
Examining Supervisor and Supervisee Agreement on Alliance: Is Shame a Factor? Examen de l'entente superviseur-supervisé en contexte d'alliance de travail : la honte joue-t-elle un rôle?

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ABSTRACT

This study examined the agreement of 31 supervisee-supervisor pairs on perceived strength of working alliance throughout 5 supervision sessions and on whether the alliance differed significantly in relation to supervisee shame-proneness. The Supervisory Working Alliance Inventory (Trainee and Supervisor versions) was used to measure the working alliance, and the Internalized Shame Scale was used to measure supervisee shame-proneness. Repeated measures analysis of variance revealed a lack of concordance between perceived alliance strength of supervisors and supervisees ($F(1,29) = 12.70, p = 0.0013$). No differences in alliance ratings were found in relation to shame-proneness. Implications for supervision are discussed.

RÉSUMÉ

Cette étude a porté sur l'entente liant 31 duos superviseurs-supervisés en ce qui concerne la perception qu'ils avaient de la solidité de leur alliance de travail tout au cours de 5 séances de supervision; on tenta aussi de déterminer si l'alliance variait sensiblement en fonction d'une prédisposition à la honte de la part du supervisé. L'inventaire des alliances de travail en contexte de supervision (versions stagiaire et superviseur) a servi à mesurer l'alliance de travail, tandis qu'on utilisa l'échelle de honte intériorisée pour mesurer la prédisposition à la honte chez le supervisé. L'analyse des écarts sur des mesures répétées a révélé une discordance entre les perceptions quant à la solidité de l'alliance chez les superviseurs et les supervisés ($F(1,29) = 12,70, p = 0,0013$). On n'a noté aucunes différences quant aux cotes attribuées à l'alliance en fonction de la prédisposition à la honte. Discussion des incidences sur la supervision.

The supervisory working alliance is often cited in the literature as the primary means in supervision through which competence is enhanced and supervisee development is facilitated (Bordin, 1983; Efstation, Patton, & Kardash, 1990; Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Ellis, & Friedlander, 1999). The working alliance relationship is seen as collaborative and is based on mutual agreement concerning the goals and tasks of supervision, as well as the development of a strong emotional bond (Bordin, 1994). Research has demonstrated the

importance of strong supervisory working alliances, which have been linked to increased supervisory satisfaction (Ladany et al., 1999; Worthington & Roehlke, 1979) as well as to increased quality of the supervisory relationship leading to supervisee strengthened confidence, refined professional identity, and increased therapeutic perception (Worthen & McNeill, 1996).

The strength of the supervisory working alliance, however, is subject to many influences. Shame-proneness in particular has long garnered specific attention from theorists as a possible influential factor (Farber, 2003; Graff, 2008; Hahn, 2001; Yourman, 2003); however, few studies have actually delved further into this variable. It is not clear if supervisees with a tendency to experience shame more frequently and at greater intensities are actually experiencing the supervisory alliance differently than their counterparts.

Proneness to experiencing shame has been associated with vulnerability to the negative effects of failure in achievement situations (Thompson, Altmann, & Davidson, 2004), to problematic relationships (Covert, Tangney, Maddux, & Heleno, 2003), and to self-derogation, berating, and blaming one's own behaviour and character (Lutwak, Panish, & Ferrari, 2002). In a supervisory context, shame-proneness has been linked to trainee resistance (Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996).

In relation to the supervisory alliance, Quarto (2002) states that "the manner in which supervisees and supervisors interact with one another will affect the quality of their relationships and what they accomplish in supervision" (p. 21). According to Patton and Kivlighan (1997), the working alliance is most directly affected by the dispositional characteristics of the participants. Focusing on dispositional shame (shame-proneness) rather than state shame may hence be of importance in the study of the supervisory alliance.

Moreover, despite the importance of the collaborative relationship in the supervisory working alliance, the approach to supervision as an interactive process has still not received much attention in the research literature. Very little is known about the convergence of supervisor and supervisee judgements concerning their supervisory experiences. The counselling and psychotherapy literature, however, does provide us with some information on the topic of convergence from which to hypothesize. Convergence is described as a lessening of discrepancy in judgements (Pepinsky & Karst, 1964). Agreement on significant counselling events is seen as an important mediator of client change and hence an important area for investigation (Kivlighan & Arthur, 2000; Martin & Stelmaczek, 1988).

Previous concordance research in therapeutic settings has found that counsellors and clients have different views of their counselling experiences (Elliott & James, 1989; Heppner, Kivlighan, & Wampold, 1999). Moreover, therapeutic working alliance research specifically has indicated a stable lack of convergence for counsellor-client alliance ratings or has found only small correlations (Fitzpatrick, Iwakabe, & Stalikas, 2005; Mallinckrodt & Nelson, 1991), with the client tending to rate the strength of the alliance consistently higher than did his or her counsellor (Hatcher, Barends, Hansell, & Gutfreund, 1995). Convergence research on

counsellor and client recall has been linked to session effectiveness (Cummings, Martin, Hallberg, & Slemon, 1992) as well as to improved client outcomes (Kivlighan & Arthur, 2000). One study by Svensson and Hansson (1999) did report significant correlations between therapist and client working alliance ratings; however, their study dealt with a schizophrenic sample, therapists practiced only cognitive therapy, and they used different measures of alliance. Other research by Kivlighan and Shaughnessy (1995) investigating relations between working alliance and therapeutic outcome of 21 therapist-client dyads found a pattern of increased convergence in alliance ratings over the course of therapy sessions.

In a supervisory setting, no studies could be found investigating the agreement of working alliance ratings for counsellor supervisees and their supervisors. Several authors have addressed the notion of mutual interaction of dyad members in the supervisory process, yet none have concentrated specifically on working alliance ratings in their studies (Hart, 1982; Holloway, 1982; Lessem, 1995).

It has been suggested that studying multiple perspectives to gain greater insight into the complex nature of the therapeutic relationship would be of value in the therapeutic field (Svensson & Hansson, 1999), and we propose that this is of equal importance in the field of counselling supervision if we are to proceed in our quest for a better understanding of the complexity of the supervisory relationship. As well, as mentioned by Kennard, Stewart, and Gluck (1987), there are few reports of supervisee characteristics that seem to influence perceived experiences in supervision. Our research objectives for this study, therefore, were twofold.

The first objective was to examine whether or not supervisees and supervisors would report similar experiences of the supervisory working alliance over the course of the supervisory process. Second, we wanted to see whether the strength of the working alliance (as perceived by supervisees and supervisors) would differ significantly in relation to supervisee shame-proneness level.

METHOD

Design and Participants

The study was conducted at a Canadian university and included an original sample of 43 student supervisees (from 64 enrolled) and 13 supervisors (out of 17 potential) that yielded a participation rate of 67% and 76%, respectively. Of the 43 supervisee participants, 12 had to be excluded from the sample due to lack of participation from their supervisors. No supervisors were excluded. Consequently, 31 supervisee-supervisor pairs remained (i.e., 48% of the total potential sample).

Most supervisors supervised more than 1 student, with one supervisor supervising 9 of the 31 supervisees. All of the student supervisees were enrolled in an employment counselling course as master's level counselling students. As part of the course requirements, students met with one client in a counselling process that lasted between 5 and 10 sessions. Each student met with his or her supervisor at regular intervals throughout this process for a total of 5 supervision sessions. Supervisors for the course were chosen and hired by the course professor. The

selection criteria included supervisors having graduated from the same master's program. The supervisors having the most years of counselling experience were permitted to supervise more students. Table 1 presents the sociodemographic characteristics of our trainee and supervisor samples.

Table 1
Sociodemographic Characteristics of Participants

	Supervisors ($N = 13$)	Supervisees ($N = 31$)
Gender		
Female	69% (9)	84% (26)
Male	31% (4)	16% (5)
Age		
<i>M</i>	37.5	31.9
<i>SD</i>	7.7	8.6
Years of post-secondary education		
<i>M</i>	7.5	5.7
<i>SD</i>	1.6	1.6
Years of counselling experience		
<i>M</i>	9.3	
<i>SD</i>	5.3	

Measures

Alliance. The Supervisory Working Alliance Inventory (SWAI) developed by Efstation et al. (1990) was designed to measure the relationship in counsellor supervision. Two forms compose the SWAI: the supervisee scale (SWAI-T) and the supervisor (SWAI-S) scale.

The supervisee scale contains 19 items across two factors: rapport and client focus. *Rapport* refers to the supervisee's perception of support from the supervisor. *Client focus* refers to the supervisee's perception of the emphasis the supervisor placed on promoting the trainee's understanding of the client.

The supervisor scale contains 23 items across three factors: *Client focus*, *Rapport*, and *Identification*. *Client focus* refers to the emphasis the supervisors placed on promoting the supervisee's understanding of the client. *Rapport* refers to the supervisor's effort to build rapport with his or her trainee by supporting and encouraging them. *Identification* represents the supervisor's perception of the trainee's identification with his or her supervisor.

The items are rated on a 7-point Likert scale ranging from 1 (*almost never*) to 7 (*almost always*). Although there are behaviours that are common to both supervisors and supervisees, the authors also took into consideration activities that are specific to each role.

SWAI scale scores have been reported by Efstation et al. (1990) to have acceptable estimates of reliability. Alpha coefficients range from .71 to .77 for the supervisor scales and from .77 to .90 for the trainee scales. Item-scale correla-

tions ranged from .29 to .57 for the supervisor scales and from .37 to .77 for the supervisee scales. Convergent and divergent validity were established through intercorrelations with the Supervisory Styles Inventory (SSI).

Shame-proneness. The Internalized Shame Scale (ISS) developed by Cook (1989) was used as a measure of shame-proneness. The most recent version of the scale, published in 2001, consists of 24 items describing feelings or experiences with 6 items from the Rosenberg Self-Esteem Scale as fillers. Participants respond on a 5-point scale indicating how often they experience the feelings described in each item. A reliability coefficient of internal consistency of .95 was reported by Cook (2001). Cook also established convergent validity with several other measures of negative affect and self-esteem measures, including the Tennessee Self-Concept Scale, the Brief Symptom Checklist, and the Beck Depression Inventory, reporting correlations ranging between -.41 and .62.

The instruments used in this study were selected based on the knowledge that they have all previously been used in alliance and shame research and have demonstrated acceptable levels of validity and reliability by several authors (Cook, 2001; Del Rosario & White, 2006; Efstation et al., 1990; Rybak & Brown, 1996).

Procedures

Prior to the start of the supervision session, supervisees completed the ISS and both supervisors and supervisees completed a demographic questionnaire. Supervisees also completed the ISS after the final supervision session. Immediately after each of the five supervision sessions, all supervisees and supervisors were asked to complete the SWAI-T and SWAI-S, respectively. All completed forms were returned in sealed envelopes to the researchers; participants were informed that their responses were confidential and that their supervisor would not see the results.

RESULTS

The first research objective, looking at whether or not supervisors and supervisees reported similar experiences of the supervisory working alliance, was investigated using repeated measures analysis of variance (ANOVA) with treatments *supervisees versus supervisors* as between-subjects effect and *time* as within-subjects effect. The items from the SWAI-S relating to identification were removed from the analysis to render both alliance measures as comparable as possible. Missing data were replaced by the mean. Results indicated a significant main effect for treatment between subjects $F(1,29) = 12.70, p = 0.0013$, with supervisees rating the working alliance ($M = 5.80, SD = 0.74$) as significantly stronger than supervisors ($M = 5.41, SD = 0.53$) throughout the course of the five supervision sessions.

We conducted further analysis on the alliance subscales. Repeated measures analysis of variance revealed significant differences for treatment between subjects for the subscale rapport $F(1,29) = 8.52, p = 0.0067$, and the subscale client focus $F(1,29) = 12.41, p = 0.0014$, with supervisees rating both subscales ($M = 5.76, SD = 0.73$ for rapport and $M = 5.89, SD = 0.83$ for client focus) consistently

higher than their supervisors ($M = 5.27$, $SD = 0.60$ for rapport and $M = 5.39$, $SD = 0.72$ for client focus).

Our second research objective was to examine whether the strength of the working alliance (as perceived by supervisors and supervisees) would differ significantly in relation to supervisee shame-proneness level. The inclusion criteria for the *high shame-prone* and *moderate shame-prone* groups were based on the information provided in the ISS technical manual that states that scores of 50 or higher are indicative of problematic levels of internalized shame (Cook, 2001).

Participants obtaining ISS scores below 50 were included in the moderate shame-prone group, and participants obtaining scores of 50 or higher were included into the high shame-prone group. ISS scores of below 50 were obtained by 27 (87%) of participants in the study while 4 (13%) participants scored above 50. We conducted repeated measures analysis of variance with two levels of repeated measurement (supervisees and supervisors) with treatments *high-shame versus moderate-shame* as between-subjects effect and *time* as a within-subjects effect. No significant main effects were found in treatment between subjects $F(1,29) = 0.12$, $p = 0.73$ or within subjects $F(4,86) = 0.41$, $p = 0.80$. The post-hoc power analyses associated to these tests were 6.4% and 11.3%, respectively. That is, the level of supervisee shame-proneness was not found to be a significant factor influencing alliance ratings for either supervisees or supervisors in our sample over the course of the five supervision sessions.

DISCUSSION

The research objectives for this study were (a) to gain greater insight into the nature of the supervisory working alliance by investigating whether supervisors and supervisees had similar perceptions of their supervisory working alliances and (b) to examine whether there was a significant difference in alliance ratings in relation to supervisee shame-proneness level. Our results indicated a significant difference between supervisor and supervisee perceptions of the supervisory working alliance throughout the course of the supervisory process. That is, supervisors and supervisees did not perceive the strength of their supervisory working alliances in the same way despite being engaged in the same process.

Supervisors consistently ranked the supervisory working alliance lower than did supervisees. Although there exists to date no supervision studies that could help us to interpret these results, therapeutic working alliance research does provide us with interesting studies from which we can draw tentative conclusions. The lack of concordance in this study between supervisor and supervisee working alliance ratings is similar to previous concordance research in therapeutic settings, which has indicated that counsellors and clients have different views of their counselling experiences (Elliott & James, 1989; Heppner et al., 1999). As well, therapeutic working alliance research has found a lack of convergence for counsellor-client alliance ratings or has found only small correlations (Fitzpatrick et al., 2005; Mallinckrodt & Nelson, 1991). These results conflict with the study by Svensson

and Hansson (1999), which reported significant correlations between therapist and client working alliance ratings; however, as mentioned before, their study dealt with only schizophrenic patients, conducted only cognitive therapy, and used different measures of alliance.

Fitzpatrick et al. (2005) suggest that the discrepancy between counsellor and client views of a working alliance could be caused by different conceptions or theoretical ideas counsellors and clients may have of the alliance. They suggest that therapists may assess the quality of the working alliance based on the setting of therapeutic goals, tasks, and the development of a strong bond, whereas clients may concentrate on more familiar ideas such as trust, liking, and respect. Based on this interpretation, we anticipated that, in a supervisory setting, the convergence would have been close due to the fact that counselling training would have caused both supervisees and supervisors to have more similar conceptions of the working alliance than counsellors and their clients. However, this was not the case. It seems as though the supervisees' evaluations of the supervisory working alliance may closely relate to client evaluations of the therapeutic working alliance in their emphasis on and need for a trusting and respectful relationship.

Most of the research concerning supervisee experiences of "good" and "bad" supervision deals with the effects of the supervisory relationship (mainly the supervisory working alliance) and facilitative attitudes of the supervisor. Worthen and McNeill (1996), in their phenomenological investigation into "good" supervision events, found that good supervisors were seen by supervisees as empathic, nonjudgemental, validating, nondefensive, and willing to examine their own assumptions. According to Ladany et al. (1999), strong emotional bonds between supervisor and supervisees create an environment that encourages the supervisee to engage in professional self-reflection.

It seems, therefore, that establishing a safe, trusting, and respectful climate for supervision is of primary importance for supervisees before they can expose themselves comfortably to their supervisors. The fact that supervisees in our research consistently rated the total supervisory working alliance and the rapport subscale of the supervisory working alliance stronger than did their supervisors may well be indicative of the importance supervisees place on these aspects of supervision as well as reflecting the risk involved for supervisees.

Another consideration in attempting to interpret these results is the possible influence of social desirability. A literature review of 63 articles using nine different measures of working alliance in a therapeutic setting conducted by Tryon, Blackwell, and Hammel (2008) revealed that clients tended to use only the top 20% of rating points and therapists only the top 30% in alliance measures, skewing the results positively in that the lower ratings indicating a less strong supervisory alliance were rarely used. The authors suggest that although this could be an accurate reflection of the alliance, these ratings could be influenced by social desirability or dissonance-reducing response sets. In this study, we see similar response set patterns to the ones reported by Tryon et al. It may be that our respondents, especially the supervisees facing evaluation, are more vulnerable in the supervisory

setting and may have been influenced by these factors of social desirability and dissonance-reducing response sets.

As a secondary objective, we wanted to see if supervisee shame-proneness levels would be related to the strength of the perceived supervisory working alliance for both supervisees and supervisors. Results indicated that high shame-prone supervisee working alliance ratings do not significantly differ from the working alliance ratings of moderately shame-prone supervisees. Although we were interested in finding out whether there was a significant difference between supervisee levels of shame-proneness (high shame-proneness as opposed to moderate shame-proneness) in relation to supervisory working alliance ratings, previous unpublished alliance research by Bilodeau, Savard, and Lecomte (2009) found supervisee shame-proneness to be significantly co-related to supervisee perceptions of alliance. Hence, this could indicate that shame is an important factor in the supervisory setting for every supervisee, not simply the ones considered "high-shame prone." That is, the relationship between shame and alliance may be more related to situational shame than to shame-proneness.

Another explanation is the possibility that higher shame-prone supervisees may not have completely revealed, or may have hidden, important aspects of the shame they experience. Previous research has linked supervisee shame to nondisclosure in supervisory settings (Ladany et al., 1996; Yourman & Farber, 1996). It may well be that higher shame-prone supervisees may need more encouragement in revealing their anxieties and difficulties related to supervision.

Limitations of the Study

Although 27 supervisees were in the moderate shame group, only 4 participants fit the criteria for the high shame group. It is possible that the unequal number compromised the comparison between the high and moderate shame groups. Post-hoc power analyses, however, were quite low (6.4% and 11.3%), which may indicate that the difference that exists between the two groups could very well be clinically insignificant.

Another limitation is the possibility of threats to internal validity related to history, selection, and social desirability inherent in post-facto and self-report studies. A third limitation involved the supervisor sample. Several supervisees shared the same supervisor, which could have impacted results. As well, due to the fact that all supervisee participants in this study were counsellors in training, generalizability of these results to other supervision interactions may be limited.

Implications for Counsellor Supervision and Training

Our research found significant differences between how supervisors and supervisees perceive the strength of their supervisory alliance and found no significant difference in strength of perceived alliance between high and moderate shame-prone supervisees. The results could have important implications for the practice of supervision and the training of counsellors in suggesting that shame may be an important factor for consideration for all supervisees in the supervisory setting. The

results highlight the importance of creating a safe and trusting environment for supervisees, hence placing an emphasis on the bond aspect of the alliance before any meaningful work can be done. In doing so, supervisors can serve as models for supervisees in learning how to address shame and in learning to develop strong working alliances with their own clients and eventually with their supervisees when they become supervisors themselves.

Implications for Future Research

Replication and extension of these findings is needed. Literature on the supervisory working alliance and on shame in supervision is scarce. Knowing the importance of the supervisory working alliance in fostering counsellor growth and competency development, it is important that we continue to work toward a greater understanding of the working alliance and the supervisory process in order to maintain a high level of quality services in the practice of counselling.

Acknowledgement

This article is based in part on the doctoral dissertation of the first author supervised by the second and third author.

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