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A Close Look at Conflictual Supervisory Relationships: The Trainee's Perspective

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In a qualitative study of negative supervision, 13 master's and doctoral trainees were interviewed about a supervision experience that had a detrimental effect on their training. Many supervisors were described as not being invested in the relationship and as being unwilling to own their role in conflicts. Many trainees described being overworked without proper supervision, some felt expected to support their supervisors, and many underwent extreme stress and self-doubt. Most participants reported ongoing power struggles with angry supervisors, and most relied on peers, other professionals, and therapists for support. Qualitative themes were consistent with trainees' high scores on the Role Conflict and Role Ambiguity Inventory (M.E. Olk & M.L. Friedlander, 1992) and with their low ratings of their supervisors' attractiveness and interpersonal sensitivity on the Supervisory Styles Inventory (M.L. Friedlander & L.G. Ward, 1984).

Despite the fact that many trainees view their experience in supervision as outstanding (Charles, Gabor, & Matheson, 1992), supervisory relationships are no more flawless than therapeutic relationships. Whereas the iatrogenic effects of counseling have been well documented (e.g., Strupp, & Hadley, 1977), and there is substantial literature about negative effects to inform the training of new counselors, there is still much to learn about negative effects in supervision. Some studies have suggested that the process of supervision is powerful for the learner and that it can be experienced as harmful or debilitating (Goodyear, Crego, & Johnston, 1992; Wulf & Nelson, 2000). Little is known, however, about how trainees actually cope with highly conflicted supervisory relationships.

In supervision, a trainee must be prepared to learn new and difficult tasks and to assume multiple roles. Supervisees must act as therapists in positions of authority with their clients, as students attempting to complete requirements for academic programs or licenses, and as clinical subordinates with their supervisors. Whereas the therapist role accords trainees a certain degree of power, the other two roles place trainees in less powerful positions in relation to their professors and supervisors. For many trainees,

role conflict and role ambiguity can lead to anxiety and dissatisfaction with supervision and with clinical work in general (Olk & Friedlander, 1992).

Theorists have long viewed the relationship as the primary vehicle by which supervisors enhance the development of their trainees (Eckstein & Wallerstein, 1958; Loganbill, Hardy, & Delworth, 1982; Mueller & Kell, 1972), and the quality of the relationship is seen as essential to positive outcomes in supervision (Holloway, 1995). This view has consistently been supported in the empirical literature (Holloway & Wampold, 1983; Skovholt & Ronnestad, 1992; Stoltenberg, McNeill, & Delworth, 1998; Worthen & McNeill, 1996; Worthington & Roehlke, 1979), with researchers describing the nature of successful supervision in various ways (Holloway & Wampold, 1983; Worthen & McNeill, 1996; Worthington & Roehlke, 1979). Worthington and Roehlke (1979), for example, reported that trainees described good supervisors as pleasant and personable, willing to provide useful training, and supportive of their supervisees' efforts to experiment. Likewise, Worthen and McNeill (1996) found that good supervisors were seen as empathic, nonjudgmental, validating, nondefensive, and willing to examine their own assumptions. Supervisors had the capacity to normalize their supervisees' struggles, encouraging them to explore and take risks. Positive supervisory outcomes included enhanced confidence, a refined professional identity, greater willingness to engage in the struggle of learning, and increased therapeutic perceptiveness.

It has been said that the hallmark of successful supervision is the resolution of conflict that occurs naturally because of the power imbalance between supervisor and supervisee (Mueller & Kell, 1972). Despite the wealth of information on successful supervision, little is known about what happens to supervisory relationships when conflict resolution is difficult or impossible to achieve. The intent of the present article is to provide a rich description of conflictual supervisory relationships that had a negative influence on the training experience.

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We began with the assumption that supervision, like counseling, has the potential to harm. This assumption was based on our own experiences in academic training settings and on recent literature in this area. Wulf and Nelson (2000), for example, interviewed licensed psychologists about their internship supervisors' contributions to their development. Whereas the authors expected to hear tales of important lessons imparted by supervisors, most informants described a lack of investment on the part of the supervisors, little support for trainee autonomy, and an absence of confirmation for the supervisees' strengths. As another example, in a recent survey of psychiatric supervisees, 58% reported educational neglect and 50% reported emotional neglect from supervisors (Kozłowska, Nunn, & Cousins, 1997)—experiences that respondents viewed as the most difficult aspects of their training. The prevalence of conflictual supervision was studied by Moskowitz and Rupert (1983), who reported that 38.8% of respondents had experienced a major conflict with a supervisor. Of that group, most initiated a discussion about the conflict with their supervisors. For 37.5% of those who did so, the situation remained problematic, got worse, or became unworkable and resulted in a change of supervisor.

Because supervisors must maintain an evaluative, yet therapeutic, stance in supervision, trainees are vulnerable to poor judgment on the supervisor's part. Indeed, the complexity of the relationship sets the stage for interpersonal conflict. Typically, supervisors relate to their trainees as teacher, therapist, consultant, and colleague (Bernard, 1979; Stenack & Dye, 1982). Each role carries with it expectations, which may or may not compete with one another. *Role conflict*, a concept developed by organizational psychologists, results from conflicting expectations (Friedlander, Keller, Peca-Baker, & Olk, 1986). An example is the trainee who feels expected to reveal personal shortcomings but worries about being evaluated poorly because of them. A similar problem, *role ambiguity* (Olk & Friedlander, 1992), arises when the expectations for behavior are unclear. Whereas role conflict tends to be more salient for advanced trainees, who tend to prefer collegial relations with their supervisors, role ambiguity occurs more often for beginners, who are likely to be uncertain about their role in supervision (Olk & Friedlander, 1992). Research has shown that role difficulties are associated with anxiety, work dissatisfaction, and dissatisfaction with supervision (Olk & Friedlander, 1992).

Although these and other aspects of harmful supervision have been identified, the nature of interpersonal impasses in supervision, as well as the contributing contextual conditions and the supervisee's responses and coping strategies, has yet to be explicated. We used a qualitative method to uncover common themes in supervisees' phenomenological experiences of harmful conflict in supervision.

Two self-report instruments were administered for purposes of triangulation with the qualitative data. Using the Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992), we addressed the degree to which role conflict and role ambiguity played a part in respondents' negative experiences. We anticipated that our participants would score substantially above the normative means on role conflict or role ambiguity or both. We also administered the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) to obtain trainees' perceptions of their supervisors' styles. Because scores on the SSI Interpersonally Sensitive subscale are predictive of satisfaction in supervision (Friedlander &

Ward, 1984), we expected respondents to rate their supervisors substantially lower than the normative mean on this scale, as well as on the Attractive scale, a theoretically nonspecific "good supervisor" measure (Friedlander & Ward, 1984).

We deliberately drew no inferences about the supervisees' contributions to the conflicts they described to us. Rather, we sought to elicit our participants' phenomenological experiences, accepting their stories at face value. We recognized, however, that the supervisors' perspectives on these conflicts would be likely to differ. Nonetheless, by sampling trainees who felt harmed by the experiences they recounted, we sought to contribute to knowledge about the potential causes and consequences of nonproductive conflict in supervision.

Method

Participants

A nationwide sample ($N = 13$; 9 women and 4 men) volunteered to participate in a study of nonproductive conflict in supervision, or an impasse in supervision subjectively experienced by the trainee as harmful or having had a decisively negative impact on the training experience. We only sampled trainees whose supervisory experiences took place within the previous 6 months to 3 years. This window ensured that trainees had enough time to reflect on their experiences but not so much time that it would be distant or poorly remembered.

Participants' ages ranged from 29 to 52 years ($M = 37$, $SD = 7$). The majority ($n = 11$; 84%) were White, 1 was Chicano/a, and 1 was Asian American. In terms of education, 10 (77%) were in doctoral programs in counseling psychology, 1 (7%) was in a doctoral program in clinical psychology, and 2 (15%) were in master's programs in counseling psychology. The training experiences described by participants were primarily predoctoral internships ($n = 7$; 54%), although some beginning ($n = 1$; 7%) and advanced ($n = 5$; 38%) practica were also represented. Eleven (85%) had had prior supervisory relationships. Of that group, the number of prior supervisors ranged from 1 to 10 ($M = 3.9$, mode = 5). To maximize confidentiality, we did not ask our participants about the locations of either their training programs or their internships. However, from the data we were given, we concluded that none of our participants could have been from the same internship sites.

Participants described their theoretical orientations as primarily Rogerian, cognitive-behavioral, or psychodynamic, although most participants listed multiple theoretical interests. In about half of the cases, participants described their supervisor's theoretical orientation as differing markedly from their own; in the other half, theoretical interests overlapped. There were 9 same-sex supervisory dyads (7 women, 2 men) and 4 opposite-sex dyads (1 with a female supervisor, 3 with male supervisors). Participants reported their supervisors' training as PhDs ($n = 10$; 77%), PsyDs ($n = 2$; 15%), and master's in counseling ($n = 1$; 7%).

Interview Guide

The semistructured interview (see the Appendix) was derived from Kvale's (1996) recommendations for qualitative interviewing. It provided a general framework from which to elicit rich descriptions of the participants' experience in supervision and its effects on their self-concept, behavior, and professional development. The interview questions, based in part on the limited literature on problematic supervision, were open ended, and the interviewers were encouraged to follow the participant's lead using minimal encouragers (e.g., repeating a word that seemed significant), probing questions (e.g., "Can you give me more detail about that?"), specifying questions (e.g., "What were you thinking at that time?"), and interpretive questions (e.g., "Sounds like it was kind of like [metaphor]").

After several opening questions that oriented the interviewer to the context of the training experience, there were 11 general questions about the supervisory relationship, the trainee's perceptions of the supervisor and the self in relation to him or her, the nature and effects of the conflict or impasse, and if and how it was resolved. To allow for disconfirming evidence, we asked about positive outcomes from the conflictual experience.

Instruments

SSI. The SSI (Friedlander & Ward, 1984) estimates the trainee's perception of the supervisor's approach, or style, in terms of three subscales: Attractive (AT), Interpersonally Sensitive (IS), and Task Oriented (TO). Items are unipolar adjectives (e.g., *open, positive, intuitive, invested, structured, focused*) that are rated on Likert-type scales ranging from 1 (*not very*) to 7 (*very*). Raw scores are summed and divided by the number of items in each subscale (AT = 7 items, IS = 8 items, TO = 10 items), so that all subscales range from 1 to 7. High AT scores reflect warm collegiality, high IS scores reflect a focus on the supervisory relationship, and high TO scores reflect a methodical, content-focused approach. The subscales are not correlated with social desirability; they are reliable (α s ranging from .76 to .93) and valid predictors of trainee experience level, supervisor's theoretical orientation, and trainee satisfaction with supervision (Friedlander & Ward, 1984). In particular, the IS scale predicts trainees' perceptions of the effects of supervision on their professional development (Friedlander & Ward, 1984).

RCRAI. The RCRAI (Olk & Friedlander, 1992) is a 29-item, self-report questionnaire that estimates trainees' perceptions of opposing expectations for their behavior (conflict) and their uncertainty about supervisory expectations for their performance (ambiguity). The two subscales, Role Conflict (RC; 13 items) and Role Ambiguity (RA; 16 items), were developed from the organizational psychology literature and from supervision theory and research. Examples include, "I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended" (RC scale) and "The criteria for evaluating my performance in supervision were not clear" (RA scale). Items are rated on a 5-point Likert-type scale from 1 (*not at all*) to 5 (*very much*). Raw scores are summed and divided by the number of items in the scale, so that both RC and RA range from 1 (*low*) to 5 (*high*). The two scales are moderately correlated ($r = .59$); reliable (α s = .89 [RC] and .91 [RA]); and predictive of work-related anxiety, general work dissatisfaction, and dissatisfaction with supervision (Olk & Friedlander, 1992).

Procedure

Volunteers were solicited on the Internet, through the Council of Counseling Psychology Training Program and the Counselor Education and Supervision electronic mailing lists. Our rationale for contacting training faculty was that through them we could obtain maximal access to students completing placements. We described the study, and we encouraged program directors and other faculty to ask trainees who had had conflictual supervisory experiences to contact us via e-mail. Most of the faculty who agreed to participate forwarded our call for participants to their student lists, and the students responded confidentially. Some participants learned of our study through word of mouth. Volunteer participants were sent a consent form, the two questionnaires (randomly ordered), and the demographic sheet. The consent form described the study and assured confidentiality with the right to withdraw at any point. When the materials were returned, an appointment for a telephone interview was arranged. Two participants submitted their consent forms and questionnaires subsequent to their interviews.

Interviews, which ranged from approximately 35 to 90 min, with an average of about 60 min, were conducted and audiotaped by telephone. Participants were reminded, before the interview began, not to mention the

supervisor, training site, or academic program by name. At the conclusion of the interview, participants were asked to reflect on the experience of taking part in the study.

The interviewers were Mary Lee Nelson, Myrna L. Friedlander, counseling psychologists, and three graduate students in counseling and counseling psychology, aged 34 to 50 years. All were women; 1 was Filipina, and the others were White. We trained the interviewers by using written materials on qualitative interviewing (Kvale, 1996), discussions, and reviews of their own interviews with participants.

The tape recordings were transcribed by three graduate students and one undergraduate assistant who were trained in principles of confidentiality. Transcripts were reviewed for accuracy by the interviewer, Mary Lee Nelson, or Myrna L. Friedlander, and minor corrections were made for intelligibility.

Because investigators in qualitative research have a great deal of influence over the results, it is necessary to examine the findings in light of their expectations and biases. We are both faculty supervisors in academic training clinics, and we have 22 and 20 years, respectively, of counseling and supervisory experience. Our interest in this study arose from our recognition that there is a lack of information on conflict in the literature, from having personally experienced conflicts as both supervisees and supervisors, and from having consulted with many graduate students who have experienced similar difficulties. Mary Lee Nelson describes her theoretical orientation as drawing on interpersonal, psychodynamic, humanistic, and feminist theories. Myrna L. Friedlander describes her orientation as drawing on psychodynamic, family systems, cognitive, and feminist theories. We expected that conflicts in supervision, if not resolved, would have the potential to be highly damaging to trainees, both personally and professionally. Furthermore, we believed that most supervisory conflicts would arise from differences in personality, background, and culture; transference and countertransference; gender inequity and sexual harassment; and differing theoretical orientations and value systems.

Analysis

First, we independently read and reread the transcribed interviews, taking marginal notes of our impressions. We used a discourse analysis with open and axial coding procedures, similar to that recommended by Strauss and Corbin (1990), to ensure that we would capture the richness of participants' lived experiences. Open inductive coding is optimal when little is known about a phenomenon, because it does not constrain the judges to a preconceived set of categories (Rennie, 1994; Strauss & Corbin, 1990).

The process resulted in 70 major and minor codes in seven categories. This list was distributed to four auditors: 1 African American and 3 White doctoral students. One was a man and 3 were women, aged 29, 41, 48, and 52 years. The auditors were trained by reading material on qualitative analyses and by carefully reviewing one of the transcripts with us. They were provided with written and verbal instructions to read the transcripts thoroughly, noting themes, patterns, and impressions in the margins. They were then provided with the initial rubric of codes and categories created by us. Their task was to determine whether the codes fit the data, whether any codes should be eliminated, whether codes were titled appropriately, and whether rearranging seemed appropriate. They were instructed to add, subtract, or modify codes and categories as needed. The auditors were instructed to indicate in the margins which codes applied to each block of data. Finally, they counted the number of transcripts that generated each of the codes. Thus, we were able to identify which categories were more prevalent than others. The auditors performed these tasks independently, and three of them met to negotiate their results. Majority and minority views were recorded. The fourth auditor, who was at a distance, compiled a separate list and communicated with the others at regular intervals. This process resulted in two lists of codes and categories, which were compared and integrated by Mary Lee Nelson.

A summary of the results was sent to 10 participants (the others could not be located). Participants were invited to comment, question, or correct the codes or quotations used in the text. They were told that if they did not respond by a specific date that we would conclude they were satisfied with the analysis and presentation of results. Three participants responded, indicating that they were satisfied with the analysis. One participant responded and provided corrective input, which has been integrated into the results, regarding our interpretation of her experience.

Results

Quantitative Results

SSI and RCRAI scores were computed for each participant and compared against the published normative means for either practicum students or interns, depending on their training status (Friedlander & Ward, 1984; Olk & Friedlander, 1992). Table 1 presents each participant's score and the difference of the score from the normed mean in z-score units.

Scores on the SSI can range from 1 (*low*) to 6 (*high*). The normative means for the AT scale are 5.23 for practicum trainees and 5.28 for interns; means for the IS scale are 5.41 for practicum trainees and 5.77 for interns (Friedlander & Ward, 1984). As shown in Table 1, with few exceptions, all participants' ratings of their supervisors on the AT and IS scales were well below the respective normative means. Nine participants rated their supervisors more than 2 SDs below the mean on the AT scale and 8 participants rated their supervisors more than 2 SDs below the mean on the IS scale.

Scores on the RCRAI can range from 1 (*low*) to 5 (*high*). Normative means for the RC scale are 1.55 for practicum trainees and 1.59 for interns. Means for the RA scale are 2.13 for practicum trainees and 2.06 for interns (Olk & Friedlander, 1992). As indicated in Table 1, all participants scored substantially above the respective means on either or both scales, with the exception of 1 participant. Eight participants scored more than 2 SDs above the RC scale mean, and 6 participants scored more than 2 SDs above the mean on the RA scale.

Qualitative Results

The final categorical structure (see Table 2) represented eight major categories that described supervisees' experiences of conflictual supervision. Those categories, which we called *first-order categories*, were (a) initiation of relationship, (b) impasse characteristics, (c) supervisee's perception of supervisor's reactions, (d) supervisee reactions, (e) supervisee coping strategies, (f) positive outcomes, (g) negative outcomes, and (h) contributing factors. Thirty *second-order categories* were generated to organize thematic aspects of the major categories. Table 2 depicts the first- and second-order categories, along with 52 *third-order categories* that are more specific and exemplify or illustrate the higher order categories. Subcategories were labeled in a fashion similar to that recommended by Hill, Thompson, and Williams (1997). Although no categories applied to all 13 cases, many applied to 7 or more cases, which we called *typical categories*. Categories that applied to several but fewer than half the cases (i.e., 4-6) we called *frequent*, and categories that applied to 1-3 of the cases we called *variant*. Categories that appeared in only 1 participant's transcript were omitted except when a specific case was particularly illustrative of the higher order category (Hill et al., 1997).

Initiation of relationship. Two major patterns emerged in participants' descriptions of how they experienced the establishment of their supervisory relationships. The most typical pattern involved supervisors who were viewed as remote and uncommitted to establishing a strong training relationship. Perceiving their supervisors as too busy to bother with their training needs, the supervisees felt uncomfortable or disappointed with their supervisors from the beginning. One participant stated,

She claimed she'd never had time or anything to deal with interns. And it probably would have been better for me if she had refused to start, but she didn't. And so the situation was that, um, she very rarely monitored anything I did.

A frequent pattern involved supervisors who initially behaved in a friendly, almost too-familiar fashion with their supervisees.

Table 1
Supervisee Ratings of Supervisors on the SSI and of Supervision Relationships on the RCRAI

P	SSI				RCRAI			
	A	Z	I	Z	Role conflict	Z	Role ambiguity	Z
1	3.29	-1.78	2.75	-2.71	3.90	4.35	1.95	-0.27
2	1.14	-3.91	1.00	-4.5	2.50	1.75	2.79	1.00
3	3.29	-1.88	4.25	-1.83	1.60	0.02	2.94	1.17
4	1.00	-3.88	1.43	-4.06	3.50	3.08	3.74	2.24
5	2.71	-2.31	2.88	-2.58	3.40	3.43	2.21	0.12
6	2.00	-2.96	4.62	-0.81	1.70	0.28	3.58	2.20
7	2.71	-2.42	3.50	-2.73	2.90	2.11	3.68	2.16
8	1.29	-3.76	1.13	-5.35	3.60	3.24	4.26	2.93
9	2.43	-2.69	2.31	-4.17	2.60	1.63	3.26	1.60
10	4.71	-0.48	3.88	-1.56	1.60	0.09	2.37	0.36
11	1.00	-4.04	1.63	-4.99	3.20	2.60	4.37	3.08
12	1.00	-4.04	3.00	-3.34	3.20	2.60	4.57	3.35
13	1.57	-1.48	3.25	-1.78	3.40	2.92	2.16	0.13

Note. SSI = Supervisory Styles Inventory score; RCRAI = Role Conflict and Role Ambiguity Inventory score; P = Participant; A = Attractive; I = Interpersonally Sensitive; Z = z score for each case based on the number of standard deviations from the normative means for either practicum or intern supervisees.

Table 2
Major and Minor Categories of Supervisee Experiences of Negative Impact

Category	Typical	Frequent	Variant
Initiation of relationship			
Supervisee felt lack of support from beginning	X		
Disappointed with match		X	
Saw supervisor as too busy			X
Felt there was "no relationship"			X
Supervisee felt comfortable or hopeful		X	
Wanted to learn from supervisor		X	
Impasse characteristics			
Power struggle or role conflict	X		
Experienced supervisee with less experienced supervisor		X	
Supervisor seemed to feel threatened	X		
Mutual sexual attraction			X
Role complications	X		
More than one role with supervisor		X	
Inappropriate behavior related to sex			X
Disagreement about what should take place in supervision	X		
Theoretical or technical disagreement			X
Different world views or values			X
Cultural misunderstanding			X
Gender or sexual misunderstanding			X
Contributing factors			
Site bias against counseling psychology			X
Strained relationship between site and home program			X
Role ambiguity between primary and secondary supervisors			X
Unstable conditions at training site			X
Supervisee perceptions of supervisor reactions			
Anger at supervisee	X		
Scapegoated supervisee		X	
Criticized supervisee in front of others			X
Threatened to withhold or withheld evaluation or letter to department		X	
Supervisor denied responsibility	X		
Unwilling to be flexible or share responsibility		X	
Supervisee not a priority for supervisor		X	
Blamed supervisee for problems			X
Denied there was a problem or ignored it			X
Irresponsible supervisor behavior	X		
Lack of control of unstable moods		X	
Inappropriate supervisor disclosure		X	
Supervisee reactions			
Experienced lack of support	X		
Lost trust in supervisor	X		
Felt unsafe	X		
Pulled back from relationship	X		
Felt powerless	X		
Felt manipulated		X	
Felt boundaries had been violated		X	
Felt "written off"			X
Felt life experiences, skills, or differences not valued			X
Developed self-doubts	X		
Experienced extreme stress	X		
Developed health problems		X	
Analyzed own behavior obsessively			X
Experienced fears	X		
Not succeeding		X	
Finishing program late			X

Table 2 (continued)

Category	Typical	Frequent	Variant
Supervisee coping strategies			
Acting on own behalf	X		
Directly addressing problem with supervisor	X		
Bringing in training site clinic director or training director as mediator		X	
Getting support from others	X		
Partners and peers	X		
Home site advisor or training director		X	
Own therapists		X	
Other professionals			X
Perspective taking	X		
Engaging in self-reflection		X	
Acknowledging supervisor's strengths		X	
Viewing supervisor as partly or mostly responsible	X		
Trying to own own part in problem and/or see situation objectively	X		
Observing or inquiring about other supervisees' experiences with their supervisors as a measure for comparison		X	
Dismissing supervisor's perceptions			X
Viewing problem as resulting from past political problems		X	
Trying to "go along with program"		X	
Positive outcomes			
Conflict resolved or partial resolution			X
Hope for continued relationship with supervisor			X
Supervisee gained strengthened sense of self	X		
Felt validated after learning that others had had similar experiences with supervisor	X		
Felt positive about having been assertive		X	
Felt surprised at and grateful for support from home department and internship site administrators		X	
Supervisee gained useful knowledge	X		
Became more knowledgeable about supervision and organizational dynamics		X	
Negative outcomes			
Conflict never resolved	X		
Supervisor avoided supervisee in future		X	
Supervisee resolved conflict within himself or herself		X	
Supervisee questioned or changed professional plans		X	
Ongoing negative reactions		X	
Supervisee became cynical			X
Supervisee remained distrustful of supervisors		X	

However, many trainees, regardless of their discomfort, began their relationships hoping to learn from their supervisors, whom they viewed as accomplished professionals.

The supervisor was very young and energetic, um, seemed very, um, excited about working with the supervisees, had um, expressed to me some connections that we had in common, some professionals I had worked with at another institution she had been through training with, um, so pretty encouraging, pretty supportive, pretty positive . . . so there was sort of a sense that we're um, sort of connected or we can bond . . . and so that was set up pretty quickly.

Impasse characteristics. The relationship difficulties described by participants involved several conditions that reflected a break in communication between supervisor and supervisee. The most pervasive, although not universal, pattern in this study was the occurrence of a power struggle or role conflict between supervisor and supervisee. This condition was often observed in dyads

in which the supervisee seemed to have greater status than the supervisor in some way. Frequently, the supervisee reportedly had considerable clinical experience before entering the supervision relationship. In some cases, the supervisee seemed to have had expertise in one or more areas that the supervisor did not, or the supervisee was older and had more life experience than the supervisor. In most of these cases, the trainees felt that the supervisors reacted as if threatened. One mature supervisee described a young, recently graduated doctoral supervisor in this fashion: "His attitude, which he expressed to me, was that, 'Don't forget I'm a psychologist, and I can assess anyone in an hour.'" Another participant, who had previously been an administrator in a college, remarked:

I'm older. I'm only a couple of years younger than her and I thought that her attitude toward me in particular was pretty harsh. Because I have another graduate degree, and I felt like, you know, she could have been more collegial and a little bit less parental.

Indeed, trainees who desired a collegial relationship with their supervisors often described difficulties with authoritarian supervisors.

In a majority of the cases, there was a disagreement about what should take place in supervision. Frequently the supervisees experienced a desire for more time and input from the supervisor than they were receiving. A concern voiced by numerous participants was uncertainty about the supervisor's commitment to them or a lack of clarity about the supervision contract.

Another factor that was often perceived as leading to impasse was the participants' experiences of having to function in more than one role with their supervisors. In one case, the supervisor was also the director of the clinic; in another, the supervisor was the director of training. In one case, the supervisee was counseling someone who was also in the supervisor's therapy group. One supervisee was dating a person who was a client of the supervisor. In two cases, trainees described having felt that their supervisors were trying to become their friends. They described having to listen to their supervisors' difficulties with the training site or with their own personal relationships. Three respondents recalled feeling pressured to counsel their supervisors. Two described feeling caught between their primary and secondary supervisors, not knowing which one to trust. Two participants described primary supervisors who used them as confidants. The primary supervisors would complain about the participants' secondary supervisors, who were also supervising the primary supervisors.

For 3 participants (all female trainees with male supervisors), problems arose involving sexual matters. In one case, the supervisor was described as using the trainee as a sounding board, revealing highly explicit details of his sexual activities to her. The supervisee, who described this experience as disgusting and traumatizing, went along with his agenda because he seemed intelligent and she feared recrimination should she have complained. In the second case, the supervisee indicated that the supervisor flirted with her but denied being attracted to her—an occurrence that left her feeling confused about the nature of their relationship. In the third case, a young female supervisee, who had been sexually harassed by an older male client, experienced her male supervisor as dismissive of her concerns and unwilling to help her with her discomfort.

The latter examples are allied to another issue that emerged in a variant number of our dyads—misunderstanding based on differing world views about either gender or culture. In the case of the female supervisee who felt harassed by a client, the supervisor was described as not knowing or caring enough about the experiences of women to support her. In another case, the supervisor made comments about his supervisee's ethnicity that she viewed as inappropriate, yet she felt unable to raise the issue for fear of encountering further misunderstanding.

Contributing factors. Some participants discussed site-based problems that they felt contributed to the problematic supervision relationships. Two participants viewed their training sites as biased against counseling psychology interns and wondered whether the disrespect they experienced was because of their professional identification. As one put it, "One factor was that he is a clinical psychologist, and uh, I come from a counseling psychology program, and uh, he has uh, a very negative attitude about counseling programs."

In two other cases, there were strained relationships between the training site and the home program, with the supervisees caught in the middle. Others described unstable conditions at the training site, such as conflict among training staff and financial difficulties that resulted in cutbacks. One participant attributed part of the problem to a lack of staffing in his unit. Referring to the supervisor, he said:

He worked in, ah, isolation. Um, there's only one other psychologist and ah, and a program assistant in the period that I worked there, and that had been the case for quite a while. Um, so I was the new person for him to control.

Thus, to this trainee, the training site lacked staff who could serve either as buffers or supports or who could step in and provide mediation.

Perceptions of supervisor reactions. According to respondents, the predominant supervisor reaction to the conflicts was ongoing, extensive anger. Supervisees frequently described feeling scapegoated by their supervisors, and a variant number were criticized openly in front of peers or other colleagues. One former supervisee remarked:

She just, she refused to have a relationship with me actually, and she, she thought that I had an attitude problem and that I needed to be shamed into behaving and, you know, she had absolutely no respect for me, no desire to support me.

Supervisors also frequently threatened to withhold, or did withhold, supervisees' evaluations or letters to the supervisee's academic department.

Most supervisees also described supervisors who were unwilling to take responsibility for the difficulties. Although most of the supervisees we sampled brought up the problems for discussion, supervisors were frequently seen as unwilling to be flexible, to discuss the problem, or to share responsibility. Frequently, participants said that because they were not a priority for their supervisors, the supervisors were not motivated to resolve the conflicts. Variantly, supervisors were described either as blaming the supervisee entirely for the problems or as denying or ignoring the conflicts.

Another common experience described by supervisees was inappropriate or irresponsible behavior on the part of supervisors. Frequently mentioned were mood swings (such as unpredictable angry reactions) and inappropriate supervisor disclosures. One trainee described a series of sessions with her supervisor following a disagreement:

So you know, I still met with her each of those six weeks . . . and each time she would start out saying, "I am very angry, still very angry," and we would work through it during that supervision session, and by the end she would say, "Okay, I wish you luck and I hope everything goes well and we can continue to meet." But the anger would come up again, and she would start out with, "I am very angry." Our last meeting would be exactly that way, and, "I am still angry about this."

This supervisee felt the need to endure ongoing attacks from the supervisor to be cooperative.

Supervisee reactions. Typically, supervisees experienced lack of support from their supervisors. Most lost trust in their supervisors, felt unsafe, pulled back from the relationship, and maintained a guarded stance in supervision. Typically, supervisees experi-

enced a sense of powerlessness. This was expressed frequently in terms of feeling manipulated or in terms of a violation of boundaries. A minority believed that their life experiences, skills, or differences were not valued by the supervisor, and others felt "written off."

Typically, the supervisees in our study experienced some form of extreme stress as a result of the situations with their supervisors. They frequently mentioned developing health problems; a minority mentioned obsessively analyzing their own behavior and motivations. As one participant put it, "I know at some point I kept saying, 'There must be something that I am doing here, I don't know, something that I could do or that I am not doing or that I don't know about or something.'"

Supervisees also typically experienced different types of fears—of the supervisor's behavior, of not succeeding professionally, or of finishing their program late. Most, but not all, of the participants indicated that they had experienced moderate to extreme self-doubt as a result of their interactions with their supervisors. One participant summarized issues of fear, mistrust, powerlessness, and self-doubt in one statement:

I think I was petrified of her. I didn't trust her at all to have any, ever have my best interests at heart. I felt like I was always watching my back . . . but I felt incredibly dependent upon her and, and I was also in this kind of thing, like when you're being so mistreated, I, the whole first part of my thinking was, "Wow, it must be what I am doing. It must be my fault."

Supervisee coping strategies. Most supervisees in this study were able in some way to act on their own behalf, directly confronting their supervisors about the difficulties. Some asked their training site clinic directors or training directors to intervene. Most sought out and received support from their partners or peers. Frequently, participants either discussed the problems they were encountering in their ongoing therapy or sought therapy to cope. They also frequently consulted with home site advisors or training directors; a few talked to other counselors and psychologists who were able to understand the situation.

A typical response to the problems was to engage in some form of perspective taking. Self-reflection, seeing the supervisor as partly or mostly responsible, and trying to own their part in the difficulties were the most typical coping strategies. One participant expressed a desire to be fair. She said, "In all fairness to this lady, I think she was pretty good at providing resources, books, places to go look and things to think about when it came to technology and that sort of stuff." Participants also used supportive others to help assess how much responsibility belonged to them and how much belonged to their supervisors. They frequently talked to former supervisees of their supervisors, feeling validated to discover that others had had similar experiences. Most participants tried to acknowledge their own responsibility for the problem and to see the situation objectively. Only a small number rejected their supervisors' perceptions. Frequently, they attempted to understand the situation in context, in light of site characteristics such as a political struggle and financial instability. Frequently, participants indicated that they tried to "go along with the program" in the hope that doing so would prevent further hurt or misunderstanding.

Positive outcomes. We asked participants about positive outcomes to allow for a disconfirming perspective. Whereas very few of the interpersonal conflicts were partially or completely resolved,

despite many descriptions of trauma, these participants told us about their resilience. Most of them indicated that the experience had strengthened their sense of self. Typically, they felt that the validation they received from others as a function of learning to cope with the conflict was an unexpected gift. Frequently, they were surprised at and grateful for the support they got from their home departments and internship site administrators. Frequently, they felt positive about having been assertive and standing up for themselves. Many indicated that they had become more knowledgeable about organizational dynamics and about what to do as supervisors. We often heard the refrain, "If I could make it through that, I know I can make it through anything." As one participant explained:

You know, in a way it was kind of a good experience because it's like a negative learning. . . . She labels herself as being liberal, but she acts very differently. And so it was kind of an awakening for me, because coming from another field, I guess I had some misguided notions and stereotypes of what therapists were like. . . . In terms of handling her projections, I thought I did a pretty good job of that. And I felt as if I can handle her, I can just about handle the most difficult client. (laughter) I mean, sometimes I really felt as if she was my hardest client.

Negative outcomes. Typically, the conflicts identified in this study were never resolved. Some participants said they continued to experience anxiety when their former supervisors avoided them in future contacts. Frequently, our participants indicated that they had had to resolve the conflict within themselves without the supervisor's participation.

A minority experienced ongoing negative reactions. One participant described the scope of the impact of the supervisory conflict as follows:

I mean, it was a constant thing that I had to deal with. It was very difficult to deal with, and, um, I don't know. It affected a lot of things, my family, everything. . . . It affected my ability to earn income. It really, it really did a lot to damage me, psychologically and physically.

A minority became cynical about professionals in positions of authority in general and distrustful of supervisors in particular. Although most participants had gained a perspective on the conflict after the fact, many continued to be wary of supervision. Several considered changing their professional plans, and one actually did. Some took breaks after their placements and returned to their programs at a later date. One participant described the effect on future plans in this manner:

I'm not going to work in a mental health environment. . . . I don't think I want to be involved with the hard line mental health type attitude or people. I say "hard line" meaning what they quote as professional mental health people, who are out here, you know, with the attitude that he's got . . . people who were supposed to be very sympathetic, very empathetic, very understanding, and definitely not discriminatory. And yet I find that that's what none of them were, okay? They teach us one thing, but what they do is something else. And I, I felt that was very unethical . . . it just didn't meet the requirement of what they said we were supposed to be in mental health.

Discussion

Many of the participants we interviewed described being deeply hurt and confused by their experiences in supervision. Some, but

not all, were strengthened personally and professionally. Some experienced long-lasting self-doubt, and one person left the field. In-depth interviews uncovered two primary themes: (a) Power struggles characterized most of the relationships that supervisees experienced as harmful, and (b) dual relationships, even subtle ones, created much confusion and disharmony in their supervisory experiences. Both themes are closely allied to the theoretical concepts of role conflict and role ambiguity. A power struggle between supervisor and supervisee may reflect role conflict on the part of either or both parties. The supervisees we interviewed described feelings and situations that suggested a high degree of role conflict. This is a conclusion consistent with their extreme scores on the RC scale of the RCRAI. Although theoretical or technical disagreements would seem to be a logical explanation, these issues played a minor role compared with opposing expectations about what should take place in supervision. Furthermore, consistent with research suggesting that role conflict is more problematic for advanced trainees (Olk & Friedlander, 1992), many of our participants had a great deal of clinical experience and most had worked with multiple supervisors. In some cases, the trainees saw themselves as more advanced than their supervisors in age or in a specific expertise. In these configurations, the supervisees expected to be treated collegially and expressed disappointment at being treated like students or employees.

Supervisor uncertainty about his or her own competence may give rise to ambivalence about being helpful to a supervisee (Mueller & Kell, 1972). A supervisor may make an effort to be helpful, then retreat in frustration when met with a lack of response from the supervisee. One way of compensating might be to become competitive with the supervisee, to "pull rank" or otherwise attempt to demonstrate one's adequacy to lead. Such a response may be interpreted as angry or punishing and may result in the supervisee pulling back in reaction, leading to a cycle of mistrust.

Differing role expectations could also account for the frequency by which the supervisors were described as angry. Supervisors may have become frustrated when the supervisees were not deferential. The harm seems to have occurred when the trainees felt the need to behave in ways that made their supervisors comfortable, even when to do so threatened their self-confidence and sense of professionalism.

Although these findings were in line with our expectations, we did not expect the number of role complications that were described by participants. Situations in which both the supervisee and the supervisee's supervisor were being supervised by a more senior supervisor seem to have resulted in confusion about who was in charge. These situations may have been susceptible to role conflict, particularly when one supervisor was relatively inexperienced and viewed the trainee as a peer. Indeed, this arrangement may in part have been responsible for some of the relationships in which the trainees felt their supervisors had behaved in an overly familiar fashion.

In some cases, the role complications led the supervisees to feel exploited. A number of those who felt neglected believed that they had been hired to provide services rather than be trained. Consequently, they may have had greater needs and expectations from supervision than their supervisors were able or willing to provide. In quite a few cases, the supervisees felt the need to be confidants to their supervisors. Feeling dependent on their supervisors, their

wish to please may have made them vulnerable to being emotionally or sexually exploited.

As expected, all of our participants rated their supervisors below the SSI normative means on both the AT and IS scales. Clearly, these trainees did not experience a sense of mutual engagement with their supervisors, nor did they perceive their supervisors to be sensitive enough to face and work through the difficulties in their relationships. It may be that the supervisors' hostility prevented these relationships from progressing. Numerous participants described supervisors who reacted with outrage to the supervisees' challenges, resulting in the latter feeling scapegoated.

Most of the supervisees in this study did not experience enough attention, warmth, or understanding to maintain a sense of trust in their supervisors. The difficulties they described highlight the importance of a good supervisory relationship, emphasized by Mueller and Kell (1972), Holloway (1995), and Worthen and McNeill (1996). Just as productive counseling requires a strong working alliance, supervision requires a strong alliance to handle the ruptures that inevitably arise (Bordin, 1983).

Despite their reported health problems and extreme stress, a majority of our participants managed to find coping strategies that they did not know they had. Many relied on support from spouses, friends, peers, therapists, and mentors, including their academic program training directors. Some who were not in counseling at the time the problem arose sought professional help to understand their part in the conflicted relationship. Many participants came to understand their supervisor's behavior from the perspective of site crises or group dynamics. Many of them felt they resolved the conflicts within themselves without the cooperation of their supervisors. Allphin (1984) suggested that strong conflicts, even destructive conflicts, have the power to strengthen character and enhance the trainee's clinical awareness. Our data offer some support for Allphin's assertion.

These "positive" outcomes could be viewed as disconfirming evidence that supervision conflicts that are not mutually resolved can be harmful to trainees. Most of our participants certainly made the best of difficult situations. Many of them may have become highly supportive supervisors as a result of their experiences. Still, it is best to provide new professionals with a sense of confidence that their predecessors have the expertise to resolve conflicts as productively as possible. To that end, we recommend the inclusion of conflict resolution strategies in supervisor training programs.

Implications for Training Supervisors

Because supervision is in part a therapeutic relationship, it requires great clinical skill to be done well. Our results suggest that supervisors need to understand and handle the power issues that naturally occur in the supervision relationship. They need to know themselves in relation to others from a perspective of power. Frequently, our participants described their supervisors as responding to challenges by pulling rank in an authoritarian fashion, rather than attempting to make emotional connections and build from there. Such supervisor reactions may stem in part from uncertainty about one's own competence (Mueller & Kell, 1972). Supervisors in training could benefit from strategies that would help them react nondefensively when supervisees challenge them. Nelson (1997) proposed a model for empowerment in supervision that demonstrates how supervisors can exert their power from a connected

stance. Supervisor training may need to place greater emphasis on teaching not just the spirit, but also the behavior of connected power with supervisees. As this study illustrates, however, misguided connection attempts become either too similar to counseling or too similar to friendship. Indeed, those who train supervisors would benefit from greater articulation of how to manage the tension of power and connection in supervisory relationships.

Existing literature offers some guidance on how to address conflicts in supervision relationships. In the following section we discuss two theoretical perspectives that have implications for the resolution of supervision impasses: Mueller and Kell's (1972) theory of coping with conflict in supervision and Safran's (Safran, 1993; Safran & Muran, 2000) work on the repair of ruptures to the therapeutic alliance.

In their classic text, *Coping With Conflict*, Mueller and Kell (1972) argued that trust is a prelude to collaboration in supervision. Like therapy, supervision can get off the ground only when there is safety in the relationship. They stated, "only if the therapist trusts that the supervisor is genuinely interested in assisting him to be a better therapist will he endanger himself by providing the supervisor with information relevant to those events which make him anxious" (Mueller & Kell, 1972, pp. 30–31). The supervisor needs to be someone whom the supervisee can depend on. Mueller and Kell (1972) further asserted, "impasses in human relationships can occur because the one who is depended on becomes undependable" (p. 43). If the supervisor responds to the supervisee in a way that reenacts the supervisee's painful relationships with prior authority figures, the supervisee may become resistant and refuse to cooperate. Thus, it behooves supervisors to anticipate what impasses could occur, to avoid what is possible to avoid, and to plan for creatively addressing the inevitable conflicts, large or small, that will come up. Adopting such a mindset allows the supervisor to approach the supervisee with comfort and confidence that problems can be solved.

In their discussion of resolving therapeutic alliance ruptures, Safran and Muran (2000) emphasized the importance of metacommunicating with clients about observed impasses—addressing and processing what seems to be occurring in the relationship. Drawing on the working alliance literature (Bordin, 1983; Horvath, 2000), they recommended attending to all three components of the alliance—bond, tasks, and goals—when resolving difficulties. At a concrete level, the goals and tasks of therapy may need to be clarified. At a more abstract level, the dynamics of the therapeutic relationship may need to be addressed. In therapy, disturbances in the bond aspect of the alliance may provide opportunities to discuss common core themes in the client's life as they are reflected in the therapeutic relationship. The resolution of a therapeutic rupture through the understanding, insight, and adaptation of the therapist can provide a corrective emotional experience for the client.

Similar approaches can be useful when impasses occur in supervision. First, the problems need to be openly addressed and defined. If problems are a result of misunderstanding about the goals and tasks of the supervisee's training experience, clarification of the supervisee's roles and responsibilities may resolve the impasse. If the problems are more related to misunderstanding in the supervisory relationship itself, then an examination of the dynamics of the interaction may be necessary. Like psychotherapy, supervision has the potential to provide a corrective emotional

experience for the supervisee when the supervisor displays openness to the supervisee's discomfort, insight about the conflict, and willingness to adapt. The supervisee who directly experiences productive conflict resolution with a supervisor will be better equipped to provide such experiences for clients.

The works of both Mueller and Kell (1972) and Safran and Muran (2000) suggested two important processes that might facilitate the management of conflict in supervision. First, in reflecting about and conducting needs assessments with their new supervisees, supervisors can anticipate what types of conflicts might arise in their relationships and think about how they might approach the conflicts. Second, at the beginning of their relationships, supervisors and trainees might benefit from a role induction process in which they discuss and negotiate their respective expectations, desires, and responsibilities. Such discussions may be documented in the form of supervisory contracts (see Bernard & Goodyear, 1997). It might also be helpful at the outset to have an open discussion about the inevitable conflict that exists in supervision because of the power imbalance. Both parties could disclose their feelings about the power differential, examine how each might react to it, and plan for any anticipated difficulties. When conflict occurs at a later time, it may then be addressed either as a need for clarification of, or renegotiation of, roles, goals, and tasks or as a need to examine the dynamics of the relationship.

Limitations

Results of this study must be interpreted with caution for several reasons. First, we do not know the prevalence of the phenomena we uncovered. Second, the events we have described represent the supervisees' perspectives only. Given the highly charged quality of the supervisory relationships described by our participants, we cannot assume that the pictures drawn here are wholly objective. Third, our sample was rather homogeneous in nature, primarily White and female. It would be difficult from a sample of this nature to obtain an adequate picture of conflicts that may stem from cross-cultural misunderstandings.

Another limitation involves the retrospective nature of the study. At the time they were interviewed, most of our participants felt stronger personally than they had before or during their negative supervision experiences. Our participants were interviewed at different points in time subsequent to their conflict experiences. It is possible that their perspectives differed as a function of their distance from the events. It is also possible that those who responded to our invitation had gained enough perspective to contact and talk with strangers about their experiences. Because we know little about the experiences of supervisees who are too uncomfortable to tell their stories, the experiences we described may apply only to those who have adequately coped with a negative or harmful supervision experience.

Implications for Future Research

To better understand conflict in supervision, the experience of supervisors who have experienced highly challenging or conflicted relationships with their trainees should be examined. Other qualitative studies of conflict in supervision could investigate impasses within special populations, such as same-gender and cross-gender dyads, within-culture and cross-cultural dyads, or dyads config-

ured to study aspects of supervisor and trainee experience and training. Surveys that address the prevalence of conflict or harm in supervision would inform the field about the scope and urgency of the problem. Process studies that examine actual conflicted interactions could illuminate the process of impasse in supervision. Finally, studies of power and its relation to conflict and impasse in supervision would provide information on how the natural power imbalance may influence these phenomena.

Conclusion

Despite the fact that most of our participants indicated having gained in self-awareness and confidence as a result of the experiences they recounted, these experiences nonetheless exacted a toll on their health and well-being and their sense of trust in others, particularly in authority figures. Although we have no information about how the experiences they described affected participants as counselors, it is reasonable to assume that harmful conflict in supervision detracts from a trainee's efficacy with clients. Consideration for clients, trainees, and supervisors, taken together with the painful events we heard in the course of this study, underscores a need for safeguards for both counseling and supervision students in training. Supervisor training in conflict resolution strategies may provide more support for supervisors who face inevitable interpersonal challenges with their trainees.

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Appendix

Semi-Structured Interview

Opening Questions

1. Where are you now in your graduate training, or have you completed your degree?
2. How long ago was the supervision experience that you will be talking about?
3. What was your level of training at the time?
4. What kind of site were you working at (university clinic, hospital, community agency)?
5. How many supervisors had you had prior to this one?
6. How many supervisors have you had since this one?

Questions About Supervision

1. Can you describe in as much detail as possible your relationship with your former supervisor? How would you describe the supervisor? How would you describe yourself in relation to the supervisor?
2. Can you describe a critical incident or incidents that occurred with your supervisor that resulted in your feeling conflicted?
3. What factors seemed to contribute to the conflict? (personal, interpersonal, client, institutional)

4. If there was an impasse, what was it like? How did you experience it?
5. Did the experience in any way impede your progress through your training program? If so, how?
6. How has that supervisory experience affected your sense of self, both personally and professionally?
7. Did you resolve the conflict directly with the supervisor at any point? How did that take place? (if relevant: What factors seemed to influence the resolution?)
8. Have you resolved the conflict for yourself without the participation of the supervisor? If so, what factors have contributed to that resolution?
9. Could the supervisor have done anything to help the situation? If so, what?
10. Have any positive benefits emerged from the situation? If so, what?
11. Is there anything else you would like to tell me that you haven't mentioned?

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