empathic understanding of that individual's deepest feelings.

Empathic Understanding in Interpersonal Processes, II
A Scale for Measurement

Robert R. Carkhuff
Used with the author's permission