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Since the essential role of counseling supervision for counselor growth and effectiveness was emphasized in several seminal articles in the 1980s (Blocher, 1983; Loganbill, Hardy, & Delworth, 1982), many researchers have investigated the complex factors involved in effective counseling supervision. However, within this large body of work, very few researchers have sought to describe the master, or expert, supervisor.

When researchers have studied supervisors, typically participants were supervisors under training and relatively inexperienced supervisors (Borders & Fong, 1994; Luke, Ellis, & Bernard, 2011). Very few researchers have studied more experienced supervisors (Nelson, Barnes, Evans, & Triggiano, 2008). Although these studies were informative, none were focused on expert supervisors. Thus, an investigation of expert supervisors is considered to be crucial for furthering our understanding of effective counseling supervision practices as well as improving supervisor training efforts.

Hence, the specific focus of this study was to explore expert supervisors' cognitions and cognitive structures through a mixed-method approach called concept mapping. Data were obtained through three rounds of data collection. In the first round, participants generated statements through an open-ended internet survey. In the second round, the researcher mailed out the edited and synthesized statements to participants for the sorting and rating tasks. In the third round, an online focus group session was

conducted with a subgroup of participants. A total of 18 expert supervisors completed at least one round of data collection procedure.

Expert supervisors generated 479 statements, or cognitions/thoughts, regarding their thinking while they were planning for, conducting, and evaluating their supervision sessions. These statements were edited and synthesized into a final set of 195. Analyses and the focus group session resulted in summarizing these statements into 25 clusters or cognitive categories/domains. These cognitive categories/domains indicated that expert supervisors' thinking involved many different supervision components. Supervision Models, such as the Discrimination Model (Bernard & Goodyear, 2009), Developmental Models (Stoltenberg, 1981; Loganbill et al., 1982), and the Systems Approach to Supervision Model (Holloway, 1995), were represented in the results of the present study. However, the representation of these models was at the statement level and none of the cognitive categories/domains were named after these models.

Furthermore, five separate but related regions appeared on the cluster map based on the conceptual similarities of these cognitive categories/domains. These regions were Assessment of the Supervisee and His/Her Work, Supervisory Relationship, Supervisor Self-Assessment and Reflection, Conceptualization of Supervision and Intervening, and Administration Considerations.

Lastly, expert supervisors appeared to be giving more importance or higher priority to almost all of the cognitive categories while they were working with challenging supervisees when compared to easy supervisees. Expert supervisors' ratings also indicated that "Supervisee Development," "The Client and the Counseling Session,"

and “Supervisor’s Goal Setting/Agenda Setting” clusters were in the higher importance/priority list for both easy and challenging supervisees.

The findings of the present study provide direction for future research and useful implications for supervisors and supervisor training programs.

MAPPING EXPERT SUPERVISORS' COGNITIONS

by

Gülşah Kemer

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Approved by

_____
Committee Chair

Dedicated to

my parents Rabia and Coşkun

and

the other influential role models of my life.

For sculpting me into who I am becoming.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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CHAPTER I

INTRODUCTION

The pivotal role of counseling supervision for counselor growth and effectiveness was emphasized in several seminal articles in the 1980s (Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981). Since then, many researchers have investigated the complex factors involved in effective counseling supervision. Some investigated components of supervision models, particularly developmental models and Bernard's (1997) discrimination model (Byrne & Sias, 2010; Leach & Stoltenberg, 1997; Luke, Ellis, & Bernard, 2011). Others focused on the crucial role of the supervisory relationship in effective supervision (Hess et al., 2008; Quarto, 2002; Sumerel & Borders, 1996). Finally, researchers highlighted supervisee (Granello, 2000; Lovell, 1999; Neufeldt, Karno, & Nelson, 1996) and supervisor characteristics (DeKruyf & Pehrsson, 2011; Nelson, Barnes, Evans, & Triggiano, 2008; Watkins, 1997; White & Queener, 2003) that impact the supervision process. Within this large body of work, however, very few researchers sought to describe the master, or expert, supervisor.

Understanding the work of expert supervisors seems a critical focus for researchers. Effective supervisors not only impact counselors' training and development directly, but also contribute to high quality counseling practices and client welfare indirectly. When researchers studied supervisors, however, typically supervisors under training and relatively inexperienced supervisors were the participants (Borders & Fong, 1994; DeKruyf & Pehrsson, 2011; Luke et al., 2011). Very few researchers have studied

more experienced supervisors. Nelson and her colleagues (2008) examined wise supervisors' perceptions and strategies specific to managing supervisory conflict. In addition, Neufeldt and her colleagues (1996) interviewed experts who had extensive research and writings about reflectivity and investigated their attributes of supervisee reflectivity. Although informative, Neufeldt et al.'s (1996) focus of investigation was not the supervisors. Thus, most of the empirical understanding we have about counseling supervisors is based on relatively inexperienced and beginning supervisors. An investigation of expert supervisors seems crucial for furthering our understanding of effective counseling supervision practices as well as improving supervisor training efforts. A focus on expert supervisors' cognitions and cognitive structures could be a promising avenue for such research.

More than 50 years ago, Pepinsky and Pepinsky (1954) suggested that an optimal level of cognitive functioning is necessary for counselors. Similarly, Blocher (1983) asserted that the ultimate goal of counseling supervision is counselors who function at high levels of cognitive complexity. Etringer, Hillerbrand, and Claiborn (1995) suggested that expert counselors had a broader and deeper base of domain-specific knowledge which was more differentiated and integrated than novice counselors. Likewise, Skovholt and Jennings (2004) found that master therapists heavily relied on accumulated knowledge and appreciated cognitive complexity and ambiguity.

A few researchers have investigated supervisors' cognitions (Borders, Rainey, Crutchfield, & Martin, 1996; Glidden & Tracey, 1992; Luke et al., 2011), but again studied only novice and relatively inexperienced supervisors. Importantly, when the wise

supervisors in Nelson et al.'s (2008) study described their approach to cases of conflict, they reported that they thought extensively about the challenges they faced with their supervisees, such as thinking about their mode of working with their supervisees as well as supervisees' developmental needs (Nelson et al., 2008). As represented in the conflict situations, it seems logical to expect master or expert supervisors to exhibit high levels of cognitive complexity in other realms of their supervision work.

Experts clearly think differently from novices. Glaser (1985) suggested that what makes experts' performance outstanding is as their structured knowledge for processing information. Experts are able to recognize hidden details within complex cases and process systematically. Novices focus more on concrete, obvious knowledge and store information in the form of propositions, whereas experts use organized procedural knowledge (Anderson, 1982, as cited in Glaser, 1985). In other words, experts' cognitive processes are functionally structured and established through extensive experience and learning over the area of expertise (Patel, Glaser, & Arocha, 2000).

It is an appropriate time to study expert or master counseling supervisors for at least two reasons. First, supervision knowledge and practices have greatly expanded since the seminal conceptual articles published in the 1980s and the pioneer empirical works based on them. Early supervision models have been supported partially, but also described as simplistic (Ellis & Dell, 1986; Holloway, 1987). More recently, some more complex aspects of effective supervision had been described (Bernard & Goodyear, 2009; Borders & Brown, 2005; Milne, 2009). For example, Borders (2009) discussed the necessity of subtle and nuanced supervision practices to meet the individualized needs of

supervisees. Second, and more importantly, supervisor development models published in the early 80s through late 90s seemed to be descriptive frameworks that were mostly informative for beginning supervisors; descriptions of advanced supervisors were scant. In addition, these models appeared to assume no supervision training in their premises for supervisor development. However, since the 1980s supervisor training programs have become more numerous and are required for doctoral students in accredited counselor education programs (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). As a result, there is now a group of professionals who have devoted a number of years to practicing, teaching, and researching supervision. To date, then, it was likely that there are sophisticated supervisors who are able to attend to the complexity and subtlety of the distinctive nature of supervision. These supervisors not only would be competently skilled in supervision interventions, but also knowledgeable about the intricacies of supervision. These professionals likely would exhibit expert level cognitive abilities around the practice of supervision. Thus, advances in supervision conceptual models, decades of increasingly sophisticated research, and years of study and reflective supervision practiced by counseling professionals suggests that this is a good time to study expert or master supervisors of counseling.

Hence, to date, there was little understanding of how master or expert counseling supervisors function. Borders (1991, 1992) suggested the need to look deeper into supervisors' thoughts to obtain a more holistic picture of supervision events. Yet no researchers have explored expert supervisors' thoughts. Thus, there is a need to examine expert counseling supervisors' cognitions and cognitive structures for a holistic

understanding. Such an understanding would provide knowledge about supervisor thinking and expertise that not only could inform supervisor training, but also could enhance our motivation and work to reach best practices to continue to improve our profession.

Purpose of the Study

Despite the clear need for understanding expert supervisors and their cognitive organization, no researchers specifically have investigated expert supervisors' cognitions and cognitive structures. In studies examining supervisors' cognitions and cognitive processes, novices and relatively inexperienced supervisors were examined. When experienced supervisors were studied, they were chosen based on peer-nominations or their years of experience (Nelson et al., 2008.) However, years of experience is a questionable marker of different expertise levels (Skovholt, Rønnestad, & Jennings, 1997; Worthington, 1987). Indeed, insignificant findings regarding experienced supervisors compared to inexperienced supervisors in some studies may have likely been a result of this sampling criterion. For example, experienced supervisors' in-session thought processes did not seem to be very much different from their novice counterparts (Borders, 1991). Similarly, Ellis and Dell (1986) found the only difference between novice and experienced supervisors was the novice supervisors' need for more power and structure while working with novice supervisees. These studies were conducted, however, when supervisor training was not very common, so that "experienced supervisor" did not necessarily equate to more effective, nevertheless expert or master supervisor. Thus, the main goal of the present study was to identify and describe expert

supervisors' cognitions and cognitive structures in planning for, conducting, and evaluating their supervision sessions.

Expert supervisors' cognitions and cognitive structures are considered to include the optimal synthesis and integration of complex supervision components that have been investigated by researchers (DeKruyf & Pehrsson, 2011; Granello, 2000; Hess et al., 2008; Luke et al., 2011; Nelson et al., 2008). Despite the vast number of published studies, how much of the supervision models and their complex components are incorporated into supervision practices by the supervisors is still unknown. It is important to understand how expert supervisors make sense out of these components and use them in their practices. Hence, the present study also aims at providing an understanding of how expert supervisors incorporate supervision models and their components into their supervisory thought patterns.

Another purpose of this study is to provide some preliminary understanding of expertise in counseling supervision. Expertise in counseling supervision is desirable, yet studying it is challenging. Glaser and Chi (1988) reported that the reason for experts' excellence was their superior amount of domain knowledge obtained over years of exposure and study. Although experts and novices came up with the same conceptual categorizations, how experts processed information to get the conceptual categories was qualitatively different from novices (Glaser, 1985). In a study of novice and expert physicists, Chi, Glaser, and Rees (1982) found that experts elaborated on more principle-based, solution-focused conceptualizations whereas novices presented more concrete components of the problem with some possible consequences. In a study of political

scientists, experts not only had greater general knowledge about problem-solving, but also were better able to divide the problem into sub-problems, make connections between case information and various sub-problems, and discuss their interaction, when compared to novices (Voss, Greene, Post, & Penner, 1983, as cited in Etringer et al., 1995). Although the present study did not examine expert supervisors' cognitive processing and problem-solving strategies, an understanding of expert supervisors' thoughts and cognitive structuring of those thoughts was obtained as a first step. The results provided bases for further investigations of expert supervisors' cognitive processing and problem solving abilities.

Statement of the Problem

Despite a large body of empirical investigations of counseling supervision, none have described master, or expert, supervisors and their thinking. Thus, the specific focus of this study was to explore expert supervisors' cognitions and cognitive structures through a mixed-method approach called concept mapping. Concept mapping is a structured methodology for organizing the ideas and/or experiences of a group of stakeholders to form a common framework. Due to its integrated methodology, both qualitative and quantitative components will enable the participants, expert supervisors in this study, to articulate their ideas and experiences. These articulations will be represented in visual displays that allow the expert supervisors to reach an understanding of the cognitions and organizational structures of these cognitions. An important validity aspect of concept mapping procedures is participants' collaborative work on these cognitive structures. Thus, concept mapping will facilitate expert supervisors' work to

present their own experiences and ideas regarding their supervision sessions and help them to create a descriptive outcome.

The present study addressed the following research questions:

1. What are expert supervisors' cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?
2. What are the cognitive categories/domains of expert supervisors' supervision cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?
    a. How much of the supervision models and their components are represented in these cognitive categories?
    b. What is the organizational structure of these cognitive categories/domains?
    c. What are the importance/priority levels of these cognitive categories/domains in expert supervisors' supervision practices while working with challenging and easy supervisees?

Need for the Study

Through the comprehensive understanding of expert supervisors' thoughts and thought structures, the present study could inform current supervision practices as well as supervisor training programs.

Expert supervisors' cognitions and cognitive structures could provide further understanding and insights of supervision knowledge and practices for supervision practitioners. An understanding of what goes into expert supervisors' thinking and how

those thoughts are organized could also provide bases for supervisors to review and better understand their own supervision practices.

Moreover, supervisors could use the results of the present study in their didactic and experiential components of supervisor training. Similar to what Blocher (1983) suggested for counselors, one of the crucial goals of supervisor training programs is training supervisors to achieve a higher level of cognitive functioning. Specifically, what is involved in expert supervisors' thinking in planning for, conducting, and evaluating their supervision sessions is important for supervision trainers and practitioners to know, in order to prepare more effective and competent supervisors (Borders, 2010). For example, which specific supervision factors, such as supervisee-, intervention-, or supervisor-related thoughts, are considered by the expert supervisors? Similarly, how are these supervision thoughts organized into separate cognitive structures and how and why are some of these specific supervision factors prioritized over the other factors? This knowledge may inform current supervision programs as they review or revise their supervision curriculum and provide more goal-specific practices to their supervisor trainees.

In brief, the current study results could contribute to the current understanding and knowledge of counseling supervisors that would support continual progress in supervision practice and training.

Definition of Terms

Supervision is

> an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship a) is evaluative and hierarchical, b) extends over time, c) 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. (Bernard & Goodyear, 2009, p. 7)

Expert counseling supervisor is a master supervisor who is able to recognize and integrate a variety of supervision components, such as supervision models and their components, in their supervision practices. Expert counseling supervisors will be chosen based on the following criteria: (a) a PhD degree in either Counselor Education or Counseling Psychology, (b) experience in teaching and supervising counselor education and/or counseling supervision, (c) involvement in scholarly activities in supervision, and/or (d) being awarded or nominated for recognitions and/or honors for distinguished mentor, counselor educator, teaching excellence, etc.

Supervisor cognitions, for the purposes of this study, will be measured by a procedure that yields a set of cognitions describing the conceptual domain of supervisor thoughts. In other words, each thought contributed by the expert supervisors as part of their thinking in planning for, conducting, and evaluating their supervision sessions will be considered a ***supervisor cognition.***

Cognitive structures are the cognitive clusters of the expert supervisors' cognitions. Cognitive structures will be created originally by the each expert supervisor,

then aggregated by the statistical software, and finally worked on by a group of expert supervisors to achieve a consensus regarding the appropriateness of the cognitions to the group they were assigned.

Cognitive complexity is defined as the level of differentiation and integration in an individual's cognitive system (Crockett, 1965). In this study, cognitive complexity will refer to the organizational complexity of the participants' thinking regarding their supervision sessions.

Concept mapping is an integrated methodology (Kane & Trochim, 2007) which will be used for organizing the ideas of a group of expert supervisors to form a common framework regarding their supervision thoughts.

Overview of the Chapters

The present study is presented in five chapters. The first chapter provided an introduction to studies with supervisors, identified the paucity of empirical work with expert supervisors, and presented the rationale for studying expert supervisors' cognitions and cognitive structures. The purpose of the study, statement of the problem, and need for the study were also outlined in this introduction. The second chapter involves a review of the literature on supervisor development models, studies with supervisors, and expertise studies. The third chapter outlines the methodology of the current study, including participants, procedures, the mixed-method approach of concept mapping, and the data analyses. The fourth chapter summarizes the sample demographics in each round of data collections and presents the results according to each research question. Finally, the fifth chapter discusses the results in the view of current supervision and expertise literature.

Moreover, this discussion chapter also identifies limitations of the current study and recommendations for future research in the area of expert counseling supervisors and their cognitions.

CHAPTER II

LITERATURE REVIEW

Supervisor Development

Supervisor development requires shifts in identity that may be considered parallel to beginning professionals' experiences when they are first involved in the counseling enterprise (Bernard & Goodyear, 2009). These shifts in self and role perceptions take place as a process that opens up through experience and knowledge. Several authors have presented their perspectives and experiences regarding these prospective changes to provide models of supervisor development (Alonso, 1983; Stoltenberg & McNeill, 2010). In the following section, supervisor development models, supervisor cognitive complexity, and studies with novice and experienced supervisors will be presented, described, and critiqued.

Supervisor Development Models

Alonso's Model. Alonso (1983) was one of the very first authors who highlighted the importance of looking deeper into supervisors and supervision practice. In her reflective work, she suggested supervision as distinct and different from teaching, tutoring, or treating the therapist. Influenced by psychodynamic and developmental perspectives, her model involved three career stages for supervisor development from a novice to an expert. These stages were described in terms of three themes: self and

identity, relationship between supervisor and therapist, and relationship between the supervisor and the administrative structure within which the supervisor works.

In the novice stage of career development, the supervisor develops an identity. This stage is characterized by the novice supervisor's struggles with anxiety as well as the need for validation, approval, and role models. In the relationship between the novice supervisor and the therapist, contradictory characteristics can emerge as both encouraging and blocking for each other. Novice supervisors can remember how it feels to be in the therapist's shoes, but still have a hard time with the feelings of competition with the therapist trainee. Having a hard time with their supervisor identity and power issues within the institution they are working for, novice supervisors can either misdirect their aggression towards the therapist or over-identify with the therapist.

Mid-career stage supervisors manage to transfer their concerns away from the self toward others, such as supervisees and colleagues. An internal development arises with fostering rediscovery of new professional meanings. Supervisors in this stage are described as ideal mentors in their relationship with therapists, due to their shift from self toward others. This shift is practiced in supervision, which provides an important opportunity to work through some left-over separation and individuation struggles. In their relationships with the administration, embracing the comfort and confidence of their place in the system, mid-stage supervisors attempt to form, inform, and reorganize the quality of services through negotiation.

Supervisors in their late-career stages are in need of maintaining their self-esteem. Productivity is accomplished through the development of new areas of professional

expertise and integration. In their supervisory role, late-career supervisors spread their wisdom and expertise. These supervisors enjoy their relationships and model youthful relationships. Being the more positive and compromising voice, late-career supervisors are free from administrative constraints.

In her seminal work, Alonso (1983) also emphasized supervisors' own difficulties and developmental crises as contributors to the supervisory impasses. Specifically, her highlight of supervisor awareness and self-criticism are considered to be a crucial motivation to study supervisors. On the other hand, this emphasis may also be considered as reflection of Alonso's psychodynamic orientation. For example, Alonso (1983) mentioned that a cognitive view of supervision (e.g., teaching aspect) was a narrow view for psychotherapists whose emphasis is on non-cognitive, out-of-awareness impediments to growth, development, and learning.

Alonso's (1983) model appeared to be a general description of supervisor development based on psychodynamic and developmental views as well as her own observations of how a novice supervisor develops into an expert supervisor. The model assumes change happens via experience rather than any training as a supervisor. The model also does not provide a deep and complex understanding of supervisor development and has not been tested empirically.

Hess's Model. Similar to Alonso, Hess (1986) underlined supervisor development as a neglected area and outlined his model of supervisor development in three stages: Beginning, Exploration, and Confirmation of Supervisor Identity.

Hess (1986) described the beginning stage as characterized by role status change and supervisory training issues. In this stage, changes from being supervised to supervising, and having fellow students as one's peers to having collegial relations with senior clinicians, bring about new expectations and comparison criteria for the beginning supervisors. Novice supervisors may not be aware of the supervisory necessities of structuring sessions or techniques of supervision. Thus, concrete cognitive structuring of the supervision sessions through client-focused or technique-oriented strategies can be one of the coping strategies for the novice supervisors.

More experienced supervisors, in the exploration stage, are more likely to be aware of the quality of their own sessions and level of their supervisees. Gaining experience provides a better sense of competence and confidence. However, increased awareness about the importance of supervision may lead the supervisors to be either too restrictive or too intrusive with supervisees who would respond with resistance. Through the end of this stage, supervisors start prioritizing and facilitating student learning with matching the needs of students.

Supervisors in the confirmation of supervisor identity stage are more gratified with their professional performance and less dependent on others and external validations of their supervisory practices. The cognitive shifts from supervisor agenda to student's learning agenda and from worrying about the supervisory relationship to experiencing the relationship are accomplished in this stage. Supervisors are able to create moments of being neither a teacher nor a counselor, but rather a supporter and a challenger (Hess, 1987). Supervisors are also able to use challenges based on supervisees' developmental

level and convey communication through critical or constructive feedback. Thus, supervisors in this stage reflect an idiosyncratic performance and reach a strong and founded sense of supervisor identity.

In his model, Hess (1986, 1987) presented his clinical views about both supervisee and supervisor development to provide guidelines for creating effective supervisory dyads for successful supervision. Thus, his work was a joint description of supervisee and supervisor development. Hess (1987) emphasized the supervisor-supervisee relationship and communication in a dialogic manner. He highlighted the supervisor's distinctive approach which affirms the supervisee and accepts his/her otherness rather than being the authority of the supervision sessions. Hess (1987) emphasized a unique connection between the supervisor and supervisee, but did not provide an extensive discussion for development of this connection in his supervisor development model. Hence, similar to Alonso's (1983) work, Hess's (1986, 1987) model was mostly based on his own experiences and views with no empirical justification. Again, the effects of supervisor training are not considered.

Rodenhauser's Model. Similar to the previously introduced authors, Rodenhauser (1994) also emphasized lack of acknowledgement for the developmental dynamics of supervisors as compared to supervisees. In his developmental model, Rodenhauser (1994) provided descriptions of supervisor, supervisee, and patient development. For supervisors, four developmental stages were defined: emulation, conceptualization, incorporation, and consolidation.

In the absence of additional instruction in supervision, Rodenhauser (1997) suggested that supervisors imitate the best of the variety of psychotherapy supervisors they were exposed to while they were learning psychotherapy. Thus, in the *emulation stage*, previous role models are the bases of new supervisors' practices. Supervisors may have a tendency to over identify with their supervisees. Through constant adjustments and checking out their limits, neophyte supervisors explore new guidelines and methods for the establishment of their own strategies. In the *conceptualization stage*, supervisors work with the other colleague and reduce the likelihood of over identification with their supervisees.

The *Incorporation stage* is characterized by supervisors' heightened ability to become aware of supervisory relationship dynamics, and the impact of their own styles and approaches on the supervisory process. Moreover, supervisors in this stage are more attentive to parallel process issues as well as personal and cultural differences. The final stage in Rodenhauser's (1994) model, the *consolidation stage*, was defined as the seasoned supervisors' ability to attend to supervisees' countertransference while honoring their privacy. Supervisors in this stage become competent in recognizing parallel process issues.

Acknowledging the difficulty of the transition from a supervisee to a supervisor, Rodenhauser's (1994) model did not reflect supervisor training, either. He suggested supervisor training as a necessity to enhance the quality of supervision practices, no matter what the applied differences in models, methods, styles, or strategies of programs or supervisors were. In his multidimensional model, Rodenhauser's (1994) focus was

more on the complex relationships between supervisor, supervisee, and patient developments. Therefore, even his description of the developing supervisor involved supervisee needs and preferences. Similar to Alonso's (1983) model, his supervisor development views seemed to be influenced by psychodynamic premises (e.g., unmet needs, feelings of insecurity, parallel processes). He described supervisors' development as a process from an unconscious to conscious state about supervisory as well as therapeutic processes. Similar to other authors, Rodenhauser's (1994) multidimensional model has not been studied empirically.

Watkins's Supervision Complexity Model (SCM). Another model of supervisor development was suggested by Watkins (1993) for the purposes of fostering a better understanding of psychotherapy supervisors' role within supervision, their struggles, how those struggles are manifested, and various facets of the developmental process. Watkins (1993) presented that he based his model on Hogan's (1964, as cited in Watkins, 1993) and Stoltenberg's (1981) counselor development models; thus, he called his model the Supervision Complexity Model (SCM).

Watkins (1993) described various concepts and variables as making up the general frame of his model. The most salient and well-described of those were developmental stages and developmental issues. Each developmental stage is defined by stage-specific issues and characteristics. Developmental issues are problem areas that supervisors overcome as a developmental block. The developmental issues were competency versus incompetency, autonomy versus dependency, identity versus identity diffusion, and self-awareness versus unawareness.

The first stage of Watkins's SCM is *role shock*. Beginning supervisors in this stage experience the shock of the role transition from student to professional supervisor. Low confidence as well as acute feelings of weakness, being overwhelmed and unprepared, are evidenced by frequent questioning of their ability as a supervisor. Beginning supervisors have little awareness regarding their supervisory strengths, styles, and motivations as well as their impact on their supervisees. These supervisors are frequently dependent on others for help and guidance. They play the role of supervisor but do not actually identify with, feel comfortable with, or think they qualify for the supervisory role. Concrete structuring of supervision sessions, little tolerance for ambiguity, and minimal attendance to the process may be specific characteristics of their sessions.

Through the opportunities to work into the supervisory role and accumulation of experience and knowledge, beginning supervisors recover from the role shock. In the *recovery and transition stage*, some conditional acknowledgement of their own supervisory strengths accompanied by more realistic perceptions about weaknesses, emerging supervisory style, and self/supervisee in supervision start to be established. Supervisors in this stage are willing to take risks with caution. However, it is possible to see signs of both insecurity and security, being sensitive about inadequacies but not ruled out by them, little tolerance of ambiguity, and little attention towards process matters in supervision. Nevertheless, supervisors become more comfortable with their supervisees and loosen their concrete approach. Starting to develop more openness to the supervision

process, supervisors become more optimistic about the implications of their supervision practices.

The *role consolidation* stage is characterized by supervisors' broader perspectives about supervision and an increased consistency in their ways of supervisory thinking and practice. Supervisors in this stage are more confident and trusting of themselves. Handling supervisory issues well, they may have occasional unawareness or personalization of their failings or mistakes. Responsibilities are performed with greater independence that originates from increased knowledge and experience base as well as inner sources. Supervisors exhibit a developed sense of openness and free experimentation of their supervisory role and allow their supervisees the same. Thus, through consolidations in role, identity, and style, supervisors focus more on their supervisees' needs as well as their clients.

The last stage of SCM, *role mastery,* is characterized by greater consistency and consolidation that bring about a sense of supervisors' mastery over their craft. Supervisors perform effectively, competently, and professionally. They are not threatened by their mistakes; in contrast, they see those as part of being human. Supervisors in this stage demonstrate meaningful, useful, and well-integrated supervisory styles that constantly inform their work. Reflecting an open and flexible system of understanding, supervisors' style is theoretically consistent and well thought-out.

To test the SCM model, Watkins, Schneider, Haynes, and Nieberding (1995) developed an instrument called the Psychotherapy Supervisor Development Scale (PSDS). With an item-pool of 46, the scale involved the four proposed SCM domains of

competency/incompetency, autonomy/dependency, identity/identity diffusion, and self-awareness/unawareness. Results of the factor analysis suggested a one-factor solution with 18 items involving some aspects of self-awareness, sincerity, competence/ effectiveness, and identity/commitment. Internal reliability of the PSDS was reported as .90. Moreover, more experienced supervisors were found to have significantly higher PSDS scores when compared to less experienced supervisors.

In a validity study of PSDS, Hillman, McPherson, Swank, and Watkins (1998) examined its temporal stability, internal consistency, interrater reliability, and concurrent validity. The coefficient for temporal stability was .85, and internal consistency was .95. For the interrater reliability and concurrent validity of PSDS, Hillman and her colleagues (1998) asked three experts in the area of supervision to rate 39 supervision theory descriptions based on complexity. These experts were provided with an overview of Watkins's (1990) SCM model and asked to sort each of the 39 descriptions into one of the four possible piles ranging from least to most complex. Results indicated that interrater reliability of PSDS was .63. For concurrent validity, a moderate relationship was obtained (r = .40) between PSDS and experts' ratings of theory complexity. However, neither the description for experts nor the descriptions of supervision theories were provided for the reader of the article. Thus, Hillman et al. (1998) found acceptable but weak support for their PSDS as a general instrument measuring supervisor development.

Recently, Barnes and Moon (2006) used confirmatory factor analysis (CFA) with a sample of 225 supervisors to test the validity of PSDS factor structure. They reported a

good-fit of the four-factor model of PSDS. In other words, Barnes and Moon (2006) also found support for the four factor structure of PSDS in their study.

In a different study, Baker, Exum, and Tyler (2002) used PSDS to explore development of 12 doctoral students over a 15-week supervision practicum class and compare their development with 7 doctoral students had not begun their practicum in a CACREP-accredited doctoral program. They reported that doctoral students' PSDS scores increased across their supervision practicum course. Moreover, in both mid-semester and end-of-semester PSDS scores of supervisors enrolled in supervision practicum were significantly higher than the scores of supervisors who had not started their practicum course. Baker and his colleagues (2002) interpreted this result as an accelerated maturation in supervisory skills through didactic and experiential training in supervision.

Despite these inconsistent findings, Watkins's model seems to be one of the most comprehensive of the supervisor development models reviewed thus far. Watkins (1993) emphasized the lack of instruction in how to be a supervisor and preparation for the supervisor role. He mentioned training/supervision in how to be a supervisor, experience as a supervisor, and environmental supports as the facilitative factors of supervisor development. Moreover, he considered supervisor's reflection, such as supervisor's openness, flexibility, and willingness to learn, as one of the most salient factors that influenced the supervisor development process. Borders (2010) mentions that descriptions of Watkins's model implied supervisors were supervising during each of his

four stages. However, neither the content of instruction nor didactic and experiential pieces of supervisor training was described in his model.

On the other hand, Watkins (1990) indicated that this model describes the development of beginning supervisors who were newly graduated professionals who have the responsibility of providing psychotherapy supervision. Thus, his model was not describing more advanced supervisors and their supervisory functioning.

Stoltenberg, McNeill, and Delworth's Integrated Developmental Model (IDM). Stoltenberg and McNeill (2010) indicated that they saw levels of supervisor development as analogous to the levels of counselor development. Therefore, progression in the levels of supervisor development assumes prior progression through the levels of therapist development. Thus, they suggested a three-level model for supervisors similar to the Integrated Developmental Model (IDM) for therapists.

Level 1 supervisors are described as either highly anxious or naïve. Concentrating on doing the right things, supervisors at this level are well motivated to become effective supervisors. They may take either an "expert" role with their supervisees or, if they are not receiving supervision of supervision, they may approach from a collegial standpoint. As beginning supervisors, they frequently refer back to their recent or current supervisors and focus on themselves and their own reactions more than focusing on their supervisees. One of the main characteristics of supervisors at this level is their discomfort and anxiety in providing feedback. They are either too positive or vague in their feedback, and they may avoid giving feedback at all. Thus, structured formats, such as evaluation forms or checklists, are preferred methods of level 1 supervisors. Stoltenberg and McNeill (2010)

suggested that level 1 supervisors may have the greatest difficulties with level 2 trainees, due to level 2 trainees' conflicts and confusions. Moreover, level 3 trainees were not recommended as a good match for level I supervisors. Insecure, highly structured, or inflexible level 1 supervisors were presented to be potentially dangerous for the level 3 trainees' consistent motivation. On the other hand, Level 1 trainees were presented as a good match for Level 1 supervisors, due to their nurturing and dutiful nature.

Level 2 supervisors are characterized as having confusion and conflicts, because they start perceiving supervision as more complex and multidimensional and their motivations change from time to time. An excessive focus on the supervisee may lead to the loss of objectivity necessary for confrontation or guidance. Supervisors at this stage try to build their independence with some occasional support from a trusted supervisor or colleagues. Level 2 supervisors may show feeling reactions, such as anger, frustration, or withdrawal from their supervisees, due to their own motivational difficulties. Thus, supervisors may engage in therapeutic work with their supervisees as a reflection of their attempts to handle their own frustrations. Stoltenberg and McNeill (2010) suggested level 2 supervisors should be under supervision to receive more feedback and gain insight for their own work. They suggested Level 2 supervisors were matched best with level 1 trainees who would need the Level 2's tendencies to be protective and nurturing. Level 2 was described as relatively shorter stage due to either the accomplishment to progress to the level 3 or withdrawal from the supervisory role (Stoltenberg & McNeill, 2010).

In level 3, supervisors regain their motivation. Willing to improve their performances, supervisors view supervision as a valuable professional activity.

Supervisors at this level are professionally independent in their work, but look for consultation or regular supervision when they feel the need. Awareness of the self and the supervisee bolster an ability to balance the needs of all parties involved in the supervision enterprise (e.g., the agency, supervisee). Level 3 supervisors are aware of themselves and their preferences, and they can specify the characteristics of the supervisee profile with which they would be more comfortable to work.

Stoltenberg and McNeill (2010) suggested another level, level 3i, which represents master supervisors. These supervisors are comfortable working with any supervisee profile as well as level 3 supervisors. Moreover, these supervisors are competent in working with level 2 trainees as well as less experienced supervisors. Master supervisors have integrated ideas and skills from both counseling and supervision domains. Stoltenberg and McNeill (2010) described these supervisors as able to shift across domains fluidly as well as across supervision relationships with assorted supervisees.

Similar to Watkins (1993), Stoltenberg and Delworth (1987, as cited in Borders, 2010) suggested supervision training. An academic course on supervision early in the counseling psychology training program and an experiential class before or during the counseling internship when the supervisor would be doing advanced clinical work as well as providing supervision to novice counselors were suggested as part of IDM.

Stoltenberg and McNeill's (2010) IDM for supervisors drew mostly parallel lines with the other supervisor development models. An important difference in IDM was the level 3i master supervisors. This is considered to be a unique and crucial point of IDM

for supervisors. Despite the acknowledgement of master-level supervisors as a level of supervisor development, the characteristics of these supervisors were not clearly delineated. In particular, the master supervisors' integrated ideas and skills, the domains they were fluidly shifting in between, and the supervisory relationship qualities with assorted supervisees were not explained beyond mentioning them.

These questions lead us to some other concerns of the IDM for supervisors. Stoltenberg and McNeill (2010) seemed to present supervisor development in a linear fashion without nonlinearity that developmental levels seemed to be very clear-cut. Likewise, their model did not seem to involve supervisors' individual differences and/or situational components of the supervisory process. Likewise, neither in level 3 nor in level 3i were supervisors' optimal cognitive level and/or their gradual/intentional inclusion of different supervision components into their practices described. Thus, despite being the most recently updated supervisor development model (Stoltenberg & McNeill, 2010), the supervisors IDM model did not seem to be more inclusive than the other supervisor development models.

In brief, all supervisor development models appeared to suggest similar perspectives that basically emphasized professional identity development on a continuum from being confused, anxious, and insecure to confident, secure, and competent. Development of supervisors' cognitions and cognitive processes are considered to be one of the essential components of supervisor development (Borders, 1992; Borders, 2011). However, none of the models provided a specific discussion of the cognitive shifts in

their premises. Thus, in the following section supervisor cognitive complexity will be briefly introduced.

Supervisor Cognitive Complexity

As a concept, cognitive complexity has been described as the level of differentiation and integration in an individual's cognitive system (Crockett, 1965). Blocher (1983) emphasized the importance of cognitive complexity development in the process of becoming a competent counselor. He defined optimal cognitive performance of a counseling professional as taking multiple perspectives to relate effectively to different people with different worldviews and value systems, differentiating and working with a large range of facts and factors, and integrating and synthesizing a wide variety of information in multivariate forms.

Due to its complex nature, Crockett (1965) suggested a domain-specific approach to cognitive complexity. In a recent study, Welfare (2007) provided a comprehensive discussion of the importance of measuring cognitive complexity in the specific domain of counseling. For example, counselors with higher levels of cognitive complexity were found to be better able to stay objective in their counseling sessions (Borders, 1989) and they also used more complex and effective verbal skills and had more confidence in their work (Fong, Borders, Ethington, & Pitts, 1997). Welfare (2006) developed a counselor cognitive complexity instrument to assess complexity of counselors' thoughts about their clients. In her study, participants who had completed a master's degree scored significantly higher on the Counselor Cognitions Questionnaire (CCQ) than did participants who had not completed a master's degree. Welfare and Borders (2010a)

reported this finding as in line with cognitive complexity theories and research that additional training and experience enhance counselors' cognitions about their clients. However, they also found that counseling experience was a strong predictor of counselors' differentiation scores, but a relatively weak predictor of integration scores. In addition to counseling experience, supervisory experience, counselor education experience, and highest degree completed were found to be related to higher complexity cognitions. Thus, more "experienced" counselors were found to have higher cognitive complexity in their counseling thinking when compared to the novices.

Besides counselors' cognitions about their clients, Welfare and Borders (2010b) also suggested the need for other domain-specific measures, such as counselors' theoretical explanations for their work, perceptions of the counseling process or other aspects of the counseling enterprise. All these areas were considered as pieces of counselors' complex thinking in their reasoning for their interventions and practices.

Similar to counseling, supervision is a multidimensional enterprise, including ample considerations for the supervisors (e.g., counselor, client, or supervisory relationship). In the supervision context, *differentiation* may be considered as the number of supervision parameters a supervisor can recognize, whereas the *integration* may be the process of understanding how those characteristics fit together (Welfare, 2007). For example, supervisors with higher cognitive complexities may be able to recognize many supervisee characteristics that lead to more accurate understandings of supervisee needs. Similar to counseling, the cognitive representation of these considerations and inclusion of those into supervision practices are highly related to the supervisors' developmental

level. Expert supervisors, the ones Stoltenberg and McNeill (2010) described as Level 3i, are considered to have the ideal level of cognitive functioning, which potentially involves various supervision factors. Hence, improving the complexity of supervisors' thinking is one of the developmental objectives of supervisor training (Borders, 1992, 2011). However, supervisors' cognitive complexity has not been investigated in a research study.

Similarly, despite some general descriptions of novice supervisors' thinking, none of the supervisor development models specifically focused on supervisors' cognitions and their complexity in different levels of the development.

Summary of Supervisor Development Models

Supervisor development models appear to be general conceptual views of supervisor development (Borders, 2011; Worthington, 1987). All of these models were based on previously established theoretical views and counselor development models, and most reflected the authors' own experiences, practice preferences, perspectives, and speculations. Despite the authors' emphasis on the importance of heuristic necessities, the models' validity has received little empirical support. Thus, several comparisons of these models with the current level of supervisor development seem important to discuss.

One of the common characteristics in these models was the beginning level supervisors' features. A significant emphasis appeared to be on the negativity that novice supervisors bring to their own supervision practices, such as their perceptions of lack of skills or limited awareness. For contemporary supervision practices, it is debatable if current novice supervisors (receiving supervision of supervision) perceive their

developmental goals as inadequacies as described in these models. Receiving formal training in counselor development models, novice supervisors are considered to be aware that becoming a supervisor is also a developmental process. Moreover, Rodenhauser (1994) and Watkins (1990) asserted that beginning supervisors were having hard time due to lack of training and trying to find their own ways by imitating their previous supervisors or relying on the other colleagues' strategies. Thus, with the assumption of no training or very little training at the time, all of the models suggested the need for supervision training. Current practices of supervisor training seem to compensate for this difficulty for novice supervisors. In some programs, receiving both didactic learning and supervised experience, novice supervisors supervise while receiving formal supervision as well as consultation from their peers (Borders, 2011. They do not make decisions by themselves, but experience collective decision-making, which supports novice supervisors in their development as supervisors.

One of the essential goals of supervisor development in these models was supervisor identity establishment. By the increased level of importance given to supervision training and research in the last couple of decades, it might be speculated that supervisor identity may develop naturally throughout supervision training rather than being an ultimate goal.

Supervisor development models from the early 80s to late 90s are considered to be informative and descriptive tools for the practitioners of the time they were presented. However, although they provided some understanding of novice supervisors, the knowledge and information for the description of advanced level supervisors were scant.

Likewise, these models did not provide deep and complex characteristics, such as cognitive or behavioral shifts, for the supervisors on a testable developmental continuum. For example, other than the general connotations for supervisors' cognitive processes (e.g., older supervisor sees the bigger overview or the highly meaningful well-integrated theory of supervision), none of the models offered a systematic cognitive development emphasis in their discussions. In contrast, these details were described well in the models of counselor development (Blocher, 1983; Loganbill et al., 1982). On the other hand, as mentioned in Chapter I, in the decades since the seminal studies of supervision models and proposed supervisor development models, a group of professionals have been practicing, teaching, and researching supervision. Today, it is feasible that sophisticated supervisors, representing expert supervisors, are able to attend to the complexity and subtlety of the distinctive nature of supervision in ways not addressed in models of supervisor development.

In short, qualitative differences are considered to exist between the current levels of supervisor development and what these models suggested 15 years ago. However, due to the unsystematic and inadequate understandings of supervisor development levels, there is little empirical support for this supposition. There is a need to understand existing research to better understand what has been done and what is necessary to focus on for further research. Thus, in the following section, a comprehensive presentation of research studies and their findings on novice and experienced supervisors will be presented.

Studies of Novice and Experienced Supervisors

In some of the studies conducted with supervisors at different experience levels, researchers have attempted to understand the cognitive content and processes of their participants to better describe the supervisor branch of the supervision enterprise. These studies involved beginning and experienced supervisors as their subjects (Borders, 1991) and examined these subjects' use of different supervision models and their components (Ellis & Dell, 1986; Glidden & Tracey, 1992). In these studies, supervisors under training were essentially described as the beginning/novice supervisors whereas supervisors practicing in the field for different amounts of time were chosen to be the experienced supervisors. Moreover, particularly, Bernard's (1997) discrimination model and developmental models received more attention than other supervision models by investigators.

However, some of the limitations in these studies appeared to be repeated by researchers, such as participant selection criteria, and these limitations seemed to influence the results of the studies. Thus, in the following section, an inclusive presentation of these studies will be summarized in a chronological order. The summarizations will involve each study's purpose, methodology, result, and limitations. These studies are considered to be informative for the purpose and, especially, the methodology of the present study, to build a stronger research design to obtain more reliable and valid results.

Ellis and Dell (1986). Ellis and Dell (1986) investigated the underlying dimensionality of supervision by testing Bernard's (1979) two-dimensional model and

Littrell et al.'s (1979) unidimensional developmental model (as cited in Ellis & Dell, 1986). Nineteen randomly selected novice and experienced mental health counselor supervisors from a college counseling center and training clinic of a single university participated in the study. Novice supervisors were graduate level supervisor trainees and psychology interns whereas experienced supervisors were counseling psychology faculty and counseling center psychologists. Less than four quarters of supervised practicum was used as the criteria to differentiate novice from experienced supervisors. Thus, novice supervisors had significantly fewer years of supervision experience and fewer supervisees per year than experienced supervisors. However, there was no statistically significant difference in the amount of supervision training received by the novice and experienced supervisors.

Participants were divided into four groups, two groups of novice supervisors and two groups of experienced supervisors. They rated 36 paired comparisons of discrimination and developmental model-components (e.g., teacher-process-complete reliance on supervisee, counselor-personalization-complete reliance on the trainee) using a 9-point scale for perceived dissimilarity related to six criteria: the cognitive domain, the emotional domain, the behavioral domain, the person who provided the structure within the approach, the person who had power and/or authority within the approach, and the level of support the supervisor provided when using the approach.

Results of the multidimensional scaling analysis revealed three dimensions and provided some support for Bernard's two-dimensional model. Two of the dimensions, process-conceptualization and consultant-teacher/counselor, were found to be related to

supervisor role and functions of Bernard's model. However, the researchers did not find the function of personalization as clearly distinguished. Ellis and Dell (1986) reported very little support for Littrell and colleagues' (1979) developmental model (as cited in Ellis & Dell, 1986). Although the second dimension, consultant-teacher/counselor, seemed to incorporate the second and third stages of the model, the researchers reported no evidence that experience level influenced the results.

Only one difference was found between novice and experienced supervisors. Novice supervisors with novice trainees weighted highest on the second dimension, consultant-teacher/counselor, while experienced supervisors with experienced trainees weighted lowest on this dimension. This finding was interpreted as supervisors' developmental level paralleling the developmental model of Littrell et al. In other words, novice supervisors with novice trainees were considered to be highest in need for power and structure while experienced supervisors with experienced trainees were lowest in need for supervisor structure and power.

Although Ellis and Dell's (1986) study was one of the seminal works studying novice and experienced supervisors together, it came with a couple of limitations. Results indicated that novice and experienced supervisors did not seem to use the supervision models and their proposed dimensions differently. Ellis and Dell (1986) suggested that the criteria they used for differentiating novice from experienced and/or the small sample size could have been possible reasons for insignificant difference in terms of experience levels.

Similar to Ellis and Dell's (1986) reasoning, the criterion of experience level may be considered as influential on the results. Several researchers have reported that supervisory experience is not a clear method for the description of different expertise levels (Goodyear, 1997; Skovholt et al., 1997; Worthington, 1987). On the other hand, participants in the study were randomly selected from the same university. Results might have had more variation if participants from other universities also had been involved in the study.

Borders (1991). Highlighting the importance of identifying how supervisors' think during their sessions and how those thoughts are related to their behaviors, Borders (1991) investigated supervisors' in-session behaviors and cognitions. In-session behaviors were assessed by verbal response categories and proportion of talk time and in-session cognitions obtained from the supervisors' reports of internal dialogues and intentions while supervising. Two novice and two experienced supervisors varying in their theoretical counseling orientations and supervision approaches participated in the study. Experienced supervisors were both counselor educators with formal supervision training and experience. Novice supervisors were advanced doctoral students with no formal course work in supervision. A multiple case study approach was used to explore four supervisors' behaviors and cognitions in their actual supervision sessions.

Each supervisor reviewed his/her own supervision tape immediately after the session. They were asked to "relive" the session as they watched the videotape and think aloud by using the present tense to describe what they were thinking and feeling in the session moment. Then, first, audiotapes of the supervision sessions were transcribed and

each supervisor's responses were divided into response units. Three trained raters separately classified all supervisor response units. Final ratings and categories were determined by consensus among the raters. Second, activity level of the supervisors was determined by dividing the total number of whole words spoken during each session with the number of words spoken by the supervisor. Third, audiotapes of the recall sessions were also transcribed and collated with the transcripts of the supervision session; each retrospection was paired with the concurrent supervisor-intern dialogue. These retrospections were also divided into scoring units and independently categorized by two experienced raters. Lastly, proportions of intentions in each category were computed and divided by the number of intentions for the entire session for each supervisor.

Borders (1991) found that all four supervisors' in-session responses involved mostly directives with some rare use of silence and confrontation responses. However, idiosyncratic differences also existed in all four supervisors' in-session behaviors. For example, one of the experienced supervisors was the most verbally active and gave direct guidance, whereas one of the novice supervisors provided the most information and support to his supervisee. Thus, supervisors were all task-oriented and informational with verbal variations. In-session cognitions were also presented as on-task, concerning out-of-session events (e.g., counseling session), and regarding internal, psychological dynamics. Supervisors typically focused on the counselor or themselves rather than the interactive unit (e.g., supervisory relationship). They also reported more cognitive thoughts than affective ones.

Borders (1991) reported counseling orientation, supervision approach, and supervisory experience provided limited explanation of in-session events. However, she mentioned that novice supervisors exhibited some novice characteristics; for example, both had more tendencies to use approval statements and expressed more affectively-based thoughts than did their experienced counterparts. Moreover, the experienced supervisors also differed from each other in their practices qualitatively (e.g., client-case management approach vs. counselor-instructional interventions). Differences between the experienced supervisors were considered as a possible interplay between experience, orientation, and approach, such as supervisors' different backgrounds in counseling and education.

Borders (1991) did not find significant differences between the novice and experienced supervisors. Similar to Ellis and Dell's (1986) study, she also used experience as the selection criterion for the participants. Some findings indicated that all supervisors were showing some novice supervisor characteristics (e.g., task-oriented, directive, cognitive thinking style), which may have been influenced by the beginning level counselors they were all supervising. Likewise, despite having formal supervision training, one of the experienced supervisors was a first-year faculty who could also be considered as a "novice" supervisor according to some supervisor development models (Rodenhauser, 1994; Watkins, 1990). Moreover, because participants were all selected from the same program, obtained experiences may also be considered as similar for all the participants and may have influenced the variation in the findings. Thus, Borders (1991) did not obtain variation between expertise levels either.

Glidden and Tracey (1992). Glidden and Tracey (1992) defined three dimensions common to most developmental models of supervision and investigated the validity of these dimensions as the bases of supervisors' supervision environment perceptions. These dimensions were presented as supervisor's role, conceptualization skills focus, and emotional support. Variance in supervisors' perceptions across trainee levels was also examined to obtain an understanding of whether the proposed dimensions were useful in differentiating supervisors' descriptions of their work with trainees at different developmental levels. Sixty nine experienced supervisors with a mean of 9.0 years of post-Ph.D. experience participated in the study. Supervisors were selected based on the criteria of a Ph.D. in counseling, counseling psychology, or clinical psychology and experience in supervising both beginning and advanced students. Glidden and Tracey (1992) did not provide detailed information about participant demographics.

Supervisors were asked to fill out 28 items of the Level of Supervision Survey (Miars et al., 1983, as cited in Glidden & Tracey, 1992) for two trainee levels, beginners and interns. Slightly different than the hypothesized three-dimensional solution, the multidimensional scaling analysis results revealed a four-dimensional solution as the best representation of the underlying structure of supervisors' perceptions of the supervision they provided. The obtained dimensions were presented as dynamic understanding, didactic instruction, counseling vs. support, and authoritative vs. collaborative. Supervisors reported greater use of didactic instruction with beginning trainees, whereas dynamic understanding was mostly used with advanced trainees.

Glidden and Tracey (1992) reported that they hypothesized finding a single dimension in terms of role of the supervisors. However, two separate and relatively independent dimensions for the supervisors' role perceptions were obtained: amount of didactic instruction and authoritative vs. collaborative. Glidden and Tracey (1992) interpreted this finding as the supervisors' perception of a clear distinction between didactic instruction and an authoritative vs. collaborative stance. Supervisors perceived the amount of direction they provided as a crucial aspect in their thinking about supervision; in fact, it was related to everything they did. This finding was also similar to one of Borders's (1991) findings that supervisors mostly intended to provide verbal guidance to their supervisees. Thus, differentiation between didactic instruction and authoritative vs. collaborative stance, as well as perception of provided direction as an aspect of the overall supervision picture, may be considered as components of the experienced supervisors' thinking.

Despite obtaining significant findings regarding experienced supervisors' perceptions of the supervisory dimensions, this study also came with some limitations. Glidden and Tracey (1992) included experienced supervisors in their study; however, neither the definition of an experienced supervisor nor the demographics of the participants was clear. Similar to the previously presented studies (Borders, 1991; Ellis & Dell, 1986), the years of experience appeared to be the inclusion criteria in this study. Based on the inclusion criteria, participants had PhD degrees as well as experience in supervising both beginning and advanced students. However, whether participants had any formal supervision training or research experience in supervision were not presented.

Thus, despite significant results obtained in this study, once again, the participants' expertise levels were not clearly defined.

Borders and Fong (1994). To provide an initial understanding of supervisor development, Borders and Fong (1994) examined beginning supervisors' cognitions about supervision and the changes in those cognitions over a one semester supervision practicum. A discovery-oriented research study was conducted in which three descriptive areas of cognitions were selected from previous supervision literature. These cognitions were content of thoughts, choice of interventions within a particular supervisory context, and self-appraisal regarding the supervisor role. Participants were eight doctoral level and one specialist-level beginning supervisors from two universities. Beginning supervisors were enrolled in a supervision practicum experience at their respective universities and were receiving both individual and group supervision weekly.

Data collection procedures were conducted twice, pre-test in the second and post-test in the fifteenth weeks of the semester. First, a thought-listing exercise was used to assess/categorize supervisors' thoughts in response to a critical incident in supervision. Supervisors were provided with a vignette and four pages of empty boxes for recording their thoughts. They were asked to write only one thought per box in a spontaneous, open, and honest manner. Second, the Critical Incidents in Counselor Supervision-Form B (CISC-B; Black, 1990, as cited in Borders & Fong, 1994), composed of nine vignettes, was used to assess the supervisors' preferred interventions. Scores for CISC-B were determined by comparing students' responses with those of experts; however, Borders and Fong (1994) did not provide a detailed description of the specified criteria for the

"experts" used by Black (1990). The Stress Appraisal Scale (Carpenter & Suhr, 1988, as cited in Borders & Fong, 1994) was administered to measure supervisors' cognitive appraisals of their ability to perform as a supervisor and perceptions of stress around providing supervision.

No significant pre-and post-test differences were found in the content of the beginning supervisors' thoughts over the course of a one-semester supervision practicum. Findings of both test administrations indicated that supervisors' thoughts in reaction to the vignette were concentrated on the counselor and the supervisor (self), concerned roles or habitual behaviors, psychological traits, and (to a lesser extent) the supervisor-supervisee interaction. Moreover, supervisors' thoughts were primarily neutral and a little negative, but not positive. Borders and Fong (1994) interpreted this finding as either novice supervisors' tendency not to consider positive aspects of supervision situations or the influence of the provided vignettes. Supervisors also presented directive/action-oriented and inquiry-divergent thoughts.

Despite no difference between pre- and post-test, a close inspection of the individual thought patterns indicated some shifts in supervisors' thought content from pre- to post-test. The parallel process dynamic was considered by five students in the post-test whereas it was mentioned by just one student in the pre-test. Five students also reported smaller proportions of negative thoughts in the post-test when compared to the pre-test results.

Beginning supervisors' supervisory intervention choices did not change from pre-test to the post-test. However, several patterns were observed in supervisors' responses.

In comparison to the expert raters, beginning supervisors were inclined to choose clinical interventions over educational interventions, and they focused on the client rather than on the counselor. Supervisors were either confrontational or positive and supportive whereas they avoided relationship issues both in the supervisory relationship as well as the counseling relationship. Borders and Fong (1994) suggested that supervisor development might have been similar to counselor development in that supervisors first adopt rigid rules about the conduct of supervision and then they progress to recognizing differentiation and subtleties of supervision situations.

In terms of cognitive appraisals, supervisors tended to rate supervision a less difficult and themselves as better able to cope at the post-test. However, Borders and Fong (1994) reported that beginning supervisors seemed somewhat overwhelmed by the task of supervision, even at the end of the one-semester practicum.

To obtain a better understanding of supervisor development, Borders and Fong (1994) suggested the need to identify specific elements of the cognitive shift from thinking like a counselor to thinking like a supervisor, as well as examining how long the transition took and when it happened for the experts.

This study provided ample information about beginning supervisors' cognitions and thought processes. However, some concerns regarding the study may be discussed. Borders and Fong (1994) collected the data from the participants registered in supervision practicum in separate universities. Although both programs were CACREP-accredited programs and the researchers tried to control the content of their supervision course, the personal styles of the supervisors of beginning supervisors may have had some influences

on the results. Likewise, Borders and Fong (1994) reported that initial self-efficacy ratings of the beginnings supervisors regarding supervision at the two universities were significantly different that was interpreted as variations in the type of students attracted to a particular program or in the training environment's influence on students. Thus, student differences may have had impacts on the results. Moreover, beginning supervisors received group supervision from the researchers and their group cohesiveness or the group experiences might be another influential variable on the findings of the study.

Borders et al. (1996). In a similar study, Borders and her colleagues investigated the impact of a three-hour semester-long course in counseling supervision with didactic and experiential components on the supervisors' self-appraisals regarding their ability to supervise, conceptualizations about a supervisee, and plans for a specific supervision session. They obtained different results from Borders and Fong's (1994) study.

The Supervision Assessment Questionnaire (SAQ), adapted from Holloway's (1979) Clinical Assessment Questionnaire (CAQ, as cited in Borders et al., 1996) were used to assess the quality of student supervisors' conceptualizations and their planning for upcoming sessions with their supervisees. The SAQ was composed of five written tasks that directed supervisors toward stating and supporting two hypotheses about a supervisee. The supervisors watched a 15-minute videotaped segment of an actual counseling session between a counselor and a client. After viewing the video, supervisors responded by listing the possible points and issues they could cover in the supervision session with the supervisee, choosing two points they thought were most important, and discussing what evidence helped them to form their perceptions. The supervisors' SAQ

responses were rated for the absence or presence of six categories of information: (a) elements considered in understanding the supervisee; (b) time frames used in understanding the supervisee; (c) categories of information used to support conclusions; (d) instances used to support conclusions; (e) categories of information sought; and (f) number of divergent questions asked. A score of 0 was assigned if an element within the category was not present and a score of 1 was assigned if the element was present for the Categories of a, b, c, and e. For Categories d and f, frequency counts were derived from the number of instances and the number of divergent questions, correspondingly. A total score was obtained for each category. Additionally, hypotheses and their substantiations were rated for overall quality and clarity by three judges (1 = poor, 2 = neutral, 3 = good).

Supervisors' behaviors were measured by supervisors' reports on both the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984, as cited in Borders et al., 1996) and Supervisor Emphasis Rating Form-Revised (SERF-R; Lanning, 1986; Lanning & Freeman, 1994, as cited in Borders et al., 1996). The Stress Appraisal Scale (SAS; Carpenter & Suhr, 1988, as cited in Borders et al., 1996) was used to assess supervisors' cognitive appraisals of their ability to perform as a supervisor. Supervisors completed the instruments during class time of the first and 15th weeks of the course.

Supervisors' SSI subscale scores (e.g., attractive, interpersonally sensitive, & task-oriented styles) did not reveal significant mean differences from pre- to post-test. Thus, the counseling supervision class was not found to cause a change in supervisors' perceptions of their supervisory styles. Similarly, there were no significant pre-post test increases in the three subscales of SERF. Specifically supervisors' emphasis on

professional behaviors, process skills, and personalization skills remained the same from pre- to post-test. However, the fourth subscale of SERF, students' emphasis on conceptualization skills significantly increased from pre- to post test. Similar to Borders and Fong (1994) results, after taking the supervision course students in this study also rated supervision less difficult and themselves better able to cope with the tasks of it.

SAQ protocols did not indicate any significant changes in the number of elements considered in understanding the supervisee, time frames used in understanding the supervisee, categories of information used to support conclusions, or instances used to support conclusions. However, for the Information Sought subscale, the total number of additional information categories (e.g., significant others, cognitions) increased in a significant number of students. The most frequently cited category of change was the therapy context in both pre- and post-tests. The judges' ratings indicated that the clarity and quality of students' protocols on the overall SAQ ratings were significantly improved by the end of the supervision course. Moreover, no significant difference was found in the number of interventions supervisors planned to use in their supervision sessions.

Borders and her colleagues (1996) speculated that the different findings in this study compared to Borders and Fong's (1994) study were related to the more comprehensive training experience students received. In this study, in contrast to Borders and Fong's (1994), students were involved in both didactic and experiential components of supervision training. For example, supervisors in training received both didactic instruction (e.g., lectures and seminar-type discussions of relevant topics; supervision models, interventions and techniques, and planning for upcoming supervision sessions

with the supervisees) and supervision practicum (e.g., supervising one or two supervisees for a minimum of seven supervision sessions, using at least two supervisory interventions, such as IPR or role play, and receiving at least one individual supervision of their supervision).

One of the most crucial findings obtained from this study regarding students' cognitive functioning was the significant increase in students' divergent thinking. Increased divergent thinking suggested a higher level of cognitive functioning. In other words, a one-semester counseling supervision course with didactic and experiential components led to an increase in students' cognitive functioning. However, the results of the SAQ were reported to be interpreted with caution because of the low interrater reliability. In other words, subjective ratings of raters in SAQ were one of the difficulties in studying supervisor cognitions and a limitation of this study. However, despite addressing some of the limitations of Borders and Fong's (1994) study and obtaining different results, findings of this study are generalizable only to the program from which participants were selected.

DeKruyf and Pehrsson (2011). DeKruyf and Pehrsson (2011) explored school counseling site supervisors' training needs and self-efficacy perceptions regarding internship supervision of master's-level school counseling interns in the states of Oregon and Washington. Participants were recruited from 15 CACREP and non-CACREP university programs who forwarded contact information of 180 school counseling site supervisors; 147 responded to the study. Participants reported an average of 12 years of experience as full time school counselors. Seventy participants reported no supervision

training whereas 34 participants reported a graduate-level course in supervision. These participants reported a mean of 7.25 hours of graduate course in supervision. The most common supervision training setting among the participants was reported as state or national conferences with a mean of 2.98 hours. Thus, participants of the study were experienced supervisors with a very limited amount of supervision training.

Site supervisors' self-efficacy beliefs were measured by an author-created instrument, a 13-item measure built through careful review of the 11 standards provided by the Supervision Interest Network of the Association for Counselor Education and Supervision (SINACES, 1990, as cited in DeKruyf & Pehrsson, 2011) and core supervision curriculum areas (Borders et al., 1991). DeKruyf and Pehrsson (2011) included all topics and objectives deemed specifically relevant for site supervisors of school counseling interns. DeKruyf and Pehrsson reported this process as informed by the supervision guidelines offered to school counseling site supervisors by Roberts et al. (2001) and Studer (2006), as well as by the school-counseling-specific model of supervision offered by Wood and Rayle (2006). The included topics and objectives were formed into a survey and narrowed down to 12 items. A panel of widely recognized experts in the field of supervision was asked for their judgment on the items. Face and content validity of the instrument was approved by the experts with an additional item suggestion. However, no information was provided regarding other validity considerations of the instrument, such as construct validity. Internal consistency coefficient for the instrument was reported as .91.

Despite little training, site supervisors' self-efficacy beliefs in their supervision performances were found to be pretty strong. Site supervisors with more than 40 hours of supervision training expressed the highest self-efficacy beliefs. DeKruyf and Pehrsson (2011) pointed out the relationship between supervision training and high sense of self-efficacy belief as evidence for the positive influence of supervision training on supervision practices. On the other hand, supervisors with less than 40 hours of training had a wide range of self-efficacy expressions. DeKruyf and Pehrsson suggested the variety of self-efficacy expressions as an important support and motivation for the supervision training needs of school counselors' site supervisors.

DeKruyf and Pehrsson (2011) suggested the lowest mean score areas of the self-efficacy scale could be used as possible content areas for the site supervisors' supervision training. These areas were counselor development, supervision methods and techniques, the supervisory relationship, and models of supervision. In other words, experienced supervisors presented lower self-efficacy beliefs around these areas. On the other hand, similar to previous studies (Borders, 1991; Worthington, 1987), this research also indicated that years of experience was not a clear predictor of supervision understanding and knowledge.

Luke et al. (2011). In a replication study of Ellis and Dell's (1986) seminal study, Luke and her colleagues (2011) extended the original study examined the dimensionality of supervision by using a different sample profile and statistical procedure. For this study, site school counselor supervisors were selected as the participants instead of mental health counselor supervisors. Participants met all the criteria to serve as a preferred

school counselor site supervisor: graduated from a CACREP-accredited school counseling master's program or a school counseling program requiring a minimum of 48 semester credit hours, received tenure from the school district in which they were currently employed, and supervised one or more master's-level counselor trainees during a CACREP-accredited internship. The 38 school counselor supervisors had an average of 3.08 graduate credits in supervision course work, 7.21 hours of in-service training in supervision, and 4.7 years of experience as a school counselor supervisor.

As described in Ellis and Dell's (1986) earlier study, participants in this study were again asked to rate 36 paired comparisons of discrimination and developmental model-components (e.g., teacher-process-complete reliance on supervisee, counselor-personalization-complete reliance on the trainee) using a 9-point scale for perceived dissimilarity related to six attribute scales: the cognitive domain, the emotional domain, the behavioral domain, the person who provided the structure within the approach, the person who had power and/or authority within the approach, and the level of support the supervisor provided when using the approach. In this study, researchers used a confirmatory multidimensional scaling (MDS) analysis to measure the level of fit between the new data from school counselor site supervisors and the original visual-spatial configuration obtained from mental health counselor supervisors in Ellis and Dell's (1986) study. Thus, in the analysis, data from school counselor supervisors were forced into the three-dimensional solution obtained in the Ellis and Dell study with mental health counselor supervisors. Moreover, as mentioned above, perceived

dissimilarity related to the six criteria were rated on a 9-point scale to measure participants' attributions regarding the dimensions.

Luke et al. (2011) found a partial fit between the school counselor supervisors' perceptions of supervision dimensions and previously obtained mental health counselor supervisors' results. School counselor supervisors were found to use the three dimensions in a different way. The behavioral intervention vs. conceptualization was the most heavily relied on dimension by the school counselor supervisors when they thought about supervision from the discrimination model perspective. Specifically, this dimension was representing the supervisors' dichotomization of intervention and conceptualization when making judgments about the role-focus pairs. The second dimension was the consultant vs. teacher-counselor which was characterized by judgments about the degree to which the supervisee versus supervisor had the power and/or authority and structured supervision within these roles. The third dimension, personalization focus vs. teacher role, was the least relied on dimension. This dimension was presented as a continuum from an emotional to a cognitive focus and the extent to which the supervision was supportive. In the Ellis and Dell (1986) study, mental health counselor supervisors used the personalization focus vs. teacher role dimension the most when compared to the other two dimensions. Luke and her colleagues cautiously suggested these results provided evidence of the difference in school counselor supervisors' functioning from other supervisors.

On the other hand, only dimension three, personalization focus vs. teacher role, was reported as significantly explained by one of the six attribute scales. Personalization

focus vs. teacher role was interpreted as a continuum of how supportive the supervisor was perceived. This result was reported as contradictory, because personalization focus vs. teacher role was found as the only interpretable but least important conceptual factor for the participants. In other words, the "most" interpretable dimension was the least used by the school counselors. Luke et al. (2011) explained this contrast by the forced structure from Ellis and Dell study. Supervision structures for school counselor supervisors seemed to be different than what was proposed in this study.

Luke and her colleagues (2011) presented their study as an extended replication of Ellis and Dell's (1986) study. They used a more systematic way of recruiting their participants when compared to the Ellis and Dell study. Even including a good number of participants with formal supervision training, the supervision experience level of the participants was low. The integration of discrimination model components into supervision practices might require a higher degree of experience than the participants had in this study. Participants of this study might not yet have reached a cognitive complexity level needed to integrate the ideas of discrimination model and its components. Thus, the contradictory results within this study may be considered as a result of the sampling once again. Moreover, the structure obtained from mental health supervisors (Ellis & Dell, 1986) was forced on the school counselor supervisors in this study. This decision could lead to some reliability as well as validity concerns, which might have had a potential influence on the results.

Summary of the Studies of Novice and Experienced Supervisors

Studies of novice and experienced supervisors to date have not revealed significant differences between these two groups in terms of the participants' verbal responses, in-session cognitions, or use of supervision models (Borders, 1991; Ellis & Dell, 1986). In some of these studies, researchers obtained findings regarding novice supervisors' thinking and cognitive development (Borders, 1991; Borders & Fong, 1994; Borders et al., 1996; Ellis & Dell, 1986). Novice supervisors were found to need more structure and power, rely more on concrete-task-oriented thinking, focus more on clients than supervisees, and have neutral and negative but not positive thoughts. Some of these cognitions were reported to change after a semester-long supervision class in one of the studies (Borders et al., 1996). Moreover, supervision training was found to be effective with novice supervisors in improving their conceptualization skills and performance appraisals as well as alleviating their stress.

Similarly, supervision training apparently provided experienced supervisors with higher self-efficacy perceptions when compared to the experienced but untrained or less trained supervisors (DeKruyf & Pehrsson, 2011). However, experienced supervisors' thinking in a majority of these studies did not appear to be a lot different than their novice counterparts. The reason for this consistent 'no significant finding' is considered to be the common limitation of these studies, the criterion used to choose experienced supervisors: years of experience (Borders, 1991; DeKruyf & Pehrsson, 2011; Ellis & Dell, 1986). Years of experience has been suggested to be an important but unclear method for the

description of different expertise levels (Goodyear, 1997; Skovholt et al., 1997; Watkins, 1995; Worthington, 1987).

Very few of the other researchers (Glidden & Tracey, 1992; Luke et al., 2011) used more specific criteria to choose their participants. For example, Glidden and Tracey (1992) selected their participants based on the criteria of a Ph.D. in counseling, counseling psychology, or clinical psychology and experience in supervising both beginning and advanced students. Participants in their study also had a mean of 9 years of experience. Despite the lack of a detailed description of their participants' background information in the study, Glidden and Tracey (1992) obtained some significant results. Specifically, their findings were interpreted as an indication of advanced cognitive qualities of experienced supervisors involved in their study.

In brief, findings of these studies point to the conclusion that years of supervision experience are not an adequate representation of expertise in supervision. To describe expertise in supervision in reliable and valid ways, more knowledge of supervisors and their qualities are important. Hence, an overview of expertise literature, sample studies from counselor expertise, and the very limited number of studies conducted with expert supervisors will be presented in the following sections.

The Nature of Expertise

Expertise has been defined as the manifestation of skills and understanding resulting from the accumulation of a large body of knowledge (Chi, 2006a). Because of developments in artificial intelligence and cognitive psychology, expertise has received increased attention since the mid-sixties. Early/Initial studies with chess players (Chase &

Simon, 1973; de Groot, 1966, as cited in Posner, 1988) and physicists (Chi et al., 1982) informed researchers about the differences between expert and novice players' abilities and intrigued scholars from different fields. In the last two decades, counselor education scholars have begun to examine expertise and its components in counseling (Eells, Lombart, Kendjelic, Turner, & Lucas, 2005; Jennings & Skovholt, 1999). However, it appears few have involved truly expert counseling supervisors in their studies.

In the following sections, the seminal literature that forms the bases of expertise as well as studies in counseling expertise will be presented. The section will be finalized with the presentation of the very few studies involving expert supervisors.

Bases of Expertise

One of the influential works that examined what distinguished expert chess players from their novice counterparts was conducted by the famous Dutch chess master de Groot (1966, as cited in Posner, 1988). de Groot asked chess masters and novices to reproduce a chess position as correctly as possible after showing them the twentieth move of a hypothetical chess game for 5 seconds. He found that masters were able to reproduce the position almost perfectly with a few mistakes while novice players were not able to reproduce more than three or more pieces of the position. The chess masters did not exhibit think more deeply or broadly when compared to the novice players. However, what made their performance different was the way they organized their thinking about the chess board. Specifically, experts were able to store big portions (chunks) of information representing different pieces of chess board.

Later, Chase and Simon (1973) replicated and extended de Groot's work and examined the mental processes of expert chess players' memory performance. Results of their study supported previous findings, suggesting that experts' memory performance was composed of chunks of information representing different units of the chess board rather than isolated, individual chess pieces. Experts did not have greater memories than others, but they were better at storing meaningful chess positions. Chase and Simon also examined the validity of these findings with other samples, such as football players and musicians. They obtained similar results, suggesting expert performance was based on large amounts of knowledge and a pattern-based memory system obtained through many years of experience.

Next, Chi and her colleagues (1982) investigated the structural knowledge of expert and novice physicists. They asked both novice and expert physicists to elaborate on an inclined plane problem. Novices elaborated on a rich amount of concepts; they knew what variables to specify and deduced accurately what the key components and entities were of such a problem. In contrast, experts were able to make immediate calls to their knowledge of complex physics principles which provided bases for the solution procedures. Thus, novices were dealing with a large amount of information in a chaotic manner whereas experts' almost immediately knew which information and knowledge to recall, process, and produce.

These influential studies yielded much crucial information regarding expert performances. In the overview of *The Nature of Expertise*, Glaser and Chi (1988)

summarized seven key characteristics of experts' performances obtained from the pioneer studies. These seven key characteristics are explained below.

Experts excel mainly in their own domains

Glaser and Chi (1988) asserted that the reason for experts' excellence was their superior amount of domain knowledge obtained over years of exposure and study. For example, in an investigation of taxi drivers' knowledge of routes, expert taxi drivers could generate a far greater number of secondary routes (e.g., lesser known streets) than novice drivers (Chase, 1983, as cited in Chi, Glaser, & Farr, 1988).

On the other hand, experts' knowledge was described as domain-specific and not transferable to other domains (Bédard & Chi, 1992). For example, Voss and Post (1988) found that non-domain experts (chemists) did not do better in solving political science problems when compared to the novices in the political science field. In solving a problem in the domain of cardiology, participants from three medical subspecialties, cardiology, surgery, and psychiatry were compared (Patel, Evans, & Groen, 1989, as cited in Bédard & Chi, 1992). Results revealed that cardiologists' diagnoses were more accurate than participants from surgery and psychiatry. Thus, it appears there is no transfer of proficiency in between domains.

Experts perceive large meaningful patterns in their domains

In de Groot's (1966, as cited in Posner, 1988) and Chase and Simon's (1973) studies with chess players, chess masters were found to excel in their recall of the clusters of pieces that they saw. In other words, experts are able to see larger patterns, store those patterns in an organized way in their memories, and use them automatically when

necessary. Patel et al. (2000) emphasized this ability was not due to experts' superior perceptual abilities; rather, it was a reflection of their organized knowledge base. The ability was presented as a recall superiority that could be explained by the greater number of patterns that experts recognize, and each pattern is likely to contain more pieces than a novice's patterns (Bédard & Chi, 1992). For example, the potential number of familiar chunks of game-related information in a chess-master's long-term memory was 50,000 (Bédard & Chi, 1992; Patel et al., 2000). Patel and colleagues (2000) suggested that roughly the same number of chunks of information was required for expertise in many domains (e.g., chemistry, mathematics) and 10 years of "devoted" effort was necessary to accumulate such a large storage of information in a discipline.

Experts are fast; they are faster than novices at performing the skills of their domain, and they quickly solve problems with little error

Although experts were presented as being slower than novices in the initial phases of problem solving, in general they were fast problem solvers (Chi et al., 1988). There were two explanations of the experts' speed. First, Patel et al. (2000) asserted that as practitioners gain experience, their performance becomes increasingly smooth, efficient, and automatic. For example, typing experts' speed was reported to build through long hours of practice so that experts' skill became automatic and their memory capacity was available for processing other aspects of the task (Gentner, 1988). These experts were fast in the skill itself so that they could free up their resources to perform related tasks. The second explanation was, as mentioned before, experts' ability to see larger patterns. For example, chess experts stored condition-action rules through many hours of chess plays. A specific position triggers a pattern in these stored rules that leads chess experts

automatically to perform a stereotypic sequence of moves. Thus, experts' speed was also based on their knowledge-based skills obtained through experience.

Experts have superior short-term memory and long-term memory

As mentioned earlier, experts' memories are available for other aspects of the cognitive task due to the automaticity of their performances. While developing knowledge in more attention-demanding complex tasks, some components of experts' skills become automatic so that conscious processing can be devoted to reasoning and reflective thought with minimal inference in the overall performance (Patel et al., 2000). Thus, not having larger short- or long-term memories than other people, experts' are inclined to have freed up memory space ready for other cognitive processes such as storage or recall.

Experts see and represent a problem in their domain at a deeper (more principled) level than do novices; novices tend to represent a problem at a superficial level

Although experts and novices come up with the same conceptual categorizations, how experts process information to obtain the conceptual categories is qualitatively different from novices (Glaser, 1985). As Chi et al. (1982) found in their study, expert physicists used principles of mechanics to organize categories whereas novices built their problem categories around factual objects stated in the problem description. In other words, experts elaborated on more principle-based, solution-focused conceptualizations whereas novices presented more concrete components of the problem with some possible consequences. Similarly, in reviewing job applicants' paperwork, experts knew which parts of the application paperwork were important to focus on when compared to the

novices who reviewed all of the material (Johnson, 1988). Thus, experts know the most important or key components of the problem when they are considering solutions.

Experts spend a great deal of time analyzing a problem qualitatively

Although experts perform and function faster than novices, they think and process information diligently when they are exposed to uncertainty. In Johnson's (1988) study, experts searched for information very actively when they were reviewing applications for a job position. They returned to previously examined information much more often and changed their attention from one part of the information to the other frequently. They examined the information in a more active and flexible manner so that each piece of key information accumulated in their understanding. In other words, when they face uncertainty, experts spend a great deal of time on understanding the problem in the terms of depth, complexity, detail, and thoroughness (Jennings et al., 2005).

Experts have strong self-monitoring skills

Experts are more aware of their own mistakes, the reason for their mistakes, and the need for monitoring their solutions (Glaser & Chi, 1988). They also have been found to be better in acknowledging their limits and the difficulty of tasks honestly (Chi et al., 1982). Similarly, Eells and her colleagues (2005) reported that expert therapists were more aware of when they made errors, why they failed to comprehend, and when they needed to recheck their solutions when compared to novice and experienced therapists. In previous research, experts tended to ask more questions about the difficult tasks of a topic (Miyake & Norman, 1979, as cited in Glaser & Chi, 1988) when compared to novices.

Expert therapists also found the provided vignettes as inadequate for case formulation (Eells et al., 2005).

In summary, considering these seven key characteristics of experts and what distinguishes them from others, it is clear that experts think and process information differently from other members of their professions. To understand how experts develop and move toward these cognitive performances, Anderson (1981, 1983, as cited in Etringer et al., 1995) asserted that the distinction between two specific types of knowledge was critical: declarative and procedural knowledge.

Declarative knowledge is factual and stored in propositions, such as "depressed persons show low mood." On the other hand, *procedural knowledge* is functionally organized into "if-then" statements (e.g., "If my depressed patient has a good social support system, then we can consider using this in treatment"). In other words, procedural knowledge is the converted type of accumulated declarative knowledge amassed through years of experience and study. Procedural knowledge is stored slowly but, when gained, it is recalled quickly and easily without a conscious search (Anderson, 1981, as cited in Etringer et al., 1995). Moreover, procedural knowledge leads to increased accuracy in perception, the development and use of more comprehensive and abstract schemas, and an advanced level of problem-solving ability called forward reasoning (Anderson, 1983, as cited in Etringer et al., 1995). Simon and Simon (1978) described forward reasoning as moving from data to hypotheses until one reaches the solution (as cited in Eells et al., 2011). In a problem situation, then, novices are more inclined to engage their declarative knowledge whereas experts use more procedural knowledge.

How these types of knowledge will inform the problem situation is related to the problem structure (Simon, 1973, as cited in Voss & Post, 1988). In some problem situations, it is possible to set clearly defined goals that would lead to potential solutions with evident solution procedures. However, not all problems and their solutions are considered to be *well-structured*. Real-life problems, particularly the ones involving humans and groups of people, generally are defined as *ill-structured* (Simon, 1973, as cited in Eells et al., 2011). Thus, fields of social science, such as political science or counseling, are considered to be areas with ill-structured problems. For the majority of problems in these fields, there is generally not an agreement on the appropriate solutions due to multiple perspectives of problem situation.

It is possible to question how expertise can develop and be recognized in such ambiguous fields, or even if there is expertise in these fields. Reitman (1965, as cited in Voss & Post, 1988) suggested that it was debatable if any categorization of problems was conceptually meaningful, because an ill-structured problem for a novice might become well-structured in the minds of experts. In the political science field, six faculty members (experts) specialized in USSR history and politics and 14 undergraduate students (novices) newly beginning a course in Soviet domestic policy were asked to indicate how they would increase the poor level of crop productivity in the USSR (Voss, Greene, Post, & Penner, 1983, as cited in Penner & Voss, 1983). Results indicated that experts had greater general knowledge about problem solving in the question area as well as better abilities to divide the problem into sub-problems, relate case information to each sub-problem, and discuss the relationships among them all when compared to the novices.

Novices had a hard time processing divergent information in this ill-structured problem; on the other hand, supporting Reitman's suggestion, experts were able to produce ways to structure the ill-defined problem.

In a similar vein, counseling and supervision are social science fields that involve ill-defined and ill-structured problems and practices. This view of the field has fascinated some researchers who, especially in the last decade, have attempted to describe expertise in the counseling and therapy area (Eells et al., 2005; Jennings & Skovholt, 1999). In the following section, studies investigating expertise in counseling and therapy will be introduced, described, and critiqued.

Studies of Counselor Expertise

Seminal studies in the area of expertise have motivated counseling and therapy researchers to define expertise in the field of counseling. Counseling expertise researchers have suggested that experts of counseling would be qualitatively different from novices in some meaningful ways (Eells et al., 2005; Hillerbrand & Claiborn, 1990). In several studies, researchers obtained supportive findings regarding experts' cognitive proficiencies (Eells et al., 2005; Jennings & Skovholt, 1999). Moreover, results of some of these studies also suggested the importance of taking emotional and relational competencies of experts into consideration in the field of counseling and therapy (Jennings & Skovholt, 1999). Because of the parallels between counseling and supervision areas, it is considered to be important to summarize studies of counseling expertise and their sequence in this section. Thus, some of these studies and their findings will be presented in a chronological order.

Hillerbrand and Claiborn (1990). Hillerbrand and Claiborn (1990) investigated expert and novice counselors' reasoning processes in making a diagnosis. Expert counselors were selected using the following criteria: being peer-nominated as having above-average diagnostic abilities, being graduated from an APA-accredited psychology program, having over 5 years of postdoctoral clinical experience, being licensed, and being employed in applied psychological settings. Novice counselors were graduate students in APA-accredited counseling psychology programs at two different mid-western universities who had between one and three previous practica, and either one or two courses in psychodiagnostics, psychopathology, and counseling theory, but no clinical training or graduate education (i.e., no master's degree) before entering the psychology program. Although participants in the study were 17 expert and 15 novice counselors, only 7 of the experts and 2 of the novices matched the criteria. Hillerbrand and Claiborn (1990) did not provide a detailed explanation about how they decided to include the other participants.

Three cases with different problem structures were prepared for administration in the study: a well-structured case, an ill-structured case, and a random case. Clarity and presence of diagnostically relevant information were manipulated in varying degrees. The well-structured case involved highly relevant information regarding a possible diagnosis of antisocial personality disorder. The ill-structured case included moderately relevant information for a diagnosis of depression. To manipulate the case's moderate relevance, Hillerbrand and Claiborn (1990) entered contradictory, sparse, and unclear diagnostically

relevant information. The randomly structured case included randomly selected symptoms from DSM-III and psychopathology text books.

Participants were asked to generate diagnoses for the cases, give reasons for their choices, and make predictions about future client and counselor behaviors. Thus, dependent variables were the accuracy of the client diagnoses, the number of diagnoses, the rationale for the diagnosis, and predictions of future behavior. The accuracy of the client diagnoses were rated on a 3-point Likert scale ranging from 1 = inaccurate to 3 = accurate. The rationale for the diagnoses was analyzed by examining the number of reasons generated, the type of reason, the content of the reason, and amount of diagnostically relevant information used in the reasoning. Predictions about client and counselor were also rated on a 3-point Likert scale for the extent predictions were connected to the case data, were specific, and were testable. Participants were also asked to rate how knowledgeable, confident, anxious, and clear they felt about their responses to the dependent measures.

Results indicated that there were no cognitive process differences between the expert and novice counselors in terms of the dependent variables of accuracy of the client diagnoses, number of diagnoses, rationale for the diagnosis (number of reasons generated, the type of reason, the content of the reason, and amount of diagnostically relevant information used in the reasoning), and predictions of client and counselor behavior (connection to the case data, specificity, and testability). However, experts expressed greater perception of more knowledge, confidence, and case clarity when compared to novices.

Importantly, counselors' cognitive processes were found to be influenced by the structure of the problem. When diagnostic information became less consistent with realistic diagnostic patterns (e.g., in random case), counselors' cognitive processes became less efficient. In a similar vein, counselors presented more reasons and used more inferences in reasoning for the well-structured and ill-structured cases when compared to the randomly structured case. When structuring their reasons, counselors recalled more information from the social history and childhood history sections for the well-structured case when compared to ill-structured case. Moreover, Hillerbrand and Claiborn (1990) suggested that the type of predictions that participants made appeared to be related to underlying knowledge structures in their memory and the way in which these problems were represented and activated in their memory. Thus, ratings of the extent to which client predictions were testable, specific, and connected to the case data were higher for the ill-structured case compared to the well-structured case. Predictions became more concrete and connected to the case data, and contained fewer inferences with the decreased problem structure and less clear problem representations activated in memory. In other words, when cases were less structured, participants' cognitive processing became more conservative.

Hillerbrand and Claiborn (1990) presented several possible reasons for the insignificant differences between expert and novice therapists. They reported the possibility of not being able to involve real experts and novices in their study. In fact, only 9 of the total participants actually met the selection criteria. Although they did not clarify in the participants section, in the discussion, it seemed the rest of the participants

were selected through years of experience, an insufficient synonym for expertise. Moreover, Hillerbrand and Claiborn (1990) also talked about the possibility of novice counselors being more advanced beyond a true novice level. Experts in this study were selected through peer-nomination, but peers may not know the diagnostic abilities of the expert counselors very well. Thus, similar to supervisor studies, the differentiation between an experienced and an expert was still unclear in the present study. The authors also presented the influence of a written case rather than a real client on the cognitive processes of the experts and novices. As in de Groot's study with chess players, Hillerbrand and Claiborn (1990) suggested that a visual display of a real case might have revealed the expert participants' speed and larger pattern perceptions. Lastly, the sensitivity of the dependent measures and inadequacy of providing qualitatively rich data were presented as a limitation.

Another possible limitation, that Hillerbrand and Claiborn (1990) did not mention, was the low consistency percentage obtained between the graduate students' and the expert's ratings. As a validity check on the graduate student raters' ratings, an expert rerated the participant reasoning and client and counselor predictions. They found percentage agreement at .64. Although the expert was not trained to the criterion, the agreement percentage may be considered an indication of scorer bias.

Jennings and Skovholt (1999). Highlighting the need for exploring master therapists, Jennings and Skovholt (1999) investigated personal characteristics of master therapists. Citing some of the participant selection limitations in the previous studies, such as using years of experience as a criterion for expertise, in this study a detailed

purposeful sampling strategy was conducted through the method of snowball. Well-regarded therapists in a major mid-western metropolitan area were asked to nominate their colleagues whom they considered to be master therapists based on the following criteria: the person was considered to be a "master therapist," the person was most frequently thought of when referring a close family member or a dear friend to a therapist because the person was considered to be the "best of the best," and one would have full confidence in seeing this therapist for one's own personal therapy. Repeatedly named individuals by a variety of informants composed the core subject pool. Then, these subject individuals were called by the investigators and asked to name three therapists based on the same criteria used by the informants. Finally, a minimum of four nominations was used as the bases for the final sample of 10 master counselors: 7 female and 3 male master counselors, from 50 to 72 years of age and 21 to 41 years of experienced in practicing psychotherapy.

An interview follow-up design was used for the qualitative analysis of the study. The first set of interviews was conducted for 90 minutes. Jennings and Skovholt (1999) used a questionnaire consisting of 16 open-ended questions (e.g., How are you different from when you started your career? What is particularly "therapeutic" about you?) that were specifically designed to elicit information regarding the characteristics of master therapists. Sessions were audiotaped and transcribed for the preliminary analysis of the data. The researchers and a research assistant conducted the analysis of the data based on an inductive analysis. Inductive analysis starts with specific observation and builds toward general patterns (Patton, 1990, as cited in Jennings & Skovholt, 1999). After

analyzing the data obtained from the first interviews, 2-hour follow-up sessions were carried out with the master therapists to validate and refine the preliminary results.

Results of the study were organized under 3 domains with 3 categories in each describing key attribute areas of the master therapists: cognitive, emotional, and relational. The first cognitive domain category indicated that master counselors were voracious learners. Master counselors reported an appreciation of learning and knowing for their continuous professional development. The second cognitive category revealed that master counselors' accumulated experience was their main resource in their practices. With an average of 29.5 years of professional experience, master counselors appeared to gain depth and competence through these years of experience. However, they also mentioned that experience by itself was not enough; openness and commitment to learn was the key in building up these accumulated experiences. The last cognitive category showed that master therapists appreciated cognitive complexity and the ambiguity of the human condition. They not only accepted, but also searched for complexity and ambiguity. In particular, they described effectiveness in therapy as beyond positive changes in clients' behaviors, cognitions, and feelings. For example, internal continuation of client healing even after therapy termination was a successful outcome for one of the therapists. Likewise, Jennings and Skovholt (1999) reported that master therapists had a number of sophisticated and idiosyncratic methods for judging effective outcome.

In the emotional domain, master therapists appeared to have emotional receptivity, defined as being self-aware, reflective, non-defensive, and open to feedback.

They mentioned personal therapy, peer consultation, and supervision as sources of feedback to increase their awareness of themselves and others. They also valued feedback from their clients that allowed them to see things from different perspectives. Another category for the emotional domain indicated that master therapists were emotionally healthy and mature individuals who attended to their own emotional well-being. A majority of them described themselves as congruent, authentic, and honest as evidence of their endeavors to act congruently in their professional and personal lives. The last category in the emotional domain was closely related to the previous one; master therapists were aware of the influence of their emotional health on the quality of their work.

In the first category of relational domain, master therapists were found to have strong relationship skills. They had developed the skills of listening, observing, and caring for the welfare of others in their families of origin. Their emotional wounds appeared to have increased their sensitivity to the people with whom they were working. Jennings and Skovholt (1999) also reported their interview observations of the participants as having highly developed social skills. The second category revealed that master therapists believed in a strong working alliance as the foundation of therapeutic change. Despite coming from different theoretical orientations and disciplines, all the therapists agreed on the importance of forming a strong working alliance. Lastly, master therapists seemed to be experts at using their exceptional relationship skills in therapy. Jennings and Skovholt (1999) indicated that master therapists seemed to have a great balance between providing safety and support and challenging their clients when it was

necessary. Master therapists reported not only no fear of clients' strong emotions, but also the importance of being aware of their own emotional tolerance.

As Jennings and Skovholt (1999) suggested, these therapists were self-actualizing and fully functioning individuals. One of the most significant findings of the study, relevant to the present study, was that being a master therapist was the result of more than just an accumulation of time and experience. Instead, master therapists in this study emphasized their proactive effort to develop professionally, such as being voracious learners open to experience and non-defensive reactions when receiving feedback from clients, colleagues, and others. In the light of study results, Jennings and Skovholt (1999) asserted that expertise in counseling and therapy was more than just cognitive skills. They introduced a model of the master therapist involving a blend of cognitive, emotional, and relational attributes (CER Model).

Although all these key therapist characteristics pointed at a highly functioning professional and provided crucial findings for the counseling expertise research, several limitations of the study were presented by Jennings and Skovholt (1999). The nature of their qualitative design restricted generalizability of the results and brought about some researcher bias concerns in the process of data coding. Moreover, they also reported that the data were collected from a northern state which lacked diversity.

Beyond the limitations acknowledged by Jennings and Skovholt (1999), several other limitations may also be discussed. Participant master therapists were reported as being from different discipline backgrounds: 6 Ph.D. psychologists, 3 master's level social workers, and 1 psychiatrist. It is important to think how the findings would change,

or not change if there were less or more differences in the participants' professional backgrounds or more cultural diversity existed. Moreover, despite the therapists being nominated and reported as "best of best" by their colleagues, peer-nomination has its own limitations. For example, peers generally do not observe how therapists perform or practice. Moreover, findings of the study are also restricted by the self-report format that reflected participants' own perceptions and presentations.

Sullivan, Skovholt, and Jennings (2005). In a complementary article to the Jennings and Skovholt (1999) study, master therapists' statements regarding their use and understanding of the therapy relationship were examined. Participants in Sullivan et al.'s (2005) study were the same participants in the Jennings and Skovholt (1999) study. Part of the data in Sullivan et al.'s (2005) study was obtained simultaneously with Jennings and Skovholt's (1999) data collection. In the first set of interviews, Sullivan and his colleagues (2005) asked 9 open-ended questions (e.g., How do you establish agreement with clients as to the task of therapy? How do you go about repairing a therapy relationship that has become problematic?), and had follow-up interviews with the participants in two months. The rest of the data of Sullivan et al.'s (2005) study were obtained from portions of the Jennings and Skovholt (1999) research data in which respondents specifically discussed the aspects of the therapy relationship.

Results suggested a Model of Relationship Stances that involved two separate domains: The Safe Relationship Domain and The Challenging Relationship Domain. Each of these separate domains was composed of three categories of therapist actions.

The safe relationship domain consisted of three categories represented by several therapist actions. The first category, responding, indicated the master therapists' heightened responsiveness to their clients. Master therapists reported particular sensitivity and attention during the initial contact with their clients; specifically, the necessity of careful listening and responding to client cues was emphasized. Moreover, an increased attention to addressing clients' needs by means of choosing and using appropriate therapy techniques was also part of the master therapists' responding. The ability to hear and respond to clients' complaints in a wise and mature manner appeared to be the other theme of this category.

Collaboration was the second category of master counselors' safe relationship domain. Master counselors presented active collaboration with their clients through three themes. Therapists emphasized the importance of forming the therapy agreement as a cooperative process. In this collaborative process, transparency and honesty in mutual work towards solving impasses in the relationship was another theme of collaboration. Lastly, master therapists mentioned that working with clients to form a meaningful therapy termination was another key aspect of the therapist-client collaborative work.

The last category of the safe relationship domain was joining. Master therapists highlighted their active search for strong and deep relationships with their clients. For these therapists, the therapeutic relationship was the therapy itself. Such a relationship was described as having its own strains and ruptures, but solution of these would provide a direction for the client to repair other relationships outside of the therapy. Thus, master

therapists believed that client healing occurs because a strong therapy relationship provides a safe environment.

The challenging relationship domain was also composed of three categories: using self, engaging, and objectivity. Using self was master therapists' impressive awareness of their "selves" as an agent of change in their therapeutic relationship. Master therapists not only were aware of their power in the relationship, but also enriched the therapeutic relationship through accepting and using their own emotions.

Master therapists were also good at engaging their clients competently throughout the therapy relationship. They expressed cultivating intrinsic motivation in their clients through the use of their working alliance as well as involving pace-appropriate therapy interventions, so that clients would be more invested and affiliated. Likewise, master therapists were able to push their clients appropriately to keep them working towards change via challenges or didactic approaches.

Although the master therapists reported an active and genuine involvement in their clients' change, they also mentioned a fine line in terms of maintaining objectivity. Being attentive in the initial contact, encouraging clients to take actions towards their change, and challenging them to increase their awareness regarding their relationship patterns were all presented in the line of therapists' perception of therapy phases. Thus, master therapists presented following the therapy relationship pace in terms of different tasks and nature in beginning, middle, and termination phases.

In this study, master therapists appeared to have an extensive thinking and awareness of their counseling relationships. Sullivan and his colleagues (2005) extended

results of Jennings and Skovholt's (1999) study. However, it is important to mention that these data were collected from the same participants. Sullivan et al. also acknowledged sampling, diversity, and internal validity limitations (of both studies). This study also highlighted some of the difficulties of selecting and studying experts. Sullivan and his colleagues conducted interviews for two separate qualitative studies. However, it was not clear if they carried out the procedure at one time or twice.

Eells et al. (2005). Emphasizing the importance of studying therapist expertise, Eells and her colleagues reported that most of the time researchers prioritized treatments, interventions, and client variables over therapist variables. In fact, therapists were viewed as within-treatment error variable. Thus, Eells et al. highlighted expertise as an important variable of the therapy process that would influence outcomes. They hypothesized that expert therapists would provide higher quality case formulations than those of experienced and novice therapists.

A total of 65 participants, including 24 novices, 19 experienced, and 22 expert therapists participated in the study. Novice therapists were defined as clinical psychology graduate students with less than 1,500 hours of supervised psychotherapy experience. Experienced therapists had 10 or more years of experience practicing either as a Cognitive-Behavioral (n = 8) or a Psychodynamic therapist (n = 11). Expert therapists were selected through the criteria of having developed a method of psychotherapy case formulation, led one or more workshops for professionals on how to construct case formulations, and published one or more scientific articles, books, or book chapters on the topic of psychotherapy case formulation. However, developing a method of

psychotherapy case formulation criterion was not clarified in the description. Eells and colleagues (2005) mentioned that they searched for national experts on case formulation.

Eells et al. (2005) created six vignettes to describe patients with one of three disorders of generalized anxiety disorder, major depressive disorder, and borderline personality disorder. They presented patients with either a high or relatively low number of characteristics that were typical to the disorder. Each vignette contained details regarding identifying information, presenting condition, past history of mental health care, developmental history, social history, and mental status. For the manipulation check of the vignettes, participants were asked to rate how prototypical each vignette patient was of the target disorder. Moreover, participants were also asked to rate the adequacy of provided information in the vignettes to develop case formulations.

Participants listened to 2-minute video recordings of each vignette. Each participant was provided the written copy of the vignettes and was able to take notes while listening to the vignette. After listening to each vignette, the therapists were given 5 minutes to think-aloud their conceptualization about the patient to construct a case formulation as best they could, addressing whatever they felt was important. At the end of 5 minutes, they were interrupted and given 2 minutes to think-aloud about how they would treat the patient in psychotherapy. After the completion of all vignettes, participants were given post-interview questionnaires for each vignette. Eells et al. (2005) did not provide a description of the post-interview questionnaires or the focus of the questionnaires.

Eells and her colleagues (2005) used the Case Formulation Content Coding Method (CFCCM) designed by Eells, Kendjelic, and Lucas (1998, as cited in Eells et al., 2005), to provide a reliable and comprehensive categorization of the information that a clinician uses in conceptualizing a patient and a rating system to measure the quality of the formulation. This coding tool was designed for categorizing the information that clinicians use in conceptualizing their patients and rating the quality of the formulations. For the purposes of this study, Eells et al. (2005) revised the instrument into four hierarchically organized general sections: descriptive information, diagnostic information, inferential information, and treatment planning, each of which contained subcategories. Case formulation quality was measured through eight criteria: comprehensiveness, formulation elaboration, precision of language, complexity, coherence, goodness-of-fit between the formulation and the treatment plan, treatment plan elaboration, and use of systematic reasoning process across vignettes. Each criterion was rated on a 5-point Likert-type scale.

The intended high prototypical anxiety (M = 7.56 vs. 4.63), major depressive disorder (M = 8.04 vs. 4.42), and borderline personality disorder (M = 8.37 vs. 4.09) cases were rated as more prototypical than their intended low prototypical counterparts, t (56) = 8.93, 13.14, and 15.31 (on a scale 1 = minimally prototypical, 9 = extremely prototypical). Eells and her colleagues (2005) found that participants reported a mean rate of 5.37 on a 9-point scale for the adequacy of information in the vignettes for developing formulations. A three-way (Experience Level X Therapy Mode X Vignette) multivariate analysis of variance (MANOVA) was conducted for the dependent variables of seven

case formulation quality measures. Eells et al. presented that they did not include the systematic process criterion in this analysis because its unit of analysis was the therapist, not the vignette.

Eells and her colleagues (2005) reported a significant interaction effect for experience level and therapy mode as well as separate main effects for experience level and therapy mode. Specifically, expert therapists were found to be more comprehensive, elaborated, and complex compared to the novice and the experienced therapists. Similarly, treatment plans of the experts were more elaborated and rated as better fitting the formulations compared with those of the novices and the experienced therapists. Moreover, sets of six formulations of the experts indicated more evidence for a consistent and structured process being followed. Experts also elaborated more than either the novices or experienced therapists on possible diagnoses, problems in global functioning, symptoms or problems that were inferred, and psychological mechanisms. Eells et al. (2005) obtained the total quality ratings through summing all eight quality measures. Total quality ratings showed the experts to be superior to the novice and experienced therapists. However, overall quality ratings of novices were found to be higher than experienced therapists.

Based on obtained results, Eells et al. (2005) drew parallels between expert therapists and experts' characteristics presented by Glaser and Chi (1988). Thus, expert therapists were found to excel in the case formulations within their own domain, therapy. Moreover, expert therapists were reported as possibly recognizing larger patterns of information in the vignettes, and using their knowledge of these patterns in more

complex, elaborated, and nuanced formulations. They were also more likely to use a consistent and systematic formulation process that was interpreted as evidence for their use of an *a priori* cognitive structure informing their formulation process. Lastly, expert therapists rated the vignettes as less adequate than the other participants. These ratings of experts were reported as related to experts' superior self-monitoring skills.

Eells and her colleagues (2005) provide a comprehensive and detailed understanding of expert, experienced, and novice therapists. However, a couple of limitations of their study and findings may be discussed. Both reported results and table values of MANOVA indicated interaction effects of independent variables on dependent variables. In particular, therapy mode and expertise level had interaction effects on the diagnostic information and treatment planning categories of CFCCM. In other words, therapy mode (cognitive behavioral vs. psychodynamic) may be considered as an extraneous variable that influenced the results. However, Eells and colleagues (2005) did not discuss interaction effects in detail. On the other hand, the researchers reported main effects which should be approached cautiously when there is an interaction effect. Moreover, the insignificant mean difference between the novice and experienced therapists' overall quality measures also led to questions about participant selection criteria. Although expert therapists were found to be significantly different from novices and experienced therapists, novice and experienced therapists were not found to be significantly different. This result may be considered as another example of the difficulty in selecting and differentiating between novice and experienced professionals.

Eells et al. (2011). Drawing from the data collected in Eells et al.'s (2005) study, Eells and her colleagues (2011) presented findings regarding expert, experienced, and novice therapists' reasoning in their case formulations. Participants' forward reasoning, backward reasoning, and case formulation details (use of descriptive information and extent of generated diagnostic, inferential, and treatment planning information) were examined. Forward reasoning was described as moving from data to hypotheses until one reaches a solution (e.g., He reports anger at his wife and says that as a child he was very close to his mother, describing her as extremely passive and doting; so, he likely expects all women to be like his mother and becomes anxious or angry when they are not) and mainly used by experts. Backward reasoning was described as associated with novices problem solving characterized with the generation of problem solutions on the basis of a hypothesis for which supporting data are then sought (e.g., She is borderline therefore I expect she was sexually abused as a child).

This study was part of a larger project on expertise in psychotherapy case formulation in which the therapists, vignettes, transcription and content coding procedures were the same as described in Eells et al. (2005). Expert therapists were found to generate both forward reasoning and backward reasoning more than the novice and the experienced therapists. Moreover, number of forward reasonings generated by expert therapists' was more than the number of backward reasoning. Experts' case formulations involved more descriptive, diagnostic, inferential, and treatment planning information than non-experts. Experts were also more inclined to focus on symptom identification and the history of adult relationships. Moreover, they were more likely to ask for

additional descriptive information to develop their formulations. Inferences of expert therapists involved more symptoms, problems, and psychological mechanisms. Further evaluation to focus on the treatment contract and treatment expectations, and to focus treatment on symptoms were also suggestions of the expert therapists.

Eells and her colleagues (2011) presented the first limitation of the study as the difficulty of assessing therapist's meaning through the method of identifying relatively small idea units and subjecting them to sequential analysis. Small sample size, cross-sectional data, the unknown relationship between case formulations and psychotherapy process or outcome variables, use of vignettes instead of real-life visuals, and time constraints of the data collection were the other presented limitations of their study.

Moreover, in this study, Eells and her colleagues (2011) provided more information for the data analysis they conducted in Eells et al. (2005). More information regarding the directions of the interaction effects were provided in a table. However, these effects were not discussed in detail again. Instead, Eells and her colleagues (2011) acknowledged interaction effects existed and then presented the reason why they did not discuss them as not involving the therapy mode influenced in their hypotheses. Their explanations and conclusions did not adequately address the questions identified in this review.

Summary of the Studies of Counseling Expertise

Studies with expert counselors and therapists have revealed the difficulty and importance of accurate participant selection. In Hillerbrand and Claiborn's (1990) study, the insufficient differentiation between the criteria demarcating between novice and

expert participants was one of the limitations of the study. The insignificant differences between novice and expert therapists' cognitive process of reasoning were reported as a possible result of not involving real novices and experts.

Jennings and Skovholt (1999) emphasized the inadequacy of years of experience criterion in defining expertise. In their study, they used a peer-nomination method for selecting their master participants. Their study provided important information about master therapists' characteristics. Specifically, the findings in the cognitive area are considered to be important for the purposes of present study. For example, one of the categories of the cognitive domain in Jennings and Skovholt's (1999) findings was master therapists' appreciation of cognitive complexity and ambiguity as well as their search for those in their practice.

In the other studies, Eells and her colleagues (2005, 2011) not only used a strict selection criteria for their participants, but also compared case formulation and reasoning abilities of expert, experienced, and novice therapists. Expert therapists were found to have greater cognitive functioning (e.g., case formulation, forward reasoning, and backward reasoning) when compared to non-experts.

In these studies, all of the data were collected through qualitative methods. However, some of the researchers tried to quantify the data in order to be able to make comparisons between the expert therapists and novice or experienced therapists in the study (Eells et al., 2005; Hillerbrand & Claiborn, 1990). These efforts appeared to bring about inconsistent results, particularly due to the difficulty of selecting participants from different expertise levels as well as the complexity of studying experts. On the other

hand, purely qualitative designs revealed internal (e.g., self-report data collection) and external (e.g., generalizability of the data) validity concerns. Beyond the methodologies used in these studies, it is considered to be important to use qualitative and quantitative methods to study expertise, but in a combined way so that strengths of both methodologies could be combined and limitations could be diminished.

To summarize, the studies of therapists with different expertise levels indicated significant cognitive differences between expert functioning and non-experts. In the following section, studies conducted with expert supervisors will be presented.

Studies of Advanced Supervisors/Experts

Neufeldt et al. (1996). Reflectivity has been described as an important component of practitioners' growth and development by many different scholars (Schön, 1983; Skovholt & Rønnestad, 1992, as cited in Neufeldt et al., 1996). Neufeldt and her colleagues (1996) suggested that it was unclear whether these scholars' perceptions of reflectivity shared a common ground that could provide the basis of a unified theory applicable to the thinking of counselors and therapists during clinical supervision. Thus, they interviewed five experts in practitioner development regarding their attributes of supervisee reflection. The experts were purposefully selected based on the criterion that they were all involved in research and writing about reflectivity. One of the participant-experts' work was the basis for considerable thinking and writing about reflective practice. Two of the other experts developed their own concept of reflection without the knowledge of that expert's work. The other two participants were experts in the areas of teacher training and supervision. Thus, researchers examined participants' expert

knowledge and perspectives regarding the hypothesized characteristics of reflectivity used by counselors in supervision, how those characteristics were related to each other, and supervisory setting conditions that facilitate trainees' effective use of reflectivity as part of an effort to form an integrated theory. However, it is important to highlight the fact that, except for one of the participants, these experts were not supervision experts.

Neufeldt et al. (1996) reported that experts described reflectivity of supervisees in supervision as sequential. For example, one of the experts described this sequence as

> the movement back and forth between the awareness of an event that triggers something that results in a process in which we reflect on the immediacy of what has happened between us and another person in (therapy); our own understanding of (therapy), both from the theoretical and personal point of view; and how that, then, creates a reflective process that then guides us in some decision making that we move back into action. (p. 5)

The final categories and their sequences were obtained from the experts' responses through qualitative research design, modified analytic inductive approach.

Causal condition was the first category in the sequence which involved the trigger event leading to the reflectivity. Experts suggested that the trigger event might be either clear to the trainee or the trainee might be uncertain about it. *Intervening conditions*, the second category, were those that either facilitated or constrained the action/interactional strategies for reflectivity: personality, cognitive capacities, and environment. The third category was presented as the most important part. *Process*, or searching for understanding phenomena, involves the locus of attention (e.g., therapist's own actions, emotions, and thoughts in the counseling session vs. activity and ideas outside of the session), stance (e.g., intention vs. lack of purpose, active inquiry vs. lack of

questioning), sources of understanding (e.g., theory vs. random observation, personal and professional experience vs. reliance on others), and depth (profound vs. superficial, meaningful vs. meaningless). The last category, *consequences*, suggested the results of the reflection as a part of reflectivity. Reflectivity was described as more than just an insight or cognition; rather, it was presented as leading to change (e.g., perceptual change vs. no change in perception, behavioral change in therapy vs. no behavioral change in therapy) and long-term growth (increased capacity to make meaning vs. diminished or unchanged capacity to make meaning) in supervision. Whenever the supervisee got puzzled or stuck, personality characteristics and cognitive capacity of the supervisee as well as institutional and supervisory settings were the mediators of reflectivity performance. Therefore, the reflective supervisee was described as willing to understand what had occurred, willing to be open to active inquiry and understanding, willing to be vulnerable and take risks rather than being defensive and self-protective. The sequence in reflective practice was also presented as a way to create changes in perception, changes in counseling practice, and an increased capacity to make meaning out of experiences.

In their discussion, Neufeldt et al. (1996) also suggested the role of supervisors in the reflective process, including modeling a reflective stance and encouraging trainees' toward openness, active inquiry, and vulnerability. They also suggested supervisors should assist trainees with exploring new information regarding the results of their interventions rather than telling them good or bad counseling skills they performed in their counseling practices.

Nelson et al. (2008). Addressing some of Neufeldt and her colleagues' (1996) suggestions to supervisors, Nelson and her colleagues (2008) examined "wise" supervisors' perceptions and philosophies related to supervision conflict and their dependable strategies for addressing it. Wise supervisors were described as supervisors with a significant amount of experience in supervision as well as pro-social and growth-enhancing personal qualities (e.g., openness to experience, ability to contextualize life events). Specifically, Nelson and her colleagues (2008) described "wisdom" as more comprehensive than "expertise," which was described as specific to specialty domains. Thus, this study was not examining expert supervisors, either. Wise supervisors were selected based on nomination by their peers as being excellent face-to-face clinical trainers. Eight practicing therapists and supervisors, and four academic faculty members from clinical training programs, were interviewed by phone. Participants reported a range of 7 to 30 years of experience in supervising.

Consensual Qualitative Research (CQR) results revealed openness to conflict as the core theme of wise supervisors' practices in handling supervisory conflict situations. In addition to the core theme, six primary and ten secondary categories were also obtained. Six secondary themes were developmental approach to supervision, critical attributes, general stylistic factors, factors that contribute to conflict, supervisor reactions to specific conflicts, and strategies for working through conflicts.

Wise supervisors' openness to conflict was characterized by viewing conflict as necessary and beneficial, and can be used in supervision as a tool to facilitate supervisee learning for accepting feedback and handling difficult interpersonal issues. Wise

supervisors preferred to model being approachable, vulnerability, and transparent to cope with misunderstandings and disagreements as well as addressing power differences and demonstrating skills of genuineness.

Supervisors reported that their general approach to supervision and conflict in supervision was grounded in a developmental approach. In other words, wise supervisors selected their interventions and teaching strategies in accordance with their supervisees' developmental levels and needs. They reported a willingness to provide difficult feedback and set clear boundaries, as well as a flexible approach following supervisees' developmental needs and level.

As a part of the critical attributes category, a majority of the supervisors expressed an awareness and acceptance of their own shortcomings as supervisors. Moreover, wise supervisors highlighted their considerations or attributions of multicultural and other types of differences in their practice.

In terms of general stylistics factors, the supervisors had a tendency to make clarifications about their expectations and minimize power differences through having supervisees evaluate themselves or using self-disclosure to demystify the supervisor role. Supervisors also mentioned a wide range of strategies for their attentive-approach (e.g., including and assessing supervisees' individual needs, attending to successes whenever possible). The wise supervisors also described four categorical factors that contribute to conflict: agency context and challenges (e.g., agency inflexibility in terms of supervisee needs, dual relationships and conflicted staff dynamics), relational factors (e.g., evaluative nature of supervision, concomitant power differential), supervisor factors (e.g.,

supervisor gatekeeping anxiety, excessive supervisor expectations from the supervisee), and supervisee factors (e.g., resistance, attitude conveying the message that supervision is not necessary).

Supervisors presented a range of reactions to conflicts in supervision which were grouped into three categories: supervisor feelings, post-conflict review/reflection, and lessons learned from past conflicts. Many of the supervisors expressed feelings of empathy with the supervisee as well as anxiety, pressure to produce positive outcomes, anger, and frustration. Supervisors also presented that post-conflict reflections led to intense personal and professional growth through the examination of the roles they played in the conflicts and work to identify necessary personal changes as well as needed changes in philosophy, role, procedures, and techniques. Communicating clear expectations at the beginning of the semester and providing feedback early on were two of the most frequently lessons wise supervisors reported they had learned from past conflicts.

In terms of the strategies supervisors used to work through conflicts, three specific types were presented: reflective processes though which they prepare themselves for dealing with interpersonal conflicts (e.g., conducting a thorough assessment of contributors to the conflict situation, self-coaching to recognize and accept their own shortcomings); interpersonal strategies regarding approaches to their direct interactions with their supervisees (e.g., listening carefully and empathizing for deeper understanding, disengaging from power struggles or from supervisees' dysfunctional expectations regarding relational dynamics); and technical interventions, or observable behavioral

techniques upon which they depended for managing conflict skillfully with their supervisees (e.g., active skills or theory training, modeling desired behaviors).

Nelson and her colleagues' (2008) study provided a significant amount of information regarding wise supervisors. However, the information was only about their perspectives and coping strategies around conflict situations in supervision, a critical but limited aspect of the supervision enterprise. In other words, this study had a specific focus on conflict which represents just one aspect of supervisor functioning.

Summary of the Studies with Advanced Supervisors/Experts

Studies with advanced supervisors and experts were found to be limited in the literature. In fact, only one—Nelson and her colleagues' (2008) study—was relevant in that they specifically investigated the characteristics of wise supervisors. Their participants were practicing therapists and supervisors in clinical settings and faculties from clinical training programs. Wise supervisors were selected through peer-nomination and presented as superb face-to-face clinical trainers. However, if any of these participants had interest or involvement in supervision research, this was not specified. Although Neufeldt et al.'s (1996) expert participants were involved in scholarly work on reflectivity, expert participants were not the focus of the investigation in that study. Thus, examining expert supervisors with both clinical experience and involvement in supervision research may also provide a better understanding of current optimal supervisor development.

Both of the studies presented here provided insights into some very specific areas of supervisor thinking: reflectivity and conflict. Experts of reflectivity in Neufeldt et al.'s

(1996) study suggested supervisors should have reflective attitudes that they can model and so encourage supervisees to reflect on their own experiences. Likewise, Nelson and her colleagues (2008) found that wise supervisors spent a good amount of time reflecting on their supervision sessions. Moreover, wise supervisors mentioned taking developmental and diversity concerns into consideration as well as knowing their own shortcomings as part of their thinking in their practices. Setting clear boundaries, clarifying expectations, and gatekeeping were some of the other thoughts of wise supervisors in conflict situations. All of these areas are considered to be pieces of a broader picture. The broad picture is considered to be the expert supervisors' thought content regarding their supervision sessions. However, what goes into expert supervisors' thinking and how their thinking is structured has not been investigated, yet. The present study aims at examining expert supervisors' cognitions and cognitive structures.

Summary

Upon reviewing of the literature on counseling supervisors and their thinking, the need to study expert supervisors, and specifically their cognitions and cognitive structures, is clear. Some of the studies summarized in this chapter (Ellis & Dell, 1986; Glidden & Tracey, 1992) examined supervisors' perceptions and perspectives on the supervision dimensions and provided validation for some of the dimensions they investigated. However, these studies did not involve expert supervisors. Thus, findings of the present study may yield similar and different dimensions and/or structures.

Moreover, due to some of the limitations of qualitative and quantitative methodologies presented in the research on counseling expertise, exploration of

supervisors' cognitions and cognitive structures is considered to be best performed with a methodology which will combine both quantitative and qualitative analysis methods in an intentional manner. A mixed-method approach, called Concept mapping, will be used in this study. Concept mapping is an integrative mixed method that challenges the distinction between qualitative and quantitative methods and suggests that they may indeed be more deeply intertwined (Kane & Trochim, 2007). Concept mapping supports the idea that qualitative information can be well represented quantitatively and quantitative information rests upon qualitative judgment (Trochim, 2001, as cited in Kane & Trochim, 2007). Moreover, expertise literature (Bédard & Chi, 1992; Chi, 2006b) suggested using a sorting technique as one of the ways to capture the organization in experts' minds that would provide the information experts use to make categorization decisions. Concept mapping involves procedures that ask participants to sort information into categories and evaluate those sortings. Thus, the methodology of the present study is considered to be a good fit for exploring expert supervisors' cognitions and cognitive structures.

Such an exploration will allow us to gain an understanding of what are the specific supervision components that expert supervisors' take into consideration and how those are organized in experts' minds. Moreover, such an understanding could also inform supervision training programs as they prepare their beginning supervisors to achieve that cognitive functioning.

In the following chapter, the methodology of the present study will be introduced.

CHAPTER III

METHODOLOGY

A study towards obtaining understanding and knowledge of expert supervisors' cognitions and cognitive structures was introduced and a rationale for the study was outlined in Chapter I. In Chapter II, supervisor development models and expertise in counseling supervision based on expert-novice literature were introduced. In the present chapter, the methodology that was used to operationalize supervisor cognitions and cognitive structures or organizations, including a description of the participants, procedures, and data analyses are presented.

Concept Mapping

The mixed method approach of concept mapping was performed with a sample of expert counseling supervisors in order to explore their cognitions and cognitive structures or organizations regarding their supervision sessions. Concept mapping is an integrated approach which identifies knowledge structures of individuals or small homogenous groups of individuals (Goodyear, Tracey, Claiborn, Lichtenberg, & Wampold, 2005). Concept mapping has a set of steps used for organizing the ideas of stakeholders to outline a common framework for planning, evaluation, or both. Concept mapping was considered to be a good fit for the present study, because it allowed the researcher to involve stakeholders in a collaborative process which included the interpretation of the results as well as initial idea generation (Kane & Trochim, 2007). Thus, expert

supervisors crafted the content for the entire conceptualization: their own cognitions and cognitive structures, and their interpretation and processing of the results.

Validity

The interpretation sessions of concept mapping were described as means of building testimonial validity into the research design (Bedi, 2006). Testimonial validity is the idea that the researcher's interpretation of the data, or researcher's bias, is checked through involving the participants in the process and obtaining their understanding of the concept maps. Therefore, participants were considered to be the primary interpreters of the concept maps, because results intended to present the participants' experiences and views around the conceptual domain (Bedi, 2006).

Participants

Participant selection is one of the most important tasks of concept mapping (Kane & Trochim, 2007) and the present study. Kane and Trochim suggested that concept mapping is most useful when it includes a range of people whose knowledge or experience is relevant to the question. Thus, the purposeful selection of a group of expert supervisors is more useful in the conceptualization of an ultimate level of supervisor cognitions and cognitive structures or organizations. Additionally, the paucity of and need for studying and understanding expert supervisors' cognitive functioning as well as the definition of supervision expertise were also the reasoning behind the inclusion of expert participants only. Hence, participants in the present study had expert level experience and knowledge in counseling supervision so that their considerations while

planning for, conducting, and evaluating their supervision sessions would help us understand advanced levels of cognitions and cognitive structures or organizations.

The expert participants were selected based on the following criteria:

1. A PhD degree in either Counselor Education or Counseling Psychology,
2. Experience in teaching and supervising students in counselor education and/or counseling supervision,
3. Involvement in scholarly activities in supervision, and/or,
4. Being awarded or nominated for recognitions and/or honors for distinguished mentor, counselor educator, teaching excellence, etc.

Supervisors who were influential in the counseling supervision literature as well as teaching and writing about counseling supervision, and nominated and recognized by associations and institutions across the United States were identified through their personal faculty websites. Eligible prospective participants were contacted through personal e-mails. Thus, the present study involved geographically disperse expert counseling supervisors across the United States.

Forty four counseling experts were invited to participate in the study and the goal number of participants in the first and second rounds of the study was twenty. In the third round of the data collection, eight to twelve participants were expected to be involved in an online focus group session. Concept mapping was originally designed for the research studies involve less than forty participants (Kane & Trochim, 2007). Kane and Trochim also mentioned that this number can be as small as ten participants, and may be even less

depending on the aim and population of the study (see Chapter IV for detailed numbers and demographics of the participants in different rounds).

Participants who contributed in the round one and two of the data collection process received one Starbucks free drink gift card in the data collection packets (second round). Those who completed all three rounds were offered four Starbucks free drink gift cards as compensation for their time and participation.

Data Collection Procedures

The process of concept mapping consists of six steps: (a) preparation, (b) generation of statements, (c) structuring of statements, (d) representation of statements, (e) interpretation of maps, and (f) utilization of maps (Kane & Trochim, 2007; Trochim, 1989). The procedures for the current study included the first five steps of concept mapping. Utilization of the maps step, which involves creating measures for supervisor cognitions and cognitive structures or organizations, was beyond the scope of the present study. However, present study findings could support further research in terms of potential instrument development procedures.

The five steps of the concept mapping process were performed in three rounds of data collection. The first round of data collection involved the preparation and generation of statements steps. Concurrently with recruitment of the participants, the statements were generated and collected through an online open-ended response survey prepared by the researcher via https://uncg.qualtrics.com/. Preparing for the second and third rounds of data collection, participants' contact information was also requested in the first round. In the second round, data collection forms including the sorting and rating tasks were

mailed to the participants. Participants were asked to complete the forms and mail them back to the researcher in the prepaid envelope within the package they received. The collected data were analyzed to complete the representation of statements as the last step of the second round. In round three, the researcher conducted an online focus group with a sample of participants to perform the interpretation of statements step. Procedures for each step of the concept mapping process are explained in detail below.

Step 1: Preparation. The preparation step involved selecting the participants and development of the focus on the conceptualizations by the researcher (Kane & Trochim, 2007; Trochim, 1989).

Selecting the participants. Participants were defined as "expert" supervisors who had extensive knowledge and experience in supervising counselors and/or supervisor trainees as well as in supervision research (see Participants above).

Developing the focus. Developing the focus or domain of the conceptualization included defining the focus of the brainstorming process and establishing a focus for the rating task by the researcher (Trochim, 1989). The focus of the brainstorming prompt was given to the participants to generate ideas regarding their cognitions while planning for, conducting, and evaluating their supervision sessions (see Step Two: Generation of Statements).

The second step in developing the focus was to generate a rating scale for the brainstormed statements that was used during the structuring of the statements step. The rating was a Likert-type response scale from 1 to 5 which specifies the subjective rating value of importance and/or priority level of the cognitions specific to the supervisor's

work with two separate supervisees. In other words, considering the relative importance/priority of each cognition, participants were asked to rate the statements twice; once for a challenging supervisee and once for an easy supervisee they worked with.

Step 2: Generation of statements. Selection of the participants and definition of the focus statements were followed by the actual concept mapping process. In the second step, participants brainstormed and generated the statements that represented the cognitions of expert counseling supervisors through an online open-ended response survey. In all rounds, the researcher chose the option of collecting data remotely (Kane & Trochim, 2007). Personal invitation e-mails to potential participants, describing the aim and timeline of the study (Appendix A) with a link to the online survey were sent. The online survey involved a consent form (Appendix B) as well as a demographic information form (Appendix C). Then, the focus statement for the statement generation process was the following (Appendix D): "Please attempt to generate SHORT PHRASES OR SENTENCES that describe the factors you take into consideration while planning for, conducting, and evaluating your supervision sessions. You may consider your past and current experiences as a supervisor with the supervisees you believe you worked with very well as well as those who challenged you. You may also reflect on how you would imagine an 'expert' supervisor would think while planning for, conducting, and evaluating her/his supervision sessions. In the box below, please fill in the blank of the following prompt with AS MANY STATEMENTS AS POSSIBLE based on your personal experience and ideas of the factors you take into consideration in your

supervision sessions. Please be AS CLEAR AND CONCRETE AS possible." In line with concept mapping procedures, participants were also provided with a brainstorming prompt to assist them in generating statements and to translate the abstract concept of expert supervisor cognitions into concrete ideas. The prompt sentence was as follows: "One specific thing I think about in planning for, conducting, and evaluating my supervision sessions is _____."

Lastly, participants were asked to provide their contact information so that the packets for round two of the data collection process could be mailed to them (Appendix D). Participants were also asked if they would have been willing to attend an online focus group session as part of their participation in this study.

After generation of the statements, the open-ended responses were synthesized and edited by the researcher following the concept mapping guidelines for reducing and editing the statement set (Kane & Trochim, 2007). The number of the statements were planned to be reduced to a set of one hundred for practicality of the group sort and data input (Trochim, 1989). The statements were also edited for clarity before they were printed for the rating and sorting tasks. Please see Chapter IV for the final number and set of statements for the sorting and rating tasks.

Step 3: Structuring of statements. Round 2 of the data collection procedure involved structuring the statements. The data collection packets were mailed to participants in this step. Packets included separate letters to the participants who agreed to attend first two rounds and all three rounds of the data collection (Appendix E). All participants were asked to sort and rate the synthesized and edited statements from the

previous step. Sorting included providing information about the interrelationships and/or similarities among the statements and rating involved the importance/priority of the statements while working with challenging and easy supervisees. Participants were provided with instructions on how to complete the data collection packets (Appendix F).

First, statements were printed on small cards and participants were asked to sort the statements into groups that fit different statements into the same stack in terms of their similarity (Kane & Trochim, 2007; Trochim, 1989). The necessary guidelines in sorting the statements were the following: "One statement can only belong to one stack and can be a stack/group by itself, and you will create more than one stack. Please put each stack/group into an envelope once you finish the sorting process and also label the stack/group on the envelope."

Second, the synthesized and edited statements were also printed on a rating form, and participants were instructed about how to rate the scale developed during the preparation step of the concept mapping process. Participants were asked to think about their recent supervisees and identify one supervisee who they worked well with and another supervisee who challenged them. Participants were also asked to describe briefly what made these supervisees either easy to work with or challenging. Then, the rating statement was as follows:

> Before filling out the rating form, quickly scan the entire list of statements to try to get an idea of which ones are of highest or lowest importance/priority while working with the each supervisee that you described above. Please circle the appropriate response for each supervisee separately (on a scale of 1: "Low importance/priority" to 5: "High importance/priority") based on how important/priority the statement is to your opinion of a supervisors' thinking.

> When you rate the statements, try to use the full range of rating values (e.g.,1 to 5).

Both supervisees described by the participants were rated in the rating task in order to obtain a variation in participants' ratings rather than possible positively favored results, because all the statements provided by the participants could have been important/high priority while working with specific supervisees within necessary circumstances.

Kane and Trochim (2007) presented the necessity of conducting the sorting task before the rating task in order to minimize the influence of the latter on the former. They mentioned that if rating task was done first, participants were likely to sort the high-importance and low-importance items together. However, sorting the items was primarily important for the conceptual framework and should not be influenced by the rating of the items. Thus, participants were asked to follow the order of the directions in which sorting task came before rating.

The sorting and the rating were the main data of the concept mapping process, which represented the conceptual frame of expert counseling supervisors' cognitions and cognitive structures or organizations.

Step 4: Representation of statements. Representation of the statements involved statistical analyses of the data to create four conceptual representations of expert supervisors' cognitions and cognitive structures or organizations for the online focus group, which was held as the last round of the data collection procedure. These four conceptual representations were (a) the point map, (b) the cluster map, (c) the point rating map, and (d) the cluster rating map. These representations were used in the

conceptualization of cognitions and cognitive structures or organizations of counseling supervisors.

Data analyses. The researcher conducted three steps of core analyses that compute maps for the conceptual organizations of cognitions to create graphical representations of the sorting and rating tasks: (a) Creating a similarity matrix from the sort data, (b) Multidimensional scaling (MDS) analysis of the similarity matrix, and (c) Hierarchical cluster analysis of the multidimensional scaling (Kane & Trochim, 2007).

Creating group similarity matrix (GSM). After receiving the sorting documents, the researcher combined the data collected from the participants to estimate the similarity among statements across participants (Kane & Trochim, 2007). The Group Similarity Matrix (GSM) was obtained by using statistical R editor software (R Development Core Team, 2011). The data from sorting task were first entered into Excel and prepared as a document to be used into the R editor to create the GSM.

Multidimensional scaling (MDS – the point map). As the next step, a two-dimensional non-metric multidimensional scaling was conducted with the obtained GSM. A two-dimensional solution placed the set of points into a bivariate distribution that was suitable for plotting on an X-Y graph. In theory, a number of dimensions from 1 to N-1 could be created; however, the researcher preferred the two-dimensional solution in the present study, because of the difficulty and complexity of graphical and interpretive processes with higher than two-dimensional solutions (Trochim, 1989). Moreover, Kane and Trochim (2007) reported that, in examining solutions of more or less than two-dimensions, they found the two-dimensional solution was universally acceptable and

highly useful. Thus, the researcher performed a two-dimensional MDS through R editor (R Development Core Team, 2011) to obtain the point map.

The X-Y point plot was expected to be a good representation of the data when there was a strong relationship between the input matrix and the distances on the map (Trochim, 1989). This overall fit of the data was examined through the stress value which measured the degree to which the distances on the map were discrepant from the values in the input group similarity matrix. A high stress value points at a greater discrepancy between the input matrix data and the representation of those data on the two-dimensional display, which means the map does not represent the input data. Therefore, a lower stress value is considered as a better overall fit in MDS literature (Kruskal & Wish, 1978, as cited in Kane & Trochim, 2007). However, Kane and Trochim (2007) also indicated that it was difficult to assign a meaning to the stress indicator, because lower or higher stress may not point out a better or more interpretable map. Trochim (1993, as cited in Kane & Trochim, 2007) reported that meta-analytic studies across a broad range of concept mapping projects estimated an average stress value of 0.285 with a standard deviation of 0.04. Thus, the authors suggested the use of the stress indicator as a rough guideline in which higher stress might imply more complexity in the similarity matrix than can be represented well in two dimensions. Reporting the stress value, the researcher reviewed and interpreted the present study results with caution.

Hierarchical cluster analysis (the cluster map). Hierarchical cluster analysis was performed to group individual statements on the point map into clusters of statements that aggregate to reflect similar concepts (Kane & Trochim, 2007). Using X-Y MDS

coordinate values as input for the hierarchical cluster analysis; statements in contiguous areas of the map were placed in the same cluster. In other words, cluster analysis grouped and partitioned the statements on the map as they were placed by MDS.

The cluster map was obtained through an agglomerative hierarchical cluster analysis in R editor (R Development Core Team, 2011). The hierarchical cluster analysis yielded the tree structure which was the hierarchical arrangement of all cluster solutions from a single cluster to every statement in a cluster of its own. Due to the use of MDS X-Y coordinate as the input data for the cluster analysis, regardless of the number of clusters selected, this approach yielded non-overlapping partitions on the map. The researcher and her dissertation chair made a decision on the number of clusters by using the participant sorting and analyses results. This decision involved maintaining analyses results as much as possible and asking the participants to interpret the results, so that researcher influence on the results could be minimized.

Rating task. For the analysis of the data from the rating task, the mean scores of the ratings for each statement were calculated for both easy to work with and challenging supervisees.

*The point rating map***.** The point rating map showed the average rating for each statement across the participants (Kane & Trochim, 2007). The two coordinates from the MDS analysis were entered as data for a scatter plot for the point rating map in which the means for each statement obtained from the rating task was used as the third variable to indicate how important/how much priority each statement was to participants based on

the supervisee they were working with. Thus, two separate point rating maps were created for easy to work with or challenging supervisees.

The cluster rating map. The cluster rating map used participants' rating data to show the average rating for all statements in each cluster (Kane & Trochim, 2007). Again, two separate cluster rating maps were created for easy to work with or challenging supervisees.

The point rating map with designated clusters. The graphical representation of rated importance of each statement was overlaid on the cluster map to indicate the importance ratings of each cluster. In addition, two separate maps were also created for easy to work with or challenging supervisees.

Step 5: Interpretation of maps. Interpretation of maps was the third round of the data collection procedure for finalizing the concept mapping process. During the first round of data collection, participants were asked if they would be willing to attend a focus group session as part of their participation in this study. Participants who agreed to attend the focus group were invited to a 90 minutes online focus group on a designated day and time to discuss the maps obtained from the concept mapping analysis. The representations obtained from the analyses were sent via e-mail to the participants prior to the focus group. The focus group session was audio-taped for the researcher to review the discussion for interpretation of the results.

Participants were provided with the agenda for the focus group (Appendix G) and a brief overview of the interpretation process along with a copy of synthesized set of statements as well as preliminary cluster list. Then the point maps were introduced in an

order of (a) point map, (b) cluster map, and (c) point rating map. Each map was introduced and explained by the researcher and participants had the chance to ask questions regarding the maps.

Participants were asked to comment on the reasonableness of the point groupings and any statements that seem oddly placed (Kane & Trochim, 2007). Participants were also invited to conduct a group discussion for negotiating on the proper labels for each cluster. After the final cluster solution was determined by the participants, the researcher asked them to review the final set of statements in each cluster and comment on the suitableness of the cluster label.

Pilot Study and its results are presented in Appendix H. In the following chapter, the demographics of the participants in each round of the data collection as well as results of the all three rounds of data collection are introduced.

CHAPTER IV

RESULTS

The purpose of this study was to identify and describe expert supervisors' cognitions and cognitive structures in planning for, conducting, and evaluating their supervision sessions. In this chapter, the results of the data collection and analyses are presented. First, a description of the sample in each round of data collection is provided. Second, a brief overview of the research procedures and results are presented. Lastly, each of the research questions are answered based on the results of the research procedures.

Description of the Participants

Data for the present study were collected through three rounds of data collection procedures. Participants in the present study were expert counseling supervisors who were teaching as university professors and supervising as university supervisors. Thus, due to participants' busy schedules and the restricted timeframe of the data collection procedures, not all participants partook in all rounds of data collection. However, to maintain an acceptable level of participation as well as to obtain valid results, the researcher continued recruitment procedures throughout the three rounds of data collection, which occurred over a three-week period from March 12th to April 5th, 2012. Therefore, the sample for each round is described, based on characteristics gathered at each round of the data collection procedure.

A total of 44 participants were invited to participate in the current study. The researcher and her dissertation chair invited a culturally diverse group of experts. Of the 44 invited participants, 25 were females (56.8%) and 19 were males (43.2%); 32 were Caucasians (72.7%), eight were African American (18.2%), two were Asian/Pacific Islander (4.6%), one was Hispanic (2.3%), and one was South Asian (2.3). Of these, 27 responded to the invitation e-mail and/or the online survey, representing a 61% return rate, but only 18 participated in at least one round of the current study, which represented a 41% participation rate. Of the 18, four participants attended all three rounds, 12 attended both first and second rounds, two attended both second and third rounds, two attended just second round, and one participant completed only the first round of data collection procedures.

In terms of the potential participants who responded to the invitation but did not take part in the current study, one indicated he/she did not meet the criteria, seven cited their busy schedules, one mentioned being out of country, and one started filling out the round one survey but did not complete it. Thus, nine participants responded to the invitation but did not participate in the study.

Round I

Fourteen participants completed the first round of the data collection process, which was the generation of statements through an online open-ended response survey. In this round, participants also completed a demographic information form, including data regarding their gender, age, ethnic background, Ph.D. degree information, faculty

position, professional credentials, supervision training, duration of supervision practice, and typical supervisee profile. All demographic information is summarized in Table 1.

Table 1. Demographics of Round I Participants

Variable	*M*	*SD*	Range	*n*	%
Gender					
Female				8	57.1
Male				6	42.9
Age	52.36	12.24	33-76		
Ethnicity					
Caucasian				12	85.7
Asian/Pacific Islander				1	7.1
Other					
South Asian				1	7.1
PhD Degree					
Counselor Education				12	85.7
Counseling Psychology				2	14.3
Position					
Assistant Professor				3	21.4
Associate Professor				4	28.6
Full Professor				7	50
Professional Credentials					
NCC				9	64.3
LPC				9	64.3
Licensed Psychologist				2	14.3
Approved Clinical Supervisor (NBCC)				8	57.1
Other				3	21.4

Table 1 (cont.)

Variable	*M*	*SD*	Range	*n*	%
EdD/School Counseling				1	7.1
LMHC				1	7.1
Supervision Training					
Yes				13	92.9
No				1	7.1
Supervision Training Type					
A graduate course				10	71.4
Workshop training				10	71.4
Supervised experience of supervision				11	78.6
Duration of Supervision Practice	20	10.87	6-42		
Typical Supervisee Profile					
Practicum Master's Student				10	71.4
Internship Master's Student				12	85.7
Doctoral Student Clinical Practicum/Internship				10	71.4
Doctoral Supervisor (practicum or internship in supervision)				10	71.4
Total				14	100%

Eight female (57.1%) and six male (42.9%) participants shaped the first round of data collection. Participants' ages ranged from 33 to 76 with an average age of 52.36. Although the invitation was sent to a group of participants which was culturally diverse, a majority of the first round of participants were Caucasian: 12 participants identified themselves as Caucasian (85.7%), with one Asian/Pacific Islander (7.1%) participant and one South Asian (7.1%) participant. Twelve of the participants reported that they received their Ph.D. degrees in Counselor Education (85.7%) whereas two participants

reported degrees from Counseling Psychology (14.3%). Three Assistant Professors (21.4%), four Associate Professors (28.6%), and seven Full Professors (50%) were involved in the study. In terms of professional credentials, nine participants reported the National Certified Counselor (NCC; 64.3%), nine participants reported Licensed Professional Counselor (LPC; 64.3%), two participants reported Licensed Psychologist (14.3%), and eight participants reported the Approved Clinical Supervisor (ACS – NBCC; 57.1%) participants could choose more than one response). Moreover, three participants (21.4%) mentioned other professional credentials, specifically, one Ed.D./School Counseling License (7.1%) and two Licensed Mental Health Counselor (LMHC; 7.1%). One participant (7.1%) did not specify a professional credential reported as "other."

Thirteen of the 14 participants (92.9%) reported that they received supervision training whereas one participant (7.1%) reported no supervision training. Ten of the 13 participants reported completing a Graduate Course in Clinical Supervision (71.4%), 10 participants reported completing Workshop Training in Clinical Supervision (71.4%), and 11 participants reported Supervised Experience of Their Supervision Work (78.6%) (participants could choose more than one response). Participants who reported Workshop Training in Clinical Supervision also specified these trainings as ACES, SACES, and Interdisciplinary Supervision conference sessions on various aspects of conducting and researching supervision, as well as continuing education on special topics such as ethical issues, theories, and best practices.

Participants also reported providing supervision for an average of 20 years, with a range of 6 to 42 years. Ten of 14 participants reported their typical supervisee as Practicum Master's Students (71.4%), 12 reported Internship Master's Students (85.7%), 10 reported Doctoral Student Clinical Practicum/Internship (71.4%), and 10 reported Doctoral Supervisor (71.4%) (participants could choose more than one response).

At the end of the online survey, participants were also asked for their contact information for the second round of data collection, if they were interested in joining the online focus group, and if they had any questions.

Round II

Four participants who were late to respond to the first round of data collection indicated interest in participating in the second and third rounds. Thus, these four and the 14 participants from the first round, for a total of 18 participants, were mailed the packets with the sorting and rating tasks for the second round of the study. The demographic information form was included in the packets for those participants who did not participate in the first round of data collection. Seventeen of the 18 participants returned their packets to the researcher, representing a 94.4% return rate for the second round of data collection. One participant forgot to include the descriptive information form for the challenging and easy to work with supervisee. Another participant did not fill out the rating form. This participant indicated that the statements were very specific that she was not able to capture the unique and idiosyncratic nature of her work with each supervisee. All demographic information for the second round participants is summarized in Table 2.

Table 2. Demographics of Round II Participants

Variable	*M*	*SD*	Range	*n*	%
Gender					
Female				10	58.8
Male				7	41.2
Age	53.18	12.06	33-76		
Ethnicity					
Caucasian				15	88.2
Asian/Pacific Islander				1	5.9
Other					
South Asian				1	5.9
PhD Degree					
Counselor Education				15	88.2
Counseling Psychology				2	11.8
Position				17	
Assistant Professor				3	17.6
Associate Professor				5	29.4
Full Professor				9	52.9
Professional Credentials					
NCC				13	76.5
LPC				12	70.6
Licensed Psychologist				2	11.8
Approved Clinical Supervisor (NBCC)				11	64.7
Other				4	23.5
EdD/School Counseling				1	5.9
LMHC				2	11.8
Supervision Training					
Yes				17	100

Table 2 (cont.)

Variable	*M*	*SD*	Range	*n*	%
Supervision Training Type					
A graduate course				14	82.4
Workshop training				13	76.5
Supervised experience of supervision				14	82.4
Duration of Supervision Practice	20.71	10.84	6-42		
Typical Supervisee Profile					
Practicum Master's Student				12	70.6
Internship Master's Student				15	88.2
Doctoral Student Clinical Practicum/Internship				14	82.4
Doctoral Supervisor (practicum or internship in supervision)				12	70.6
Total				17	100%

Ten female (58.8%) and seven male (41.2%) participants sorted and rated the second round of materials. Participants' ages ranged from 33 to 76 with an average age of 53.18. Fifteen participants identified themselves as Caucasian (88.2%), with one Asian/Pacific Islander (5.9%) participant and one South Asian (5.9%) participant. Fifteen of the participants reported that they received their PhD degrees in Counselor Education (88.2%) whereas two participants presented their degrees as from Counseling Psychology (11.8%). Three Assistant Professors (17.6%), five Associate Professors (29.4%), and nine Full Professors (52.9%) were involved in this round. In terms of professional credentials, 13 participants reported they had the National Certified Counselor (NCC; 76.5%), 12 participants reported Licensed Professional Counselor (LPC; 70.6%), two participants reported Licensed Psychologist (11.8%), and 11 participants reported the Approved

Clinical Supervisor (ACS – NBCC; 64.7%) (participants could choose more than one response). Moreover, three participants (21.4%) mentioned other professional credentials, specifically, one Ed.D./School Counseling License (5.9%) and two Licensed Mental Health Counselor (LMHC; 11.8%). One participant (5.9%) did not specify a professional credential reported as "other."

All 17 participants (100%) reported they had received supervision training. Fourteen participants reported completing a Graduate Course in Clinical Supervision (82.4%), 13 participants reported completing a Workshop Training in Clinical Supervision (76.5%), and 14 participants reported completing a Supervised Experience of Their Supervision Work (82.4%) (participants could respond to more than one response). Participants who reported Workshop Training in Clinical Supervision specified these trainings as ACES, SACES, and Interdisciplinary Supervision conference sessions on various aspects of conducting and researching supervision as well as continuing education on special topics such as ethical issues, theories, and best practices.

Participants also reported an average of 20.71 years as duration of their supervision service, with a range of 6 to 42 years. Twelve of 17 participants reported their typical supervisee as Practicum Master's Students (70.6%), 15 reported Internship Master's Students (88.2%), 14 reported Doctoral Student Clinical Practicum/Internship (82.4%), and 12 reported Doctoral Supervisor (70.6%) (participants could choose more than one response).

Data obtained from this round were the main material for the analyses to create the concept maps.

Round III

The focus group was originally arranged as a Skype conference call. However, due to several practical considerations, a web-based meeting program called WebEx was used for the focus group session. As mentioned earlier, participants were asked if they would be willing to participate in a focus group at the end of the first round of data collection. Thirteen participants reported interest in attending the focus group, the last round of data collection. Ten days prior to the first possible date and time for the focus group, these 13 participants were sent an e-mail and asked if they were available either or both of the two offered dates and times. Three of the participants were available for neither of the days. Seven of the participants mentioned that they could attend on one of the dates; so this date and time was determined as the focus group day. The other three participants were still invited to the focus group if there had been a change in their schedules. On the focus group day, one of the seven participants informed the researcher about a family emergency which meant he could not be in the focus group. Thus, a total of six participants attended the online focus group. Table 3 presents the demographic information for the third round focus group participants.

Three female (50%) and three male (50%) participants attended the focus group session. Participants' ages ranged from 46 to 64 with an average age of 54.17. All of the participants identified themselves as Caucasian (100%) and reported that they received their PhD degree from Counselor Education (100%). One Assistant Professor (16.7%) and five Full Professors (83.3%) were participants of the focus group. Five participants reported National Certified Counselor (NCC; 83.3%), four participants presented

Licensed Professional Counselor (LPC; 66.7%), and five participants mentioned Approved Clinical Supervisor (ACS – NBCC; 83.3%) as their professional credentials (participants could choose more than one response). Furthermore, two participants mentioned Licensed Mental Health Counselor (LMHC; 33.3%).

Table 3. Demographics of Focus Group Participants

Variable	*M*	*SD*	Range	*n*	%
Gender					
Female				3	50
Male				3	50
Age	54.17	8.04	46-64		
Ethnicity					
Caucasian				6	100
PhD Degree					
Counselor Education				6	100
Position					
Assistant Professor				1	16.7
Full Professor				5	83.3
Professional Credentials					
NCC				5	83.3
LPC				4	66.7
Approved Clinical Supervisor (NBCC)				5	83.3
Other					
LMHC				2	33.3
Supervision Training					
Yes				6	100

Table 3 (cont.)

Variable	*M*	*SD*	Range	*n*	%
Supervision Training Type					
A graduate course				5	83.3
Workshop training				6	100
Supervised experience of supervision				5	83.3
Duration of Supervision Practice	23.50	9.89	9-37		
Typical Supervisee Profile					
Practicum Master's Student				3	50
Internship Master's Student				6	100
Doctoral Student Clinical Practicum/Internship				6	100
Doctoral Supervisor (practicum or internship in supervision)				5	83.3
Total				6	100%

All six participants (100%) reported that they received supervision training. Five of them reported receiving a Graduate Course in Clinical Supervision (83.3%), all six mentioned a Workshop Training in Clinical Supervision (100%), and five participants presented Supervised Experience of Their Supervision Work (83.3%) (participants could choose more than one response). Participants who reported Workshop Training in Clinical Supervision also specified these trainings as ranging from one day to 40-hour workshops at counseling and psychology conferences.

Participants also reported an average of 23.50 as years of their supervision practice, which ranged from 9 to 37 years. Three out of six participants reported Practicum Master's Students (50%), all of the participants mentioned Internship Master's

Students (100%) and Doctoral Student Clinical Practicum/Internship (100%), and five of them presented Doctoral Supervisors (83.3%) as their typical supervisees (participants could choose more than one response).

Results

Round I

In the first round of the data collection process, 14 participants generated 479 statements. In order to reach a representative final set of statements, several steps were followed. First, the researcher put all of the statements together and categorized them in a general manner in order to be able to see duplications and overlaps. Then, the researcher and her dissertation chair worked on the 479 statements for editing and syntheses. Duplications and similarities as well as statements involving supervision of supervision, group supervision, or triadic supervision content were eliminated, since individual supervision was the focus of the current study. As a result of editing and syntheses of the statements, researchers were able to distill the original 479 statements into 194. Although the aim and practical number of the statements were around 100 (Kane & Trochim, 2007), the unique nuances and idiosyncrasies of the conceptual frame of the statements were also important to maintain. Therefore, such a large number of statements beyond the planned number were maintained.

Second, an external auditor was asked to review the original statements and the synthesized statements to make sure all the original statements were represented in the final list. The auditor was also asked to make sure there were no duplications and the wordings of the statements were clear. The auditor suggested edits for 23 statements and

all edits were utilized. The auditor also suggested five additional statements be added to the list. The researchers kept three of these suggestions; they deemed the other two were already represented in the statements. The auditor also drew attention to three pairs of statements due to their conceptual similarities. One of these pairs was kept the same in the final set of statements (i.e., "My own limitations, personal biases, countertransference, etc." and "I want supervisees to know I am human and I make mistakes and I want them to feel safe being human and telling me about their mistakes"). The other two pairs appeared to have the same conceptual meaning. Thus, from these pairs, "The growing edges of the supervisee" and "Sophistication of the supervisee's thinking about the case/client" statements were eliminated, and "Supervisee's potential growth areas for further development" and "Supervisee's conceptualization of the client's strengths and problems" statements were kept in the final list. The auditor also recommended three words be changed or eliminated; two of them were changed and one of them was kept the same because the researcher and her dissertation chair thought that word had a specific meaning within the statement (i.e., "Supervisee's empathic failures or fractures" vs. "Supervisee's ability to effectively demonstrate empathy towards clients"). Lastly, a complete rewording of one statement was also utilized as a result of the auditor's suggestion (i.e., Original statement: "In remediation, I have to be satisfied with just stating the expectations and then hold the student accountable for meeting or not meeting them"; Revised statement: "Have I made clear expectations clear and am I holding supervisee accountable for meeting them (for remediation specifically)"). As a result of these changes, 195 statements formed the final list.

Round II

For round two of data collection, the researcher prepared the final set of statements for sorting and rating tasks and mailed them to the participants, which was the second round of data collection, structuring of the statements. The data obtained from the sorting and rating tasks formed the main data for the concept mapping analyses. Sorting data were entered in an Excel document in which rows represented the statement number and columns were the participants. For example, participant A structured 20 piles, so the maximum number for participant A's data was 20. Each statement was entered with its pile number corresponding to the participant column. Then, a group similarity matrix (GSM), an aggregate of participants' sorting task data, was created through using R editor (R Development Core Team, 2011). The GSM was entered as the input for two-dimensional multidimensional scaling (MDS) analysis to obtain a point map in R editor (see Figure 1).

The stress value obtained from MDS was checked for the fit of the two-dimensional solution. The stress value for the current data set was found as 0.313, which was above the recommended value of 0.285 by Kane and Trochim (2007). Although this value indicated a less reliable fit than what was suggested, the obtained stress value was still within the range of yielded values by approximately 95% of the concept mapping studies (0.205-0.365; Kane & Trochim, 2007). Moreover, the stress value was also described as sensitive to slight movements in statements on a map and large variable sets (Kane & Trochim, 2007). Thus, the large number of statements in the present study may be an explanation for the slightly higher value of stress than expected.

Next, a hierarchical cluster analysis was run in R editor (R Development Core Team, 2011) to create the cluster tree (see Figure 2) with the coordinate values of the two-dimensions obtained from MDS. Based on the grouping of statements in the cluster tree, the researcher and her dissertation chair identified 26 preliminary clusters. The 26 clusters were drawn onto the point map to create a point cluster map (see Appendix I). Moreover, the mean values for the participants' ratings for challenging and easy to work with supervisees were calculated and entered separately as the third coordinate in addition to the two coordinate values obtained from MDS. Two separate graphical representation of the rated importance/priority of the each statement were obtained in Systat for challenging (see Figure 3) and easy to work with supervisees (see Figure 4) and briefly presented to the participants in the focus group.

The point map (see Figure 1) shows the distribution of each statement on a two-dimensional space based on their similarity to the other statements. Dimension 1 and Dimension 2 represent the x- and y- axis of the two-dimensional scatterplot. Similarity of the statements was determined by the frequency of participants' grouping them into the same piles in the sorting task. For example, 15 and 169 are very closely located in the slightly lower-middle of the map. In other words, these statements were grouped into the same piles very frequently. On the other hand, 46 and 86 are located in the upper and lower areas of the map, very far from each other, which indicates that these statements were not found to be conceptually similar to each and no people or very few people grouped them together.

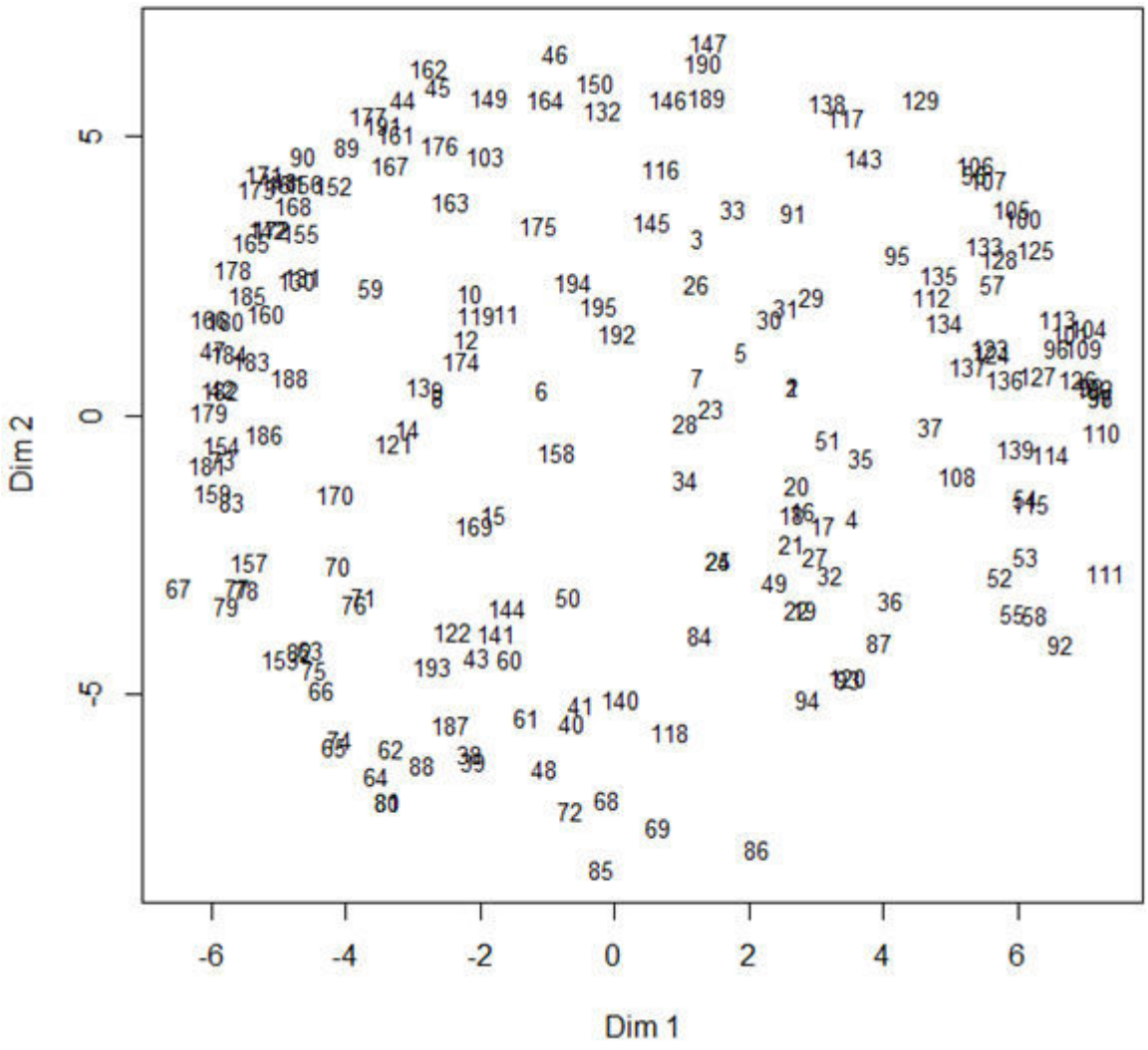

Figure 1. Point Map

The Cluster Tree (see Figure 2) shows how the statements clustered together based on the similarity of the statements. The similarity of the statements was determined by the participants' grouping them into the same piles during the sorting task. The cluster tree represents the hierarchical clustering of the each statement with the other statements close to itself in distance. It starts pairing up each close dyad of statements at the bottom

and keeps tying pairs of statements to each other until it achieves the hierarchically highest cluster at the top.

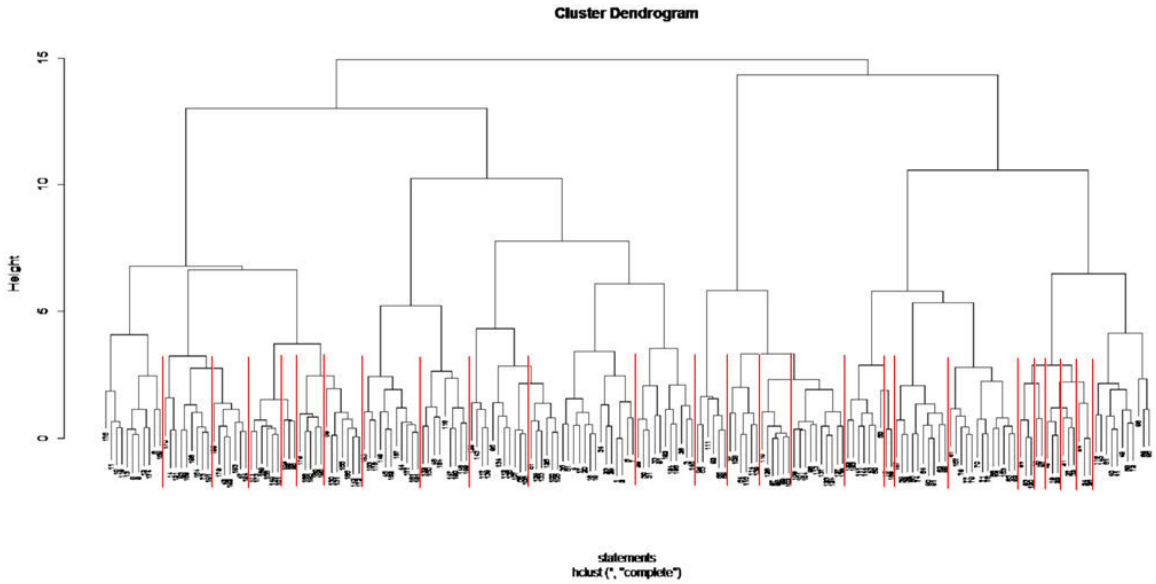

Figure 2. Cluster Tree

Participants rated each statement in terms of their importance/priority level for a challenging supervisee and a supervisee they worked with easily. The Point Rating Map for challenging (see Figure 3) and easy to work with (see Figure 4) supervisees indicated the visual difference between reported importance/priority level of the statements. In other words, if some of the statements on the map were presented as more important or higher priority while working with easy or challenging supervisees, that statement was represented by a larger circle. Statement ratings were also used to calculate cluster ratings in order to obtain importance/priority level of clusters while working with challenging and easy supervisees (Please see Results – RQ2c). However, the Point Cluster Rating

Maps were not prepared due to the visual and practical difficulty of drawing clusters on a point rating map.

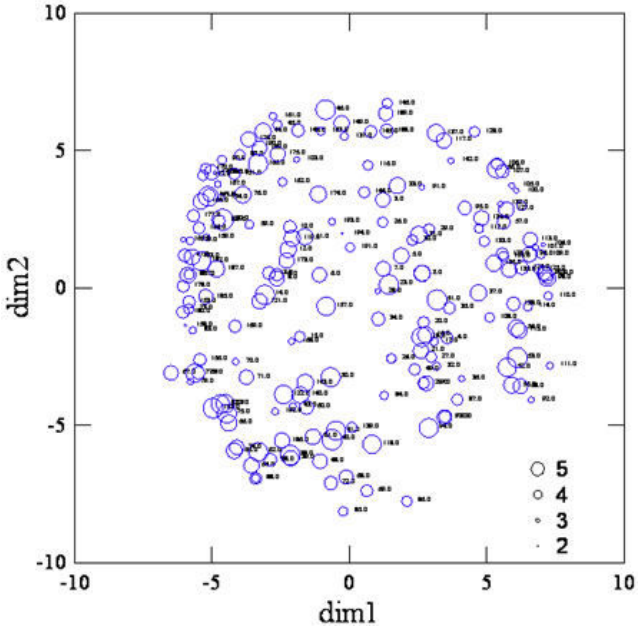

Figure 3. Point Rating Map for Challenging Supervisee

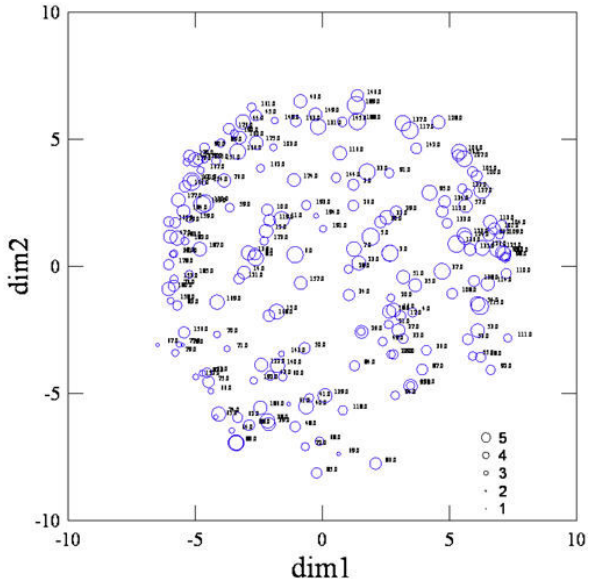

Figure 4. Point Rating Map for Easy to Work with Supervisee

Round III

Lastly, the online focus group session with six participants was conducted to discuss the obtained results. The researcher briefly summarized the first two rounds of data collection, presented the agenda of the focus group, and introduced the conceptual maps. The participants were introduced to the point map, preliminary point cluster map, and point rating maps for challenging and easy to work with supervisees. The preliminary cluster list with 26 clusters along with the Point Map (see Figure 1) and Preliminary Point Cluster Map (see Appendix I) were the main discussion materials of the focus group.

Focus group participants worked collaboratively on each cluster and their labels. A conceptually diverse assignment of the statements was obtained in the cluster analysis; therefore, the focus group participants worked on each cluster and its statements deeply. As a result and due to the time constraints, participants did not have a chance to make final evaluations of the categories. Moreover, two of the more challenging (diverse) clusters were planned to be reviewed at the end of the focus group; however, there was not enough time for this task. After the focus group, the researcher and her dissertation chair reviewed changes and refinements, reaching consensus by the focus group participants' discussions and suggestions. For one last validity check, one of the focus group participants was asked to view the final draft of clusters and their labels as well as appropriateness of the statements assigned to them. The participant made 10 comments, emphasizing the fact that he did not view the point map while he was making those comments. Five of these comments/suggestions were used to make refinements on the

final cluster solution. The other five were not changed because of inconsistencies between the statement and cluster locations on the map.

In the following section, research questions of the present study are addressed based on the obtained results from three rounds of data collection.

Research Question 1

What are expert supervisors' cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?

Four hundred and seventy nine statements were generated by 14 expert supervisors who participated in the first round of the present study. These statements were edited and synthesized and 195 statements made up the final set of statements. These statements were representative of the expert supervisors' thinking in planning for, conducting, and evaluating their supervision sessions. These statements did not involve supervision of supervision nor group and triadic supervision statements for the individual supervision focus of the present study. Describing the nature of the generated statements briefly, expert supervisors' thinking appeared to involve numerous supervision components, such as in-session thinking, self-reflective thinking, and supervisee characteristics as well as client demographics. Please see Appendix J for the final list of expert supervisors' cognitions/thoughts.

Research Question 2

What are the cognitive categories/domains of expert supervisors' supervision cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?

The number of expert supervisors' clusters ranged from 5 to 30. The focus group discussion produced 25 clusters with two outlier or by-itself-cluster statements that appeared to be the final cognitive categories/domains of the expert supervisors in the present study. These cognitive categories/domains as well as their assigned statements are presented in Table 4.

Table 4. Final Cluster List

Cluster #	Statements
Cluster 1: **Supervisor's Goal Setting/Agenda Setting** Includes cognitions/thoughts regarding supervisor's goal and agenda setting for the supervision session as well as his /her supervision with the supervisee for the rest of the semester.	6. Supervisee's learning goals for this experience (e.g., semester) 8. My goals for this supervision session 9. Three goals I would like for supervisee to gain/accomplish by end of the supervision session 10. Prioritizing immediate vs. larger goals 11. Creating necessary learning environment to meet my goal/s for the supervision session 12. Possible interventions to achieve my goal/s for the supervision session 13. How to tie my feedback into the supervisee's goals for the semester and/or the supervisee's request for feedback about this counseling session 174. Make my standards clear; be sure expectations are clear on syllabus 175. When choosing the two or three things to focus on, what the client most needs the counselor to do differently next time 163. Number of supervision sessions left with supervisee 167. Watching an audiotape or listening to an audiotape of the supervisee's case
Cluster 2: **Supervisor's Reflective Process** Includes cognitions/thoughts regarding supervisor's reflection on his/her work with the supervisee. Specifically, reflections that could be made through "what" and "how" questions.	170. What went well, what didn't go so well, and what can I do similarly and differently next time? 14. My goal is almost always for the supervisee to hear and understand (as opposed to just being able to say my point) so tracking the reaction is essential 121. Supervisee's potential response to my feedback during this session 83. How to use humor to help supervisee to become comfortable, less anxious, etc.

Table 4 (cont.)

Cluster #	Statements
Cluster 2: **Supervisor's Reflective Process (cont.)**	159. What metaphor described my work with this supervisee 186. What do I need to keep exploring about this supervisee—what's not adding up or what do I need to better understand before the next session 154. How direct I can be with this supervisee—in this supervision session 73. How I can use myself or my interactions with my supervisee to show him/her what I am referencing 181. Should I bring attention to the here and now experience of providing/hearing the feedback 188. Balancing challenge and support 179. Has this supervisee been getting mostly positive or constructive feedback from me? I want to maintain a balance so I assess if they seem discouraged or ready for more growth 185. How can I show the student his/her work resulted in positive change? 160. Knowledge and resources that might be helpful to my work with this supervisee
Cluster 3: **Additional Supervisor Reflections about Working with a Challenging Supervisee** Includes more specific and nuanced reflective cognitions/thoughts regarding supervisor's work with challenging supervisee.	42. Decisions regarding interventions to best break the disruptive parallel processes 182. How can I check defensiveness out and choose another approach 183. Have I made clear expectations clear and am I holding supervisee accountable for meeting them (for remediation specifically) 47. Whether/how much to model transparency, including my internal processes (e.g., thoughts, reactions, emotions, etc.) 184. What student progress I can point out today
Cluster 4: **Planning and Managing Supervision Interventions** Includes cognitions/thoughts regarding intervention planning as well as integration of those thinking in the idiosyncratic nature of the session.	171. Tracking the time in our session to balance time about the case with time about the supervisee 173. Homework assignments from previous week 168. Whether to use role play (e.g., to practice some new behavior, take the role of the client and share my thoughts and feelings from that perspective) 156. Readings or other education that would help the supervisee 148. How I might use clips of the counseling session tape during supervision (e.g., Quotes of the supervisee in his/her counseling session that I can use; Quotes of the client in supervisee's counseling session that I can use; Quotes or sections of the counseling tape helpful to illustrate my points; potential use of IPR)

Table 4 (cont.)

Cluster #	Statements
Cluster 4: **Planning and Managing Supervision Interventions (cont.)**	151. How I might use a discovery approach in working with the supervisee during this session (How to make it look like the new idea/insight is the supervisee's, not mine) 155. If I need to give/assign the supervisee homework for the next supervision session 191. Synthesis of the literature in discussions / dialogues in supervision 45. Modeling application of theories 44. Modeling counseling skills (e.g., listening, communication skills, immediacy) and/or counseling techniques
Cluster 5: **Conceptualizing the Work** Includes cognitions/thoughts regarding supervision models and appropriateness of those for the session.	152. What is the appropriate structure, pace/timing of the supervision session 89. How supervision models fit and would inform my work in this session 90. From the discrimination model, what are the most appropriate roles and focus areas for this session
Cluster 6: **Choice Points/In-Session Decisions** Includes cognitions/thoughts regarding intentional/effective decision-making before or more importantly during the supervision session to meet the supervisee requests and needs.	178. How should I balance my prepared foci for the session with what the supervisee brings/asks (which of my points can I let go if the supervisee asks for different help?) 166. Whether to share/I might share some of my own experience with the type of counseling case 180. When choosing focus areas, is this type of feedback appropriate for the format of supervision I have with him/her today (individual, triad, group) 59. When choosing the two or three things to focus on, which of the potential things to address are things the supervisee has some self-awareness about 130. What is the supervisee wanting—in general and specifically for this session? 131. What is the supervisee needing—in general and specifically for this session? 165. Sharing positive feedback first before offering constructive criticism 142. Of the many levels and ways to intervene with the supervisee at any given moment, choosing the one that seems most helpful for the supervisee at that point in time 172. What should I end on this session—(e.g., affirmation, summary of work for between now and next session, normalizing the process, etc.)

Table 4 (cont.)

Cluster #	Statements
Cluster 7: **Needing Immediate Attention** Includes cognitions/thoughts regarding critical issues requiring immediate and specific attention during the supervision session.	162. Any site concerns or issues that we need to discuss during the session 177. What must be addressed today because of ethical or legal concerns? 176. When choosing the two or three things to focus on, which of the potential things to address are patterns for the supervisee 161. Any unexpected crisis we need to discuss during the session
Cluster 8: **Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling** Includes cognitions/thoughts regarding positive "pushing" the supervisee and modeling for improvement within supervisee's own pace.	132. What is theoretical "stretch" for this supervisee—broadening theoretical basis for treatment and conceptualizations of client material 150. How to help supervisee see the important issues and work with this client 46. Modeling appropriate attitude toward the client and counseling 116. Supervisee's level of autonomy/how much autonomy I can give supervisee 147. How to help supervisee integrate client data from multiple sources 190. Stretching supervisee to think more broadly or deeply about the situation 146. Identifying unanswered questions, missing info from the counseling session 189. Helping the supervisee explore internal processes at any given moment of a counseling session—intentions, emotions, reactions, thoughts, etc. 149. How to get this supervisee to be more accepting of his/her client's personality, approach, etc. 164. Reviewing progress made by the clients in case or cases presented to me at the last supervision session 103. What techniques I would use with this client
Cluster 9: **Assessing the Intrapersonal and Cognitive Experiences of the Supervisee** Includes cognitions/thoughts regarding supervisor's assessment of supervisee, such as supervisee's cognitive-emotional abilities and functioning as a practitioner as well as an individual.	129. Impasses and power struggles in the counseling session 143. Monitoring the supervisee's head-gut barometer 117. Themes and patterns in the supervisee's counseling sessions 138. The supervisee's unidentified challenges with the session 95. Supervisee's ability to take risks, step outside his/her comfort zone 134. Supervisee's stress level 112. Supervisee's level of self-care 135. Supervisee's motivation/motivational level

Table 4 (cont.)

Cluster #	Statements
Cluster 9: **Assessing the Intrapersonal and Cognitive Experiences of the Supervisee (cont.)**	107. Supervisee's conceptualization of the client's strengths and problems 56. Supervisee's self-assessment of session, level of self-awareness and accuracy of self-assessment 106. Sophistication (complexity) of the supervisee's thinking about the case/client 57. Supervisee's feelings about his/her work (proud, confident, shameful, denial) 128. Supervisee's empathic failures or fractures 133. Assessment of supervisee's group counseling work (group dynamics, group member roles, group processes) 125. Supervisee's awareness of here-and-now processes in therapy 100. Supervisee's theoretical orientation 105. Supervisee's ability to discuss the process of counseling with the client 35. Power dynamics and how they are playing out in the counseling (client resistance, etc.) 51. Supervisee's potential blind spots, biases, and values 4. Supervisee's general maturity level 52. Evidence of any supervisee feelings of judgment or criticism toward client 53. Supervisee's level of awareness of potential blind spots, biases, values, reactions to the client, etc. 55. Supervisee's emotional stability 58. Supervisee's level of self-confidence, anxiety, etc.
Cluster 10: **Supervisee's Professional Behaviors** Includes cognitions/thoughts regarding necessary professionalism indicated by the supervisee.	19. Appropriateness of supervisee's interactions with peers and staff 22. Quality/Appropriateness of supervisee's consultation with related health professionals, school personnel, or relevant others 21. Quality of supervisee's general professionalism and professional attitude 17. Supervisee's ability to advocate for client, seek out needed resources, use appropriate referrals, etc. 16. Supervisee's adherence to the standards of care for the client 18. Supervisee's adherence to ethical and legal guidelines 20. Quality/Appropriateness of supervisee's session notes and documentation

Table 4 (cont.)

Cluster #	Statements
Cluster 11: **Supervisee Development** Includes cognitions/thoughts regarding supervisee's developmental level, appropriateness, and needs.	1. Supervisee's developmental needs 2. Supervisee's developmental levels, including cognitive, emotional, and moral development 5. Supervisee's potential growth areas for further development 7. Supervisee's progress toward those goals to date 3. Is this supervisee's performance consistent with what I would expect based on his/her previous experience and developmental level?
Cluster 12: **The Client and The Counseling Session** Includes cognitions/thoughts regarding specific client- and/or counseling-related considerations in the reviewed session.	30. Client's goals and short-term and long-term needs, including what client wanted/needed in this counseling session 31. Client's reactions and responses in supervisee's counseling session 33. Stuck points that occurred in the counseling session
Cluster 13: **Administrative Considerations** Includes cognitions/thoughts regarding administrative and logistical necessities.	192. Making sure all supervision forms and contracts are signed and dated 194. If this is a mid-term or final evaluation session 195. Does client load fit with supervisee's degree track 26. Potential need for referral for medications, psychological assessment, etc. 145. Supervisee welfare, safety, and risk 28. Supervisee's typical clientele 23. Client welfare, safety, and risk
Cluster 14: **Systemic Considerations** Includes cognitions/thoughts regarding supervisee's functioning ability within systems at the site (primarily school).	111. Supervisee's ability to work with other stakeholders (e.g., parents, teachers, other helping professionals) 92. Supervisee's knowledge/understanding of agency or school structure, politics, etc.
Cluster 15: **Supervisee in Relationship to the Client** Includes cognitions/thoughts regarding supervisee's personal and professional competencies that could hinder/improve counseling relationship.	29. Supervisee's history with this client/how previous sessions went 37. Supervisee's understanding of nature of the counselor-client relationship 108. Supervisee's experience level with this type client/issue 54. Supervisee's internal reactions to the client (e.g., emotional reactions/feelings about client) 115. Supervisee's strengths 114. Expertise that supervisee brings to client issues 139. The degree of compassion the supervisee feels for client

Table 4 (cont.)

Cluster #	Statements
Cluster 16: **Supervisee's Intervention Skills** Includes cognitions/thoughts regarding supervisee's basic and advanced intervention skills.	110. Supervisee's skills in group, family, and couples counseling (as appropriate to client/session) 126. Supervisee's ability to engage and intervene in the here-and-now processes 97. Supervisee's appropriate/consistent use of basic counseling skills (e.g., reflection of feelings, open-ended questions, summarizing) 98. Supervisee's appropriate/consistent use of non-verbal skills (e.g., body language, voice tone, voice inflection) 99. Supervisee's appropriate/consistent use of advanced counseling skills (e.g., confrontation, immediacy, interpretation, self-disclosure) 102. Supervisee's effective use of counseling techniques
Cluster 17: **Supervisee's Conceptual Skills** Includes cognitions/thoughts regarding supervisee's skills to recognize and integrate knowledge about the client.	109. Supervisee's diagnosis and treatment planning skills 101. Supervisee's application of theory in session/with client 104. Supervisee's integration of techniques with theory 96. Supervisee's conceptual skills and deficits 113. Supervisee's ability to understand client in context (work, family)
Cluster 18: **Supervisee's Reflective Process** Includes cognitions/thoughts regarding supervisee's ability and engagement in reflective practice.	137. The supervisee's identified challenges with the session 123. Supervisee's ability to engage in reflective practice 124. Supervisee's ability to engage in reflection in action 127. Supervisee's ability to adapt counseling to meet the needs of the client 136. What supervisee feels and thinks about the counseling session and about the client
Cluster 19: **Parameters of Evaluation** Includes cognitions/thoughts regarding supervisor's professional responsibilities.	60. My previous knowledge of the supervisee (e.g., my own previous interactions/experiences, information from other faculty members) 193. My roles and responsibilities are as a university supervisor as opposed to a site supervisor 144. Serving in the gatekeeper role
Cluster 20: **Supervisee's Response to Feedback** Includes cognitions/thoughts regarding supervisee's receptivity to feedback.	122. Supervisee's feelings, thoughts, and behaviors/non-verbals regarding my feedback during the session 141. How does the supervisee seem to be experiencing the feedback during the session? 50. How supervisee has received feedback in previous sessions 119. Supervisee's personal style to best hear feedback

Table 4 (cont.)

Cluster #	Statements
Cluster 21: **Collaboration with the Supervisee** Includes cognitions/thoughts regarding supervisor's collaboration with the supervisee to improve supervision effective.	15. Sharing, generating, and negotiating goals with supervisee 169. Asking my supervisee to evaluate our supervision session by asking what was most helpful and what they might like to be different
Cluster 22: **Supervisor's Experience of the Working Relationship** Includes statements regarding supervisor's experience of supervisory relationship, awareness of differences, response/internal reactions to supervisee, being human/genuine, cultural considerations in supervisory relationship, view of supervisee's experience of the supervisory relationship	43. Parallel process issues and dynamics 187. Maintaining a strong empathic connection and empowerment with the supervisee throughout supervision session 38. My relationship/working alliance with the supervisee 39. History of our relationship/working alliance 40. Level of rapport with supervisee 84. The extent to which the "isms" (e.g., racism, ageism, fattism) are identified and explored in counseling and supervisory relationships 88. If, when, and how to broach our cultural differences 41. The match/mismatch between the styles of the supervisee and me (clinically, personally, etc.) 68. Awareness of differences between myself and supervisee 65. Is this supervisee pushing any of my buttons? 64. How to manage any negative feelings about the supervisee 62. My own reactions to the supervisee and supervision processes, during and after sessions 61. My negative feelings about the supervisee (e.g., irritating behaviors and mannerisms, things that get on my nerves) 72. My own limitations, personal biases, countertransference, etc. 69. My needs for peer supervision/consultation 74. Being human--being genuine and honest even when it is difficult to do so 80. My willingness to own a mistake and talk about it with the supervisee 81. I want supervisees to know I am human and I make mistakes and I want them to feel safe being human and telling me about their mistakes 85. My cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee)

Table 4 (cont.)

Cluster #	Statements
Cluster 22: **Supervisor's Experience of the Working Relationship (cont.)**	86. The supervisee's cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee) 48. Supervisee's perceptions of me, reactions to me 140. What does the supervisee think about our process so far? Pros, cons, changes?
Cluster 23: **Supervisor's Assessment of and Reflection on His/Her Work** Includes cognitions/thoughts regarding supervisor's self-awareness and reflective practice.	67. Is there anything about the supervisee I need to share with others (e.g., faculty colleagues, site supervisor) immediately? 157. My feeling about the completed supervision session 79. Am I giving this supervisee the time and energy he/she deserves? 77. What am I avoiding saying that needs to be said? 78. Have I just been putting out fires with this supervisee? What am I missing because I have been consumed with those emergencies? 70. Self-assessing my level of verbal activity in the session 71. Self-assessing how concrete and specific my feedback is 76. Ensuring I heard the supervisee's message to me during supervision 66. What is bothering me—the sense that something is off 75. Doing what is "the right thing to do" no matter how much I squirm (or the supervisee squirms)—with compassion 153. What to do to better 'connect' with the supervisee 63. Responding appropriately to the supervisee (being non-judgmental) 82. My ability to help supervisees "buy into" and invest in the supervision process
Cluster 24: **Supervisee's Receptivity to Supervision** Includes cognitions/thoughts regarding supervisee's readiness and/or resilience to be out of his/her comfort zone.	94. Monitoring supervisee's openness and ability to benefit from supervision 93. Supervisee's readiness for or ability to handle challenges from me 120. Supervisee's fear in the case of lack of progress or resistance 118. Supervisee's "buy in" to the supervision process 49. The similarities and differences in supervisee's self-presentation in the current session when compared to the previous sessions

Table 4 (cont.)

Cluster #	Statements
Cluster 25: **Understanding the Client** Includes cognitions/thoughts regarding supervisee's client.	36. Client's blindspots 27 .Client's strengths 32. Client's investment in counseling 87. The client's cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee) 24. Demographics of the client (age, gender, culture, etc.) 25. Psycho-social history of this client and other important/relevant issues (e.g., history of trauma, substance abuse, medications, biological issues, DSM diagnosis, family or origin information) 34. Transference and counter-transference issues in the counseling session
Outlier / By-itself-cluster 1	Is the desired change reflected in supervisee's next sessions
Outlier / By-itself-cluster 2	Knowledge of the supervisee's site (e.g., how agency is organized, what type of school counseling program is in place)/Context of the supervisee's site.

Research Question 2a

How much of the supervision models and their components are represented in these cognitive categories?

Results of the present study involved representations of supervision models and their components. The most obvious representations of supervision models first appeared in the "Conceptualizing the Work" cluster. This cluster included one general statement of expert supervisor's cognitions/thoughts about supervision models as well as another statement specifying the Discrimination Model (Bernard & Goodyear, 2009). Second, the "Supervisee's Development" cluster included statements representative of developmental models of supervision and a specific statement emphasizing supervisee's cognitive, emotional, and moral development (Loganbill et al., 1982; Stoltenberg, 1981). Likewise,

"Supervisee's Reflective Process," "Supervisor's Reflective Process," and "Supervisor's Assessment of and Reflection on His/Her Work" clusters which included supervisee's and supervisor's ability to engage in reflective practice and action, could be considered as representations of Reflective Practice Models of Developmental Process Models (Bernard & Goodyear, 2009) in expert supervisors' cognitions/thoughts.

Social Role Models, specifically, Bernard's Discrimination Model (Bernard & Goodyear, 2009) and Holloway's Systems Approach to Supervision Model (Holloway, 1995), were represented in more than one cluster.

Besides "Conceptualizing the Work" cluster, Bernard's Discrimination Model (Bernard & Goodyear, 2009) was represented in "Choice Points/In-Session Decisions" and "Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling" clusters. The Discrimination Model was represented as expert supervisors' cognitions/thoughts regarding intervention, conceptualization, and personalization focus with taking different supervisory roles. For example, the statement "helping supervisee explore internal processes at any given moment of a counseling session—intentions, emotions, reactions, thoughts, etc." could be considered as an example of the personalization focus with taking a counselor role. However, despite these representative statements within these clusters, no clusters or cognitive categories/domains appeared to represent Discrimination Model by itself.

On the other hand, in the present study results, Holloway's Systems Approach (SAS) to Supervision Model (Holloway, 1995) appeared to be the most represented among all of the supervision models, although it was never named per se. The core factor

of The Supervision Relationship presented by Holloway (1995) appeared to be the common theme of "Supervisee's Response to Feedback," "Collaboration with the Supervisee," and "Supervisor's Experience of the Working Relationship" clusters. "Supervisor's Experience of the Working Relationship" cluster appeared to have six sub-clusters. Each described different components of the supervisory relationship: "General Supervisory Relationship," "Supervisor's Awareness of Differences," "Supervisor's Response/Internal Reactions to Supervisee," "Being Human/Genuine," "Cultural Considerations in Supervision Relationship," and "Supervisee's Experience of the Supervision Relationship." Similar to the Discrimination Model, SAS functions of advising/instructing, supporting/sharing, consulting, modeling, and monitoring/evaluating with the tasks of counseling skills, case conceptualization, emotional awareness, professional role, and evaluation were represented by statements within these clusters.

In brief, supervision models and their components were represented in many statements. However, none of the clusters were named after a specific supervision model.

Research Question 2b

What is the organizational structure of these cognitive categories/domains?

The visual representation of the 25 clusters on the cluster map indicated that different parts of the map appeared to have different regions involving different number of clusters (see Figure 5). The right part of the map could be described as the Assessment of the Supervisee and His/Her Work region. This region included the clusters of "Assessing the Intrapersonal and Cognitive Experiences of the Supervisee," "Supervisee's Reflective Process," "Supervisee's Professional Behaviors," "Supervisee

Development," "Supervisees Conceptual Skills," "Supervisee's Intervention Skills," "Systemic Considerations," "Supervisee in Relationship to the Client," "The Client and the Counseling Session," and "Understanding the Client." The cluster named "Supervisee's Receptivity to Supervision" appeared to be a transition cluster between the Assessment and Supervisory Relationship regions in the middle bottom of the map.

From the bottom to the middle of the map, a Supervisory Relationship region appeared to be clear. This region includes "Supervisor's Experience of the Working Relationship," "Collaboration with the Supervisee," "Supervisee's Response to Feedback," and "Parameters of Evaluation" clusters. As mentioned in RQ 2a, Supervisor's Experience of the Working Relationship appeared to have sub-clusters. Particularly, "Supervisor's Response/Internal Reactions to Supervisee" and "Being Human/Genuine" sub-clusters emerged as borders to another region which could be named as Supervisor Self-Assessment and Reflection.

On the left bottom to middle left part of the map, there seemed to be the Supervisor Self-Assessment and Reflection region. This region includes clusters of "Supervisor's Assessment of and Reflection on His/Her Work," "Supervisor's Self-Reflective Process," and "Additional Supervisor Reflections about Working with a Challenging Supervisee." Again, another cluster, "Choice Points/In-Session Decisions," appeared to be a transition between the Supervisor Self-Assessment and Reflection region to Conceptualization of Supervision and Intervening region.

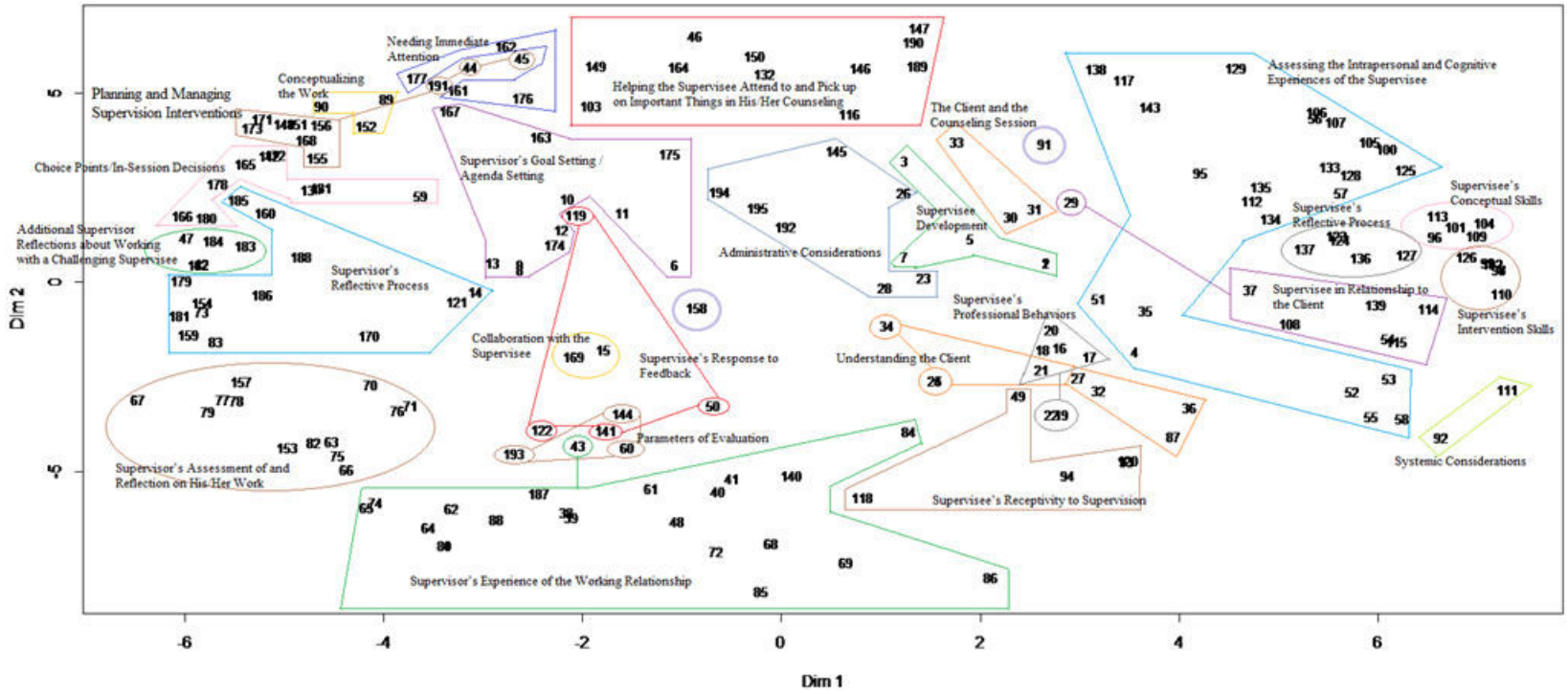

Figure 5. Point Cluster Map

On the left bottom to middle left part of the map, there seemed to be the Supervisor Self-Assessment and Reflection region. This region includes clusters of "Supervisor's Assessment of and Reflection on His/Her Work," "Supervisor's Self-Reflective Process," and "Additional Supervisor Reflections about Working with a Challenging Supervisee." Again, another cluster, "Choice Points/In-Session Decisions," appeared to be a transition between the Supervisor Self-Assessment and Reflection region to Conceptualization of Supervision and Intervening region.

From the upper left corner to upper middle appeared to be the Conceptualization of Supervision and Intervening region. This region includes "Planning and Managing Supervision Interventions," "Conceptualizing the Work," "Needing Immediate Attention," "Supervisor's Goal Setting/Agenda Setting," and "Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling" clusters.

Lastly, the middle part of the map had Administration and Logistics of Supervision theme. "Administration Considerations" cluster as well as by-itself-cluster 1, "Knowledge of the supervisee's site (e.g., how agency is organized, what type of school counseling program is in place)/Context of the supervisee's site" were included in this region.

Research Question 2c

What are the importance/priority levels of these cognitive categories/domains in expert supervisors' supervision practices while working with challenging and easy supervisees?

The mean scores of each cluster were obtained to describe the importance/priority level of each cluster for the expert supervisors while they were working with easy and

challenging supervisees, rated on a scale of 1 (low importance/priority) to 5 (high importance/priority. The mean cluster scores for easy and challenging supervisees are presented in Table 5 (also see Figure 6, Figure 7, and Figure 8). For easy supervisees, the mean cluster scores ranged from 2.60 to 3.98 whereas they ranged between 2.94 and 4.45 for challenging supervisees. Expert supervisors rated "Supervisor's Goal Setting/Agenda Setting," "Supervisee Development," and "The Client and The Counseling Session" clusters as higher importance/priority cognition/thinking areas compared to the other clusters while they were working with both easy and challenging supervisees.

Table 5. Cluster Ratings

Cluster	Easy Supervisee	Challenging Supervisee
Supervisor's Goal Setting/Agenda Setting	3.60	4.10
Supervisor's Reflective Process	3.25	3.82
Additional Supervisor Reflections about Working with a Challenging Supervisee	3.06	4.14
Planning and Managing Supervision Interventions	2.99	3.33
Conceptualizing the Work	2.96	3.56
Choice Points/In-Session Decisions	3.64	3.87
Needing Immediate Attention	3.34	3.92
Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling	3.47	3.73
Assessing the Intrapersonal and Cognitive Experiences of the Supervisee	3.49	3.90
Supervisee's Professional Behaviors	3.13	4.04
Supervisee Development	3.98	4.28
The Client and The Counseling Session	3.79	4.15
Administrative Considerations	3.43	3.38
Systemic Considerations	2.91	3.06
Supervisee in Relationship to the Client	3.58	3.92
Supervisee's Intervention Skills	3.43	3.89
Supervisee's Conceptual Skills	3.34	3.49
Supervisee's Reflective Process	3.80	3.93

Table 5 (cont.)

Cluster	Easy Supervisee	Challenging Supervisee
Parameters of Evaluation	2.60	3.88
Supervisee's Response to Feedback	3.52	4.45
Collaboration with the Supervisee	2.91	3.34
Supervisor's Experience of the Working Relationship	3.15	4.02
Supervisor's Assessment of and Reflection on His/Her Work	2.60	4.13
Supervisee's Receptivity to Supervision	3.05	4.18
Understanding the Client	3.23	3.53
*Is the desired change reflected in supervisee's next sessions	3.50	4.50
*Knowledge of the supervisee's site (e.g., how agency is organized, what type of school counseling program is in place)/Context of the supervisee's site.	3.00	2.94

*Outlier or By-itself-cluster

Additionally, in the visual comparison of easy and challenging supervisee ratings, participants rated almost all of the clusters as more important or higher priority while they were working with challenging supervisees except for the last outlier/by-itself cluster (see Table 5). While working with the challenging supervisees, respondents rated "Supervisor's Goal Setting/Agenda Setting," "Additional Supervisor Reflections about Working with a Challenging Supervisee," "Supervisee's Professional Behaviors," "Supervisee Development," "The Client and The Counseling Session," "Supervisee's Response to Feedback," "Supervisor's Experience of the Working Relationship," "Supervisor's Assessment of and Reflection on His/Her Work," "Supervisee's Receptivity to Supervision," and "Is the desired change reflected in supervisee's next sessions" clusters as higher importance/priority when compared to the other clusters.

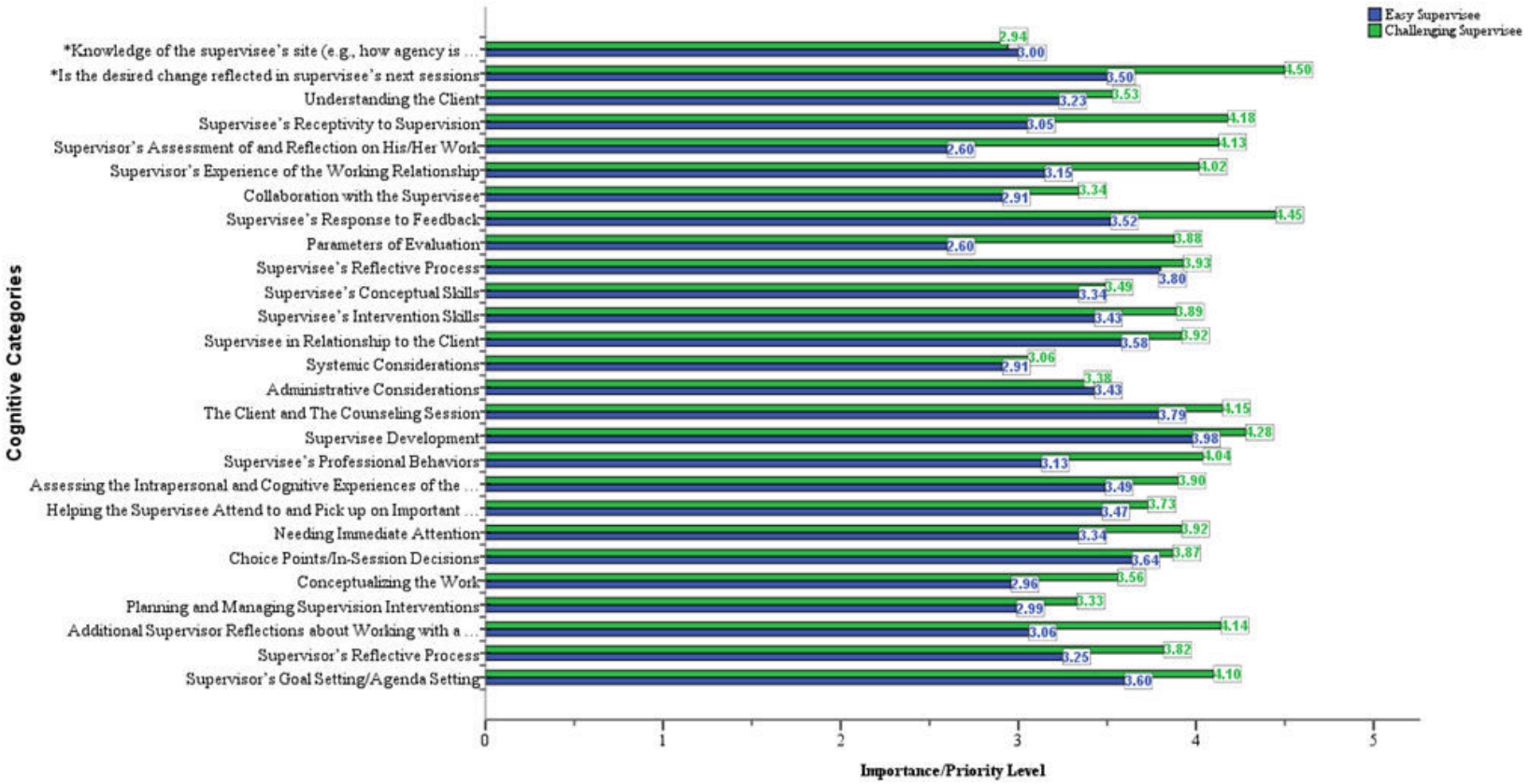

Figure 6. Mean Scores for Importance/Priority Levels of Cognitive Categories while Working with Easy and Challenging Supervisees

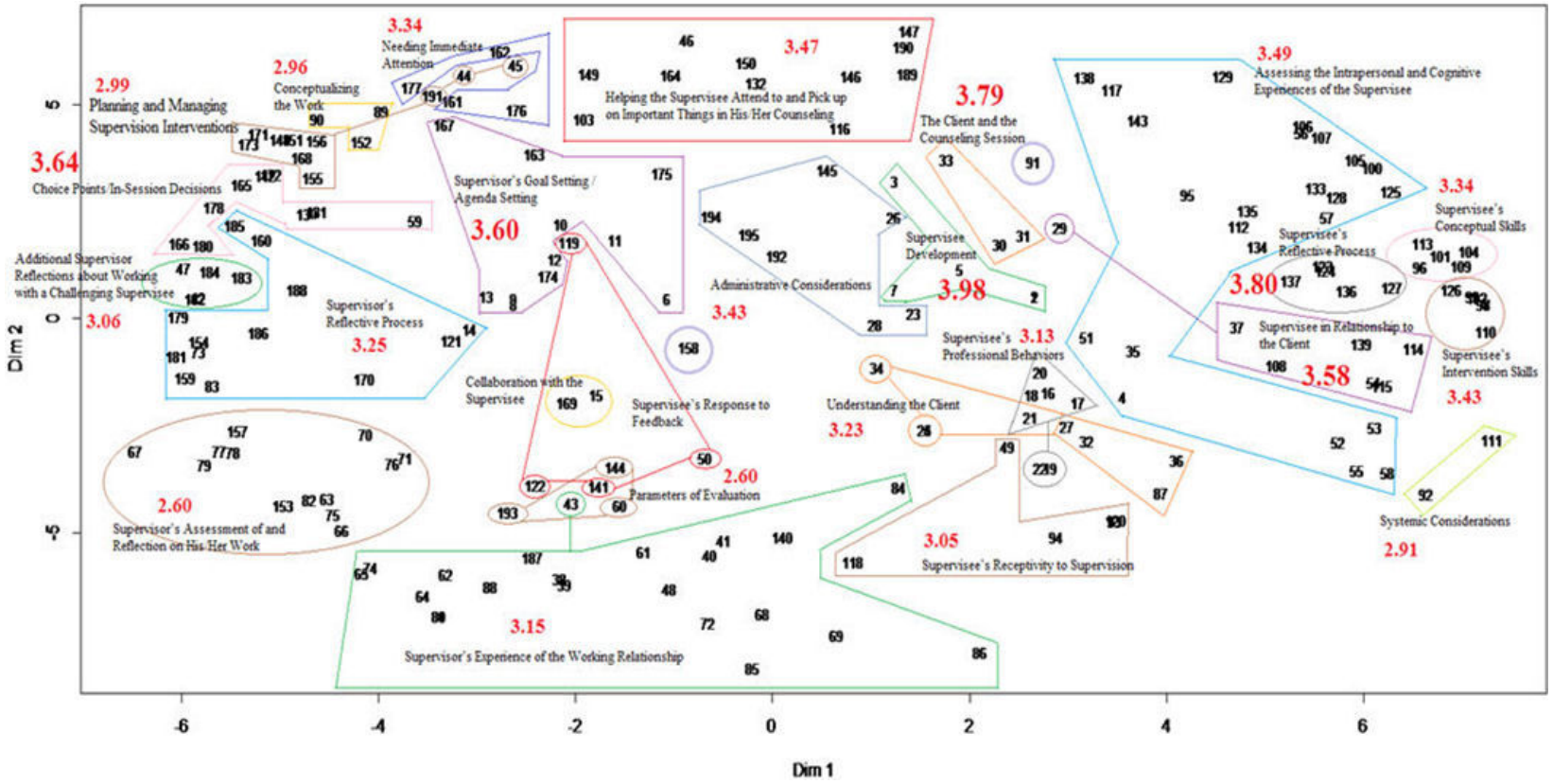

Figure 7. Cluster Rating Map for the Easy Supervisee

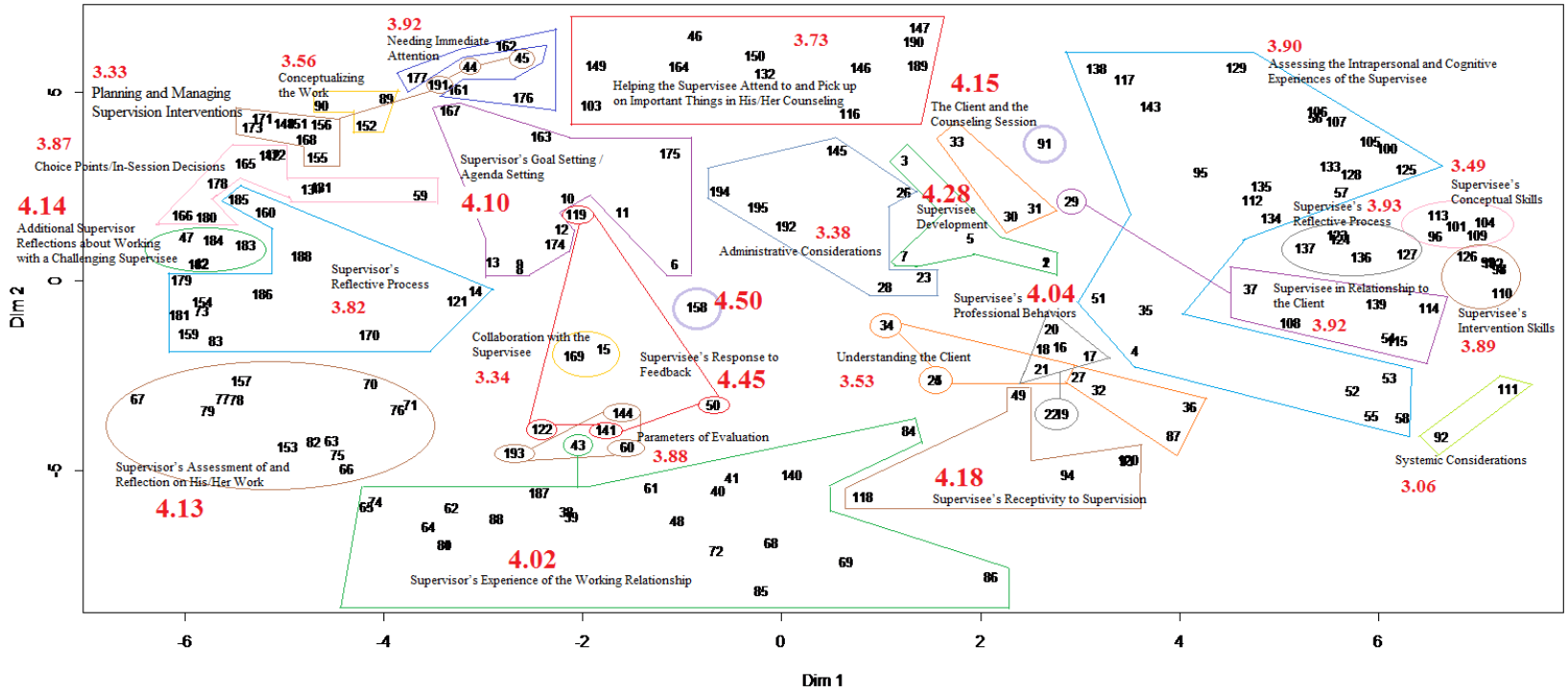

Figure 8. Cluster Rating Map for the Challenging Supervisee

Whereas, while working with the easy supervisees, participants rated Supervisor's Goal Setting/Agenda Setting, Choice Points/In-Session Decisions, Supervisee Development, The Client and The Counseling Session, and Supervisee's Reflective Process as higher importance/priority when compared to the other clusters.

While working with challenging supervisees, "Knowledge of the supervisee's site (e.g., how agency is organized, what type of school counseling program is in place)/Context of the supervisee's site," "Systemic Considerations," and "Planning and Managing Supervision Interventions" clusters were rated as lower importance/priority when compared to the other areas of thinking. Whereas, "Supervisor's Assessment of and Reflection on His/Her Work," "Parameters of Evaluation," "Systemic Considerations," and "Collaboration with the Supervisee" clusters were rated as the lower importance/ priority areas of thinking when compared to the other clusters, while working with easy supervisees.

Descriptive Results

Participants were also asked to cite a brief description of what made these two supervisees easy or challenging for them. The researcher made a visual review of the comments. A detailed work on the common themes was not carried out, because it was beyond the purpose of asking those questions for the present study. The purpose of asking participants about one easy and one challenging supervisee was to help participants to focus on those supervisees so that they could rate the statements easier, faster, and more reliably. The descriptions are presented in Appendix K.

Common and striking descriptives for the easy supervisees included the following expressions: bright, eager to learn, take risks, or make mistakes, self-aware, self-reflective, communicable, motivated, invested in professional growth and development, interested, excited, open to change, open to supervision, receptive to feedback, good sense of humor, and creates an authentic/engaged supervisory relationship.

On the other hand, common and remarkable expressions for the challenging supervisees included the following: concrete, dualistic thinker, defensive, fragile/vulnerable, closed, unwilling to receive feedback, rarely follow feedback, judgmental, blame the client, personal/familial mental health history, difficulty with reflection of feelings, unpredictable in behaviors and/or risk-taking, and hard to connect.

In the following chapter, research questions of the present study are discussed in the view of supervision and expertise literature. Moreover, implications of the results and suggestions for future research along with the limitations of the present study are also presented.

CHAPTER V

DISCUSSION

The results of the present study exploring the conceptual frame of expert counseling supervisors' cognitions and cognitive structures regarding their supervision sessions were described in Chapter IV. In this chapter, a discussion of the results as well as the limitations of the present study, implications for supervisors and supervisor training programs, and directions for future research are presented.

Discussion of Results

Research Question 1

What are expert supervisors' cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?

Research question one was designed to investigate the cognitions and thoughts of expert supervisors in planning for, conducting, and evaluating their supervision sessions. Participants originally created 479 cognitions/thoughts around their planning for, conducting, and evaluating their supervision sessions. There were unique nuances and idiosyncrasies among these statements. On the other hand, there were similarities as well. In order to eliminate duplications, the researcher and her dissertation chair edited and synthesized these statements and distilled them to 195 statements. This final set of statements involved various supervision components.

Unsurprisingly, many of the cognitions/thoughts of expert supervisors appeared to be related to the supervisee and supervisee's performance. Expert supervisors seemed to be thinking about their supervisees and their work extensively. These thoughts involved both the supervisee's professional performance as well as personal characteristics. For example, some of the supervisee-based cognitions/thoughts focused on supervisee's basic and advanced skills (e.g., statements # 97, 98, 99) or ability to relate to the client (e.g., statements # 37, 139) or work with other parties in various settings (e.g., statements # 111, 92). Moreover, supervisee's developmental characteristics, such as cognitive, emotional, and moral aspects, (statement # 2) as well as supervisee's liability around standard client care and professional ethics (e.g., statements # 16, 18) also reflected both professional and personal connotations. Another cognition/thought which may also be counted as both professional and personal characteristics was supervisee's internal reactions to the client (statement # 54) as well as reactions to the supervisor (statements # 48). Likewise, supervisee's blind spots, biases, and values, or supervisee's emotional functioning were some other personal characteristics of the supervisee which were closely related to the supervisee's professional work. Furthermore, cognitions/thoughts regarding client demographics and history as well as the client within the counseling session with the supervisee were represented in the other cognitions/thoughts of expert supervisors (e.g., statement # 25, 31). In brief, expert supervisors seemed to think about a variety of supervisee and counseling work components while they were planning for, conducting, and evaluating their supervision sessions.

Expert supervisors' cognitions/thoughts also involved planning for and management of supervision interventions. For example, using role-plays, homework assignments, Interpersonal Process Recall (IPR), integration of dialogue regarding literature, or taped counseling clips appeared as some of the intervention cognitions. Modeling (e.g., statements # 45, 46) and, when necessary "stretching" supervisees (e.g., statements # 132, 190) were some of the other expert cognitions/thought regarding supervision interventions. Moreover, experts' thinking also appeared to include many in-session thoughts and adjustments to the supervisees' immediate needs (e.g., statements # 178, 142) as well as developmental ones (e.g., statements # 1, 5). This result supported a previous research finding regarding wise supervisors regularly assessing supervisees' needs and selecting intervention strategies based on supervisees' developmental needs (Nelson et al., 2008). Furthermore, experts also appeared to think about how to use themselves as tools to intervene in their supervision. For example, the statement of "how I can use myself or my interactions with my supervisee to show him/her what I am referencing" (# 73) may be considered as one of the examples.

Expert supervisors' cognitions/thoughts also involved many supervisory relationship components. These components included cognitions/thoughts suggesting supervisors' awareness of parallel process issues (statement # 43), rapport with the supervisee (statement # 40), cultural differences between the supervisee and him/herself (e.g., statements # 68, 85, 86), supervisee's reactions and thoughts about the supervision process (statement # 140), as well as supervisee's receptivity to supervision (e.g., statements # 118, 120).

Furthermore, one of the notable features of expert supervisors' thinking regarding supervisory relationship was their thoughts about transparency. Experts' thinking in the present study involved being willing to be transparent, own mistakes, and share the authority and responsibility with their supervisees (e.g., statements # 80, 81). This finding was in line with Nelson and her colleagues' (2008) findings with wise supervisors and their approach to conflict in the supervisory relationship. Nelson et al. found that wise supervisors valued modeling vulnerability and transparency with their supervisees. Moreover, they also found that wise supervisors appreciated and demonstrated genuineness in conflict situations. Similarly, expert supervisors in the present study presented being human, being genuine and honest, even when it was difficult to do so (e.g., statements # 74, 75).

Another important characteristic of expert supervisors' cognitions/thoughts was the self-reflective content. Expert supervisors' thinking appeared to involve personal reflections regarding being aware of their limitations, biases, and possible countertransference issues (e.g., statement # 72). Moreover, expert supervisors' cognitions/thoughts included looking for consultation and supervision whenever necessary as well as a constant checking of themselves in terms of being non-judgmental or what was bothering them about the supervisee (e.g., statements # 63, 77). This result of the present study was also in line with some other study findings. For example, Neufeldt and her colleagues (1996) reported that experts about the reflective process suggested counseling supervisors should be self-reflective as good role models for their supervisees. Likewise, Nelson and her colleagues (2008) found that wise supervisors spent a good

amount of time in reflecting on the challenges they faced with their supervisees and were aware of their own shortcomings as supervisors.

Furthermore, expert supervisors' cognitions/thoughts involved modeling transparency in supervision, including their internal processes, such as thoughts, reactions, or emotions (statement # 47). This cognition/thought was considered to involve the purposes of experts' willing to be transparent, didactic, and self-reflective within the supervision session. In other words, this cognition/thought may be interpreted as an expert ability to integrate various interventions.

Another parallel finding between the present study and Nelson et al.'s (2008) study was being clear about expectations and clarifying them when necessary (statement # 174). Nelson and her colleagues found "supervisor gatekeeping anxiety" (p. 178) was one of the contributing factors to supervisory conflictual situations. In the present study, expert supervisors' thinking also involved gatekeeping (statement # 144). Moreover, one of the other cognitions/thoughts was "Doing what is 'the right thing to do' no matter how much I squirm (or the supervisee squirms)—with compassion." In line with Nelson and her colleagues finding, the present finding may also be interpreted as even expert supervisors experience or have hard time making hard decisions and acting on them.

Lastly, expert supervisors' cognitions/thoughts also involved some administrative necessities, such as keeping track of necessary forms signed (statement # 192) and monitoring supervisees' client profiles and client loads (statements # 28, 195).

To summarize, expert supervisors' cognitions/thoughts appeared to involve wide and various aspects of the supervision process, such as supervisee and supervisee

performance, intervention strategies, supervisory relationship, supervisor self-reflection, and administrative necessities. In the following research question, the cognitive categories of expert supervisors' are discussed in details.

Research Question 2

What are the cognitive categories/domains of expert supervisors' supervision cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?

In the present study, expert supervisors' cognitions/thoughts were summarized into 25 cognitive categories/domains. These categories were expert supervisors' cognitive dimensions regarding their supervision sessions. These clusters/categories/domains were "Supervisor's Goal Setting/Agenda Setting," "Supervisor's Reflective Process," "Additional Supervisor Reflections about Working with a Challenging Supervisee," "Planning and Managing Supervision Interventions," "Conceptualizing the Work, Choice Points/In-Session Decisions," "Needing Immediate Attention," "Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling," "Assessing the Intrapersonal and Cognitive Experiences of the Supervisee," "Supervisee's Professional Behaviors," "Supervisee Development," "The Client and The Counseling Session," "Administrative Considerations," "Systemic Considerations," "Supervisee in Relationship to the Client," "Supervisee's Intervention Skills," "Supervisee's Conceptual Skills," "Supervisee's Reflective Process," "Parameters of Evaluation," "Supervisee's Response to Feedback," "Collaboration with the Supervisee," "Supervisor's Experience

of the Working Relationship," "Supervisor's Assessment of and Reflection on His/Her Work," "Supervisee's Receptivity to Supervision," and "Understanding the Client."

In the supervision literature, very few other researchers have investigated advanced supervisors' thought content as well as their perceptions of supervision dimensionality (Ellis & Dell, 1986; Glidden & Tracey, 1992; Luke et al., 2011). These researchers mainly focused on the dimensionality of the supervision models. Because the next research question will be addressing supervision models' representation in the present study results, in the next section expert supervisors' cognitive categories/domains are discussed in the light of research investigated supervision dimensionality.

Research Question 2a

How much of the supervision models and their components are represented in these cognitive categories?

One of the research questions in the present study was how much supervision models were part of expert supervisors' thinking. Supervision models were most clearly represented by one general statement of expert supervisor's cognitions/thoughts about supervision models (statement # 89) and one statement regarding the most appropriate roles and focus areas of supervision from Discrimination Model perspective (Bernard & Goodyear, 2009) in the "Conceptualizing the Work" cluster.

In supervision literature, very few researchers have focused on supervision models and their dimensionality as well as their validity (Ellis & Dell, 1986; Glidden & Tracey, 1992; Luke et al., 2011). In the very first of these studies, Ellis and Dell (1986) reported some support for Bernard's two-dimensional model. In particular, process-

conceptualization and consultant-teacher/counselor were found as two of the dimensions, but the function of personalization was not found to be clearly distinguished. In the replication study of Ellis and Dell's (1986) study, Luke and her colleagues (2011) examined Bernard's two-dimensional model with a school counselor supervisor sample. Three dimensions were reported as behavioral intervention vs. conceptualization, consultant vs. teacher-counselor, and personalization focus vs. teacher role.

In the present study, none of these dimensions appeared to be represented as cognitive/categories of expert supervisors. However, expert supervisors' other cognitions/thoughts involved "Supervisory roles and focus areas" of Discrimination Model (Bernard & Goodyear, 2009; Borders & Brown, 2005) (statements # 178, 180, 193). There were also statements implying supervisors' teacher/instructor (e.g., statement # 156), counselor (e.g., statement # 189), or consultant (e.g., statement # 191) roles and the focus areas of intervention (e.g., statement # 148), conceptualization (statement # 132), or personalization (statement # 34), reflecting the discrimination model. Moreover, some of the statements could be interpreted as components of the Discrimination Model Matrix, such as teacher-intervention (statement # 156), counselor-personalization (statement # 189), or consultant-intervention/ conceptualization (statement # 191). However, these expressions did not specify if they were meant to be representations of the Discrimination Model. In other words, expert supervisors' views about supervisory roles and focus areas were somewhat connected to Bernard's model (Bernard & Goodyear, 2009), but also unique to each supervisor, and seemed to involve more than what was presented in Bernard's model.

In another study, Glidden and Tracey (1992) defined supervisor's role, conceptualization skills focus, and emotional support as the three dimensions common to most developmental models of supervision, and investigated the validity of these dimensions as the bases of supervisors' supervision environment perceptions. They found a four-dimensional solution which involved dynamic understanding, didactic instruction, counseling vs. support, and authoritative vs. collaborative dimensions. Glidden and Tracey (1992) distinguished the didactic instruction dimension from the authoritative vs. collaborative dimension. Particularly, they presented didactic instruction as describing the extent of supervisor's responsibility whereas authoritative vs. collaborative dimension was described as indicating the manner in which this responsibility was carried out. Although there was not the same distinction between them, two of the clusters in this study appeared to be similar to those described by Glidden and Tracey (1992). "Helping the Supervisee Attend to and Pick up on Important Things in His/Her Counseling" and "Collaboration with the Supervisee" clusters described supervisors' thoughts regarding "pushing" the supervisee appropriately and modeling for improvement within supervisee's own pace as well as collaboration with the supervisee to improve effectiveness of supervision.

Likewise, Developmental Models of supervision (Loganbill et al., 1982; Stoltenberg, 1981) appeared to be represented in the "Supervisee's Development" cluster, including statements regarding supervisee development, specifically, cognitive, emotional, and moral development (Bernard & Goodyear, 2009). Moreover, Reflective Practice Models of Developmental Process Models (Schön, 1983, 1987, as cited in

Bernard & Goodyear, 2009) were also represented in the statements assigned to "Supervisee's Reflective Process" (e.g., statement # 137, 123,). On the other hand, based on Neufeldt and her colleagues' (1996) report, as a result of interviews with reflective practice experts, supervisors' self-reflective practice was also considered as a component of these models (Bernard & Goodyear, 2009). Thus, "Supervisor's Reflective Process" (e.g., statements # 73, 179), "Supervisor's Assessment of and Reflection on His/Her Work" (e.g., statements # 157, 77), and "Supervisor's response/internal reactions to supervisee" (sub-cluster within "Supervisor's Experience of the Working Relationship"; e.g., statements # 62, 72) clusters may also be representations of Reflective Practice Models of Developmental Process Models. However, similar to Bernard's model (Bernard & Goodyear, 2009), representing some of the views of supervisee's development as well as supervisee's reflective practice, these statements were not specifically tied to these developmental models.

Lastly, Holloway's Systems Approach to Supervision Model (SAS; Holloway, 1995) appeared to be the most represented model in the results of present study. Bernard and Goodyear (2009) also presented SAS as the most comprehensive of the current supervision models. Although no clusters were named after Holloway's model, either, components of her model were represented at both the statement level as well as the cluster level. For example, functions of monitoring/evaluating (e.g., statements # 94, 194) advising/instructing (statement # 156), modeling (e.g., statements 47, 45), consulting (statement # 169), and supporting/Sharing (e.g., statements # 185, 165) were represented at the statement level. Moreover, the task of Counseling Skills was represented in the

"Supervisee's Intervention Skills" (e.g., statement #98, 99), the task of Case Conceptualization was represented in the "Supervisee's Conceptual Skills" (e.g., statements 109, 113), the task of Professional role was represented in "Supervisee's Professional Behaviors" (e.g., 17, 22), and the task of Evaluation was represented in "Parameters of Evaluation" (e.g., statement # 193, 144) clusters. The task of Emotional Awareness was represented in the statement of "Helping the supervisee explore internal processes at any given moment of a counseling session—intentions, emotions, reactions, thoughts, etc." The core factor of The Supervision Relationship presented by Holloway (1995) appeared to be the common theme of "Supervisee's Response to Feedback," "Collaboration with the Supervisee," and "Supervisor's Experience of the Working Relationship" clusters. "Supervisor's Experience of the Working Relationship" cluster appeared to have six sub-clusters. Each described different components of the supervisory relationship: "General Supervisory Relationship," "Supervisor's Awareness of Differences," "Supervisor's Response/Internal Reactions to Supervisee," "Being Human/Genuine," "Cultural Considerations in Supervision Relationship," and "Supervisee's Experience of the Supervision Relationship." However, there were many similarities between the statements representing components of Discrimination Model and SAS Model. Thus, it was still not clear if these statements were referring to the SAS model, despite its wide representation in the clusters as well as statements.

In the present study, models of supervision were not represented as much as expected. There were traces of the several models, but they were not fully there. This result seemed to support Ellis and Dell's (1986) finding/claim that supervision models are

simplistic descriptions of supervisory process; the experts' cognitive maps were more complex and nuanced than the models.

Another explanation of these findings may be the controversy between the concrete nature of these models and the nuanced and idiosyncratic nature of the supervision work. For example, in the expertise literature, declarative knowledge is described as factual and stored in propositions (depressed persons show low mood), whereas procedural knowledge is functionally organized into "if-then" statements (e.g., "If my depressed patient has a good social support system, then we can consider using this in treatment"; Anderson, 1981, as cited in Etringer et al., 1995). In other words, procedural knowledge is the converted type of collected declarative knowledge which accumulates through years of experience and study. Procedural knowledge is stored slowly but, when gained, it is recalled quickly and easily without a conscious search. The expert supervisors' thinking may be considered as based on supervision models (declarative knowledge), but they were built up with experience and study and transformed into abstract thinking, which is more than what these models offer individually (procedural knowledge).

In brief, models of supervision and their components were represented in the results of the present study, but none of the cognitive categories/domains were named after a supervision model.

Research Question 2b

What is the organizational structure of these cognitive categories/domains?

Organizational structure of clusters appeared to be representing relationship patterns among these clusters. In other words, the clusters which were conceptually similar to each other were located on the same areas of the map and created regions (Figure 5). Five conceptual regions could be described in terms of these cognitive categories' locations: Assessment of the Supervisee and His/Her Work, Supervisory Relationship, Supervisor Self-Assessment and Reflection, Conceptualization of Supervision and Intervening, and Administration Considerations.

In Chapter IV, the clusters involved in each region were presented. The organizational structure of these regions appeared to involve relationships. Several clusters appeared to take the role of transitions between different regions. "Supervisee's Receptivity to Supervision" cluster was in between the Assessment and Supervisory Relationship regions. "Supervisor's Response/Internal Reactions to Supervisee" and "Being Human/Genuine" (sub-clusters of "Supervisor's Experience of the Working Relationship") emerged as borders between Supervisory Relationship and Supervisor Self-Assessment/Reflection regions. Moreover, "Choice Points/In-Session Decisions," appeared to be another transition cluster between the Supervisor Self-Assessment/Reflection and Conceptualization of Supervision and Intervening regions.

Clusters which seemed to be transitions between regions may be considered as possible mediator/moderator clusters that contribute to the complex relationships among expert supervisors' idiosyncratic thinking of supervision sessions/processes. In other

words, based on changes in expert supervisors' thoughts in the frame of these clusters, other clusters they are bordering may be influenced or vice versa. For example, if an expert supervisor perceives a supervisee as receptive of supervision both expert supervisor's thinking about assessment and the supervisory relationship may change when compared to a perception of non-receptive supervisee. Similarly, an expert supervisor's thinking regarding his/her being genuine/human with a supervisee may influence the way s/he thinks about the supervisory relationship components and the supervisor's own self-assessment/reflection regarding supervision work.

In brief, the relationships among these regions and the clusters between them may be an important consideration while working with easy and challenging supervisees. In addressing the following research question experts supervisors' rating of the statements and clusters based on their work with easy and challenging supervisees will be discussed.

Research Question 2c

What are the importance/priority levels of these cognitive categories/domains in expert supervisors' supervision practices while working with challenging and easy supervisees?

Expert supervisors were asked to rate each of the statements (cognitions/thoughts) in terms of their importance/priority level while they were working with an easy or a challenging supervisee. Some of the clusters were rated as in the higher importance/priority list in both easy and challenging supervisees' ratings. These clusters were "Supervisee Development," "The Client and the Counseling Session," and "Supervisor's Goal Setting/Agenda Setting." In other words, expert supervisors' rated the

statements under these clusters as important and a priority no matter with whom they were working.

Although no statistical procedures were carried out to examine statistical significance of mean differences neither in-between or within easy and challenging supervisee groups, cluster ratings indicated that expert supervisors presented more importance or higher priority to some of the clusters when compared to the other clusters while they were working with easy and challenging supervisees (see Table 5).

Cluster ratings for challenging supervisees revealed that expert supervisors gave more importance or higher priority to thinking about "If the desired change reflected in supervisee's next sessions," "Supervisee's Response to Feedback," "Supervisee Development," "Supervisee's Receptivity to Supervision," "The Client and The Counseling Session," "Additional Supervisor Reflections about Working with a Challenging Supervisee," "Supervisor's Assessment of and Reflection on His/Her Work," and "Supervisor's Goal Setting/Agenda Setting." These clusters appeared to be mainly focused on constant assessment of supervisee progress and development as well as the supervisor's self-reflective processing on his/her own intervention strategies to improve effectiveness. Moreover, clusters which were more focused on relationship did not appear to be among these clusters. In other words, while working with challenging supervisees, expert supervisors did not appear to give priority to supervisory relationship factors. This may be explained by the importance of behaviorally or operationally well-defined intervention strategies while working with challenging supervisees, especially with supervisees on contracts or remediation.

On the other hand, expert supervisors' ratings indicated more importance or higher priority while working with easy supervisees was given to "Supervisee's Reflective Process," "Supervisee Development," "Supervisor's Goal Setting/Agenda Setting," "Choice Points/In-Session Decisions," "Supervisee in Relationship to the Client," and "The Client and The Counseling Session" clusters. These clusters appeared to involve a focus on relationship factors, particularly the supervisee's relationship with the client. On the other hand, rather than pre-determined strategies or interventions, these clusters may be interpreted as providing the supervisor with the flexibility to pursue spontaneous opportunities with the supervisee within the session. For example, "Choice Points/In-Session Decisions" and "Supervisee's Reflective Process" involve statements that allow supervisors to be flexible with his/her interventions (e.g., statement # 136, 142).

In brief, there were differences between expert supervisors' thinking in terms of prioritizing some of the specific aspects of supervision. In the following section, the results of the present study are presented in the view of expertise literature.

Discussion of the Results in the View of Expertise Literature

In Chapter II, the nature of expertise and seven common characteristics of experts were described. Because the present study did not investigate cognitive processing abilities of counseling experts, not all the common characteristics of experts were represented in the results of present study. However, the results indicated similarities with some of the previous findings in counseling and other areas of expertise.

Glaser and Chi (1988) reported that experts are more aware of their own mistakes, the reason for their mistakes, and the need for monitoring their solutions when compared to their novice counterparts. Experts also have been found to be better in acknowledging their limits and the difficulty of tasks honestly (Chi et al., 1982). Similarly, expert supervisors reported a willingness to own their mistakes (statements # 80, 81) and monitor their own limitations and biases (statement # 72). In a different study, Eells and her colleagues (2005) also reported that expert therapists were more aware of when they made errors, why they failed to comprehend, and when they needed to recheck their solutions when compared to novice and experienced therapists. In line with these findings, expert supervisors' cognitions and thoughts involved monitoring if they were missing something about the supervisee (statement # 78) and how to manage their negative feelings about the supervisee (statement # 64).

In their study with master therapists, Jennings and Skovholt (1999) found that master therapists had emotional receptivity, defined as being self-aware, reflective, non-defensive, and open to feedback. Similarly, master therapists in another study also reported heightened sensitivity to client complaints and concerns as an evidence of their experience and maturity (Sullivan et al., 2005). As discussed in RQ1, expert supervisors' cognitions and thoughts also involved self-reflective thinking, such as their own reactions to the supervisee during or after supervision (statement # 62), if they are giving enough energy and time to the supervisees (statement # 79), and responding to supervisees in a non-judgmental way (statement # 63). Moreover, expert supervisors reported asking for feedback from their supervisees in terms of what went well and what could be changed in

their supervision process (statement # 169). This was also in line with the master therapists' collaboration ability with their clients. In this collaborative process, transparency and honesty in mutual work towards solving impasses in the counseling relationship were described as fundamental. Again, expert supervisors' in this study also reported desiring to be genuine and honest with their supervisees as one of their supervision thoughts.

Master therapists also mentioned peer consultation and supervision as sources of feedback to increase their awareness of themselves and others (Jennings & Skovholt, 1999). Similarly, expert supervisors in the present study also reported cognitions and thoughts about their needs of peer supervision and consultation (statement # 69).

Master therapists in Jennings and Skovholt's (1999) study reported a balance between providing safety and support, and challenging their clients when it was necessary. Expert supervisors also reported thoughts of balancing challenge and support (statement # 188), stretching the supervisee (statements # 132, 190), as well as thinking about supervisee's and client's welfare, safety, and risk (statements # 145, 23).

In another study, master therapists reported particular sensitivity and attention during the initial contact with their clients; specifically, they emphasized the necessity of careful listening and responding to client cues (Sullivan et al., 2005). In the same vein, expert supervisors also reported monitoring themselves to make sure that they heard the supervisee's messages during the supervision session (statement # 76) and gave enough time and energy that supervisee deserved (statement # 79).

Master therapists also presented an increased attention to addressing clients' needs by means of choosing and using pace-appropriate therapy techniques (Sullivan et al., 2005). Moreover, they were able to push their clients appropriately to keep them working towards change via challenges or didactic approaches. Expert supervisors also reported intentional intervention selection in the given moment of the supervision session (statement # 142) as well as stretching their supervisees towards improvement and learning (statements # 132, 190) as part of their thinking. Master therapists were also good at using themselves as an agent of change in their therapeutic relationship (Sullivan et al., 2005). Likewise, expert supervisors' reported thoughts of using themselves to show supervisee what s/he was referencing (statement # 73).

To summarize, expert supervisors appeared to have many common cognitions and thoughts with master therapists. As mentioned above, not all the common characteristics of experts described in Chapter II were represented in the results of present study. In the following section, the researcher presents her observations while working with the expert supervisors in this study.

Personal Observations of the Researcher

The researcher had a chance to work with and observe experts' information processing in the focus group session. Despite subjectivity, these observations appeared to be in the same line with the expertise literature; therefore, they were considered to be important to present.

Jennings and her colleagues (2005) reported that when master therapists faced uncertainty they spent a great deal of time on understanding the problem in the terms of

depth, complexity, detail, and thoroughness. In the focus group session, expert supervisors worked on the examination of statements assigned to the clusters and cluster labeling. Due to the conceptually confusing grouping of statements in some of the clusters, participants spent a great amount of time in thinking and processing the information. The focus group time was not adequate to review the final cluster list. On the other hand, in some of the clusters, participants were thinking and processing very fast, so that the researcher was not able to keep up with the content, even though she was familiar with the statements. This could be explained with two of the characteristics of experts: their ability to perceive large meaningful patterns in their domains and their speed at performing the skills of their domain (Glaser & Chi, 1988).

Furthermore, expert supervisors did not seem to be thinking in a hierarchical manner. Although their thought content represented supervision models and their components and, perhaps, were based on the principles of supervision models and counseling theories, experts' thinking seemed to be idiosyncratic. There appeared to be a different type of pattern in each expert's thinking which was overlapping to some extent but not on the other hand, as evidenced by the scattered findings from the cluster analyses.

In personal conversations with several of the expert supervisors who participated in the present study, they reported that they were not thinking about supervision models and their components in their supervision practice, but they were focusing more on the relational dynamics as well as idiosyncratic requirements of the session. In the same line with one of the expert characteristics described in expertise literature (Glaser & Chi,

1988), how these expert counseling supervisors described their thinking or acting was almost automatic.

In conclusion, the findings in line with the research conducted with master therapists as well as the researcher's observations were considered to be promising and encouraging for further investigation of expert counseling supervisors.

Limitations of the Study

Results of the present study provided valuable information regarding the expert counseling supervisors' cognitions and cognitive structures. However, as in all other studies, the results of the present study must also be considered within the context of its limitations.

First, generalizability of the results is limited to the demographics of the participants in this study. The researcher and her dissertation chair invited a culturally diverse number of expert supervisors, including a balance by race/ethnicity and gender. In the resulting sample, there was a balance in terms of gender of the participants. However, primarily Caucasians participated in the study. Only two out of 18 participants were Non-Caucasian. Thus, generalization of the findings beyond the current study sample should be made cautiously. Another group of expert supervisors fitting the same criteria might produce different maps of their work, particularly if that group was more diverse.

A second limitation was the potential variables influencing expert supervisors' knowledge and practices of supervision. Participants' years of experience as a supervisor, their training, and their range of supervisees varied, as well as the focus of their

supervision research. Thus, their supervisory experiences were diverse and different. Although this variety of experience and knowledge was considered an important resource for this study, it may also have contributed to the dissimilarity in the statements. The excessive number of generated statements in the first round of the study may be considered an example of the variety and diversity of expert supervisors' thinking.

Another limitation of the study was the limited timeline of data collection. Due to the tight schedule of the data collection procedures, some of the participants indicated that they were not able to respond within the requested timeline. However, most of these participants also mentioned that they would be willing to partake in the study if the timeline had any flexibility. Thus, due to the time restrictions, only a limited number of participants were able to join the study. For the same reason, four participants who attended in the second round had not participated in the first round, generation of the statements. This was another limitation of the study. Kane and Trochim (2007) mentioned having all participants to attend all three rounds improved the validity of the results.

For Round 2, the researchers paid careful attention to the process of editing and synthesizing statements and an external auditor was used to check the representativeness and clarity of the statements. Nevertheless, the editing and synthesizing procedure might have misrepresented the original meanings of some statements, and certainly reflected the researchers' and auditor's perceptions.

The researcher categorized all of the generated statements in a general manner to prepare for the editing and synthesis work. After the statements were edited, synthesized,

and studied by the external auditor, the researcher forgot to shuffle the statements before she prepared the sorting and rating tasks. In the sorting task, participants may have been influenced by the order of the statements, although participants' piles did not appear to reflect the order of the statements.

Lastly, although it was presented as an advantageous mixed methodology when compared to quantitative and qualitative designs (Kane & Trochim, 2007), concept mapping has its own limitations.

Concept mapping appeared to have some limitations for presenting the unique nuances and differences in the final results. In the present study, 195 statements were generated. The number of participants in the second round was 17. The results of the study may have been different if more participants were involved in the sorting task. Moreover, because concept mapping focuses on individual's views/perspectives about a specific topic or area and aggregates all those perspective together, it appeared to be difficult to synthesize those views in this study. One of the participants did not fill out the rating form reporting that the statements were so very specific that the participant was not able to apply them to her own idiosyncratic way of interacting and intervening with the supervisee. This participant was not involved in the first round of data collection and basically she did not have her own statements in the list. Another participant, who was not able to be in the focus group but was involved in the first two rounds of data collection, reviewed the focus group materials and sent an e-mail to the researcher and her dissertation chair. The participant reported that most of the statements did not seem to fit in how he was thinking about his supervision sessions, even though he responded to

round one (generation of statements) with 100 statements. Moreover, in the focus group session, participants had a hard time coming to a consensus on some of the clusters and assigning statements to them, as well as, and even the labeling of those clusters. In brief, concept mapping appeared to capture the unique and idiosyncratic frame of each participant's cognitions/thinking; however, due to the experts' cognitive nuances, it was hard for the participants to agree to a consensus label. In particular, expert supervisors thinking appeared to involve similarities, but the structuring of the thinking in each expert's mind was distinctive. In other words, each participant had his/her own cognitive map and it appeared to be hard to make a common map from those unique maps.

Therefore, researchers must consider concept mapping as an important tool to examine common perspectives shared by groups. However, concept mapping may be considered as a limited tool for the investigation of a group of participants' unique perspectives.

Implications for Counseling Supervision

Results of the present study have implications for both counseling supervisors and supervisor training programs. Expert supervisors in this study appeared to think about various supervision factors while they were planning for, conducting, and evaluating their supervision sessions. Earlier, these thoughts were summarized into the regions of assessment of the supervisee and his/her work, supervisory relationship, supervisor self-assessment and reflection, conceptualization of supervision and intervening, and administration considerations. This result of the study suggests supervisors should consider these areas of their supervision thinking as important components of their

considerations while they are working with their supervisees. Moreover, supervisor training programs may use strategies in their curricula to trigger these areas of thinking in supervisor trainees' practices with their supervisees. In particular, the most notable of these factors was supervisor's self-assessment and reflective thoughts, because very few researchers have mentioned or explored supervisor reflectivity.

Neufeldt and her colleagues (1996) suggested supervisors should be reflective in their work, so that they could be good role models for their supervisees. Nelson and her colleagues (2008) found that wise supervisors were reflecting on their work extensively in conflictual supervisory situations. Similarly, expert supervisors in this study were also found to be willing to engage in reflective practice not only regarding their work, but also about their personal awareness. Thinking about "what" and "how" questions about the supervision process, as well as looking for chances to receive supervision and/or consultation whenever necessary, appeared to be a significant part of expert supervisors' thoughts. They were also aware of their personal limitations as well as biases or countertransference issues. This result was also a reflection of one of the common characteristics of experts, having greater self-monitoring skills (Glaser & Chi, 1988). Moreover, expert supervisors also reported willingness to be transparent with their supervisees. Implications of this result for supervisors are to pursue the chances of self-reflective practice as well as transparency not only for their own self-awareness and improvement, but also modeling reflective practice and transparency to their supervisees. Similarly, supervisor training programs may introduce reflective strategies to their supervisor trainees, and these supervisors can be assisted to identify and nurture

reflective practices with their own supervisees as well. Moreover, supervisor trainees may also be modeled and supported by their own supervisors to be transparent in supervision training programs.

One of the aims of this study was to examine what was involved in expert supervisors' thinking. One particular question was how much supervision models were represented in expert supervisors' thinking. Supervision models did not seem to be entirely represented in the present study results. In other words, there were traces of supervision models in expert supervisors' cognitions/thoughts; however, none of the supervision models formed a cognitive category/domain. On the other hand, supervisory relationship appeared to be a theme in many of the clusters, but again, not a cluster by itself. This result suggests that supervision models were there, but not as a chunk. In other words, experts integrated their knowledge of those models and their practice through years of experience so that they have more abstract thinking with an underlying focus on the supervisory relationship. Hence, this result of the present study may be interpreted as models of supervision are concrete and practical tools of supervision that are necessary while training supervisors. In other words, supervision training programs may keep using supervision models as concrete guides/learning tools for their supervisor trainees, but at the same time assist supervisor trainees in achieving a complex level of thinking.

Results of the present study also indicated that expert supervisors were taking three main supervision thinking (cognitive categories/domains) into consideration as priorities in their supervision practices. These were supervisee's development, supervisee's client and the counseling session, and goals and agenda for the semester/the

session. In other words, whomever they were working with, setting goals and agenda for their work/for themselves as well as monitoring supervisee's development in his/her work with the client and within the counseling session were priority considerations of the expert supervisors. Thus, supervisors may benefit from considering these areas of thinking as fundamentals of supervision in their work with their supervisees. Moreover, supervisor training programs may keep helping supervisor trainees to understand these areas of thinking as essential part of their supervision work.

Expert supervisors also reported prioritizing different supervision components (cognitive categories/domains) while working with their easy and challenging supervisees. With the challenging supervisees, expert supervisors reported constant assessment of supervisee progress and development as well as the supervisor's self-reflective processing on his/her own intervention strategies to improve effectiveness. On the other hand, experts were considering more relationship-focused and flexible interventions strategies with easy supervisees. These results suggest supervisors should consider their priorities with their supervisees. Moreover, supervisor training programs may assist their supervisor trainees to review their priorities with their supervisees. Due to being doctoral supervisors, while working with challenging supervisees, supervisor trainees may have fewer tendencies to follow their gut-feelings and engage in the gatekeeper role. One of the cognitions/thoughts of expert supervisors in this study was "Doing what is 'the right thing to do' no matter how much I squirm (or the supervisee squirms)—with compassion." Thus, supervisor trainers must be able to normalize and support their supervisor trainees towards taking their gatekeeper roles.

The present study results also provided some understanding of expertise in counseling supervision. Expertise was described as a level of proficiency that novices can achieve (Chi, 2006b). Supervisors and supervisor training programs may use some of the results of this study to assist their supervisees in achieving the expert level of proficiency. In particular, the content of expert supervisors' thinking may be involved and integrated more in supervisor training programs and curriculum. However, initially, more research on how expert supervisors' thinking appeared to be necessary in order to provide practical implications. In the following section, suggestions for future research are presented based on the present study results.

Suggestions for Future Research

At the conclusion of this study, several questions remain unanswered that require further investigation. As presented in the limitations of the study section, the participants of the present study were composed of mainly Caucasians. A study with a more culturally diverse group of expert supervisors may yield different results than the present study results. For instance, even though multicultural considerations were involved in expert supervisors' cognitions/thinking in the present study, the number of these cognitions as well as their representation in the clusters were less than expected. Therefore, further research is necessary to explore how culturally diverse expert supervisors describe their cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions.

In the present study, cluster analysis results were conceptually less meaningful than expected. This finding was considered as a result of sorting a high number of

statements by a small group of participants. Involvement of more participants may increase the power of the results. Thus, further research with more participants is needed to see if more participants will lead to more meaningful statistical results.

As mentioned earlier, one of the participants of the second round, who was not involved in the first round of data collection, did not complete the rating task reporting that the statements were so specific that the participant was not able to reflect on the idiosyncratic nature of her work with her supervisees. Another participant who completed the first two rounds but could not be able to attend focus group meeting also mentioned that the final list of statements was not representing his focus in his supervision practices. Therefore, another study focusing on a few expert supervisors and investigating the idiosyncrasies of their work seems to be needed. In this study, Ideographic Concept Mapping (Goodyear et al., 2005) may be considered as a possible methodology due to its practicality to use with individuals. Such a study may also expand our knowledge about Supervision Models and their representation in the expert supervisors' thinking.

Cluster ratings for easy and challenging supervisees were examined through visual comparison of the ratings. A statistical comparison as well as a deeper investigation regarding if expert supervisors give higher importance or priority to some of the specific supervision components when compared to the other ones while they are working with easy and challenging supervisees are necessary. Such an understanding may contribute on best practices in supervision.

Lastly, in order to expand our knowledge about expertise in supervision, another study comparing expert supervisors' cognitions/thoughts to novice supervisors' is

necessary to understand if there is and/or what is the difference between expert and novice cognitions/thoughts. That study may also involve comparison of cognitive categories of expert and novice supervisors. Moreover, expertise in supervision could also be better understood through examining novice and expert supervisors' cognitive processing abilities. For example, how declarative and procedural knowledge (Anderson, 1981, as cited in Etringer et al., 1995) are used by novice and expert supervisors, and if novice and expert supervisors use forward and backward reasoning processes and how they use them (Simon & Simon, 1978, as cited in Eells et al., 2011), and how expert and novice supervisors process information are considered to be further venues to examine. Such a study could also inform supervisor development literature.

The present study provided important results and several questions remained unanswered. Further research will contribute on the results of the present study and perhaps make the present study results more meaningful.

Conclusions

This study highlighted the importance of exploring expert supervisors' cognitions and thoughts while they were planning for, conducting, and evaluating their supervision sessions. To better understand supervisor development, the present study results revealed the need for more research with expert supervisors as well as with their less experienced and novice counterparts. Due to the distinctive nature of supervision practices, further research may also need to involve, especially, qualitative and mixed method approaches to be able to conceptualize and operationalize what goes into counseling supervisors' thinking. These research will add our understanding of novice, experienced, and expert

counseling supervisors' cognitive content as well as cognitive processing abilities. Further research is needed to continue to explore representation of Supervision Models in these cognitions and cognitive processes that serves to the accumulation of and building up additional perspectives/dimensions to our supervision knowledge and practices.

Observations

In the present study, 14 participants completed the first round, 17 participants returned the packets in the second round, and six participants attended the third round, focus group. Several observations of the researcher during the data collection process are considered to be worthy to present. In all three rounds of the data collection, 18 participants attended one or more rounds. Throughout the data collection process, these participants appeared to be highly motivated and invested in the process despite the tight timeline of the study. For example, in the generation of statements round, six participants reported they spent more than 40 minutes completing the task, even though the necessary time for this round was suggested as a maximum 25 minutes in the pilot study. Moreover, before editing and synthesis of the statements, the goal number of the statements was 100. However, due to the purpose of preserving unique nuances and meanings within the statements, the number of final set of statements maintained was 195. In other words, almost double the goal number of statements was obtained and participants were informed about this unexpected number of statements. Despite the inconvenience of more work than presented in the consent form and invitation e-mail, in the second round 17 participants returned their packets to the researcher on time. Lastly, three rounds of the data collection procedures were carried out in three weeks.

Participants of the present study were expert counseling supervisors with demanding schedules. Despite the timeline restrictions, total of 18 participants partook in the present study.

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APPENDIX A

INVITATION E-MAIL TO THE STUDY

Subject: Invitation to participate in research about expert supervisors' cognitions regarding their supervision sessions

Dear (Name of the Prospective Participant),

I am contacting a very select group of counseling professionals to ask them to share their wisdom. Your work and experience in the counseling field led to you being identified as an expert in Clinical Supervision. Subsequently, I am writing to invite you to participate in an innovative study designed to describe **expert supervisors' cognitions** via a concept mapping procedure. Gülşah Kemer, an advanced doctoral student in our program at UNCG, and I have identified a small group of professionals who meet our criteria of expert supervisors. You were selected because of your extensive experience and strong reputation as a highly effective clinical supervisor. We are hopeful that you will be willing to lend your expertise to this study.

The study involves three parts, based on recommended concept mapping procedures.

In part 1, you will simply be asked to generate statements that reflect your thinking when planning for, conducting, and evaluating your supervision sessions (Should take about 25 minutes).

In part 2, you will be asked to sort and rate a list of statements synthesized and edited from the combined list generated by all participants in part 1 (Participants in the pilot study took 45 to 90 minutes to complete this task).

In part 3, you will have the option of participating in an online focus group (60 – 90 minutes – we will have only 8 individuals complete this step).

We are aware that we are asking for a time commitment from you. We hope, however, that you will find the topic – and process – important to your work and thus be willing to participate. **We will share the results of the study and any other information related to it that you might wish to receive.** We value your time, and even more, your expertise as a clinical supervisor. Your input is critical to our ability to produce an accurate and credible concept map of expert supervisors' thinking.

This project will be completed in a month. Please see the timeline, specifically the time frames for the Parts 1, 2, and 3, below:

March 12th – 19th	Part 1: Generation of Statements (25 minutes)
March 23th – 30th	Part 2: Sorting and Rating Tasks (45 – 90 minutes)
1st week in April	Online Focus Group (60 -90 minutes – optional)

Please let me know if you have any questions. Many thanks for your consideration!

L. DiAnne Borders, PhD
Burlington Industries Excellence Professor
Gülşah Kemer, MS, NCC-Eligible
Doctoral Student
Department of Counseling and Educational Development
The University of North Carolina at Greensboro

APPENDIX B

INFORMED CONSENT

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: Mapping Expert Supervisors' Cognitions

Project Director: Dr. L. DiAnne Borders and Gülşah Kemer

Participant's Name: _____

What is the study about?
This is a research project. The purpose of this study is to create a representation of expert supervisors' cognitions and cognitive structures through your completion of data collection forms and participation in one focus group. The aim of this study is to better understand what is involved in expert supervisors' thinking and how those thoughts are structurally organized through the processes of generating ideas about supervisors' thoughts about their supervision sessions, developing concept maps based on those ideas, and interpreting the results.

Why are you asking me?
The participants in this study are at least 18 years of age, and *have a PhD degree in Counselor Education or Counseling Psychology, experience in teaching and supervising counselor education and/or counseling supervision, involvement in scholarly activities in supervision, and/or been awarded or nominated for recognitions and/or honors for distinguished mentor, counselor educator, teaching excellence, etc.* For the purposes of this study, counseling supervisors with these expert level experiences are considered to be the target group.

What will you ask me to do if I agree to be in the study?
If you decide to participate in this study, you will be agreeing to fill out an online survey and participate in completion of a packet that will be mailed to you at the address of your choice. The survey will take approximately 25 minutes and completing the follow-up packet data will take 45–90 minutes of your time. Participants also have the option of participating in a 60 – 90 minutes-long online focus group.

The online survey involves a demographic questionnaire and your response to one open-ended question. The data collection forms that will be mailed to you involve sorting and rating tasks as well as two open-ended questions. Instructions will be provided on how to complete each form or task. Please complete these forms individually and privately. An

envelope and postage will be provided for you to mail them back to the student researcher within one week of receiving the forms in the mail. The student researcher will contact you through your preferred contact method (e-mail or phone) if your materials have not been received after 10 days from distribution. This contact will only serve as a reminder to return the materials, and you may opt out of the study at this point or any other point in the process. If you are not interested in attending the online focus group, then your participation will end at this point.

If you are interested in attending the online focus group session (60 – 90 minutes), you will indicate this at the end of the online survey and the student researcher will contact you with more information about the online format and details of the focus group session. Maps representing supervisor cognitions and cognitive structures will have been created from the data collected from the mailings. The focus group session will involve an introduction to a description of supervisor cognitions and cognitive structures, a presentation of these maps, and engaging you in a discussion, along with other participants, about your reactions to the maps.

If you agree to participate in online focus group session, you are also consenting to respect the privacy of other group members. You are agreeing to keep identifying information and responses during the group session confidential, meaning that you will not discuss other participants or what is stated during the focus group outside of this research study.

In this study, we are asking you to reflect on your supervisory experience as a supervisor. You may withdraw from the study or leave the focus group session at any time without penalty.

Is there any audio/video recording?
The focus group session will be audio-recorded so that the researcher can review the group's discussion when interpreting and writing up the results of this study. Because your voice will be potentially identifiable by anyone who hears the tape, your confidentiality for things you say on the tape cannot be guaranteed, although the researcher will limit access to the tape as described below.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. There is minimal risk to participating in this study as your identity will be revealed to other focus group participants. Otherwise, your name will never be revealed. The researchers are ethically and legally bound to protect participants' identities and responses in the focus group; the researchers, however, cannot guarantee that other focus group participants will keep participants' identities and responses confidential. Further, the data collection forms will be mailed to you so there is a risk of others noting your participation in this study. Please choose an address for this mailing at which you are comfortable receiving forms in

the mailing envelope upon completion to protect the privacy and confidentiality of your responses.

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Dr. L. DiAnne Borders who may be contacted at (336) 334-3425 or borders@uncg.edu or Gülşah Kemer who may be contacted at (336) 509-6297 or g_kemer@uncg.edu.

Are there any benefits to society as a result of me taking part in this research?
The ultimate goal of counseling is the client's welfare. In the process of reaching this goal, supervisors not only impact counselors' training and development directly, but also contribute to effective counseling practices and client welfare indirectly. Therefore, understanding the work of master supervisors would seem to be a critical focus for researchers. Through the comprehensive exploration of expert supervisors' thoughts and thought processes, the present study will inform current supervision practices as well as supervisor training programs. Supervision practitioners may gain a better understanding as well as new perspectives on their work through reflective processing. Supervisors may also use the results of the present study in their didactic and experiential methods of supervisor training. The knowledge obtained from the present study may inform current supervision programs as they review or revise their supervision curriculum and provide more goal-specific practices to their supervisor trainees.

Are there any benefits to *me* for taking part in this research study?
Participants may increase their awareness regarding their own supervisory thought processes and their influence on supervision practices.

Will I get paid for being in the study? Will it cost me anything?
Participants who participate in the round one and two of the data collection process will receive one Starbucks free drink gift card in the data collection packets. Those who complete all three rounds will be offered four Starbucks free drink gift cards as compensation for their time and participation. Free drink gift cards for the completion of all three rounds will be mailed to you within a month after the completion of this study. There are no costs to you for participating in this study.

How will you keep my information confidential?
All information obtained in this study is strictly confidential unless disclosure is required by law. **Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing. Please also visit security statement page provided by the commercial survey tool which will be used in this study at** http://www.qualtrics.com/security-statement.

You will be assigned an ID number at the beginning of the study, which will be used to identify your sorting task, rating task, and demographic information forms. Therefore, no identifying information will be directly linked to the data obtained in the focus group session. All audio recording and paper documents will be kept in a locked safe at the home of the student researcher. The data collected through this study will be kept for five years following completion of this study. At the end of five years, data on computer files will be completely erased and destroyed, and paper documents will be shredded.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By checking the "I Agree" you are agreeing that you are 18 years of age or older and that you have read and fully understand the contents of this document and the procedure described above, all of your questions concerning this study have been answered, and you voluntarily participate in this study. Before you proceed to the survey, please print a copy of this consent for your records. Once you checked the "I agree" box, click "Next" to be taken to the beginning of the survey. Thank for you time and contribution.

□ I agree.

APPENDIX C

DEMOGRAPHIC INFORMATION FORM

Instructions: Fill in the blank for each question or circle the appropriate responses.

Participant ID: _____

1. What is your gender: _____
2. What is your age in years: _____
3. What is your ethnic background:
    - o African American
    - o Caucasian
    - o Hispanic
    - o Native American
    - o Asian/Pacific Islander
    - o Other (please specify) _____
4. From which program is your PhD degree?
    - o Counselor Education
    - o Counseling Psychology
    - o Other (please specify) _____
5. What is your position?
    - o Adjunct Faculty
    - o Assistant Professor
    - o Associate Professor
    - o Full Professor

6. What are your professional credentials (Please check all that apply)?
   - o NCC
   - o LPC
   - o Licensed Psychologist
   - o Approved Clinical Supervisor (NBCC credential)
   - o Other: _____
7. Have you completed training in supervision?
   - o Yes
   - o No
8. If yes, which of the following have you completed (Please check all that apply)?
   - o A graduate course in clinical supervision
   - o Workshop training in clinical supervision

     Please describe briefly: _____
   - o Supervised experience of your supervision work (e.g., a supervision practicum or internship)
9. How long have you been providing supervision? _____
10. What is the typical supervisee profile you are working with in supervision (Please check all that apply)?
    - o Practicum master's students
    - o Internship master's students
    - o Doctoral Student clinical Practicum/Internship
    - o Doctoral Supervisor (completing a practicum or internship in supervision)

APPENDIX D

FOCUS STATEMENT AND BRAINSTORMING PROMPT

Please attempt to generate SHORT PHRASES OR SENTENCES that describe the factors you take into consideration while planning for, conducting, and evaluating your supervision sessions. You may consider your past and current experiences as a supervisor with the supervisees you believe you worked with very well as well as those who challenged you. You may also reflect on how you would imagine an 'expert' supervisor would think while planning for, conducting, and evaluating her/his supervision sessions.

In the box below, please fill in the blank of the following prompt with AS MANY STATEMENTS AS POSSIBLE based on your personal experience and ideas of the factors you take into consideration in your supervision sessions. Please be AS CLEAR AND CONCRETE AS possible.

One specific thing I think about in planning for, conducting, and evaluating my supervision sessions is _____.

Contact Information

Please fill out the information below for the researcher to mail out the other data collection forms, which you will receive within two weeks. Please indicate your preferred contact method (e-mail or phone). Your e-mail address or phone number will only be used for a reminder to return the mailed packets if yours is not received within the indicated time frame.

You will receive one Starbucks free drink gift card in your data collection packet.

Name: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

ZIP: _____

Email: _____

Phone: _____

Please check the box below, if you are interested in and available to attend an online focus group session (60 – 90 minutes).

- o Yes, I am interested in the focus group.

The online focus group session will be held in the 1st week of April.

The results of the data collection and analyses will be presented to you in the focus group session, and participants will be asked to provide their interpretation and feedback about the results. All participants who fully complete this survey, the mailed data collection packet, and attend the online focus group session will receive four Starbucks free drink gift cards.

If you have any questions regarding the online focus group session, please re-enter your e-mail address below for the researcher to contact you.

Email: _____

APPENDIX E

DATA COLLECTION PACKET INFORMATION FOR STRUCTURING OF STATEMENTS

Letter to Participants Partaking Rounds 1 and 2

DATE

Dear [insert first name],
Thank you for your participation in Part 1 of my study on expert supervisors' cognitions and cognitive structures. This packet includes the data collection forms for you to complete for Part 2 of this study. The next page contains the instructions for completing the documents and materials in this packet.
Please read the instructions carefully, complete the sorting task and rating task, consecutively, and return the materials in the envelope provided by:

DATE

Please find your Starbucks free drink gift card in the packet.
Please e-mail me at g_kemer@uncg.edu or call me at 336-509-6297 if you have any questions about completing this packet or your gift card is not enclosed.
Thank you for your participation in Parts 1 and 2 of this study.

Sincerely,
L. DiAnne Borders
Gülşah Kemer

Letter to Participants Partaking Rounds 1, 2 and 3

DATE

Dear [insert first name],
Thank you for your participation in Part 1 of my study on expert supervisors' cognitions and cognitive structures. This packet includes the data collection forms for you to complete for Part 2 of this study. The next page contains the instructions for completing the documents and materials in this packet.
Please read the instructions carefully, complete the sorting task and rating task, consecutively, and return the materials in the envelope provided by:

DATE

Please e-mail me at g_kemer@uncg.edu or call me at 336-509-6297 if you have any questions about completing this packet.
Please find your Starbucks free drink gift card in the packet. Further you indicated your interest in participating in Part 3 of this study, which is attending an online focus group (60 – 90 minutes) through Skype conference call. The date and the time for the focus group are:

DATE

If you fully participate in all 3 parts of the present study, you will receive three additional Starbucks free drink gift cards. Since you indicated your interest in the focus group during the online part of this study, I will be contacting you by e-mail in about a week with more information and to confirm your interest and availability in participating in the group.
Thank you for your participation in this study.

Sincerely,
L. DiAnne Borders
Gülşah Kemer

APPENDIX F

INSTRUCTIONS FOR COMPLETING AND RETURNING THE PACKETS

Dear (Name of the Participant),

In this round, please follow the instructions in the ORDER they are presented below:

1. **Sorting Task:** Please read the following instructions for the stack of index cards with printed statements:
   - Sort the statements into piles based on similarity of the statements.
   - Each statement must belong to *only* 1 pile. If a statement seems to fit several piles, then you must select the 1 pile into which the statement best fits.
   - A statement can be a pile by itself.
   - Once you sort all the statements into piles, place each pile separately into one of the small envelopes and **write a word or short phrase on the envelope** describing the statements in the envelope.
2. **Rating Task:** Think about your recent supervisees. Identify one supervisee who you worked well with, and another supervisee who challenged you. Please do NOT identify the supervisees by name. Briefly answer each question below:

What made the supervisee you identified easy to work with?

What made the supervisee you identified challenging to work with?

Before filling out the **rating form**, quickly scan the entire list of statements to try to get an idea of which ones are of highest or lowest importance/priority while working with the each supervisee that you described above. Please circle the appropriate response for each supervisee separately (on a scale of 1: "Low importance/priority" to 5: "High importance/priority") based on how important/priority the statement is to your opinion of a supervisors' thinking. When you rate the statements, try to use the full range of rating values (e.g., 1 to 5)."

3. Place all labeled envelopes and the rating scale into the provided larger envelope and mail back to the student researcher by DATE.
4. Please contact the student researcher, Gülşah Kemer, at g_kemer@uncg.edu or 336-509-6297 if you have any questions about completing the materials in your packet.

SAMPLE RATING FORM

One specific thing I think about in planning for, conducting, and evaluating my supervision sessions is…	**Easy Supervisee**					**Challenging Supervisee**				
	Low Importance/ Priority	⟷			High Importance/ Priority	Low Importance/ Priority	⟷			High Importance/ Priority
Statement 1	1	2	3	4	5	1	2	3	4	5
Statement 2	1	2	3	4	5	1	2	3	4	5

APPENDIX G

FOCUS GROUP AGENDA

1. Greeting
2. Summarization of the first Two Rounds of Data Collection
3. Introduction to the Third Round of Data Collection
4. Presentation of Maps
    a. Point Map
    b. Cluster Map
    c. Point Rating Map with Designated Clusters
5. Examination and Labeling of Clusters
6. Discussion and Sharing of Impressions about Expert Supervisors' Cognitions

APPENDIX H

PILOT STUDY

A pilot study was conducted to try out the research procedures for clarity before conducting the full study. The research questions for the full study were analyzed in the pilot study, although the sample size was too small to generate adequate conclusions from the data. Participants in the pilot study were also asked for feedback on the instructions and procedures in order to improve the process for the full study.

Participants

Participants in the pilot study were identified as expert counseling supervisors who had extensive knowledge and experience in supervising counselor and/or supervisor trainees and supervision research, based on the criteria for the full study. Participants in the pilot study were two expert supervisors, faculty members from a CACREP-accredited counselor education program.

Procedures and Data Analysis

The researcher applied to The Institutional Review Board at The University of North Carolina at Greensboro for approval to conduct the pilot study. After receiving approval, participants were recruited via the department listserv at a university in the Southeast. Participants were asked to complete generation of the statements and structuring of the statements parts of concept mapping, concluding the data collection procedures in two rounds instead of three rounds. Due to the small number of participants and non-generalizable results, participants were not asked to complete interpretation of the maps part. However, participants were asked for their feedback about the data

collection procedures and clarity of the directions, as well as amount of time they spent in each round. Thus, procedures for the pilot study were different than the full study. Only first and second rounds of data collection were completed by the participants in the pilot study.

First round of data collection. In the first round of data collection, participants were contacted via an invitation e-mail (Appendix A) describing the aim of the study as well as the criteria for participation to the study. Each of the two participants was provided with two copies of the informed consent form (Appendix B), one for the researchers and one for the participants' records. Then, participants were provided with the brainstorming guidelines and focus statement (Appendix C) through e-mail and asked to complete the forms online and send them back to the researcher. Participants were also asked to report the amount of time they spent on the first round of data collection.

After receiving the completed forms, the researcher and her dissertation chair edited and synthesized the statements for their clarity and concreteness.

Second round of the data collection. In the second round of data collection, participants were asked to sort and rate the final set of statements, and provide feedback about the clarity of the data collection procedures. The sorting task (Appendix D) was completed before the rating task. Each statement was printed on a small card for the sorting task. Participants were asked to sort the statements into piles based on their similarity, and then place each pile in the provided envelopes; finally, participants were asked to label each pile based on the conceptual content.

For the rating task (Appendix E), participants were asked to think about two current or previous supervisees they supervised. One of these supervisees was to be a supervisee participants believed they worked well with whereas they felt they were challenged by the other supervisee. Participants were also asked to respond to two open-ended questions in terms of what made each supervisee either easy to work with or challenging for them. Participants rated each statement for its level of importance and/or priority, separately for each supervisee, on a 5-point Likert scale (1 = *low importance/priority*, 5 = *high importance/priority*).

After completing the sorting and rating tasks, participants were asked for their feedback regarding clarity of the procedures (Appendix F). The data collection procedures for the pilot study were finalized at this point.

Data analyses. After receiving the participants' sorting and rating tasks, the researcher practiced analyzing the data to create the maps. First, the average scores for each statement's ratings were calculated through descriptive statistics analyses in SPSS. Secondly, the researcher worked on the sort task to create the group similarity matrix (GSM), hierarchical cluster analysis, and multidimensional scaling (MDS) analysis to obtain the maps.

Results of the Pilot Study

Participants of the pilot study were two faculty members from a southern university. First round of data collection was completed by the first participant in 15 minutes whereas second participant spent 30 minutes on completing the first round.

Second round of data collection took 1.5 – 2 hours of the first participant to complete. Similarly, second participant completed the second round in 1.5 hours.

In the first round, one of the participants made three separate lists for the titles of planning for, conducting, and evaluating their supervision sessions. The participant created greater number of statements when compared to the other participant. This method was considered to be a possible change for the full study; however, asking participants to create three separate lists was also considered to be a leading question. Accordingly, this was not applied as a change in the full study in order not to influence participants' sorting task work.

The statements generated by the two participants were edited and synthesized into 113 final statements and prepared for sorting and rating tasks. In the sorting task, the first participant sorted statements into 12 piles whereas the second participant created 14 piles. The first participant's piles were labeled as (1) Intentional Goal Orientation, (2) Essentials I Won't/Can't Compromise (Professional Standards), (3) Signs of Potential Problems in Supervision, (4) Skills I Model in Supervision, (5) Internal Experience of Supervisee I Identify & Try to Have Them Expose, (6) Aspects to Assess Supervisee, (7) Relationship between Supervisor and Supervisee, (8) Decisions or Information Used for Each Supervision Session, (9) Things I assess for Continuity of Supervisee Development, (10) Nuanced Supervision Strategies for which I Seek Opportunities, (11) Process Issues during Supervision, and (12) Overt Feedback to Supervisee. The second participant's pile labels were (1) General Planning Thoughts: Do these need to be considered (ethical), Overall plan, (2) Specific Material That Can Be Used in Supervision: Which Ones Best

for Good of Next Session, (3) Goals for today's/next session, (4) Assessing the Supervisee: Various points to be assessed/considered – Skills and more, (5) Modeling, (6) Assessing/Planning Delivery of Feedback, (7) Adjusting Delivery of Feedback during Session, (8) General Supervisory Issues/Points, (9) Supervisory Relationship – Managing Negative Feelings about Supervisee, (10) Supervisory Relationship – The Less Obvious Dynamics to Assess and Monitor, (11) Within Session – Monitoring and Managing Decisions for Next Move, Pile (12) Within Session – Monitoring and Managing (More Subtle Stuff), (13) Reflecting on the Session, and (14) Evaluating Supervisee Progress. Similarities and differences were observed in the preliminary view of these labels and their content. For example, the piles "Specific Material That Can Be Used in Supervision: Which Ones Best for Good of Next Session" and "Decisions or Information Used for Each Supervision Session" from separate participants appeared to be conceptually similar. Likewise, both participants created piles that emphasized the nuanced/subtle supervision strategies. These piles were "Nuanced Supervision Strategies for which I Seek Opportunities" and "Within Session – Monitoring and Managing (More Subtle Stuff)." Moreover, the piles named "General Supervisory Issues/Points" and "Relationship between Supervisor and Supervisee" were also similar. Besides the similarity in supervisory relationship piles, the second participant appeared to have three separate piles for supervisory relationship. Pile 9 appeared to be uniquely different than the other participant's piles, because it was related to supervisor's negative feelings. Similarly, Pile 9 of the second participant was also different than the first participant's

piles, because it was emphasizing a developmental assessment. Finally, second participant also created a pile described the evaluation piece of supervision.

Participants also rated the statements for two of their supervisees, one challenging and one easy to work with. Although ratings were not analyzed in the pilot study, participants' feedback for generation of statements, sorting, and rating tasks were obtained. The first participant mentioned that it was challenging, interesting, and time-consuming. Moreover, the participant mentioned that it was confusing how to rate the statements on the rating scale and tedious to rate both supervisees. The participant drew attention to the use of some statements only with specific supervisees or in specific sessions (e.g., 'back-dooring'). The second participant also mentioned that it was fun, interesting, and reflective to participate. Moreover, the second participant pointed out some repetitions within the statements and clarification necessities. For example, in a two of the statements ('Structure of the session' & 'pacing/timing of the session'), it was not clear if the statement was about a counseling session or a supervision session. The participant suggested the researcher sort the statements by themselves first to try to identify repetitions in the full study.

Based on the experience of collecting data and feedback received from the participants, some changes were applied to the full study.

Revisions for the Full Study

In addition to the learning from the data collection and participant feedback, the dissertation proposal seminar was also provided important revisions in the

methodological procedures of the full study. The following revisions was applied to the full study:

1. Consulting an external auditor for feedback on the conceptual clarity of final set of statements after the editing and synthesis work by the researcher and her dissertation chair;
2. Asking participants to provide their professional credentials as part of demographic information form;
3. Asking participants to describe the typical supervisee profile they work with as part of demographic information form;
4. Sending out personal invitations to the participants through an e-mail by Dr. L. DiAnne Borders as the researcher's dissertation chairperson; and
5. Restricting participants to only university/faculty supervisors.

PILOT STUDY APPENDIX A

INVITATION E-MAIL TO THE STUDY

Subject: Invitation to participate in research about expert supervisors' cognitions regarding their supervision sessions

Dear Potential Participant,

You have been identified as eligible for our study of expert supervisors. We are sending you this e-mail to invite you to participate in the pilot study of an IRB approved research study that will help us learn more about counseling supervisors' cognitions and cognitive structures. Your participation in this study is voluntary. To be eligible for this study, you should be a counselor educator with the following qualifications: (a) a PhD degree in Counselor Education or Counseling Psychology, (b) experience in teaching and supervising counselor education and/or counseling supervision, (c) involvement in scholarly activities in supervision, and/or (d) being awarded or nominated for recognitions and/or honors for distinguished mentor, counselor educator, teaching excellence, etc.

This study involves two focus group sessions in a 1-week interval (each 2-hours long). Participants will be offered snacks and refreshments for compensation of their time and work in the present study.

If you are interested in participating, please contact Gülşah Kemer through e-mail at g_kemer@uncg.edu by Friday, January 25th, 2012. The researcher will contact you regarding the dates and times of the focus groups.

Thanks for your consideration and assistance.

Gülşah Kemer, MS, NCC-Eligible
Doctoral Student
L. DiAnne Borders, PhD
Burlington Industries Excellence Professor
Department of Counseling and Educational Development
The University of North Carolina at Greensboro

PILOT STUDY APPENDIX B

CONSENT TO ACT AS A HUMAN PARTICIPANT

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: An Exploratory Study of Expert Supervisors' Cognitions

Project Director: Dr. L. DiAnne Borders and Gulsah Kemer

What is the study about?
This is a research project. The purpose of this study is to create a representation of expert supervisors' cognitions and cognitive structures through your completion of data collection forms and participation in two focus groups. The aim of this study is to better understand what is involved in expert supervisors' thinking and how those thoughts are structurally organized through the processes of generating ideas about supervisors' thoughts about their supervision sessions, developing concept maps based on those ideas, and interpreting the results.

Why are you asking me?
The participants in this study are at least 18 years of age, and *have a PhD degree in Counselor Education or Counseling Psychology, experience in teaching and supervising counselor education and/or counseling supervision, involvement in scholarly activities in supervision, and/or been awarded or nominated for recognitions and/or honors for distinguished mentor, counselor educator, teaching excellence, etc.* For the purposes of this study, counseling supervisors with these expert level experiences are considered to be the target group.

What will you ask me to do if I agree to be in the study?
If you decide to participate in this study, you will be agreeing to attend two focus groups in a one-week interval. Each focus group will take approximately 2 hours. The first and second rounds of data collection will be completed in the first focus group and the last round will be performed in the second focus group.

In the first focus group, after completing the informed consent and demographic information forms, you will be introduced to the study. Then, you will be provided with the brainstorming guidelines and focus statement. For 45 minutes, you will generate statements about your ideas of what you are focusing on while planning for, conducting, and evaluating your supervision sessions. The researcher will print the statements for rating and sorting tasks during a break. After the break, you will be asked, individually, to rate the statements based on the rating focus and to sort the statements into piles based on the similarity.

After a week interval, maps representing supervisor cognitions and cognitive structures will have been created from the data collected from the first focus group session. The second focus group session will involve an introduction to a description of supervisor cognitions and cognitive structures, a presentation of these maps, and engaging you in a discussion, along with other

If you agree to participate in the focus group sessions, you are also consenting to respect the privacy of other group member/s. You are agreeing to keep identifying information and

UNCG IRB
Approved Consent Form
Valid 1/27/12 to 1/26/15

responses during the group session confidential, meaning that you will not discuss other participants or what is stated during the focus group outside of this research study.

In this study, we are asking you to reflect on your supervisory experience as a supervisor. You may withdraw from the study or leave the focus group session at any time without penalty.

Is there any audio/video recording?
The second focus group session will be audio-recorded so that the researcher can review the group's discussion when interpreting and writing up the results of this study. Because your voice will be potentially identifiable by anyone who hears the tape, your confidentiality for things you say on the tape cannot be guaranteed, although the researcher will limit access to the tape as described below.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. There is minimal risk to participating in this study as your identity will be revealed to other focus group participants. Otherwise, your name will never be revealed. The researchers are ethically and legally bound to protect participants' identities and responses in the focus group; the researchers, however, cannot guarantee that other focus group participants will keep participants' identities and responses confidential.

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Dr. L. DiAnne Borders who may be contacted at (336) 334-3425 or borders@uncg.edu or Gulsah Kemer who may be contacted at (336) 509-6297 or g_kemer@uncg.edu.

Are there any benefits to society as a result of me taking part in this research?
The ultimate goal of counseling is the client's welfare. In the process of reaching this goal, supervisors not only impact counselors' training and development directly, but also contribute to effective counseling practices and client welfare indirectly. Therefore, understanding the work of master supervisors would seem to be a critical focus for researchers. Through the comprehensive exploration of expert supervisors' thoughts and thought processes, the present study will inform current supervision practices as well as supervisor training programs. Supervision practitioners may gain a better understanding as well as new perspectives on their work through reflective processing. Supervisors may also use the results of the present study in their didactic and experiential methods of supervisor training. The knowledge obtained from the present study may inform current supervision programs as they review or revise their supervision curriculum and provide more goal-specific practices to their supervisor trainees.

Are there any benefits to *me* for taking part in this research study?
Participants may increase their awareness regarding their own supervisory thought processes and their influence on supervision practices.

Will I get paid for being in the study? Will it cost me anything?
You will be provided with snacks and refreshments during the focus group breaks. There are no costs to you for participating in this study.

How will you keep my information confidential?
All information obtained in this study is strictly confidential unless disclosure is required by law.

You will be assigned an ID number at the beginning of the study, which will be used to identify your sorting task, rating task, and demographic information forms. Therefore, no identifying information will be directly linked to the data obtained in the focus group sessions. All audio recording and paper documents will be kept in a locked safe at the home of the student researcher. The data collected through this study will be kept for five years following completion of this study. At the end of five years, data on computer files will be completely erased and destroyed, and paper documents will be shredded.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you are 18 years of age or older and that you have read and fully understand the contents of this document and the procedure described above, all of your questions concerning this study have been answered, and you voluntarily participate in this study. A copy of this consent form will also be provided for your records. Thank for you time and contribution.

Participant's Signature: _____

UNCG IRB
Approved Consent Form
Valid 1/27/12 to 1/26/15

PILOT STUDY APPENDIX C

FOCUS STATEMENT AND BRAINSTORMING PROMPT

Focus Statement and Brainstorming Prompt

Please attempt to generate short phrases or sentences that describe the factors you take into consideration while planning for, conducting, and evaluating your supervision sessions. You may consider your past and current experiences as a supervisor with the supervisees you believe you worked with very well as well as those who challenged you. You may also reflect on how you would imagine an 'expert' supervisor would think while planning for, conducting, and evaluating her/his supervision sessions.

In the box below, please fill in the blank of the following prompt with AS MANY STATEMENTS AS POSSIBLE based on your personal experience and ideas of the factors you take into consideration in your supervision sessions. Please be as clear and concrete as possible.

Specific things I think about in planning for, conducting, and evaluating my supervision sessions are _____.

PILOT STUDY APPENDIX D

SORTING TASK

Sorting Task

Participants will be instructed as following:

- Sort the statements into piles based on similarity of the statements.
- Each statement must belong to *only* 1 pile. If a statement seems to fit several piles, then you must select the 1 pile into which the statement best fits.
- A statement can be a pile by itself.
- Once you sort all the statements into piles, place each pile separately into one of the small envelopes and **write a word or short phrase on the envelope** describing the statements in the envelope.

PILOT STUDY APPENDIX E

RATING TASK

Rating Task

Participants will be instructed as following:

- Think about your recent supervisees. Identify one supervisee who you worked well with, and another supervisee who challenged you. Please do NOT identify the supervisees by name. Briefly answer each question below:

What made the supervisee you identified easy to work with?

What made the supervisee you identified challenging to work with?

- Before filling out the **rating form**, quickly scan the entire list of statements to try to get an idea of which ones are of highest or lowest importance/priority while working with the supervisees that you described above. Please circle the appropriate response (on a scale of 1: “Low importance/priority” to 5: “High importance/priority”) based on how important/priority the statement is to your

opinion of a supervisors' thinking with each supervisee. When you rate the statements, try to use the full range of rating values (e.g., 1 to 5)."

Example Rating Scales:

	Easy Supervisee					Challenging Supervisee				
	Low Importance/ Priority	←		→	High Importance/ Priority	Low Importance/ Priority	←		→	High Importance/ Priority
Statement 1	1	2	3	4	5	1	2	3	4	5
Statement 2	1	2	3	4	5	1	2	3	4	5

PILOT STUDY APPENDIX F

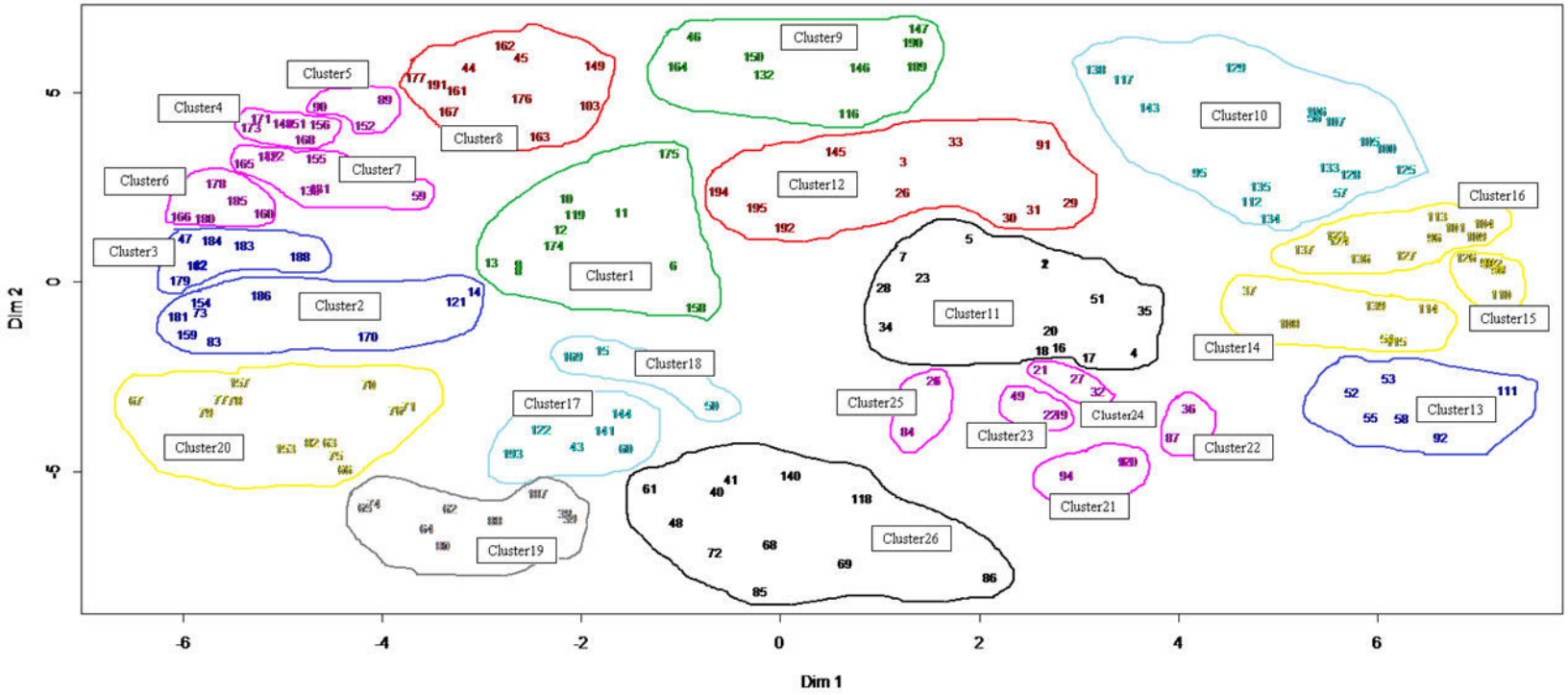
FEEDBACK FOR THE PILOT STUDY

Feedback for the Pilot Study

1. What was this process like for you?
2. Did the procedures make sense? Which, if any, were confusing? How could they have been made clearer?
3. Do you have any more feedback about the procedures?

APPENDIX I

PRELIMINARY POINT CLUSTER MAP



APPENDIX J

FINAL SET OF STATEMENTS

	Statements
1.	Supervisee's developmental needs
2.	Supervisee's developmental levels, including cognitive, emotional, and moral development
3.	Is this supervisee's performance consistent with what I would expect based on his/her previous experience and developmental level?
4.	Supervisee's general maturity level
5.	Supervisee's potential growth areas for further development
6.	Supervisee's learning goals for this experience (e.g., semester)
7.	Supervisee's progress toward those goals to date
8.	My goals for this supervision session
9.	Three goals I would like for supervisee to gain/accomplish by end of the supervision session
10.	Prioritizing immediate vs. larger goals
11.	Creating necessary learning environment to meet my goal/s for the supervision session
12.	Possible interventions to achieve my goal/s for the supervision session
13.	How to tie my feedback into the supervisee's goals for the semester and/or the supervisee's request for feedback about this counseling session
14.	My goal is almost always for the supervisee to hear and understand (as opposed to just being able to say my point) so tracking the reaction is essential
15.	Sharing, generating, and negotiating goals with supervisee
16.	Supervisee's adherence to the standards of care for the client
17.	Supervisee's ability to advocate for client, seek out needed resources, use appropriate referrals, etc.
18.	Supervisee's adherence to ethical and legal guidelines
19.	Appropriateness of supervisee's interactions with peers and staff
20.	Quality/Appropriateness of supervisee's session notes and documentation
21.	Quality of supervisee's general professionalism and professional attitude
22.	Quality/Appropriateness of supervisee's consultation with related health professionals, school personnel, or relevant others
23.	Client welfare, safety, and risk
24.	Demographics of the client (age, gender, culture, etc.)
25.	Psycho-social history of this client and other important/relevant issues (e.g., history of trauma, substance abuse, medications, biological issues, DSM diagnosis, family or origin information)
26.	Potential need for referral for medications, psychological assessment, etc.
27.	Client's strengths
28.	Supervisee's typical clientele
29.	Supervisee's history with this client/how previous sessions went
30.	Client's goals and short-term and long-term needs, including what client wanted/needed in this counseling session
31.	Client's reactions and responses in supervisee's counseling session
32.	Client's investment in counseling
33.	Stuck points that occurred in the counseling session
34.	Transference and counter-transference issues in the counseling session
35.	Power dynamics and how they are playing out in the counseling (client resistance, etc.)
36.	Client's blind spots
37.	Nature of the counselor-client relationship
38.	My relationship/working alliance with the supervisee

	Statements
39.	History of our relationship/working alliance
40.	Level of rapport with supervisee
41.	The match/mismatch between the styles of the supervisee and me (clinically, personally, etc.)
42.	Decisions regarding interventions to best break the disruptive parallel processes
43.	Parallel process issues and dynamics
44.	Modeling counseling skills (e.g., listening, communication skills, immediacy) and/or counseling techniques
45.	Modeling application of theories
46.	Modeling appropriate attitude toward the client and counseling
47.	Whether/how much to model transparency, including my internal processes (e.g., thoughts, reactions, emotions, etc.)
48.	Supervisee's perceptions of me, reactions to me
49.	The similarities and differences in supervisee's self-presentation in the current session when compared to the previous sessions
50.	How supervisee has received feedback in previous sessions
51.	Supervisee's potential blind spots, biases, and values
52.	Evidence of any supervisee feelings of judgment or criticism toward client
53.	Supervisee's level of awareness of potential blind spots, biases, values, reactions to the client, etc.
54.	Supervisee's internal reactions to the client (e.g., emotional reactions/feelings about client)
55.	Supervisee's emotional stability
56.	Supervisee's self-assessment of session, level of self-awareness and accuracy of self-assessment
57.	Supervisee's feelings about his/her work (proud, confident, shameful, denial)
58.	Supervisee's level of self-confidence, anxiety, etc.
59.	When choosing the two or three things to focus on, which of the potential things to address are things the supervisee has some self-awareness about
60.	My previous knowledge of the supervisee (e.g., my own previous interactions/experiences, information from other faculty members)
61.	My negative feelings about the supervisee (e.g., irritating behaviors and mannerisms, things that get on my nerves)
62.	My own reactions to the supervisee and supervision processes, during and after sessions
63.	Responding appropriately to the supervisee (being non-judgmental)
64.	How to manage any negative feelings about the supervisee
65.	Is this supervisee pushing any of my buttons?
66.	What is bothering me – the sense that something is off
67.	Is there anything about the supervisee I need to share with others (e.g., faculty colleagues, site supervisor) immediately?
68.	Awareness of differences between myself and supervisee
69.	My needs for peer supervision/consultation
70.	Self-assessing my level of verbal activity in the session
71.	Self-assessing how concrete and specific my feedback is
72.	My own limitations, personal biases, countertransference, etc.
73.	How I can use myself or my interactions with my supervisee to show him/her what I am referencing
74.	Being human--being genuine and honest even when it is difficult to do so
75.	Doing what is "the right thing to do" no matter how much I squirm (or the supervisee squirms) -- with compassion
76.	Ensuring I heard the supervisee's message to me during supervision
77.	What am I avoiding saying that needs to be said?
78.	Have I just been putting out fires with this supervisee? What am I missing because I have been consumed with those emergencies?

	Statements
79.	Am I giving this supervisee the time and energy he/she deserves?
80.	My willingness to own a mistake and talk about it with the supervisee
81.	I want supervisees to know I am human and I make mistakes and I want them to feel safe being human and telling me about their mistakes
82.	My ability to help supervisees "buy into" and invest in the supervision process.
83.	How to use humor to help supervisee to become comfortable, less anxious, etc
84.	The extent to which the "isms" (e.g., racism, ageism, fattism) are identified and explored in counseling and supervisory relationships
85.	My cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee)
86.	The supervisee's cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee)
87.	The client's cultural characteristics and values (including gender, race/ethnicity, sexual orientation, SES, spiritual and religious beliefs, and any other cultural considerations or values relevant to my work with this supervisee)
88.	If, when, and how to broach our cultural differences
89.	How supervision models fit and would inform my work in this session
90.	From the discrimination model, what are the most appropriate roles and focus areas for this session
91.	Knowledge of the supervisee's site (e.g., how agency is organized, what type of school counseling program is in place)/Context of the supervisee's site
92.	Supervisee's knowledge/understanding of agency or school structure, politics, etc.
93.	Supervisee's readiness for or ability to handle challenges from me
94.	Monitoring supervisee's openness and ability to benefit from supervision
95.	Supervisee's ability to take risks, step outside his/her comfort zone
96.	Supervisee's conceptual skills and deficits
97.	Supervisee's appropriate/consistent use of basic counseling skills (e.g., reflection of feelings, open-ended questions, summarizing)
98.	Supervisee's appropriate/consistent use of non-verbal skills (e.g., body language, voice tone, voice inflection)
99.	Supervisee's appropriate/consistent use of advanced counseling skills (e.g., confrontation, immediacy, interpretation, self-disclosure)
100.	Supervisee's theoretical orientation
101.	Supervisee's application of theory in session/with client
102.	Supervisee's effective use of counseling techniques
103.	What techniques I would use with this client
104.	Supervisee's integration of techniques with theory
105.	Supervisee's ability to discuss the process of counseling with the client
106.	Sophistication (complexity) of the supervisee's thinking about the case/client
107.	Supervisee's conceptualization of the client's strengths and problems
108.	Supervisee's experience level with this type client/issue
109.	Supervisee's diagnosis and treatment planning skills
110.	Supervisee's skills in group, family, and couples counseling (as appropriate to client/session)
111.	Supervisee's ability to work with other stakeholders (e.g., parents, teachers, other helping professionals)
112.	Supervisee's level of self-care
113.	Supervisee's ability to understand client in context (work, family)
114.	Expertise that supervisee brings to client issues
115.	Supervisee's strengths

	Statements
116.	Supervisee's level of autonomy/how much autonomy I can give supervisee
117.	Themes and patterns in the supervisee's counseling sessions
118.	Supervisee's "buy in" to the supervision process.
119.	Supervisee's personal style to best hear feedback
120.	Supervisee's fear in the case of lack of progress or resistance
121.	Supervisee's potential response to my feedback during this session
122.	Supervisee's feelings, thoughts, and behaviors/non-verbals regarding my feedback during the session
123.	Supervisee's ability to engage in reflective practice
124.	Supervisee's ability to engage in reflection in action
125.	Supervisee's awareness of here-and-now processes in therapy
126.	Supervisee's ability to engage and intervene in the here-and-now processes
127.	Supervisee's ability to adapt counseling to meet the needs of the client
128.	Supervisee's empathic failures or fractures
129.	Impasses and power struggles in the counseling session
130.	What is the supervisee wanting—in general and specifically for this session?
131.	What is the supervisee needing—in general and specifically for this session?
132.	What is theoretical "stretch" for this supervisee—broadening theoretical basis for treatment and conceptualizations of client material
133.	Assessment of supervisee's group counseling work (group dynamics, group member roles, group processes)
134.	Supervisee's stress level
135.	Supervisee's motivation/motivational level
136.	What supervisee feels and thinks about the counseling session and about the client
137.	The supervisee's identified challenges with the session
138.	The supervisee's unidentified challenges with the session
139.	The degree of compassion the supervisee feels for client
140.	What does the supervisee think about our process so far? Pros, cons, changes?
141.	How does the supervisee seem to be experiencing the feedback during the session?
142.	Of the many levels and ways to intervene with the supervisee at any given moment, choosing the one that seems most helpful for the supervisee at that point in time
143.	Monitoring the supervisee's head-gut barometer
144.	Serving in the gatekeeper role
145.	Supervisee welfare, safety, and risk
146.	Identifying unanswered questions, missing info from the counseling session
147.	How to help supervisee integrate client data from multiple sources
148.	How I might use clips of the counseling session tape during supervision (e.g., Quotes of the supervisee in his/her counseling session that I can use; Quotes of the client in supervisee's counseling session that I can use; Quotes or sections of the counseling tape helpful to illustrate my points; potential use of IPR)
149.	How to get this supervisee to be more accepting of his/her client's personality, approach, etc.
150.	How to help supervisee see the important issues and work with this client
151.	How I might use a discovery approach in working with the supervisee during this session (How to make it look like the new idea/insight is the supervisee's, not mine)
152.	What is the appropriate structure, pace/timing of the supervision session
153.	What to do to better 'connect' with the supervisee
154.	How direct I can be with this supervisee – in this supervision session
155.	If I need to give/assign the supervisee homework for the next supervision session
156.	Readings or other education that would help the supervisee
157.	My feeling about the completed supervision session
158.	Is the desired change reflected in supervisee's next sessions

	Statements
159.	What metaphor described my work with this supervisee
160.	Knowledge and resources that might be helpful to my work with this supervisee
161.	Any unexpected crisis we need to discuss during the session
162.	Any site concerns or issues that we need to discuss during the session
163.	Number of supervision sessions left with supervisee
164.	Reviewing progress made by the clients in case or cases presented to me at the last supervision session
165.	Sharing positive feedback first before offering constructive criticism
166.	Whether to share/I might share some of my own experience with the type of counseling case
167.	Watching an audiotape or listening to an audiotape of the supervisee's case
168.	Whether to use role play (e.g., to practice some new behavior, take the role of the client and share my thoughts and feelings from that perspective)
169.	Asking my supervisee to evaluate our supervision session by asking what was most helpful and what they might like to be different
170.	What went well, what didn't go so well, and what can I do similarly and differently next time?
171.	Tracking the time in our session to balance time about the case with time about the supervisee
172.	What should I end on this session – (e.g., affirmation, summary of work for between now and next session, normalizing the process, etc.)
173.	Homework assignments from previous week
174.	Make my standards clear; be sure expectations are clear on syllabus
175.	When choosing the two or three things to focus on, what the client most needs the counselor to do differently next time
176.	When choosing the two or three things to focus on, which of the potential things to address are patterns for the supervisee
177.	What must be addressed today because of ethical or legal concerns?
178.	How should I balance my prepared foci for the session with what the supervisee brings/asks (which of my points can I let go if the supervisee asks for different help?)
179.	Has this supervisee been getting mostly positive or constructive feedback from me? I want to maintain a balance so I assess if they seem discouraged or ready for more growth
180.	When choosing focus areas, is this type of feedback appropriate for the format of supervision I have with him/her today (individual, triad, group)
181.	Should I bring attention to the here and now experience of providing/hearing the feedback
182.	How can I check defensiveness out and choose another approach
183.	Have I made clear expectations clear and am I holding supervisee accountable for meeting them (for remediation specifically)
184.	What student progress I can point out today
185.	How can I show the student his/her work resulted in positive change?
186.	What do I need to keep exploring about this supervisee -- what's not adding up or what do I need to better understand before the next session
187.	Maintaining a strong empathic connection and empowerment with the supervisee throughout supervision session
188.	Balancing challenge and support
189.	Helping the supervisee explore internal processes at any given moment of a counseling session -- intentions, emotions, reactions, thoughts, etc.
190.	Stretching supervisee to think more broadly or deeply about the situation
191.	Synthesis of the literature in discussions / dialogues in supervision
192.	Making sure all supervision forms and contracts are signed and dated
193.	My roles and responsibilities are as a university supervisor as opposed to a site supervisor
194.	If this is a mid-term or final evaluation session
195.	Does client load fit with supervisee's degree track

APPENDIX K

DESCRIPTIONS OF EASY AND CHALLENGING SUPERVISEES

Participant Descriptions of Their Easy Supervisees

Participant 1	Very bright and eager to learn. Easily able to take concepts from supervision session and apply to counseling. Open to the supervision process with a lot of enthusiasm. Naturally skilled at breaking down complicated tasks and mastering them. Invested in client welfare and improvement (thought lots about how to help client).
Participant 2	Always prepared for supervision. Was self-aware. Know her limitations/strengths. Open to feedback and carried through with suggestions. Easy going, friendly. Was able to relax and not always take this seriously. Very accepting of self.
Participant 3	High motivation to learn. Willingness to tape counseling sessions. Prepared for supervision ahead of time. Self-assessment. Openness to feedback.
Participant 4	High motivation; self-reflective - identified needs/strengths; similar philosophically/theoretically to supervisor.
Participant 5	Open to change. Self-critiqued. Self-aware. Motivated. Interested. Excited. Set learning goals. Prepared for supervision. Synthesize information and feedback. Applied knowledge and suggestions in next sessions. Saw bigger picture of client (clients). Grasped basic skills. Engaged in professional and ethical behavior. Good supervisory alliance. Like student.
Participant 6	Open to supervision and well-prepared. Not threatened by his own errors. Highly self-reflective. Sense of humor and sense of perspective. High cognitive complexity. Eager to take risks. Love the work he was doing.
Participant 7	Opennes to feedback and willingness/developmental readiness to disagree with me. Creates a more authentic/engaged supervisory relationship. That is, a willingness to engage in both the supervision and counseling processes and relationships.
Participant 8	Self-Aware of strengths and weaknesses. Receptive to feedback. Intrinsically committed to work/growth. Bright, competent, but humble. Willing to take risks. Receptive and then intiated here and now relationhsip work in supervision. Rose to challenges. Worked har/completely when assigned tasks. Trusted the process/trusted me.
Participant 9	Self-awareness strong. Very open to and receptive of my feedback. Had good instincts. Had experience with a tough clientele - not easily surprised or taken aback. Pretty “out there” about her thoughts and feelings - real. Hard on herself. High energy.
Participant 10	She was bright, took the initiative, was talented and very capable. Her performance was excellent and she responded well to feedback. She initiated interaction and always responded in a timely manner. She was mature, had a great sense of humor, and our interactions were close to collegial. Yet, she was always respectful and never crossed supervisor-supervisee boundaries.
Participant 11	She was intelligent, curious, open to feedback, egaer to learn, and easy to get along with.
Participant 12	She was invested in her own development, sought out growth-related opportunities and

	was engaged in supervision process. She was self-aware, open to multiple perspectives and implemented feedback. I am also aware of fact that she came to supervision quite-skilled and that I really liked her as a person.
Participant 13	Supervisee was experienced in a similar field and she was older than most master-seeking students. She would challenge herself by taking on diverse clients and would utilize a variety of techniques and new counseling theories. She was willing to take risks and attempt new, more advanced techniques. She was also able to self-reflect and self-assess.
Participant 14	Open and Insightful. Willing to take risks and try our new approaches. Prepared for supervision session.
Participant 15	Very bright, insightful, mature, open and, invested in professional growth and development, motivated, eager to learn and take risks, appropriately assertive. Reflective, self-aware, emotionally mature/adjusted, strong interpersonal skills, proactive/takes initiative, conscientious/professiona, willing to be vulnerable, engage in here-and-now process, explore self and biases/values, internal processes, fun/sense of humor, quick learner, invested and genuinely concerned about clients and client welfare, ethical and moral judgment sound, well grounded in basic psychology literature and therapyliterature, willing to think and struggle.
Participant 16	Very eager for feedback. Nondefensive, accepts feedback well and is able to make changes based on feedback. Very invested in using supervision to improve her counseling.

Participant Descriptions of Their Challenging Supervisees

Participant 1	Concrete. No synthesis of information. Rarely followed through on feedback. Not strong supervisory alliance. No big, theoretical picture of client. Not open to feedback. Grasped basic skills, no reflection feeling (not grasp of more advanced counseling skills). Saw supervision as a task. Negative prior emotions (mine) towards supervisee before working with her. Low level maturity.
Participant 2	Defensive and vague in discussions. Perfectionist-so try to always be perfect so reluctant to try new things, consider a … differently. Poor communicator (written more than verbal). Negative non-verbals during most of supervision.
Participant 3	Defensive, fragile, closed/rigid, they know the right way to do something. Dualistic thinker. Moralizing. Difficult to understand how the person thinks, feels, processes experiences. Unwilling (or less willing/able) to engage in self-reflection, e.g., about own processes, values, biases; impasses in relationship with client; externalizes blame. Judgmental - even angry with client (and shows it) - and resistant to see this or take perspective of client. In short, not able to benefit from supervision, unable to hear supervisor feedback (from more than one supervisee). Personal issues (trauma history) override ability to connect with client and supervisor. Unreceptive to positive feedback, processing of supervisory relationship, attempts to build safety and rapport (e.i., someone who at this stage in his/her life is not suited/capable of performing in a manner consistent with professional competencies).
Participant 4	Different theories/philosophies; lacked self-reflection and integrated feedback

	minimally; not as motivated to perform beyond minimum; disorganized and did not follow through.
Participant 5	Highly defended. "Hid" to the extent possible. Unable to reflect; limited by her fear of making errors. Critical of site and sometimes, clients. Erratic in her risk-taking. Projected a confidence that could be off-putting in a relationship to demonstrated skills. Difficult to "connect" with.
Participant 6	Misapplying skills from previous career (and still) to counseling task multiple interventions to get her to see how she was misapplying skills and misinterpreting counseling literature/theory (e.g., being present). Misunderstood/had own definitions of counseling skills. Avoided client's negative emotions. Wanted to make client's feel better. Often identified with client - transference - like me - like my daughter. Thought it important that client knew she "like" client. Limited use goal-setting. Personal history got in way - e.g., family history with substance abuse.
Participant 7	Not prepared with a selection of tape and written description of session. Belief that s/he did not need to learn a lot. Judgmental about client. Blaming client for any problems in the counseling process.
Participant 8	She seldom contacted me or took initiative. Her work always needed improvements, although she would do the work. She sometimes appeared more interested in taking the easier, shorter way than seeking depth of knowledge or skill. Becoming close professionally or collegially seems impossible (too guarded and immature).
Participant 9	She was often late to and/or missed supervision and was brief and concrete in our communication between sessions. I found her hard to "read" and/or connect with. Moreover, this supervisee's self-assessment of her skills was inflated as to how I view her and she frequently rejected/deflected feedback. She made it clear that she was "going through motions" and did not value supervision.
Participant 10	She was very fixed in her thinking, did not seem to try to apply feedback, often was unprepared, unengaged.
Participant 11	Sometimes difficult to read. Could not always determine what she was thinking or wanting from me. When asked directly, could not always articulate her needs. Was less invested in supervision process (?) - hard to tell.
Participant 12	This supervisee simply did not like me (she told me). During supervision she refused to answer questions posed by the doctoral students whom I was supervising her supervision. When I met with her she said she believed this doctoral student was prying into her personal life and she did not feel she could learn from him. In meeting with her she slammed my office door and left in a huff. This situation was even more problematic for me when the counseling faculty, at a remediation meeting, eluded to the fact that I provoked this behavior.
Participant 13	Trying to "hide/fake it" in supervision. Fear-driven resistance becomes the primary focus of supervision.
Participant 14	Unable to open/vulnerable in supervision. Unwilling to acknowledge weaknesses/mistakes. Unable to meet logistical/administrative expectations. All excuses and apologies - no real improvement. Silent/unresponsive to here and now/supervisory relationship work.
Participant 15	Very rigid and inflexible, only to feedback on areas she identified. Often, not able to make changes discussed in supervision. Unable to integrate counselor identity into her

	professional identity. Very concrete in her thinking about clients and her work as a counselor.
Participant 16	Was not sure whether he wanted to be a counselor. Unprepared for supervision. Attitude to supervision was inappropriate. Attitude to supervisor was inappropriate.

APPENDIX L

PARTICIPANTS' RESPONSES TO OPEN-ENDED ONLINE SURVEY FOR GENERATION OF STATEMENTS STEP

Participants' Responses to Open-Ended Online Survey

Brainstorming Prompt: In the box below, please fill in the blank of the following prompt with AS MANY STATEMENTS AS POSSIBLE based on your personal experience and ideas of the factors you take into consideration in your supervision sessions. Please be AS CLEAR AND CONCRETE AS possible.

One specific thing I think about in planning for, conducting, and evaluating my supervision sessions is _____.

Participant 1

Developmental level of the student (assessment)
Attending to their goals for themselves and my goals for them (sometimes they are different)
Standards of care for client and best practices – are they being met or doing we need to reorient?
My relationship with the supervisee, if there are any parallel process issues, but also how can I help them see important issues (i.e., through discovery or by offering direct feedback)
Similar to above, which role can I play to be most useful for the goal of the session
Modeling listening/communication skills, styles, immediacy, theories, and techniques
Ethical concerns or professional issues
Anxiety and self-confidence—what challenge are they ready for? How am I able to build self-efficacy without undermining it?
Internal or emotional reactions of the supervisee both with clients and with supervisor
Delivery of feedback—how can I say things consistent with being a positive model and helpful supervisor that is consistent with their conceptual skills?
What is their autonomy with skills and how well/accurate do they self-assess them?
What cultural considerations between me and s-ee, and between them and their clients?
Three things—what are the main feedback points do I plan to convey?
Structure of the session
Pacing/timing of the session

Participant 2

<u>Planning</u>
What is our relationship - how do I need to approach this person
How does the supervisee seem to see me (e.g., as authority figure, as critical mother, as colleague, etc.)
What is the history of our relationship/interactions
What might I need to do to better 'connect' with this supervisee
How does the supervisee best hear feedback
How has the supervisee responded to feedback in previous sessions

Participant 2 (cont.)

How direct and transparent can I be
How might I need to 'sugarcoat' the feedback
How can I relate the feedback to the supervisee's goals for semester and/or request for feedback on this counseling session
What do I need to 'back door'?
How might I connect the feedback today to feedback in previous sessions (e.g., progress made, ongoing blocks, etc.)
How concrete will I need to be
How can I tap into the next level with this supervisee (kind of 'hit' him/her indirectly without creating resistance)
What needs to get priority? What has to happen first before the larger goals/needs can be adequately/effectively addressed?
What are metaphors of previous experiences of the supervisee that I can use to make connections/achieve insights (e.g., new supervisor who has previous experience as business owner and manager, new supervisor who has previous experience as an executive coach)
What is the key issue/stumbling block in this counseling session? What is the bottom line?
What is the student's developmental level
What supervisor role and focus will be appropriate
If there is lack of progress/resistance, what might be the supervisee's underlying fear
How might I need to attend to that fear
What might be the positive intent of the supervisee's words, approaches/interventions, etc.
How might I honor that and use it to help the supervisee make needed changes
How can I use what I know about the supervisee's values, motivations for being a counselor, existential meaning to get him/her to buy into the needed changes?
What learning environment do I need to create to achieve my goal(s) for this supervision session
What intervention, if any, might be helpful to achieve my goal(s) for this supervision session
What intervention would lead the supervisee to achieve needed insight/understanding and thus 'own' it better than if I have to tell
What quotes or sections of the counseling tape might be helpful to illustrate my points
How will the supervisee likely respond to the feedback
How does the supervisee feel about his/her work – proud, confident, shameful, denial
What do I want the supervisee to 'take away' from this session – feelings, skills, attitude about client, etc.
How do I manage any negative feelings about this supervisee (e.g., irritating classroom behaviors or other things that are not 'bad' but just get on my nerves)
Listen to counseling session tape, write down quotes of counselor and client; make notes about client reactions and responses, session flow and other observations; look for themes and patterns; write out notes to myself about plan, including what sequence I might set up to get where I want to go

<u>Conducting</u>
Is what I planned working/going to work
How do I need to adjust my plans
What is the self-presentation of the supervisee – similar/different from previous sessions
Am I talking too much
Am I clear in what I am saying – does the supervisee seem to understand/get the point
If not, how can I adjust/reword, etc.

Participant 2 (cont.)

What seems to be the supervisee's reactions – thoughts, feelings, behaviors/nonverbal
Listening or shutting down, confused, etc.
What do I need to attend to/what should I ignore for now (and why)
How much time do I have left
Do I need to change my tone, body language, intervention, etc.
What new information do I have based on what has happened in the session and how do I need to adjust
How far can I push this
Do I need to back off
Is immediacy needed/would it be effective
Am I modeling behaviors that I want the supervisee to use (not just in terms of skills but also attitude toward client, toward counseling, etc.)
What do I need to be direct about – must do this – and which can I leave up to the supervisee
How can I get this supervisor to be more accepting of his supervisee's personality, approach [could be planning]
How can I help this supervisor to chill/laugh [could be planning]
How do I make it look like the new idea/insight is the supervisee's, not mine
Do we need to have some sort of specific homework for upcoming sessions
What am I avoiding saying that needs to be said

<u>Evaluating</u>
What's my general feeling about how it went
What do I want to remember and use/come back to next session (e.g., metaphor that clicked with supervisee that we can continue to use to assess progress)
The next tape review and counseling session – progress? Change?
What's bothering me
What metaphor comes to my mind about the work so far

Participant 3

Initial goals
Current goals
Initial tasks
Current tasks
Supervisee counseling skills
Supervisee insight into issue
Supervisee countertransference
Supervisor countertransference
Evaluation measure
Quantitative evaluation
Qualitative evaluation
Number of supervision sessions to date
Supervisory alliance
Supervision outcome

Participant 4

Who my supervisee is
What their goals are
Their level of development
Context of their work
Clients that they see
Theories
Skills

Participant 4 (cont.)	Relationship between me and supervisee Relationship between counselor and client Previous client sessions Previous supervision sessions Input from site supervisor, other faculty involved Cultural and ecological issues Family and systemic issues Models of supervision Prior research Counselor strengths Potential blind spots of counselor My own limitations Techniques Parallel process Knowledge and resources that might be helpful How feedback has been received
Participant 5	Developmental level of student Experience of student Ability to reflect feelings/thoughts Ability to conceptualize Ability to respond positively to feedback Homework assignments from previous week Perception of self Perception of others Seeking out supervision when needed Ability to conceptualize theoretical model Empathy toward client/student Risk-taking ability of supervisee Developmental level of client Age of client Type of school counseling program at site Integration of techniques with theory Hitting benchmarks before moving to next concept Attention to multicultural issues Attention to diverse students/teachers Understanding of school structure Appropriate use of techniques Ability to evaluate sessions Confidentiality Ability to use legal/ethical guidelines appropriately Attention to self-care Attention to motivation level Ability to consult Ability to apply concepts in counseling sessions Ability to advocate for client Ability to seek out resources for client Ability to work with parents/teachers and other stakeholders Personal biases My own personal biases Transference issues Self-evaluation

Participant 5 (cont.)	Appropriate self-disclosure Appropriate use of beginning and advanced skills, if appropriate Ability to discuss process of counseling with client The ability to step outside of comfort zone Ability to use appropriate referrals
Participant 6	Supervisee developmental needs Clientele working with Voice tone Voice inflection Empathic responses to client Basic helping skills exhibited Theoretical orientation of supervisee Application of theory in session Conceptualization skill Diagnostic skill Needs of supervisee in terms of counseling session process Previous goals created with supervisee Reflection of feelings Reflection of content Ability to ask client questions Ability to summarize or rephrase client content Any unexpected crisis to discuss Site concerns or issues Requested supervision needs of supervisee 3 goals I would like for supervisee to gain/accomplish by end of supervision session What confidence or efficacy needs to be built in supervisee What role I need to take as supervisor (e.g., consultant, counselor, educator) Our supervisory relationship/alliance Number of times met in supervision Purpose of this particular supervision session (e.g., develop group cohesion; discuss client case; crisis intervention) Information I have received from others (e.g., faculty, evaluations, site supervisors) Strengths of supervisee Nonverbal responses of supervisee Verbal responses of supervisee Clips of tape want to use/hear with supervisee Developmental/evaluative requirements of this supervisee stage level (thus what should I and supervisee be striving for at this point, or be expected of) Length of supervision session Depth or breadth of content and skill to be covered Current needs of supervisee (stated at outset of session) Emotional stability of supervisee Stress level of supervisee Supervisee client care Ability to care or empathize with client Countertransference with client My reactions with/toward supervisee Number of supervision sessions left with supervisee

Participant 7

I want to check in with my supervisee about any major concern regarding a client (s)
I want to quickly review progress made by the clients in case or cases presented to me at the last supervision session.
I want to discuss the agenda for our supervision session.
I want to structure the session to make the best use of our time.
I want to have some brief personal conversation at the beginning
I will hear a case presentation (short if presented before)
I want a determination of the counselor's goals and progress)
I will watch an audiotape or listen to an audiotape of the supervisee's case
I want to know what the supervisee feels and thinks about the counseling session and about the client.
I may stop the tape and conduct some IPR, especially if the supervise seems to focus exclusively on just the client
I may role play a scenario with the supervisee to practice some new behavior
I may take the role of the client and share my thoughts and feelings from that perspective.
I will share my positive feedback first before the constructive criticism.
I will assist my supervisee in setting goals for the case and goals for themselves.
I might share some of my own experience with the type of counseling case
I would ask by supervisee to self evaluate before I gave feedback.
I would ask my supervisee to evaluate our supervision session by asking what was most helpful and what they might like to be different.
Before the supervision session I would review what the supervisee's progress has been regarding the goals that we had been setting.
I would track the time in our session to balance time about the case with time about the supervisee.
I would review for myself what type of information will be needed for any evaluation or recommendation I will be making
I will be assessing the supervisee as to developmental level
I will self-evaluate about being specific in my feedback to the supervisee.
I think humor during the supervision session is appropriate.
I will facilitate discussion of cultural factors - ethnicity, religion, socioeconomic, etc.).
I will be evaluating my own cognitive and emotional reactions to my supervisee

Participant 8

Goals of supervisee
Data from recorded counseling session reviewed for supervision meeting
Key themes in supervisee's work with clients
Supervisee's readiness for and ability to use feedback
Supervisee's potential emotional responses to feedback or issues presented
4 focus areas of discrimination model and which may be most appropriate for this supervision session
My own sense of client and counseling session
Developmental perspective of supervisee
Supervisee's strengths
Potential growth areas for further development
Supervisee's receptivity to feedback
Supervisee's developmental level
Knowledge of supervisee from previous experiences
Needs of client in this session
Needs of client more long-term
Knowledge of client from tape or previous taped sessions

Participant 8 (cont.)	Supervisee's theoretical orientation Supervisor's theoretical orientation Supervisee's ability to conceptualize client Supervisee's treatment planning abilities Supervisee's ability to understand client in context (work, family) Supervisee's needs in this particular supervision session Supervisor's assessment and prioritization of agenda for supervision Supervisee's comfort with supervisor Supervisor's comfort with supervisee Ability to take risks to "push" supervisee beyond usual comfort zone Supervisor's willingness to take risks in this session Supervisor goals for this session 3 roles of discrimination model and which is/are most appropriate in this session Expertise that supervisor brings to client issues Expertise that supervisee brings to client issues
Participant 9	The supervisee's developmental level The supervisee's identified challenges with the session The supervisee's unidentified challenges with the session Transference and counter-transference issues in the co session The supervisee's behavioral counseling skills The supervisee's cognitive counseling skill The supervisee's theoretical orientation The supervisees level of self awareness The supervisee's openness to feedback Supervision interventions that will help the supervisee The nature of the therapeutic relationship in the counseling session The thematic relationship in supervision How to appropriately challenge the supervisee How to support the supervisee Matches/mismatches in personality variables with supervisee and client The growing edges of the supervisee The amount of experience the supervisee has with this type client How to best move the supervisee out of their comfort zone (slightly) Metaphors/analogies of the counseling dynamic Stuck points that occurred in the co session Blind spots of the supervisee The co ability to identify their feelings about the client Any feelings of judgment of criticism toward client The supervisee strengths The match/mismatch between the styles of the supervisee and me (clinically, personally, etc.) Feelings that I have toward the supervisee (countertransference) Parallel process dynamics Readings or other education that would help the supervisee The client's strengths Specific techniques I would use if the client was mine How to communicate to the supervisee in ways s/he will identify with How to work from within the supervisee's theoretical framework DSM diagnosis Need to medication referral for client Need for psych-testing for client

Participant 9 (cont.)	The degree of compassion the see feels for client Multicultural issues between client and supervisee Spiritual and religious issues in client or supervisee Family of origin dynamics in the client and supervisee Unconscious factors in the client Unconscious factors in the supervisee Degree of investment client has in counseling Any resistance in the client The effectiveness of earlier supervision sessions Key learning issues to be addresses in supervision session The effectiveness of the co. Session The sophistication of the supervisee thinking about the case The supervisee's experience level with this type client/issue The supervisee's ability to identify his/her limits of understanding Supervision models Theories of change Counseling theory
Participant 10	Establish rapport with supervisee Be genuine with supervisee Be a positive role model Plan ahead carefully Learn supervisee goals Share my goals Negotiate goals Make my standards clear Ensure understanding of syllabus expectations Learn about supervisee background and experience Discuss and understand supervisee theoretical perspective Assess supervisee competence early in the process
Participant 11	The learning goals of my supervisee (which we generate together) The developmental level of my supervisee The client population of my supervisee The previous supervision session to determine if there is anything i need to revisit My relationship with my supervisee Any cultural issues that may be relevant
Participant 12	What are the most important 2 or 3 things I want the supervisee to hear today How can I help my supervisee understand the 2 or 3 things I want him/her to hear How can I show my supervisee what I am referencing using his/her tape How can I use myself or my interactions with my supervisee to show him/her what I am referencing How can I incorporate others (if triadic or group sup) to show this point When choosing the two or three things to focus on: what does the client (for clinical supervision) or supervisee (for sup of sup) most need the counselor/supervisor to do differently next time When choosing the two or three things to focus on: which of the potential things to address are patterns for the supervisee? When choosing the two or three things to focus on: which of the potential things to

Participant 12 (cont.)	address are things the supervisee has some self-awareness about? What must be addressed today because of ethical or legal concerns? How should I balance my prepared foci for the session with what the student brings/asks (which of my points can I let go if the student asks for different help?) Has this student been getting mostly positive or constructive feedback from me? I want to maintain a balance so I assess if they seem discouraged or ready for more growth When choosing focus areas, is this type of feedback appropriate for the format of supervision I have with him/her today (individual, triad, group) Do I have resources I could share on this topic Am I focusing on client/supervisee case conceptualization and treatment or my supervisee as a whole? If, when, and how to broach our many cultural differences I want supervisees to know I am human and I make mistakes and I want them to feel safe being human and telling me about their mistakes During the session: how does the supervisee seem to be experiencing this feedback Should I bring attention to the here and now experience of providing/hearing the feedback If I sense defensiveness, how can I check that out and possibly choose another approach My goal is almost always for the supervisee to hear and understand (as opposed to just being able to say my point) so tracking the reaction is essential The exception to #20 is that sometimes in remediation I have to be satisfied with just stating the expectations and then hold the student accountable for meeting or not meeting them What student progress can I point out today How can I show the student his/her work resulted in positive change? For sup of sup: how can I connect the work of the supervisor (a new role for them) with the work of a counselor (a familiar role for them) Sup of sup: how can I differentiate the work of a supervisor from the work of a counselor? What do I need to keep exploring about this supervisee--what's not adding up or what do I need to better understand before the next session? What should I end on this session--affirmation? Summary of work for between now and next session? Normalizing the process? Etc What should I ask my colleagues about in my next faculty meeting? (for my own peer supervision) Is there anything I need to bring to my colleagues attention right away? How can I engage everyone in triadic or group sup? What went well, what didn't go so well, and what can I do differently next time? Are there program level changes that might be helpful? What do the supervisees think about our process so far? Pros, cons, changes? Have I just been putting out fires with this supervisee? What am I missing because I have been consumed with those emergencies? Is this supervisee's performance consistent with what I would expect based on his/her previous experience and developmental level? Is this supervisee pushing any of my buttons? Am I giving this supervisee the time and energy he/she deserves?
Participant 13	Determine if the problem entails skill deficit(s) or problems implicating existing skill What is the supervisee wanting -- in general and specifically for this session? What is the supervisee needing -- in general and specifically for this session?

Participant 13 (cont.)

The trainee's developmental level on several factors including cognitive development
Emotional development
Self-awareness
Verbal skills
Non-verbal skills
Specific clinical skills (e.g., basic and deeper levels of empathy; empty chair; confrontation; etc.)
Experience level and with what populations
Awareness of interpersonal dynamics and process
Moral development
General knowledge base (broader psychological and clinical literature)
General maturity level (end of developmental issues)
The extent to which the "isms" (e.g., racism, ageism, fatism) are playing out with the client (in therapy) and in supervision (2 statements/ factors?)
Supervisee's cultural background and values
Client's cultural background and values
Any other area of diversity that may be at play in therapy or in supervision
Diversity issues between the s'ee and me (s'or)
Power dynamics and how they are playing out in therapy and in supervision
Parallel processes (client and therapist)
Parallel processes between client, therapy, and supervision
The extent to which the supervisee is self-aware of his or her biases and values
Supervisee's ability to engage in reflective practice
Supervisee's ability to engage in reflection in action
Supervisee's awareness of here-and-now processes in therapy
Supervisee's ability to engage and intervene in the here-and-now processes
Supervisee's ability to adapt counseling to meet the needs of the client
Empathic failures or fractures
Impasses and power struggles
A host of client factors including client's goals for tx
What does the client want of counseling and this session?
Supervisee's conceptualization of the client's strengths and problems
The extent to which biological, medical, medication, and other non-psychological hypotheses have been ruled out
Substance assessment including meds and side effects (or direct effects)
Trauma history
Prior tx history
SES, family of origin info (full psycho-social workup info)
And see consultation with related health professionals including legal/parole
Much more client factors but will stop with these
Supervisee strengths—that what he or she does well
Broader professionalism level
Extent of professional attitude (or lack thereof)
Conceptual skills and complexity
Conceptual biases
Preferred theoretical orientation
Conceptual deficits
Theoretical "stretch"—broadening theoretical basis for tx and conceptualizations of client material
If group, couples, or family tx: assessment of group dynamics, group member roles, and group processes
Skills in group, family, or couples tx
Professional writing ability/level

Participant 13 (cont.)	Appropriateness of session notes, documentation Appropriateness of interactions with peers, staff Reactions to supervisory feedback Monitoring supervisee emotional reactions in supervision Maintaining a strong empathic connection with the supervisee thru out supervision session Balancing challenge and support Providing a lot of empathy and empowerment Identifying that which has the supervisee "locked up"—disempowered Separation of supervisee reactions in tx from systemic factors: client's reaction, resistance, etc. In group supervision, monitoring group dynamics, processes, and non-verbals Group supervision: monitoring each members comfortable roles in groups Identifying that which is a supervision issues from a group process issue Application of group tx skills and knowledge (as supervisor) Of the many levels and ways to intervene with the supervisee at any given moment, choosing the one that seems most helpful for the supervisee at that point in time Monitoring the supervisee's head-gut barometer Monitoring the supervisee's reactions to supervisory feedback and process Monitoring supervisee's openness and ability to benefit from supervision Serving in the gatekeeper role Client welfare, safety, and risk Supervisee welfare, safety, and risk Monitoring my own reactions to the supervisee and supervision processes Awareness of differences between myself and supervisee Ensuring I heard the supervisee's message Responding appropriately to the supervisee (non-judgmental) Helping the supervisee explore internal processes at any given moment of a tx session -- intentions, emotions, reactions, thoughts, etc. In supe-of-supe (sos): parallels clinical supervision but with added levels of required attention and potential focus Major focus on the supervisee (supervisor supervisee)—working to identify that which they are needing or the 'problem' if there is one Stretching supervisee to think more broadly or deeply about the situation (applies to cl sup and sos) Identifying unanswered questions, missing info Integrating client data from multiple sources Assess developmental levels as a supervisor (for sos), per above For sos, parallel processes across multi-levels Decisions regarding interventions to best break the disruptive parallel processes Sos: supervisor supervisee dealing with being in a position of power and authority Sos: gate keeping role, responsibilities and the difficulty therein/thereof Role modeling that which I want in tx or supervision (as supervisor) Being human--being genuine and honest even with it is difficult to do so Doing that which is "the right thing to do" no matter how much I squirm (or the supervisee squirms)—with compassion Sos: empowerment of supervisor supervisee Helping the supervisee recognize and own his or her strengths, accept positive feedback and experiences Sos: model evaluation—summative and formative Sos: more transparency—willingness to share my internal processes and thoughts, reactions, emotions (modeling?) Synthesis of the literature in discussions / dialogues in supervision

Participant 13 (cont.)	Application of theory to the client/supervisee Sos: use group members as panel of expert—not be the one in charge (attention to group leadership roles) Always observe part of a session and provide written feedback (& verbal) Monitoring my emotional reactions during and after sessions Self-exploration of possible "isms" in the supervision relationship Willingness to own a mistake and talk about it with the supervisee
Participant 14	Developmental level of supervisee Needs of supervisee All supervision forms and contracts are signed and dated How supervision will happen, in other words the parameters of supervision Ethical considerations of supervision My roles and responsibilities are as a university supervisor as opposed to a site supervisor Course assignments for supervisee in internship Conducting group supervision Facilitating feedback within a group of supervisees Cohesion building in group supervision Goals of supervision Cultural aspects of each supervisee Case conceptualizations and presentations Midterm and final evaluations Areas of growth for each supervisee in the group Supervisory relationship My accessibility to supervisees Balancing all of the needs of supervisees in the group Monitoring progress of each supervisee Progress reports Giving difficult feedback in a positive manner Ethical and professional behaviors of supervisees when they are on site Client load of each supervisee Does client load fit with supervisee's degree track