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UNIVERSITY OF CALIFORNIA

Santa Barbara

Developing the  
Personal Style of the Supervisor Scale: An Evaluation  
of Stylistic Profiles of Clinical Supervisors

A dissertation submitted in partial satisfaction  
of the requirement for the degree

Doctor of Philosophy  
in  
Counseling, Clinical and School Psychology

by

Mercedes Fernández Oromendia

Committee in charge:  
Professor Andrés J. Consoli, Chair  
Professor Matthew Quirk  
Dr. Heidi A. Zetzer, Lecturer

September 2018

The dissertation of Mercedes Fernández Oromendia is approved.

---

Matthew Quirk

---

Heidi A. Zetzer

---

Andrés J. Consoli, Committee Chair

December 2017

Developing the  
Personal Style of the Supervisor Scale: An Evaluation  
of Stylistic Profiles of Clinical Supervisors

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by

Mercedes Fernández Oromendia

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# CURRICULUM VITAE OF MERCEDES FERNÁNDEZ OROMENDIA

May 2018

## EDUCATION

- Anticipated Ph. D. in Counseling Psychology, June 2018  
*University of California, Santa Barbara*
- Certificate in College and University Teaching, June 2018  
*University of California, Santa Barbara*
- M.A. Counseling Psychology, May 2014  
*University of California, Santa Barbara*
- B.A. Psychology, May 2011  
*University of Minnesota, Twin Cities*
- 

## LANGUAGES SPOKEN

- Spanish (Native)  
English (Native)  
Portuguese (Advanced)
- 

## RESEARCH EXPERIENCE

- 2014-Present **Graduate Student Researcher**  
University of California, Santa Barbara, CA  
Santa Barbara, CA  
Faculty Advisor: Andrés Consoli, Ph.D.
- 2011-2014 **Graduate Student Researcher**  
University of California, Santa Barbara, CA  
Santa Barbara, CA  
Faculty Advisor: Collie Conoley, Ph.D.
- 2010-2011 **Research Assistant**  
Race, Ethnicity, Migration and Mental Health Lab, University of MN  
Minneapolis, MN  
Faculty Advisor: Richard Lee, Ph.D.
- 2009-2011 **Research Assistant**  
Language and Cognitive Development Laboratory, University of MN  
Minneapolis, MN  
Faculty Advisor: Maria Sera, Ph.D.
- 

## CLINICAL AND SUPERVISION EXPERIENCE

- August 2017- **Doctoral APA-Accredited Psychology Internship**  
August 2018 The Help Group, Community Mental Health Agency

Sherman Oaks, CA  
Supervisors: Priscilla Barajas, Ph.D. and Alisa Dennis, Ph.D.

June 2016-  
Sept. 2016 **International Clinical Practicum**  
Fundación Aiglé, Community Mental Health Agency  
Buenos Aires, Argentina  
Supervisor: Diana Kirszman, Ph.D.

Jan. 2016-  
April 2016 **Peer Supervision Coach, CNCSP 260B- Basic Practicum**  
Hosford Counseling and Psychological Services Clinic, UCSB  
Santa Barbara, CA  
Supervisor: Andrés Consoli, Ph.D.

Sept. 2014-  
June 2016 **Psychological Assistant**  
Child Abuse Listening and Mediation, Community Mental Health Agency  
Santa Barbara, CA  
Supervisors: Jessica Adams, Ph.D. and Denise Jaimes-Villanueva, Psy.D.

June. 2015-  
June 2016 **Clinic Supervisor and Clinic Coordinator**  
Hosford Counseling and Psychological Services Clinic, UCSB  
Santa Barbara, CA  
Supervisor: Toni Zander, Ph.D.

Sept. 2013-  
May 2016 **Assessment Center Clinician**  
Psychology Assessment Center, University of California, Santa Barbara  
Santa Barbara, CA  
Supervisors: Erik Lande, Ph.D. and Jordan Witt, Ph.D.

Sept. 2014-  
June 2015 **Psychological Extern**  
Harding University Partnership University Elementary School  
Santa Barbara, CA  
Supervisor: Collie Conoley, Ph.D.

Sept. 2013-  
Sept. 2014 **Clinical Therapist, Advanced Practicum**  
Hosford Counseling and Psychological Services Clinic, UCSB  
Santa Barbara, CA  
Supervisors: Collie Conoley, Ph.D. & Heidi Zetzer, Ph.D.

---

## **PUBLICATIONS**

Consoli, A. J., Bunge, E., **Fernández Oromendia, M.**, & Bertone, A. (accepted). Argentines in the U.S.: Migration and continuity. In P. Arredondo, *Latinx families in the U.S.: Transcending processes of acculturation, xenophobia, through self-determination*. New York, NY: Springer.

Consoli, A. J., **Fernández Oromendia, M.**, Olson, A., Bello, B., Navab Holden, A., & Santacrose, D. (accepted). The use of coaching and peers in the

- acquisition of foundational skills in psychotherapy. In G. Rich, *Teaching psychology around the world* (Vol. 4). Newcastle, England: Cambridge Scholars.
- Consoli, A. J., Fernández-Álvarez, H., & **Fernández Oromendia, M.** (in press). Personality psychology in Central and South America. In B. J. Carducci (Editor-in-Chief) & J. S. Mio & R. E. Riggio (Vol. Eds.), *The Wiley-Blackwell encyclopedia of personality and individual differences: Vol. IV. Clinical, applied, and cross-cultural research*. Hoboken, NJ: John Wiley & Sons.
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- Fernández Oromendia, M., & **Consoli, A. J.** (2017). Personal style of supervisors: What it is and how it may further reflexivity in supervisors. *Conference proceedings, XXXVI Interamerican Congress of Psychology, Vol. 3*, 356-362. Merida, Mexico: UNAM.
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- Consoli, A. J., Khoury, B., Whaling, K., **Fernández Oromendia, M.**, & Daouk, S. (2017). International, sociocultural, and cross-cultural matters in clinical and counseling psychology. In G. Rich, U. P. Gielen, & H. Takooshian (Eds.), *Internationalizing the teaching of psychology* (352-378). Charlotte, NC: Information Age Publishing.
- Fernández Oromendia, M.** (March 2016). Incorporating the film “Inside Out” to discuss emotions with children in therapy. *Counseling Today Online*.  
<https://ct.counseling.org/2016/03/using-inside-out-to-discuss-emotions-with-children-in-therapy/>
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- Conoley, C. W., Vasquez, E., Bello, B. C., **Fernández Oromendia, M.**, & Jeske, D. R. (2015). Celebrating the accomplishments of others: Mutual benefits of capitalization. *The Counseling Psychologist, 43*(5), 734-751.
- Conoley, C. W., Pontrelli, M. E., **Fernández Oromendia, M.**, Bello, B. C., & Nagata, C. M. (2015). Positive empathy: A therapeutic skill inspired by positive psychology. *Journal of Clinical Psychology, 71*(6), 575-583.



Bello, B. C., **Fernández Oromendia, M.**, Vazquez, E., Conoley, C. W., & Conoley, J. C. (2013). Well-being and electronic games: Perfect context for positive psychologists. *Society of Counseling Psychology Section on Positive Psychology of the American Psychology Association Newsletter, 10*, 1-2.

Sera, M. D., Cole, C. A., **Fernández Oromendia, M.**, & Koenig, M. A. (2013). Object familiarity facilitates foreign word learning in preschoolers. *Language Learning and Development, 10*(2), 129-148.

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#### MANUSCRIPTS IN PREPARATION

**Fernández Oromendia, M.**, & Consoli, A. J. (2018). *A unique dual relationship: Considerations when assigning faculty advisors as clinical supervisors*. Manuscript in preparation.

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#### RESEARCH PRESENTATIONS

Consoli, A., Khoury, B., Daouk, S., Whaling, K. & **Fernández Oromendia, M.** (accepted) (2018, August). Teaching and Training in Clinical and Counseling Psychology: Advancing International Perspectives. In Rich, G. (Chair), Internationalizing Psychology Teaching: Whether, Why, and How. Symposium to be presented at the annual convention of the American Psychological Association, San Francisco, California.

Kenny, A., Bullock, A., PhD, Lau Chin, J., DeHoff, L., Handford, C., Hart, V., Lehman, K., Reid Marks, L., Murakoshi, D., **Fernández Oromendia, M.**, Rubin, N., Shealy, C., Staton, R. & Sternberger, L. (2017, August). Division 52- International Psychology: Identifying Strategic Priorities. Poster presented at the annual convention of the American Psychological Association, Washington DC.

Consoli, A & **Fernández Oromendia, M.** (2017, July). La supervisión: dimensiones culturales en su prestación [Cultural dimensions in supervision], In Cobar Catalán (Chair), *Lo Que No Se Dice en Supervisión*. Paper presented at the Interamerican Congress of Psychology, Mérida, Mexico.

**Fernández Oromendia, M.** & Consoli, A (2017, July). El estilo personal del supervisor: que es y como puede promover reflexividad en lxs supervisorxs. [The personal style of the supervisor: what it is and how it can promote supervisors' reflexivity]. Paper presented at the Interamerican Congress of Psychology, Mérida, Mexico

**Fernández Oromendia, M.** (2016, October). Linguistic and cultural considerations when utilizing mindfulness with Latina clients. In Caridad Rabelo, V. (Chair), *Mindfulness and Social Justice: Best Practices for Research and Practice with the Latina/o Community*. Symposium presented at the biennial conference of the National Latina/o Psychological Association, Orlando, Florida.

**Fernández Oromendia, M & Consoli, A. J.** (2016, October). *Thriving Between Two Worlds? A Qualitative study of Mexican-American college students' experiences in college.* Paper presented at the biennial conference of the National Latina/o Psychological Association, Orlando, Florida.

**Fernández Oromendia, M & Consoli, A. J.,** (2016, October). *Biculturalism: Personal and Professional.* Roundtable presented at the biennial conference of the National Latina/o Psychological Association, Orlando, Florida.

Consoli, A & **Fernández Oromendia, M.** (2016, June). El uso del "coaching" en el desarrollo de las habilidades clínicas fundamentales. [The use of coaching in the development of fundamental. clinical skills]. In H. Fernández Álvarez (Chair), *International Symposium on Supervision.* Paper presented at the Interamerican Regional Congress of Psychology, Rosario, Argentina.

Bello, B., **Fernández Oromendia, M.,** & Conoley, C. (2015, August). Family strengths center and academic success: positive psychology informed intervention. In M. Scheel (Chair), *Prevention through Positive Psychology across Cultures and Educational Settings.* Symposium presented at the annual convention of the American Psychological Association, Toronto, Canada.

**Oromendia, M & Conoley, C. W** (2014, May). Self-Affirmation Effective at Decreasing Defensive Processing: Could Positive Moods Be Enough? Poster presented at the annual convention of the American Psychological Society, San Francisco, California.

Sera, M., Koenig, M., Cole, C., & **Oromendia, M.** (2011, March). Learning Words in a Second Language by preschoolers. Poster presented at the annual convention of the Society for Research in Child Development, Montreal Quebec, Canada.

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## **INVITED PRESENTATIONS AND LECTURES**

March 2016 *Transitando la Adolescencia* (Navigating Adolescence)  
Aurora Charter Spanish Immersion School,  
Minneapolis, MN

Oct. 2016 *How to Integrate Assessments with Psychotherapy*  
Hosford Counseling and Psychological Services Clinic,  
UCSB, Santa Barbara, CA

Feb. 2015 *The Role of Values in Career Choice*  
Introduction to Education and Vocational Guidance,  
UCSB, Santa Barbara, CA

May 2014 *A Case Study: Considering Cultural Factors in a Schizophrenia Diagnosis*  
Psychology Assessment Center,  
UCSB, Santa Barbara, CA

---

**TEACHING EXPERIENCE**

University of California, Santa Barbara, CA

*Designer and Instructor*

Spanish Skills for Culturally Minded Academics Fall 2013 &amp; Winter 2014

*Teaching Associate*

Positive Psychology Across the Lifespan Summer 2015

*Graduate Teaching Assistant for Doctoral Courses*

Neuropsychology and Pharmacology Fall 2014

*Graduate Teaching Assistant for Undergraduate Courses*

Introduction to Chicano/a Studies: Culture Spring 2013, 2015, 2017

Introduction to Education and Vocational Guidance Winter 2015

Introduction to Chicano/a Studies: Gender Fall 2013

---

**HONORS & AWARDS**

University of California, Santa Barbara

Hosford Research Fellowship 2017

CCSP Research Fellowship Grant 2017

Susan A. Neufeldt Award for Excellence in Clinical Supervision 2016

Doctoral Student Travel Grant 2016

Ray E. Hosford Award for Excellence in Professional Behavior 2014

UCMEXUS Student and Postdoctoral Research Small Grant 2014

Dean's Ambassador Circle Scholars Fellowship 2012, 2013

National Latina/o Psychological Association

Stephen C. Rose Scholarship 2016

American Psychological Association

Minority Fellowship Program- honorable mention 2016

Minority Fellowship Program- 1<sup>st</sup> alternate 2015

American Psychological Society

APS Student Poster Competition, distinguished contribution 2014

Foundations

Phillip and Aida Siff Educational Fellowship 2015

Harding University Partnership Elementary School Family Strengths Grant 2014

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## ABSTRACT

### Developing the Personal Style of the Supervisor Scale: An Evaluation of Stylistic Profiles of Clinical Supervisors

by

Mercedes Fernández Oromendia

Supervision is an essential component in the development of scientist-practitioner psychologists, and currently one of the primary ways that aspiring professional psychologists develop practical skills and receive training in their field. Although research has demonstrated that supervisors utilize diverse approaches, the literature has not yet identified different supervisor personal styles and the effects that these may have on supervision. This study contributes to the understanding of the personal styles of supervisors by adapting the psychotherapy construct known as the personal style of the therapist (PST) to the assessment of the personal style of the supervisor (PSS). The study focused on developing the scale, evaluating its psychometric properties, and identifying broad similarities and differences in supervisory styles. The result is a 34 item self-report scale that evaluates eight distinct dimensions of a supervisor's personal style. The psychometrics of the measure were evaluated, as well as general tendencies in supervisors' PSS and differences based on demographic characteristics. Findings indicate that supervisors sampled tended to: work within a flexible framework; bring themselves into supervision, either by self-disclosing or revealing their emotional states; think about supervisees in their personal time; be slightly more facilitative than didactic; have a slightly more active approach to managing conflict;

and view multicultural issues as central to supervision. PSS differences were found based on supervisor's gender, ethnicity, licensure level, supervision model, psychotherapy model, and hours of supervision provided a week. A discussion of the implications of the findings and possible training uses of the PSS-Q as well as the limitations of the study is included.

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## **Chapter One: Introduction and Review of Pertinent Literature**

Supervision is a crucial component in the development of scientist-practitioner psychologists (Britt & Gleaves, 2011; Falender & Shafranske, 2004; Watkins, 2017). It is one of the primary ways that beginning psychologists develop practical skills and receive training in their profession. Clinical supervision provides a training opportunity that sole academic coursework cannot. Coursework focus on imparting knowledge of psychotherapy interventions, diagnoses, treatment planning, and ethical standards while clinical supervision allows students to apply that knowledge in context. By applying these skills in a real-life setting students develop their clinical judgment, advance their psychotherapy skills, increase their self-awareness, learn how to resolve legal, ethical, cultural, and personal challenges as well as begin to familiarize themselves with the professional culture (Bambling & King, 2014; Bernard & Goodyear, 2014; Falender & Shafranske, 2007; Hutt, Scott, & King, 1983; Ladany, Hill, Corbett, & Nutt, 1996; Wilson et al., 2016).

Supervision is often described as a collaborative interpersonal process (e.g., Bernard & Goodyear, 2014; Falender & Shafranske, 2004) between the supervisor and one or more supervisees. The crucial role of supervision in clinician development is reflected in the numerous state licensing laws and professional accreditation boards that require students and in some cases early career professionals, to receive ongoing supervision throughout their training (Bernard & Goodyear, 2014). Although authors differ on the definition of supervision, its purpose can be described as twofold. First, it seeks to protect the wellbeing of clients by providing oversight in the activities of trainees to ensure that these are conducted with integrity and increasing competency. Second, it fosters the growth and development of

novice therapists' skills and knowledge in providing mental health services (Falender & Shafranske, 2004; Wilson et al., 2016).

While there are multiple definitions of clinical supervision in the scientific and professional literature, for the purpose of this dissertation, Bernard and Goodyear' (2014) definition will be utilized as there is wide consensus supporting it, and the American Psychological Association has officially adopted it:

An intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession (p. 9).

The definition describes in detail most of the current supervisory relationships. However, Fernández-Álvarez (2016) has questioned the specificity of the hierarchical nature of the relationship, as it fails to include peer supervision. Fernández-Álvarez (2016) further postulates that the definition does not mention the possibility of supervision enhancing the supervisor's clinical work and professional functioning. Despite these shortcomings, Bernard and Goodyear' (2014) supervision definition remains suitable for this dissertation project as it is the most widely accepted definition at the moment and it is specific to clinical work.

## **Rationale for the Study**

Research on clinical supervision is relatively recent, as the first empirical studies occurred in the 1950s and it is only in the past 35 years that such research gained momentum (Milne et al., 2012; Watkins, 2011; Watkins, 2017). Although the triadic nature of supervision (i.e., client, therapist-supervisee, supervisor) has made it difficult to ascertain its effects on client outcome (Inman et al., 2014; Ladany, Mori & Mehr, 2013), the benefits of supervision on supervisee development are well-documented (Beutler & Kendall, 1995; Goodyear & Guzzardo, 2000; Holloway & Neufeldt, 1995; Inman & Ladany, 2008; Ooijen & Spencer, 2017; Wilson et al., 2016). With positive supervision experiences, supervisees increase their sense of professional competence and confidence in their clinical abilities in addition to gaining clinical experience and learning technical skills (Inman et al., 2014; Wilson et al., 2016). Supervision can increase supervisees self-awareness, and their incorporation and application of novel treatments, interventions and skills. Moreover, it can enhance the supervisee-client relationship (Beutler & Kendall, 1995; Goodyear & Guzzardo, 2000; Hill & Knox, 2013; Inman & Ladany, 2008; Wheeler & Richards, 2007).

A particularly important area in supervision that is not yet fully understood concerns the supervisor variables that influence the supervisor-supervisee relationship. Empirical and clinical evidence indicate that supervisors work with supervisees employing diverse approaches and enlisting different models (Bernard & Goodyear, 2014; Friedlander & Ward, 1984; Ladany et al., 2001), but the literature has not yet identified different supervisor personal styles and the effects that these may have on supervision. In fact, scholars have specifically highlighted the need to explore the impact that individual and interpersonal factors may have on the supervisory alliance (Riggs & Bretz, 2006).

Supervision scholars in professional psychology have frequently borrowed or adapted constructs from the counseling and psychotherapy literature to expand the shared understanding of supervision (Milne, 2006). For example, the well-established Working Alliance Inventory (Horvath & Greenberg, 1986) has been adapted to capture the supervisor-supervisee working alliance (Baker, 1990).

Following that approach, this dissertation assesses if the psychotherapy construct known as the personal style of the therapist (Fernández-Álvarez & García, 1998; Fernández-Álvarez, García, Lo Bianco, & Corbella Santomá) can be modified to capture the supervisor personal style. Developing a construct and subsequent measure that allows supervisors to reflect on their style in supervision can add an important tool to help understand the complex dynamics that occur in supervision between supervisor and supervisee which in turn may impact the work with clients (Watkins, 2014).

### **Importance of the Topic**

Positive supervision experiences have been associated with important gains in personal and professional development for supervisees (Beutler & Kendall, 1995; Goodyear & Guzzardo, 2000; Holloway & Neufeldt, 1995; Inman & Ladany, 2008; Wheeler & Richards, 2007; Wilson et al., 2016). Riggs and Bretz (2006) as well as Ramos-Sánchez and colleagues (Ramos-Sánchez et al., 2002) emphasize the critical impact supervision has on supervisees and hypothesize that because many of the supervision experiences occur when supervisees are developing their professional identities and competencies, experiences in supervision can have a lasting effect on their professional lives. However, not all supervision experiences are positive.

There are instances where supervision has been problematic, unethical, harmful, and counterproductive for supervisees and clients (Beddoe, 2017; Ellis, 2017; Gray, Ladany, Walker, & Ancis, 2001; Ladany, 2014; Ladany et al., 2013; Nelson & Friedlander, 2001). Research results on the frequency of problematic or harmful clinical supervision has varied. Some studies indicate that 33% to 50% of supervisee participants had experience harmful supervision at some point in their training and that between 7% and 10% of supervisees may eventually leave the field due to problematic supervision (e.g., Gray et al., 2001; Ladany et al., 1999; Ladany, Mori, & Mehr, 2013; Nelson & Friedlander, 2001). More recently, out of 363 supervisees in the United States that read detailed definitions of minimally adequate and inadequate supervision, almost one in four identified as currently receiving inadequate supervision (Ellis et al., 2014).

The relationship between supervisors and supervisees is complex and dynamic (Bernard & Goodyear, 2014; Goodyear et al., 2016; Inman et al., 2014). Moskowitz and Rupert (1983) state that, “supervision is more than simply a didactic experience in which the supervisor teaches the trainee. It is a complex interpersonal interaction subject to the vicissitudes of all human relationships” (p. 632). Moskowitz and Rupert (1983) found that over a third of students in their sample reported a major conflict with their supervisor, which negatively affected their learning experience, and of those conflicts, 30% were attributed to the style of supervision. Given the variations and difficulties that can arise in human relationships, Berger and Buchholz (1993) stressed the importance of helping supervisees understand the range in supervisor’s style and be prepared for the possibility that they may experience discomfort or a mismatch between their supervisor’s style and the style they prefer.

Research findings underscore the importance of understanding the myriad of personal, interpersonal, and contextual variables that influence the interaction in order to promote the best supervision experiences. In a national survey of doctoral-level psychology interns, participants reported that negative events in supervision had an adverse effect on their training and relationship with their clients (Ramos-Sánchez et al., 2002). Further qualitative analyses of the same study revealed that the majority of the reported negative experiences involved interpersonal stylistic differences between the supervisor and the supervisee. Such findings highlight the importance of understanding stylistic differences among supervisors.

### **Purpose of the Study**

The purpose of this dissertation is to develop a valid, reliable, and relevant self-report scale of the Personal Style of the Supervisor (PSS) to use with clinical supervisors. This project examines the scale's inter-item correlations, reliability, and factor structure. In addition, it begins to examine tendencies in supervisors' styles in the United States and potential similarities and differences among supervisors.

The project adds to the supervision and counseling literature in several ways. First, it addresses a gap in the literature on supervisor stylistic differences beyond theoretical orientation by exploring supervisor's personal and interpersonal characteristics and the role such characteristics may play in a supervisory setting. It explores beyond the 3 different styles proposed by Friedlander and Ward (1984) (i.e., attractive, interpersonally sensitive, and task oriented), to capture other factors that are at play in supervision such as conflict management, evaluation and assessment, multicultural considerations, and training. Second, the information supervisors obtain from this scale can contribute to their own work by

providing feedback on their style in order to foster self-awareness. The measure can be a useful tool to help supervisors-in-training identify their current style as well as areas they would like to modify. Third, the scale makes explicit the possible implicit similarities and differences that may exist between supervisors. Fourth, the instrument may detect a supervisor style common across supervisors, suggesting a typical way supervisors approach clinical supervision and a shared supervisory profile.

### **Construct Definition of Personal Style of the Supervisor**

The first step in constructing a scale is a clear definition and operationalization of the construct (Pett et al., 2003). To define the personal style of the supervisor, this dissertation project draws from the definition of the personal style of the therapist (PST) put forth by Fernández-Álvarez and colleagues (Fernández-Álvarez & García, 1998; Fernández-Álvarez, García & Scherb, 1998) and from Friedlander and Ward's (1984) definition of supervisory style. Thus, the Personal Style of the Supervisor (PSS) is defined as: The set of characteristics that each supervisor applies in a supervisory situation, encompassing how supervisors interact with supervisees and carry out supervision. PSS influences not only what occurs in supervision but also how it is done. Following the characteristics outlined for the Personal Style of the Therapist (Fernández-Álvarez et al., 2003), the Personal Style of the Supervisor:

1. Is the way each supervisor conducts his or her supervisory duties, which varies by individual.
2. Is relatively stable over time but can be modified by additional training, changes in work context and significant changes in the supervisor's worldview.
3. Can be evaluated by using a self-descriptive questionnaire.

## **Research Questions and Hypotheses**

The scale development aspect of this dissertation project examines the factor structure, internal consistency, convergent validity of the Personal Style of the Supervisor Questionnaire (PSS-Q) and the relationship between the supervisor personal style and the Personal Style of Therapists. To do so, the following questions were addressed:

**Question 1.** Do PSS-Q items represent distinct dimensions of the Personal Style of the Supervisor among supervisors?

**Hypothesis 1.** The PSS-Q will capture distinct dimensions of the Personal Style of the Supervisor among supervisors.

**Question 2.** What is the internal consistency of the PSS-Q?

**Hypothesis 2.** The PSS-Q will have a good internal consistency as measured by Cronbach's alpha.

**Question 3.** Does the PSS-Q have convergent validity with the Supervisory Style Inventory (SSI)?

**Hypothesis 3.** The PSS-Q and SSI will be moderately correlated.

**Question 4.** Is there a correlation between the style a person has as a supervisor (PSS-Q) with the style they endorse as a therapist (PST-Q)?

**Hypothesis 4.** The PST-Q will moderately correlate with the PSS-Q, suggesting somewhat stable personal style across roles.

**Question 5.** Is the PSS-Q stable over time?

**Hypothesis 5.** A strong correlation will be detected between the PSS-Q completed by the same participant with a one-month delay.



The survey aspect of this dissertation project examines the communalities exhibited by supervisors through their strong endorsement (completely or mostly agree; completely or mostly disagree) of certain items in Personal Style of the Supervisor Questionnaire (PSS-Q). To do so, the following questions were addressed:

**Question 6.** Are there patterns in how the majority of clinical supervisors provide supervision?

**Hypothesis 6.** The majority of supervisors will tend to provide supervision in a similar way as evident by large agreement in many items.

**Question 7.** Are there patterns of personal styles that supervisors endorse based on ethnicity, race, gender, experience, supervision model, or experience providing supervision?

**Hypothesis 7.** There will be some variability in the personal style of supervisors based on demographic characteristics.

## **Chapter Two: Literature Review**

This chapter provides an overview of pertinent constructs and dimensions for this dissertation project. First, it offers a broad explanation of supervision, its purpose, and its evolution through time. Then, it narrows in on the central role of that supervisory relationships have within supervision, and the conflicts that may arise when there is incompatibility between the supervisor's and supervisee's styles. Next, existing measures of supervisory styles are reviewed, followed by a discussion of how the psychotherapy construct of the personal style of the therapist may help understand the personal styles of supervisors. Finally, it discusses important aspects of supervision not covered by the personal style of the therapist.

### **Definition of Supervision**

As noted in Chapter 1, this dissertation utilizes the supervision definition put forth by Bernard and Goodyear (2014). Supervision is considered a hierarchical relationship between a more senior practitioner and a less experienced colleague that extends over time and has the following objectives: enhancing the professional development of the junior practitioner, monitoring the quality of services rendered, and serving as a gatekeeper to the profession (Bernard & Goodyear, 2014).

The supervisory relationship is one unlike others. The supervisor is at times a teacher, a counselor, or a consultant depending on the needs of the clients and supervisees as well as the supervisory context (Bernard & Goodyear, 2014; Friedlander & Ward, 1984). Although there are similarities between the role of clinical supervisors and teachers, counselors, and consultants, differences between them must be considered (Bernard & Goodyear, 2014). First, unlike teachers, supervisors are driven by the need of clients and supervisees, not by a

set curriculum. Second, unlike consultants, supervision is hierarchical, extends over time, may be required, and may have an evaluation component. Third, it is critical to highlight the differences between supervisors and therapists or counselors, as the distinction between these two roles can be unclear at times. Supervisors are to address supervisees' personal issues only when such issues impact the effectiveness of supervisees' work with clients.

Furthermore, the supervisor-supervisee relationship may be evaluative and often supervisees cannot freely switch supervisors as clients may switch therapists (Bernard & Goodyear, 2014). Supervision may be different depending on several factors, primarily the supervisor's style, clinician's experience, and client's need.

### **Brief History of Supervision**

Clinical supervision has been a part of the mental health field for over a century (Goodyear & Bernard, 1998). Its beginnings have been traced by Harkness and Poertner (1989) to the nineteenth century when a charity organization hired social workers to supervise the treatment of the poor by volunteers. Clinical scholars in the Western world have considered Sigmund Freud as the first clinical supervisor who started in such role in 1902 (Bernard & Goodyear, 2014; Frawley-O'Dea & Sarnat, 2001). Since then supervision has been an important component of psychoanalysis and psychotherapy. As early as 1922, the International Psychoanalytic Society required students to see several patients under supervision before seeing patients on their own (Bernard & Goodyear, 2014).

Over time new supervision models have been developed, and existing ones refined. Bernard and Goodyear (2014) delineate three major categories of supervision models: models grounded in psychotherapy theory, developmental models, and process models. They suggest that supervisors entertain all three categories in their work as it is important to

consider psychotherapy theory, supervisee's development, and supervision processes in every supervisory encounter.

The field of supervision followed a similar course as the development of psychotherapy theories. First, scholars focused on developing distinct models and approaches to supervision, which aligned with a theoretical approach to psychotherapy. These are often referred to as first-generation models of supervision, often models named after their psychotherapy counterparts- such as rational emotive supervision or client-centered supervision (Bernard & Goodyear, 2014; Goodyear, Bradley & Bartlett, 1983).

Psychotherapy-focused supervision models emphasize learning and applying a specific form of psychotherapy (Watkins, 2017). Most supervision models that have been proposed in recent years combine aspects of already existing models or are models designed for specific diagnoses or with specific developmental goals in mind (Bernard & Goodyear, 2014). The models that combine aspects of existing models or seek to find similarities across models are referred to as second-generation models of supervision, and tend to be more integrative and evidence based (Bernard & Goodyear, 2014). Within the second-generation models, there are the combined, target issues, and common-factors models. Combined models vary in complexity and attempt to provide a model that is applicable to most supervision settings (Aten, Strain, & Gillespie, 2008; Pearson, 2006). Target issue models focus on developing a specific issue in supervision such as supervisee multicultural competence (Ober, Granello, & Henfield, 2009) or supervisor-supervisee attachment (Fitch, Pistole, & Gunn, 2010). Lastly, common-factors supervision models extend Wampold's suggestion that common-factors across psychotherapy approaches account for much of psychotherapy effectiveness (Laska, Gurman, & Wampold, 2014; Wampold & Imel 2015) into supervision and seek to identify

important factors across supervision models (Lampropoulos, 2003; Morgan & Sprenkle, 2007; Watkins, 2017).

Third-generation models are models that emphasize stages of development in the process of supervision, as well as in the development of the supervisor and supervisee. These models highlight the benefits of the supervisory relationship in the development and wellbeing of both the supervisor and supervisee, in the supervisee's professional identity development, and in supervisees' learning and growth. In addition, third-generation models tend to imbed cultural competency and humility, as well as social justice concerns in the learning process.

### **Importance of Supervision**

Substantial qualitative and quantitative evidence supports the benefits of supervision for supervisees (e.g., Bernard & Goodyear, 2014; Falender, Shafranske, & Falicov, 2014; Inman & Ladany, 2008; Ladany & Inman, 2011; Wheeler & Richards, 2007; Wilson, Davies, & Weatherhead, 2016). Although scholars have called for more research on the effect of supervision on clients, the triadic nature of the relationship (again, client, therapist-supervisee, supervisor) poses methodological difficulties that have made clinical outcome effects difficult to capture (Hill & Knox, 2013; Watkins, 2011; Watkins, Budge, & Callahan, 2015). However, efforts in the last decade have produced mixed results on the effects of supervision on clients. Some studies suggest that clients may benefit from having therapists participate in clinical supervision (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Callahan, Almstrom, Swift, Borja, & Heath, 2009; Rieck, Callahan, & Watkins, 2015; Wrape, Callahan, Ruggero, & Watkins, 2015), but others have not found this to be the case (Rousmaniere, Swift, Babins-Wagner, Whipple, & Berzins, 2015; White & Winstanley,

2010). These studies provided mixed results, but tentatively support a link between supervision and client outcome (Watkins et al., 2015).

Nevertheless, there is strong evidence for the positive effect supervision has on clinician variables that are believed to be related to client outcome (Goodyear & Guzzardo, 2000; Watkins, 2017). For example, supervision was negatively correlated with emotional exhaustion and turnover intention (Knudsen, Ducharme, & Roman, 2008), and positively correlated with job satisfaction (Lambert & Ogles, 1997), suggesting that supervision may protect clinicians from burnout. In addition, supervision has been associated with the acquisition and use of new therapeutic skills, increased treatment knowledge, and enhanced self-awareness (Beutler & Kendall, 1995; Goodyear & Guzzardo, 2000; Holloway, 2012; Holloway & Neufeldt, 1995; Inman & Ladany, 2008; Ladany & Inman, 2011; Wheeler & Richards, 2007). Thus, it appears that supervision may facilitate supervisees' development and their testing of new therapeutic skills. Moreover, supervision provides an opportunity for supervisees to reflect on the use of their new skills and on their role in the therapeutic relationship and feel supported in treating clients. In fact, many postgraduate credentialed practitioners who are not required to participate in supervision continue to do so, suggesting the personal and professional benefits of supervision (Bernard & Goodyear, 2014; Borders & Usher, 1992).

### **Supervisory Relationship**

A strong supervisory relationship is characterized as central across supervision models, and by supervision researchers and supervisors alike. The crucial impact of the supervisor-supervisee alliance on the quality of supervision is supported by over 50 studies over the last half century (Inman et al., 2014; Watkins, 2014). Ellis (2010) succinctly

summarized the literature on the supervisor-supervisee relationship by stating “good supervision is about the relationship” (p. 106). Thus, a strained supervisory relationship can not only impair learning and growth, but may also have negative effects on the supervisee (Bernard & Goodyear, 2014; Nelson et al., 2008).

Bernard and Goodyear (2014) suggest that the supervisory relationship can be examined in three levels: a) supervision as a triadic system (supervisor-supervisee-client), b) the supervisory dyad (supervisor-supervisee), and c) individual contributions to the relationship (from supervisor, supervisee, or client). The working alliance construct from psychotherapy has been applied to supervision to frame the supervisory dyad and the individual characteristics that may influence it. Supervision scholars borrowed Bordin’s (1983) conceptualization of working alliance as a pantheoretical construct comprising agreement on goals, tasks and the relationship between the dyad (Baker, 1990; Beinar, 2014; Ladany, Ellis, & Friedlander, 1999; Renfro-Michel, 2006). Nelson and colleagues (Nelson, Gray, Friedlander, Ladany, & Walker, 2001) propose that, “a key task in early supervision is building a strong working alliance... that can serve as a base from which future dilemmas in supervision can be managed. Ongoing maintenance of the alliance should be the supervisor’s responsibility throughout the course of the relationship” (p. 408).

Research has focused on understanding supervisory working alliances not as an end goal to supervision, but as a crucial mechanism that facilitates positive change and outcomes (Bernard & Goodyear, 2014, Watkins, 2017). A strong supervisory working alliance has been found to influence supervisee satisfaction with supervision (Cheon, Blumer, Shih, Murphy, & Sato, 2009; Ladany, Ellis, et al., 1999; Son et al., 2007), perceived self-efficacy (Fernando & Hulse-Killacky, 2005; Gibson, Grey, & Hastings, 2009), and supervisees’ stress levels and

coping resources (Gnilka, Chang, & Dew, 2012). Although many supervisees report positive working alliances with their supervisors, some supervisees and supervisors have reported weak supervisory working alliances (Bernard & Goodyear, 2014). When the supervisory working alliance is weak, supervisees tend to be less willing to disclose information to their supervisor (Inman et al., 2014; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010), acknowledge greater role conflict and ambiguity (Ladany & Friedlander, 1995), perceive supervision as more negative (Ramos-Sánchez et al., 2002) and experience greater anxiety (Mehr, Ladany, & Caskie, 2010).

In some cases, incompatibility between the supervisor's and supervisee's styles can lead to conflict in the alliance. Supervisor style influences how they run supervision and interact with supervisees and given the range in styles, it is likely that a particular style may better fit one supervisee but not another. Moskowitz and Rupert's (1983) study of 158 graduate students in clinical psychology highlights the difficulties that may arise with major stylistic differences. In this study, supervisors' style included directedness, willingness to provide feedback and encouragement, and their priorities in supervision. When supervisees were asked about their relationship with their supervisor, 38% of respondents reported a major conflict with a supervisor making it difficult to learn and 30% reported that the conflict was based primarily on the supervisor's style of supervision. Some examples of the description of these conflicts are: "Supervisor was extremely client-centered, as well as non-directive with me," "I needed more direction at that time and more direct reassurance as to my beginning competence," and "Supervisor is too directive, talks too much, doesn't listen to my point of view and what I have to say, very dogmatic" (Moskowitz & Rupert, 1983, p.



636). These findings highlight the importance of studying supervisor's style to understand if there are optimal styles or supervisee-supervisor pairings based on styles.

In summary, a strong supervisory relationship is central to providing a good training environment for supervisee development. However, the supervisor-supervisee relationship is vulnerable to tension and conflict that could result in strain and rupture stemming from the supervisor's style in supervision. It is important to further understand the individual factors that contribute to this relationship, such as the Personal Style of the Supervisor and of the supervisee, and how to best manage different supervisory styles to foster the best possible supervision environment.

### **Existing Measures of Supervisory Style**

The only current measure in the psychotherapy field that addresses supervisor's style is Friedlander and Ward's Supervisory Styles Inventory (SSI; 1984). The authors define supervisory style as "the supervisor's distinctive manner of approaching and responding to trainees and of implementing supervision" (Friedlander & Ward, 1984, p. 541). To develop the Supervisory Styles Inventory, Friedlander and Ward interviewed 20 counseling supervisors. After a content analysis, three subscales were singled out: attractive, interpersonally sensitive and task-oriented. The three subscales correspond to Bernard's (1979) Discrimination Model of Supervision that identifies three supervisory roles: consultant, counselor, and teacher.

The Supervisory Styles Inventory has two versions, one completed by the supervisor and the other one by the supervisee. The first asks supervisors to rate themselves on how each of 33 adjectives describes their style of supervision by using a Likert scale ranging from 1 (not very) to 7 (very) (see Appendix C). The measure's three subscales correspond to the

three proposed styles, attractive (seven items; e.g., friendly, trusting, supportive), interpersonally sensitive (eight items; e.g., intuitive, invested, reflective), and task oriented (10 items; structured, goal oriented, evaluative). The measure completed by supervisees asks them to answer how well the same 33 adjectives describe their current or most recent supervisor.

One study found that the interpersonally sensitive (consultant) and attractive (counselor) styles predicted aspects of the supervisory working alliance (Chen & Bernstein, 2000). However, Ladany and colleagues found that only interpersonal style was predictive of a strong working alliance (Ladany et al., 2001). In addition, Fernando and Hulse-Killacky (2005) found that interpersonally sensitive style was the only style associated with supervisee satisfaction. Thus, it appears that a more involved, warm, and collaborative supervisory style helps strengthen the supervisory working alliance.

Although the Supervisory Styles Inventory (SSI) has contributed to the field of supervision by capturing different styles that supervisors have in supervision, the measure has several limitations (Herbert, Ward & Hemlick, 1995). First, the measure does not capture other important dimensions of style, such as conflict resolution, multicultural aspects, and boundaries between work and life. Second, the factors of the SSI are frequently highly correlated, questioning the existence of three distinct dimensions of supervisory style (Herbert & Ward, 1989; Ladany et al., 2001). Another limitation is that the Supervisory Styles Inventory has not distinguished between supervisor's styles and theoretical orientation as expected by the developers (Herbert & Ward, 1989). Finally, a multiple case design study found discrepancies between reported supervisory style and observed behavior (Borders,

1991). For example, both supervisors and supervisees described a supervisor's style as collegial and relationship-oriented when it was observed to be more directive and didactic.

In summary, the Supervisory Styles Inventory (SSI) contributed to the literature on supervision by defining Supervisory Style, developing a corresponding measure and evaluating its psychometric properties. However, the factor structure of the measure is unclear and the measure does not evaluate critical dimensions of supervisory personal style, such as what the supervisor chooses to attend to in session and supervisor engagement.

### **Personal Style of the Therapist**

The psychotherapy construct of the personal style of the therapist may be useful in understanding the personal styles of supervisors. Fernández-Álvarez and colleagues (Fernández-Álvarez et al., 2003) proposed a transtheoretical construct to address important dimensions of the personal style of the therapist, which this dissertation seeks to adapt to the personal style of supervisors. The personal style of the therapist (PST) is defined as the personal characteristics that each therapist displays in every psychotherapeutic situation (Fernández-Álvarez et al., 2003). PST is thought to capture the stylistic differences between therapists that extend beyond theoretical orientation (García & Fernández-Álvarez, 2007). For example, it assesses a therapist's flexibility in session, emotional expressiveness, engagement, spontaneity and where attention is focused during session (Fernández-Álvarez et al., 2003).

The personal style of the therapist (PST) has been shown to be stable over time, but can have minor changes as the result of new training, changes in the work context, and other circumstances affecting the therapist's personal life (Fernández-Álvarez et al., 2003). The

PST has five dimensions captured by five distinct factors in the PST questionnaire (PST-Q): instructional, expressive, involved, focused, and operative.

**Instructional.** The instructional dimension includes the various behaviors taken by the therapist to establish and regulate the therapy setting. This includes tasks completed during sessions as well as pre-established norms and rules. The dimension ranges from flexibility to rigidity. Sample items include, “I try to get patients to adapt to the way in which I prefer to work” and, “I tend to demand strict adherence to the terms in which I work with patients.”

**Expressive.** The expressive dimension includes how therapists communicate and establish emotional connections with their clients. It primarily assesses the emotional distance the therapist establishes with clients and the therapist’s tolerance at expressing his/her own emotions. The dimension ranges from distant to proximal. Sample items include, “I avoid revealing my own emotional state to patients” and, “emotional expression is a powerful tool for change.”

**Involvement.** The involved dimension addresses the connection between the therapist and his/her clients. It evaluates the extent that the therapist feels involved with clients as well as the separation between the therapist’s personal and professional lives. The dimension ranges from low levels of engagement to high levels of engagement. Sample items include, “I think about my work quite a lot, even in my spare time” and, “I keep my level of involvement with patients low, so as to work more objectively.”

**Focused.** The focused dimension assesses whether the therapist lets his/her attention wander and follow the client or if the therapist has a more active role in leading the client to a specific place. The dimension ranges from wide to narrow. Sample items include, “I try to

pay attention to everything that goes on in a session” and “I like to be surprised by a patient’s material without having preconceived ideas.”

**Operative.** The operative dimension evaluates how each therapist gets ready to make an intervention. It assesses the degree of influence or directedness a therapist utilizes. The dimension ranges from spontaneous to planned. Sample items include, “as the therapist, I prefer to let the patients know what will happen in each session” and, “the best intervention in a treatment come about spontaneously.”

The same authors developed a questionnaire (PST-Q) to evaluate the personal style of the therapist (Fernández-Álvarez et al., 2003). The self-report questionnaire asks therapists to rank their agreement on 36 items using a 7-point Likert scale (where 1 represents total disagreement and 7 total agreement). The final questionnaire has 36 items with five factors, representing the five dimensions described previously (Fernández-Álvarez et al., 2003). The psychometric properties of the measure are satisfactory, with Cronbach’s reliability coefficients for each factor ranging from 0.69 to 0.80 (Instructional, 0.69; Expressive, 0.75; Involved, 0.75; Focused, 0.80; Operative, 0.76). In addition, the test-retest reliability after four months was also adequate (Instructional, 0.82; Expressive, 0.76; Involved, 0.78; Focused, 0.81; Operative, 0.78).

Since the development of the PST-Q, three main lines of research have been pursued (Castañeiras et al., 2008). The first one concerns the conceptual and theoretical development of the construct and the evaluation of the measure (Fernández-Álvarez et al., 2003). This line of research has been extended to determine how the PST-Q can distinguish between PST profiles based on therapists’ theoretical orientation (Fernández-Álvarez, Gómez, Castañeiras & Rial, 2005). Scholars have found significant differences in PST profiles between therapists

of psychoanalytic, cognitive and integrative orientations (García & Fernández-Álvarez, 2007). Specifically, psychoanalysts differed from cognitive and integrative therapists by endorsing more distance in the emotional connection and communication with the client (expressive domain), more spontaneous interventions (operative domain) and wider attention focus within session (focused domain). Interestingly, Friedlander and colleagues (1984) found a similar relationship between theoretical orientation and supervisory style when utilizing the Supervisory Styles Inventory. Supervisors who identified as following a psychodynamic psychotherapy approach were more interpersonally sensitive and less task-oriented than those who followed a cognitive-behavioral approach.

Although PST profiles are relatively stable over time, fluctuations can occur over time and as a function of experience and the populations therapists work with (Corbella Santomá & Botella, 2004). For example, beginner cognitive therapists are more rigid in how they establish and regulate the therapeutic setting (instructional domain) and more emotionally distant from their client (expressive domain) than more experienced cognitive therapists (García & Fernández-Álvarez, 2007).

The second line of research is the application of the PST-Q with diverse populations and settings. For example, researchers have evaluated the relationship between therapist PST and therapists working with clients with severe psychopathologies and therapists working in neonatal intensive care units (Corbella Santomá, 2002; Fernández-Álvarez et al., 2004; Vega, 2006). Overall, therapists working with clients with severe psychopathologies were more emotionally distant from their clients, endorsed lower levels of engagement, and were more rigid in session (Fernández-Álvarez et al., 2004). Therapists in neonatal intensive care units endorsed higher flexibility (instructional domain) when establishing and regulating the

therapeutic setting, perhaps adapting to the unique and quickly changing demands of that setting (García & Fernández-Álvarez, 2007; Vega, 2006).

The third line of research is in its initial stages and consists of utilizing the PST-Q as a tool to assist the development of therapists (H. Fernández-Álvarez, 2016, personal communication). The measure has been utilized in several countries around the world, including Argentina, Brazil, Germany, Portugal and Spain (García & Fernández-Álvarez, 2007). In addition, the PST-Q has been translated and validated in Portuguese (Oliveira, Tiellet Nunes, Fernández-Álvarez, & García, 2006).

Although the personal style of the therapist and its corresponding instrument, the PST-Q, may be applicable to the personal style of supervisors, there are critical aspects relevant to supervision that are not included in the PST-Q. Based on a comprehensive review of the existing scientific literature on supervision, it was determined that four additional dimensions were needed: conflict management, evaluation, training, and multicultural considerations.

### **Conflict Management in Supervision**

How conflict is managed is an important dimension in supervision, as conflict arises in many supervisory relationships at some point (Bernard & Goodyear, 2014). Supervision is by definition a hierarchical relationship which must balance both evaluative and therapeutic factors (Bernard & Goodyear, 2014; Nelson et al., 2008). Supervisees are expected to take risks and explore areas for professional and personal growth, while at the same time be open to evaluations and critiques of their skills and performance. The contrasting nature of these expectations often generates tension for both the supervisor and supervisee, which can then

lead to supervisor-supervisee conflict (Ladany, Friedlander, & Nelson, 2005; Nelson et al., 2008; Nelson & Friedlander, 2001).

Although most, if not all supervisory relationships will face some type of conflict (Mueller & Kell, 1972), most conflicts in supervision are likely to be resolved within a single supervision session (Bernard & Goodyear, 2014). Conversely, some conflicts may persist over time, and some may never be resolved. Conflicts may provide an opportunity for resolution and thus a chance to strengthen the therapeutic alliance, as well as an opportunity to model vulnerability, transparency and how to manage conflictive situations with clients (Friedlander, 2015; Nelson et al., 2008). However, Gray and colleagues (2001) found that conflicts in supervision are frequently not resolved because supervisees worry that speaking up about the conflict may negatively impact future recommendation letters and evaluations. If the conflict is not resolved, the relationship can suffer (Friedlander, 2015; Safran & Muran, 2000; Watkins et al., 2016).

Conflicts between supervisors and supervisees arise for numerous reasons. Bernard and Goodyear (2014) grouped them into three categories: (a) conflicts arising from miscommunications or mismatched expectations; (b) normative conflicts; and (c) conflicts arising from participants' interpersonal dynamics. Conflicts arising from miscommunications or mismatched expectations are often based on the evaluative nature of the relationship (Robiner, Fuhrman, & Ristvedt, 1993). The likelihood of conflict has been found to increase in the presence of unclear expectations, not explicit evaluation process, and vague roles (Ladany & Friedlander, 1995; Lehrman-Waterman & Ladany, 2001).

Normative conflicts are expected to arise in response to the supervisee's developmental level (Bernard & Goodyear, 2014). Advanced students are more likely to be



dissatisfied with supervision than beginning supervisees, as they are alternating between feelings of confidence and insecurity. However, these are typically not a matter of concern if the supervisor can view them as a normative developmental process (Bernard & Goodyear, 2014). Lastly, conflicts may arise from participants' interpersonal dynamics such as maladaptive interpersonal cycles that include confrontation ruptures and withdrawal ruptures. Other scholars have found that conflicts can sometimes result in negative effects for supervisees, and these are often due to power misuse, relationship fractures, and boundary violations (Friedlander, 2015; Ramos-Sánchez et al., 2002; Wilson et al., 2016).

When conflict arises, supervisors are encouraged to remain humble, be aware of their reactions, and avoid contributing to the maladaptive cycle (Bernard & Goodyear, 2014; Watkins & Hook, 2016). In fact, APA's Guidelines for Clinical Supervision in Health Services Psychology, which outlines the expectations for optimal supervision, explicitly states that supervisors should review the supervisory relationship regularly and address any issues that arise (APA, 2015). Conflicts are often exacerbated when supervisors fail to address them or mishandle them (Friedlander, 2015; Gray, Ladany, Walker, & Ancis, 2001; Nelson & Friedlander, 2001; Watkins & Hook, 2016). Nelson and colleagues hypothesize that supervisors may be less willing to address conflict in supervision when they are not confident in their conflict resolution skills (Nelson et al., 2008). Although conflict in supervision has been well document, and oftentimes unavoidable, very little is known about how supervisors approach conflicts and disagreements in supervision. In addition to conflict management, a second important dimension to consider when defining and evaluating the personal style of the supervisor is the assessment, evaluation, and feedback component.

## **Evaluation, Feedback, and Assessment in Supervision**

Evaluation, feedback, and assessment are central to clinical supervision (e.g., APA, 2015; Bernard & Goodyear, 2014; Goodyear et al., 2016; Ladany, 2014; Lehrman-Waterman & Ladany, 2001). In the supervision literature, the goals of evaluation and feedback are generally agreed to be to highlight supervisee's perceived strengths, and help identify what supervisees know and what they have yet to know, as well as to monitor client care (Goodyear, 2014). Evaluation tends to include two main functions: setting specific goals or objectives for supervisees and providing feedback on the progress on reaching these goals (Bernard & Goodyear, 2014; Lehrman-Waterman & Ladany, 2001).

The importance of evaluation in supervision is reflected in the Guidelines aforementioned (APA, 2015), which dedicate an entire domain to assessment, evaluation, and feedback. The document outlines five guidelines, or expectations, for optimal assessment, evaluation and feedback in a supervisory environment: (1) it should occur in a collaborative supervisory relationship; (2) should seek to provide feedback in the most direct way, such as live observation or video review; (3) provide direct, clear, and timely feedback that is behaviorally anchored, responsive to supervisee's reactions, and mindful of the impact on the supervisory relationship; (4) promote supervisee's self-assessment skills and include them in the evaluation process and (5) seek and incorporate feedback from supervisees and others on the quality of supervision (APA, 2015). Supervisor feedback is most effective when based on recordings of supervisee's clinical work (Chow et al., 2015; Goodyear et al., 2016). Live supervision may be less beneficial because supervisees do not have the opportunity to watch and reflect on their clinical work (Chow et al., 2015) and it is best

practice to incorporate audio and video recordings when providing clinical supervision (APA, 2015; Borders et al., 2014).

Two types of distinct, yet complementary, types of feedback and assessments have been identified: formative and summative (Bernard & Goodyear, 2014; Gonsalvez, Wahnnon, & Deane, 2016; Kealey, 2010). Formative feedback tends to be informal and unstructured in nature, supervisee-centered, and consists of qualitative comments throughout the entire course of supervision. Summative feedback or assessments are typically more structured and formal, occur intermittently and are based on quantitative, predetermined criteria (Bernard & Goodyear, 2014; Gonsalvez et al., 2016; Kealey, 2010). In general, the purpose of summative feedback is to help the supervisor serve as a gatekeeper to the profession by ensuring that only supervisees that meet pre-established professional competencies can continue to train or practice. On the other hand, the purpose of formative feedback is to provide timely guidance to supervisees and monitor their performance to foster their growth as practitioners (Gonsalvez & McLeod, 2008; Gonsalvez et al., 2016; Milne, 2009). Although the importance of evaluating and providing feedback to supervisees is clear, there is little known about how supervisors carry out these duties (Gonsalvez et al., 2016). Another essential component to supervision is the education and training of supervisees.

### **Education and Training in Supervision**

By its definition, one of supervision's primary goals is to enhance the professional development of the junior practitioner (APA, 2015; Bernard & Goodyear, 2014). Thus, supervisors are tasked with the critical role of helping supervisees learn new knowledge, skills and attitudes to move them closer towards professional competence. Supervisors vary in style and way in which they choose to enhance the development of the supervisee (Allen,

Szollos, & Williams, 1986; Knox et al., 2008; Lizzio, Stokes & Wilson, 2005). A myriad of factors may influence a supervisor's approach to education and training. For example, Lizzio, and colleagues (2005) posit that how each supervisor balances the tension between supervisory authority and supervisee autonomy, between evaluation and support as well as between the transmission of knowledge and the reflective engagement of the supervisee's experiences is likely to influence the choices they make in supervision. Supervisors' beliefs about how one learns to be a mental health practitioner also impact their style of teaching (Bernard & Goodyear, 2014). For instance, if a supervisor believes that reflexivity is crucial to becoming a skilled therapist, then her approach to education and training will likely foster reflectivity. On the other hand, if a supervisor believes that supervisees learn best through a series of successful approximations, then she may focus more on teaching therapeutic interventions instead (Bernard & Goodyear, 2014).

One way to categorize how supervisors promote education and training is to distinguish between didactic and facilitative approaches. Didactic approaches involve a supervisor-controlled process of knowledge transmission and underscore the supervisee's need for instruction, support and guidance in decision-making. In contrast, facilitative approaches include supervisee's active involvement and emphasize "an interactive reflection on the learner's experience" (Lizzio et al., 2005, p. 241). For example, a supervisor utilizing a didactic approach would provide supervisees with advice on a specific presenting concern while a supervisor utilizing a facilitative approach would help supervisees develop their own judgment on the issue. A supervisor may alternate between utilizing didactic and facilitative strategies, but their overall style of teaching is determined by the style they utilize more frequently. In addition to education and training, conflict management, evaluation, feedback

and assessment, another crucial dimension to supervision is the role of culture.

### **Multicultural Considerations in Supervision**

Fostering multicultural competence in supervisees is a critical component of clinical supervision (Bernard & Goodyear, 2014; Falender & Shafranske, 2017; Falender, Shafranske, & Falicov, 2014). Although supervision scholars have been increasingly focusing on issues of multiculturalism and diversity in supervision, findings suggest that supervisors are not systematically considering the interaction of multiple identities and are not addressing historical trauma, oppression, and privilege in supervision (Falender & Shafranske, 2014; Falender, Shafranske, & Falicov, 2014; Hernandez & McDowell, 2010). Both European American and racial and ethnic minority supervisees identified lack of attention to multicultural issues as an ineffective supervisory behavior (Ladany, Mori, & Mehr, 2013; Wong, Wong, & Ishiyama, 2013).

Chang and Flowers (2009) describe multicultural supervision as that which includes the development of the supervisee's cultural self-exploration, an evaluation of the cultural dynamics of the therapeutic relationship and of the supervisory relationship, and a discussion of cultural biases and assumptions in psychotherapy theories and techniques. In 2014, Falender and Shafranske urged the field to develop specific competencies to delineate how supervisors may address the multiple worldviews and backgrounds present in supervision.

A year later, the aforementioned Guidelines were published which dedicated an entire domain to diversity competence, stating that it is essential for overall supervision competence (APA, 2015). The Guidelines define diversity competence as “working with others from backgrounds different than one's own but includes the complexity of understanding and factoring in the multiples identities of each individual: client(s), supervisee, supervisors and

differing worldviews” (APA, 2015, p. 36). The term multicultural has expanded to include other dimensions beyond race and ethnicity, such as, religion, gender, age, culture, social class, ethnicity, and sexual orientation. Failing to consider other dimensions beyond cultural similarities and differences ignores important factors that influence the experiences of supervisors, supervisees, and clients. The guidelines put forth by APA emphasize the importance of self-reflection, continually striving for opportunities to learn and expand cultural competence in supervisors and their supervisees (APA, 2015). In the United States, as in many other countries, supervisors, supervisees and clients are becoming increasingly diverse with changing demographics, heightening the need to attend to multicultural issues in psychotherapy and in supervision (e.g., Inman et al., 2014; Lowe & Davis, 2010).

Remington and DaCosta’s (1989) suggestions on how to address ethnocultural factors between supervisors and supervisees continue to be relevant today. The authors propose that supervisors: (1) discuss multicultural issues as soon as possible, (2) examine the nature of the supervisory relationship in addition to the supervisee-client relationship, (3) be aware of personal biases and countertransference, (4) include cultural competence didactics for students, (5) consult with peer supervisors, (6) allow supervisees to discuss their cultural differences with their own peers, and (7) provide supervisees with a diverse client load.

Supervisors’ limited multicultural competence, as illustrated by difficulty empathizing with diverse cultural aspects of both supervisees and clients, negatively affects the supervisory relationship as well as supervisee’s self-doubt and feelings of powerlessness (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010; Singh & Chun, 2010). However, scholars have also examined supervisory behaviors that facilitate successful multicultural

supervision. Utilizing the Delphi method, Dressel and colleagues found a consensus among supervisors that the most important behavior a supervisor can do to foster a successful multicultural supervision is to create a safe environment to discuss multicultural issues (Dressel, Consoli, Kim, & Atkinson, 2007). In addition, awareness and authentic openness to cultural and racial issues, supervisors sharing their own difficulties and vulnerabilities, providing activities to facilitate supervisees' multicultural competence, and explicitly discussing the role of culture in psychology, have all been associated with positive culturally responsive supervisory relationships (Ancis & Ladany, 2010; Dressel et al., 2007; Helms & Cook, 1999; Inman, 2006; Killian, 2001; Lawless, Gale & Bacigalupe, 2001). Oftentimes a parallel process has been identified, where when supervisees are provided a space in supervision to explore their own values, beliefs, and assumptions, they are then able to recreate this in therapy, allowing their client to explore their own values, beliefs, and assumptions (Dressel et al., 2007; Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014)

More recently, research has focused on the central role of the supervisor's cultural humility in multicultural supervision (Owen, 2013). Cultural humility is the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client [or supervisee]" (Hooks, Davis, Owen, Worthington, & Utsey, 2013, p. 354). Individuals with higher cultural humility tend to have a more accurate view of themselves and of their limitations (Davis, Worthington, & Hook, 2010), and maintain a commitment to self-exploration and to examine power imbalances between supervisor-supervisees-clients (Falender & Shafranske, 2012; Patel, 2012).

Supervisory relationships which attend to culture and diversity issues as a critical component of supervision have been found to have positive effects on supervisees' development, such as increase multicultural knowledge and perceived strength of the supervisory alliance (Inman et al., 2014; Inman & Kreider, 2013; Soheilian, Inman, Klinger, Isenberg, & Kulpe, 2014).



### **Chapter Three: Methods Design**

In order to develop a preliminary scale on Supervisory Personal Style, this dissertation followed Heppner, Wampold, Owen, Thomson and Wang's (2016) steps in scale development:

1. Conceptualizing and operationalizing the construct of interest.
2. Conducting a literature review.
3. Generating the items, indicators and response formats.
4. Conducting content analysis and pilot testing, revising, and administering the items.
5. Sampling and data collection.
6. Performing factor analyses, finalizing the items, and testing the psychometric properties of the scale.

One month after administering the original scale, a subsample of supervisors completed the measure again to examine the test-retest reliability of the instrument and its correlations to the PST-Q (Fernández-Álvarez et al., 2003).

#### **Participants**

Participants were required to be clinical supervisors with at least two years of experience providing supervision in the United States. Participants were at least 18 years of age, although the average age of the sample was 47 years old. From the total sample, 78% identified as female ( $n= 172$ ), 21% as male ( $n= 46$ ), and less than 1% as transgender ( $n= 1$ ). Participants reported providing an average of 5 hours of weekly supervision (range 0.5-27 hours) and supervising an average of 46 supervisees over the course of their professional life (range 2-500) (see Table 2 and Table 3 for a more detailed description of the sample).

## **Materials**

This dissertation project utilized four self-report measures: A demographic questionnaire, the Personal Style of Therapist Questionnaire (PST-Q; Fernández-Álvarez et al., 2003), the Supervisory Style Inventory (SSI; Friedlander & Ward, 1984), and the newly developed Personal Style of the Supervisor Questionnaire (PSS-Q). All forms were available online on the Qualtrics® platform in English. To avoid an interaction effect between the SSI and the PSS-Q (Worthington & Whittaker, 2006), the SSI was the last measure to be completed and the PSS-Q was the first.

**Demographic Questionnaire.** The demographic information collected from participants included age, gender, ethnicity, years of experience providing supervision, estimated number of students supervised, years of experience providing psychotherapy, theoretical orientation, current hours spent supervising students, and theoretical orientation utilized in supervision (see Appendix A for the demographic questionnaire).

**Personal Style of the Therapist Questionnaire (PST-Q).** This self-report questionnaire asks therapists to express their level of agreement on 36 items using a 7-point Likert scale (where 1 represents total disagreement and 7 total agreement) (Fernández-Álvarez et al., 2003) (see Appendix B). The final questionnaire has 36 items with five factors, representing the five dimensions described above (Fernández-Álvarez et al., 2003). As previously indicated, the psychometric properties of the measure are satisfactory.

**Supervisory Style Inventory (SSI).** The SSI (Friedlander & Ward, 1984) is a 33-item self-report measure that asks supervisors to rate themselves on how they perceive items describe their style of supervision using a Likert scale ranging from 1 (*not very*) to 7 (*very*) (see Appendix C). As previously indicated, the measure's three subscales correspond to the

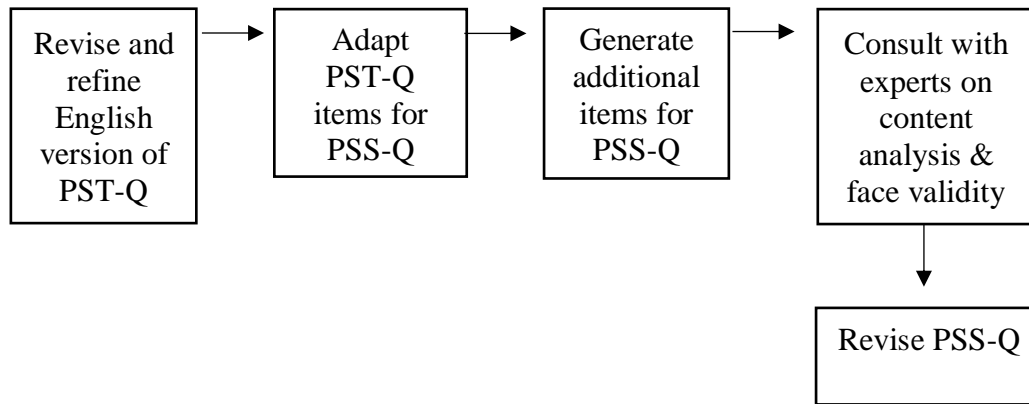
three proposed styles: attractive (seven items; e.g., friendly, trusting, supportive), interpersonally sensitive (eight items; e.g., intuitive, invested, reflective), and task oriented (10 items; structured, goal oriented, evaluative).

**Personal Style of the Supervisor Questionnaire (PSS-Q).** The Personal Style of the Supervisor Questionnaire (PSS-Q) includes items adapted from the PST-Q (Fernández-Álvarez et al., 2003) and additional items identified from the literature as important stylistic differences in supervision for a total of 49 items. The questionnaire asked participants to respond with the most frequent way in which they work. They were encouraged not to think too much about the meaning of each statement, explaining that the research was looking for their most spontaneous responses. Participants responded using a 6-point Likert type scale ranging from *completely agree* to *completely disagree*. The order of the items on the measure was randomized, to decrease the influence of response order bias (see Appendix D).

### **Procedure**

This dissertation project included two phases. First, the measure was developed, pilot tested and modified accordingly based on expert feedback. Second, the revised questionnaire was administered to supervisors across the United States to assess its psychometric properties.

### Phase One



### Phase Two

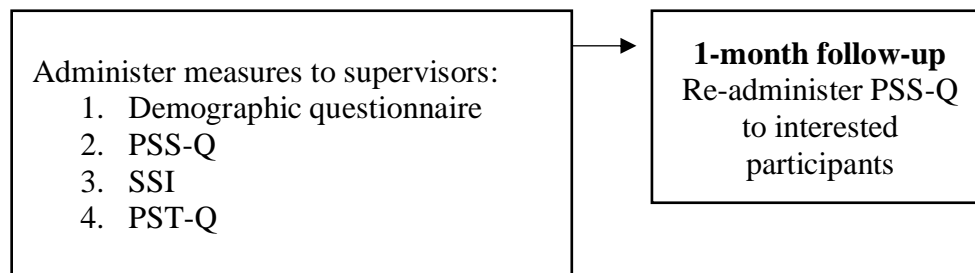


Figure 1. Diagram of research project.

**Phase one.** The overall, first phase of the dissertation project consisted of developing the PSS-Q. To do so, the English version of the PST-Q was revised and refined, additional items pertinent to supervision were generated and experts were consulted.

***Revision and refinement of the English PST-Q.*** The first step was to revise and refine the English version of the PST-Q. The PST-Q was originally developed in Spanish by psychologists in Argentina (Fernández-Álvarez et al., 2003). Survey translation is a complex task, which requires great time, expertise, and attention to detail (Harkness, Pennell, & Schoua-Glusberg, 2004). When translating a measure, researchers often wrongly assume that the goal of a well-translated measure is to be “a rather close translation of the source, retaining the semantic and propositional content, the pragmatic meaning, as well as structural arrangements and the design and measurement properties of the questionnaire” (Harkness et

al, 2004, p 456). However, Harkness and colleagues argue that vocabulary, semantics, and pragmatic meanings of words do not often align across languages and that when seeking functional equivalence across translations, differences in text are unavoidable.

As suggested by scholars in questionnaire translation (Harkness et al., 2004; Smith, 2004), when translating the PST-Q from Spanish to English the goal was functional equivalence and not complete equivalence. Each item was translated by a bilingual Spanish-English speaking researcher and then cross-checked by a bilingual faculty member with over 30 years of experience in cross-cultural research. Specific challenges encountered during the translation phase included ambiguous language and semantic polysemy (i.e., the capacity for a word or phrase to have multiple meanings). In cases of ambiguous language in the Spanish PST-Q, the researchers that originally developed the measure were consulted to further clarify the item. For example, *horarios* in item 35 of the PST-Q (*Soy bastante laxo con los horarios*) can refer to several things, such as scheduling, session length, and punctuality. After consulting with the developers of the PST-Q, it was determined that the closest translation to achieve functional equivalence was, “I am fairly lax when it comes to session length and punctuality.” A related challenge were polysemous words (Harkness et al., 2004). An example of this is item 3 on the PST-Q (*Como terapeuta prefiero indicar a los pacientes qué debe hacerse en cada sesión*). The word *indicar* in Spanish is closely related to the English words *tell*, *show*, and *suggest*, thus the translators went back to the definition of the construct and determine which translation fit the description of the construct best. Once all items were translated two native English speakers and graduate students reviewed the items and rated each one on clarity. Unclear items were reworded to create the final English version of the PST-Q.

*Adaptation of items from PST-Q.* Once the English version of the PST-Q was developed, items were adapted to evaluate the personal style of supervisors, in contrast to that of therapists. In the survey design literature, adaptation refers to the intentional modification of an instrument or item to create a different instrument or item (Harkness, Van de Viver, & Mohler, 2003). Measures are adapted to better fit the needs of a new population, language, location and/or mode (Harkness, Villar, & Edwards, 2010). In the case of the PST-Q, items were adapted to better evaluate the personal style of clinical supervisors. The first step in the adaptation stage was to remove any items that were not applicable to a supervisory context, such as item 9 on the PST (I tend to demand strict adherence to fees). Then, the word therapist was replaced by supervisor. In addition, in instances where it may not have been clear if the item referred to the respondent's role as a supervisor, therapist or more broadly, the phrase, "As a supervisor" was added. Lastly, repetitive items were eliminated to obtain a maximum of six items per dimension.

*Generating new items for PSS-Q.* Next, additional items were designed to assess constructs identified in the literature that may influence a supervisor's personal style that are not captured by the PST-Q. Special care was used to develop clear items to avoid jeopardizing the construct validity of the scale (Heppner et al., 2016). Kline's (2005) nine suggestions on developing clear items were considered: (1) deal with only one central thought in each item, (2) be precise, (3) be brief, (4) avoid awkward wording or dangling constructs, (5) avoid irrelevant information, (6) present items in positive language, (7) avoid double negatives, (8) avoid terms like all and none, and (9) avoid indeterminate terms like frequently or sometimes.

An extensive literature review on supervision and styles of supervisors yielded four dimensions of supervision that were not addressed by the adapted items from the PST-Q: (1) conflict management, (2) evaluation, feedback and assessment, (3) education and training, and (4) multicultural considerations (see Chapter Two: Literature Review). The first step in developing the items was to describe and define each factor and its directionality. Kline's (2005) suggestions for clear item development were considered as well as wording items to try to avoid social desirability and to yield a range of responses. Once a list of possible items was created for each factor, each item was evaluated by a faculty member for redundancy, ambiguity, readability, and social desirability. Eventually, items were reduced to no more than six per dimension.

*Consulting with experts.* The final step in Phase One was to enhance the construct validity of the measure by conducting content analyses and consulting with domain experts (Heppner, et al., 2016). Thus, both an experienced researcher in the supervision field and a senior supervisor were asked to rate each item on clarity and content appropriateness as well as to provide qualitative feedback on each item. The researcher was a counseling psychology professor with over 11 years of experience conducting research on supervision as well as providing supervision and the supervisor was a psychologist with more than 13 years of experience supervising students in a community mental health setting. Following the model utilized by Neville, Lilly, Duran, Lee, and Browne (2000), experts rated each item on content appropriateness and clarity using a 5-point scale that ranged from 1 (not at all appropriate or clear) to 5 (very appropriate or clear). Items receiving ratings between 1 and 3 were reworded, modified or eliminated. In addition, to evaluate the face validity of the newly developed items, experts matched the items with the dimension that they believed it assessed.

Items that both experts matched to multiple or unintended factors were reworded. Once items were revised and fine-tuned, the study continued to Phase Two.

Based on the factor structure of the PST-Q, and the additional items that were designed to address specific areas of supervision, the hypothesized factor structure was the following:

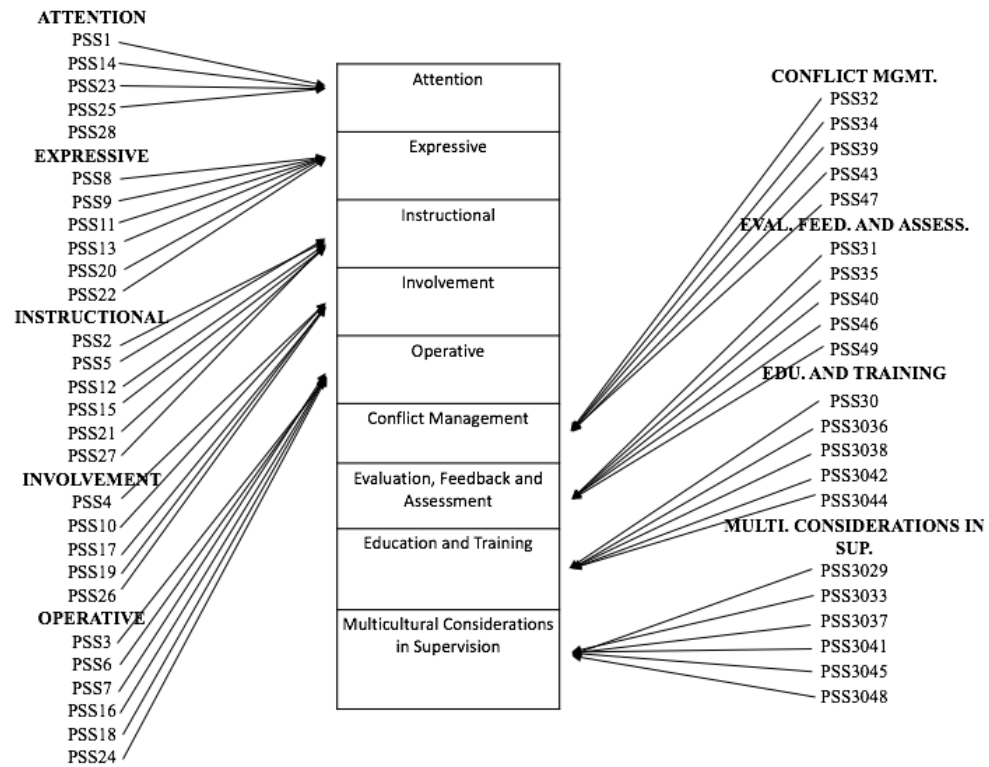


Figure 2. Diagram of hypothesized factor structure.

**Phase two.** This phase consisted of administering the new measure as well as others and to re-administer the PSS-Q to analyze its psychometric properties. Program directors in clinical, counseling or marriage and family therapy masters or doctoral programs in the United States accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the American Psychological Association (APA) were contacted by electronic mail to inform them of the study and request their assistance in



recruiting participants by forwarding the email to supervisors. In addition, a description of the study with a link to the measures was distributed to electronic mailing lists of divisions and organizations that may have a large number of supervisors, such as the American Psychological Association's Society of Counseling Psychology's Supervision and Training Section, Society for the Advancement of Psychotherapy, Society of Clinical Psychology and others. Special care was taken to recruit participants from ethnic minority backgrounds with the aim to obtain a sample representative of the diversity present in supervisors across the United States. Specifically, invitations to participate were sent out via the listservs of the national ethnic minority psychological associations in the U.S. Moreover, invitations were sent out to the members of the Society for the Psychological Study of Culture, Ethnicity and Race. Finally, members of the Committee of Ethnic Minority Affairs, and of the Council of National Psychological Association for the Advancement of Ethnic Minority Interest were invited to participate and asked to distribute the invitation broadly.

The electronic message included a description of the study, estimated length of study (approximately 15 minutes), IRB approval number, and a link to the questionnaire. Once participants followed the link, they were redirected to a Qualtrics® research platform. The survey was designed to maximize accessibility, including facilitating its compatibility with screen readers. There, if participants digitally signed a consent form describing limits to confidentiality, they were redirected to complete the demographic questionnaire, the SSI, the PST-Q and the PSS-Q. At the end of the survey, they were asked to check a box if they would like to be contacted for a follow-up study. A total of 185 participants completed the entire protocol. In addition, 51 participants clicked on the link but either did not qualify or did not proceed past the demographic section. Participants that indicated interest in a follow-

up study were contacted one month later to complete the questionnaire again. A total of 124 participants were interested in participating in the follow-up and 72 completed it (66% response rate).

The SSI was included in the research design to evaluate the convergent validity of the PSS-Q. As both measures assess the dimensions of supervisory styles, it was expected that there would be a relationship between them. However, as the items and factors on the PSS-Q differ from those on the SII, the relationship was expected to be moderate.

### **Statistical Analyses**

The study examined the psychometric properties of the newly developed Personal Style of the Supervisor (PSS-Q). In particular, it evaluated the factor structure, validity, and reliability of the measure with clinical supervisors.

**Statistical software.** Data was collected on Qualtrics® and transferred to Mplus version 7.11 (Muthén & Muthén, 2010) and SPSS version 24 for data analysis.

**Sample size.** As there are no established standards for calculating appropriate sample size for exploratory factor analysis, the main statistical analysis for the study, the power for the study was not calculated. However, guidelines for sample size for factor analysis posit that a ratio of 3(:1) to 6(:1) of subject-to-variable is acceptable if the lower limit of variables-to-factors ratio is 3 to 6, and that the minimum sample size should not be less than 250 (Cattell, 1978). In addition, Brown, (2006) and MacCallum and colleagues (1999) sample size of 100 is poor, 200 is fair, 300 is good and 500 or more is very good. The current study aimed to have 200 participants. Between May and June 2017, a total of 224 participants began the survey. Out of those, 191 completed the PSS-Q measure (91.5%) and 185

completed all the measures (82.1%). At the 1-month follow-up, 72 participants completed the measure once again.

**Incentive for participation.** Participants had the opportunity to enter a drawing for one \$20 gift card to one of the largest online retailers in the United States. One gift card was drawn for every 10 participants, on a rolling basis. Interestingly, not all participants who completed the survey elected to enter the raffle (20% decline the invitation).

**Reverse scoring.** Each item was developed to endorse one of the poles of the dimension it was designed to address, and thus needed to be reverse scored to interpret the factor. Incorporating positive and negative items in scales has its drawbacks, but it can also help reduce acquiescent bias and extreme response bias. Given these benefits, and that the measure from which many of the items were adapted (the PST-Q) utilized this approach when wording items, the PSS-Q included 21 reversed-scored items. However, it is important to note that the purpose of this measure was to evaluate a personal style, so dimensions did not necessary have an objectively positive or negative pole. These were often decided based on what helped interpret the scores in each subscale.

Table 1  
PSS Items That Were Reversed Scored

Item Number	Item
1	When providing supervision, I tend to listen in an open and receptive manner more than in a targeted and focused manner.
4	I keep a low level of personal involvement with supervisees in order to work more objectively.
5	I find changes in the supervision framework stimulating.
6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.
7	I place little value on standardized supervision.
9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.
10	I don't think about my supervisees outside of work.
12	As a supervisor, I see myself as someone who works within a flexible supervision framework.
14	I like to feel surprised by a supervisee's material without having preconceived ideas.
15	I often provide supervision to supervisees outside of the usual supervision time and place.
16	The best interventions in supervision occur spontaneously.
17	What happens to my supervisees has little influence on my personal life.
20	I avoid revealing my own emotional states to supervisees.
27	I am fairly lax when it comes to punctuality in supervision sessions.
28	I strive to listen with free-floating attention right from the start of a supervision session.
31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.
32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.
39	I prefer to address disagreements in supervision as soon as I sense them.
40	When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.
43	I prefer to confront my supervisees when I see them disengaged from supervision.
46	I believe formal evaluation is a crucial component of supervision.

Before proceeding with the Exploratory Factor Analysis and subsequent analyses, the items that were designed to endorse the negative pole were reversed scored. This means that

for these items, a response of 1 would be a 6, and a response of 2 would be a 5, and so on. Please see table 1 above for the items that were reversed scored. To interpret each factor, the first the responses on selected items must be reversed scored. For example, a participant that indicated that they completely agree (number 6 on the scale) with the statement “I believe formal evaluation is a crucial component of supervision” would be coded as a 1. Then, the mean of all the scores of the items in the same factor is calculated to obtain the score for that factor. A high overall score for the factor would suggest that the respondent endorsed more strongly the high end of the pole or dimension. By reversed scoring certain items, the means of the responses in each factor could be calculated and interpreted.

**Exploratory factor analysis.** Factor analysis is utilized to identify or confirm latent constructs or factors from a larger number of items (Worthington & Whittaker, 2006). This technique allows a large number of items to be reduced to fewer factors and is often used to support the validity of new measures. There are two types of factor analysis, Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). EFA is utilized when it is unclear how items will cluster and load onto different factors and CFA is used when one has a hypothesis on how the items will load and wants to confirm that hypothesis. Following the suggestions by Worthington and Whittaker (2006) on utilizing EFA on new measures, the study utilized an EFA to determine the underlying factor structure of the PSS-Q. According to Worthington and Whittaker (2006), “regardless of how effectively the researcher believes item generation has reproduced the theorized latent variables, we believe that the initial validation of an instrument should involve empirically appraising the underlying factor structure” (p. 815).

The common factor analysis (CA) was utilized as an extraction method, rather than a principal component analysis (PCA), as CA assumes that items were measured with error and seeks to extract latent factors that account for shared variance between sets of items (Heppner et al., 2016; Kline, 2005). In contrast, principal component analysis is best when the goal is to reduce the number of items in a scale while retaining as much of the original variance as possible (Worthington & Whittaker, 2006). Rhemtulla and colleagues stipulate that when Likert-type scales have six or more response options, data may be treated as continuous (Rhemtulla, Brosseau-Liard, & Savalei, 2012). As responses to the PSS scale were recorded on a 6-point Likert-type scale, the data was treated as continuous.

An EFA has assumptions that must be met or addressed before conducting the analysis. Therefore, the data was checked for outliers, adequate sample size, linearity and multicollinearity between variables (Brown, 2006). There is no definitive way of determining the number of factors for a measure (Heppner et al., 2016). Therefore, and as recommended by Hayton and colleagues (Hayton, Allen, & Scarpello, 2004), how many factors to retain was decided based on eigenvalues, scree plots, total variance explained by each factor, correlations among factors, number of items per factors, and theoretical explanations.

Specifically, solutions with one through ten factors were examined using Geomin rotations of the factor loading matrix, a method of rotation that assumes that the factors are oblique, or correlated. To explore the number of factors that best fits these data, eigenvalues and scree plots were considered first. The Kaiser-Guttman rule, stating that eigen values above one indicate the best number of factors, informed this process (Kaiser, 1991). Then, fit indices and the specific factor loadings were examined. The last step was to consider the theoretical support for the models. Good model fit is an important but not sufficient condition

for selecting a model, as the process must be informed by theory (Myung, 2000). Regarding fit indices, the criterion for determining close fit was informed by previous literature and accepted standards in psychology. These standards posit that a Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) values of .95 or greater indicate a good model fit, while greater than .90 suggests adequate fit. Additionally, an RMSEA value less than .05 indicate a good fit and a value between .05 and .08 suggest an adequate fit. Lastly, an SRMR value of less than 0.05 indicates a good model fit and over 0.08 a bad model fit (Brown, 2006).

After running an EFA and identifying the best fitting factor structure, items without a primary factor loading of .3 or above and items which cross-load on other factors above .30 were eliminated (Brown, 2006). Then, within each factor, items with inter-item correlations of less than .30 were also eliminated. Finally, the EFA was rerun to obtain final model's fit indices, factors were named, and a reliability analysis on the finalized items determined the final measure's internal consistency.

**Reliability analysis.** As stated above, a reliability analysis was conducted once a final model was determined based on the EFA. Internal consistency of the measure was evaluated using Cronbach's alpha for each factor. Cronbach's  $\alpha$  (Cronbach, 1984) is a well-established and widely used measure of internal consistency (Heppner et al., 2016). Although there is not an official cut-off for acceptable reliability, in social sciences a coefficient alpha of .70 or higher is considered acceptable (Heppner et al., 2016). In addition, a test-retest reliability coefficient was calculated with the smaller subsample that completed the measure again after one month. There is no clear cutoff for test-retest reliability coefficient as what is considered acceptable varies based on the time between measures and hypothesized stability of construct (Heppner et al., 2016).

**Correlation analysis.** A correlation analysis was conducted between the PST-Q and the newly developed Personal Style of the Supervisor Questionnaire (PSS-Q). The Pearson  $r$  correlation value ranges between -1 and 1, and according to Cohen (1988, 1992) a large effect size is an  $r$  value of more than 0.5, medium effects size around 0.3 and low effect size around 0.1. In addition, a correlation analysis between the PSS-Q and the SSI can help establish convergent validity. As both measures evaluate the same construct, the correlation is expected to be medium to high.



## Chapter Four: Results

### Demographic Overview of the Sample

A total of 191 participants completed the PSS, and of those, 185 continued to complete the rest of the measures. There were no significant differences between the sample that exited the survey after only completing the PSS and those that continued to complete all the measures. Tables 2 and 3 below provide a detailed description of the demographics of each group. From the 191 who completed the PSS, 147 participants identified as female (77%), 43 as male (22%), and one as transgender. The average age of respondents was 46 years old with a range of 24-81 (see Figure 13 for distribution of ages). With respect to race and ethnicity, 18% of participants identified as Hispanic/Latina/o/x or of Spanish origin (n = 33), 6% identified as Asian/Pacific Islander (n = 11), 5% as Black/African American (n = 9), 2% as Native American/American Indian/Alaskan Native (n = 1), 77% as White/Caucasian (n = 145), and 7% as other (n = 13). With respect to licensure, 72% of participants were licensed at a Doctoral level (n = 139) compared to 27% at a Master's level (n = 51). Participants had an average of 17.6 years of experience providing psychotherapy (range 2.5-51 years) and 32% identified that their orientation was best described as integrative/eclectic, 23% as cognitive-behavioral, 14% as psychodynamic, 13% as humanistic/existential/experiential, 9% as other, 6% as multicultural/feminist and 3% as systemic.

Regarding experience providing clinical supervision, participants reported an average of 52 supervisees over the course of their professional life (range 2-500), and providing on average 5 hours of supervision (range 0.5-27 hours) on a weekly basis. In addition, on average participants had 11.8 years of experience providing clinical supervision. When

organizing the sample into categories such as early career psychologists, mid-level, and seniors, 49% of the sample were early career practitioners (2-9 years of experience providing supervision) 35% were mid-level (10-19 years of experience) and 16% of the sample were senior supervisors (more than 20 years of experience providing supervision). The most common supervision model participants reported utilizing was a developmental model (43%), followed by a process model (15%), competency-based model (13%), no specific model (12%), and models grounded in a psychotherapy theories (7%). Within the latter category, the most endorsed theory was psychodynamic, followed by cognitive-behavioral, and then integrative (13%). An analysis of variance test concluded that there were no significant differences in supervision model based on psychotherapy model, ( $F(6,185) = 1.83, p = .10$ ).

Table 2  
Demographic Characteristics of Clinical Supervisors Who Completed PSS

Characteristics	<i>n</i>	%
Gender		
Male	43	22.5
Female	147	77.0
Transgender	1	0.5
Would rather not state	0	0.0
Total	191	100
Age		
20-29	5	2.6
30-39	62	32.7
40-49	42	22.7
50-59	40	20.8
60-69	31	16.0
70+	8	4.0
No response	2	1.0
Total	191	100
Hispanic/Latina/o/x, Spanish origin		
Yes	33	17.1
No response	1	0.5

No	157	81.3
Total	191	100
Race		
Asian/Pacific Islander	11	5.7
Black/African American	9	4.7
Native American/American Indian/Alaskan	1	0.5
White/Caucasian	145	75.1
No response	12	6.2
Other	13	6.7
Total	191	99
License level		
Masters	51	26.4
Doctoral	139	72.0
No response	1	0.5
Total	191	100
Years of experience providing supervision		
2-9 years- ECP	93	48.2
10-19 years- Mid level	66	34.2
20+ years- Senior	32	16.6
Total	191	100
Approximate number of supervisees over professional life		
<6 supervisees	10	5.2
6-20 supervisees	63	32.6
21-50 supervisees	67	34.7
51-99 supervisees	14	7.3
100-199 supervisees	21	10.9
200+ supervisees	10	5.2
No response	6	3.1
Total	191	100
Average weekly hours providing supervision		
1-2 hours	59	30.6
3-5 hours	73	37.8
6-10 hours	39	20.2
11-19 hours	11	5.7
20+ hours	7	3.6
No response	2	1.0
Total	191	100
Clinical supervision model		
Process model	30	15
Developmental model	83	43

Competency-based model	25	13
No specific model	24	12
Other	16	9
Model grounded in a psychotherapy theory	13	7
Psychodynamic	5	7
Humanistic-relationship	1	0.5
Cognitive-behavioral	3	1.5
Integrative	1	0.5
Other	1	0.5
Total	191	100
Psychotherapy theoretical orientation		
Psychodynamic	27	14
Cognitive-behavioral	44	23
Humanistic/existential/experiential	25	13
Systemic	5	3
Multicultural/feminist	11	6
Integrative/eclectic	61	32
Other	18	9
Total	191	100

Table 3  
Demographic Characteristics of Sample Who Completed all Measures

Characteristics	<i>n</i>	%
Gender		
Male	42	22.7
Female	142	76.8
Transgender	1	0.5
Would rather not state	0	0.0
Total	185	100
Age		
20-29	2	1.1
30-39	60	32.4
40-49	42	22.7
50-59	40	21.6
60-69	31	16.8
70+	7	3.8
No response	3	1.6
Total	185	100
Hispanic/Latina/o/x, Spanish origin		

Yes	34	18.4
No response	1	0.5
No	150	81.1
Total	185	100
Race		
Asian/Pacific Islander	11	5.9
Black/African American	9	4.9
Native American/American Indian/Alaskan	4	2.2
White/Caucasian	143	77.3
No response	6	3.2
Other	11	5.9
Total	185	100
License level		
Masters	50	27.0
Doctoral	134	72.4
No response	1	0.5
Total	185	100
Years of experience providing supervision		
2-9 years- ECP	88	47.6
10-19 years- Mid level	66	35.7
20+ years- Senior	31	16.8
Total	185	100
Approximate number of supervisees over professional life		
<6 supervisees	12	6.5
6-20 supervisees	60	32.4
21-50 supervisees	66	35.7
51-99 supervisees	15	8.1
100-199 supervisees	20	10.8
200+ supervisees	11	5.9
No response	1	0.5
Total	185	100
Average weekly hours providing supervision		
1-2 hours	57	30.8
3-5 hours	72	38.9
6-10 hours	36	19.5
11-19 hours	10	5.4
20+ hours	7	3.8
No response	3	1.6
Total	185	100

Clinical supervision model		
Process model	29	15.7
Developmental model	77	41.6
Competency-based model	26	14.1
No specific model	24	13.0
Other	17	9.2
Model grounded in a	12	6.5
psychotherapy theory		
Psychodynamic	4	33.3
Humanistic-relationship	1	8.3
Cognitive-behavioral	3	25.0
Integrative	1	8.3
Other	1	8.3
Total	185	100
Psychotherapy theoretical orientation		
Psychodynamic	26	14.1
Cognitive-behavioral	44	23.8
Humanistic/existential/experiential	24	13.0
Systemic	5	2.7
Multicultural/feminist	9	4.9
Integrative/eclectic	61	33.0
Other	16	8.6
Total	185	100

**Question 1. Do PSS-Q items represent distinct dimensions of the Personal Style of the Supervisor among supervisors?**

To evaluate if the PSS-Q represents distinct dimensions of the Personal Style of Supervisors, an Exploratory Factor Analysis was conducted on the 49 items included in the survey. A total of 191 cases were included in the EFA analysis conducted on Mplus version 7.11, and there was no missing data in the PSS questionnaire. As shown in Table 4, adequate sample size was supported by the Kaiser-Meyer-Olking (KMO) statistic .72, above the suggested value of .6 and Bartlett's test of sphericity was significant ( $\chi^2(1176) = 3471.91, p < .05$ ).

Table 4  
KMO and Barlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.725
Bartlett's Test of Sphericity	Approx. Chi-Square	3471.907
	df	1176
	Sig.	0

Each model was examined based on the predetermined criteria, and it was determined that the model that best fit the criteria was the eight-factor solution. Table 5 below illustrates the fit indices of all possible models. This model had adequate, or approaching adequate, fit indices, at least three items loading per factor, and previous theoretical support. Moreover, nine, ten and fourteen-factor solutions were not satisfactory due to insufficient primary loadings, difficulty interpreting the factors, and only 1 or 2 items on multiple factors.

Table 5  
Fit Indices Based on EFA with Geomin Rotation

Model	$\chi^2$	df	CFI	TLI	RMSEA (90%CI)	SRMR
1 Factor	2773.74***	1127	0.354	0.326	0.089 (.085- .093)	0.106
2 Factors	2311.74***	1079	0.517	0.473	0.079 (.074- .089)	0.085
3 Factors	2039.64***	1032	0.605	0.55	0.073 (.068-.077)	0.073
4 Factors	1794.85***	986	0.683	0.622	0.067 (.062- .072)	0.063
5 Factors	2039.64***	941	0.737	0.671	0.062 (.057-.067)	0.056
6 Factors	1466.86***	897	0.777	0.707	0.059 (.053-.064)	0.051
7 Factors	1304.21***	854	0.823	0.757	0.054 (.048- .059)	0.046
8 Factors	1186.08***	812	0.853	0.788	0.050 (.044-.056)	0.043
9 Factors	1095.15***	771	0.873	0.806	0.048 (.041- .054)	0.042
10 Factors	1004.39***	731	0.893	0.828	0.045 (.038- .052)	0.037
14 Factors	715.31***	581	0.947	0.893	0.035 (.026- .044)	0.030

Note.  $\chi^2$  = chi-square test of model fit; CFI = comparative fit index;  
TLI = Tucker-Lewis index; RMSEA = root-mean square error of approximation;  
SRMR = standardized root mean square residual.  
\*\*\* $p < .001$

After running an EFA and identifying the best fitting factor structure, items without a primary factor loading of .3 or above and items which cross-load on other factors above .30 were eliminated (Brown, 2006). A total of eleven items were eliminated at this point. See Table 6 below for a description and explanation of items eliminated, and Table 7 for the 8 Factor Model loadings.

Table 6  
Explanation of Items Included in Final PSS-Q with Reason for Eliminating Items

	Original Items Included in the PSS-Q	Included in final PSS-Q	If not included, reason to support decision
PSS1	When providing supervision, I tend to listen in an open and receptive manner more than in a targeted and focused manner.	No	Cross loaded on multiple factors at equal loadings.
PSS2	I try to get supervisees to adapt to the way in which I prefer to work.	Yes	
PSS3	As a supervisor, I prefer to tell supervisees what must be done in each supervision session.	No	Low loadings on all factors.
PSS4	I keep a low level of personal involvement with supervisees in order to work more objectively	Yes	
PSS5	I find changes in the supervision framework stimulating.	No	Low loadings on all factors.
PSS6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.	Yes	
PSS7	I place little value on standardized supervision.	No	Low loadings on all factors.
PSS8	The expression of emotions in supervision is a powerful tool for change.	Yes	
PSS9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.	Yes	
PSS10	I don't think about my supervisees outside of work.	Yes	
PSS11	True changes take place during the course of intensely emotional supervision sessions.	Yes	



PSS12	As a supervisor, I see myself as someone who works within a flexible supervision framework.	Yes	
PSS13	When providing supervision, I find it useful to disclose aspects of myself.	Yes	
PSS14	I like to feel surprised by a supervisee's material without having preconceived ideas.	No	Cross loaded on multiple factors at equal loadings.
PSS15	I often provide supervision to supervisees outside of the usual supervision time and place.	No	Eliminating this item increased Cronbach's Alpha from .50 to .76.
PSS16	The best interventions in supervision occur spontaneously.	No	Eliminating this item increased Cronbach's Alpha from .47 to .61.
PSS17	What happens to my supervisees has little influence on my personal life.	Yes	
PSS18	I am predominantly directive in my supervision interventions.	Yes	
PSS19	I think about my supervision work quite a lot, even in my spare time.	Yes	
PSS20	I avoid revealing my own emotional states to supervisees.	Yes	
PSS21	I don't alter the length of supervision sessions, unless it is absolutely necessary.	No	Cross loaded on multiple factors at equal loadings.
PSS22	Strong emotional closeness with supervisees is essential to promote growth.	Yes	
PSS23	I prefer to know in advance what I should pay attention to in a supervision session.	No	Low loadings on all factors.
PSS24	I prefer supervision approaches where all steps to be followed are predetermined.	Yes	
PSS25	I am interested in working with supervisees with specific presenting concerns.	No	Low loadings on all factors.
PSS26	My supervisees' difficulties are on my mind even after supervision sessions.	Yes	
PSS27	I am fairly lax when it comes to punctuality in supervision sessions.	No	Low loadings on all factors.
PSS28	I strive to listen with free-floating attention right from the start of a supervision session.	No	Cross loaded on multiple factors at equal loadings.

PSS29	I prefer not to bring up cultural similarities and differences in supervision.	Yes	
PSS30	My main role as a supervisor is to convey knowledge and give advice.	Yes	
PSS31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.	Yes	
PSS32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.	Yes	
PSS33	I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.	Yes	
PSS34	When I perceive tension in supervision, I tend to wait to see if it lessens over time.	Yes	
PSS35	If it were up to me, I would give supervisees feedback informally instead of using structured approaches.	Yes	
PSS36	To facilitate supervisees' growth, I ask questions that foster their reflection.	No	Low loadings on all factors.
PSS37	As a supervisor, my cultural competence and humility aren't all that important.	Yes	
PSS38	I see supervision primarily as a didactic process of transmitting knowledge and information .	Yes	
PSS39	I prefer to address disagreements in supervision as soon as I sense them.	Yes	
PSS40	When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.	Yes	
PSS41	I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.	Yes	
PSS42	As a supervisor, I am more process-focused than content-focused.	Yes	
PSS43	I prefer to confront my supervisees when I see them disengaged from supervision.	Yes	
PSS44	When educating and training supervisees, I believe the main goal is to foster their capacity to self-reflect.	No	Eliminating this item increased

			Cronbach's Alpha from .47 to .61.
PSS45	As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).	Yes	
PSS46	I believe formal evaluation is a crucial component of supervision	Yes	
PSS47	Disagreements in supervision are likely to get resolved without direct intervention on my part.	Yes	
PSS48	When it comes to supervision, who I am as a cultural being is of peripheral importance.	No	Eliminating this item increased Cronbach's Alpha from .27 to .65.
PSS49	I prefer to let supervisees know how they are doing in supervision through unstructured dialogue	Yes	

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Table 7

Factor Loadings for Final 8 Factor Model with Geomin Rotation

	1	2	3	4	5	6	7	8
PSS2	<b>0.428*</b>	0.088	-0.013	-0.008	0.299	0.07	0.062	0.07
PSS6	<b>0.709*</b>	0.035	-0.008	<b>0.308*</b>	0.069	-0.036	-0.005	-0.004
PSS12	<b>0.525*</b>	-0.098	0.007	0.007	-0.171	0.086	0.251*	-0.072
PSS24	<b>0.315*</b>	-0.268*	-0.03	-0.126	0.227	-0.026	0.022	<b>-0.321*</b>
PSS4	0.001	<b>0.515*</b>	0.071	0.047	-0.048	-0.142	0.113	0.008
PSS9	-0.133	<b>0.448*</b>	0.033	-0.045	-0.217	-0.014	-0.018	-0.011
PSS13	-0.037	<b>0.662*</b>	-0.067	-0.093	0.21	-0.029	-0.046	-0.046
PSS20	0.063	<b>0.574*</b>	0.05	-0.028	0.007	-0.031	-0.059	0.203*
PSS48	0.038	<b>-0.429*</b>	0.003	-0.116	0.16	0.088	-0.036	0.104
PSS10	-0.122	0.075	<b>0.634*</b>	0.115	0.034	-0.253*	0.007	0.024
PSS15	-0.016	0.003	<b>-0.316*</b>	0.227	<b>-0.402*</b>	-0.102	0.014	-0.02
PSS17	0.05	0.107	<b>0.462*</b>	0.072	0.019	0.042	-0.009	0.091
PSS19	0.058	-0.048	<b>0.805*</b>	-0.002	-0.089	0.008	-0.038	-0.117
PSS26	-0.039	-0.172	<b>0.776*</b>	-0.029	-0.034	-0.068	0.068	-0.006
PSS8	-0.096	0.192*	0.071	<b>-0.415*</b>	-0.101	-0.111	-0.155	0.025
PSS11	0.119	0.07	-0.031	<b>-0.355*</b>	-0.09	-0.017	-0.106	0.089
PSS16	-0.023	-0.042	-0.022	<b>0.603*</b>	-0.049	-0.207	0.057	-0.142
PSS22	-0.024	0.211*	0.256*	<b>-0.577*</b>	0.055	0	-0.014	0.003
PSS44	0.038	0.099	0.083	<b>0.643*</b>	0.25	0.181	-0.105	0.01
PSS18	0.313	-0.207*	0.046	0.142	<b>0.501*</b>	-0.064	-0.069	-0.052
PSS30	0.071	-0.043	-0.08	0.083	<b>0.468*</b>	0.114	-0.004	-0.105
PSS38	0.032	-0.079	-0.183*	0.051	<b>0.538*</b>	0.014	0.02	-0.019
PSS42	-0.112	0.019	0.014	<b>0.349*</b>	<b>0.615*</b>	-0.008	0.094	-0.016
PSS29	-0.049	-0.054	-0.024	-0.1	0.026	<b>0.687*</b>	0.092	-0.109
PSS33	-0.017	-0.094	-0.084	0.280*	-0.043	<b>0.631*</b>	0.038	-0.009
PSS37	0.006	-0.013	-0.105	0.067	0.262*	<b>0.322*</b>	0.047	0.07
PSS41	-0.003	0.033	0.043	0.019	-0.064	<b>0.673*</b>	0.179*	0.027
PSS45	0.033	0.001	0.033	<b>0.334*</b>	0.028	<b>0.673*</b>	-0.053	0.007
PSS32	0.123	-0.046	0.062	0.071	-0.254	0.159	<b>0.559*</b>	0.044
PSS34	-0.019	-0.01	0.031	-0.147	0.291*	-0.06	<b>0.730*</b>	-0.077
PSS39	0.082	0.219*	-0.098	-0.016	-0.023	-0.002	<b>0.803*</b>	0.028
PSS43	-0.145	0.195*	-0.053	0.081	0.082	0.234*	<b>0.441*</b>	-0.014
PSS47	-0.053	-0.111	0.044	0.082	0.174	0.099	<b>0.330*</b>	0.063
PSS31	-0.036	-0.043	-0.163	0.044	-0.129	-0.101	0.048	<b>0.733*</b>
PSS35	-0.091	-0.032	0.064	-0.133	0.014	0.135	-0.008	<b>0.450*</b>
PSS40	0.08	0.163	0.087	-0.111	-0.001	-0.026	-0.042	<b>0.546*</b>
PSS46	0.007	-0.001	-0.078	-0.044	-0.016	0.113	0.03	<b>0.724*</b>

PSS49	-0.158	-0.174	-0.003	-0.057	0.163	-0.034	-0.025	<b>0.375*</b>
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*Note.* Factor loadings > .30 are in boldface.

\*  $p < 0.05$

The final model contained 38 items loading onto eight factors. Once the final measure structure was identified, a reliability analysis was performed to evaluate the internal consistency of the measure by obtaining the Cronbach’s alpha value for each factor (Cronbach, 1984). In social sciences, a coefficient alpha of .70 or higher is considered acceptable (Heppner et al., 2016). SPSS’s “Cronbach’s Alpha if deleted” function identified four items that when eliminated, significantly increased the internal reliability of the factors. Item 48 was eliminated from the Role of Self factor as doing so increased the factor’s Cronbach’s Alpha from .37 to .66. Item 15 was eliminated from the Involvement factor to increase the factor’s Cronbach’s Alpha from .53 to .75, and items 16 and 44 were eliminated to increase the factor’s Cronbach’s alpha to .61. Tables 8 and 9 provide the coefficient alphas for each factor, before and after eliminating the items.

Table 8  
Cronbach’s Alpha Values Before Eliminating Items

Factor	$\alpha$	$n$	N of items
1: Framework	0.631	191	4
2: Role of Self	0.266	191	5
3: Involvement	0.497	191	5
4: Role of Emotions	0.472	191	5
5: Education and Training	0.716	191	4
6: Multicultural Considerations	0.812	191	5
7: Conflict Management	0.717	191	5
8: Evaluation, Feedback and Assessment	0.744	191	5

Table 9  
Cronbach's Alpha Values of After Eliminating Items

Factor	$\alpha$	$n$	N of items
1: Framework	0.631	191	4
2: Role of Self	0.649	191	4
3: Involvement	0.759	191	4
4: Role of Emotions	0.610	191	3
5: Education and Training	0.716	191	4
6: Multicultural Considerations	0.812	191	5
7: Conflict Management	0.717	191	5
8: Evaluation, Feedback and Assessment	0.744	191	5

Finally, the EFA was recomputed to obtain final model's fit indices and the factors were named, along with their corresponding extremes or poles. Table 10 provides a list of the factor names with corresponding poles or dimensions, and Table 11 shows the items that correspond to each factor.

Table 10  
Factors with Names and Poles

Factor	Dimensions
1: Framework	flexible - structured
2: Role of Self	peripheral - central
3: Involvement	low - high
4: Role of Emotions	central - peripheral
5: Education and Training	facilitative - didactic
6: Multicultural Considerations	central - peripheral
7: Conflict Management	active - passive
8: Evaluation, Feedback and Assessment	formal - informal

Table 11  
Final items on PSS-Q, Factor Names, and Descriptions

	Factor	Factor Description	Dimensions	Item Number	Item
1	Framework	It reflects the way the supervisor approaches supervision.	flexible - structured	PSS2	I try to get supervisees to adapt to the way in which I prefer to work.
				PSS6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.
				PSS12	As a supervisor, I see myself as someone who works within a flexible supervision framework.
				PSS24	I prefer supervision approaches where all steps to be followed are predetermined.
2	Role of Self	It reflects the role that the supervisor's self plays in supervision.	peripheral-central	PSS4	I keep a low level of personal involvement with supervisees in order to work more objectively
				PSS9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.
				PSS13	When providing supervision, I find it useful to disclose aspects of myself.
				PSS20	I avoid revealing my own emotional states to supervisees.
3	Involvement	It evaluates the relationship between the work in supervision and the rest of his/her life.	low-high	PSS10	I don't think about my supervisees outside of work.
				PSS17	What happens to my supervisees has little influence on my personal life.
				PSS19	I think about my supervision work quite a lot, even in my spare time.

PSS26 My supervisees' difficulties are on my mind even after supervision sessions.

4	Role of Emotions	It reflects a supervisor's view of the role of emotions in supervision.	central-peripheral	PSS8	The expression of emotions in supervision is a powerful tool for change.
				PSS11	True changes take place during the course of intensely emotional supervision sessions.
				PSS22	Strong emotional closeness with supervisees is essential to promote growth.
5	Education and Training	It reflects a supervisor's philosophy and approach to train supervisees.	facilitative-didactic	PSS18	I am predominantly directive in my supervision interventions.
				PSS30	My main role as a supervisor is to convey knowledge and give advice.
				PSS38	I see supervision primarily as a didactic process of transmitting knowledge and information.
				PSS42	As a supervisor, I am more process-focused than content-focused.
6	Multicultural considerations	The construct reflects a supervisor's approach to multicultural issues in supervision. These include supervisors' perception of their own identities, cultural	central-peripheral	PSS29	I prefer not to bring up cultural similarities and differences in supervision.
				PSS33	I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.
				PSS37	As a supervisor, my cultural competence and humility aren't all that important.



		competence as well as the role that promoting cultural competence and humility has in supervision.		PSS41	I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.
				PSS45	As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).
7	Conflict Management	It reflects the way that a supervisor perceives and addresses conflict in supervision.	active-passive	PSS32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.
				PSS34	When I perceive tension in supervision, I tend to wait to see if it lessens over time.
				PSS39	I prefer to address disagreements in supervision as soon as I sense them.
				PSS43	I prefer to confront my supervisees when I see them disengaged from supervision.
				PSS47	Disagreements in supervision are likely to get resolved without direct intervention on my part.
8	Evaluation, Feedback and Assessment	It reflects how supervisors approach the evaluation, feedback, and assessment tasks in supervision.	formal - informal	PSS31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.
				PSS35	If it were up to me, I would give supervisees feedback informally instead of using structured approaches.
				PSS40	When it comes to evaluating my performance as a

	supervisor, I prefer structured rather than spontaneous feedback from my supervisees.
PSS46	I believe formal evaluation is a crucial component of supervision
PSS49	I prefer to let supervisees know how they are doing in supervision through unstructured dialogue

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The final PSS-Q contains eight factors with a total of 34 items. The fit indices of the final model improved (see Table 12 below). The Comparative Fit Index (CFI) value (CFI=.91) and the Root Mean Square Error of Approximation (RMSEA) index range (.038-.055) both indicated adequate fit. The Standardized Root Mean Square Residual (SRMR) was 0.07, suggesting a moderate fit. Although the Tucker-Lewis Index (TLI) value was slightly below adequate fit (TLI = .85), Hu and Bentler (1999) caution against the tendency to over reject true-population models utilizing TLI and RMSEA with small sample sizes and conclude that utilizing two indices of fit is enough to suggest a probable adequate fit of a model.

Table 12  
Fit Indices for Final Revised Model

Model	$\chi^2$	<i>df</i>	CFI	TLI	RMSEA (90%CI)	SRMR
8 Factors	806.107***	499	0.908	0.851	0.057 (.038-.055)	0.073

*Note.*  $\chi^2$  = chi-square test of model fit; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root-mean square error of approximation; SRMR = standardized root mean square residual.

\*\*\* $p < .001$

The items adapted from the PST-Q did not load as hypothesized based on the reported factor structure of that instrument. However, the items that were developed specifically to address particular aspects of supervision, such as conflict management, multicultural

considerations, education and training, and evaluation, did perform as expected. See the diagram below for a representation of how the items that were informed by items from the PST-Q loaded on factors. The items that are crossed out are items that were not included in the final factor structure of the PSS-Q.

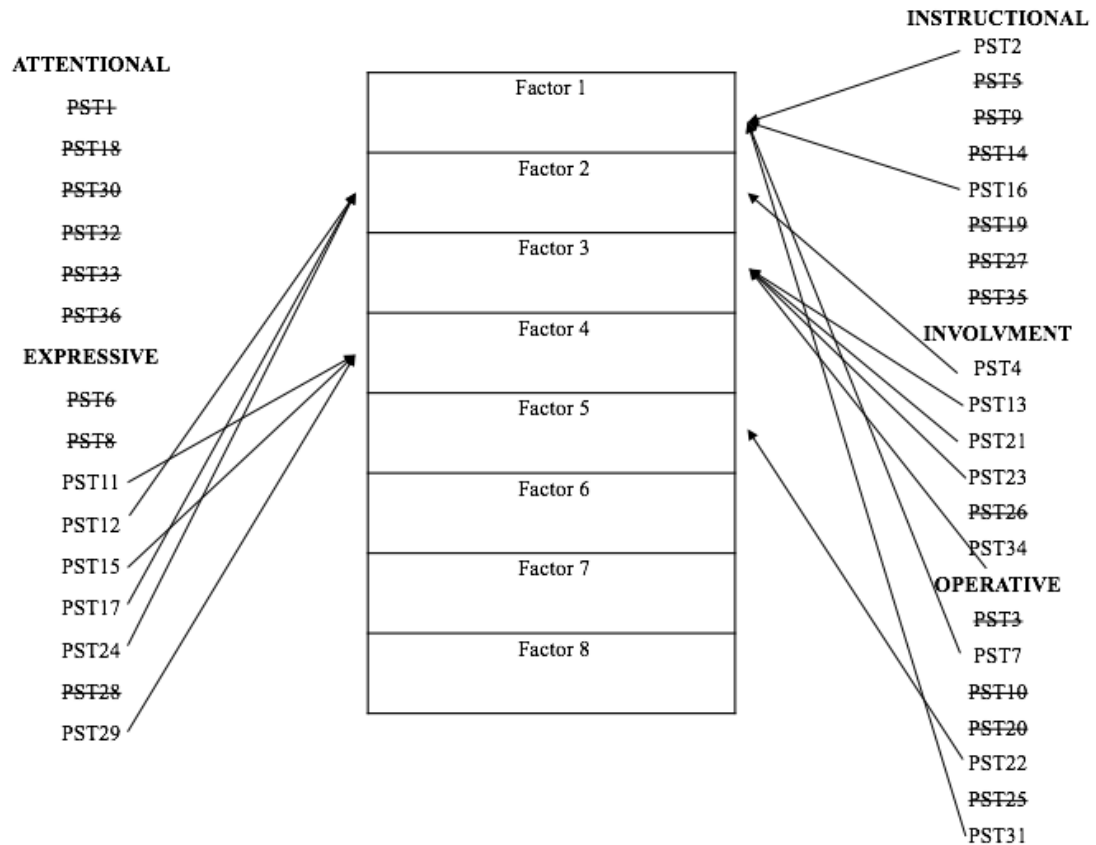


Figure 3. Diagram of how PST-Q informed items loaded onto factors.

Note. Crossed out items were not included in final PSS-Q measure.

The correlations among the final factors were evaluated. All factors had a medium or small effect size with at least one other factor (see Table 13). The strongest correlations were between the Framework factor and Education and Training factor ( $r = .43$ ) and between Multicultural Considerations and Role of Emotions ( $r = -.38$ ).

Table 13  
Correlations Between the Final Eight Factors on the PSS-Q

	1	2	3	4	5	6	7	8
1: Frame.	1.00							
2: Role Self	.271**	1.00						
3: Involv.	-0.071	.214**	1.00					
4: Role of Emotions	-	.382*	.200**	1.00				
5: Edu. and training	.427**	-0.233	-.134	-0.339**	1.00			
6: Multicul. Consi.	.266**	-.316**	-.166*	-.377**	.328**	1.00		
7: Conflict Mngmnt.	.206*	-0.126	-0.09	-.283**	.243**	.455**	1.00	
8: Eval. Feed. and Ass.	.312**	.120	0.00	.248**	-.313**	-0.04	-0.048	1.00

Note. \*\*Significant at the 0.01 level.

\*Significant at the 0.05 level.

### Question 2. What is the internal consistency of the final PSS-Q?

In the final PSS-Q, five of the factors in the PSS-Q had adequate internal consistency and three were nearing acceptable internal consistency, as indicated by their Cronbach's Alpha (see Table 14 below). The Framework factor consisted of four items ( $\alpha = .63$ ), the Role of Self factor had four items ( $\alpha = .65$ ), the Involvement factor had four items ( $\alpha = .76$ ), the Role of Emotions factor had three items ( $\alpha = .61$ ), the Education and Training factor had four items ( $\alpha = .72$ ), the Multicultural Considerations factor had five items ( $\alpha = .81$ ), the Conflict Management factor had five items ( $\alpha = .72$ ) and the Evaluation, Feedback, and Assessment had five items as well ( $\alpha = .74$ ).

Table 14  
Cronbach's Alpha Values of Each Factor in Final PSS-Q

Factor	$\alpha$	$n$	N of items
1: Framework	0.631	191	4
2: Role of Self	0.649	191	4
3: Involvement	0.759	191	4
4: Role of Emotions	0.610	191	3
5: Education and Training	0.716	191	4
6: Multicultural Considerations	0.812	191	5
7: Conflict Management	0.717	191	5
8: Evaluation, Feedback and Assessment	0.744	191	5

**Question 3. Does the PSS-Q have convergent validity with the SSI?**

A correlation analysis between the factors of the PSS-Q and the three subscales of the SSI was conducted to explore the PSS-Q's convergent validity. Both the PSS-Q and the SSI evaluate a similar construct, so medium to high correlations would support the convergent validity of the PSS-Q. Table 15 below illustrates the correlations between the factors of the PSS-Q and the SSI subscales. Seven out of the eight PSS factors had a significant correlation with at least one SSI subscale. The only factor that did not have statistically significant correlations with any SSI subscales was Involvement. The most highly correlated subscales were PSS's factor of Education and Training with SSI-Task oriented ( $r = .51, p < .01$ ) and PSS factor of Evaluation, Feedback, and Assessment with SSI's Interpersonally Sensitive subscale ( $r = .59, p < .01$ ).

Table 15  
Correlations, Means and Standard Deviations PSS-Q Factors and SSI Factors

Factor	Mean	SD	SSI- Attrac.	SSI- Inter.	SSI- Task
1: Framework	2.33	0.68	-.213**	-0.144	.384**
2: Role of Self	4.21	0.82	0.123	0.061	-.273**
3: Involvement	3.69	0.93	0.07	-0.048	-0.091
4: Role of Emotions	3.97	0.86	0.136	.220**	-0.178*
5: Education and Training	2.72	0.86	0.03	-.183*	.513**
6: Multicultural Considerations	1.75	0.68	-.301**	-.359**	0.097
7: Conflict Management	2.23	0.66	-.244**	-.299**	-0.058
8: Evaluation, Feedback and Assessment	3.59	0.90	0.09	.182*	-.411**

*Note.* \*\* is significant at the 0.05

\* is significant at the 0.01 level

**Question 4. Is there a correlation between the style a person has as a supervisor (PSS-Q) with the style they endorse as a therapist (PST-Q)?**

Correlational analyses were used to examine the relationship between the style a person has as a supervisor with the style they endorse as a therapist. Correlations were computed among the eight final factors on the PST-Q and the factors on the PSS-Q (see Table 16 below). Results indicate that six of the eight PST-Q factors moderately correlated with factors on the PST (indicated by a Pearson's correlation higher than .30). The two factors that only had weak correlations with PST-factors were Multicultural Considerations and Conflict Management. These findings suggest a relationship between the style a person reports as a supervisor with the style they endorse as a therapist.

Table 16  
Correlations Between PSS-Q Factors and PST-Q Factors

PSS Factors	<i>n</i>	PST-Focused	PST-Expressive	PST-Instructional	PST-Involv.	PST-Operative
Framework	185	.471**	-.200**	.293**	-.166*	-.114
Role of Self	185	-.160*	.466**	-.196**	.389**	.414**
Involvement	185	-0.034	0.106	-0.051	.592**	.351**
Authenticity	185	.176*	.313**	-0.097	.267**	.335**
Education and Training	185	.379**	-.192**	0.125	-.198**	-0.016
Multicultural Considerations	185	.203**	-.285**	0.085	-.175*	-.279**
Conflict Management	185	.207**	-.191**	0.029	-0.124	-.235**
Evaluation, Feedback, and Assessment	185	-.386**	.222**	-0.117	.191**	.358**

*Note.* \*\* is significant at the 0.01 level

\* is significant at the 0.05 level

### Question 5. Is the PSS-Q stable over time?

To evaluate the stability of the PSS-Q, 72 participants completed the measure again after one month. Acceptable test-retest reliability coefficient cutoffs vary based on time between measures and hypothesized stability of construct. However, generally in Social Sciences a correlation coefficient higher than 0.70 is typically considered adequate (Heppner et al., 2016). Correlational analyses were conducted on each of the eight final factors, as well as each of the items individually (see Tables 17 and 18 below). Four of the eight factors had correlation coefficients above .70 (Role of Self, Education and Training, Multicultural Considerations, and Evaluation, Feedback and Assessment), three factors were approaching adequate test-retest reliability (Conflict Management;  $r = .66$ ; Role of Emotions,  $r = .61$ ; Involvement,  $r = .69$ ) and one factor had a test-retest reliability coefficient below .60 (Framework,  $r = .58$ ).

Table 17  
 Test-retest Reliability Coefficients of the PSS-Q by Factors

Factor	<i>r</i>	<i>n</i>
1: Framework	.576**	72
2: Role of Self	.807**	72
3: Involvement	.687**	72
4: Role of Emotions	.611**	72
5: Education and Training	.803**	72
6: Multicultural Considerations	.803**	72
7: Conflict Management	.661**	72
8: Evaluation, Feedback and Assessment	.724**	72

*Note.* \*\*correlation is significant at the 0.01 level



Table 18  
 Test-retest Reliability Coefficients of the PSS-Q

Item	<i>r</i>	<i>n</i>
PSS2	.494**	72
PSS4	.759**	72
PSS6	.556**	72
PSS8	.589**	72
PSS9	.462**	72
PSS10	.645**	72
PSS11	.450**	72
PSS12	.555**	72
PSS13	.606**	72
PSS17	.654**	72
PSS18	.673**	72
PSS19	.757**	72
PSS20	.652**	72
PSS22	.474**	72
PSS24	.547**	72
PSS26	.495**	72
PSS29	.657**	72
PSS30	.484**	72
PSS31	.348**	72
PSS32	.383**	72
PSS33	.427**	72
PSS34	.656**	72
PSS35	.598**	72
PSS37	.393**	72
PSS38	.512**	72
PSS39	.686**	72
PSS40	.560**	72
PSS41	.480**	72
PSS42	.602**	72
PSS43	.777**	72
PSS45	.602**	72
PSS46	.777**	72
PSS47	.642**	72
PSS49	.378**	72

*Note.* \*\*correlation is significant at the 0.01 level

**Question 6. Are there patterns in how the majority of clinical supervisors provide supervision?**

Frequencies and descriptive statistics were utilized to assess the average supervisory styles across respondents. Table 19 below includes the descriptive statistics for the final 8 factors, including skew and kurtosis, and Figures 2 through 9 in the Appendix show the distribution of responses of each factor. For the Framework factor (Factor 1, ranging from flexible to structured), respondents indicated a general tendency to have a more flexible approach to supervision, but there was a significant range in responses ( $M = 2.31$ ,  $SD = .70$ , Range = 4.25). For the Role of Self factor (Factor 2, ranging from peripheral to central), there was slightly less variability in the responses, and respondents tended to view the role of the supervisor's self as central to supervision ( $M = 4.23$ ,  $SD = .81$ , Range = 3.75). The Involvement factor (Factor 3, ranging from low to high), had the highest variability in responses, indicated by both the range (4.75) and the standard deviation ( $SD = 0.94$ ). On average, supervisors did not seem to be extreme in either low or high involvement with their supervisees ( $M = 3.67$ ). Regarding supervisors' view of the role of emotions in supervision (Factor 4, ranging from central to peripheral), supervisors' general style tended to view emotions as slightly more peripheral to supervision ( $M = 3.92$ ,  $SD = .72$ , Range = 4.00). The Education and Training factor (Factor 5, ranging from facilitative to didactic) had the second highest standard deviation, suggesting a considerable spread in responses ( $SD = .86$ ). However, on average supervisors tended to lean slightly more towards a facilitative approach to training than didactic ( $M = 2.74$ , Range = 4.00). There was the least variability in the responses of items in the Multicultural Considerations factor (Factor 6, ranging from central to peripheral), as indicated by having the smallest standard deviation ( $SD = .64$ ) and range

(2.80). On average, respondents tended to view multicultural issues in supervision as quite central to supervision ( $M = 1.70$ ). Responses to the items on the Conflict Management factor (Factor 7, ranging from active to passive) varied more ( $SD = .66$ , Range = 3.00). On average, supervisors tended to have a slightly more active approach to conflict management ( $M = 2.23$ ). Lastly, the widest range of responses were found in the Evaluation, Feedback, and Assessment factor (Factor 8, ranging from formal to informal), suggesting that supervisors approach this component of supervision with a range of styles. However, the average supervisor tended to have a neither strong formal nor formal style of evaluating and providing feedback in supervision ( $M = 3.61$ ,  $SD = .85$ , Range = 4.80).

Table 19  
Descriptive Statistics for Final 8 Factors

Factor	Dimensions	<i>n</i>	Range	Mean	SD	Skew	Kurtosis
1: Framework	flexible-structured	191	4.25	2.31	0.70	1.09	2.34
2: Role of Self	peripheral-central	191	3.75	4.23	0.81	-0.17	-0.43
3: Involvement	low-high	191	4.75	3.67	0.94	-0.07	-0.53
4: Role of Emotions	central-peripheral	191	4.00	3.92	0.72	0.05	-0.31
5: Education and Training	facilitative-didactic	191	4.00	2.74	0.86	0.38	-0.33
6: Multicultural Considerations	central-peripheral	191	2.80	1.70	0.64	0.83	0.03
7: Conflict Management	active-passive	191	3.00	2.23	0.66	0.30	-0.38
8: Evaluation, Feedback and Assessment	formal-informal	191	4.80	3.61	0.85	0.17	0.11

By evaluating the descriptive statistics and frequencies of individual items, it is possible to ascertain which items elicited a strong reaction from respondents, and which items were most agreed on (see Tables 20 below). Doing so highlights nuances in supervisors general PSS, such as specific items with which supervisors may have identified most or least.

For example, the five items with which participants agreed the most were item 36, “To facilitate supervisees’ growth, I ask questions that foster their reflection” ( $M = 5.5, SD = .63$ ), then item 32, “I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise” ( $M = 5.29, SD = 0.76$ ), item 41, “I invest time in facilitating my supervisee’s cultural awareness, knowledge and skills” ( $M = 5.24, SD = .80$ ), item 33, “I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.” ( $M = 5.17, SD = .98$ ), and item 12, “As a supervisor, I see myself as someone who works within a flexible supervision framework” ( $M = 4.98, SD = .82$ ) (see Table 14). High endorsement of these items would suggest that the supervisors sampled tended to prefer to talk about conflicts early once they arise, value facilitating their supervisees’ cultural competencies and reflection, and regularly ask their supervisees to explore their own identities in supervision.

Next, evaluating the items to which respondents least agreed with provide an idea of statements that are not descriptive of the sample’s PSS. The five items to which supervisors reported agreeing the least were item 37, “As a supervisor, my cultural competence and humility aren’t all that important” ( $M = 1.23, SD = .56$ ), item 29, “I prefer not to bring up cultural similarities and differences in supervision” ( $M = 1.56, SD = .74$ ), item 24, “I prefer supervision approaches where all steps to be followed are predetermined” ( $M = 1.82, SD = .90$ ), item 3, “As a supervisor, I prefer to tell supervisees what must be done in each supervision session” ( $M = 2.14, SD = 1.04$ ), and item 47, “Disagreements in supervision are likely to get resolved without direct intervention on my part” ( $M = 2.16, SD = .92$ ).

Interestingly, the two items with the

lowest means were from the Multicultural Considerations factor and also had one of the lowest variability in responses, suggesting the vast majority of participants believed strongly that these items did not represent their approach to multicultural factors in supervision.

Of the ten items that caused the strongest participant responses across supervisors, whether to strongly agree or to strongly disagree with the statement, five were from the Multicultural Considerations factor, two from Conflict Management factor, two from Framework, and one from Involvement. It is significant that all the items from the Multicultural Considerations factor received extreme scores, indicating participants either strongly agreed or disagreed with the statements. Such findings may represent the actual beliefs and styles of supervisors regarding multicultural issues, or it may be that response may be influenced by social desirability, or that the items fail to capture the range in styles regarding how supervisors approach multicultural issues in supervision. Low endorsement of these items would suggest that the supervisors sampled tended to see their own cultural competence and humility as important, discussed conflicts as well as cultural issues, and did not tend to tell supervisees what to do in each supervision session.

Table 20  
Descriptive Statistics for Original Items Organized by Mean

	Item	Range	M	SD
PSS36	To facilitate supervisees' growth, I ask questions that foster their reflection.	2	5.5	0.63
PSS32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.	5	5.29	0.77
PSS41	I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.	4	5.25	0.80
PSS33	I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.	5	5.17	0.99
PSS12	As a supervisor, I see myself as someone who works within a flexible supervision framework.	5	4.98	0.82
PSS45	As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).	5	4.88	1.09
PSS39	I prefer to address disagreements in supervision as soon as I sense them.	4	4.87	0.98
PSS8	The expression of emotions in supervision is a powerful tool for change.	5	4.86	0.98
PSS44	When educating and training supervisees, I believe the main goal is to foster their capacity to self-reflect.	5	4.74	1.00
PSS1	When providing supervision, I tend to listen in an open and receptive manner more than in a targeted and focused manner.	4	4.69	0.94
PSS13	When providing supervision, I find it useful to disclose aspects of myself.	5	4.55	0.97
PSS46	I believe formal evaluation is a crucial component of supervision	5	4.42	1.19
PSS43	I prefer to confront my supervisees when I see them disengaged from supervision.	5	4.41	1.07
PSS6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.	5	4.34	1.03
PSS42	As a supervisor, I am more process-focused than content-focused.	5	4.34	1.14
PSS49	I prefer to let supervisees know how they are doing in supervision through unstructured dialogue	5	4.3	1.05
PSS5	I find changes in the supervision framework stimulating.	5	4.27	1.03
PSS28	I strive to listen with free-floating attention right from the start of a supervision session.	5	4.25	1.08
PSS21	I don't alter the length of supervision sessions, unless it is absolutely necessary.	5	4.18	1.50

PSS16	The best interventions in supervision occur spontaneously.	5	3.87	1.06
PSS14	I like to feel surprised by a supervisee's material without having preconceived ideas.	5	3.86	1.09
PSS22	Strong emotional closeness with supervisees is essential to promote growth.	5	3.53	1.17
PSS11	True changes take place during the course of intensely emotional supervision sessions.	5	3.51	1.21
PSS35	If it were up to me, I would give supervisees feedback informally instead of using structured approaches.	5	3.49	1.35
PSS31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.	5	3.46	1.50
PSS17	What happens to my supervisees has little influence on my personal life.	5	3.43	1.31
PSS26	My supervisees' difficulties are on my mind even after supervision sessions.	5	3.4	1.13
PSS7	I place little value on standardized supervision.	5	3.25	1.38
PSS19	I think about my supervision work quite a lot, even in my spare time.	5	3.23	1.26
PSS25	I am interested in working with supervisees with specific presenting concerns.	5	3.09	1.28
PSS15	I often provide supervision to supervisees outside of the usual supervision time and place.	5	3.06	1.40
PSS4	I keep a low level of personal involvement with supervisees in order to work more objectively	5	3.05	1.42
PSS18	I am predominantly directive in my supervision interventions.	4	2.92	1.09
PSS23	I prefer to know in advance what I should pay attention to in a supervision session.	5	2.88	1.07
PSS20	I avoid revealing my own emotional states to supervisees.	5	2.87	1.13
PSS40	When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.	5	2.84	1.05
PSS30	My main role as a supervisor is to convey knowledge and give advice.	5	2.77	1.14
PSS2	I try to get supervisees to adapt to the way in which I prefer to work.	5	2.76	1.11
PSS9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.	4	2.69	1.06
PSS38	I see supervision primarily as a didactic process of transmitting knowledge and information .	5	2.6	1.31
PSS34	When I perceive tension in supervision, I tend to wait to see if it lessens over time.	4	2.55	1.04

PSS10	I don't think about my supervisees outside of work.	5	2.52	1.22
PSS27	I am fairly lax when it comes to punctuality in supervision sessions.	5	2.42	1.34
PSS48	When it comes to supervision, who I am as a cultural being is of peripheral importance.	5	2.3	1.43
PSS47	Disagreements in supervision are likely to get resolved without direct intervention on my part.	4	2.16	0.92
PSS3	As a supervisor, I prefer to tell supervisees what must be done in each supervision session.	5	2.14	1.04
PSS24	I prefer supervision approaches where all steps to be followed are predetermined.	5	1.82	0.90
PSS29	I prefer not to bring up cultural similarities and differences in supervision.	3	1.55	0.74
PSS37	As a supervisor, my cultural competence and humility aren't all that important.	3	1.24	0.56

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*Note.* Scores are not reversed scored

By examining the standard deviations of individual items, it is possible to evaluate which items elicited a wider range of responses, thus suggesting participants utilize diverse approaches to these aspects of supervision (see Table 21 below). The five items with most variability were items 21, “I don’t alter the length of supervision sessions, unless it is absolutely necessary” ( $M = 4.18, SD = 1.50$ ), item 31, “I find it helpful to use pre-established criteria and rubrics when assessing a supervisee’s professional competence” ( $M = 3.45, SD = 1.50$ ), item 48, “When it comes to supervision, who I am as a cultural being is of peripheral importance” ( $M = 2.30, SD = 1.43$ ), item 4, “I keep a low level of personal involvement with supervisees in order to work more objectively” ( $M = 3.05, SD = 1.42$ ) and item 15, “I often provide supervision to supervisees outside of the usual supervision time and place” ( $M = 3.06, SD = 1.40$ ) (see Table 15). High variability in the responses to these items, indicated by higher standard deviations, suggest that respondents have different approaches regarding modifying length and place of supervision, using pre-established rubrics, and the level of the supervisor’s personal involvement with supervisees. Of the ten items that had the widest



ranges of responses, none were from the Multicultural Consideration factor or Conflict

Management, suggesting that supervisors PSS may vary slightly less in these two domains.

Table 21  
Descriptive Statistics for original Items Organized by SD

	Item	Range	M	SD
PSS37	As a supervisor, my cultural competence and humility aren't all that important.	3	1.24	0.56
PSS36	To facilitate supervisees' growth, I ask questions that foster their reflection.	2	5.5	0.63
PSS29	I prefer not to bring up cultural similarities and differences in supervision.	3	1.55	0.74
PSS32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.	5	5.29	0.77
PSS41	I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.	4	5.25	0.80
PSS12	As a supervisor, I see myself as someone who works within a flexible supervision framework.	5	4.98	0.82
PSS24	I prefer supervision approaches where all steps to be followed are predetermined.	5	1.82	0.90
PSS47	Disagreements in supervision are likely to get resolved without direct intervention on my part.	4	2.16	0.92
PSS1	When providing supervision, I tend to listen in an open and receptive manner more than in a targeted and focused manner.	4	4.69	0.94
PSS13	When providing supervision, I find it useful to disclose aspects of myself.	5	4.55	0.97
PSS39	I prefer to address disagreements in supervision as soon as I sense them.	4	4.87	0.98
PSS8	The expression of emotions in supervision is a powerful tool for change.	5	4.86	0.98
PSS33	I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.	5	5.17	0.99
PSS44	When educating and training supervisees, I believe the main goal is to foster their capacity to self-reflect.	5	4.74	1.00
PSS5	I find changes in the supervision framework stimulating.	5	4.27	1.03
PSS6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.	5	4.34	1.03
PSS34	When I perceive tension in supervision, I tend to wait to see if it lessens over time.	4	2.55	1.04
PSS3	As a supervisor, I prefer to tell supervisees what must be done in each supervision session.	5	2.14	1.04

PSS40	When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.	5	2.84	1.05
PSS49	I prefer to let supervisees know how they are doing in supervision through unstructured dialogue	5	4.3	1.05
PSS16	The best interventions in supervision occur spontaneously.	5	3.87	1.06
PSS9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.	4	2.69	1.06
PSS23	I prefer to know in advance what I should pay attention to in a supervision session.	5	2.88	1.07
PSS43	I prefer to confront my supervisees when I see them disengaged from supervision.	5	4.41	1.07
PSS28	I strive to listen with free-floating attention right from the start of a supervision session.	5	4.25	1.08
PSS18	I am predominantly directive in my supervision interventions.	4	2.92	1.09
PSS14	I like to feel surprised by a supervisee's material without having preconceived ideas.	5	3.86	1.09
PSS45	As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).	5	4.88	1.09
PSS2	I try to get supervisees to adapt to the way in which I prefer to work.	5	2.76	1.11
PSS20	I avoid revealing my own emotional states to supervisees.	5	2.87	1.13
PSS26	My supervisees' difficulties are on my mind even after supervision sessions.	5	3.4	1.13
PSS42	As a supervisor, I am more process-focused than content-focused.	5	4.34	1.14
PSS30	My main role as a supervisor is to convey knowledge and give advice.	5	2.77	1.14
PSS22	Strong emotional closeness with supervisees is essential to promote growth.	5	3.53	1.17
PSS46	I believe formal evaluation is a crucial component of supervision	5	4.42	1.19
PSS11	True changes take place during the course of intensely emotional supervision sessions.	5	3.51	1.21
PSS10	I don't think about my supervisees outside of work.	5	2.52	1.22
PSS19	I think about my supervision work quite a lot, even in my spare time.	5	3.23	1.26
PSS25	I am interested in working with supervisees with specific presenting concerns.	5	3.09	1.28
PSS38	I see supervision primarily as a didactic process of transmitting knowledge and information .	5	2.6	1.31

PSS17	What happens to my supervisees has little influence on my personal life.	5	3.43	1.31
PSS27	I am fairly lax when it comes to punctuality in supervision sessions.	5	2.42	1.34
PSS35	If it were up to me, I would give supervisees feedback informally instead of using structured approaches.	5	3.49	1.35
PSS7	I place little value on standardized supervision.	5	3.25	1.38
PSS15	I often provide supervision to supervisees outside of the usual supervision time and place.	5	3.06	1.40
PSS4	I keep a low level of personal involvement with supervisees in order to work more objectively	5	3.05	1.42
PSS48	When it comes to supervision, who I am as a cultural being is of peripheral importance.	5	2.3	1.43
PSS31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.	5	3.46	1.50
PSS21	I don't alter the length of supervision sessions, unless it is absolutely necessary.	5	4.18	1.50

*Note.* Scores are not reversed scored

**Question 7. Are there patterns of personal styles that supervisors endorse based on gender, experience, supervision model, etc.?**

One way analyses of variance were utilized to detect significant mean differences in each factor based on gender, ethnicity, race, licensure level, supervision and psychotherapy model endorsed, and experience providing supervision. No statistically significant differences were found based on age (Table 29 in Appendix), years of experience providing supervision (Table 30 in Appendix), or total number of people supervised (Table 31 in Appendix).

When evaluating mean differences between supervisors who self-identified as Latina/o/x/Hispanics and those that did not, Latino/a/x supervisors had a more active conflict management style ( $M = 2.01, SD = .56$ ) than non-Latina/o/x/Hispanics ( $M = 2.27, SD = .68$ ),  $F(1,188) = 4.27, p = .04$  (see Table 22 below). Latino/a/x supervisors were also

statistically significantly more likely to see multicultural considerations as central to supervision ( $M = 1.43$ ,  $SD = .45$ ) than non-Latino/a/x supervisors ( $M = 1.76$ ,  $SD = .66$ ),  $F(2,189) = 7.51$ ,  $p = .007$ .

Table 22  
ANOVA of Supervisory Profile Based on Latina/o/x/Hispanic Identification

Factor		<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
1: Framework (flexible – structured)	Not Latina/o/x/Hispanic	157	2.30	0.66	0.25 2	0.616
	Latina/o/x/Hispanic	33	2.36	0.72		
	Total	190	2.31	0.67		
2: Role of Self (peripheral – central)	Not Latina/o/x/Hispanic	157	4.22	0.79	0.22 7	0.634
	Latina/o/x/Hispanic	33	4.30	0.89		
	Total	190	4.23	0.81		
3: Involvement (low - high)	Not Latina/o/x/Hispanic	157	3.61	0.94	3.82 5	0.052
	Latina/o/x/Hispanic	33	3.96	0.89		
	Total	190	3.67	0.94		
4: Role of emotions (central – peripheral)	Not Latina/o/x/Hispanic	157	3.89	0.71	2.35 7	0.126
	Latina/o/x/Hispanic	33	4.10	0.72		
	Total	190	3.93	0.71		
5: Education and Training (facilitative – didactic)	Not Latina/o/x/Hispanic	157	2.70	0.82	1.97 3	0.162
	Latina/o/x/Hispanic	33	2.93	1.01		
	Total	190	2.74	0.86		
6: Multicultural Considerations (central – peripheral)	Not Latina/o/x/Hispanic	157	1.76	0.66	7.51 3	0.007
	Latina/o/x/Hispanic	33	1.43	0.45		
	Total	190	1.70	0.64		
7: Conflict Management (active – passive)	Not Latina/o/x/Hispanic	157	2.27	0.68	4.27 4	0.04
	Latina/o/x/Hispanic	33	2.01	0.56		
	Total	190	2.23	0.67		
8: Evaluation, Feedback and Assessment (formal – informal)	Not Latina/o/x/Hispanic	157	3.63	0.82	0.17 5	0.676
	Latina/o/x/Hispanic	33	3.56	1.00		
	Total	190	3.62	0.85		

In addition, supervisors who identified as Black/African American were more likely to report that they saw the role of self (Factor 2) as more peripheral to supervision ( $M = 3.44$ ,  $SD = .65$ ) than supervisors that identified as White/Caucasian ( $M = 4.29$ ,  $SD = .79$ ) (see Table 23 below). However, these differences must be interpreted with caution, as small sample sizes in the Black/African American race group as well as other minority groups may bias results.

Table 23  
ANOVA of Supervisory Profile Based on Race

Factor		<i>n</i>	Mean	SD	Tukey's HSD Comparisons			
					1	2	3	4
1: Framework (flexible – structured)	Asian/Pacific Islander	11	2.30	0.62		0.672	1	0.982
	Black/African American	9	2.64	0.87	0.672		0.511	0.427
	White/Caucasian	145	2.32	0.68	1	0.511		0.92
	Other	13	2.19	0.47	0.982	0.427	0.92	
	Total	178	2.32	0.68				
2: Role of Self (peripheral – central)	Asian/Pacific Islander	11	4.14	0.84		0.219	0.92	0.845
	Black/African American	9	3.44	0.65	0.219		0.012	0.031
	White/Caucasian	145	4.29	0.79	0.92	0.012		0.965
	Other	13	4.40	0.89	0.845	0.031	0.965	
	Total	178	4.25	0.81				
3: Involvement (low - high)	Asian/Pacific Islander	11	3.23	0.68		0.94	0.357	0.695
	Black/African American	9	3.47	0.62	0.94		0.877	0.972
	White/Caucasian	145	3.72	0.98	0.357	0.877		0.996
	Other	13	3.65	1.01	0.695	0.972	0.996	
	Total	178	3.67	0.95				
4: Role of emotions (central – peripheral)	Asian/Pacific Islander	11	3.79	0.45		0.999	0.913	0.6
	Black/African American	9	3.74	0.78	0.999		0.859	0.547
	White/Caucasian	145	3.94	0.74	0.913	0.859		0.721
	Other	13	4.15	0.62	0.6	0.547	0.721	
	Total	178	3.93	0.72				

5: Education and Training (facilitative – didactic)	Asian/Pacific Islander	11	2.64	0.78		0.243	0.987	0.999
	Black/African American	9	3.36	0.69	0.243		0.143	0.28
	White/Caucasian	145	2.73	0.89	0.987	0.143		0.999
	Other	13	2.69	0.69	0.999	0.28	0.999	
	Total	178	2.75	0.86				
6: Multicultural Considerations (central – peripheral)	Asian/Pacific Islander	11	1.78	0.78		0.321	1	0.541
	Black/African American	9	1.29	0.27	0.321		0.139	0.956
	White/Caucasian	145	1.76	0.66	1	0.139		0.278
	Other	13	1.43	0.49	0.541	0.956	0.278	
	Total	178	1.72	0.65				
7: Conflict Management (active – passive)	Asian/Pacific Islander	11	2.51	0.63		0.999	0.396	0.345
	Black/African American	9	2.47	0.93	0.999		0.599	0.486
	White/Caucasian	145	2.19	0.65	0.396	0.599		0.913
	Other	13	2.06	0.55	0.345	0.486	0.913	
	Total	178	2.21	0.66				
8: Evaluation, Feedback and Assessment (formal – informal)	Asian/Pacific Islander	11	3.51	0.85		0.94	0.935	0.998
	Black/African American	9	3.29	0.86	0.94		0.572	0.873
	White/Caucasian	145	3.67	0.87	0.935	0.572		0.979
	Other	13	3.57	0.60	0.998	0.873	0.979	
	Total	178	3.63	0.85				

Regarding mean differences in responses based on gender, the only statistically significant difference was found in Factor 6 (Multicultural Considerations) between men ( $M = 2.07$ ,  $SD = .78$ ) and women ( $M = 1.59$ ,  $SD = .55$ ),  $F(1,188) = 20.01$ ,  $p = .01$  (Table 21). The mean differences suggest that, on average, women tended to view multicultural issues as more central to supervision than male supervisors. When exploring mean differences in responses based on level of licensure (masters or doctoral), the only statistically significant difference was found in Factor 8 (Evaluation, Feedback, and Assessment) between masters ( $M = 3.98$ ,  $SD = .73$ ) and doctoral supervisors ( $M = 3.50$ ,  $SD = .82$ ),  $F(1,175) = 12.99$ ,  $p = .001$ .

Table 24  
ANOVA of Supervisory Profile Based on Gender Identification

Factor		<i>n</i>	M	SD	F	<i>p</i>
1: Framework (flexible – structured)	Women	147	2.28	0.60	2.062	0.153
	Men	43	2.44	0.86		
	Total	190	2.31	0.67		
2: Role of Self (peripheral – central)	Women	147	4.24	0.81	0.212	0.646
	Men	43	4.18	0.79		
	Total	190	4.23	0.81		
3: Involvement (low - high)	Women	147	3.65	0.94	0.212	0.645
	Men	43	3.73	0.95		
	Total	190	3.67	0.94		
4: Role of emotions (central – peripheral)	Women	147	3.93	0.72	0.043	0.836
	Men	43	3.90	0.73		
	Total	190	3.92	0.72		
5: Education and Training (facilitative – didactic)	Women	147	2.71	0.83	0.443	0.506
	Men	43	2.81	0.97		
	Total	190	2.74	0.86		
6: Multicultural Considerations (central – peripheral)	Women	147	1.59	0.55	20.01	0
	Men	43	2.07	0.78		
	Total	190	1.70	0.64		
7: Conflict Management (active – passive)	Women	147	2.20	0.63	1.146	0.286
	Men	43	2.32	0.79		
	Total	190	2.23	0.67		
8: Evaluation, Feedback and Assessment (formal – informal)	Women	147	3.66	0.85	1.587	0.209
	Men	43	3.47	0.86		
	Total	190	3.62	0.85		

Master’s level supervisors tended to report a more informal style of providing evaluation, feedback, and assessment to supervisees than supervisors with a doctoral degree. An analysis of variance (ANOVA) on the scores of each factor again yielded significant variations based on the supervision model endorsed by participants for Factor 4 (Role of Emotions),  $F(5,186) = 3.03$ ,  $p = 0.012$ , Factor 5 (Education and Training),  $F(5,186) = 4.06$ ,  $p$

= 0.002 and Factor 8 (Evaluation, Feedback, and Assessment)  $F(5,186)= 3.61, p = 0.004$

(See Table 25 below).

Table 25  
ANOVA of Supervisory Profile Based on Licensure Level

Factor		<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
1: Framework	PhD	127	2.35	0.71	2.714	0.101
	Master	50	2.17	0.54		
	Total	177	2.30	0.67		
2: Role of Self	PhD	127	4.27	0.82	2.858	0.093
	Master	50	4.05	0.76		
	Total	177	4.21	0.81		
3: Involvement	PhD	127	3.65	0.90	0.799	0.373
	Master	50	3.52	1.00		
	Total	177	3.61	0.93		
4: Role of emotions	PhD	127	3.88	0.77	0.637	0.426
	Master	50	3.97	0.58		
	Total	177	3.90	0.72		
5: Education and Training	PhD	127	2.73	0.86	0.102	0.750
	Master	50	2.69	0.83		
	Total	177	2.72	0.85		
6: Multicultural Considerations	PhD	127	1.69	0.64	0.409	0.523
	Master	50	1.76	0.67		
	Total	177	1.71	0.65		
7: Conflict Management	PhD	127	2.24	0.69	0	0.987
	Master	50	2.24	0.65		
	Total	177	2.24	0.68		
8: Evaluation, Feedback and Assessment	PhD	127	3.50	0.82	12.999	0
	Master	50	3.98	0.73		
	Total	177	3.63	0.82		

A post-hoc Tukey test showed that regarding the role of emotions in supervision (Factor 4), supervisors who utilize a developmental model are more likely to view emotions as central to supervision ( $M = 4.02, SD = .66$ ) than supervisors who utilize a competency-based model ( $M = 4.08, SD = .65$ ). When it comes to supervisors' style regarding education



and training (Factor 5), supervisors who followed a competency-based model were significantly more didactic than both supervisors who followed a developmental model ( $M = 2.68, SD = .77$ ) and those that reported not following a specific model ( $M = 2.99, SD = .89$ ). In addition, supervisors who followed a developmental model were significantly more facilitative than supervisors not following a specific model. Lastly, supervisors who followed competency based supervision models also differed in their approach to evaluation, feedback, and assessment (Factor 8). This group tended to have a more formal approach to evaluate supervisees and provide feedback ( $M = 3.18, SD = .72$ ), than supervisors utilizing models grounded in psychotherapy theories ( $M = 4.00, SD = 1.21$ ) and those with no specific models ( $M = 3.81, SD = .72$ ).

Table 26  
ANOVA of Supervisory Profile Based on Supervision Model

Factor	Model	n	M	S D	Tukey's HSD Comparisons					
					1	2	3	4	5	6
1: Frame work (flexible- structured)	Developmental	81	2.28	0.55		1	0.886	0.995	0.885	0.978
	Process model	30	2.27	0.64	1		0.925	0.995	0.922	0.992
	Competency-based	26	2.44	0.79	0.886	0.925		1	1	0.722
	Grounded in psychotherapy theory	13	2.38	1.04	0.995	0.995	1		1	0.93
	None specific	24	2.45	0.63	0.885	0.922	1	1		0.719
	Other	17	2.15	0.76	0.978	0.992	0.722	0.93	0.719	
	Total	191	2.32	0.67						
2: Role of Self (peripheral- central)	Developmental	81	4.22	0.78		0.999	1	1	0.998	0.973
	Process model	30	4.15	0.67	0.999		0.999	1	0.984	0.936
	Competency-based	26	4.23	0.93	1	0.999		1	1	0.991
	Grounded in psychotherapy theory	13	4.23	0.93	1	1	1		1	0.996
	None specific	24	4.3	0.9	0.998	0.984	1	1		1

	Other	17	4.38	0.83	0.973	0.936	0.991	0.996	1	
	Total	19	4.23	0.81						
		1								
3:	Developmental	81	3.76	0.95		0.989	0.957	0.97	1	0.887
Involv.	Process	30	3.63	0.83	0.989		1	1	1	0.996
(low -	model									
high)	Competency-	26	3.58	0.97	0.957		1	1	0.996	1
	-based									
	Grounded in	13	3.54	0.9	0.97	1		1	0.995	1
	psychotherap									
	y theory									
	None specific	24	3.71	1.06	1	1	0.996		0.995	0.976
	Other	17	3.49	0.97	0.887	0.996	1	1		0.976
	Total	19	3.67	0.94						
		1								
4:	Developmental	81	4.02	0.66		0.998	0.007	0.983	1	0.865
Role of	Process	30	4.08	0.65	0.998		0.015	0.949	0.999	0.791
emotio	model									
ns	Competency-	26	3.46	0.79	0.007	0.015		0.517	0.064	0.62
(central	-based									
-	Grounded in	13	3.87	0.8	0.983	0.949	0.517		0.992	1
periphe	psychotherap									
ral)	y theory									
	None specific	24	4.01	0.62	1	0.999	0.064	0.992		0.934
	Other	17	3.8	0.85	0.865	0.791	0.62	1	0.934	
	Total	19	3.92	0.72						
		1								
5:	Developmental	81	2.68	0.77		0.583	0.022	0.931	0.59	1
Educati	Process	30	2.39	0.83	0.583		0.001	1	0.093	0.84
on and	model									
Trainin	Competency-	26	3.27	0.82	0.022	0.001		0.042	0.839	0.225
g	-based									
(facilita	Grounded in	13	2.44	0.95	0.931	1	0.042		0.393	0.964
tive –	psychotherap									
didacti	y theory									
c)	None specific	24	2.99	0.89	0.931	1	0.042	0.393		0.964
	Other	17	2.69	0.91	0.59	0.093	0.839	0.393	0.865	
	Total	19	2.74	0.86						
		1								
6:	Developmental	81	1.58	0.54		0.774	0.572	0.998	0.062	1
Multic	Process	30	1.76	0.7	0.774		0.999	0.997	0.759	0.946
ultural	model									
Consid	Competency-	26	1.82	0.62	0.572	0.999		0.979	0.921	0.856
eration	-based									
s										

(central – peripheral)	Grounded in psychotherapy theory	13	1.66		0.998	0.997	0.979		0.649	1
	None specific	24	1.99	0.81	0.062	0.759	0.921	0.649		0.333
	Other	17	1.59	0.68	1	0.946	0.856	1	0.333	
	Total	19	1.7	0.64						
		1								
7: Con. Mgmt (active – passive)	Developmental	81	2.19	0.62		0.946	0.713	0.993	0.672	0.991
	Process model	30	2.06	0.71	0.946		0.396	1	0.366	0.853
	Competency-based	26	2.4	0.64	0.713	0.396		0.705	1	0.996
	Grounded in psychotherapy theory	13	2.08	0.65	0.993	1	0.705		0.671	0.948
	None specific	24	2.42	0.68	0.672	0.366	1	0.671		0.992
	Other	17	2.29	0.77	0.991	0.853	0.996	0.948	0.992	
		19	2.23	0.67						
		1								
8: Eval., Feedback and Ass. (formal – informal)	Developmental	81	3.52	0.8		0.119	0.458	0.375	0.662	1
	Process model	30	3.97	0.83	0.119		0.006	1	0.981	0.499
	Competency-based	26	3.18	0.72	0.458	0.006		0.045	0.084	0.759
	Grounded in psychotherapy theory	13	4	1.21	0.375	1	0.045		0.984	0.629
	None specific	24	3.81	0.72	0.662	0.981	0.084	0.984		0.892
	Other	17	3.53	0.8	1	0.499	0.759	0.629	0.892	
		19	3.61	0.85						
		1								

To evaluate significant mean differences in supervisory profiles based on age, years of experience providing supervision as well as number of supervisees a week and overall, these variables were categorized into distinct groups. Groups were defined based on quartile ranges, distribution of the data, and the literature. For example, for number of years of experience providing supervision, supervisors were categorized as early career practitioners (2-9 years of experience), mid-level career practitioners (10-19 years), and senior practitioners (20 years of experience or more). Then, ANOVAs were used on each of these

variables. No statistically significant differences were found in the groups that varied by age (see Table 29 in Appendix), years of experience providing supervision (Table 30 in Appendix), or the total number of people supervised (Table 31 in Appendix). However, an analysis of variance (ANOVA) on the scores of each factor yielded significant variations in supervisory style based on the number of hours a week participants reported providing supervision (Table 27 below). Supervisors who reported providing 16 or more hours of supervision a week were statistically significantly more structured in their framework (Factor 1) ( $M = 3.03, SD = .65$ ) than those who provided five hours or less ( $M = 2.25, SD = .61$ ) and than those who provided 6-15 hours of supervision a week ( $M = 2.38, SD = .76$ ). In addition, supervisors who reported providing 16 or more hours of supervision a week were more likely to view the role of the self (Factor 2) as less central to supervision ( $M = 3.56, SD = .58$ ) than supervisors providing less hours of supervision a week ( $M = 4.25, SD = .81; M = 4.31, SD = .78$ ). Lastly, the same group that provided 16 or more hours of supervision a week reported viewing the role of multicultural considerations as more peripheral to supervision ( $M = 2.18, SD = .71$ ) than supervisors who provide less hours of supervision a week ( $M = 1.71, SD = .63; M = 1.58, SD = .63$ ).

Table 27

## ANOVA of Supervisory Profile Based on Weekly Hours of Supervision Provided

Factor		<i>n</i>	M	SD	Tukey's HSD Comparisons		
					1	2	3
1: Framework (flexible – structured)	5 hours or less	133	2.25	0.61		0.495	0.004
	6-15 hours	48	2.38	0.76	0.495		0.026
	16 or more hours	8	3.03	0.65	0.004	0.026	
	Total	189	2.31	0.67			
2: Role of Self (peripheral – central)	5 hours or less	133	4.25	0.81		0.891	0.049
	6-15 hours	48	4.31	0.78	0.891		0.039
	16 or more hours	8	3.56	0.58	0.049	0.039	
	Total	189	4.23	0.80			
3: Involvement (low - high)	5 hours or less	133	3.69	0.94		0.973	0.683
	6-15 hours	48	3.66	0.94	0.973		0.766
	16 or more hours	8	3.41	0.88	0.683	0.766	
	Total	189	3.67	0.94			
4: Role of emotions (central – peripheral)	5 hours or less	133	3.95	0.73		0.934	0.145
	6-15 hours	48	3.91	0.66	0.934		0.23
	16 or more hours	8	3.46	0.92	0.145	0.23	
	Total	189	3.92	0.72			
5: Education and Training (facilitative – didactic)	5 hours or less	133	2.72	0.84		0.912	0.772
	6-15 hours	48	2.78	0.86	0.912		0.884
	16 or more hours	8	2.94	1.29	0.772	0.884	
	Total	189	2.75	0.86			
6: Multicultural Considerations (central – peripheral)	5 hours or less	133	1.71	0.63		0.444	0.112
	6-15 hours	48	1.58	0.63	0.444		0.04
	16 or more hours	8	2.18	0.71	0.112	0.04	
	Total	189	1.70	0.64			
7: Conflict Management (active – passive)	5 hours or less	133	2.22	0.65		0.956	0.179
	6-15 hours	48	2.19	0.66	0.956		0.165
	16 or more hours	8	2.65	0.91	0.179	0.165	
	Total	189	2.23	0.67			
8: Evaluation, Feedback and Assessment (formal – informal)	5 hours or less	133	3.61	0.83		0.985	0.617
	6-15 hours	48	3.64	0.88	0.985		0.598
	16 or more hours	8	3.33	0.87	0.617	0.598	
	Total	189	3.61	0.84			

Finally, an ANOVA and subsequent Tukey post-hoc test found significant differences among supervisors' style based on their psychotherapy orientation, in particular for supervisors who reported having a cognitive-behavioral orientation (Table 28 below). Supervisors who reported a cognitive-behavioral orientation for psychotherapy had a more structured framework (Factor 1) ( $M = 2.59, SD = .87$ ) than those with an integrative/eclectic approach ( $M = 2.16, SD = .54$ ). In addition, supervisors who reported a cognitive-behavioral orientation for psychotherapy were also significantly more didactic (Factor 5;  $M = 3.21, SD = .91$ ) than those who follow a psychodynamic approach to psychotherapy ( $M = 2.49, SD = .89$ ) and humanistic/existential/experiential ( $M = 2.42, SD = .89$ ). Regarding evaluation, feedback, and assessment (Factor 8), supervisors with a cognitive-behavioral orientation to psychotherapy had a more formal approach ( $M = 3.14, SD = .72$ ) than those supervisors with a psychodynamic approach ( $M = 3.90, SD = .72$ ) and integrative/eclectic ( $M = 3.66, SD = .72$ ).

Table 28

## ANOVA of Supervisory Profile Based on Psychotherapy Orientation

Factor	<i>n</i>	M	SD	Tukey's HSD Comparisons							
				1	2	3	4	5	6	7	
1: Framework (flexible – structured)	Psychody.	26	2.31	0.56		0.59	0.992	0.997	0.996	0.963	1
	Cogn.- Beh.	45	2.59	0.87	0.59		0.172	1	0.996	0.018	0.416
	Hum./Exis t/ /Experient ial	24	2.18	0.56		0.992	0.172		0.953	0.908	1
	Systemic	5	2.50	0.77	0.997	1	0.953		1	0.924	0.981
	Multicult./ fem.	11	2.45	0.68	0.996	0.996	0.908	1		0.819	0.968
	Integra./ec lec.	62	2.16	0.54	0.963	0.018	1	0.924	0.819		1
	Other	18	2.22	0.61	1	0.416	1	0.981	0.968	1	
	Total	19	2.32	0.67							
	1										
2: Role of Self (peripheral – central)	Psychody.	26	4.24	0.88		0.79	1	0.996	1	0.992	0.8
	Cogn.- Beh.	45	3.96	0.86	0.79		0.92	1	0.971	0.125	0.082
	Hum./Exis t/ /Experient ial	24	4.19	0.87		1	0.92		0.999	1	0.962
	Systemic	5	4.00	0.40	0.996	1	0.999		0.999	0.953	0.775
	Multicult./ fem.	11	4.20	0.80	1	0.971	1	0.999		0.995	0.877
	Integra./ec lec.	62	4.37	0.73	0.992	0.125	0.962	0.953	0.995		0.955
	Other	18	4.58	0.69	0.8	0.082	0.688	0.775	0.877	0.955	
	Total	19	4.23	0.81							
	1										
3: Involvement (low - high)	Psychody.	26	3.88	0.83		0.996	0.983	1	0.741	0.797	0.997
	Cogn.- Beh.	45	3.73	1.09	0.996		1	0.999	0.913	0.975	1
	Hum./Exis t/ /Experient ial	24	3.66	1.21		0.983	1		0.996	0.979	1
	Systemic	5	3.95	0.99	1	0.999	0.996		0.911	0.975	0.999
	Multicult./ fem.	11	3.36	0.82	0.741	0.913	0.979	0.911		0.995	0.963
	Integra./ec lec.	62	3.56	0.75	0.797	0.975	1	0.975	0.995		0.998
	Other	18	3.71	0.96	0.997	1	1	0.999	0.963	0.998	
	Total	19	3.67	0.94							
	1										

4: Role of emotions (central – peripheral)	Psychody.	26	3.79	0.60		1	0.666	1	1	0.954	0.781
	Cogn.- Beh.	45	3.77	0.82							
	Hum./Exis t/ /Experient ial	24	4.13	0.87		1	0.447	0.999	1	0.819	0.615
	Systemic	5	3.93	0.92		0.666	0.447		0.998	0.939	0.965
	Multicult./ fem.	11	3.85	0.66		1	0.999	0.998		1	1
	Integra./ec lec.	62	3.96	0.66		1	1	0.939	1		0.999
	Other	18	4.11	0.54		0.954	0.819	0.965	1	0.999	
	Total	19	3.92	0.72		0.781	0.615	1	0.999	0.963	0.987
		1									
5: Education and Training (facilitative – didactic)	Psychody.	26	2.49	0.89			0.008	1	1	0.975	0.824
	Cogn.- Beh.	45	3.21	0.91							
	Hum./Exis t/ /Experient ial	24	2.42	0.70		0.008		0.003	0.609	0.634	0.067
	Systemic	5	2.55	0.78		1	0.003		1	0.922	0.622
	Multicult./ fem.	11	2.75	0.99		1	0.609	1		0.999	0.998
	Integra./ec lec.	62	2.75	0.70		0.975	0.634	0.922	0.999		1
	Other	18	2.35	0.90		0.824	0.067	0.622	0.998	1	
	Total	19	2.74	0.86		0.998	0.004	1	0.999	0.858	0.525
		1									
6: Multicultura l Consideratio ns (central – peripheral)	Psychody.	26	1.84	0.76			1	0.951	0.999	0.114	0.965
	Cogn.- Beh.	45	1.83	0.65							
	Hum./Exis t/ /Experient ial	24	1.66	0.56		0.657		1	0.939	0.999	0.083
	Systemic	5	1.68	0.59		0.593	0.951		0.939	1	0.522
	Multicult./ fem.	11	1.24	0.40		0.993	0.999	0.999		1	0.848
	Integra./ec lec.	62	1.70	0.60		0.999	0.114	0.083	0.522		0.848
	Other	18	1.52	0.67		0.898	0.965	0.947	1	1	0.273
	Total	19	1.70	0.64		0.940	0.657	0.593	0.993	0.999	0.898
		1									
7: Conflict Managemen t (active – passive)	Psychody.	26	2.17	0.74			0.999	0.999	1	1	0.998
	Cogn.- Beh.	45	2.25	0.62							
	Hum./Exis t/ /Experient ial	24	2.08	0.56		0.999		0.948	1	1	1
	Total	19				0.996	0.999		0.948	0.996	0.999



	/Experiential											
	Systemic	5	2.28	1.04	0.805	1	1		0.996	1	1	
	Multicult./fem.	11	2.20	0.75		1	1	0.999		1	1	
	Integra./eclec.	62	2.25	0.63		0.995	0.998	1	0.923	1	1	
	Other	18	2.37	0.81		0.996	0.962	0.996	0.805	1	0.995	
	Total	19	2.23	0.67								
		1										
8:	Psychody.	26	3.90	0.97		0.003	0.883	0.854	0.266	0.863	0.995	
Evaluation, Feedback and Assessment (formal – informal)	Cogn.-Beh.	45	3.14	0.72		0.003		0	0.993	1	0.016	0.097
	Hum./Exist/Experiential	24	4.18	0.85								
	Systemic	5	3.40	1.23		0.883	0		0.423	0.027	0.109	0.587
	Multicult./fem.	11	3.25	0.70		0.854	0.993	0.423		1	0.991	0.978
	Integra./eclec.	62	3.66	0.72		0.266	1	0.027	1		0.693	0.671
	Other	18	3.74	0.74		0.863	0.016	0.109	0.991	0.693		1
	Total	19	3.61	0.85		0.995	0.097	0.587	0.978	0.671	1	
		1										

## Chapter Five: Discussion

Research on supervision outcomes highlight the need to examine the multitude of personal, interpersonal, and contextual variables that are at play in the supervisory encounter and its context in order to promote the best supervision experiences. Clinical supervisors work with supervisees using different approaches and enlisting different models (Bernard & Goodyear, 2014; Friedlander & Ward, 1984; Ladany et al., 2001), but there is not yet an instrument that can be utilized to measure or distinguish between supervisors' personal styles. Thus, the aim of the current study was to define the personal style of the supervisor (PSS), to develop a self-report scale of the PSS to use with clinical supervisors, and to begin to examine patterns in the style of supervisors in the United States and potential similarities and differences among supervisors based on degrees of overall agreement as well as several demographic characteristics. The APA's Guidelines for Clinical Supervision in Health Services Psychology were created with the goal to delineate the optimal performance for psychologists who supervise (APA, 2015). The PSS-Q supplements these guidelines by attempting to capture what supervisors see themselves as doing in supervision, what they prioritize, and how. In conjunction with the APA guidelines, the PSS-Q can provide information on supervisors' style, and, at a self-report level, the extent to which supervisors see themselves as following or not the guidelines set forth by APA.

As indicated previously, PSS is defined as the set of characteristics that each supervisor applies in a supervisory situation, encompassing how supervisors interact with supervisees and carry out supervision. It is hypothesized that PSS influences not only what occurs in supervision but also how supervision is done. PSS includes important aspects of

supervision, such as how supervisors approach evaluation, teaching, multicultural aspects, authenticity, personal boundaries, and the overall framework in supervision.

### **Personal Style of the Supervisor Questionnaire**

The version of the Personal Style of the Supervisor Questionnaire (PSS-Q) arrived at through this study consists of 34 items. Participants respond to it using a 6-point Likert type scale ranging from completely agree to completely disagree (see Appendix E). The instructions highlight that there are no correct or incorrect responses as it is seeking to capture their style as a supervisor, and that different styles can be beneficial. The final version of the measure consists of 16 items adapted from the Personal Style of the Therapist Questionnaire (PST-Q; Fernández-Álvarez et al., 2003) and 18 items developed specifically for this measure after conducting an extensive literature review on salient dimensions in clinical supervision.

The PST-Q is a valuable contribution to the supervisory style literature as it seeks to begin to address several limitations of the SSI, the only other existing measure that assesses the style that clinical supervisors display in supervision. For example, the SSI does not provide an estimate of what supervisors do during supervision or what they value. Instead, it provides adjectives of how supervisors view themselves. In addition, the subscales of the SSI are frequently highly correlated, making it difficult to ascertain distinct supervisory styles. Lastly, the SSI does not include crucial components to supervision, and components reflected in APA's Guidelines for Clinical Supervision in Health Services Psychology (APA, 2015), such as how multicultural issues are addressed, conflict resolved, feedback provided, and more. Overall, it is difficult for the SSI to be used to establish distinct supervisory profiles, use it for training purposes, and to help discern beneficial profiles. The PSS-Q seeks to

address these limitations by utilizing items that describe supervisors' behaviors or preferences in supervision to help provide a more detailed picture of a supervisor's style, including dimensions that have been identified as critical to supervisor's optimal performance by APA's Guidelines for Clinical Supervision in Health Services Psychology (APA, 2015).

Adapting items from a measure developed and established with a different population (therapists vs. supervisors), in a different language (Spanish vs. English) and in a different cultural framework (Argentina vs. the United States), poses some difficulty; many of the items adapted from the PST-Q did not load onto the factors as predicted based on the established factor structure when the items were administered in Spanish to therapists (e.g., Corbella Santomá, 2002; Corbella Santomá et al., 2004; Fernández-Álvarez et al., 2003; Vega, 2006). There may be several reasons for this. To start, although the translation of the items was conducted with emphasis on ensuring the interpretability and reliability of the items, it is possible that items were not interpreted by participants as intended by the original authors. Additionally, cultural differences may have influenced how the items are interpreted and responded. For example, "expressing emotion" may be interpreted differently by participants in Argentina than those in the United States. Finally, the theoretical differences between the dimensions proposed by the PST-Q may not be the same in a supervisory context. For example, what a therapist pays attention to in a psychotherapy session may be an important aspect of their style as a therapist (attention factor), but it may not be an important component of their style as a supervisor.

All the factors in the final version of the PSS-Q were moderately or weakly correlated with at least one other factor, suggesting a relationship between the constructs. However,

none had a strong correlation with other factors, supporting the hypothesis that each factor is measuring a different aspect of the personal style of the supervisor.

The PSS-Q evaluates eight factors of the personal style of the supervisor, with different poles for each factor (see Appendix E). It is important to keep in mind that the objective of the measure is to assess the personal styles of supervisors, so each item provides an estimation of how they may present in supervision, what they value, and how they tend to behave. When creating the items, the author sought to word each item in a way that decreased social desirability to allow participants to more freely endorse either pole of each factor. In addition, some items are reverse scored to reduce acquiescent biases and extreme response biases as well as to highlight that there is not a more desirable pole for each factor.

The first factor evaluates the supervisory framework. Four items capture the way supervisors approach supervision, and whether they emphasize an established and strict way of working or are more flexible. It assesses both cognitive and behavioral flexibility, and ranges from flexible (*I feel more inclined to follow the supervisee's exploration than to direct them along certain paths*) to structured (*I try to get supervisees to adapt to the way in which I prefer to work.*). Interestingly, this factor is comprised of items from both PST-Q's Instructional and Operative factors. Although the Instructional factor was proposed to assess the behaviors therapists utilize to regulate the therapy setting and the Operative factor was proposed to evaluate how therapists' approach interventions, these two factors may be more related than anticipated. The four items in this factor involve the supervisor's flexibility or strict adherence to their work as supervisors. The PST-Q separated how the setting is regulated from how a therapist approaches interventions, but in many instances, how

therapists set the therapeutic framework and setting is often itself an intervention, and the same may be the case for supervisors and the supervisory framework.

The second factor, Role of Self in supervision, contains four items. It reflects the role that the supervisor's self plays in supervision, including the supervisors' personal involvement and use of self-disclosure with supervisees. The factor ranges from peripheral (*When it comes to supervision, who I am as a cultural being is of peripheral importance*) to central (*When providing supervision, I find it useful to disclose aspects of myself*). As was the case with the Framework factor, the Role of Self factor includes some PST-Q items from both the expressive and Involvement factors. However, the only items that are included are those that are personal to the supervisor. Items are related to the expression of emotion and the supervisor-supervisee relationship, but only as it relates to the supervisor. For example, one item states, *I avoid revealing my own emotional states to supervisees*, instead of asking about the overall role of emotions in supervision. For this reason, the name of this factor emphasizes the supervisor and not emotions or attachment in general. In future studies, it may be best to reword the item, "*When it comes to supervision, who I am as a cultural being is of peripheral importance*" to more strongly distinguish between personal involvement with supervisees and approach to multicultural aspects in supervision. The Framework factor and Role of Self factor appeared to be the most problematic factors, as they both had lower test-retest reliability and internal validity than the other factors. Future studies would benefit from exploring in more detail the wording of each item in these factors, as well as the theoretical support for separating these into different constructs.

The third factor, Involvement, evaluates the separateness or continuity between supervision work and the rest of supervisors' life. This factor ranges from low (*I don't think*

*about my supervisees outside of work*) to high (*My supervisees' difficulties are on my mind even after supervision sessions*). While both the second and third factors relate to boundaries, the Role of Self factor focuses on boundaries between supervisors and supervisees, and the Involvement factor centers on boundaries between the supervisors' professional and personal lives. While there is also an Involvement factor in the PST-Q, the conceptualization of each is different. In the PST-Q, Involvement addresses the relation between therapists and their clients and the Involvement factor in the PSS-Q addresses the relation between supervision and other aspects of the supervisor's life.

The fourth factor, Role of Emotions, contains three items, which evaluate a supervisor's approach to emotions in supervision. The factor ranges from central (*The expression of emotions in supervision is a powerful tool for change*) to peripheral. All items in this factor are from the Expressive factor on the PST-Q, however, not all the Expressive items are included here, as the items that related more specifically to the supervisor's emotions are included in the Role of Self factor. In other words, PST-Q's Expressive factor has been divided into PSS-Q's Role of Emotions and Role of Self factors. Although emotions are central in both factors, the Role of Emotions factor assesses supervisors' broad and general view of the role of emotions in supervision, instead of their own expression of emotions. The distinction between self-expression and the expression of emotions in general is important, as appropriate supervisor self-disclosure has been associated with a stronger supervisory working alliance (Ladany & Lehrman-Waterman, 1999; Ladany et al., 2001).

The fifth factor, Education and Training, contains four items that evaluate the supervisor's philosophy and approach to training supervisees. It ranges from facilitative,

where the supervisor is the facilitator of learning and includes the supervisee's active involvement (*As a supervisor, I am more process-focused than content-focused*), to didactic, where the supervisor is more in control of transmitting knowledge to the supervisee (*My main role as a supervisor is to convey knowledge and give advice*).

The sixth factor, Multicultural Considerations, contains five items that reflect a supervisor's approach to multicultural issues in supervision. These include supervisors' perception of their own identities, cultural competence as well as the role that promoting cultural competence and humility has in supervision. It ranges from central, where a supervisor's style is to view multicultural matters/concerns as crucial in supervision (*I invest time in facilitating my supervisee's cultural awareness, knowledge and skills*), to peripheral, where a supervisor's style is to view them as less relevant or pertinent to supervision (*I prefer not to bring up cultural similarities and differences in supervision*). This factor had the lowest range in responses, and the highest averages, suggesting that participants tended to respond similarly and strongly to these items. Such findings may be a result of social desirable responding (SDR) (see Limitations section).

The seventh factor, Conflict Management, includes five items that evaluates the way that a supervisor perceives and addresses conflict in supervision. It ranges from active, where a supervisor takes a more active role in identifying and resolving actual or potential conflicts in supervision (*I prefer to address disagreements in supervision as soon as I sense them*) to passive, where a supervisor takes a less direct approach to resolve the conflict (*Disagreements in supervision are likely to get resolved without direct intervention on my part*).



The last factor, Evaluation, Feedback and Assessment, also contains five items that reflect how supervisors approach such tasks in supervision. This dimension ranges from formal, where supervisors prefer utilizing pre-established criteria, rubrics, and formal processes (*I believe formal evaluation is a crucial component of supervision*) to informal, where supervisors prefer providing feedback informally and through unstructured dialogue (*If it were up to me, I would give supervisees feedback informally instead of using structured approaches*).

### **Psychometrics of the Personal Style of the Supervisor Scale**

Five of the factors in the PSS-Q (Appendix E) had adequate internal consistency and three were nearing acceptable internal consistency, as indicated by their Cronbach's Alpha. The two factors with the lowest internal reliability were the Framework factor ( $\alpha = .63$ ) and the Role of Self factor ( $\alpha = .65$ ). These subscales had a few items with some of the lowest factor loadings, which may be influencing their internal reliability. In addition, all of these items were adapted from the PST-Q in Spanish, thus it could be advantageous for future studies to examine rewording items to reduce ambiguity and increase clarity.

The PSS-Q's convergent validity was evaluated by examining the relationship between the PSS-Q and the only established measure that addresses supervisor's style in psychotherapy, Friedlander and Ward's Supervisory Styles Inventory (SSI; 1984). Results of the correlation analysis between the factors of the PSS-Q and the three subscales of the SSI suggest that there is some overlap between the construct measured by the SSI with those measured by the PSS-Q.

PSS-Q's Education and Training factor strongly correlated with SSI-Task Oriented, which offers a different way of viewing the dimension. PSS-Q's Education and Training

factor evaluates the supervisor's philosophy and approach to train supervisees and was conceptualized to range from facilitative to didactic. However, the strong correlation with SSI's Task Oriented subscale could suggest that task vs. relationship oriented could be another important element to explore to understand how supervisors approach training. A similar situation arises with the second strongest correlating subscales, PSS-Q's Evaluation, Feedback and Assessment and SSI's Interpersonally Sensitive subscale. It may be that supervisors who prefer a more informal approach to evaluation also have a relationship-oriented approach to supervision (Friedlander & Ward, 1984).

Only the Involvement factor of the PSS-Q did not have a significant correlation with at least one SSI subscale. The lack of relationship between the Involvement factor and the SSI may be because the SSI focuses more on the supervisor's attitudes and behaviors during supervision, and the PSS's Involvement factor extends the conceptualization of the personal style of the supervisor to include how supervisors maintain supervision separate from other aspects of their lives.

The most highly correlated subscales were PSS's Education and Training factor with SSI-Task Oriented ( $r = .51, p < .01$ ) and PSS's Evaluation, Assessment, and Feedback with SSI's Interpersonally Sensitive subscale ( $r = .59, p < .01$ ). The strong correlation between these two factors may suggest that a supervisor that prioritizes relationships and is interpersonally minded may prefer more informal and unstructured evaluations and assessment approaches.

The stability of the PSS-Q was evaluated by asking participants to complete the measure again after one month. Theoretically, the personal style of the therapist was conceptualized as being relatively stable over time, as it incorporates general behaviors and

attitudes that supervisors endorse. At the one-month follow-up, six of the eight factors had adequate or approaching adequate test-retest (see Table 19). The factor with the lowest test-retest reliability was the Framework factor, which evaluates the supervisory framework ( $r = .58$ ). One of the possible explanations for the lower test-retest correlations may be that although the instructions on the measure ask supervisors to “*respond with the most common way in which you work*,” some participants may have thought about specific supervision experiences and may have thought about different experiences for the test and retest. Another factor that may have influenced the test-retest reliability of the measure is vaguely worded items, which could have been interpreted differently at different time points. Finally, it may be that the personal style of the supervisor is more context-dependent than hypothesized. It is important to note that the two factors with lowest internal reliability, Framework and Role of Self, were also the two factors with the lowest test-retest reliability. Future studies should consider how these items are evaluating the proposed constructs, and discern if items need to be added, modified, or deleted. Moreover, additional studies could further evaluate the stability of the construct across supervisees, settings, and time.

### **Patterns in the Profiles of Personal Styles of Supervisors**

Scores on the PSS-Q reflect the personal style supervisors endorsed, and thus can assess patterns of personal styles across clinical supervisors. There were some differences, although not in all domains, in the patterns of personal styles that supervisors endorse based on demographic variables. The means, standard deviations, skewness, and frequency plots of each factor as well as of individual items provide a picture of the general profiles of supervisors in the sample. The APA Guidelines for Clinical Supervision in Health Services Psychology provide a framework for the expectations for optimal supervision, and thus help

interpret the findings in context (APA, 2015). However, future studies could utilize the PSS-Q to identify optimal supervisory styles, and to provide feedback to supervisors on whether they are utilizing the previously identified preferred styles.

Overall, supervisors tended to have a more flexible framework rather than structured, tended to have moderate boundaries between themselves and supervisees, and had greater variation when it came to the involvement or connection of supervision in their personal life. However, as a group, supervisors tended to bring their selves into supervision, either by self-disclosing or revealing their emotional states. Although the APA Guidelines for Clinical Supervision in Health Services Psychology do not explicitly delineate what the supervisor-supervisee relationship should optimally be, they do stress the importance in developing and managing the supervisory relationship and alliance (APA, 2015). Appropriate supervisory self-disclosure, modifying how supervisors work based on their supervisees' needs and context, and moderate supervisor-supervisee boundaries may facilitate a strong supervisory relationship.

In addition, although there was a wide range in how supervisors maintained boundaries between supervision and other areas of their lives, supervisors tended to think about their supervisees and their supervisory work in their personal time, possibly an indication of less rigid boundaries between work and other aspects of their lives and a reflection of the intensity and sizable responsibility associated with supervisory work. Supervisors tended to see the general role of emotions as slightly less important to supervision, and tended to endorse a slightly more facilitative approach to supervision, although some participants did endorse high scores on the Education and Training factor, suggesting a more didactic approach. Thus, as a group, supervisors tended to view emotions

as peripheral to the goals of supervision. Supervisors did seem to be more process-focused than content-focused, and on average, not very directive and didactic. Not surprisingly, the majority of supervisors tended to view multicultural considerations as central to supervision. This may be due to an actual belief of the importance of incorporating multicultural aspects and issues in supervision, but responses may be also conflated with social desirability. Supervisors tended to endorse a slightly more active approach in identifying and resolving conflict, and tended not to endorse strongly either a more formal or informal process of evaluation, assessment, and feedback. Nonetheless, there was a wide range of responses, and some supervisors seem to have a definite formal or informal style of evaluating and providing feedback. The APA Guidelines for Clinical Supervision in Health Services Psychology suggest that a more formal style of evaluating and providing feedback is optimal, but do not discourage incorporating informal aspects to evaluating as well (APA, 2015). For example, the guidelines encourage supervisors to utilize a supervision contract to provide clear information and parameters about the expectations of the supervisee and supervisor and evaluate supervisees on an ongoing basis on a broad range of pre-established competencies. In regard to managing conflict in supervision, the guidelines are more specific. They posit that supervisors should take a more active role, addressing and resolving disruptions or conflicts in supervision openly and honestly (APA, 2015).

Determining the items supervisors agreed with the most and least provides additional information on the respondents PSS profile. Based on the five most endorsed items, supervisors seemed to strongly prefer to address conflicts early once they arise, strongly value facilitating their supervisees' cultural competencies and reflection, and regularly ask their supervisees to explore their own identities in supervision. Items evaluating supervisor's

approach to multicultural issues in supervision elicited the strongest responses from participants, both in agreement and disagreement. This may be the case because the items capture the actual beliefs and styles of supervisors regarding multicultural issues, or that social desirability is influencing responses, or that the items themselves do not capture the nuances in styles regarding how supervisors approach multicultural issues. Supervisors seemed to vary less in their PSS regarding multicultural considerations in supervision and how they manage conflict, as evidenced by the lowest standard deviations.

Supervisor's personal style did not seem to vary significantly based on the supervisor's age, number of years of experience providing supervision, or by the total number of supervisees they have had. However, supervisor's personal style did vary based on gender, race, licensure level (masters or doctorate), supervision and psychotherapy model endorsed, and by the number of hours spent providing supervision per week at the time they participated in the study. Regarding variations in supervisory style, men, for example, tended to view multicultural issues as more peripheral to supervision than women. A follow up study could explore this difference further, controlling for other important factors, such as supervision setting and diversity of supervisees. Clinical supervisors that were licensed at the master's level tended to endorse a more informal approach to evaluation, assessment, and feedback than those who were licensed at the doctoral level. A possible reason for this difference could be that doctoral programs tend to emphasize assessment training more than master's programs, and this training may have carried over to the actual assessment and feedback preferences in supervision. In addition, supervisors who identified as Latina/o/x/Hispanics were more likely to endorse a more active style of conflict management than those who did not self-identify as Latina/o/x/Hispanics. A more active approach to

conflict management includes addressing disagreements in supervision as soon as they are perceived, and taking an active role as the supervisor to resolve conflict. Supervisors that identified as Black/African American were more likely to keep a lower level of involvement with supervisees and disclose less of themselves in supervision than their White/Caucasian counterparts, but these results must be interpreted with caution, as sample sizes for minority racial groups were small. There was no information collected in this study about the characteristics of the supervisees, and it may be that Black/African American supervisees disclose more or less, depending on supervisee's demographics.

Supervisors differed in their view of the role of emotions in supervision, approach to training supervisees, and approach to evaluating and providing feedback to supervisees depending on the supervision model that participants selected to best describe their work. Supervisors who followed a competency-based supervision model seemed to have particularly different styles than other supervisors. Supervisors who utilized a competency-based supervision model tended to view emotions as less central to supervision than supervisors who followed a developmental model approach to supervision. Competency-based supervisors seemed to place less value in emotionally charged supervision sessions and in developing a strong emotional bond with supervisees. This may be because the emphasis of competency-based models of supervision is to assist supervisees in reaching the benchmarks and competencies set forth by mental health organizations, not necessarily on building a strong emotional relationship with supervisees. Not surprisingly, supervisors that followed a competency-based supervision model tended to be less facilitative in their approach to education and training supervisees than supervisors who followed a developmental model and those that reported not following a specific model. In other words,

supervisors following a developmental model tended to view themselves as facilitators of learning and promoters of the supervisee's active involvement more than the competency-based supervision group. Lastly, supervisors who followed competency-based supervision models also tended prefer to utilize pre-established measures and approaches when assessing and providing feedback to supervisees, when compared to supervisors utilizing models grounded in psychotherapy theories and those with no specific supervision models. These findings are not surprising as the cornerstone of competency-based supervision is precisely the utilization of criterion-referenced standards and evaluations – more formal approaches to assessment in supervision (Falender & Shafranske, 2007). Finally, supervisors who followed models grounded in psychotherapy theory were even more informal in their approach to evaluation than both the process model and the competency-based model groups. It is difficult to reach any conclusions from this finding, as there were only 15 participants who stated that they followed a model grounded in a psychotherapy theory, and there were not enough participants in each psychotherapy category to distinguish between models grounded in different psychotherapies.

Interestingly, although age and the total number of supervisees did not seem to influence the supervisory profile of respondents, the number of hours a week respondents provided supervision at the time of participating in the study did. Specifically, supervisors that reported providing over 16 hours of supervision a week seemed to vary significantly than those who provided less supervision a week. They tended to have a more structured approach to supervision, disclose less about themselves, prefer to maintain less emotional closeness with supervisees, and spend less time considering and incorporating multicultural issues in supervision. It may be that supervisors who spend over 16 hours a week providing



supervision lack the time as well as cognitive and emotional resources to tailor supervision session to supervisees, and to become more involved and with supervisees. It would be important to investigate further if these supervisors prefer this PSS or if it is a product of lack of time and energy, or burnout.

Supervisors who identified as following a cognitive-behavioral approach to psychotherapy differed significantly from other supervisors in their overall approach to supervision, in their approach to training supervisees, as well as in their way of evaluating and providing feedback to supervisees. Supervisors who reported a cognitive-behavioral orientation for psychotherapy tended to prefer to direct supervisees along certain paths, and to have pre-established plans for supervision, more so than supervisors with an integrative/eclectic approach to psychotherapy. When compared to supervisors who follow a psychodynamic approach to psychotherapy and humanistic/existential/experiential approaches, cognitive-behavioral supervisors tended to be more directive, focus more on content, and prefer to use pre-established criteria and formal evaluation procedures to evaluate and provide feedback to supervisees.

### **Relationship between the personal style of the supervisor and the personal style of the therapist**

Results from the current study suggest that there is a relationship between the personal style that a supervisor endorses and the style they endorse as a therapist. Not surprisingly, therapists who feel highly involved with their clients tend to also be supervisors who are highly involved with their supervisees, and tend to have less separation between their supervision work and other aspects of their lives. Supervisors who tended to share more aspects of themselves in supervision tended to also have closer emotional connections with

clients, higher expressiveness, higher involvement with clients, and tended to lean towards more directive interventions. Future studies on the styles of therapists could utilize a mixed-methods approach to interview supervisors about what changes they notice in their own style when they are with a client versus with a supervisee.

### **Limitations of the Study**

The present study has several limitations. First, the generalizability of the sample may be hindered by a selection bias by asking supervisors to self-select to participate in the study. It is possible that the supervisors who decided to participate and complete the measures may be more invested in sharing their opinions and experiences with supervision and may differ from supervisors who did not choose to participate in the study. Second, all measures were self-report. Although this increases the potential sample size and allows for a more geographically diverse sample, responses may be influenced by social desirable responding or by a participant's desire to reflect a specific personal style. Social desirable responding (SDR) is when participants present themselves in an overly favorable light on self-report measures (Tracey, 2016). In this particular study, it is likely that social desirable responding affected several of the items and factors. Specifically, it may have influenced the limited variance on the Multicultural Considerations subscale, as the vast majority of participants strongly endorsed the items that placed great value in the role of multicultural considerations in clinical supervision. In fact, SDR has been frequently examined in the context of multicultural counseling competence. As a desired characteristic in counseling psychology, participants are more likely to overstate their skills. Future studies on the Personal Style of the Supervisor could benefit by including a measure of social desirable responding and by rewording some items.

Future studies could benefit from having multiple reports on the personal style of the therapist and of the supervisor to examine reliability and agreement. For example, both supervisees and supervisors could complete the PSS-Q, thus obtaining a more complete evaluation of how supervisors perceived themselves and how the supervisees experience their supervisors. The methodology could be like the SSI (Friedlander & Ward, 1984), which has two versions of the measure, one completed by the supervisor and another by the supervisee. Thus, in the future the PSS-Q could have two versions, one to be completed by the supervisee and one by the supervisor in order to obtain different perspectives on the personal style of the supervisor.

Third, supervisors in this study were not able to provide feedback on their PSS profiles to assess how closely, or not, the results capture their perceived style. Interviewing supervisors during completion of the PSS-Q and after would help ascertain how closely supervisors believe the measure captures their actual supervisory style, and identify important areas of the style of a supervisor that could be helpful to include in future versions of the PSS-Q.

In addition, cognitive interviewing, asking participants to orally explain their interpretation and response to each item (i.e., think aloud protocol), could help identify any items that are not being interpreted by participants as expected. This could be especially beneficial for the items adapted from the PST-Q, as these may be more difficult to interpret.

Fourth, the test-retest reliability of the measure was not as high as expected, so it is important that future studies explore the stability of the PSS and whether it may be more context specific than hypothesized. Finally, although multiple efforts were made to recruit a diverse sample, the diversity of the sample was still limited. For example, only one

participant identified as transgender, nine as Black/African American, and only one as Native American/American Indian/Alaskan out of 191 respondents. The low representation of these groups makes it impossible to make any conclusions on the validity of the measure for this population or on group stylistic differences. Despite these limitations, the PSS-Q is a promising instrument that may help detect differences in styles among supervisor groups and may be a valuable tool to help supervisors and supervisors-in-training identify and reflect on their own personal style.

### **Implications**

This study is the first step in the development of a measure to evaluate the Personal Style of the Supervisor (PSS-Q). The development of the scale is important as it identifies supervisor stylistic differences potentially beyond theoretical orientation, which in turn may impact the working relationship between supervisor and supervisee. The PSS-Q incorporates dimensions not included in the definition of Supervisor Personal Style provided by Friedlander and Ward (1984), expanding the possibility of distinguishing other factors that may influence a supervisor's style. Specifically, considering how a supervisor approaches conflict management, multicultural aspects, education/training and evaluation/feedback in supervision can help clarify differences among supervisors, and eventually which styles are most helpful and in what context. This is an important domain to pursue in supervision and psychotherapy research as such research may allow for the identification of helpful and unhelpful personal supervisory and practice styles. Additionally, having an instrument to detect supervisory styles could help optimize supervisor-supervisee pairings in order to foster the most conducive learning environment for clinicians-in-training.

Moreover, the PSS-Q can help to facilitate supervisor training and development by providing a concrete tool with which supervisors and supervisors-in-training can receive feedback on their own supervision style, enhance their self-awareness, and identify potential areas they would like to modify. For example, after completing the PSS-Q a supervisor-in-training may realize that they tend to view the role of the self as peripheral to supervision, and thus keep some distance from supervisees. After some reflection, the supervisor-in-training may focus on the literature on the positive impact of appropriate supervisory self-disclosure on the supervisory relationship (e.g. Ladany et al., 2001), and may decide to try to bring in more of him or herself as a supervisor to the supervisory encounter.

## **Conclusion**

The purpose of this study was to contribute to the understanding of styles of clinical supervisors by completing the initial steps in the development of an instrument (PSS-Q) to assess the personal style of the supervisor. In addition, it sought to explore similarities and differences among the style of supervisors from a sample in the United States. The primary objectives for developing the PSS-Q were to provide a tool for supervisors to reflect on their own personal style, and to be able to identify stylistic patterns among supervisors. This specific study focused on developing the scale, evaluating its psychometric properties, and identifying broad similarities and differences in supervisory styles among groups.

The investigation resulted in the development of the PSS-Q, a 34 item self-report scale which asks supervisors to respond to each item using a 6-point Likert type scale ranging from *completely agree* to *completely disagree* (Appendix E). The instructions provided to participants emphasize that there are no correct or incorrect responses as it is seeking to capture their style as a supervisor, and that different styles can be beneficial. The

scale evaluates eight dimensions relevant to the style displayed by supervisors: Framework (flexible to structured), Role of Self (from peripheral to central), Involvement (low to high), Role of Emotions (central to peripheral), Education and Training (facilitative to didactic), Multicultural Considerations (central to peripheral), Conflict Management (active to passive), and Evaluation, Feedback, and Assessment (formal to informal).

The findings of the current study suggest that the PSS-Q may be a useful instrument to assess the style that supervisors may display in supervision and that supervisors may differ in their style based on experience, gender, ethnicity, licensure level, and supervision model. However, these findings are preliminary and future studies should examine potential similarities and differences across groups more closely.

Although the PSS-Q is still in its initial development, the instrument was found to have adequate internal and convergent validity, and enough sensitivity to distinguish between different styles among groups of supervisors. Future studies should continue to evaluate the validity and reliability of the scale with different populations, and to examine similarities and differences among supervisors' style profiles.

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## Tables

Table 29  
ANOVA of Supervisory Profile Based on Age

Factor		<i>n</i>	M	SD	Tukey's HSD Comparisons		
					1	2	3
1: Framework	Less than 35 years	40	2.34	0.57		1	0.828
	36-55 years	96	2.34	0.71	1		0.735
	56+ years	53	2.25	0.68	0.828	0.735	
	Total	189	2.32	0.67			
2: Role of Self	Less than 35 years	40	4.29	0.82		0.821	0.937
	36-55 years	96	4.20	0.80	0.821		0.969
	56+ years	53	4.24	0.80	0.937	0.969	
	Total	189	4.23	0.80			
3: Involvement	Less than 35 years	40	3.69	1.06		0.899	0.979
	36-55 years	96	3.61	0.79	0.899		0.748
	56+ years	53	3.73	1.10	0.979	0.748	
	Total	189	3.66	0.94			
4: Role of emotions	Less than 35 years	40	3.93	0.76		0.998	0.984
	36-55 years	96	3.92	0.61	0.998		0.989
	56+ years	53	3.90	0.85	0.984	0.989	
	Total	189	3.91	0.71			
5: Education and Training	Less than 35 years	40	2.84	0.91		0.993	0.087
	36-55 years	96	2.86	0.79	0.993		0.019
	56+ years	53	2.47	0.88	0.087	0.019	
	Total	189	2.75	0.86			
6: Multicultural Considerations	Less than 35 years	40	1.66	0.58		0.939	0.789
	36-55 years	96	1.70	0.66	0.939		0.902
	56+ years	53	1.74	0.66	0.789	0.902	
	Total	189	1.70	0.64			
7: Conflict Management	Less than 35 years	40	2.31	0.63		0.684	0.64
	36-55 years	96	2.21	0.68	0.684		0.981
	56+ years	53	2.18	0.65	0.640	0.981	
	Total	189	2.22	0.66			
8: Evaluation, Feedback and Assessment	Less than 35 years	40	3.58	0.91		0.937	0.416
	36-55 years	96	3.52	0.78	0.937		0.133
	56+ years	53	3.80	0.86	0.416	0.133	
	Total	189	3.61	0.84			

Table 30

## ANOVA of Supervisory Profile Based on Years Providing Supervision

Factor		SS	df	MS	F	<i>p</i>
1: Framework	Between Groups	0.136	2	0.068	0.151	0.86
	Within Groups	84.921	188	0.452		
	Total	85.057	190			
2: Role of Self	Between Groups	0.061	2	0.03	0.046	0.955
	Within Groups	124.017	188	0.66		
	Total	124.078	190			
3: Involvement	Between Groups	1.639	2	0.82	0.929	0.397
	Within Groups	165.853	188	0.882		
	Total	167.492	190			
4: Role of emotions	Between Groups	0.189	2	0.094	0.181	0.834
	Within Groups	97.856	188	0.521		
	Total	98.044	190			
5: Education and Training	Between Groups	2.261	2	1.13	1.537	0.218
	Within Groups	138.275	188	0.736		
	Total	140.536	190			
6: Multicultural Considerations	Between Groups	0.412	2	0.206	0.505	0.604
	Within Groups	76.618	188	0.408		
	Total	77.03	190			
7: Conflict Management	Between Groups	1.227	2	0.614	1.392	0.251
	Within Groups	82.871	188	0.441		
	Total	84.098	190			

8: Evaluation, Feedback and Assessment	Between Groups	2.016	2	1.008	1.403	0.248
	Within Groups	135.063	188	0.718		
	Total	137.079	190			

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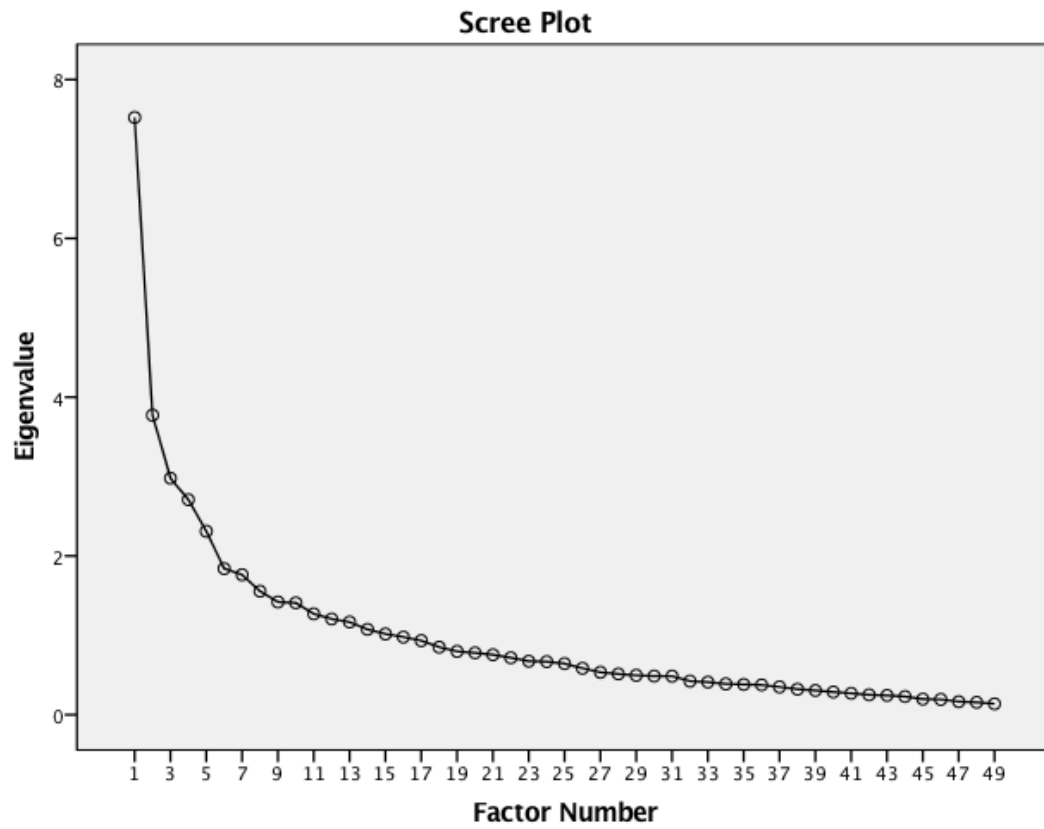
Table 31

## ANOVA of Supervisory Profile Based on Total People Supervised

Factor		<i>n</i>	M	SD	Tukey's HSD Comparisons			
					1	2	3	4
1: Framework	< 15 sup.	60	2.3292	0.55329		0.926	0.975	0.533
	16-50 sup.	83	2.259	0.63731	0.926		1	0.235
	51-99 sup.	16	2.25	0.7746	0.975	1		0.524
	100+ sup.	28	2.5357	0.89161	0.533	0.235	0.524	
	Total	187	2.3222	0.67012				
2: Role of Self	< 15 sup.	60	4.2667	0.76727		0.936	0.772	0.744
	16-50 sup.	83	4.1867	0.80381	0.936		0.53	0.931
	51-99 sup.	16	4.4844	0.87782	0.772	0.53		0.381
	100+ sup.	28	4.0804	0.84998	0.744	0.931	0.381	
	Total	187	4.2219	0.80544				
3: Involvement	< 15 sup.	60	3.5375	0.92497		0.893	0.245	0.913
	16-50 sup.	83	3.6506	0.93455	0.893		0.449	0.999
	51-99 sup.	16	4.0313	0.95688	0.245	0.449		0.629
	100+ sup.	28	3.6786	0.97386	0.913	0.999	0.629	
	Total	187	3.6511	0.94056				
4: Role of emotions	< 15 sup.	60	3.8889	0.78033		0.998	0.285	1
	16-50 sup.	83	3.8675	0.64169	0.998		0.213	0.995
	51-99 sup.	16	4.25	0.76497	0.285	0.213		0.422
	100+ sup.	28	3.9048	0.77967	1	0.995	0.422	
	Total	187	3.9127	0.72181				
5: Education and Training	< 15 sup.	60	2.8042	0.81705		1	0.995	0.422
	16-50 sup.	83	2.8072	0.82114	1		0.714	0.669
	51-99 sup.	16	2.5469	0.98834	0.714	0.686		0.999
	100+ sup.	28	2.5804	0.99548	0.669	0.625	0.999	
	Total	187	2.75	0.86136				
6: Multicultural Considerations	< 15 sup.	60	1.7667	0.63049		0.816	0.256	0.982
	16-50 sup.	83	1.6723	0.63751	0.816		0.529	0.705
	51-99 sup.	16	1.4375	0.38794	0.256	0.529		0.219
	100+ sup.	28	1.8214	0.73704	0.982	0.705	0.219	
	Total	187	1.7048	0.63731				
7: Conflict Management	< 15 sup.	60	2.27	0.69265		0.997	0.959	0.884
	16-50 sup.	83	2.2458	0.6502	0.997		0.981	0.931
	51-99 sup.	16	2.175	0.59273	0.959	0.981		1
	100+ sup.	28	2.1571	0.73708	0.884	0.931	1	
	Total	187	2.2111	0.67012				

	Total	187	2.2342	0.6689				
8: Evaluation , Feedback and Assessme nt	< 15 sup.	60	3.6333	0.7655		0.99	0.957	0.509
	16-50 sup.	83	3.6771	0.86494	0.99		0.892	0.332
	51-99 sup.	16	3.5125	0.88835	0.957	0.892		0.944
	100+ sup.	28	3.3643	0.93342	0.509	0.332	0.944	
	Total	187	3.6021	0.84726				

## Figures



*Figure 4.* Scree plot showing eigenvalues for each component, in exploratory factor analysis.

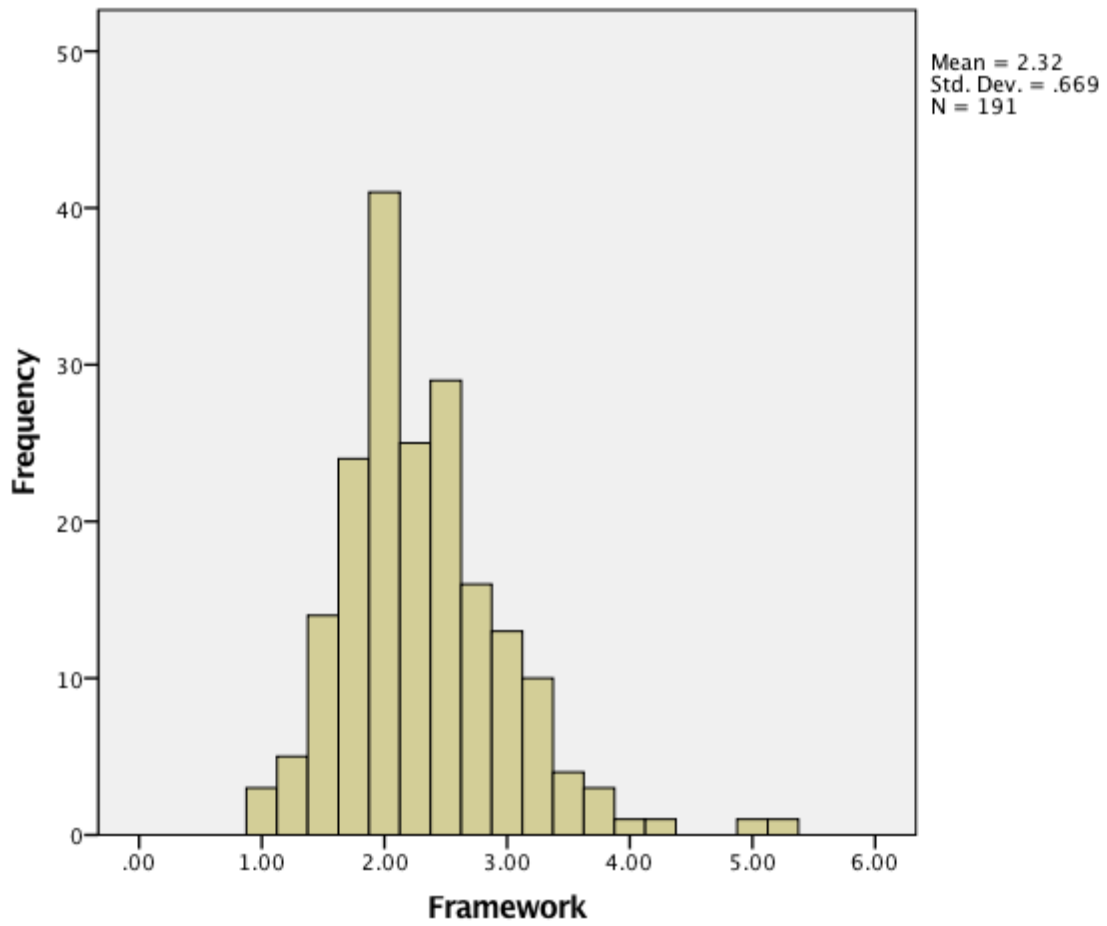
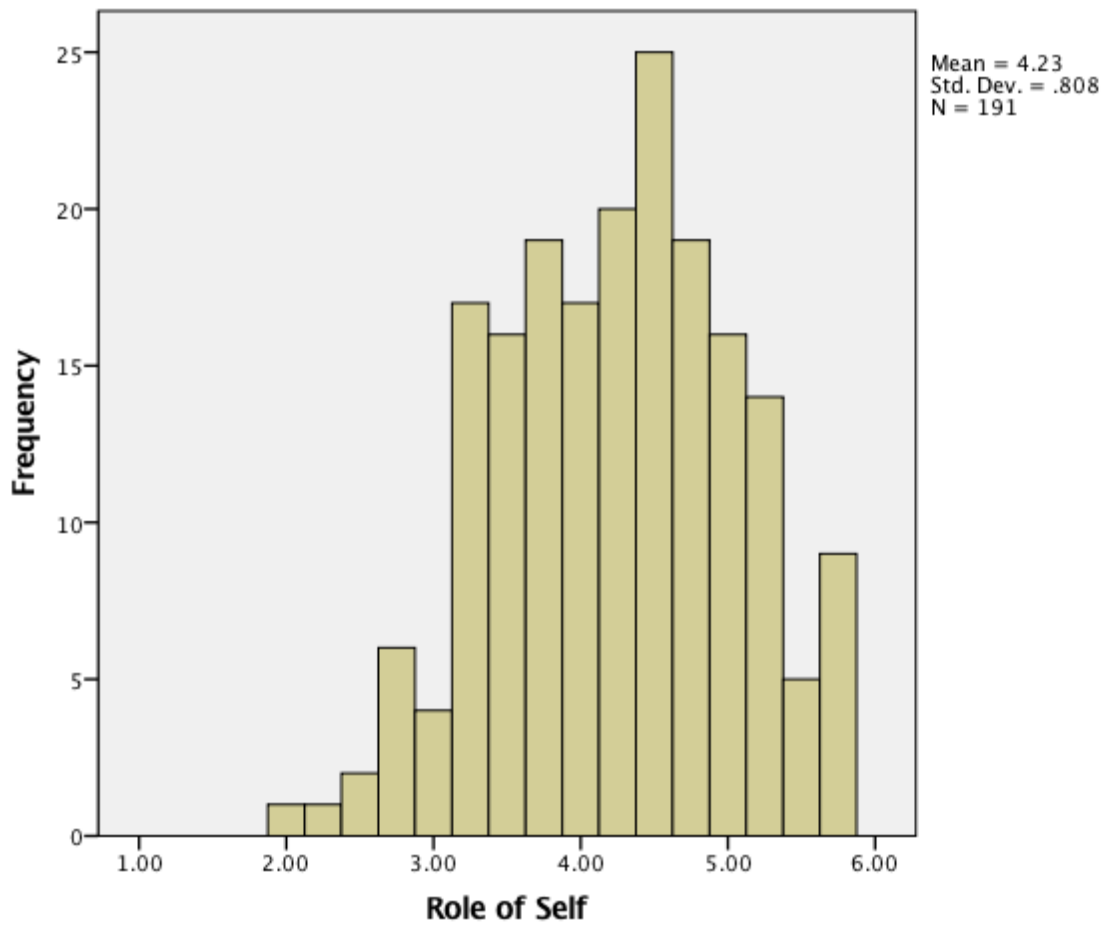
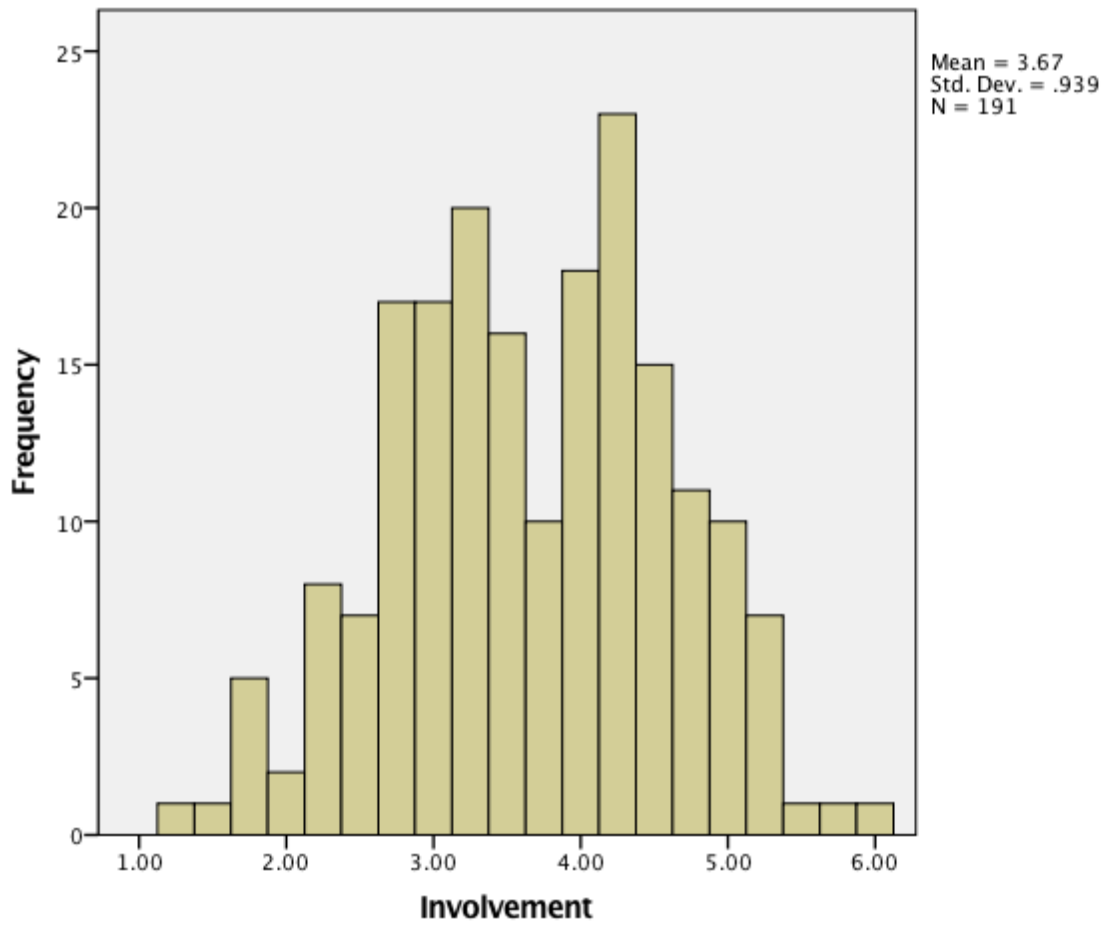


Figure 5. Frequency plot showing distribution of Factor 1 (Framework, ranging from flexible-structured) responses.

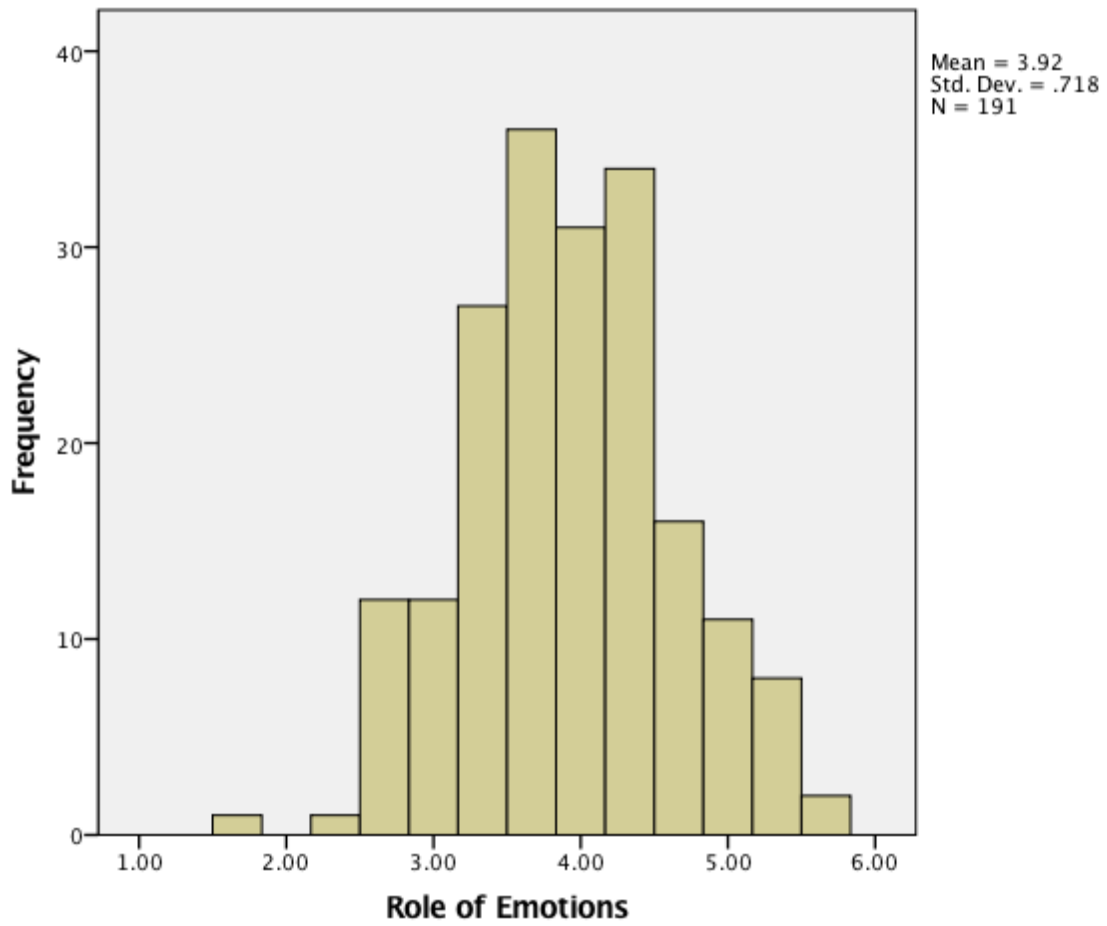




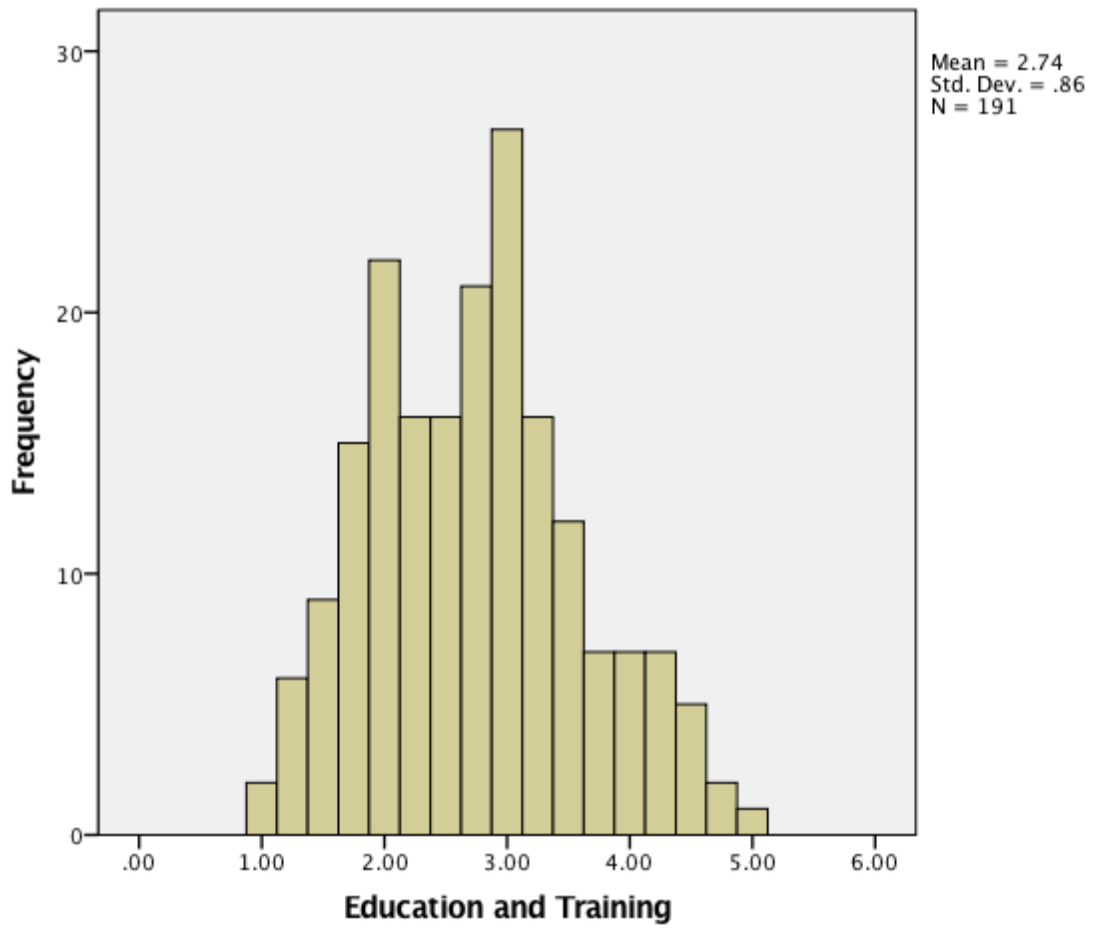
*Figure 6.* Frequency plot showing distribution of Factor 2 (Role of Self, ranging from peripheral-central) responses.



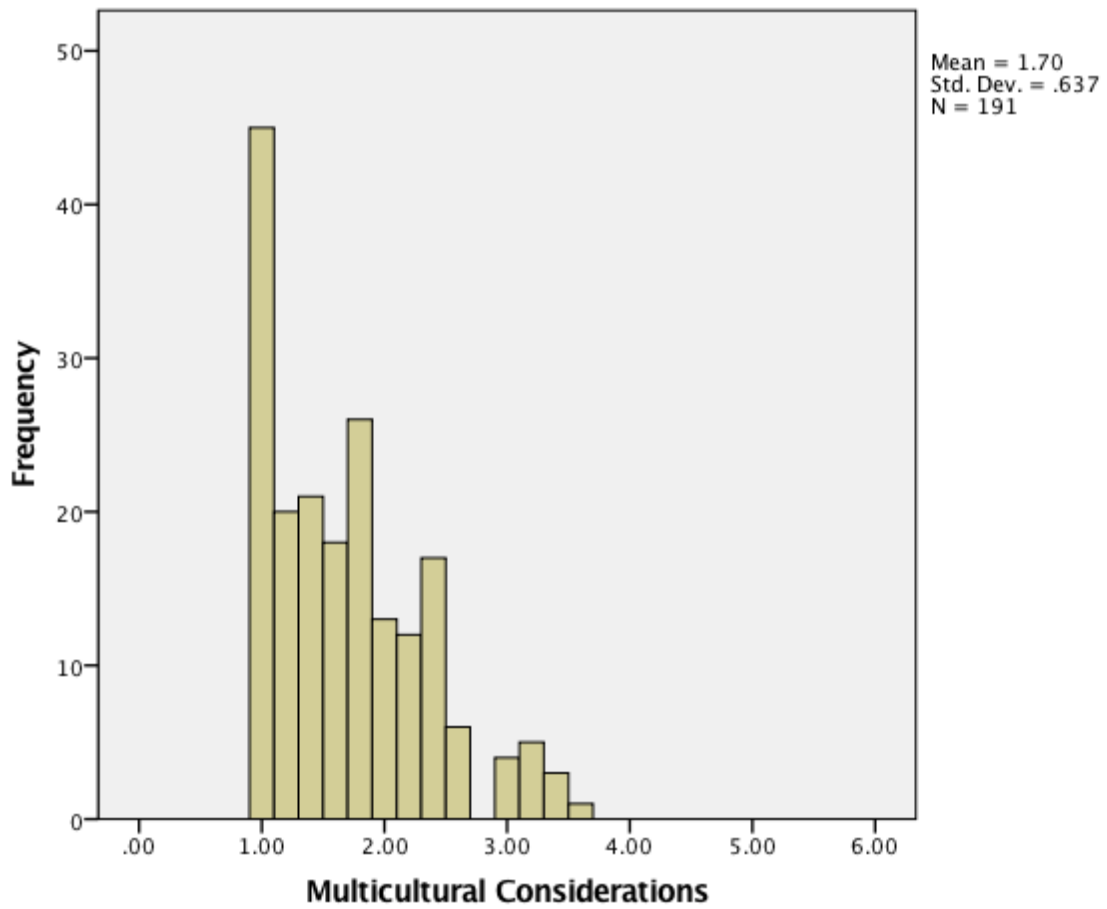
*Figure 7.* Frequency plot showing distribution of Factor 3 (Involvement, ranging from low-high) responses.



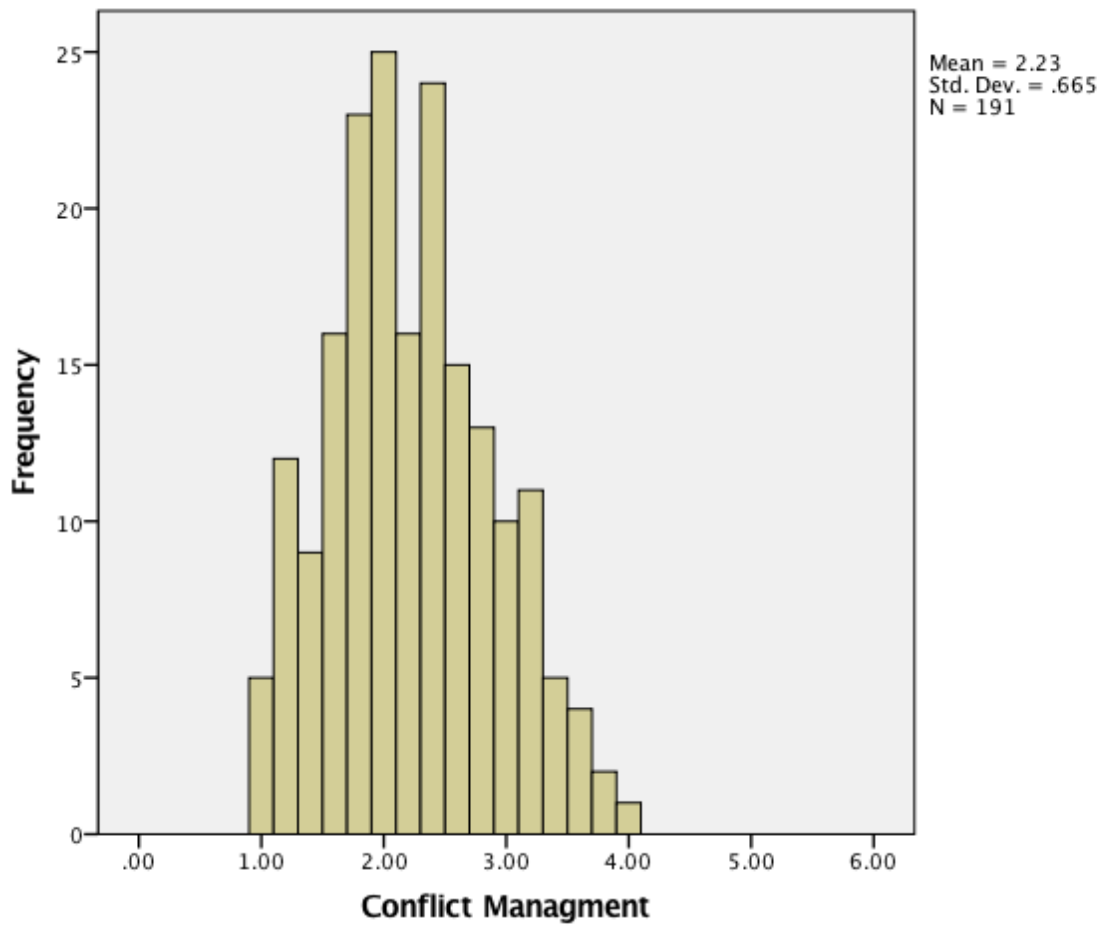
*Figure 8.* Frequency plot showing distribution of Factor 4 (Role of Emotions, ranging from central to peripheral) responses.



*Figure 9.* Frequency plot showing distribution of Factor 5 (Education and Training, ranging from facilitative-didactic) responses.



*Figure 10.* Frequency plot showing distribution of Factor 6 (Multicultural Considerations, ranging from central-peripheral) responses.



*Figure 11.* Frequency plot showing distribution of Factor 7 (Conflict Management, ranging from active-passive) responses.

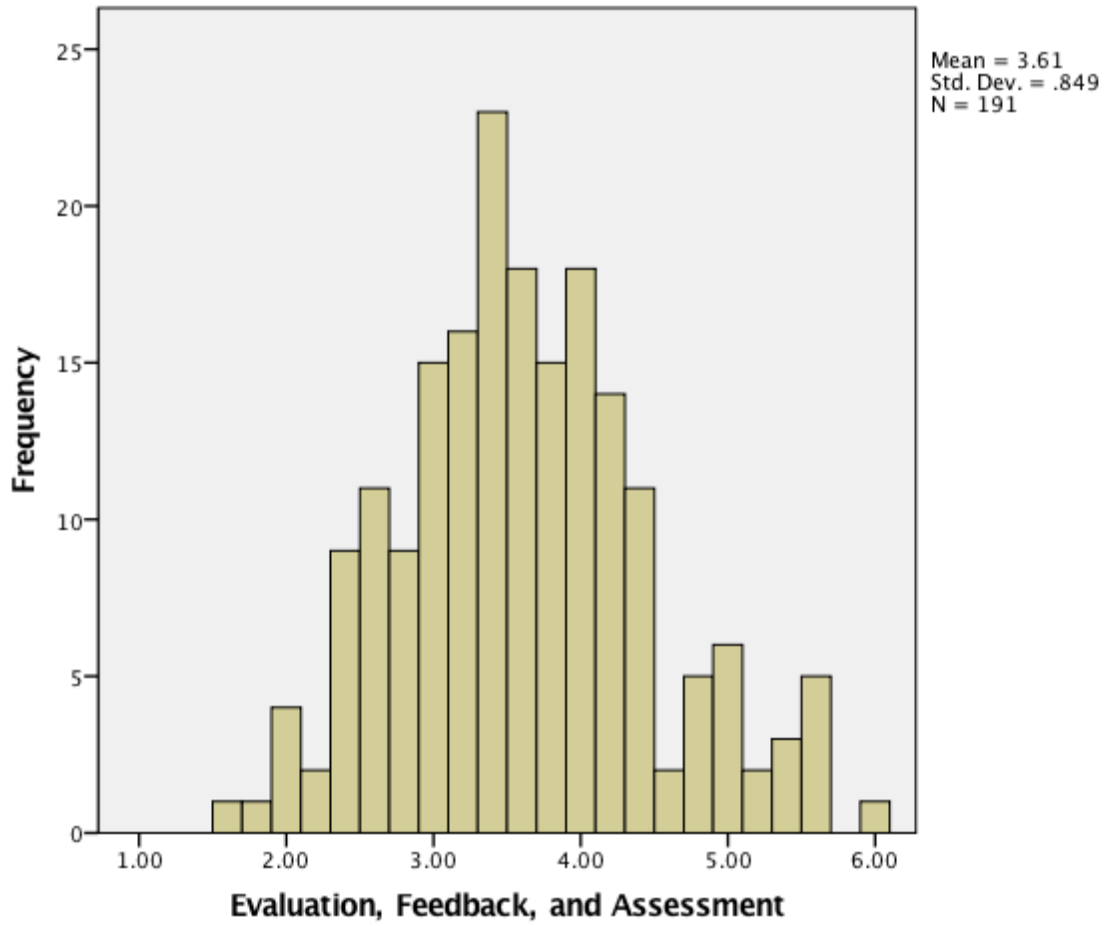


Figure 12. Frequency plot showing distribution of Factor 8 (Evaluation, Feedback, and Assessment, ranging from formal-informal) responses.

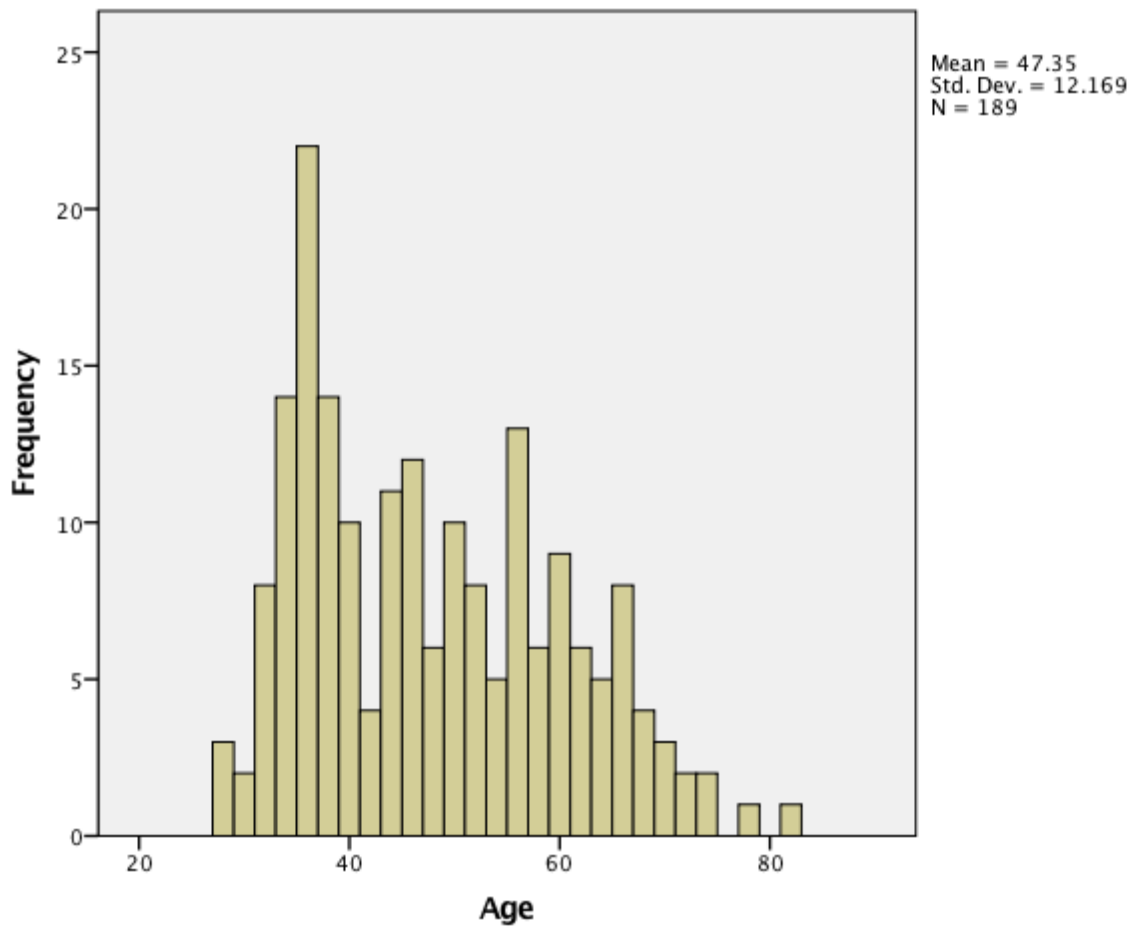


Figure 13. Frequency plot showing distribution of participants' ages (in years).



## Appendix A

### Demographic Questionnaire

1. What is your gender?  
a) Female      b) Male      c) Transgender      d) Would rather not share
2. What is your age? (in years) \_\_\_\_\_
3. Are you of Hispanic/Latina/o/x, or Spanish origin?  
a) Yes (please specify)      b) No
4. What is your race? (please select all that apply)  
a) Asian/Pacific Islander  
b) Black/African American  
c) Hispanic/Latino  
d) Native American/American Indian/Alaskan Native  
e) White/Caucasian  
f) Other  
g) (please specify)
5. In what city and state do you work?
6. Are you licensed as a mental health practitioner at the:  
a) Master's level. Year you obtained your license:  
b) Doctoral level. Year you obtained your license:
7. Regarding psychotherapy, how many years of experience do you have providing psychotherapy to clients?
8. Regarding psychotherapy, what theoretical orientation describes your approach BEST?  
a) Psychodynamic  
b) Cognitive-behavioral  
c) Humanistic/Existential/Experiential  
d) Systemic  
e) Multicultural/Feminist  
f) Integrative/Eclectic  
g) Other (please state)
9. Regarding clinical supervision, how many hours a week on average have you provided supervision (over the course of your professional life)?
10. Regarding clinical supervision, what model describes your approach BEST?  
a) Model grounded in a psychotherapy theory  
b) Process model  
c) Developmental model

- d) Competency-based model
- e) No specific model
- f) Other

11. What psychotherapy theory grounds your supervision work?

- a) Psychodynamic
- b) Cognitive-behavioral
- c) Systemic
- d) Integrative
- e) Other

## Appendix B

### Personal Style of Therapist Questionnaire (PST-Q) (Fernández-Álvarez, García, Lo Bianco & Corbella Santomá, 2003)

This questionnaire is designed to reflect your personal style as a therapist. There are no correct or incorrect responses, as different styles can be equally beneficial. Although your work may vary depending on the type of client, please respond with the most frequent way in which you work. Please try to not think too much about the meaning of each statement, as we are looking for your most spontaneous responses.

1	2	3	4	5	6	7
Completely Disagree	Mostly disagree	Slightly disagree	Undecided	Slightly agree	Mostly agree	Completely agree

1. I tend to listen in an open and receptive manner more than in a targeted and focused manner.
2. I try to get clients to adapt to the way in which I prefer to work.
3. As a therapist, I prefer to tell clients what must be done in each session.
4. I keep a low level of personal involvement with clients in order to work more objectively.
5. I find changes in the therapeutic framework stimulating.
6. The emotions the client generates in me are decisive for the course of treatment.
7. I feel more inclined to follow the client's exploration than to direct them along certain paths.
8. I avoid expressing myself through highly emotive gestures or language.
9. I tend to demand strict adherence with the payment of my fees.
10. I place little value on manualized treatments.
11. The expression of emotions is a powerful tool for change.
12. Many key changes along the course of treatment require that the therapist maintain low levels of emotional expression.
13. I don't think about my clients outside of work.
14. Changing therapy rooms negatively affects treatments.
15. True changes take place during the course of intensely emotional sessions.
16. As a therapist, I see myself as someone who works within a flexible therapeutic framework.
17. I find it useful to disclose aspects of myself during sessions.
18. I like to feel surprised by a client's material without having preconceived ideas.
19. I often provide therapy to clients outside of the office.
20. The best interventions in a treatment occur spontaneously.
21. What happens to my clients has little influence on my personal life.
22. I am predominantly directive in my interventions.
23. I think about my work quite a lot, even in my spare time.
24. I avoid revealing my own emotional states to clients.
25. I can plan an entire treatment from when it begins.

26. Keeping an emotional distance from clients helps the change process.
27. I don't alter the length of sessions, unless it is absolutely necessary.
28. If something irritates me during a session, I can express it.
29. Strong emotional closeness with clients is essential to promote therapeutic changes.
30. I prefer to know in advance what I should pay attention to in a session.
31. I prefer treatments where all steps to be followed are predetermined.
32. I am interested in working with clients who have specific presenting concerns.
33. I strive to direct my attention to the totality of what goes on in sessions.
34. My clients' problems are on my mind even after sessions.
35. I am fairly lax when it comes to session length and punctuality.
36. I strive to listen with free-floating attention right from the start of a session.

## Appendix C

### Supervisory Style Inventory (SSI) (Friedlander & Ward, 1984)

Please indicate your perception of your style as a supervisor of psychotherapy/ counseling on each of the following descriptors. Circle the number on the scale from 1 to 7, which best reflects your view of yourself.

	1	2	3	4	5	6	7
	not very						very
Goal-oriented	1	2	3	4	5	6	7
Perceptive	1	2	3	4	5	6	7
Concrete	1	2	3	4	5	6	7
Explicit	1	2	3	4	5	6	7
Committed	1	2	3	4	5	6	7
Affirming	1	2	3	4	5	6	7
Practical	1	2	3	4	5	6	7
Sensitive	1	2	3	4	5	6	7
Collaborative	1	2	3	4	5	6	7
Intuitive	1	2	3	4	5	6	7
Reflective	1	2	3	4	5	6	7
Responsive	1	2	3	4	5	6	7
Structured	1	2	3	4	5	6	7
Evaluative	1	2	3	4	5	6	7
Friendly	1	2	3	4	5	6	7
Flexible	1	2	3	4	5	6	7
Prescriptive	1	2	3	4	5	6	7
Didactic	1	2	3	4	5	6	7
Thorough	1	2	3	4	5	6	7
Focused	1	2	3	4	5	6	7
Creative	1	2	3	4	5	6	7
Supportive	1	2	3	4	5	6	7
Open	1	2	3	4	5	6	7
Realistic	1	2	3	4	5	6	7
Resourceful	1	2	3	4	5	6	7
Invested	1	2	3	4	5	6	7
Facilitative	1	2	3	4	5	6	7
Therapeutic	1	2	3	4	5	6	7
Positive	1	2	3	4	5	6	7
Trusting	1	2	3	4	5	6	7
Informative	1	2	3	4	5	6	7
Humorous	1	2	3	4	5	6	7
Warm	1	2	3	4	5	6	7

## Appendix D

All items originally included in the Personal Style of the Supervisor Scale

1. When providing supervision, I tend to listen in an open and receptive manner more than in a targeted and focused manner.
2. I try to get supervisees to adapt to the way in which I prefer to work.
3. As a supervisor, I prefer to tell supervisees what must be done in each supervision session.
4. I keep a low level of personal involvement with supervisees in order to work more objectively.
5. I find changes in the supervision framework stimulating.
6. I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.
7. I place little value on standardized supervision.
8. The expression of emotions in supervision is a powerful tool for change.
9. Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.
10. I don't think about my supervisees outside of work.
11. True changes take place during the course of intensely emotional supervision sessions.
12. As a supervisor, I see myself as someone who works within a flexible supervision framework.
13. When providing supervision, I find it useful to disclose aspects of myself.
14. I like to feel surprised by a supervisee's material without having preconceived ideas.
15. I often provide supervision to supervisees outside of the usual supervision time and place.
16. The best interventions in supervision occur spontaneously.
17. What happens to my supervisees has little influence on my personal life.
18. I am predominantly directive in my supervision interventions.
19. I think about my supervision work quite a lot, even in my spare time.
20. I avoid revealing my own emotional states to supervisees.
21. I don't alter the length of supervision sessions, unless it is absolutely necessary.
22. Strong emotional closeness with supervisees is essential to promote growth.
23. I prefer to know in advance what I should pay attention to in a supervision session.
24. I prefer supervision approaches where all steps to be followed are predetermined.
25. I am interested in working with supervisees with specific presenting concerns.
26. My supervisees' difficulties are on my mind even after supervision sessions.
27. I am fairly lax when it comes to punctuality in supervision sessions.
28. I strive to listen with free-floating attention right from the start of a supervision session.
29. I prefer not to bring up cultural similarities and differences in supervision.
30. My main role as a supervisor is to convey knowledge and give advice.
31. I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.

32. I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.
33. I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.
34. When I perceive tension in supervision, I tend to wait to see if it lessens over time.
35. If it were up to me, I would give supervisees feedback informally instead of using structured approaches.
36. To facilitate supervisees' growth, I ask questions that foster their reflection.
37. As a supervisor, my cultural competence and humility aren't all that important.
38. I see supervision primarily as a didactic process of transmitting knowledge and information.
39. I prefer to address disagreements in supervision as soon as I sense them.
40. When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.
41. I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.
42. As a supervisor, I am more process-focused than content-focused.
43. I prefer to confront my supervisees when I see them disengaged from supervision.
44. When educating and training supervisees, I believe the main goal is to foster their capacity to self-reflect.
45. As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).
46. I believe formal evaluation is a crucial component of supervision.
47. Disagreements in supervision are likely to get resolved without direct intervention on my part.
48. When it comes to supervision, who I am as a cultural being is of peripheral importance.
49. I prefer to let supervisees know how they are doing in supervision through unstructured dialogue.

## Appendix E

### Personal Style of the Supervisor Scale - Final Version

This questionnaire is designed to reflect your personal style as a **supervisor**. There are no correct or incorrect responses, as different styles can be equally beneficial. Although your work may vary depending on the supervisee, please respond with the most common way in which you work.

Please try to not think too much about the meaning of each statement, as we are looking for your most spontaneous responses.

	1	2	3	4	5	6
	Completely Disagree	Mostly disagree	Slightly disagree	Slightly agree	Mostly agree	Completely agree
PSS2	I try to get supervisees to adapt to the way in which I prefer to work.					
PSS4	I keep a low level of personal involvement with supervisees in order to work more objectively.					
PSS6	I feel more inclined to follow the supervisee's exploration than to direct them along certain paths.					
PSS8	The expression of emotions in supervision is a powerful tool for change.					
PSS9	Many key changes along the course of supervision require that the supervisor maintain low levels of emotional expression.					
PSS10	I don't think about my supervisees outside of work.					
PSS11	True changes take place during the course of intensely emotional supervision sessions.					
PSS12	As a supervisor, I see myself as someone who works within a flexible supervision framework.					
PSS13	When providing supervision, I find it useful to disclose aspects of myself.					
PSS17	What happens to my supervisees has little influence on my personal life.					
PSS18	I am predominantly directive in my supervision interventions.					
PSS19	I think about my supervision work quite a lot, even in my spare time.					
PSS20	I avoid revealing my own emotional states to supervisees.					
PSS22	Strong emotional closeness with supervisees is essential to promote growth.					
PSS24	I prefer supervision approaches where all steps to be followed are predetermined.					
PSS26	My supervisees' difficulties are on my mind even after supervision sessions.					
PSS29	I prefer not to bring up cultural similarities and differences in supervision.					
PSS30	My main role as a supervisor is to convey knowledge and give advice.					
PSS31	I find it helpful to use pre-established criteria and rubrics when assessing a supervisee's professional competence.					
PSS32	I believe the best way to reduce the likelihood of conflict in supervision is to talk openly about discrepancies early once they arise.					



- PSS33 I regularly ask supervisees to consider their sociocultural background, values, and beliefs in supervision.
- PSS34 When I perceive tension in supervision, I tend to wait to see if it lessens over time.
- PSS35 If it were up to me, I would give supervisees feedback informally instead of using structured approaches.
- PSS37 As a supervisor, my cultural competence and humility aren't all that important.
- PSS38 I see supervision primarily as a didactic process of transmitting knowledge and information.
- PSS39 I prefer to address disagreements in supervision as soon as I sense them.
- PSS40 When it comes to evaluating my performance as a supervisor, I prefer structured rather than spontaneous feedback from my supervisees.
- PSS41 I invest time in facilitating my supervisee's cultural awareness, knowledge and skills.
- PSS42 As a supervisor, I am more process-focused than content-focused.
- PSS43 I prefer to confront my supervisees when I see them disengaged from supervision.
- PSS45 As a supervisor, I encourage supervisees to explore their identity development (e.g., race, ethnicity, gender, sexual orientation).
- PSS46 I believe formal evaluation is a crucial component of supervision
- PSS47 Disagreements in supervision are likely to get resolved without direct intervention on my part.
- PSS49 I prefer to let supervisees know how they are doing in supervision through unstructured dialogue