

WYATT, LAURA, Ph.D. *The Role of Mindfulness in Clinical Supervision*. (2011)
Directed by Dr. L. DiAnne Borders. 206 pp.

This study explored the construct of mindfulness within the context of clinical supervision. A review of the relevant literature revealed common elements between higher levels of mindfulness and effective supervision, such as strong working alliance and supervisory relationships, counselor self-efficacy, decreased levels of anxiety, the ability to sustain attention, and empathy (Daniels & Larson, 2001; Friedlander, Keller, Peca-Baker, & Olk, 1986; Germer, Siegel, & Fulton, 2005; Greason & Cashwell, 2009; Greason & Welfare, 2010, in press; Ladany, Ellis, & Friedlander, 1999). Both point to similar constructs that improve counselor development, counselor performance, and positive client outcomes. However, there are two distinct bodies of literature from the areas of mindfulness research and clinical supervision research, and this study aimed to bridge these two fields, and explored the relationship between mindfulness and relevant supervision variables.

A sample of 72 supervisor-supervisee dyads completed the study. Participants were drawn from 16 CACREP accredited universities throughout the United States. University supervisors were either faculty members or doctoral students and supervisees were master's students completing their practicum or internship.

The research questions and corresponding hypotheses were primarily analyzed using multiple, multivariate regression analysis. Dyadic data were collected and analyzed by matching data from pairs of supervisors and supervisees. First, results indicated that the supervisors' level of mindfulness was a significant, positive predictor of supervisor

perceptions of the supervisory relationship (facilitative conditions and working alliance) and session depth. Supervisor mindfulness had no impact on supervisee perceptions of these supervision variables. The supervisees' level of mindfulness was not significantly related to any supervision variables. Second, the supervisees' level of mindfulness was significantly, positively related to the supervisees' self-efficacy. Third, the supervisors' level of mindfulness had no relationship with the supervision focus.

This study provided an initial, exploratory view of the role of mindfulness within clinical supervision. The results serve as a starting point to direct future research questions and gain a more in-depth understanding of the relationship among these constructs. Finally, results support the inclusion of mindfulness training in counselor education and provide information about supervisor characteristics for effective clinical supervision.

THE ROLE OF MINDFULNESS IN
CLINICAL SUPERVISION

by

Laura Wyatt

A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
2011

Approved by

L. DiAnne Borders
Committee Chair

ACKNOWLEDGMENTS

This dissertation represents the end point of a long journey which I did not travel alone. Without the support and encouragement of so many, I would have never been able to accomplish this goal. My dissertation chair, Dr. DiAnne Borders, has guided me through each step of this process with constant patience and support. Thank you for your calm presence and unwavering confidence in my abilities, without which I truly would not have succeeded. Dr. Craig Cashwell, you first believed in me to pursue the Ph.D., and then provided invaluable opportunities all along the way that have given me growth and inspiration. Dr. Ben Ramsey, our work together has challenged me, expanded my mind, and given me another perspective for viewing our world that I will always cherish. Dr. John Willse, you have very patiently given me the tools to understand my data, and have always taken time to answer each question, no matter how simple, with thoughtfulness and insight. I am greatly appreciative and honored by the time and investment you each made to help me reach this goal. To all of my UNC-G colleagues, walking together has made all of the difference.

I am also grateful for the support of my husband, Stephen, who entered this educational journey during my most difficult phase. His unwavering love has steadied me and given me strength. Finally, my mother, Gayle Wyatt Plott, has blessed me with unlimited love and a complete investment in all my endeavors. I cannot comprehend the sacrifices you've made to help me reach my goals; without you, this would not have been possible.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER	
I. INTRODUCTION.....	1
Purpose of the Study	9
Statement of the Problem.....	10
Research Question and Hypotheses	10
Need for the Study	11
Definition of Terms.....	12
Brief Overview of the Study.....	14
II. REVIEW OF RELATED LITERATURE	15
Mindfulness.....	15
Definition	17
Mindfulness as a Clinical Intervention	19
Mindfulness Research.....	21
Critique of mindfulness research	31
Supervision Constructs	32
Self-efficacy	32
Self-efficacy and anxiety	39
Supervisory Relationship.....	41
Facilitative Conditions	42
Working Alliance.....	44
Summary.....	54
Session Impact	54
Supervision Emphasis.....	58
Summary	59
III. METHODOLOGY	62
Research Question and Hypotheses	62
Participants.....	63
Instrumentation	64
Demographics Questionnaire.....	65

Five Facet Mindfulness Questionnaire	65
Barrett-Lennard Relationship Inventory	69
Working Alliance Inventory-Supervision.....	71
Counselor Activity Self-Efficacy Scales	75
Session Evaluation Questionnaire.....	78
Supervisor Emphasis Rating Form-Revised	81
Pilot Study.....	83
Participants.....	83
Instrumentation	84
Procedures.....	85
Data Analysis	86
Results.....	89
Discussion.....	91
Limitations	93
Implications for Full Study	94
Procedures.....	95
Data Analysis.....	96
IV. RESULTS.....	98
Description of the Sample.....	98
Sample Descriptive Statistics.....	101
Instrument Reliability	104
Correlation Analyses.....	106
Hypothesis Testing.....	108
Summary.....	118
V. DISCUSSION	119
Overview.....	119
Discussion of Results.....	123
Preliminary Analyses	123
Research Question	126
Hypothesis 1.....	129
Hypothesis 2.....	131
Hypothesis 3.....	134
Hypothesis 4.....	136
Hypothesis 5.....	139
Limitations	140
Implications.....	143
Future Research	146
Conclusion	147

REFERENCES	150
APPENDIX A. IRB APPROVAL.....	167
APPENDIX B. RECRUITMENT EMAIL	168
APPENDIX C. DATA COLLECTOR COVER LETTER	170
APPENDIX D. SURVEY PACKET COVER LETTERS	172
APPENDIX E. INFORMED CONSENT	174
APPENDIX F. SUPERVISOR INVENTORIES.....	176
APPENDIX G. SUPERVISEE INVENTORIES	190
APPENDIX H. SURVEY PERMISSIONS	205

LIST OF TABLES

	Page
Table 1. Demographics of Pilot Study Sample ($n = 8$ Dyads).....	86
Table 2. Pilot Study FFMQ Score Ranges, Means, and Standard Deviations.....	87
Table 3. Pilot Study Pearson Product-Moment Correlation Matrix.....	88
Table 4. Pilot Study Sample Instrument Descriptive Statistics	89
Table 5. Hypotheses, Assessment Instruments, and Analyses.....	97
Table 6. Demographic Description of the Sample ($n = 72$ Dyads).....	100
Table 7. Sample Score Ranges, Means, and Standard Deviations ($n = 72$).....	102
Table 8. Instrument Scale Reliabilities ($n = 72$)	105
Table 9. Correlation Matrix ($n = 72$).....	107
Table 10. Multivariate and Univariate Regression Analyses.....	111
Table 11. Regression Analysis of Mindfulness of the Supervisee as Predictor and Self-Efficacy of Supervisee as Criterion.....	115
Table 12. Spearman Correlation Analysis of Mindfulness of Supervisor (FFMQA) and Supervisory Focus (SERF)	117

LIST OF FIGURES

	Page
Figure 1. Scatterplot of Supervisor Mindfulness and Supervisor Facilitative Conditions, Rated by Supervisor.....	110
Figure 2. Scatterplot of Supervisor Mindfulness and Supervisor Working Alliance, Rated by Supervisor.....	113
Figure 3. Scatterplot of Supervisee Mindfulness and Supervisee Self-Efficacy. Rated by Supervisee	114
Figure 4. Scatterplot of Supervisor Mindfulness and Supervisor Session Depth, Rated by Supervisor	116

CHAPTER I

INTRODUCTION

A concept arising most predominately from the Buddhist tradition, mindfulness was cultivated in the West by scientist and researcher Jon Kabat-Zinn beginning in 1982. Experiential in nature, mindfulness is a difficult concept to define and describe. Kabat-Zinn's seminal definition is "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 1994, p. 4). Shapiro, Carlson, Astin, & Freedman (2006) have expanded and clarified this definition to include three axioms or building blocks: *intention* (on purpose), *attention* (paying attention), and *attitude* (non-judgmentally), which outline three underlying aspects of the process of mindfulness. Intention is related to *why* a person is engaging in a practice or behavior (i.e., self-exploration, stress management). Attention is related to the cognitive aspect of mindfulness or observing, paying attention to the operations of moment-to-moment internal and external experience (Shapiro et al., 2006). This is the core of mindfulness practice. Attitude is related to the *qualities* that an individual brings to their attention (i.e., a sense of interest and curiosity or interest versus a cold, critical quality). Specifically, Shapiro et al. posited that people can learn to attend to internal and external experiences without evaluation or interpretation while practicing acceptance, kindness, and openness.

The construct of mindfulness has received growing and widespread attention both in popular culture and in academic realms. In a recent report, the number of mindfulness-

related journal articles went from less than 80 in 1990 to more than 600 in 2006 (Brown, Ryan, & Creswell, 2007). What are the reasons behind this attention? The benefits of mindfulness are two-fold. The first, original purpose was to decrease existential suffering by changing the way we relate to our thoughts and feelings. Researchers have gone beyond this original intention, however, to find improvements and benefits to psychological well-being that appear to be long-lasting.

Mindfulness has been shown to produce a variety of psychological benefits. In a recent study of long-term practitioners of mindfulness meditation, Lykins and Baer (2009) found significant increases in psychological adjustment, specifically decreased rumination, decreased fear of emotion, and increased behavioral self-regulation. Examining evidence from a number of studies, Brown et al. (2007) stated that mindfulness relates to positive outcomes in several important life domains, including mental health, physical health, behavioral regulation, and interpersonal relationships. Specifically, in the area of social relationships researchers have stated that mindfulness “promotes attunement, connection, and closeness,” helping people to be more attentive and empathic to other’s thoughts and emotions (Brown et al., 2007, p. 225). Furthermore, it may enhance communication through the ability to attend to emotional, cognitive, and verbal content of both parties (Goleman, 2006). In general, research results support the notion that mindfulness may promote healthy interaction and relationship functioning, contributing to overall quality of relationships (Brown et al., 2007).

In the counseling world, mindfulness has received recent interest as a clinical intervention, an important factor within the counseling relationship, and a self-care tool

for counseling students. Carmody (2009) traced the evolution of mindfulness as a clinical intervention. He noted that a large number of studies have documented the beneficial effect on psychological well-being, and now research is expanding to explore the mechanisms behind the benefits. In working with medical patients who were unresponsive to conventional treatment, Dr. Kabat-Zinn introduced a mindfulness based stress reduction (MBSR) program to combat chronic pain and increase well-being. This program has been overwhelmingly effective with large numbers of patients over the past 30 years and in a variety of settings (Baer, 2003; Carmody, 2009).

Due to the success of the MBSR program, clinicians have developed and evolved other programs to reach clients with mental health concerns such as depression, anxiety, and personality disorders. Mindfulness based Cognitive Therapy (MBCT) was developed in 1995 by Teasdale, Segal, and Williams to treat people who suffer from chronic depression (Baer, 2003). Other intervention strategies incorporate mindfulness training such as Dialectic Behavior Therapy (DCT), Acceptance and Commitment Therapy (ACT), and Relapse Prevention treatment (RP) (Baer, 2003). Significant outcomes of these programs include improvements in ratings of chronic pain, decrease in mood disturbance, improvements in several measures of anxiety and depression, and decreases in somatic symptoms of stress (Baer, 2003).

Chronic stress and anxiety are common problems that counseling graduate students face personally as they complete a rigorous educational experience, and then as they work with clients in various settings (Schure, Christopher, & Christopher, 2008). This fact, combined with the empirical support for mindfulness based programs, led

counselor educators to implement training for graduate students similar to the ones developed for clinical populations and described above.

Three counseling programs have used mindfulness training as self-care tools to prevent chronic stress and burnout in counselors-in-training. These programs were modeled after the MBSR program and also demonstrated positive outcomes (Brown & Ryan, 2003).

In a 4-year qualitative study, Schure et al. (2008) evaluated a mindfulness based course offered to first and second year master's students. Students reported positive physical, emotional, mental, interpersonal changes, and substantial effects on counseling skills and therapeutic relationships. One student stated, "I have been noticing my capacity for empathy has increased as I have been engaged in this class...I have increased my compassion, which in turn, has given me an increased capacity to have more genuine compassion for others" (p. 51). Students also planned to integrate mindfulness practice into future clinical practice, stating, "I believe it has been tremendously helpful in my life and I would like to help my clients find a way that they can gain more freedom in how they deal with their struggles" (p. 53).

Shapiro, Brown, and Biegel (2007) evaluated a mindfulness based program using a prospective, cohort-controlled design with a sample of master's level counseling psychology students. The researchers found that higher levels of mindfulness correlated with significant declines in stress and state and trait anxiety, and increases in self-compassion.

Faculty in another counseling program (Newsome, Christopher, Dahlen, & Christopher, 2006) provided similar training to first and second year master's students and taught it as an elective course. Researchers evaluated this program quantitatively and qualitatively, through focus groups and interviews, with similar results. Students reported increased ability to cope with stressors, decreased anxiety, positive interpersonal changes, and increased capacity for empathy and compassion. In addition, mindfulness influenced counseling practice in a variety of ways such as the ability to focus more on the client and the therapeutic process, and increased self-efficacy; many planned to integrate mindfulness into future practice.

Finally, Shapiro, Schwartz, and Bonner (1998) studied the effects of a mindfulness program on medical and premedical students; their research revealed significant reductions in state and trait anxiety, lower overall psychological distress, and increase in overall empathy levels. In regards to empathy, the authors stated, "Scores on the empathy measure increased significantly, suggesting that the intervention may have helped students cultivate listening skills and develop new, more compassionate perspectives and paradigms . . ." (p. 594). This finding would be particularly useful for students in a helping profession.

Greason and Cashwell (2009) studied mindfulness, self-efficacy, empathy, and attention in a sample of post-internship master's and doctoral counseling students. They found that mindfulness was a significant predictor of counselor self-efficacy, mediated by attention. Based on the significance of their results, they suggest that mindfulness be an important component in counselor education programs and counselor preparation

outcomes. Furthermore, the researchers linked counselors' ability to be mindful in daily life with their ability to "strategically control their attention in the counseling session and to be empathic" (p. 14).

Greason and Welfare (2010, in press) studied mindfulness, working alliance, and the therapeutic relationship in a sample of college counselor-client dyads. They found that counselor mindfulness was significantly related to the client's perception of the working alliance and therapeutic relationship. Based on these findings, the researchers suggested that mindfulness may be an "important training tool for cultivating the 'way of being' in counselors, leading to a stronger working alliance and positive client outcomes" (p. 16). This study added the client perspective to a growing body of literature that supports the relationship between these variables. Furthermore, Greason and Welfare found that counselors had overall higher levels of mindfulness scores when compared to the general population (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) leading to the suggestion that counselors may be cultivating this skill through their development in counselor education programs.

Such positive outcomes attributed to mindfulness also are relevant to students' clinical work. To date, however, researchers have not examined the impact of mindfulness within the supervision context. Several key supervision variables could be affected by mindfulness, based on research to date. Factors that contribute to successful supervision and counseling performance are similar to those connected with greater mindfulness: lower levels of anxiety, higher levels of self efficacy, and a stronger relationship (Daniels & Larson, 2001; Friedlander, Keller, Peca-Baker, & Olk, 1986;

Ladany, Ellis, & Friedlander, 1999). Furthermore, previous research has suggested that supervisor characteristics, such as attachment style, are key influences in the supervisory experience (White & Queener, 2003). This finding needs to be further investigated with varying samples and other supervisor characteristics, such as mindfulness, to learn more about the influence of the supervisor and supervisee on the overall process.

The supervisory relationship and working alliance play an important role in the supervision process, influencing satisfaction, anxiety, self-efficacy, and even client outcomes (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Patton & Kivlighan, 1997; White & Queener, 2003). Mindfulness has been found to enhance relationship quality and empathic ability (Brown & Ryan, 2003; Shapiro et al., 1998, 2007). For supervision, however, both participants contribute to the relationship, so the mindfulness of both must be considered. Thus, it appears that higher levels of mindfulness, of either supervisor, supervisee, or both, might be related to better supervisory alliances.

Another important supervision outcome variable is counselor self-efficacy, which is crucial to the development and performance of beginning counselors (Barbee, Scherer, & Combs, 2003; Daniels & Larson, 2001; Ladany et al., 1999). One goal of effective supervision is to foster counselor self-efficacy. Counselor mindfulness has been found to predict counselor self-efficacy, mediated by attention (Greason & Cashwell, 2009). Thus, it appears that higher levels of mindfulness, of either supervisor, supervisee, or both might be related to greater counselor self-efficacy.

Mindfulness of the supervisor and/or supervisee also might impact other aspects of the supervisory enterprise. For example, session dynamics, such as depth and

smoothness, might be related to mindfulness. Session depth refers to a “session’s perceived power and value” and session smoothness refers to a “session’s comfort, relaxation, and pleasantness” (Stiles & Snow, 1984, p. 3). Higher levels of mindfulness of the supervisor, in particular, might encourage greater depth in the supervisee’s exploration of clinical work and self-awareness. Stiles and Snow (1984) found that the scales of depth and smoothness are inversely related to one another; as the supervision session increases in depth, smoothness scores are decreased. Therefore, higher levels of mindfulness might be related to less session smoothness.

Researchers also have suggested that mindfulness might affect session focus, a behavioral dimension of the supervisory context. Borders and Brown (2005) described four possible foci in supervision, based on the work of Bernard (1979, 1997), Lanning (1986), and Lanning and Freeman (1994): (a) counseling performance and skills, (b) cognitive counseling skills, (c) self-awareness, and (d) professional behaviors. We might surmise that if supervisor and/or supervisee are highly mindful, the supervisory focus might emphasize counselor self-awareness over counseling skills. On the other hand, a mindful supervisor might recognize a supervisee’s need to focus on counseling skills. An explanation of the relationship between mindfulness and supervisory focus could be informative.

Although students throughout counseling programs have been studied, researchers have not looked at mindfulness within supervision specifically. Furthermore, researchers have focused on counseling students in particular, which provides a static view; taking into account the mindfulness of both supervisor and supervisee would provide a richer,

more complete picture of the role of mindfulness. Indeed, factors that contribute to successful supervision and counseling performance are similar to those connected with greater mindfulness: lower levels of anxiety, higher levels of self efficacy, and a stronger relationship (Daniels & Larson, 2001; Friedlander et al., 1986; Ladany et al., 1999). Research continues to be needed, however, to understand factors that contribute to the most productive experience for supervisees. As each of these components play an important role in the supervision experience, and they also are related closely to mindfulness, it follows that mindfulness as a construct may be of particular importance within supervision research.

Purpose of the Study

The purpose of this study was to extend our knowledge and understanding of the construct of mindfulness to a new population and in a different way. Furthermore, the researcher sought to learn more about the impact of mindfulness on a variety of supervision variables. Specifically, what is the role of mindfulness in the supervision context? Finally, the purpose was to gain a greater understanding of the importance of supervisor characteristics on the supervisory experience.

Currently, several important gaps exist in the literature. First, mindfulness has never been included as a variable in supervision research. Second, researchers currently do not know how the combination of supervisor and supervisee mindfulness influences the supervision process. Based on the results of this study, researchers may have another lens with which to view supervision, and be able to direct future research questions. This

initial, exploratory data provides research information regarding relevant variables to include in future studies.

Statement of the Problem

The setting for research on mindfulness thus far has been within training programs as part of self-care and stress reduction. Given that supervision is a cornerstone of our training programs, more research is needed to understand the important elements of successful supervision (White & Queener, 2003). To this point, mindfulness has never been studied as an element within the supervision context. However, researchers have pointed indirectly to common elements between higher levels of mindfulness and effective supervision, such as lower anxiety, increased empathy, stronger relationships, and increased self-efficacy. Therefore, the purpose of this study was to look specifically at mindfulness in supervision to confirm that increased mindfulness of the supervisor will lead to a more productive experience for supervisees.

Research Question and Hypotheses

The following research question and hypotheses were addressed through this study:

Research Question: What is the relationship between supervisor and supervisee mindfulness and the supervisor and supervisee ratings of the facilitative conditions of the supervisory relationship, supervisor and supervisee ratings of the working alliance, supervisee self-efficacy, supervisor and supervisee ratings of the depth and smoothness of session, and supervisor rating of the supervisory focus?

Hypothesis 1: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the facilitative conditions of the supervisory relationship as rated by supervisor and supervisee.

Hypothesis 2: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the working alliance as rated by supervisor and supervisee.

Hypothesis 3: Higher levels of mindfulness of the supervisee will be positively related to greater self-efficacy of supervisee as rated by supervisee.

Hypothesis 4: Higher levels of mindfulness of supervisor will be positively related to increased session depth and decreased session smoothness as rated by the supervisor and supervisee.

Hypothesis 5: Higher levels of mindfulness of the supervisor will be positively related to an increased focus during supervision on self-awareness, and a decreased focus on skills, conceptualization, and professionalism, as rated by the supervisor.

Need for the Study

Supervision is a pivotal learning experience of the counseling program, playing a critical role in counselor development. Research is still needed, however, to further understand supervision and factors that produce the most successful outcome for supervisees. Supervision is a complex process; research has established that many variables impact supervision, such as supervisor factors, counselor factors, client factors, and contextual factors. Mindfulness seems particularly well-suited to study within supervision, as it is a skill that may assist supervisors in addressing critical factors such as counselor self-efficacy, relationship dynamics, characteristics of supervisors and

supervisees, and an increased ability to be present with clients. As mindfulness can be cultivated through training, knowledge regarding mindfulness and supervision may contribute to counselor educators' design of programming, training, and education for supervisors. Beyond counselor training, mindfulness may be a particularly important clinical skill for effective work with clients, related to the ability to maintain attention and increase empathy.

Counselor educators may be informed for program planning and supervisor training. In addition, this study may add to the current body of research regarding what elements contribute to a successful supervision experience. Furthermore, mindfulness is a skill set that we all possess inherently, but can be cultivated and expanded through training, which has implications for the field of counselor education.

Definition of Terms

Definitions of terms are provided below to clarify the purpose for this study:

Mindfulness is defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). For the purposes of this study, mindfulness was operationalized through total scores across five subscales (i.e., observing, describing, acting with awareness, nonreactivity, and nonjudging) on the *Five-Facet Mindfulness Questionnaire* developed by Baer et al. (2006). The total score was used in the current study.

Supervision is defined as the “signature pedagogy of the mental health professions” (Bernard & Goodyear, 2009, p. 1) in which the supervisor provides education and instruction in a group or individual format to promote counselor

development in the areas of clinical skills, case conceptualization, self-awareness, and professional behaviors. In this study, supervision referred to the supervision of master's level practicum and internship students within the university setting.

Working Alliance is the collaboration between supervisor and supervisee defined by the mutual agreement of goals, tasks of supervision, and emotional bond (Bordin, 1983). For the purposes of this study, working alliance was measured by total scores on the *Working Alliance Inventory, Revised* (Bahrnick, 1989).

Counselor Self-Efficacy is defined as the counselor's belief about his or her capability to perform the behaviors necessary to be successful engaged in the counseling profession (Daniels & Larson, 2001). For the purposes of this study, it was measured with total scores on the *Counselor Activity Self-Efficacy Scales* (CASES; Lent, Hill, & Hoffman, 2003).

Facilitative conditions are defined as the factors within the supervisory relationship that are necessary for therapeutic change- unconditional positive regard, unconditionality, empathic understanding, congruence, and willingness to be known. For the purposes of this study, it was measured with total scores on the Barrett-Lennard *Relationship Inventory for Supervisory Relationships* (Schacht, Howe, & Berman, 1988).

Session Depth is a term used to characterize the perceived power and value of a supervision session (Stiles & Snow, 1984). For the purposes of this study, it was measured by the depth subscale on the *Session Evaluation Questionnaire* (Stiles & Snow, 1984).

Session Smoothness is a term used to characterize the comfort and pleasantness of a supervision session (Stiles & Snow, 1984). For the purposes of this study, it was measured by the smoothness subscale on the Session Evaluation Questionnaire (Stiles & Snow, 1984).

Supervision Focus refers to four areas of competence a supervisor focuses on during supervision: cognitive counseling skills, case conceptualization, self-awareness, and professional behaviors and was measured by these subscale scores on the Supervisor Emphasis Rating Form (Lanning, 1986; Lanning & Freeman, 1994).

Brief Overview of the Study

This study is presented over five chapters. This first chapter provided an introduction to the construct of mindfulness, counseling supervision, and the variables of supervisory relationship, counselor self-efficacy, supervision focus, and session impact. The purpose of the study, statement of the problem, and need for this study were included. Additionally, definitions of key terms of this study were provided. The second chapter includes a thorough review of the literature pertaining to mindfulness and supervision. The third chapter includes the methodology used in the study, including participants, sampling method, instruments, and data analyses. The fourth chapter presents the results according to each research question. Finally, the fifth chapter summarizes the study and includes limitations and recommendations for future research in this area.

CHAPTER II

REVIEW OF RELATED LITERATURE

Chapter I offered a rationale and need for a study of the impact of mindfulness in counseling supervision, specifically on the variables of counselor self-efficacy, supervisory relationship, session dynamics, and supervision focus. Chapter II will provide a related literature review of these variables. This chapter contains the following sections: (a) mindfulness, (b) counselor self-efficacy (c) supervisory relationship (facilitative conditions and working alliance), (d) session dynamics, and (e) supervision focus.

Mindfulness

The concept of mindfulness is rooted in Buddhist contemplative or monastic practices with the purpose of fostering cognitive clarity and thus eliminating ignorance and delusion (Carmody, 2009). Buddhism is an ancient religion and philosophy originating 2,500 years ago and dedicated to morality, transcendence of human suffering, awareness or mindfulness of thoughts and actions, and the development of wisdom and understanding (Germer, Siegel, & Fulton, 2005; Kabat-Zinn, 2003). In Buddhist tradition, suffering results from ignorance. Ignorance can be relieved through practices that cultivate accurate perceptions of the world and our experience in the world (Carmody, 2009). The word “mindfulness” is the English translation of the Buddhist word “sati,” which reminds practitioners to experience what is in the present moment.

Mindfulness originated as “Right Mind,” one of eight parts of the Noble Eightfold Path, the goal of which is to end suffering (Carmody, 2009; Germer et al., 2005). The concept of “Right Mind” challenges humans to gain awareness or perception of experience, such as mental states and body sensations, as they occur, before judging, labeling, identifying, or reacting. The belief is that this clarity will bring awareness, enlightenment, and an end to suffering (Carmody, 2009; Germer et al., 2005; Kabat-Zinn, 2003). In addition to Buddhism, sources have traced mindfulness to followers of many spiritual traditions to enhance spiritual growth. These have been cited as ancient Greek philosophy, existentialism, and humanism in America (Brown et al., 2007; Lesser, 1999). Researchers have stated that “this process inspired and transformed countless lives before Western psychotherapists discovered it” (Germer et al., 2005, p. 7).

Fundamentally, mindfulness is a quality of consciousness that can be more easily experienced (e.g., sensory, somatic, intuitive, emotional) than described (Brown et al., 2007; Germer et al., 2005). Even though it is difficult to describe verbally, it is a very simple form of awareness that is available to every person at every moment. Most simply, mindfulness is the “idea of vividly experiencing the present moment” and being “fully awake” to life (Cashwell, Bentley, & Bigbee, 2007, p. 71). Furthermore, the skill of mindfulness becomes steadier, stronger, and more accessible with increased practice (Germer et al., 2005). Mindfulness provides the opportunity to be fully alive and awake through an awareness and acceptance of where one’s mind is from moment to moment, rather than automatically associating thoughts and emotions with past experiences or anticipated futures (Brown et al., 2007; Germer et al., 2005). Furthermore, the concept of

mindfulness pushes against Western cultural attitudes which reward multi-tasking and task-oriented achievement (Brown et al., 2007). Finally, theorists consider mindfulness both a skill and a way of being that can be cultivated through participation in formal and informal practice (Brown & Ryan, 2003; Brown et al., 2007; Germer et al., 2005).

Definition

The seminal definition of mindfulness in the United States by Kabat-Zinn (1994) is “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (p. 4). His more recent definition of mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). From this addition, mindfulness is the process of directing attention to the present moment with an attitude of acceptance.

Building on this foundation, other researchers have expanded this definition both conceptually and operationally. Brown et al. (2007) formally defined mindfulness as “a reception attention to and awareness of present events and experience” (p. 212). This definition highlights the quality of consciousness associated with mindfulness; more specifically, awareness is clear, flexible, nondiscriminatory, and present oriented. The researchers stated that mindfulness is characterized by “vividness of current experience and functioning and thus stands in contrast to the mindfulness, less awake state of . . . automatic functioning . . . chronic for many individuals” (Brown & Ryan, 2003, p. 823)

Consciousness encompasses both awareness and attention, similar to the concept of figure-ground in the field of artistic expression. Awareness is the background,

continually monitoring inner and outer experiences without focusing on one stimuli; attention is the process of focusing awareness on one object (Brown & Ryan, 2003). Within a mindful mode of cognitive processing, a person does not compare, reflect, evaluate, or categorize events or experiences based on memory, but simply notices what is taking place. Further, this “disentanglement of consciousness from cognitive content may allow thought to be used with greater effectiveness and precision” (Germer et al., 2005, p. 213). Mindfulness is awareness of thoughts as thoughts; mindful thinking is less likely to be influenced by beliefs, prejudices, and other biases not supported by objective evidence (Germer et al., 2005).

Shapiro et al. (2006) built on Kabat-Zinn’s original definition by expanding it to include three axioms (in parentheses): “on purpose” (intention), “paying attention” (attention), and “in a particular way” (attitudes). The researchers conceptualized this definition of mindfulness as “three interwoven aspects of a single cyclic process and occur simultaneously . . . mindfulness is this moment-to-moment process” (p. 375). Intention is related to *why* a person is engaging in a practice or behavior (i.e., self-exploration, stress management). Previous research on meditation practice found that outcomes were significantly correlated with original intention (Shapiro et al., 2006). Attention is related to the cognitive aspect of mindfulness or observing, paying attention to the operations of moment-to-moment internal and external experience (Shapiro et al., 2006). This is the core of mindfulness practice. Attitude is related to the *qualities* that an individual brings to their attention (i.e., a sense of openhearted presence or interest versus a cold, critical quality). Specifically, the researchers posited that people can learn to

attend to internal and external experiences without evaluation or interpretation while practicing acceptance, kindness, and openness (Shapiro et al., 2006).

In order to foster more accurate, empirical evidence about mindfulness, the research team of Baer et al. (2006) used a rigorous process of analysis to create one mindfulness inventory that takes into account all facets of the concept based on pre-existing, psychometrically sound instruments. As a result of this project, Baer and colleagues stated that mindfulness contains five components or skills (Baer et al., 2006, 2008). Operationally, they defined mindfulness as *observing* (noticing a variety of stimuli), *describing* (applying words to observation), *acting with awareness* (giving full attention to one's present activity), *nonjudging* (avoiding the evaluation of observations), and *nonreacting* (noticing without reacting). The development of this inventory is revealed in detail in Chapter I.

Mindfulness as a Clinical Intervention

Mindfulness has long been associated with enhanced well-being. Research interest in mindfulness has “quietly exploded” in the past 20 years within psychological and medical fields (Brown et al., 2007, p. 211). The number of mindfulness-related reports increased from less than 80 in 1990 to more than 600 in 2006 (Brown et al., 2007). One reason behind this growth in research attention has been the increased use of mindfulness within clinical settings, particularly mindfulness based stress reduction programs. One program, originally created by Dr. Jon Kabat-Zinn in 1979 at the University of Massachusetts Medical Center, was designed to help medical patients who were unresponsive to conventional treatment for combating chronic pain and increasing

well-being. This program has been overwhelmingly effective with large numbers of patients over the past 30 years and in a variety of settings (Baer, 2003; Carmody, 2009). Since the introduction of Dr. Kabat-Zinn's Mindfulness Based Stress Reduction (MBSR) program, mindfulness based interventions have been incorporated into a variety of treatment programs to work with a range of conditions, including anxiety, major depression, fibromyalgia, binge eating, and cancer (Germer et al., 2005).

Due to the success with clinical populations, mindfulness techniques and training also have been used to enhance well-being among non-clinical populations, such as counselors-in-training. Counselors are entering a challenging and dynamic field; preparation for this professional world includes rigorous training academically and clinically in graduate school. Medical and mental health professionals are vulnerable to physical and emotional exhaustion, compassion fatigue, and vicarious traumatization; these stressors impact effectiveness by decreasing counselors' concentration, attention, decision making, and ability to form relationships (Schure et al., 2008; Shapiro et al., 2007). Thus, a paradox exists: counseling programs promote health, wellness, and life balance for clients, but the rigors of the curriculum and clinical training often preclude this for the counselors-in-training.

To further strengthen support for integration of mindfulness into the counseling curriculum, researchers have cited the importance of counselors themselves practicing mindfulness techniques before the successful introduction to therapy (Seagal, Williams, & Teasdale, 2002). The majority of research on mindfulness has been conducted with the general population or clinical populations (Greason & Welfare, 2010, in press). However,

I will now review and evaluate all of the published research to date which investigates the impact of mindfulness training in graduate student populations, including counselor education.

Mindfulness Research

Shapiro, Schwartz, and Bonner (1998)

Shapiro et al. (1998) examined the short-term effects of an 8-week mindfulness based stress reduction program for premedical and medical students ($n = 78$). The sample included 41 females, and 58 Caucasian, 6 Hispanic, 4 Indian, 2 African American, and 2 Asian American participants. Shapiro et al. employed a matched, randomized, experimental design in which participants were assigned to either a mindfulness based intervention or wait-list control group. Participants in the intervention group were divided into two classes which were equivalent except for the facilitator. Participants in all groups were measured at two time points, before and after the intervention. The second data collection was scheduled immediately after the program and during an extremely high stress examination period in the medical program. Finally, the location, time, and date of administration were held constant across groups.

The intervention program was modeled after the MBSR program designed by Kabat-Zinn (1982). The core of the program focused on mindfulness training through a variety of experiential practices. Didactic material was presented on the psychological and physiological impacts of stress. Mindfulness was woven throughout all exercises and emphasized as the common thread connecting the various components of the program.

Shapiro et al. (1998) assessed all participants on the following variables: empathy, psychological distress, depression, state and trait anxiety, and spirituality. Initial analyses were conducted to ensure that the matched randomization across gender, ethnicity, and program status was successful. Chi-square analyses demonstrated that none of the variables differed significantly between groups: χ^2 gender (1, $N = 78$) = 1.30, $p > .49$; ethnicity χ^2 (1, $N = 78$) = 4.62, $p > .43$; premedical vs. medical χ^2 (1, $N = 78$) = .20, $p > .64$. A repeated measures multivariate analysis of variances (MANOVA) was then calculated to compare the intervention and control groups along the six outcome variables. Both the pre and post scores were entered as variates and the independent variable was treatment group by time. The groups were found to differ significantly at time 2 (post-MBSR group) $F(6, 64) = .8005$, $p < .03$. Next, a multivariate analysis of covariance (MANCOVA) was performed to protect against Type I error; the pretest scores of the outcome variables were entered as covariates and the posttest scores as variates. MANCOVA yielded a significant multivariate main effect for the group $F(6, 58) = .767$, $p < .02$. Post hoc tests (Newman-Keuls) revealed no significant differences between the groups' pretest scores ($p > .05$ in all cases); however, significant differences were found between groups' posttests scores ($p < .05$ in all cases). Follow-up Univariate ANOVAs revealed that, compared to the control group, the intervention group reported less depression $F(1, 69) = 8.18$, $p < .006$, less state anxiety $F(1, 69) = 4.11$, $p < .05$, less trait anxiety $F(1, 69)$, $p < .002$, and increases in empathy $F(1, 69) = 4.3$, $p < .05$, and spirituality $F(1, 69) = 5.62$, $p < .02$.

Once the initial intervention was completed, the control group then participated in the intervention. In order to replicate the findings of the initial study with the first intervention group, all the same measures and analyses were administered to the control group after participation in the intervention. Results replicated the findings from the previous group, suggesting significant changes in expected directions across the outcome variables $F(10, 22) = .2593, p < .001$.

In summary, the data indicated clearly that participation in the mindfulness intervention effectively reduced overall psychological distress (e.g., depression and anxiety) and increase overall empathy levels. These findings are consistent with previous research studying mindfulness based interventions (Astin, 1997; Kabat-Zinn et al., 1992) with clinical populations and provide further evidence that mindfulness training is effective in a nonclinical population. Furthermore, scores on the empathy measure increased significantly, which suggests that the intervention “may have helped students cultivate listening skills and develop new, more compassionate perspectives and paradigms to approach their own lives as well as their future patients’ lives” (Shapiro et al., 1998, p. 594). These outcomes are highly relevant to counseling professionals.

Newsome, Christopher, Dahlen, and Christopher (2006); Schure, Christopher, and Christopher (2008)

Newsome et al. (2006) and Schure et al. (2008) evaluated the impact of a 15-week, 3-credit MBSR course for counseling students. The course was taught by a core faculty member at a CACREP accredited graduate program. The faculty member had taught a similar course in a community hospital 2 years prior to developing and teaching

this course, and was a 20 year meditation practitioner. The course was based on Kabat-Zinn's course, particularly the experiential component, which included yoga, meditation, quigong, and conscious relaxation techniques. The didactic component included information on mindfulness practices, applications to psychotherapy, and current research.

To assess the impact of the course, three methods of evaluation were used: 4 years of quantitative course evaluations, four years of qualitative reports, and course evaluations. The quantitative evaluation scores were based on the Aleamoni Course/Instruction Evaluation Questionnaire which indicates student responses to the course, method of teaching, and course instructor on a 4.0 scale (by department standards, 3.0-3.59 = exceed expectations, 3.60-4.0 = extraordinary). The mean overall rating across 4 years on the five components of attitude, method, content, interest, and instructor was 3.75, indicating students found the course to be consistently effective.

The course was evaluated qualitatively using analysis of journal entries which were a central component to the course (a minimum of 60 typed pages completed by the end of the semester reflecting on students' personal experiences and reactions to the class) (Newsome et al., 2006; Schure et al., 2008). The responses were reviewed anonymously, entered verbatim into a word-processing software, and analyzed using NVivo qualitative data analysis software (QSR NVivo version 1.2). Responses from each question were analyzed using cross-case analysis focusing on responses to four open-ended questions (e.g., How has your life changed over the course of this semester related to this class; Of all the practices learned in the class, which one are you drawn to and

why; How has this course impacted your work with clients; and How do you see yourself integrating any of these practices from class into clinical practice). Themes emerged from the data, and were not decided *a priori*. A second researcher coded a random 10% of the texts to ensure validity and congruence. No notable differences were found in responses across 4 years. Overall, students reported positive physical, emotional, mental, spiritual, and interpersonal changes and substantial effects on their counseling skills and therapeutic relationships as a result of the course (Newsome et al., 2006; Schure et al., 2008). Examples of changes included increased bodily awareness, increased capacity to cope with multiple stressors, increased self-understanding and acceptance, and positive interpersonal changes such as taking responsibility for their own feelings, capacity for empathy, and compassion for others (Newsome et al., 2006; Schure et al., 2008).

Results of the focus group evaluation were similar to the qualitative findings (Newsome et al., 2006; Schure et al., 2008). Researchers developed a moderator's guide based on the descriptions provided through a six-volume focus group instructional series (Morgan & Krueger, 1998) which included the purpose of the focus group, probing ideas, a brief listing of group control and facilitation techniques, and a list of questions for discussion. The focus group included 11 participants, ages ranging from 20-50, who were first and second year master's level graduate students. The focus group was tape recorded and field notes were taken during and immediately after the session. The tape was transcribed verbatim and inductive content analysis was used to identify the primary themes. Overall, students found the class to be "of high quality and a valuable growth experience both personally and professionally" (Newsome et al., 2006, p. 1887). The

focus group feedback contained information on the course specifically, rather than the impact of the mindfulness in their personal or professional practice.

Shapiro, Brown, and Biegel (2007)

Shapiro et al. (2007) examined effects of a mindfulness based stress reduction program on master's level counseling psychology students at a small, private Jesuit university ($n = 64$). The sample included 88.9% female, 76.9% Caucasian, 7.7% Latina/o, 5.8% Asian, 3.8% Filipino, and 1.9% African American participants. The researchers employed a prospective, nonrandomized, cohort-controlled design in which the MBSR intervention was offered as part of a Stress and Stress Management course. Two other courses were selected as controls (Psychological Theory and Research Methods). The researchers implied there was no overlap between students in the courses. All courses were offered in the same academic term and within the same academic program. Participants in all groups were measured at two time points, before and after the intervention.

The intervention program was modeled after the MBSR program designed by Kabat-Zinn (1982). The core of the program focused on mindfulness training through a variety of experiential practices (e.g., mindfulness based meditative practices). Didactic material was presented offering an overview of stress and various non-mindfulness based stress management techniques (e.g., humor, exercise). The control groups did not include any experiential activities or stress management information.

Shapiro et al. (2007) assessed all participants along the following variables: mindfulness, positive and negative affect, state and trait anxiety, perceived stress,

rumination, and self-compassion. Preliminary analyses indicated that students in the two control classes did not differ significantly on any of the demographic or psychological measures at the outset of the study. In addition, analyses indicated that the MBSR and control group did not differ on any of the measures at Time 1. To examine the impact of the course, the researchers conducted 2 (group) X 2 (time) mixed factorial analyses of variance (ANOVAs) on each outcome variable using an alpha level of .05 as the criterion for statistical significance. Participants in the MBSR class showed significant improvements on all 7 outcomes relative to participants in the control group. In support of the primary hypothesis, participants in the MBSR intervention reported significant decreases in perceived stress, negative affect, state and trait anxiety, and rumination, as well as significant increases in positive affect, relationship quality, and self compassion. To examine whether the MBSR participants possessed increases in mindfulness, a mixed factorial ANOVA was conducted; participants showed significant pre-post course increases in mindfulness ($M = 4.01, SD = .51$) relative to control group participants ($M = 3.80, SD = .62$). This information built on previous data (Astin, 1997; Newsome et al., 2006; Schure et al., 2008; Shapiro et al., 1998) which examined impacts of mindfulness-interventions but did not assess levels of mindfulness specifically.

Greason and Cashwell (2009)

Greason and Cashwell (2009) examined the relationship between mindfulness and counseling self-efficacy, attention, and empathy in a sample of master's level counseling interns and doctoral students ($n = 179$) at CACREP accredited programs. The characteristics of the sample were 85.5 % female, 29.86 mean age, 79.3% Caucasian,

11.2% African American, 2.2% Hispanic, 1.1% Asian American, 3.9% multiracial. The research design was correlational-survey. Greason and Cashwell assessed participants along the variables of mindfulness, attention, empathy, and counselor self-efficacy.

Greason and Cashwell (2009) examined a path model that hypothesized a predictive relationship between mindfulness and self-efficacy, mediated by attention and empathy. They also hypothesized a relationship between mindfulness, self-efficacy, and the two mediator variables. To test the multiple-mediator hypothesis, they employed a path analysis using standard regression techniques. First, the total effect from the independent variable (mindfulness) to the dependent variable (self-efficacy) must be significant. Second, the direct paths from the independent variable (mindfulness) to the mediators (attention and empathy) also must be significant. Third, the mediators must be significant predictors of the dependent variable when both the independent variable and the mediators are simultaneously entered into the regression model.

Results indicated that mindfulness significantly predicted attention at $\beta = .53$ and accounted for 28% of the variance in the mean scores (adjusted $R^2 = .28$, $t = 8.47$, $p < .01$). Further, mindfulness scores also significantly predicted empathy at $\beta = .27$ and accounted for 7% of the variance in the mean scores (adjusted $R^2 = .07$, $t = 3.77$, $p < .01$). Mindfulness scores significantly predicted self-efficacy at $\beta = .34$ and accounted for 11% of the variance in the mean scores (adjusted $R^2 = .11$, $t = 4.88$, $p < .01$). An examination of the direct and indirect effects revealed that attention, but not empathy, was a statistically significant mediator of counselor self-efficacy.

This was the first study to directly investigate mindfulness, and not a mindfulness based intervention, in a sample of counseling students. Results from this study provide empirical support for the predictive relationship between mindfulness and counselor self-efficacy in a group of master's and doctoral level counseling students. Further, all four outcome variables were significantly related to one another, and supported previous research findings that mindfulness is related to attention and empathy (Greason & Cashwell, 2009).

Greason and Welfare (2010, in press)

Greason and Welfare (2010, in press) examined the constructs of counselor mindfulness and client perceptions of the counselor and counseling relationships in a sample of college counselors and their clients. The purpose of this study was to address an important gap identified in the counseling literature regarding the relationship between client perceptions of counselor core conditions and the working alliance and the counselor's level of mindfulness. The sample was 83 college counselor-client dyads from colleges and universities accredited by the Council for Higher Education Accreditation. The sample was selected using a stratified random sampling method by including 16% of colleges in each geographic region (i.e., Middle States, New England, Southern, Western, North Central, Northwest). Participants were 83 counselor-client dyads. The counselor sample included 68 female, 42.88 mean age, 63 Caucasian, 8 African American, 4 Hispanic, 1 Asian, and 6 other ethnicity. The client sample included 67 female, 23.22 mean age, 62 Caucasian, 6 African American, 3 Hispanic, 3 Asian, and 9 other ethnicity. Greason and Welfare (2010, in press) assessed counselor mindfulness using the Five

Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006), client-perception of working alliance using the Working Alliance Inventory- Short Form (WAI-SF; Tracey & Kokotovic, 1989), and client-perception of therapeutic relationship using the Barrett-Lennard Relationship Inventory (BLI; Barrett-Lennard, 1962).

Greason and Welfare (2010, in press) examined Pearson product-moment correlations to explore the relationship between counselor mindfulness and client perceptions of counselor core conditions and working alliance. Statistically significant correlations were found between the FFMQ- Observe subscale and four BLI subscales (*regard: $r = .28$; unconditionality: $r = .23$; congruence: $r = .33$) and BLI total score ($r = .29$). Total scores on the FFMQ were significantly correlated with total BLI ($r = .24$; $p < .05$). Further, scores on the FFMQ-Observe subscale were significantly correlated with WAI subscales of task, bond, and goal, and total score (*task: $r = .29$; bond: $r = .27$; goal: $r = .24$; $p < .05$; total: $r = .30$, $p < .01$). Client perceptions of the working alliance (WAI) and the counselor core conditions (BLI) were all significantly related to one another ($p < .01$). Finally, the total mean score for mindfulness ($M = 147.69$, $SD = 15.46$) and five subscale scores were higher than mindfulness scores in the general population, as reported by Baer et al. (2006).**

Results indicate that the Observe scale may be a distinct component to the overall mindfulness construct; statements on this subscale address awareness of sensations whereas the other four subscales focus on thoughts and feelings. The researchers suggested that awareness of sensations may be an important skill for effective counseling (Greason & Welfare, 2010, in press). Furthermore, the higher overall mindfulness scores,

as compared to the general population, suggest that counseling curriculum may be fostering increased capacity to be mindfulness, even without an explicit training component (Greason & Welfare, 2010, in press). In addition, results may also indicate that people who choose counseling as a profession have intrinsically higher levels of mindfulness than the general population. This study demonstrates that the Observe scale may be important and distinct, and may need to be evaluated separately in future research.

The Greason and Cashwell (2009) study is significant to the current study for a variety of reasons. In terms of instrumentation, this study used three of the same instruments used in the current study (FFMQ, WAI, and BLI), which allows direct comparison across studies. Furthermore, this was one of the first studies to directly assess the levels of college counselor mindfulness using the FFMQ. This information will begin to build a research base regarding the levels of mindfulness at all stages of counselor development, as previous studies (Greason & Cashwell, 2009) have examined mindfulness in counselors-in-training. The current study will evaluate both beginning counselors-in-training (supervisees) and advanced counselors-in-training and post-graduate counselors (supervisors). This type of information may inform how counselor education impacts mindfulness development.

Critique of mindfulness research. One overall critique of the research on mindfulness within the counseling student population is that it has primarily focused on the impact of mindfulness based training programs, rather than directly looking at implications within the clinical or supervisory settings. This presents methodological

flaws because researchers cannot control for the variety of extraneous variables (i.e., facilitators, program structure, activities, information) that may be contributing to positive outcomes. Specifically, it may be difficult to determine what aspects of the program or training are affecting change. Furthermore, few studies have taken into account the interaction of mindfulness levels of two parties- either counselor and client or supervisor and supervisee- which may provide a more complex understating of the construct. This study builds on existing research with medical and mental health professionals by using similar constructs, but directly examining the function of mindfulness within an important aspect of counselor education.

Supervision Constructs

Two constructs that emerge from existing supervision research are counselor self-efficacy and the importance of the supervisory relationship. Within the mindfulness field, studies have suggested that mindfulness enhances the development of counselor self-efficacy and also interpersonal skills (i.e., empathy, compassion). Therefore, these constructs were chosen for inclusion in the current study. To further explore the impact of mindfulness on the supervisory process, I chose two additional supervision variables—a measure of session dynamics, which adds a process component, and a measure of supervision focus, which adds a behavioral component. Relevant research on these constructs within the supervision field will now be reviewed.

Self-efficacy

The construct of self-efficacy is embedded in Bandura's (1986b) general social cognitive theory. Self-efficacy beliefs refer to "people's judgments of their capabilities to

organize and execute courses of action required to attain designated types of performances” (Bandura, 1986b, p. 391). Self-efficacy is not a global trait like self-esteem, but “linked to a particular performance domain and activity” (Lent et al., 2003, p. 104). Bandura’s theory has informed two subsequent theories, Social Cognitive Counseling Theory (SCCT) (Lent & Brown, 2006) and Social Cognitive Model of Counselor Training (SCMCT) (Larson, 1998). The major goal of SCCT is to describe how people develop vocational interests, make occupational choices, and achieve and sustain career success (Lent & Brown, 2005). SCCT posits a complex interacting system between a person-environment-situation, specifically taking into account people (human agency) and their interactions with the environment (socioeconomic status, culture) to influence their situation (career). The major goal of SCMCT is to explain the interplay of counselor variables (e.g., counselor anxiety), supervision variables (e.g., supervisory relationship), and client variables (e.g., presenting concern) and their impact on the counseling educational environment (Daniels & Larson, 2001). SCMCT posits that the counselor training environment and personal agency factors (e.g., self-efficacy) jointly influence the learning process and counseling performance (Larson, 1998). Circularly, trainees’ performance shapes the learning environment and personal agency.

Self-efficacy is formed and influenced by four factors: personal accomplishments and achievements, vicarious learning, social persuasion, and physiological and affective states (Bandura, 1986b). Of these factors, personal accomplishments, such as the successful completion of a counseling internship, exerts the most influence on self-efficacy; success experiences raise self-efficacy and failure experiences lower self-

efficacy (Lent & Brown, 2005). Furthermore, “observing successful models and exposure to supportive messages” contributes to the growth of self-efficacy in a particular domain (Lent & Brown, 2006). Counselor supervisors play an important role in influencing counselor self-efficacy in all four of these areas.

Counseling supervisors may serve as role models as well as offer supportive messages in the form of feedback on counseling skills. Role-playing in the supervision session is also an example of vicarious learning (Ladany et al., 1999). Support and encouragement are examples of social persuasion (Ladany et al., 1999). Further examples of social persuasion include the supervisor’s teaching and feedback, which can improve counseling skills and strengthen performance with clients (Ladany et al., 1999).

“Facilitative affective states” can encourage and promote interpretations of feedback that can enhance self-efficacy; in supervision, these states may include a supportive environment and positive supervisory relationship (Lent & Brown, 2006, p. 16). The learning, development, and growth in self-efficacy achieved within clinical supervision are primary examples of the mutual process of learning that is outlined in the SCMCT theory.

Counselor-self-efficacy (CSE) is one of the most widely studied constructs of the SCMCT theory (Barnes, 2004; Larson, 1998). Counselor self-efficacy, specifically, refers to counselors’ perception of their own ability to perform tasks necessary to fulfill the counseling role (e.g., demonstrating effective facilitative skills, working with diverse clients and client concerns) (Cashwell & Dooley, 2001; Larson, 1998). Self-efficacy is the important link between formal education and successful application of counseling

skills. Specifically, it is the difference between conceptualization of a client situation and the effective execution of action (Greason & Cashwell, 2009). Counselors with strong CSE believe they are capable of performing skills necessary to succeed in counseling, even despite challenging circumstances, and are more likely to persist in graduate programs (Barnes, 2004). Furthermore, when compared to counselors with low levels of CSE, counselors with higher levels of CSE are better able to receive and incorporate constructive feedback into their learning experiences, which is a crucial aspect of supervision (Larson, 1998).

Based on this theoretical base, researchers have established that an important component of counselor education is the promotion of high levels of counselor self-efficacy (Duryee, Brymer, & Gold, 1996; Leach, Stoltenberg, McNeill, & Eichenfield, 1997; Skovholt & Ronnestad, 1992a; Stoltenberg & Delworth, 1987). Recent research has revealed that supervision enhances counselor self-efficacy (Cashwell & Dooley, 2001), counselor self-efficacy increases as counselors-in-training progress through clinical experiences (Ladany et al., 1999), and counselor self-efficacy is negatively related to anxiety (Barbee et al., 2003; Daniels & Larson, 2001; Larson et al., 1992). Therefore, an outcome measure of successful supervision is an increase in counselor self-efficacy, particularly for counselors-in-training in their initial clinical experiences (Cashwell & Dooley, 2001). I will now critically review recent research developments around counselor self-efficacy.

Cashwell and Dooley (2001)

Cashwell and Dooley (2001) explored the impact of clinical supervision on counselor self-efficacy in a sample of post-degree counselors ($n = 33$) at a community agency. The researchers compared two groups: those receiving clinical supervision ($n = 22$) and those not receiving clinical supervision ($n = 11$). The sample receiving clinical supervision included 16 women, age range 25-54, 19 Caucasian and 3 African American counselors. In terms of supervision frequency, 2 counselors received supervision biweekly, 19 counselors received supervision weekly, and 1 counselor received supervision six times per month. The length of time for supervision ranged from 2 months to 12 years. The sample receiving no clinical supervision included 9 women, age range from 23-47, 9 Caucasian, and 2 African American counselors.

To measure counselor-self efficacy, the researchers used the Counseling Self-Estimate Inventory (COSE) developed by Larson et al. (1992). Reliability estimates for this inventory are high at $\alpha = .93$. Cashwell and Dooley (2001) conducted an independent *t-test* to determine if there were statistically significant differences between the two groups: the sample receiving and the sample not receiving clinical supervision. Results indicated a statistically significant difference at $p = .024$. Specifically, those counselors receiving supervision indicated higher levels of self-efficacy, $M = 185.6$, compared to those not receiving supervision, $M = 167.36$ (higher scores indicating higher levels of self-efficacy).

This study was conducted with clear, well-organized procedures and utilizing a psychometrically sound assessment instrument. Results suggest supervision is an

important part of counselor development, even post-graduation, and contributes to increases in counselor self-efficacy. One limitation of this study was a small sample size, especially the group not receiving clinical supervision. Continued research is needed with larger groups of counselors. Furthermore, there also could have been other differences between the groups, depending on how the decision was made to assign people to the supervision and non-supervision groups. Specifically, did counselors in the non-supervision group choose this to avoid supervision? Nevertheless, information gleaned in this study suggests that additional studies of supervision variables that promote counselor self-efficacy are warranted.

Ladany, Ellis, and Friedlander (1999)

The purpose of this study was two-fold: first, to test the extension of Bordin's (1983) theory of therapeutic working alliance to the supervisory alliance, and second, to investigate whether changes in the supervisee's perception of the working alliance are related to changes in their self-efficacy and satisfaction with supervision. Ladany et al. (1999) examined the constructs of supervisory working alliance, trainee self-efficacy, and supervision satisfaction in a national sample ($n = 107$) of beginning practicum to intern-level trainees. The sample included 72 women, average age 29.9 years, 86% Caucasian, 7% African American, 3% Latino, 2% Asian American. These participants were assessed for the constructs of supervisory working alliance, using the Working Alliance Inventory-Trainee version (Bahrck, 1984), trainee self-efficacy using the Self-Efficacy Inventory (Friedlander & Snyder, 1983), and supervision satisfaction using the Trainee Personal Reaction Scale-Revised (Holloway & Wampold, 1984). Participants were assessed at the

beginning and end of an academic semester; during the semester, they met individually with their supervisor. The researchers hypothesized a positive, significant relationship between variables; specifically, they believed that as the supervisory working alliance became stronger, trainee self-efficacy and satisfaction both would increase.

To test the hypotheses, Ladany et al. (1999) performed a multivariate multiple regression analysis consisting of three predictor variables (changes in scores between Time 1 and Time 2 on the subscales of the working alliance inventory) and two criterion variables (changes in scores between Time 1 and Time 2 on the self-efficacy and satisfaction inventories). Overall, the proportion of variance in the criterion variables accounted for by the predictor variables was significant ($F [6,206] = 4.83, p < .0001$). Because the multivariate significance was reached at the .05 level, follow-up univariate analyses were conducted. First, an examination of self-efficacy revealed that the changes in the three predictor variables (working alliance, satisfaction, and training experience) were not significantly related to changes in the self-efficacy scores ($F[3,103] = .641, p = .641$). Second, an examination of trainee satisfaction revealed that the changes in the three predictor variables were significantly related to the changes in satisfaction scores ($F[3,103] = 10.11, p < .0001$). Finally, although no significant relationship was found between working alliance and self-efficacy, post hoc analyses demonstrated that self-efficacy increased significantly over time (Time 1 to Time 2).

This study supported one aspect of the working alliance theory; a single component of working alliance, bond, was uniquely and significantly related to supervision satisfaction. Regarding self-efficacy, their results showed gains over time,

but suggested that changes in the alliance did not predict changes in self-efficacy, contradicting previous research findings (Efstation, Patton, & Kardash, 1990). One possible explanation for this finding posted by the researchers was that, in the absence of a strong supervisory alliance, trainees' level of self-efficacy may be enhanced through other performance accomplishments, vicarious or emotionally arousing experiences, and peer or client feedback (Ladany et al., 1999).

There are several limitations to this study. First, Ladany et al. (1999) only assessed trainees' perception of the constructs and did not include the supervisors' perception. This provides a limited, static view of the dynamic concepts involved in supervision, particularly working alliance. Second, researchers have proposed practical and theoretical limitations of using satisfaction as an outcome variable for successful supervision; specifically, effective supervision is not always the most satisfying supervision due to the challenges inherent in constructive feedback and evaluation (Borders, 1989; Holloway & Neufeldt, 1995). Third, the nature of the correlational research design prohibited researchers from manipulating predictor variables or randomly assigning participants to conditions or supervisors, which limited results to descriptive information.

Self-efficacy and anxiety. Research has demonstrated a significant negative relationship between self-efficacy and anxiety. These findings are particularly interesting when viewed in the context of mindfulness, which has been shown to lead to higher levels of self-efficacy and lower levels of anxiety. Relevant studies are described in detail here.

Barbee, Scherer, and Combs (2003)

The purpose of this study was to explore the impact of participation in a pre-practicum service learning experience on counselor self-efficacy and anxiety. Participants were a sample ($n = 113$) of pre-practicum counseling students enrolled at two large southwestern universities, one with a service learning experience ($n = 77$) and one without a service learning experience ($n = 36$). The sample included 75% women, mean age of 34.7 years, 58% Caucasian, 31% Hispanic, 4% Native American, 7% other ethnic groups. Participants were assessed along the constructs of counselor self-efficacy using the Counselor Self-Estimate Survey (Melchert, Hays, Wiljanen, & Kolocek, 1996), anxiety using the State Trait Anxiety Inventory (Spielberger, Gorusch, & Lushene, 1970), and a demographic questionnaire which included questions about the service learning experience.

An independent *t-test* conducted to compare groups revealed a statistically significant difference in the self-efficacy scores between participants in service learning and non-participants in service learning ($p < .030$, $df = 3, 107$). Additionally, there was a negative correlation ($r = -.298$) between counselor self-efficacy and state anxiety. The researchers then conducted a multiple regression analysis to evaluate the effects of service-learning, previous counseling-related work experience, and level of training (independent variables) on counselor self-efficacy (dependent variable). The results indicated an overall significant positive relationship between counselor self-efficacy and the independent variables, together accounting for 37% of the variance ($F [3,107] = 16.75$, $p < .001$). Of all independent variables, the level of counseling training accounted

for the most variance (30.3%) in self-efficacy. This result is consistent with previous research indicating that self-efficacy increases with training and experience (Ladany et al., 1999).

Based on these results, Barbee et al. (2003) concluded that students participating in service learning and counseling-related work experience have significantly higher levels of self-efficacy than students who do not participate. Although not explicitly stated, one major implication for the current study is that the students who participated in the service learning and counseling-related work experience most likely also were participating in supervision. Therefore, one outcome of this study is the need for additional research to measure more explicitly self-efficacy levels in students receiving supervision and participating in these activities. The growth in self-efficacy may be due to the supervision, the actual work experience, or a combination of both.

Supervisory Relationship

“All supervision takes place within the context of a relationship” (White & Queener, 2003, p. 203). The supervisory relationship has been a major focus of research attention within the supervision field. Within investigation of the supervisory relationship, researchers have examined supervisor factors (i.e., social influence), supervisee factors (i.e., personality characteristics), supervision processes (i.e., complementarity), and outcomes of the supervisory relationship (i.e., client outcomes, satisfaction) (Bernard & Goodyear, 2009). This section on the supervisory relationship will be divided into two parts: facilitative conditions and working alliance, which is how supervisory relationship will be operationalized and measured in the current study. These

two measures of the supervisory relationship were chosen for three primary reasons. First, other supervision research has focused on these concepts, which helps in comparing and building a knowledge base. Second, psychometrically sound instruments exist to measure these constructs. Third, even though they are related, both constructs capture a distinct aspect of the supervisory relationship and therefore, mindfulness may impact each in distinct ways.

Facilitative Conditions

One way in which researchers have conceptualized the supervisory relationship is similar to the conditions necessary for a production counseling relationship: unconditional positive regard, empathy, and congruence, first established by the person-centered theory of Carl Rogers (1942, 1957). These conditions have been well documented as important for facilitating constructive personality change in therapy (e.g., Barrett-Lennard, 1962; Matarazzo, 1978; Orlinsky & Howard, 1978; Parloff, Waskow, & Wolfe, 1978; Truax & Carkhuff, 1967) and are “helpful to extremely helpful with virtually all clients” (Kirshenbaum & Jourdan, 2005, p. 43). Kirshenbaum and Jourdan (2005) conducted a review of the current status of research on the person-centered approach; they concluded that these facilitative conditions were integral in the practice of most counselors and may be at the core of therapeutic change. Roger’s person-centered counseling theory informed his theory and approach to supervision in a direct way. Rogers believed the facilitative conditions were necessary for supervisees and clients, and other researchers subsequently supported his view (Bernard & Goodyear, 2009; Patterson, 1983; Rice, 1980).

Patterson (1983) and Rice (1980) both outlined elements of a successful person-centered supervision approach. First, the supervisor must believe that the counselor is motivated toward growth and possesses the ability to differentiate and move towards self-actualization in both supervision and clinical relationships (Bernard & Goodyear, 2009). The counselor must possess this same belief about his/her clients. Patterson (1983) further explains that client-centered supervision is the first step for a counselor learning the client-centered approach in counseling. He states that this approach is most successful when students are committed to “empathic understanding, respect, and genuineness as necessary conditions for therapeutic change” (p. 23); the supervisor models these characteristics for the student in supervision sessions. Overall, this approach is characterized as non-directive; “the therapist and supervisor must accept themselves and be able to ‘prize’ each other and the clients with whom they work” (Bernard & Goodyear, 2009, p. 83). Rice (1980) explains that within this approach, supervisors encourage supervisees to focus primarily on the therapeutic relationship and which is accomplished by the supervisee “providing the facilitative conditions at the highest levels of which he or she is capable” (p. 24). The major goal of supervision is to facilitate the growth and development of the counselor, not an indirect process of therapy with the client. Patterson (1983) states that “the best way for the supervisor to help the client is to help the supervisee be a better therapist” (p. 24).

Like the person-centered counselor, the successful person-centered supervisor must believe that the supervisee has “within himself or herself the ability and motivation to grow and explore both the therapy situation and the self” (Bernard & Goodyear, 2009,

p. 83). Further, supervision theory and research has indicated that these facilitative conditions have comparable importance in the supervisory relationship (Carifio & Hess, 1987; Delaney, 1972; Dowling & Frantz, 1975; Hutt, Scott, & King, 1983; Kaplowitz, 1967; Nelson, 1978; Pierce & Schauble, 1970; Truax & Carkhuff, 1967). Further, a recent study by Greason and Welfare (2010, in press) has explored the facilitative conditions and mindfulness within the counseling relationship; the researchers found that higher levels of mindfulness of the counselor were significantly related to higher client-perception of the facilitative conditions within the therapeutic relationship.

Working Alliance

Supervision researchers and practitioners recognize the foundational importance of the Rogerian paradigm and facilitative conditions within all helping relationships (Bernard & Goodyear, 2009). However, supervision researchers also recognized a need for another, more specific way to conceptualize and operationalize the therapeutic alliance, which they found in the working alliance theory (Bernard & Goodyear, 2009). One reason for the need for an additional measure of the supervisory relationship was the complex nature of supervision itself, which includes the element of evaluation (non-existent in the counseling alliance) as well as the multi-layered dynamics of client-counselor information.

The working alliance theory is grounded in Bordin's (1979, 1980) alliance model. In the original theory, Bordin posited that the therapeutic alliance is a "negotiated, collaborated feature of the treatment relationship, composed of three aspects" (Hatcher & Gillaspay, 2006, p. 12): agreement on the *goals* of the therapy, client agreement with

therapist that the *tasks* of therapy will address the presenting concerns, and the quality of the interpersonal *bond* between client and therapist. Bordin claimed that all therapeutic approaches require the negotiation of this type of working alliance, and believed different therapeutic approaches vary in the alliance features (task, bond, goals) required to conduct successful therapy. Importantly, he proposed that the outcome of treatment would depend on the strength of the working alliance (Hatcher & Gillaspy, 2006). This theory was developed as pantheoretical, to apply to all types of helping relationships, which has had great appeal to the research community (Bernard & Goodyear, 2009; Hatcher & Gillaspy, 2006).

Research has shown that working alliance is related to a positive therapy outcome. In a meta-analysis review of 79 studies, Martin, Garske, and Davis (2000) concluded that empirical evidence supports the significant relationship between a strong working alliance and a positive therapeutic outcome. Furthermore, researchers have suggested that therapists demonstrating the facilitative conditions of unconditional positive regard and congruence have a stronger therapeutic relationship (Burns & Nolen-Hoeksema, 1992). Therefore, working alliance and the facilitative core conditions may be positively related to one another, both leading to positive outcomes in supervision and therapy.

Bordin (1983) later expanded his working alliance theory to include supervisory relationships. Within this model, he stated that the supervisory working alliance involves collaboration between the supervisor and supervisee towards change. The three components of working alliance are “a mutual agreement on the goals of supervision

(e.g., mastery of specific counseling skills), mutual agreement on the tasks needed to reach the goals of supervision (e.g., observing counseling skills through audiotape), and an emotional bond involving mutual liking and caring between the supervisor” and supervisee (Ladany, Walker, & Melincoff, 2001, p. 264). The term *mutual* is used throughout the definition, and serves as a unique feature of the supervisory working alliance.

This model has offered researchers a valuable conceptualization of the supervisory relationship, and has served as an important construct in many studies on supervision (Ladany et al., 2001). Just as working alliance is positively related to therapeutic outcome, researchers have demonstrated that working alliance is related to a wide range of important supervisory outcomes. Specifically, researchers have found supervisor working alliance to be related to supervisor and supervisee characteristics (Renfro-Michel & Sheperis, 2009; White & Queener, 2003), client treatment adherence and outcome (Bambling et al., 2006; Patton & Kivlighan, 1997), and supervisee self-efficacy and satisfaction (Ladany et al., 1999). These research findings will be outlined individually in the order they are presented above.

Renfro-Michel and Sheperis (2009)

The purpose of this study was to further understand the nature of supervisory relationships, specifically why some relationships are successful and produce change while others are conflictual. Renfro-Michel and Sheperis (2009) examined the constructs of supervisee attachment orientation and perceived bond with a supervisor over time and within and between experience levels. Participants in this study were 117 master’s level

counseling students in a CACREP accredited program at three levels: entry, practicum, and internship. The sample included 102 females, mean age of 27.8 years, 79 Caucasian, 22 Latina/o, 14 African American, and 2 Asian-American. The research design was a 3x3 quasi-experimental mixed design testing differences between each of the three levels of counselors over time and within each group over time. The variables were assessed at the middle and end of two semesters.

Attachment orientation was assessed using the Relationship Questionnaire (Bartholomew & Horowitz, 1991) and working alliance was assessed using the Supervisory Working Alliance Inventory (Efstation et al., 1990). Researchers performed a two-way factorial analyses of variance (ANOVA) to test the relationships of working alliance with attachment over time. Results at both mid- and end semester indicated no statistically significant difference between the experience level of supervisee and working alliance and attachment scores. Mid-semester results for attachment and working alliance scores were statistically significant, $F [3,116] = 10.282, p = .000, \eta^2 = 0.229$; 22.9% of the variance in working alliance was attributed to supervisee attachment. End semester results for attachment and working alliance also were statistically significant, $F [3,117] = 4.626, p = .004, \eta^2 = 0.116$; 11.6% of the variance in working alliance was attributed to supervisee attachment.

Results from this study contribute to our understanding of factors that play a role in the supervisory working alliance. Specifically, findings indicated that a personality characteristic of the supervisee, attachment orientation, was significantly related to the working alliance. This serves as a foundation for future research such as the current

study, which seeks to understand how the characteristic of mindfulness impacts the working alliance, among other supervision variables. In terms of limitations, only the perspective of the supervisee was assessed, providing for a static view of the supervisory working alliance. The relationship is described as *mutual*, but not assessed in this way. The current study will assess data from both supervisor and supervisee, addressing this limitation in previous research.

White and Queener (2003)

Like the previous study, the purpose of this study was to examine the impact of personality factors on the working alliance. White and Queener (2003) examined the constructs of attachment orientation and social provisions. Participants in this study were 67 supervisor-supervisee dyads from three midwestern CACREP accredited programs. The supervisor sample included 47 females and 20 males who were licensed professional staff in placement settings ($n = 55$) and doctoral students enrolled in supervision courses ($n = 12$). The supervisee sample included 56 females and 11 males who were master's (88%) and doctoral (12%) level students participating in practicum, advanced practicum, or internship. Both supervisors and supervisees were assessed during the 5th week of the clinical experiences.

Attachment was assessed using the Adult Attachment Scale (Collins & Read, 1990), social provision, or the quality of one's social support network was assessed using the Social Provisions Scale (Cutrona & Russell, 1987), and working alliance was assessed using the Supervisory Working Alliance Inventory (Efstation et al., 1990).

First, the researchers conducted simultaneous regression analyses to test the relationship between the attachment scores and social provision scores of supervisees on the supervisee and supervisor perception of working alliance. The results were not statistically significant $R = .30$, $R^2 = .09$, $F [3, 67] = 2.17$, $p = .11$ in predicting the supervisees' perception of the working alliance. The results were not statistically significant $R = .28$, $R^2 = .08$, $F [3, 67] = 1.81$, $p = .15$ in predicting the supervisors' perception of the working alliance. Second, the researchers conducted simultaneous regression analyses to test the relationship between the attachment scores and social provision scores of supervisor on supervisee and supervisor perceptions of the working alliance. The results were statistically significant, $R = .40$, $R^2 = .16$, $F [3, 67] = 3.97$, $p < .01$ in predicting supervisees' perception of the working alliance, as well as the supervisors', $R = .57$, $R^2 = .33$, $F [3, 67] = 9.99$, $p < .000$. Therefore, findings strongly indicated that the attachment of the supervisor, not the supervisee, had an impact on perceptions of working alliance of both the supervisor and supervisee.

Results of this study (White & Queener, 2003) add to our understanding of factors that contribute to a successful working alliance relationship. Particularly, this study indicated that the supervisor characteristics were more influential and predictive than supervisee characteristics. The researchers stated, "In essence, the results indicate that the supervisor's ability to form close and healthy relationships in which he or she can depend on others predicts a significant portion of the supervisory working alliance" (White & Queener, 2003, p. 214). Based on this study, White and Queener (2003) suggested future research be conducted investigating "what, if any, additional individual characteristics of

the supervisory dyad are related to the working alliance, as well as to other measures of the supervisory relationship” (p. 215).

One major limitation of this study is that they did not employ dyadic data analysis techniques; they measured the constructs as static and not mutual. The current study will address this limitation, examining the impact of the characteristic of mindfulness of both supervisor and supervisee on their perceptions of the working alliance. Dyadic data analysis will provide a richer, more complex picture of the interactions between these constructs. As working alliance is a relational construct, it follows that data collected regarding working alliance should be from both parties in the relationship.

Bambling, King, Raue, Schweitzer, and Lambert (2006)

The purpose of this study was to gain a better understanding of the impact of clinical supervision on psychotherapy practice and client symptom outcome, specifically the impact on client working alliance and symptom reduction in the brief treatment of major depression. The researchers randomly assigned 127 clients with a diagnosis of major depression to 127 supervised and unsupervised therapists to receive 8 sessions of problem-solving treatment. Therapists were provided training on the treatment approach to control for differences. Supervised therapists were assigned to either alliance skill or alliance process focused supervision and received 8 supervision sessions. The supervisors had a minimum of 2 years providing supervision; the sample included 31 women, mean age 49.9 years, and mean experience level of 11.2 years. The therapists had a minimum of 1 year of clinical experience. The sample included 96 women, mean age 44.1, and mean experience level of 8.8 years. The client sample possessed a diagnosis of major

depression according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association) and included 87 women, mean age of 39.1 years. The research design was a nested design with multiple intervals of measurement; the experimental variable was supervision and the dependent variables were client-rated working alliance, client symptom scores, satisfaction scores, and attrition.

Working alliance was assessed using the Working Alliance Inventory (Horvath & Greenberg, 1989), client satisfaction was assessed using the Treatment Evaluation Scale (Scott & Freeman, 1992), and depression was assessed using the Beck Depression Inventory (Beck, Steer, & Garbin, 1987). Data were collected at three time points. First, the researchers conducted repeated measures ANOVA to examine the client-rated working alliance scores over the duration of treatment; results were statistically significant, indicating that scores for the full sample increased over time, $F [2,99] = 22.37, p < .01$. There was a significant main effect for supervision on the working alliance across data collections, $F [2, 100] = 54.9, p < .01$. These results indicated that client-rated working alliance scores were significantly superior for participants in supervised groups compared with those in unsupervised groups. Second, the researchers conducted repeated measures ANOVA to examine the client-rated depression scores over the duration of treatment; results were statistically significant, showing that scores for the full sample decreased over time $F [1, 120] = 330.4, p < .01$. There was a significant main effect for supervision on the depression scores across data collections, $F [2, 100] = 6.8, p < .01$.

These results indicated that clients receiving supervised therapy achieved a significantly greater reduction in symptoms of depression than those receiving unsupervised therapy.

This study (Bambling et al., 2006) helps to confirm the widely held belief that supervision, including post-graduate supervision, is a crucial aspect of successful counseling treatment. These findings extend our understanding of the importance of the working alliance and the subsequent impact on client outcomes. The results of this study support the inclusion of the construct of working alliance in the current study due to the impact on client outcomes. Further, the findings support previous research which has demonstrated the importance of supervision in providing the best client care and promoting positive client outcomes.

Patton and Kivlighan (1997)

The purpose of this study was to determine if the quality of the supervisory working alliance was related to the quality of the counseling working alliance, and to trainee adherence to a treatment model. Participants included clients ($n = 75$), supervisees ($n = 75$), supervisors ($n = 25$), and judges ($n = 3$) who were undergraduate psychology students. The client sample included 59 females, 69 Caucasian and 8 African American participants. The supervisees sample included 53 female, 64 Caucasian and 11 African American students enrolled in a graduate level pre-practicum course at a large, Midwestern university. The supervisor sample included 18 female, 18 Caucasian participants, each responsible for supervising 3 supervisees. Four counseling sessions were conducted and supervisors provided live supervision and 1 hour of individual supervision immediately following the client session. Working alliance inventories were

completed by client and counselor/supervisee following each session. A *time-limited dynamic psychotherapy* technique was utilized in all sessions (Strupp & Binder, 1984).

Working alliance in the counseling relationship was assessed using the Working Alliance Inventory (Horvath & Greenberg, 1989). Working alliance of the supervisory relationship was assessed using the Supervisory Working Alliance Inventory (Efstation et al., 1990). Raters used the Vanderbilt Therapeutic Strategies Scale (Butler, Henry, & Strupp, 1992) to rate session adherence to the treatment model. The researchers employed hierarchical linear modeling (HLM; Bryck & Raudenbush, 1992) to control for both time and counselor trainees being nested within supervisors. A significant linear change coefficient indicated that client working alliance scores increased at a rate of 5.03 scale points per session, across all four sessions. Next, researchers needed to determine how the changes in the supervisory working alliance accounted for changes in the counseling working alliance. When adding the supervisory working alliance scores into the model, a significant *t*-test indicated that the slope of the supervisory working alliance-counseling working alliance relationship was significantly different from zero. The relationship between the supervisory working alliance and the counseling working alliance was the unique variance accounted for after the effects of time had been controlled; the unbiased correlation was .66. This finding indicates that the strength of the supervisory alliance and the strength of the counseling working alliance were significantly, positively, related to one another, regardless of amount of time in counseling. Increases in ratings of the supervisory alliance may have a direct impact on the counseling relationship.

Results of this study indicated that there were significant relationships between supervisees' perceptions of the working alliance and clients' perceptions of the working alliance. Results suggested a similarity in the strength of the working alliance in both supervision and counseling. The experimental, randomly assigned sample extends the validity and generalizability of these findings to a larger population. Finally, results extend the understanding in the field about the role of the supervisory working alliance; specifically, it is not only an indication of the supervisee's comfort in supervision, but is related to supervisee counseling performance. This result further justifies the importance of empirical studies of the working alliance construct.

Summary. The research presented here provides a rationale for the inclusion of the working alliance construct in the current study. This research has demonstrated that working alliance is related to client treatment outcome, counselor self-efficacy, and satisfaction with supervision. Furthermore, the research suggests that personality characteristics of both supervisor and supervisee may play a role in the strength and quality of the working alliance.

Session Impact

The construct of session impact refers to a "counseling session's immediate effects, including the participants' evaluations of the session and their post-session affective states" (Stiles & Snow, 1984, p. 3). Research regarding session impact has focused on counselor and client perceptions of one another and the session process (Stiles & Snow, 1984). Importantly, session impact is a distinct construct from session process (e.g., a counselor's response and interventions) and long-term outcomes, but may be a

mediator between these constructs (Stiles & Snow, 1984). The Session Evaluation Questionnaire measures two independent evaluative dimensions of participants' perceptions of their session, *depth* and *smoothness*, and two post-session mood dimensions of *positivity* and *arousal*. Only the evaluative dimensions of *depth* and *smoothness* are being used in the current study. *Depth* refers to a "session's perceived power and value" and *smoothness* refers to a "session's comfort, relaxation, and pleasantness" (Stiles & Snow, 1984, p. 3). This construct was chosen for inclusion in the current study as a measure of the impact of mindfulness on the process of supervision.

Current researchers have endorsed the use of inventories measuring this construct with supervisees in order to obtain impressions and measure supervision process over time (Bernard & Goodyear, 2009). Researchers have examined the impact of counselor response on session dynamics (Hill et al., 1988) and the relationship between session impact and the concept of engagement in counseling (Tryon, 1990). These studies were chosen for review based on their relevance to the current study, specifically, because they both provide empirical research regarding the interaction of this construct with counselor variables.

Hill, Helms, Tichenor, Spiegel, O'Grady, and Perry (1988)

The purpose of this study was to examine the effects of counselor response modes in treatment, in relation to pretreatment symptomatology, immediate outcome, session outcome, and treatment outcome. Hill et al. (1988) examined therapist response modes in 124 sessions of 8 cases of brief psychotherapy with experienced therapists and anxious-depressed clients. The therapist sample included 4 women and 4 men, mean age of 46.38,

and 5-42 years of postdoctoral experience; this group was nominated by their peers as “best therapists in the area.” The client sample included 8 women with a mean age of 42.38 years. All therapists conducted 12 to 20 sessions with their clients. Clients and therapists completed the session outcome evaluation immediately following each session. The treatment outcome measure was completed 1 to 2 weeks after treatment. Therapist response was rated by trained raters based on verbatim transcripts of sessions.

The researchers examined the constructs of counselor verbal response, assessed using the Therapist Intentions List (Hill & O’Grady, 1985), immediate outcome using the Helpfulness Scale (Elliott, 1985), session outcome using the Session Evaluation Questionnaire (Stiles & Snow, 1984), and treatment outcome using the anxiety and depression scales of the Symptom Checklist 90-Revised (Derogatis, Rickels, & Rock, 1976). A multivariate analysis of variances (MANOVA) with one main effect (response modes) indicated that response modes were significantly related to the three immediate outcome measures, $F [24, 48780] = 23.46, p < .0001$. In terms of the session outcome ratings, the pattern of correlations was similar for depth and smoothness for both counselor and client, reflecting a high correlation between the mean scores $r(6) = .88, p < .01$. Different response modes (e.g., confrontation, open ended questions) were correlated distinctly with depth and smoothness scales. Ultimately, cases that were characterized by more interpretation and less information were correlated with higher client ratings of depth. From the therapist perspective, sessions in which they offered more information and direct guidance and less confrontation were correlated with higher ratings of depth and smoothness by client and counselor.

The procedures were clear, organized, and thorough, and the data gained from this study do inform the field regarding the impact of counselor intervention and client perception of session dynamics. Similar dynamics need to be investigated in the field of supervision to determine if similar relationships exist.

Tryon (1990)

Tryon (1990) investigated the constructs of client engagement in counseling and session impact. Specifically, she examined the relation of client-counselor evaluations of initial session and client return. Her participants were 209 college-student clients, 5 professional counselors, and 5 practicum trainees at a medium-sized private university counseling center. The college student client sample included 187 women and 103 men presenting with a variety of personal, vocational, and educational concerns. The professional counselor sample included 3 women and 2 men, all doctoral-level, with experience ranging from 6 to 20 years. The practicum trainee sample included 3 women and 2 men enrolled in clinical and counseling psychology programs. Tryon recorded the initial interview and asked clients and counselors to complete the inventories immediately after this session.

Session impact was assessed using the depth-smoothness indices of the Session Evaluation Questionnaire (Stiles & Snow, 1984) and counseling engagement was assessed by client return to counselor. Results indicated that counselors and clients rated sessions with clients who later returned as deeper than those who did not: $F [1, 237] = 33.88, p < .0001$ for counselor ratings and $F [1, 237] = 7.33, p < .008$ for client ratings. Overall, client return was positively related to longer interviews and deeper interviews, as

rated by both the counselor and the client. Results from this study contribute to the knowledge regarding the importance or implications of session dynamics on client engagement, which is a fundamental concept in counseling.

Supervision Emphasis

Bernard (1997) reported that she developed the Discrimination Model (1979) as a teaching tool. It is now one of the best known models of supervision, and it has strong empirical support (Bernard & Goodyear, 2009; Borders & Brown, 2005; Ellis & Dell, 1986). The Discrimination Model attends to four separate foci for supervision: intervention skills, conceptualization skills, personalization (self-awareness) skills, and professional behaviors, and three separate supervisor roles: teacher, counselor, and consultant. These foci are organized within a matrix format; at any given moment the supervisor might be responding in one of nine different ways (i.e., three roles by three foci) (Bernard & Goodyear, 2009). The underlying assumption of the model is that supervisors will tailor their responses to the needs of supervisees at a particular moment, which may include factors such as development level (Bernard & Goodyear, 2009; Borders & Brown, 2005). This construct was chosen for inclusion in the current study to add a behavioral dimension to understanding the impact of mindfulness in clinical supervision.

Intervention skills or counseling skills refer to basic and advanced helping skills counselors perform during a counseling session (e.g., reflection of content, use of immediacy, confrontation) (Borders & Brown, 2005). Conceptualization skills or cognitive counseling skills refer to how a counselor thinks about the client before, during,

and after the session; this includes formulating case conceptualizations and treatment plans (Borders & Brown, 2005). Personalization or self-awareness skills refer to supervisees' recognition or awareness of their own personal beliefs, values, judgments, and biases, and how these impact their clinical work (Borders & Brown, 2005). Bernard (1979, 1997) stated that supervisors may address each of these areas from the vantage of each of the three roles; however, supervisors do not necessarily act from the perspective of only their role, but may draw on skills (e.g., instruction) from each role as needed (Borders & Brown, 2005). As supervisors make decisions regarding supervision foci and role, many factors will be taken into account (e.g., personal preferences, theoretical orientation, client factors, and counselor factors). The goal of the current study is to understand more clearly if the characteristic of mindfulness is related significantly to any of these roles in particular. There are currently no published studies examining the characteristic of mindfulness and supervision focus.

Summary

Upon review of this relevant literature, the need to study the characteristic of mindfulness within clinical supervision is clear. There are two distinct bodies of literature from the areas of mindfulness research and clinical supervision research. However, both point to similar constructs that improve counselor development and counseling performance: strong working alliance and supervisory/therapeutic relationships, counselor self-efficacy, decreased levels of anxiety, the ability to sustain attention, and empathy. A gap exists in the literature, as no study to-date has bridged these two fields, and explored the relationship between mindfulness and relevant supervision variables.

Further, research has suggested that mindfulness may be an important component of counselor development, and therefore must be cultivated first in clinical supervision.

This study seeks to address two major critiques of the mindfulness and supervision research thus far. First, within the mindfulness field, researchers primarily have investigated the impact of mindfulness based intervention program, rather than directly examining mindfulness. A major flaw of previous approaches is the threat to internal validity due to programmatic differences (i.e., facilitators, program structure, activities, information). Without measuring mindfulness directly, it is difficult to determine what aspects of the program were helpful and lead to changes. A recently created psychometrically sound mindfulness instrument now makes this possible (Baer et al., 2006, 2008) and will be used in the current study to investigate the construct of mindfulness directly. The previous lack of an assessment of mindfulness has resulted in little empirical research on the relationship of mindfulness to a variety of variables. Although the research to-date suggests that mindfulness is an important construct within counselor development, further investigation is necessary to determine the relationship between mindfulness and counselor variables. Second, another flaw within the supervision field has been the lack of dyadic data analysis techniques. Although researchers and practitioners know that supervision is a relational process, the procedures used to investigate supervision (i.e., collecting data from only one source- either supervisor or supervisee; not pairing data from both sources) have not reflected this, leading to a static, limited view of the impact of key variables. Dyadic data more accurately illustrate the supervision process as it is actually occurring, in a mutual

context. This approach provides researchers with a more complex picture of the interaction of the variables, while helping us to understand the influence of supervisor and supervisee on one another.

In conclusion, mindfulness will be better understood by exploring the construct within a new field (counseling supervision) and with a new population (supervisors and supervisees). In addition, supervision research that helps counselor educators to better understand effective elements of supervision is essential. The goal of this study is to start to bridge the gap in the research by examining these two areas simultaneously.

CHAPTER III

METHODOLOGY

Chapters I and II established the rationale and literature foundation for the study of mindfulness in clinical supervision. The review of literature in Chapter II supported the need for an exploration of the relationships between mindfulness and a variety of important supervision outcomes. Chapter III provides a detailed description of the methodology for the current study including research question and hypotheses, participants, instrumentation, procedures, data collection, statistical analysis, and limitations.

Research Question and Hypotheses

The broad research question guiding this study was introduced in Chapter I. This question addresses the relationships among mindfulness, facilitative conditions of the supervisory relationship, working alliance, counselor self-efficacy, session depth/smoothness, and supervisory focus among practicum and intern-level trainees and their University supervisors. The following is the specific research question and corresponding hypotheses for this study.

Research Question: What is the relationship between levels of mindfulness of the supervisor and supervisee and the supervisor and supervisee ratings of the facilitative conditions of the supervisory relationship, supervisor and supervisee ratings of the

working alliance, supervisee self-efficacy, supervisor and supervisee ratings of the depth and smoothness of session, and supervisor rating of the supervisory focus?

Hypothesis 1: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the facilitative conditions of the supervisory relationship as rated by the supervisor and the supervisee.

Hypothesis 2: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the working alliance as rated by the supervisor and the supervisee.

Hypothesis 3: Higher levels of mindfulness of the supervisee will be positively related to greater self-efficacy of supervisee as rated by the supervisee.

Hypothesis 4: Higher levels of mindfulness of supervisor will be positively related to increased session depth and decreased session smoothness as rated by the supervisor and supervisee.

Hypothesis 5: Higher levels of mindfulness of the supervisor will be positively related to an increased focus during supervision on self-awareness, and a decreased focus on skills, conceptualization, and professionalism, as rated by the supervisor.

Participants

Participants will be practicum and intern-level master's students and their University supervisors at CACREP-accredited programs. The University supervisors will be either faculty members or doctoral students. In order to qualify for the study, the supervisor and supervisee must meet individually. Participants will be obtained by contacting faculty known to the researcher who work with supervision and requesting

their help in recruiting participants and administering the instruments. Participants will be paired dyads of supervisor and supervisee. Based on an a priori power analysis using G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007), a minimum of 92 dyads are needed for adequate power (.80) in order to obtain a moderate effect size (.25) for the multiple regression analyses with five predictors. Based on this power analysis, the target sample size will be 92 dyads.

Instrumentation

Supervisors and supervisees will receive two different packets of instrumentation. The supervisor packet will include the Five Facet Mindfulness Questionnaire (Baer et al., 2006, 2008), Barrett-Leonard Relationship Inventory, Revised (Schacht et al., 1988), Working Alliance Inventory-Supervisor version (Bahrnick, 1989), Session Evaluation Questionnaire (Stiles & Snow, 1984), and Supervisor Emphasis Rating Form-Revised (Lanning, 1986; Lanning & Freeman, 1994). The supervisee packet will include the Five Facet Mindfulness Questionnaire (Baer et al., 2006), Barrett-Leonard Relationship Inventory, Revised (Schacht et al., 1988), Working Alliance Inventory-Trainee version (Bahrnick, 1989), Session Evaluation Questionnaire (Stiles & Snow, 1984), and Counselor Activity Self-Efficacy Scales (Lent et al., 2003). A complete copy of the supervisor packet is included as Appendix D and a complete copy of the supervisee packet is included as Appendix E. Both packets will include a cover letter and informed consent (Appendix C). Psychometric properties of each instrument are detailed below.

Demographics Questionnaire

A questionnaire created by this researcher will be distributed to all participants to obtain demographic information including age, sex, race, current status in counselor education program (i.e., student, faculty), and the experience for which they are providing or receiving supervision (i.e., practicum, internship). The mindfulness practice of the supervisor will be assessed on the supervisor inventories.

Five Facet Mindfulness Questionnaire

In 2006, the research team of Baer et al. responded to a need in the field to define the construct of mindfulness operationally and develop a psychometrically sound instrument. Within the FFMQ, mindfulness is defined operationally to include five facets: *observing* (noticing a variety of stimuli), *describing* (applying words to observation), *acting with awareness* (giving full attention to one's present activity), *nonjudging* (avoiding the evaluation of observations), and *nonreacting* (noticing without reacting). The FFMQ is a 39-item, self-report survey using a 5-point, Likert-type scale ranging from 0 = *rarely/never* to 5 = *often/always* and provides a total mindfulness score indicating a global measure of mindfulness. This total score will be the unit of analysis for the current study.

The FFMQ is a compilation of five recently developed mindfulness inventories: Mindfulness Questionnaire (MQ; Chadwick, Hember, Mead, Lilley, & Dagnan, 2005), Cognitive Affective Mindfulness Survey (CAMS; Feldman, Hayes, Kumar, & Greeson, 2004), Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004), Mindfulness Awareness Attention Scale (MAAS; Brown & Ryan, 2003), and the

Frieburg Mindfulness Inventory (FMI; Buchheld, Grossman, & Walach, 2001). These self-report instruments measured general qualities of mindfulness in daily life and demonstrated good psychometric properties. Researchers lacked consensus, however, on the operational definition of mindfulness, the structure of mindfulness, and whether or not mindfulness is a multi-faceted construct.

The FFMQ was developed through two in-depth studies. The goals of the first study were to examine the psychometric properties of recently created mindfulness inventories, explore the facet structure of the mindfulness construct, and determine whether the facets were differentially related to a variety of variables such as meditation, psychological well-being, and psychological symptoms. Results indicated that the current measures of mindfulness possessed good psychometric properties, specifically, good internal consistency, with alpha coefficients ranging from .75 to .91, and facets were related to other variables in predictable ways. The goals of the second study were to further establish construct validity of the FFMQ. Results supported the construct validity of the FFMQ in a combination of samples not previously investigated. I will look at each study in more detail below.

The initial study was composed of four parts. The first sample contained the following characteristics: $n = 613$, mean age = 20.5, female = 70%, and white = 90%. The goal of Part I was to examine the psychometric properties of existing mindfulness inventories. Researchers found that all items correlated significantly and in expected directions ($r = .22 - .63$) with important characteristics such as meditation experience, psychological well being, and psychological symptoms, and that they demonstrated good

internal consistency. All items from the mindfulness questionnaires were significantly positively correlated with each other with r ranging from .31 (MAAS with FMI) to .67 (KIMS with CAMS) at the $p < .01$ level. In addition, all of the mindfulness scales showed predicted relationships with other variables (e.g., $r = .33$ meditation experience; $r = -.61$ alexithymia) (Baer et al., 2006).

The purpose of Part II was to create a new, improved mindfulness inventory based on these existing measures. The researchers (Baer et al., 2006) first consulted the theory of Smith, Fischer, and Fister (2003). Smith et al. argued that a reliable assessment instrument of clearly specified facets within a test is the most “informative way of evaluating incremental validity” (p. 33). This is established by entering the facet scores separately into regression analyses, and then analyzing which facets are significantly related to the dependent variable and which are dropped to determine the incremental validity of some facets over others (Baer et al., 2006). The researchers used this reasoning to assert that the most useful measures of mindfulness would be those that measure all relevant facets separately and reliably. The researchers first examined the facet structure from the KIMS inventory due to the strong empirical support and correlations between the KIMS and other mindfulness measures.

In order to create the final FFMQ, all items from the mindfulness questionnaires (112) were combined into a single data set. The researchers performed an exploratory factor analysis using principal axis factoring with oblique rotation, which yielded a five-factor solution accounting for 33% of the variance after factor extraction. Items with a minimum loading of .40 on one factor and with a difference of at least .20 between the

highest and next highest factor loadings were maintained. In addition, four of the five factors were virtually identical to those identified in the development of the KIMS; the additional factor that emerged was *non-reacting*. To create mindfulness facets with good internal consistency and manageable length, the items with the highest loadings on the facets were selected for inclusion in the facet scales (39 items). Alpha coefficients for each of the subscales were computed and showed adequate to good internal consistency: *nonreacting* = .75, *observing* = .83, *nonjudging* = .87, *acting with awareness* = .87, and *describing* = .91.

Baer et al. (2006) recruited a new sample for Part III with the following characteristics: $n = 268$, mean age = 18.9, female 77%, white 90%. This sample completed the newly created FFMQ. Baer et al. then conducted confirmatory factor analysis which yielded a good fit (CFI = .97, NNFI = .94, RMSEA = .06). This analysis confirmed the multi-faceted nature of mindfulness, with all factors distinct and part of the broader construct. Also, strong internal consistency was reported with a Cronbach's alpha of .96 for the total scale score.

The purpose of Part IV was to confirm that the items of the FFMQ correlated significantly and in expected directions with variables of personality and psychological symptoms. Convergent validity was indicated by positive, statistically significant correlations of .42 to .60 with the personality traits of openness to experience and emotional intelligence. Discriminate validity was indicated by negative, statistically significant correlations of .50 to .79 with the psychological symptoms of alexithymia and experience avoidance.

The purpose of the second study by Baer et al. (2008) was to confirm the construct validity of the FFMQ using a new sample. The sample characteristics were $n = 1017$, with four groups of meditators, non-meditators (demographically similar), community members, and students. The study's results confirmed the five factor hierarchical structure and supported construct validity in a combination of samples not previously investigated. Again, correlations of the mindfulness facets with measures of meditation experience, personality traits, and psychological symptoms were significant and in expected directions. First, alpha coefficients for all facets in all samples were adequate-to-good (.72 to .92) with the exception of *nonreacting* to inner experience in the student sample; the alpha here was .37. However, for this facet, alpha coefficients were good in other samples (.81 to .86). Second, Baer et al. (2008) examined the factor structure using confirmatory factor analysis in the regular meditator group (nonmeditators had been examined previously); results indicated that $CFI = .97$, $TLI = .96$, and $RMSEA = .06$ (90% confidence interval: .05 to .08) (Baer et al., 2008). Third, regression and mediation analyses indicated that several of the facets contributed significantly and positively to the prediction of psychological well-being and significantly mediated the relationship between meditation experience and well-being (Baer et al., 2008)

Barrett-Leonard Relationship Inventory

The Barrett-Lennard Relationship Inventory for Supervisor Relationships was developed to assess the experience of the core relationship conditions of *regard*, *unconditionality*, *empathic understanding*, *congruence*, and *willingness to be known* within the supervisory relationship. The theoretical basis for this inventory is facilitative

conditions within the therapeutic bond first suggested by Carl Rogers in 1957. These facilitative conditions have received widespread empirical support for their importance in constructive personality change (Schacht et al., 1988). Supervision research has indicated that the relationship between supervisor and supervisee is of critical importance and, therefore, these conditions may be equally important here (Schacht et al., 1988). According to Schacht et al. (1988), although other supervisory conditions may enhance supervision effectiveness, these “five facilitative conditions appear to be the bedrock upon which other supervisory variables are built” (p. 705). The Barrett-Lennard Relationship Inventory was developed in 1962 to measure these conditions within the therapeutic relationship. The research team of Schacht et al. (1988) developed a shortened version of this inventory for use in measuring these conditions within the supervisory relationship.

The Barrett-Lennard Relationship Inventory for Supervisor Relationships is a 40-item, self-report survey, using a 6 point, Likert-type scale, ranging from *0 = I strongly feel it is not true* to *6 = I strongly feel it is true*, and provides a total score indicating a global measure of relationship quality. The five subscales of this instrument match the underlying core relationship conditions: *regard, unconditionality, empathic understanding, congruence, and willingness to be known*. The total score will be used in the current study.

The normative sample for the Barrett-Lennard Relationship Inventory for Supervisor Relationships (Schacht et al., 1988) was 152 participants who were recruited through membership in the American Psychological Association (APA) and had received

a doctorate in clinical or counseling psychology in 1982 or 1983. The sample experienced a broad range of supervision during their graduate training, was 47% female, and included a wide range of ages and geographic locations.

Cronbach's alpha coefficients were reported as indicators of good internal consistency. Cronbach's alpha scores were *regard* = .85, *empathy* = .77, *congruence* = .79, *unconditionality* = .82, *willingness to be known* = .72, and total score = .92. The scores for internal consistency are well within the range of acceptability for use as a research instrument (Schacht et al., 1988). A principal factor analysis with iterations was completed for the five scales. There was only one factor with an eigenvalue greater than 1.0, and this factor accounted for 61.1% of the variance. Congruence loaded most strongly on this factor, correlating .87 with this factor; this finding is consistent with Barrett Lennard's theory that congruence is a precondition and necessary for the other facilitative conditions to occur. *Empathic understanding* was the second highest loading, correlating .85, followed by *regard* (.71), *unconditionality* (.63), and *willingness to be known* (.50). Overall, this inventory is reliable and has comparable reliability with that of longer forms (Schacht et al., 1988).

Working Alliance Inventory-Supervision

The Working Alliance Inventory for Supervision (WAI-Supervision) is an adaptation of the Working Alliance Inventory (WAI) developed by Horvath and Greenberg in 1989. The WAI was designed to measure the strength of the counseling relationship based on Bordin's (1979, 1980) alliance model theory. The basis of Bordin's theory is that the alliance between counselor and client is collaborative and based on

three aspects: agreement on the *goals* of therapy, agreement on the *tasks* of therapy, and the quality of the interpersonal *bond*. Bordin posited that all therapeutic approaches require the negotiation of the working alliance, and that the strength of the alliance will greatly impact the outcome of treatment (Hatcher & Gillaspay, 2006). He intended this theory to apply to all types of helping relationships.

The subscales of the WAI represent the three core features of Bordin's alliance theory: agreement on *goals*, collaboration on *tasks*, and therapeutic *bond*. The original instrument consisted of two parallel forms, one for therapist and one for client. Each form consisted of 36 statements to be rated on a 7-point Likert scale. To develop the WAI, Horvath generated an initial pool of 30 items for each of the three aspects of Bordin's theory (91 total). Experts from various theoretical backgrounds screened the items and then seven published alliance researchers selected items from the initial pool that would best represent the three categories. The raters judged the items on a scale of 1 to 5 based on whether the statement was relevant to the construct of working alliance. Furthermore, the raters were asked to determine which of the three components of working alliance the statement was referencing. Minimum criteria for inclusion of a statement was 70% agreement among the raters on these factors. The selection process yielded the 36-item questionnaire. After this theoretical foundation, the next step was to empirically test the instrument. In terms of validity, Horvath and Greenberg (1986) found that high ratings on the "agreement on tasks" component was predictive of counseling outcome and accounted for 30-40% of the outcome variance, measured by the Client Posttherapy Questionnaire (Strupp, Wallach, & Wogan, 1964). The global measure of the working

alliance was found to be highly correlated with numerous outcome measures (Bahrnick, 1989; Horvath & Greenberg, 1986).

More recently, the WAI has been tested empirically by Hatcher and Gillaspay (2006) using two large samples. The first sample included 231 clients and therapists in therapy at an adult clinic at a large Midwestern university. The sample was 64% female, mean age of 28.5, and 95% white, 1.5% African American, 1.5% Hispanic, 1% Asian, 1% unidentified. The second sample was 235 clients from counseling centers across the U.S. The sample included 71% female, mean age of 28.4, 87% white, 4% African American, 2% Hispanic, 1% Asian, 2.7% Native American, and 3% unidentified. Confirmatory factor analyses were conducted on the theorized three-correlated factors WAI model in both samples. Analyses were conducted on the variance-covariance matrix and used maximum likelihood estimation. Results were CFI = .76 in sample 1 and CFI = .82 in sample 2. The researchers stated that a CFI below .83 does not indicate an adequate fit with the model. One possibility is that the negatively worded items were not well accounted for by the model, as there was a marked difference from the positively worded items (mean negative vs. positive item coefficient = .55 versus .71 in sample 1; mean negative vs. positive item coefficient = .49 versus .74 in sample 2) (Hatcher & Gillaspay, 2006).

To resolve this issue, Hatcher and Gillaspay (2006) identified items to comprise an alternative, short form, Working Alliance Inventory-Short (WAI-SR) that would more clearly distinguish the Task, Bond, and Goal dimensions. A principal factor analysis revealed that the negatively worded items formed separate factors from positive worded

items, helping to explain the poor fit previously found in the WAI. Therefore, Hatcher and Gillaspay opted to focus on the three factors comprised of the positively worded items that emerged from the analysis; correlations ranged from $r = .42 - .46$. Further, confirmatory factor analysis of the WAI-SR revealed a good fit ($CFI = .95$ with Sample 1). Coefficient alphas for the WAI-SR ranged from .91-.92 for the total score.

The WAI-Supervision is based directly on the WAI and WAI-SR and has the same structural characteristics; it is composed of two parallel forms, one for supervisor and one for supervisee. The WAI- Supervision was created by Bahrlick (1989) as part of her dissertation research at The Ohio State University. Her survey reflects updates made by Hatcher and Gillaspay (2006) to strengthen the WAI-SR. Each form consists of 36 statements rated on a 7-point Likert scale from $1 = never$ to $7 = always$. The language of “supervisor” and “supervisee” was substituted for “therapist” and “client” throughout the inventory. The instrument was given to seven raters who were advanced doctoral students or held Ph.D.s in counseling psychology. Raters were given Bordin’s definitions of goals, tasks, and bonds, and then asked to classify each statement of the WAI-Supervision with the category. Inter-rater agreement reached 97.6% for statements relevant to the bond scale. Raters were unable to make reliable distinctions between statements classified with tasks (64%) and goals (60%). Thus, the adapted instrument seems to consist of two factors: bonds and tasks/goals. For the purposes of this study, the total WAI-Supervision score will be used.

The WAI-Supervision was first published and discussed in Falender and Shafranske’s (2004) book *Clinical supervision: A competency-based approach*. Since

that time, the WAI-Supervision has been utilized in a variety of supervision studies. In one study, Bhat and Davis (2007) examined counseling supervisor's perceptions of race, racial identity, and working alliance using the WAI-Supervision. In a sample of 119 participants, 80 female, mean age 50.5, and 108 White, they found that the WAI-Supervision had alpha coefficients for the subscales of Task, .83; Bond, .74; and Goals, .87. A composite working alliance score was used by combining Task, Bond, and Goal scores. Reliability was assessed and the Cronbach's alpha for the full WAI-Supervision was .93, indicating a good internal consistency.

I choose this inventory for two primary reasons. First, this inventory is directly based on Bordin's theory, and I believe the concepts of tasks, bonds, and goals accurately describe important aspects of the supervisory working relationship. One other prominent inventory, Supervisory Working Alliance Inventory (Efstation et al., 1990) uses the subscales of client rapport, client focus, and identification, which characterize distinctly different aspects of the relationship, and are not based on Bordin's theory. Furthermore, the SWAI contains two different forms for the supervisor and supervisee versions that measure different subscales (i.e. supervisor- rapport, client focus, identification; supervisee- rapport, client focus), which make direct comparison of dyadic data slightly more difficult. The WAI-Supervision has the same number of items on each form and measures the same subscales of task, bond, and goals.

Counselor Activity Self-Efficacy Scales

The Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003) were created to assess counseling self-efficacy in three major domains: performing helping

skills, managing the counseling process, and handling challenging counseling situations. The research team was responding to a need in the field to create a self-efficacy inventory that was suitable for use with beginning counselors-in-training. Previous inventories relied heavily on constructs other than self-efficacy such as advanced counseling skills (Lent, Hackett, & Brown, 1998). These inventories presuppose a level of knowledge about counseling tasks that would exceed most beginning counselors. Furthermore, many self-efficacy inventories are not explicitly grounded in theories of counselor development of helping skills (Lent et al., 2003). The CASES was developed to respond to these concerns and provide an expanded base for research on counselor self-efficacy (Lent et al., 2003). For these reasons, CASES was selected for the current study in which the sample will include beginning counselors-in-training in their practicum or internship.

The CASES is a 41-item, self-report survey, using a 9-point, Likert-type scale, ranging from 0 = *no confidence at all* to 9 = *complete confidence*, and provides a total self-efficacy score indicating a global measure of self-efficacy. Self-efficacy ratings range from 1 to 9 on each question, with higher scores indicating stronger confidence in capabilities. Three subscales are associated with this inventory: *helping skills self-efficacy*, *session management self-efficacy*, and *counseling challenges self-efficacy*. First is the ability to perform discrete helping skills (e.g., reflection of content); this domain is titled *helping self-efficacy* and includes a three factor structure of *insight skills*, *exploration skills*, and *action skills*. Second is the ability to manage routine session tasks (e.g., pacing or timing of session); this domain is titled *session management self-efficacy* and is a single factor. Third is the ability to handle challenging clinical situations (e.g., an

extremely anxious client); this domain is titled *counseling challenges self-efficacy* and includes a two factor structure of *relationship conflict* and *client distress*. CASES provides composite scores for each of the three primary domains and domain subscale scores for each of the subscale domains. The total score will be the unit of analysis for the current study.

The researchers based the CASES on Bandura's (1986b) general social-cognitive theory. Bandura posited that self-efficacy is a social-cognitive construct which is "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances (Bandura, 1986b, p. 391). Self-efficacy is not a global trait, like self-esteem, but is task specific, linked to particular performance domains and activities (Brown & Lent, 2005). Lent et al. (2003) stated that self-efficacy is a particularly important construct as it may determine counseling students' "degree of interest in, and goals regarding, counseling as a central activity in their occupational lives" (p. 97).

The CASES inventory was normed on a sample of 345 students in undergraduate and graduate counseling courses from five universities. The sample was 77% female with a mean age of 26.32. Sixty-six percent of the participants were White, 17% African American, 6% Hispanic American, 9% Asian American, and 3% multiracial.

The researchers conducted two factor analyses based on this sample. First, an exploratory factor analyses was completed using principal-axis factoring procedures and oblimin oblique rotation, yielding a three factor solution accounting for 60% of the total variance. This procedure was then repeated to further explore the latent structure of the

scales, revealing a two factor solution which accounted for 78% of the variance. Based on these analyses, the researchers retained items that yielded factor loadings greater than .50 and showed a difference greater than .10 between the factor they loaded most highly and other factors. Once the three factor-derived subscales were identified, Lent et al. (2003) computed scale scores with an average score on that scale.

Reliability estimates for the individual subscales ranged from .79 (exploration) to .94 (session management and client distress); the total self-efficacy score had an alpha coefficient of .97. Short-term test-retest reliability estimates (two-week period) yielded similar consistency coefficients (exploration skills = .81; insight skills = .85; action skills = .78; session management = .93; client distress = .91; relationship conflict = .94; CASES total = .96). These scores were reasonably stable over the two week period. Convergent validity was established through comparing the CASES with an existing measure of counseling self-efficacy, the Counselor Self-Estimate Inventory (Larson et al., 1992). Large correlations, ranging from .67 to .61, were found between pairs of scales that capture similar content. Also, the total scores were correlated highly at .76. As expected, student scores changed over the course of one semester as experience increased, and the scores differentiated between students with varying levels of counseling experience (Lent et al., 2003).

Session Evaluation Questionnaire

The Session Evaluation Questionnaire (SEQ) was developed by Stiles and Snow (1984) to measure counselors' and clients' perspectives of the impact of their counseling sessions. This questionnaire was designed originally for use in individual counseling

situations, but has been used effectively with group therapy, group sessions,, family and marital sessions, and supervision sessions (Stiles, Gordon, & Lani, 2002).

The SEQ measures two independent evaluative dimensions of participants' perceptions of their session, *depth* and *smoothness*, and two post-session mood dimensions of *positivity* and *arousal*. Only the evaluative dimensions of *depth* and *smoothness* are being used for the current study. *Depth* refers to a "session's perceived power and value" and *smoothness* refers to a "session's comfort, relaxation, and pleasantness" (Stiles & Snow, 1984, p. 3). The depth-smoothness scale of the SEQ includes 11 items in a 7-point semantic differential format. The stem "This session was:" precedes the 11 items: bad-good, difficult-easy, valuable-worthless, shallow-deep, relaxed-tense, unpleasant-pleasant, full-empty, weak-powerful, special-ordinary, rough-smooth, and comfortable-uncomfortable. Each item is scored from 1 to 7, reversed as appropriate, with higher scores indicating greater *depth* or *smoothness*. Participants typically complete the SEQ immediately following the session, but it can be completed at a later time, as is being done in the current study (Stiles & Snow, 1984).

The SEQ originally was normed on a population of 17 counselors and 72 clients ($n = 89$) who rated a total of 942 individual counseling sessions (Stiles & Snow, 1984). The clients were primarily undergraduate and graduate students ($n = 64$) and community residents ($n = 8$) seen at the Miami University Psychology Department. The mean age was 20, 67% were female, and 97% were white. The counselors were all graduate students in their second to fourth years of training in the clinical psychology program at

Miami University. The demographics of the counselors were 8 female, 16 white, and 1 African American counselor. All were supervised by a faculty member.

Factor analytic studies have confirmed all four dimensions as underlying session ratings by counselors and by clients (Stiles & Snow, 1984). First, to assess the contributions of counselors, clients, and sessions on session impact in this original sample, researchers computed the proportions of variance on each impact measure that were attributable to each source. In these analyses, “counselor contributions” included only those aspects of counselors that were constant across clients (e.g., demographic variables, theoretical beliefs); “client contributions” included aspects of counselors that changed from client to client (e.g., different supervisors, clients’ personal characteristics); “session contributions” included anything that changed from session to session (e.g., techniques or client responses). The largest proportion of variance on all indices was across sessions within each dyad. Most dyads experienced highs and lows on all dimensions. Overall differences among counselor-client dyads, which are attributable to the individual characteristics of both plus interactive effects of the dyad, accounted for 18% to 27% of the variance on counselor indexes and 25% to 35% of the variance on client indexes (Stiles & Snow, 1984).

Internal consistency, measured by alpha coefficients, indicated that the 4-5 item indices were acceptably reliable. Comparison of index means shows that clients rated sessions as deeper, $t(896) = 9.76, p < .001$, and slightly smoother, $t(894) = 4.26, p < .001$, than did their counselors (Stiles & Snow, 1984). Furthermore, internal consistency

has been high for all SEQ indexes across a wide variety of conditions and settings: .90 for Depth, and .93 for Smoothness (Reynolds et al., 1996).

Supervisor Emphasis Rating Form-Revised

The Supervisor Emphasis Rating Form (SERF) was developed by Lanning in 1986 to measure the perceived areas of supervisor emphasis that occur during a counseling supervision session (Lanning & Freeman, 1994). The SERF was based on the three functional areas of supervision first identified by Bernard in 1979: process skills, personalization skills, and conceptualization skills. Lanning added one additional area: professional behavior. In this original inventory, 60 items were rated on a 7-point Likert scale to indicate their level of emphasis.

When factor analyzed, the SERF yielded only two, rather than four, factors (professional behaviors and process skills). Lanning and Freeman (1994) thought this two factor solution was due to a “halo effect” or social desirability error combined with a lack of variability. Supervisors were responding to items they felt they *should* emphasize and therefore highly emphasizing all four areas. The Supervisor Emphasis Rating Form-Revised (SERF-R) was created to address this concern with the original instrument. The design of the SERF-R forces respondents to rank order their emphases during a supervision session or overall, not allowing them to state that they strongly emphasize all areas (Lanning & Freeman, 1994). The SERF-R was updated by replacing the previous 7-point Likert scale items with a required rank order of four emphases; the original 60 item instrument was replaced with 15 sets containing 4 items each. Mean scores for all 60 items were computed and the highest ranked items in each of the four emphasis areas

were placed together in a set until all 60 items had been grouped, and the items within a set were of equal rank. Each set contains 1 item from the 4 areas of emphasis. Once the 15 new sets were established, researchers randomly ordered the four items within each set, ensuring that items from the same emphasis area did not appear in the same order in all sets.

Instructions require respondents to rank the items in each set from 1 to 4, with 1 being the area “most emphasized” and 4 being the area “least emphasized” in the supervision session or sessions. Although the skills and behaviors are all important for effective supervision, they are not equally emphasized in all supervision sessions and with all supervisees. The supervisor’s decision about what to emphasize is a complex process and must take into account a variety of factors (e.g., counselor development, situational factors, client needs) (Bernard & Goodyear, 1992). Therefore, counselor development theory posits that effective supervision emphasizes critical areas based on the appropriate developmental level of the supervisee, and these areas change over time (Lanning & Freeman, 1994).

To establish reliability of the SERF-R, researchers recruited a sample of 36 supervisors and 132 counselors in training at 14 different institutions in the U.S. The institutions were geographically diverse and included public, private, large, small, urban, and rural programs. Reliability for each of the four scales were computed separately using two methods of estimating internal consistency reliability, Cronbach’s coefficient alpha and split-half reliability. For the supervisors, Cronbach’s alpha scores were $r_{\alpha} = .80$ conceptualization, $r_{\alpha} = .67$ personalization, $r_{\alpha} = .75$ process skills, and $r_{\alpha} = .75$

professional behaviors. Split-half reliability correlation scores were $r_{\alpha} = .72$ conceptualization, $r_{\alpha} = .60$ personalization, $r_{\alpha} = .66$ process skills, and $r_{\alpha} = .61$ professional behaviors. For the counselors, Cronbach's alpha scores were $r_{\alpha} = .70$ conceptualization, $r_{\alpha} = .73$ personalization, $r_{\alpha} = .75$ process skills, and $r_{\alpha} = .77$ professional behaviors. Split-half reliability correlation scores were $r_{\alpha} = .67$ conceptualization, $r_{\alpha} = .72$ personalization, $r_{\alpha} = .68$ process skills, and $r_{\alpha} = .70$ professional behaviors. The scores for internal consistency are well within the range of acceptability for use as a research instrument. Finally, because items on the SERF-R are identical to the SERF, it was not necessary to re-establish validity scores on the revised version (Lanning & Freeman, 1994).

Pilot Study

A pilot study was conducted for two primary purposes. The first purpose was to field test the instruments and data collection procedures to determine feasibility, participant fatigue, and significance of each inventory. Due to the large number of total items completed by the participants, a correlation matrix was used to determine whether or not significant relationships existed between mindfulness and supervision variables. The researchers used this information to make decisions regarding the use of all inventories for the larger study. Second, the pilot study was conducted to determine what, if any, procedural adjustments were needed to strengthen the full study.

Participants

Participants ($n = 8$ dyads) were master's students ($n = 8$) participating in practicum and internship and their University supervisors ($n = 8$) at a CACREP

accredited program. Twenty supervisors were recruited to participate in the study, yielding a response rate of 40%. The University supervisor sample included 6 females and 2 males with a mean age of 34.62. Of the University supervisors, 7 were doctoral students and 1 was a faculty member. The supervisee sample included 7 females and 1 male with a mean age of 27.34. Of the supervisees, 5 were completing their advanced practicum experience and 3 were completing their internship experience. Three supervisor packets were returned without accompanying supervisee packets, and therefore were not included in the data analysis.

Instrumentation

Supervisors received a packet including the Five Facet Mindfulness Questionnaire (Baer et al., 2006, 2008), Barrett-Leonard Relationship Inventory, Revised (Schacht et al., 1988), Working Alliance Inventory-Supervisor version (Bahrack, 1989), Session Evaluation Questionnaire (Stiles & Snow, 1984), and Supervisor Emphasis Rating Form-Revised (Lanning, 1986; Lanning & Freeman, 1994). Supervisees received a packet including the Five Facet Mindfulness Questionnaire (Baer et al., 2006), Barrett-Leonard Relationship Inventory, Revised (Schacht et al., 1988), Working Alliance Inventory-Trainee version (Bahrack, 1989), Session Evaluation Questionnaire (Stiles & Snow, 1984), and Counselor Activity Self-Efficacy Scales (Lent et al., 2003). Both packets included a brief demographic questionnaire obtaining sex, age, status in program, and clinical experience in which they were receiving/providing supervision. Both packets also included a cover letter and two copies of the informed consent documents.

Procedures

First, permission to perform the pilot study was provided by The University of North Carolina at Greensboro's Institutional Review Board. Next, the researcher sent a recruitment letter via email to all supervisors within the Department of Counseling and Educational Development (Appendix B). The recruitment letter contained an overview of the pilot study, survey distribution procedures, and estimated completion time. The potential participants responded to the email if they were interested in participating. The researcher then left the survey materials in the student mailbox of all supervisor respondents. The survey materials included informed consent documents (Appendix C), the supervisor (Appendix D) and supervisee (Appendix E) survey packets, and a cover letter to accompany both. The supervisors were instructed to give the supervisee packet to the supervisee "with whom they most recently met." Once completed, the participants returned the survey packet and one completed informed consent to the student mailbox of the researcher. The researcher solicited verbal feedback regarding the pilot study procedures from participants. To maintain confidentiality, no identifying information was collected. The questionnaires were marked with a random number (e.g., 001) and the letter A or B to designate "supervisor" (A) or "supervisee" (B). As an incentive to participate, all respondents were entered into a drawing for two \$25.00 gift cards to Target. The names were randomly selected from the completed informed consent documents.

Data Analysis

Following data collection, reports were entered into SPSS 18.0 for Windows (SPSS Inc., 2009) for data analysis. The data were entered as necessary for analysis of dyads. First, descriptive statistics were computed by participant demographics to describe and characterize the sample; results are included in Table 1. Second, a comparison of the mean scores on the FFMQ was calculated for both supervisor and supervisee; the results are included in Table 2.

Table 1

Demographics of Pilot Study Sample (n = 8 Dyads)

Variable	Supervisor		Supervisee	
	<i>M</i>	<i>n (%)</i>	<i>M</i>	<i>n (%)</i>
Sex				
Female		6 (75)		7 (87.5)
Male		2 (25)		1 (12.5)
Age	34.62	8 (100)	27.34	8 (100)
Status				
Master's Student				8 (100)
Doctoral Student		7 (87.5)		
Faculty Member		1 (12.5)		
Clinical Experience				
Practicum		5 (62.5)		5 (62.5)
Internship		3 (37.5)		3 (37.5)

Table 2*Pilot Study FFMQ Score Ranges, Means, and Standard Deviations*

	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Supervisor					
FFMQA_OBSERVE	8	3.38	4.38	4.0714	.44404
FFMQA_DESCRIBE	8	3.50	5.00	4.1964	.59010
FFMQA_AWARE	8	2.38	4.63	3.6071	.67093
FFMQA_NONJUDGE	8	3.38	5.00	4.2679	.70500
FFMQA_NONREACT	8	3.00	4.50	3.7619	.52579
FFMQA_TOTAL	8	3.67	4.47	3.9810	.30542
Valid N (listwise)	8				
Supervisee					
FFMQB_OBSERVE	8	2.50	3.88	3.1429	.49701
FFMQB_DESCRIBE	8	2.25	4.25	3.4643	.85609
FFMQB_AWARE	8	2.00	4.63	3.2679	.78538
FFMQB_NONJUDGE	8	3.43	4.14	3.8980	.28229
FFMQB_NONREACT	8	3.00	4.86	3.5510	.65688
FFMQB_TOTAL	8	2.86	4.10	3.4648	.48369
Valid N (listwise)	8				

Third, Pearson product moment correlations were conducted to assess the relationships among mindfulness and the supervision variables; the results are included in Table 3.

This analysis assessed the direction and strength of the bivariate relationships between mindfulness and supervisory relationship, mindfulness and working alliance, mindfulness and self-efficacy, mindfulness and session dynamics (i.e., depth and smoothness).

Table 3

Pilot Study Pearson Product-Moment Correlation Matrix

	FFMQ-A	FFMQ-B	WAI-A	WAI-B	BLA-A	BLA-B	Depth-A	Smooth-A	Depth-B	Smooth-B	CASES-B
FFMQ-A	1.0	-.034	.426	-.284	.450	-.332	.218	.060	-.702	.337	-.256
FFMQ-B		1.0	.121	.435	-.100	-.059	-.193	-.280	.381	.115	-.128
WAI-A			1.0	-.058	.968**	-.324	.089	.199	-.260	-.032	-.295
WAI-B				1.0	-.201	.843*	.081	.620	.748	.686	.500
BLA-A					1.0	-.346	.098	.183	-.334	-.058	-.265
BLA-B						1.0	.250	.724	.678	.739	.594
Depth-A							1.0	.410	-.139	.344	-.572
Smooth-A								1.0	.143	.602	.355
Depth-B									1.0	.326	.468
Smooth-B										1.0	.385
CASES-B											1.0

*Correlation is significant at the .01 level

**Correlation is significant at the .05 level

A = Supervisor, B = Supervisee

FFMQ = Five Facet Mindfulness Questionnaire (Baer et al., 2006)

WAI = Working Alliance Inventory (Bahrck, 1989)

BLA = Barrett-Lennard Relationship Inventory for Supervisory Relationships (Schacht et al., 1988)

Depth/Smooth = Session Evaluation Questionnaire (Stiles & Snow, 1984)

CASES = Counselor Activity Self-Efficacy Scales (Lent et al., 2003)

Fourth, descriptive statistics were computed for all inventories to describe and characterize the sample; the results are included in Table 4.

Table 4

Pilot Study Sample Instrument Descriptive Statistics

	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
WAI-A	8	4.04	6.10	5.58	.700
WAI-B	8	5.47	6.81	6.19	.424
BLA-A	8	3.13	5.43	4.68	.726
BLA-B	8	4.60	5.78	5.12	.389
SEQ-Sm. A	8	4.80	7.00	5.43	.743
SEQ-Sm. B	8	5.40	6.80	6.20	.461
SEQ-Dp. A	8	4.80	6.00	5.54	.378
SEQ-Dp. B	8	4.80	6.60	5.97	.709
CASES	8	4.82	7.28	6.12	1.03
SERF-PROF	8	2.00	3.80	3.28	.709
SERF-SKILLS	8	1.33	2.67	1.95	.461
SERF-CONC	8	1.53	2.80	2.34	.445
SERF-AWARE	8	1.33	2.73	2.00	.417

Results

Comparison of the mean scores on the FFMQ revealed that supervisors' mean scores on mindfulness ($M = 3.98$; $SD = .305$; range = 1-5) were higher with less variance than supervisees' mean scores on mindfulness ($M = 3.5$; $SD = .48$; range = 1-5). This descriptive finding indicates that, as a group, the supervisor sample had higher mindfulness levels than the supervisee sample. Overall, the variability for all of the

subscales and total score in the supervisee sample was greater than the supervisor sample, with standard deviations ranging from .28 to .86. The supervisor and supervisee sample had the same highest and lowest scored subscales. In the supervisor sample, the highest scored subscale was *Nonjudging* ($M = 4.3$; $SD = .71$). In the supervisee sample, the highest scored subscale was also *Nonjudging* ($M = 3.9$; $SD = .28$). However, in the supervisor sample the variability on that scale was much greater. Further, the subscale of *Acting with Awareness* yielded the lowest mean score for both supervisor ($M = 3.6$; $SD = .67$) and supervisee ($M = 3.3$; $SD = .78$) with similar variability. Examining the mean scores and standard deviations for all inventories suggested a large variability among the sample, ranging from $SD = .38$ (SEQ-Depth, Supervisor) to $SD = 1.0$ (CASES).

Two significant relationships were discovered when correlating total scores for the FFMQ, WAI, BLA, SEQ, and CASES inventories. Within groups, the relationships inventories, Working Alliance Inventory and Barrett-Lennard Inventory, of both supervisor ($r(6) = .968, p < .05$) and supervisee ($r(6) = .843, p < .01$) were significantly correlated with one another. This finding confirms that the perception of the relationship was similar on both inventories. Interestingly, across groups, *all* of the supervisor and supervisee relationship inventories were negatively correlated with one another (WAI-Supervisor and WAI-Supervisee, $r(6) = -.058, p < .05$; BLA-Supervisor and BLA-Supervisee, $r(6) = -.346, p < .05$; WAI-Supervisor and BLA-Supervisee, $r(6) = -.324, p < .05$; BLA-Supervisor and WAI-Supervisee, $r(6) = -.201, p < .05$). None reached the level of statistical significance, indicating the negative significance might be by chance.

In terms of the FFMQ, negligible correlations were found between the supervisor and supervisee mindfulness scores ($r(6) = -.034, p < .05$). Although not significant, a negative correlation was also found between the counselor self-efficacy scores and the supervisor level of mindfulness ($r(6) = -.26, p < .05$) and supervisee level of mindfulness ($r(6) = -.13, p < .05$). This finding differs from previous research that has reported a significant, positive correlation between mindfulness and counselor self-efficacy (Greason & Cashwell, 2009). Positive correlations were found between the supervisor level of mindfulness and the supervisor perceptions of the working alliance ($r(6) = .43, p < .05$) and facilitative conditions of the supervisory relationship ($r(6) = .45, p < .05$), although these also were not significant. A non-significant positive correlation was found between the supervisee level of mindfulness and the supervisee perceptions of the working alliance ($r(6) = .435, p < .05$).

Examining correlations between the session dynamics, depth and smoothness scales (SEQ) revealed the supervisors' level of mindfulness was negatively correlated with the supervisees' perception of depth ($r(6) = -.702, p < .05$) and positively correlated with the supervisees' perception of smoothness ($r(6) = .337, p < .05$).

Discussion

Based on the total mean scores on the FFMQ, the supervisor sample had higher levels of mindfulness with less variance than the supervisee sample. As this is the first study to examine mindfulness levels in a supervision sample, no comparisons can be made to previous supervision research. Results from another study examining mindfulness of counselors at a college counselor center, however indicated that

counselors' mindfulness levels were greater than that of the general population (Greason & Welfare, 2010, in press). Both studies suggest that the more counseling training a person receives, the higher levels of mindfulness they possess. Two potential explanations for this finding are noted here. First, counselor education may encourage the development of mindfulness as students progress through the educational and clinical components of the program, their levels of mindfulness naturally increase. Second, people who pursue careers in the counseling field may be more likely to be mindful than the general population. Further, the subscale of *Nonjudging* was highest for both supervisor and supervisee. This is an interesting finding because the value of non-judgment and appreciation for diversity is a fundamental value of the counseling profession (*American Counseling Association Code of Ethics*, 2005, A.4.b). Finally, previous researchers have speculated that the facet of non-judging may be particularly salient for counselors: "more mindful counselors will be less likely to make judgments about the client based on the counselor's own ideals or values and more likely to hold the client in unconditional positive regard and be congruent" (Greason & Welfare, 2010, in press, p. 19). However, the results of the current pilot study need to be viewed within the limitations of the small sample size and non-random sampling techniques. Data will serve as a starting point for analyzing these research questions with a larger sample for the full dissertation study.

Significant correlations were found among the scores on the two relationship inventories. First, scores on the Working Alliance Inventory (Bahrnick, 1989) and the Barrett-Lennard Inventory (Schacht et al., 1988) within groups for both supervisor and

supervisee were correlated with one another, confirming that supervisor and supervisee perceptions of the relationship were measured similarly on both inventories. Although not significant, all of the supervisor and supervisee relationship scores were negatively correlated with one another. This finding may suggest that the supervisor and supervisee have differing perceptions of the strength of their working alliance and the presence of facilitative conditions in their relationship. Therefore, scores on the relationship inventories confirm that the working alliance and facilitative conditions both measure similar relationship constructs, while also suggesting that the supervisor and supervisee perceptions may differ from one another.

Some expected correlations were not found, such as relationships between mindfulness and relationship variables. This may be due to the small sample size, and needs to be investigated further in the full study.

Limitations

First, due to the sampling technique of non-random, convenience sampling, generalizability to a larger population is very limited. Educationally, the sample was homogenous; all participants were enrolled in the same counseling program. This limited the variability of the participants on numerous factors (e.g., admission standards, coursework, educational environment). Second, the data were self-report, which may be negatively impacted by individual bias and subjective perception. Third, the low response rate of 40% led to a small sample size ($n = 8$) which lessens the effectiveness of all data analysis techniques and results.

Implications for Full Study

The pilot study offered significant procedural information for use in structuring the main study. First, the procedure of recruitment went well. The vehicle for recruiting was by emailing the supervisor, who agreed to participate, who then recruited one supervisee. This system worked well in collecting the dyadic data. However, for larger study, researcher will not be physically present at each University. Further, the sample method of asking the supervisor to recruit the supervisee “with whom they most recently met” ensured distribution in the sample, as evidenced by the statistical significance and direction of the relationship inventory correlations. Without this direction, it is possible supervisors may choose their “favorite” or “best” supervisee, limiting variability. The method of coding the inventories, with numbers and letters, was clear and organized, which allowed the supervisor and supervisee data to be easily paired. However, response rate overall was low. In addition, three dyads were incomplete, missing the supervisee packets. To address this problem in the main study, the researcher plans to change the incentive by offering a \$1.00 incentive to accompany every survey, rather than the \$25.00 drawing. Participants offered feedback regarding completion time, which ranged from 15-25 minutes. This time will be used in the recruitment information and informed consent for the full study. Further, the participants who offered feedback regarding the process stated that there were no procedural difficulties or concerns.

The correlation matrix offered initial, interesting findings regarding directions and strength of relationships. Based on the correlations, the researcher will use the same inventories in the full study and will not omit any inventory. Although significance was

not reached, possibly due to small sample size, the initial correlations among all variables yielded preliminary information that warrants further investigation with a larger sample.

Procedures

This researcher obtained approval from the Institutional Review Board (IRB) before contacting faculty associated with the CACREP-accredited programs to recruit the sample. A convenience sample was then recruited by contacting faculty members, via email, who teach at CACREP accredited counseling programs across the country. In the initial contact, the purpose, goals, and procedures of the study were explained. If they agreed to participate, they received a research packet in the mail containing an overview letter; informed consent forms; copies of the questionnaire packets; and a stamped, self-addressed return envelope for returning the forms to the researcher. The overview letter included a description of the study, procedures for administering the questionnaire, approximate completion time, a description of the incentive offered to participants, and an invitation to contact the researcher with any questions. The informed consent included a description of the study, approximate completion time, and potential risks and benefits associated with participation; participants were invited to maintain a copy for their records and return the other copy to the researcher. The administrator collected all completed questionnaires and informed consents separately to protect confidentiality, and then returned them to researcher in a pre-stamped, self-addressed envelope. To maintain confidentiality, no identifying information was collected on the measures. The questionnaires were marked with a random number (e.g., 001) and the letter A or B to designate “supervisor” (A) or “supervisee” (B). In order for a supervision dyad to qualify

for the study, a minimum of three individual supervision sessions must be held to encourage the formation of a meaningful supervisory relationship.

Data Analysis

Following data collection, results were entered into SPSS 18.0 for Windows (SPSS Inc., 2009) for dyadic data analysis. First, descriptive statistics were computed by participant demographics to describe and characterize the sample. Second, reliability analyses were completed for all variables. Third, mean scores and standard deviations were computed for all instruments to further characterize the sample. Fourth, Pearson product moment correlations were conducted to assess the relationships among mindfulness and all of the supervision variables. This analysis assessed the nature and strength of the bivariate relationships between mindfulness and supervisory relationship, mindfulness and working alliance, mindfulness and self-efficacy, and mindfulness and session dynamics (i.e., depth and smoothness). Finally, data was analyzed to test the research hypotheses using multiple multivariate regression with interaction terms, with mindfulness as the predictor variable and supervision outcomes as the criterion variables. The data was entered as dyadic; the supervisor and supervisee data were associated with one another as a pair. If significance is found from this test, then univariate analyses were conducted in the same manner with the significant variables. These analyses determined the significance of the mindfulness level of the supervisor and the mindfulness level of the supervisee. Table 5 further illustrates the research question and corresponding analyses.

Research Question: What is the relationship between levels of mindfulness of the supervisor and supervisee and the supervisor and supervisee ratings of the facilitative conditions of the supervisory relationship, supervisor and supervisee ratings of the working alliance, supervisee self-efficacy, supervisor and supervisee ratings of the depth and smoothness of session, and supervisor rating of the supervisory focus?

Table 5

Hypotheses, Assessment Instruments, and Analyses

Hypothesis	Assessment Instruments	Analyses
1: Higher levels of mindfulness of the supervisor will result in higher ratings of the facilitative conditions of the supervisory relationship.	1. FFMQ (total score) 2. Barrett-Leonard Relationship Inventory (total score)	1. Pearson Product Moment Correlation 2. Multivariate Multiple Regression
2: Higher levels of mindfulness of the supervisor will result in higher ratings of the working alliance.	1. FFMQ (total score) 2. WAI-Supervision (total score)	1. Pearson Product Moment Correlation 2. Multivariate Multiple Regression
3: Higher levels of mindfulness of the supervisee will result in greater self-efficacy of supervisee.	1. FFMQ (total score) 2. CASES (total score)	1. Pearson Product Moment Correlation 2. Linear Regression
4: Higher levels of mindfulness of supervisor will result in increased session depth and decreased session smoothness as rated by the supervisor and supervisee.	1. FFMQ (total score) 2. SEQ (depth, smoothness)	1. Pearson Product Moment Correlation 2. Multivariate Multiple Regression
5: Higher levels of mindfulness of the supervisor will result in an increased focus during supervision on self-awareness, and a decreased focus on skills, conceptualization, and professionalism as rated by the supervisor.	1. FFMQ (total score) 2. SERF-R (self-awareness, skills, conceptualization, professionalism)	1. Spearman Correlation

CHAPTER IV

RESULTS

The purpose of this study was to examine the construct of mindfulness among practicum and intern-level master's students and their University supervisors at CACREP-accredited programs. The University supervisors were either faculty members or doctoral students. Specifically, the researcher investigated the relationships between mindfulness and the supervision variables of facilitative conditions of the supervisory relationship, working alliance, counselor self-efficacy, session dynamics, and supervisory focus. In this chapter, the results of the data analyses are presented. First, sample demographics are provided. Second, descriptive statistics and reliability analyses of all instruments are provided. Third, correlation analyses were performed to obtain initial assessments of the nature and strength of relationships among the variables. Fourth, the results of analyses related to each research hypothesis are presented.

Description of the Sample

Participants were recruited through two channels. First, at UNCG, the researcher contacted all University supervisors and requested participation in the study; the University supervisors then recruited their supervisees. At all other institutions, the researcher contacted faculty known to the researcher who work with supervision, and requested their help in recruiting participants and administering the instruments. These faculty members served as data collectors. Participants were paired dyads of supervisors

and supervisees. Research packets were provided to 150 volunteers who met the study criteria.

Of the 150 who volunteered to participate, 72 responded, representing a response rate of 48 percent. Based on power analyses, the minimum number of participants needed for adequate power to detect strong effect sizes in the main data analyses was 92; therefore, the sample size was less than sufficient in this regard.

Demographic data were collected, including age, sex, clinical experience providing/receiving supervision, current status in graduate program, and level of engagement in mindfulness practice (see Appendix F and G for full demographic questionnaire). Demographics were computed for the total sample and the results are summarized in Table 6.

The participants were enrolled in one of 16 CACREP accredited degree programs; the universities varied in geographic location, size, and public/private status. The 16 data collectors were known colleagues of this researcher and were all faculty members ($n = 16$). Supervisor participants were predominately female ($n = 51, 70.8\%$) and ranged in age from 26 to 70 ($M = 39.29, SD = 12.4$). Supervisee participants were also predominately female ($n = 65, 90.3\%$) and ranged in age from 22 to 56 ($M = 29.93, SD = 9.8$). Supervisees were receiving supervision for practicum ($n = 37, 51.4\%$) and internship ($n = 33, 45.8\%$) experiences. Supervisor participants were doctoral students ($n = 20$), faculty members ($n = 32$), and adjunct faculty members ($n = 11$). Supervisee participants were first year master's students ($n = 11$) and second year master's students ($n = 56$). Finally, supervisors were surveyed regarding their current engagement in

mindfulness practice. Of the supervisor participants, over half endorsed that they currently engage in mindfulness practice ($n = 40$), intentionally develop their mindfulness skills ($n = 42$), and) work at programs that encourage mindfulness in counseling ($n = 37$). All endorsements exceeded 50% of the total sample.

Table 6***Demographic Description of the Sample (n = 72 Dyads)***

Variable	Supervisor			Supervisee		
	<i>M</i>	<i>SD</i>	<i>n</i> (%)	<i>M</i>	<i>SD</i>	<i>n</i> (%)
Sex						
Female			51 (70.8)			65 (90.3)
Male			21 (29.2)			7 (9.7)
Age	39.29	12.4	72 (100)	29.93	9.8	72 (100)
Status						
First Year Master's						11 (15.3)
Second Year Master's						56 (77.8)
Doctoral Student			20 (27.8)			
Faculty Member			32 (44.4)			
Other (Adjunct)			11 (15.3)			
Unknown			9 (9.8)			5 (6.9)
Clinical Experience						
Practicum			37 (51.4)			37 (51.4)
Internship			33 (45.8)			33 (45.8)
Unknown			2 (2.8)			2 (2.8)
Mindfulness (YES)						
Practice			40 (55.6)			
Intentionally Develop			42 (58.3)			
Program Encourage			37 (51.4)			

Sample Descriptive Statistics

Descriptive statistics were computed on all study instrumentation. Ranges, means, and standard deviations were calculated for all scales administered in the study. These results are provided in Table 7.

Paired samples *t* tests were conducted to compare the mean scores of supervisor and supervisee on the Five Facet Mindfulness Questionnaire (Baer et al., 2006). An endorsement of 5 (*very often or always true*) indicates a higher level of mindfulness. The results revealed that statistically significant differences existed between the groups on the total score. The total score for the supervisor group ($M = 3.82, SD = .318$) was significantly different from the total score for the supervisee group ($M = 3.54, SD = .349$); $t(71) = 4.70, p = .000$. This finding indicates that the mindfulness levels of the supervisor group are statistically higher than the mindfulness levels of the supervisee group. In addition, comparisons were made on all five subscales of the FFMQ, and results revealed that all were significantly different, [*observe*, supervisor group ($M = 3.60, SD = .074$), supervisee group ($M = 3.38, SD = .067$); $t(71) = 2.35, p = .021$; *describe*, supervisor group ($M = 4.08, SD = .050$), supervisee group ($M = 3.80, SD = .072$); $t(71) = 3.09, p = .003$; *nonjudge*, supervisor group ($M = 4.09, SD = .065$), supervisee group ($M = 3.80, SD = .062, t(69) = 2.88, p = .005$; *nonreact*, supervisor group ($M = 3.61, SD = .052$), supervisee group ($M = 3.25, SD = .063$); $t(71) = 3.97, p = .000$; *aware*, supervisor group ($M = 3.73, SD = .055$), supervisee group ($M = 3.50, SD = .051$); $t(70) = 3.07, p = .003$], indicating that the mindfulness of the supervisor was significantly higher on all five facets of the construct.

Table 7

Sample Score Ranges, Means, and Standard Deviations (n = 72)

TOTAL	Range	Min	Max	Mean	SD
FFMQ_A	1-5	3.15	4.69	3.8229	.31818
FFMQ_B	1-5	2.83	4.58	3.5447	.34946
FFMQ_A Observe	1-5	2.13	5.00	3.6042	.62482
FFMQ_B Observe	1-5	2.00	4.63	3.3767	.57282
FFMQ_A Describe	1-5	3.13	5.00	4.0834	.42582
FFMQ_B Describe	1-5	2.17	5.00	3.7984	.61050
FFMQ_A Nonjudge	1-5	3.00	5.00	4.08000	.53861
FFMQ_B Nonjudge	1-5	3.00	4.88	3.8051	.51925
FFMQ_A Nonreact	1-5	2.67	4.50	3.6134	.44213
FFMQ_B Nonreact	1-5	2.14	4.86	3.2540	.53679
FFMQ_A Aware	1-5	3.00	5.00	3.7359	.46426
FFMQ_B Aware	1-5	3.00	4.75	3.5104	.42895
WAI_A	1-7	4.14	6.58	5.8424	.51489
WAI_B	1-7	4.64	6.92	6.1291	.56799
SEQA_SMOOTH	1-7	3.67	7.00	5.6581	.83191
SEQA_DEPTH	1-7	3.50	7.00	5.3477	.82952
SEQB_SMOOTH	1-7	1.00	7.00	5.6567	1.16516
SEQB_DEPTH	1-7	3.00	7.00	5.5162	.84659
BLA_A	1-6	3.66	5.68	4.8076	.40833
BLA_B	1-6	3.03	5.96	5.0063	.51929
CASES	1-9	3.43	7.84	6.0393	.99950
SERF_SKILLS	1-4	1.33	3.33	2.4806	.43937
SERF_PROF	1-4	1.60	3.80	3.0097	.49749
SERF_COGN	1-4	1.40	3.20	2.4778	.46714
SERF_AWARE	1-4	1.27	2.87	2.0083	.40357

A = Supervisor, B = Supervisee

FFMQ = Five Facet Mindfulness Questionnaire (Baer et al., 2006)

WAI = Working Alliance Inventory (Bahrck, 1989)

BLA = Barrett-Lennard Relationship Inventory for Supervisory Relationships (Schacht et al., 1988)

Depth/Smooth= Session Evaluation Questionnaire (Stiles & Snow, 1984)

CASES = Counselor Activity Self-Efficacy Scales (Lent et al., 2003)

In examining the two inventories that measured supervisory relationship, WAI and BLA, results suggested that the supervisee sample rated the relationship stronger on both assessments. First, scores on the inventory measuring working alliance ranged from

1-7 with an endorsement of 7 (*always*) indicating the highest level of working alliance. A paired sample *t* test indicated that the supervisee group rated the working alliance significantly higher ($M = 6.13, SD = .067$) than did the supervisor group ($M = 5.84, SD = .060$); $t(70) = -3.08, p = .003$ on the total working alliance score. Second, scores on the inventory measuring facilitative conditions range from 1-6, with an endorsement of 6 (*I strongly feel it is true*) indicating the highest level of facilitative conditions. A paired sample *t* test indicated that the supervisee group rated the facilitative conditions significantly higher ($M = 5.00, SD = .061$) than did the supervisor group ($M = 4.81, SD = .048$); $t(71) = -2.75, p = .007$.

The SEQ was utilized to measure session dynamics on the scales of depth and smoothness for both supervisor and supervisee. A paired sample *t* test revealed no significant differences between the supervisor group and the supervisee group on the depth or smoothness scales [*smooth*, supervisor group ($M = 5.66, SD = .098$), supervisee group ($M = 5.66, SD = .137$); $t(71) = .009, p = .993$; *depth*, supervisor group ($M = 5.35, SD = .098$), supervisee group ($M = 5.51, SD = .099$); $t(71) = -1.40, p = .166$].

The CASES instrument measured counselor self-efficacy and was utilized solely with the supervisee sample. The possible scores ranged from 1-9 with an endorsement of 9 (*complete confidence*) indicating the highest level of counselor self-efficacy. Overall, the mean score for the supervisee sample was ($M = 6.04, SD = .999$). This finding may not be surprising when looking at the demographics of the supervisee sample; the majority of participants (77.8%) were second year master's students.

Finally, the SERF inventory measured the supervision focus and was utilized solely with the supervisor sample. The scores for each subscale were categorical, rank-ordered data. The mean scores listed here indicate the total scores for each category. The highest ranked (1) indicated the most emphasis in each category. All four categories are similar in supervision focus, with self-awareness as the highest, or most focused on, category for the sample ($M = 2.01$, $SD = .403$). Further, professional behaviors was the lowest, or least focused on, category for the sample ($M = 3.01$, $SD = .497$).

Instrument Reliability

Measures of internal consistency were computed for all instruments using Cronbach's alpha coefficients, which are provided in Table 8. Total scores of all inventories, both supervisor and supervisee, were included in this analysis. Estimates of internal consistency ranged from .721 to .963. The three highest estimates of internal consistency, for both supervisor and supervisee samples, were inventories measuring mindfulness, working alliance, and facilitative conditions of the relationship, which ranged from .890 to .947. However, the highest estimate of internal consistency was the counselor self-efficacy which was completed by the supervisee sample at .963. In social science research, the general consensus is that instrument reliability of .70 is adequate, and that instrument reliability of at least .80 is desirable (Heppner, Kivlighan, & Wampold, 1999). Accordingly, all scales generally met or exceeded acceptable alpha levels for social science research. The one exception was the Awareness scale of the Supervision Emphasis Rating Form-Revised, which was slightly lower at .672.

Table 8*Instrument Scale Reliabilities (n = 72)*

Instrument	Supervisor/ee	# of Items	Cronbach's Alpha
Five Facet Mindfulness Questionnaire	Supervisor	39	.878
	Supervisee	39	.890
Working Alliance Inventory	Supervisor	36	.932
	Supervisee	36	.947
Barrett-Lennard Relationship Inventory	Supervisor	40	.937
	Supervisee	40	.898
Session Evaluation Questionnaire-SMOOTH	Supervisor	5	.770
Session Evaluation Questionnaire-SMOOTH	Supervisee	5	.836
Session Evaluation Questionnaire-DEPTH	Supervisor	5	.721
Session Evaluation Questionnaire-DEPTH	Supervisee	5	.788
Counselor Activity Self-Efficacy Scales	Supervisee	41	.963
Supervisor Emphasis Rating Form-Revised AWARE	Supervisor	15	.672
Supervisor Emphasis Rating Form-Revised PROFESSIONAL BEHAVIOR	Supervisor	15	.785
Supervisor Emphasis Rating Form-Revised SKILLS	Supervisor	15	.723
Supervisor Emphasis Rating Form-Revised COGNITIVE	Supervisor	15	.753

Correlation Analyses

The total scores for all inventories were correlated to assess preliminary, significant relationships among the variables. Several significant relationships were discovered. Although all statistically significant correlations are highlighted in bold in Table 9, I will only discuss the four relationships which were above .5, an indicator of practical as well as statistical significance.

Two interesting pairs of correlations emerged. First, between groups, the relationships inventories, Working Alliance Inventory and Barrett-Lennard Inventory, of both supervisor ($r(71) = .697, p < .01$) and supervisee ($r(71) = .748, p < .01$) were significantly correlated with one another. This finding suggests that perceptions of the relationship by each person in the dyad were similar on both inventories. Second, the session dynamic scales (SEQ) yielded two significant correlations. The working alliance score of the supervisee and the session depth score of the supervisee was positively, significantly related ($r(71) = .512, p < .01$). Similarly, the working alliance score of the supervisor and the session depth score of the supervisor was positively, significantly related ($r(71) = .535, p < .01$). Both supervisor and supervisee perceptions of the working alliance and session depth were significantly related. Further, both pairs of correlations yielding significant results are the separate perceptions of both supervisor and supervisee on the same inventories (working alliance/facilitative conditions and working alliance/session depth).

Table 9

Correlation Matrix (n = 72)

	FFMQ-A	FFMQ-B	WAI-A	WAI-B	BLA-A	BLA-B	Depth-A	Smooth-A	Depth-B	Smooth-B	CASES-B
FFMQ-A	1.0	-.129	.377**	-.052	.276*	-.144	.320**	-.018	.113	-.027	.008
FFMQ-B		1.0	.142	-.054	.100	.003	.286*	.095	.040	-.052	.351**
WAI-A			1.0	-.056	.697**	-.040	.535**	.410**	.124	.136	.178
WAI-B				1.0	.025	.748**	-.016	.224	.512**	.261*	.128
BLA-A					1.0	.148	.322**	.482**	.158	.221	.125
BLA-B						1.0	.101	.278*	.472**	.346**	.074
Depth-A							1.0	.185	.257*	.047	.192
Smooth-A								1.0	.067	.202	.184
Depth-B									1.0	.348**	.090
Smooth-B										1.0	.161
CASES-B											1.0

**Correlation is significant at the .01 level

*Correlation is significant at the .05 level

A = Supervisor, B = Supervisee

FFMQ = Five Facet Mindfulness Questionnaire (Baer et al., 2006)

WAI = Working Alliance Inventory (Bahrck, 1989)

BLA = Barrett-Lennard Relationship Inventory for Supervisory Relationships (Schacht et al., 1988)

Depth/Smooth= Session Evaluation Questionnaire (Stiles & Snow, 1984)

CASES = Counselor Activity Self-Efficacy Scales (Lent et al., 2003)

Therefore, there was no significant correlation in the sample between supervisor and supervisee scores (i.e., supervisor working alliance and supervisee working alliance).

Hypothesis Testing

The purpose of this study was to assess the relationship between mindfulness and a variety of supervision variables among a dyadic sample of practicum and intern-level counseling students and their University supervisors. One broad research question and five corresponding hypotheses were examined. The results of the statistical analyses that were used to assess the hypotheses are provided below.

Research Question: What is the relationship between levels of mindfulness of the supervisor and supervisee and the supervisor and supervisee ratings of the facilitative conditions of the supervisory relationship, supervisor and supervisee ratings of the working alliance, supervisee self-efficacy, supervisor and supervisee ratings of the depth and smoothness of session, and supervisor rating of the supervisory focus?

First, I conducted a multivariate regression analysis to test the broad research question, using the mindfulness of the supervisor and supervisee as the predictor variables and the eight supervision variables as criterion variables (facilitative conditions of both supervisor and supervisee, working alliance of both supervisor and supervisee, session dynamic ratings of supervisor and supervisee). This analysis was chosen to incorporate the dyadic nature of data; both supervisor and supervisee's levels of mindfulness were included as predictor variables. The results revealed that the mindfulness of the supervisor was a significant predictor of the supervision variables, $F(8, 63) = 2.988, p = .007, (Wilks' \textit{Lambda})$. The results also revealed that the mindfulness

of the supervisee was not a significant predictor of the supervision variables, $F(8, 63) = 1.231, p = .296$, (*Wilks' Lambda*). Results are detailed in Table 9.

Second, I conducted follow-up univariate and regression analyses to further evaluate the criterion variables that were significant. Results of these analyses are discussed in detail with each research hypothesis below, and also detailed in Table 9.

Hypothesis 1: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the facilitative conditions of the supervisory relationship as rated by the supervisor and the supervisee.

Results indicated that the mindfulness of the supervisor was a significant predictor of the facilitative conditions as rated by the supervisor $F(1, 70) = 5.771, p = .019$, but not the facilitative conditions as rated by the supervisee $F(1, 70) = 1.479, p = .228$. Therefore the hypothesis was partially supported.

As a follow-up, a standard regression analysis was performed between the mindfulness of the supervisor as rated by the supervisor and the significant criterion variable, the facilitative conditions as rated by the supervisor. Regression analysis revealed that the model significantly predicted the facilitative conditions as rated by the supervisor, $F(1, 70) = 5.771, p = .019$. R^2 for the model was .076 and adjusted R^2 was .063; 7.6% of the variance in facilitative condition scores was explained by the supervisor mindfulness. The standard error of estimate was .395 and the standardized regression coefficient (β) was .276. This finding indicates that if the mindfulness of the supervisor increases by one standard deviation, then we would expect a .276 increase in the

facilitative condition rating of the supervisor as rated by the supervisor. Results are provided in detail in Table 10.

Figure 1 is a scatterplot, presented here to provide a visual representation of the relationship between these variables.

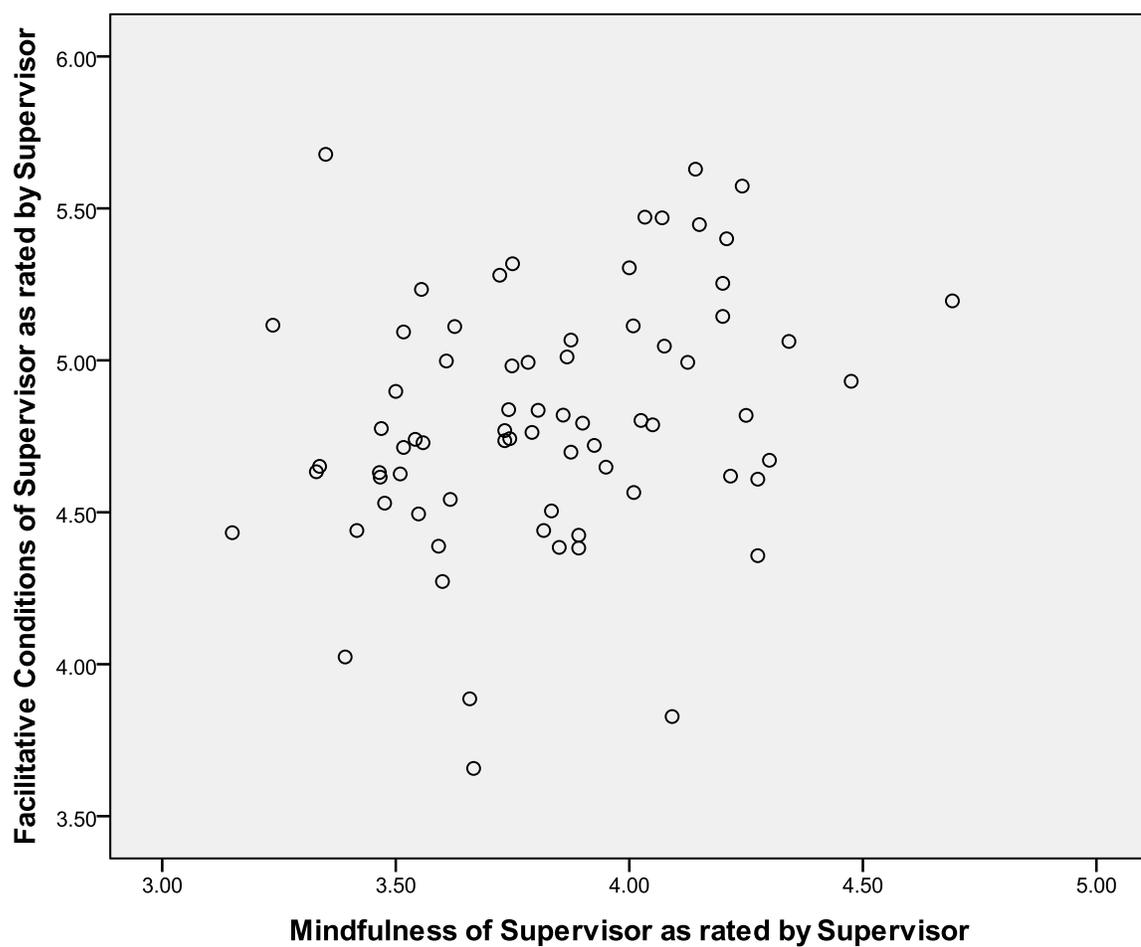


Figure 1. Scatterplot of Supervisor Mindfulness and Supervisor Facilitative Conditions, Rated by Supervisor

Table 10*Multivariate and Univariate Regression Analyses*

<i>Type of Analysis</i>	<i>Variable</i>	<i>F</i>	<i>df n</i>	<i>df d</i>	<i>Sig.</i>	<i>R²</i>	<i>Adj R²</i>	<i>Standard Error of Estimate</i>	<i>Beta</i>
<i>Multivariate</i>	Mindfulness of Supervisor as rated by the Supervisor (Predictor)	2.988	8	63	.007				
<i>Univariate and Regression</i>	Facilitative Conditions of Supervisor as rated by the Supervisor (Criterion)	5.771	1	70	.019	.076	.063	.395	.276
<i>Univariate and Regression</i>	Working Alliance of Supervisor as rated by the Supervisor (Criterion)	11.625	1	70	.001	.142	.130	.480	.377
<i>Univariate and Regression</i>	Session Depth of Supervisor as rated by the Supervisor (Criterion)	7.985	1	70	.006	.102	.090	.791	.320

Hypothesis 2: Higher levels of mindfulness of the supervisor will be positively related to higher ratings of the working alliance of both supervisor and supervisee as rated by the supervisor and the supervisee.

Results indicated that the mindfulness of the supervisor was a significant predictor of the working alliance as rated by the supervisor $F(1, 70) = 11.625, p = .001$ but not the working alliance as rated by the supervisee $F(1, 70) = .193, p = .662$. Therefore the hypothesis was partially supported.

As a follow-up, a standard regression analysis was performed between the mindfulness of the supervisor and the significant criterion variable, the working alliance as rated by the supervisor. Regression analysis revealed that the model significantly predicted the working alliance as rated by the supervisor, $F(1, 70) = 11.625, p = .001$. R^2 for the model was .142 and adjusted R^2 was .130. The standard error of estimate was .480 and the standardized regression coefficients (β) was .377; 4.8% of the variance in working alliance scores was explained by the supervisor mindfulness.. This finding indicates that if the mindfulness of the supervisor increases by one standard deviation, then we would expect a .377 increase in the working alliance rating of the supervisor as rated by the supervisor.

Results are provided in detail in Table 9. Table 11, a scatterplot, is presented here to provide a visual representation of the relationship between these variables.

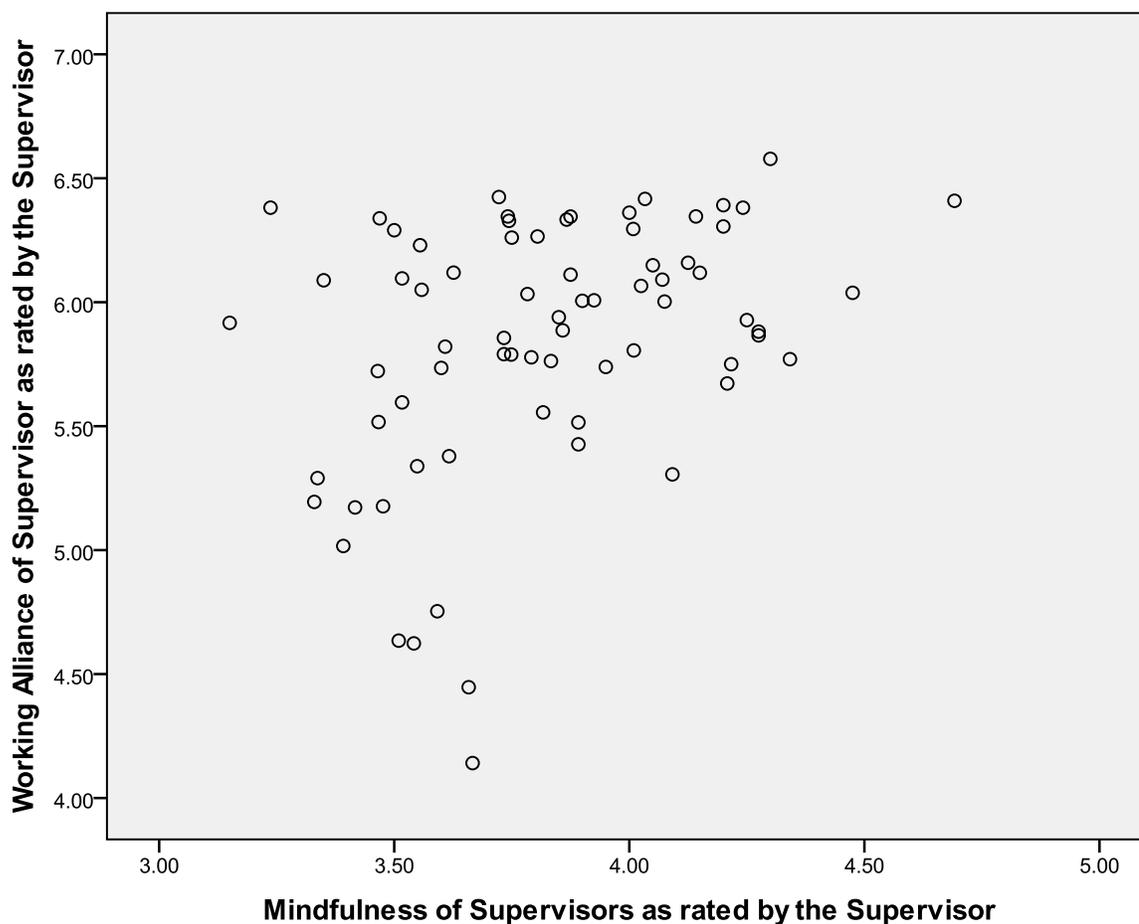


Figure 2. Scatterplot of Supervisor Mindfulness and Supervisor Working Alliance, Rated by Supervisor

Hypothesis 3: Higher levels of mindfulness of the supervisee will be positively related to greater self-efficacy of supervisee as rated by the supervisee.

Hypothesis 3 was designed to assess the strength and nature of the relationship between the supervisee's level of mindfulness and the supervisee's self-efficacy, both as rated by the supervisee. The hypothesis was that the two variables would be significantly, positively related to one another. A linear regression analysis was conducted to assess this hypothesis. Consistent with the hypothesis, the supervisees' level of mindfulness was

a significant predictor of the supervisees' self-efficacy, $F(1, 70) = 9.859, p = .002$. R^2 for the model was .142 and adjusted R^2 was .111; 14.2% of the variance in self-efficacy was explained by the supervisee mindfulness.. The standard error of estimate was .942 and the standardized regression coefficients (β) was .351. Therefore, this hypothesis was fully supported.

Figure 3 is a scatterplot, presented here to provide a visual representation of the relationship between these variables. Results are provided in detail in Table 11.

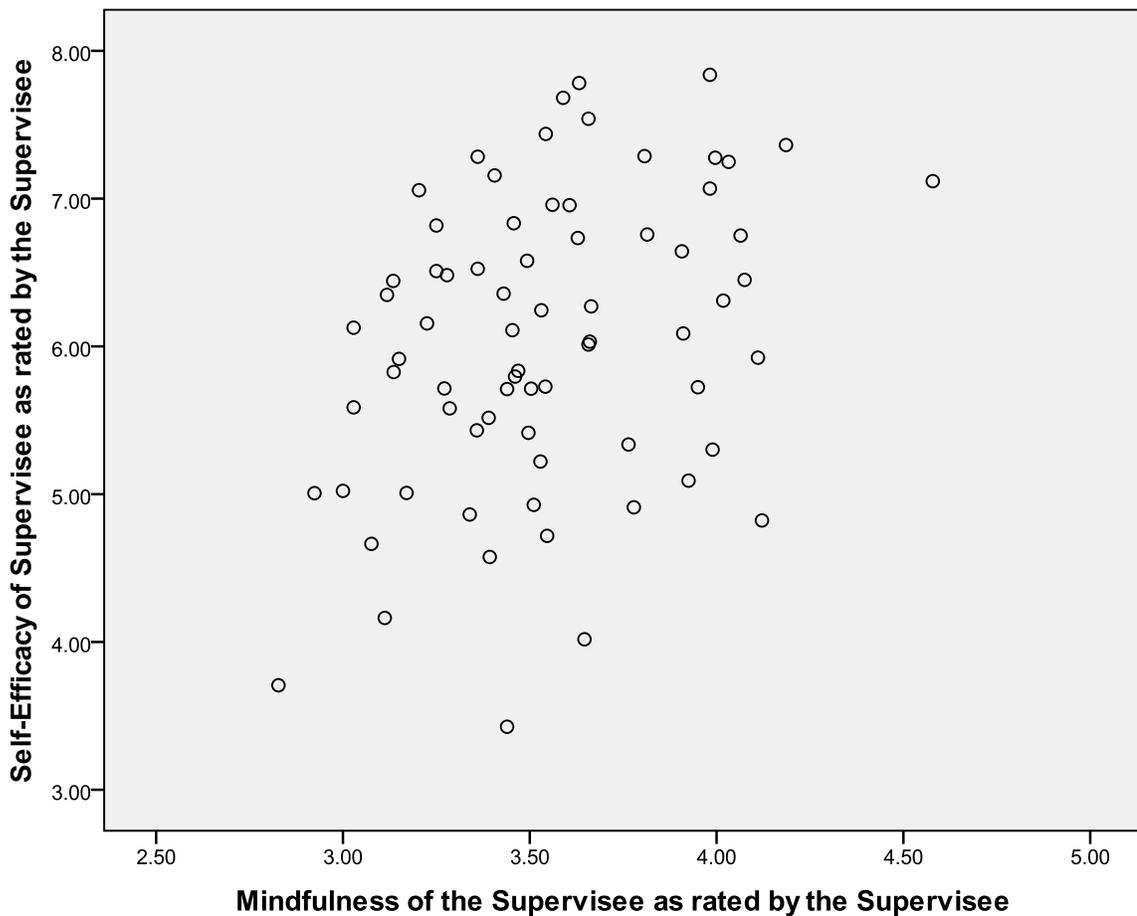


Figure 3. *Scatterplot of Supervisee Mindfulness and Supervisee Self-Efficacy, Rated by Supervisee*

Table 11***Regression Analysis of Mindfulness of the Supervisor as Predictor and Self-Efficacy of Supervisee as Criterion***

<i>F</i>	<i>df n</i>	<i>df d</i>	Sig.	<i>R</i> ²	<i>Adj R</i> ²	Std. Error of Estimate	Beta
9.859	1	70	.002	.123	.111	.942	.351

Hypothesis 4: Higher levels of mindfulness of supervisor will be positively related to increased session depth and decreased session smoothness as rated by the supervisor and supervisee.

Results indicated that the mindfulness of the supervisor was a significant predictor of the session depth as rated by the supervisor $F(1, 70) = 7.985, p = .006$, but not the session smoothness rating as rated by the supervisor $F(1, 70) = .022, p = .883$, the session depth as rated by the supervisee $F(1, 70) = .901, p = .346$ nor the session smoothness as rated by the supervisee $F(1, 70) = .049, p = .825$. Therefore the hypothesis was only partially supported.

As a follow-up, a standard regression analysis was performed between the mindfulness of the supervisor as rated by the supervisor and the significant criterion variable, the session depth as rated by the supervisor. Regression analysis revealed that the model significantly predicted the facilitative conditions of the supervisor, $F(1, 70) = 7.985, p = .006$. R^2 for the model was .102 and adjusted R^2 was .090. The standard error of estimate was .791 and the standardized regression coefficients (β) was .320; 7.9% of the variance in session depth scores was explained by the supervisor mindfulness.. This finding indicates that if the mindfulness of the supervisor increases by one standard

deviation, then we would expect a .320 increase in the facilitative condition rating of the supervisor.

Results are provided in detail in Table 9. Figure 4 is a scatterplot, presented here to provide a visual representation of the relationship between these variables.

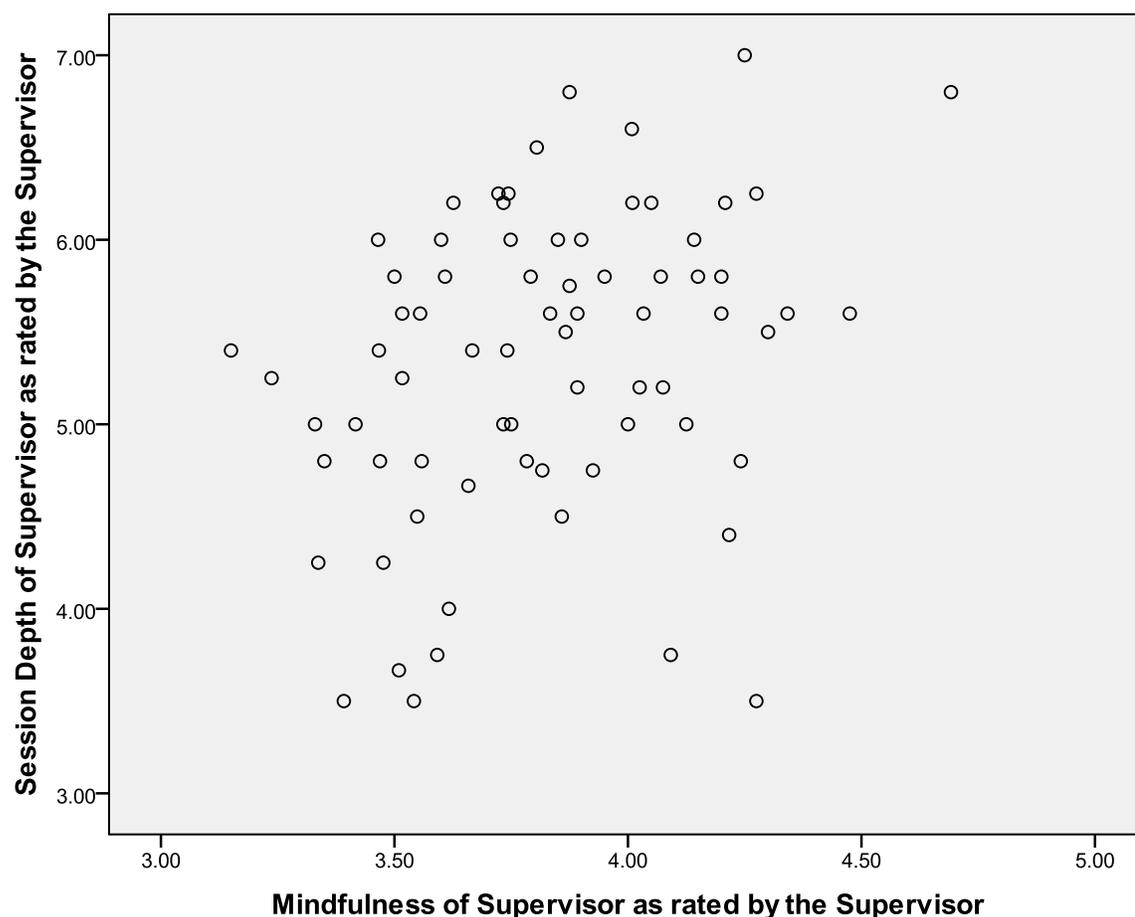


Figure 4. Scatterplot of Supervisor Mindfulness and Supervisor Session Depth, Rated by Supervisor

Hypothesis 5: Higher levels of mindfulness of the supervisor will be positively related to an increased focus during supervision on self-awareness, and a decreased focus on skills, conceptualization, and professionalism, as rated by the supervisor.

To test the strength and nature of the relationship between the mindfulness of the supervisor and the supervisory focus, a Spearman correlation was conducted. This analysis was chosen due to the rank-order nature of the supervision variables. Prior to conducting this analysis, all items on the SERF-R inventory were reversed-scored to reflect the same structure as the FFMQ mindfulness inventory (i.e., a score of “1” on the SERF is the least emphasized supervisory focus for this analysis, corresponding with “1” reflecting the lowest level of mindfulness). Results revealed that the mindfulness of the supervisor was not significantly related to any of the supervisory focus areas. Therefore, the hypothesis was not supported. Results are provided in detail in Table 12.

Table 12

Spearman Correlation Analysis of Mindfulness of Supervisor (FFMQA) and Supervisory Focus (SERF)

	FFMQ-A	SERF_SKILLS	SERF_PROF	SERF_COGN	SERF_AWARE
FFMQ-A	1.0	-.014	-.027	-.105	.214
SERF_SKILLS		1.0	-.564*	-.082	-.213
SERF_PROF			1.0	-.395*	-.160
SERF_COGN				1.0	-.500*
SERF_AWARE					1.0

*Correlation is significant at the .01 level

A = Supervisor, B = Supervisee

FFMQ = Five Facet Mindfulness Questionnaire (Baer et al., 2006)

SERF = Supervision Emphasis Rating Form (Lanning & Freeman, 1994)

SKILLS = Counseling Skills

COGN = Cognitive Counseling Skills, Case Conceptualization

PROF = Professional Behaviors

AWARE = Self-Awareness

Summary

The results of this study were provided in this chapter. First, sample characteristics, including participant recruitment, were presented. Second, descriptive statistics (i.e., ranges, means, standard deviations) and reliability analyses were computed for the current sample. All the instruments were determined to be reliable with the current sample. Third, correlation analysis was presented to represent the nature and strength of relationships among the variables. Fourth, data analyses for each hypothesis were presented and described.

Results of the hypothesis testing reveal that Hypotheses 1, 2, and 4 were only partially supported, Hypothesis 3 was fully supported, and Hypothesis 5 was not supported. In Chapter V, these results and their implications for counseling supervision are discussed. Also, study limitations are presented and directions for future studies are proposed.

CHAPTER V

DISCUSSION

In the previous chapter, results were presented of the study investigating the relationship between mindfulness and a variety of supervision variables among master's counseling students in practicum and internship and their University supervisors. This chapter discusses those results in detail. In addition, study limitations, implications for counselor training, and suggestions for future research are provided.

Overview

Western scientist and researcher Jon Kabat-Zinn cultivated the concept of mindfulness from the Buddhist tradition. His recent definition of mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). The construct of mindfulness has received growing and widespread attention both in popular culture and in academic realms. In a recent report, the number of mindfulness-related journal articles went from less than 80 in 1990 to more than 600 in 2006 (Brown et al., 2007). Mindfulness has been shown to produce a variety of long-term psychological benefits. Examining evidence from a number of studies, Brown et al. (2007) stated that mindfulness relates to positive outcomes in several important life domains, including mental health, physical health, behavioral regulation, and interpersonal relationships. Specifically, in the area of social relationships, researchers

have stated that mindfulness “promotes attunement, connection, and closeness,” helping people to be more attentive and empathic to other’s thoughts and emotions (Brown et al., 2007, p. 225). Furthermore, it may enhance communication through the ability to attend to emotional, cognitive, and verbal content of both parties (Goleman, 2006). In general, research results support the notion that mindfulness may promote healthy interaction and relationship functioning, contributing to overall quality of relationships (Brown et al., 2007).

Furthermore, researchers have suggested that mindfulness may be an important skill for counselors (Cashwell et al., 2007; Greason & Welfare, 2010, in press; Greason & Cashwell, 2009; Gremer et al., 2005). Research with samples of master’s and doctoral counseling students have shown mindfulness to be a significant predictor of counselor self-efficacy, as mediated by attention (Greason & Cashwell, 2009). Further, research with samples of counselor-client dyads has demonstrated a significant relationship between counselor mindfulness and client perceptions of therapeutic relationship and working alliance (Greason & Welfare, 2010, in press). Counselor self-efficacy and the ability to establish therapeutic rapport are well-studied in the field as foundational skills for counselors in training.

Such positive outcomes attributed to mindfulness also are relevant to students’ clinical work. There are two distinct bodies of literature from the areas of mindfulness research and clinical supervision research. To date, mindfulness has never been studied as an element within the supervision context. However, researchers have pointed indirectly to common elements between higher levels of mindfulness and effective supervision,

such as strong working alliance and supervisory relationships, counselor self-efficacy, decreased levels of anxiety, the ability to sustain attention, and empathy (Daniels & Larson, 2001; Friedlander et al., 1986; Germer et al., 2005; Greason & Cashwell, 2009; Greason & Welfare, 2010, in press; Ladany et al., 1999). Both fields of research point to similar constructs that improve counselor development, counselor performance, and positive client outcomes. A gap exists in the literature, as no study to-date has bridged these two fields, and explored the relationship between mindfulness and relevant supervision variables.

Supervision is a pivotal learning experience of the counseling program, playing a critical role in counselor development. However, research is still needed to further understand supervision and factors that produce the most successful outcome for supervisees (White & Queener, 2003). Supervision is a complex process; research has established that many variables impact supervision, such as supervisor factors, counselor factors, client factors, and contextual factors. Mindfulness seems particularly well-suited to study within supervision, as it is a skill that may assist supervisors in addressing critical factors such as counselor self-efficacy, relationship dynamics, characteristics of supervisors and supervisees, and an increased ability to be present with clients. As mindfulness can be cultivated through training, knowledge regarding mindfulness and supervision may contribute to counselor educators' design of programming, training, and education for supervisors. Beyond counselor training, mindfulness may be a particularly important clinical skill for effective work with clients, related to the ability to maintain attention, develop relationships, and increase empathy.

Therefore, the purpose of this study was to look specifically at the role of mindfulness in supervision, of both the supervisor and supervisee. Overall, this researcher hoped to extend our knowledge and understanding of the construct of mindfulness to a new population. Master's students who were currently enrolled in a CACREP accredited program and completing their practicum and internship and their University supervisors were invited to participate. Participation included the completion of a packet of surveys which contained the Five Facet Mindfulness Questionnaire (Baer et al., 2006); Working Alliance Inventory (Bahrck, 1989); Barrett-Lennard Relationship Inventory for Supervisory Relationships (Schacht et al., 1988); Session Evaluation Questionnaire (Stiles & Snow, 1984); Counselor Activity Self-Efficacy Scales (Lent et al., 2003), supervisee only; Supervision Emphasis Rating Form-Revised (Lanning & Freeman, 1994), supervisor only; and a brief demographic questionnaire.

In addition, this researcher hoped to address two important gaps that exist in the literature. First, mindfulness has never been included as a variable in supervision research. The setting for research on mindfulness has primarily been within training programs as part of self-care and stress reduction. As a result, researchers currently do not know how the combination of supervisor and supervisee mindfulness influences the supervision process. Second, supervision research is lacking in the use of dyadic data analysis, which provides a more complex and accurate view of the mutual interaction of variables in the supervision process.

Several interesting results were obtained from this study. First, previous research was supported that linked the construct of mindfulness with counselor self-efficacy

(Greason & Cashwell, 2009). Results revealed that in this sample of master's students, higher levels of mindfulness of the students were significantly and positively correlated with higher levels of counselor self-efficacy as rated by the students.

No significant relationships were found between supervisees' self-ratings of mindfulness and the supervision constructs of facilitative conditions, working alliance, and session dynamics as reported by supervisor or supervisee. Previous research has linked the supervisor's characteristics, but not the supervisees', to supervision outcomes such as the supervisory working alliance (White & Queener, 2003). Furthermore, the mindfulness of the supervisor was positively, significantly, linked to three important supervision variables: supervisors' perceptions of facilitative conditions within the supervisory relationship, the supervisory working alliance as rated by the supervisor, and session depth as rated by the supervisor. One important caveat is that these were all supervisor, not supervisee, perceptions. Specifically, supervisor mindfulness was linked with supervisor perceptions. This finding does contradict research linking counselor mindfulness to client perceptions of working alliance (Greason & Welfare, 2010, in press).

Discussion of Results

Preliminary Analyses

Correlation analyses were conducted initially to assess the strength and nature of the bivariate relationships among the variables. A Pearson product moment correlation analysis was run comparing the total scores on all inventories, except for the Session Emphasis Rating Form-Revised (Lanning & Freeman, 1994). A Spearman correlation

analysis was used to compare mindfulness scores of both supervisor and supervisee with this inventory due to the rank-order, categorical nature of the data for supervision focus.

First, the Pearson product moment correlation revealed four findings of practical significance (correlations above .50). The first positive, significant relationship was between the working alliance score reported by the supervisor and the facilitative condition score reported by the supervisor, ($r(71) = .697, p < .01$). The second positive, significant relationship was between the working alliance score reported by the supervisee and the facilitative condition score reported by the supervisee ($r(71) = .748, p < .01$). These moderately strong positive correlations suggest that supervisors' and supervisees' perceptions of the supervisory relationship are measured similarly on both relationship inventories. Specifically, as working alliance scores increased, facilitative condition scores also increased. This finding may indicate that these two variables, working alliance and facilitative conditions, are both important components of the supervisory relationship. This was the justification for including both in this study; although they were similar, they measure unique aspects of the supervisory bond.

Further, there was no correlation between the scores of the supervisor and supervisee on the working alliance and facilitative conditions. One possible explanation for this finding is the point in the semester in which data were collected, which was the beginning to mid-semester. Due to the evaluative nature of the supervisory relationship, potential roles and expectations likely were being negotiated towards the beginning of the semester. Perceptions of the relationship may have been more aligned post mid-semester reviews and/or at the end of the semester when evaluations were finalized. Previously,

researchers have not included both relationship variables for both supervisor and supervisee, and therefore, comparison here is not possible. This finding may serve as an baseline for future research.

The third positive, significant relationship was between the working alliance score reported by the supervisor and the session depth score reported by the supervisor $r(71) = .535, p < .01$). The fourth positive, significant relationship was between the working alliance score reported by the supervisee and the session depth score reported by the supervisee, $r(71) = .512, p < .01$). The working alliance total score is a combination of perceptions of tasks, bonds, and goals within the relationship. The session depth score is the perception of the “perceived power and value” of the supervision sessions (Stiles & Snow, 1984, p. 3). Therefore, this finding suggests that as the working alliance between supervisor and supervisee increases, the power and value of the sessions also increase. This finding is strengthened by the fact that a significant relationship was found between both supervisor and supervisee perceptions of working alliance and session depth. Similar to the previous correlations, this is the first study to study the relationship between the variables of working alliance and session dynamics; therefore, comparison to previous data is not possible here.

Finally, the richness of these findings lends further support to the importance of collecting dyadic data. As a result, the researcher was able to examine the combination of perspectives of both supervisor and supervisee in regard to the supervision variables. In addition, the paired nature of the data collection ensured that participants were rating the same relationships, which strengthens the accuracy of the results.

None of the supervisor and supervisee scores were significantly related to one another, indicating little agreement between the pairs in relation to the constructs of supervisory alliance and session dynamics. Again, one explanation for this finding may be the nature of the supervisory alliance, which is more naturally focused on evaluation and teaching more than a counseling alliance. Furthermore, from a developmental perspective, beginning supervisees are focused on concrete, detail-oriented feedback, and may not be as aware of relationship dynamics as the supervisor (Borders & Brown, 2005). In a broad evaluation of clinical supervision research, Borders (2005) suggested that although the supervisory relationship is seen as an important component of effective supervision, little agreement exists in the field on the best way to conceptualize this construct. Specifically, she stated that “components specific to supervision interactions are still largely unknown” (p. 106). The implication of this statement for the current study is that the researcher was not measuring aspects of the supervisory alliance that would be impacted by mindfulness, because these constructs are either unknown or have not been operationalized. Additionally, there may be differing perspectives on the important elements in the supervisory relationship by both supervisor and supervisee.

Research Question

In the research question, the researcher broadly examined the relationship between the mindfulness scores of both supervisor and supervisee on the supervision variables of supervisor and supervisee ratings of the facilitative conditions of the supervisory relationship, supervisor and supervisee ratings of the working alliance, and supervisor and supervisee ratings of the depth and smoothness of sessions. A multivariate

multiple regression analysis was preformed using the mindfulness scores of both supervisor and supervisee as the predictor variables and the supervision variables as criterion. This analysis allowed the examination of the impact of mindfulness scores of both supervisor and supervisee on the supervision variables. The results revealed that the mindfulness of the supervisor was a significant predictor of the supervision variables, $F(8, 63) = 2.988, p = .007, (Wilks' Lambda)$. However, results indicated that the mindfulness of the supervisee was not a significant predictor of any of the supervision variables, $F(8, 63) = 1.231, p = .296, (Wilks' Lambda)$.

This finding suggests that the mindfulness of the supervisor, but not the supervisee, had an impact on the supervisors' perceptions of the supervisory relationship and session dynamics. Two previous studies are important to reference when examining this finding. First, White and Queener (2003) collected data from 67 supervisor-supervisee dyads from three mid-western CACREP accredited programs to examine the impact of the personality characteristic of attachment on the working alliance. Utilizing simultaneous regression analyses, the researchers tested the relationship between the attachment scores of supervisor on supervisee and supervisor perceptions of the working alliance. The results were statistically significant, $R = .40, R^2 = .16, F[3, 67] = 3.97, p < .01$ in predicting supervisees' perception of the working alliance, as well as the supervisors', $R = .57, R^2 = .33, F[3, 67] = 9.99, p < .000$. Therefore, findings strongly indicated that the attachment of the supervisor, not the supervisee, had an impact on perceptions of working alliance of both the supervisor and supervisee. The results of the current study partially reflect their findings. Specifically, the mindfulness of the

supervisor, but not the supervisee, had an impact on the supervisors' perceptions of working alliance, $F(1, 72) = 13.389, p = .001$, but not the supervisees' perceptions, $F(1, 72) = .250, p = .619$. Therefore, supervisor mindfulness predicted supervisors' perceptions of the working alliance, but not the supervisees' perceptions. As the mindfulness levels of the supervisor increased, the working alliance scores of the supervisor also increased. The supervisor characteristic of mindfulness, however, did not have an impact on the supervisee perceptions of the relationship or session dynamics.

The second relevant study was conducted by Greason and Welfare (2010, in press), who examined the constructs of counselor mindfulness and client perceptions of the counselor and counseling relationships in a sample of college counselors and their clients. The sample was 83 college counselor-client dyads from colleges and universities accredited by the Council for Higher Education Accreditation. The researchers utilized two inventories that also were used in this study to examine the construct of mindfulness, Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006), and facilitative conditions of the therapeutic relationship, Barrett-Lennard Relationship Inventory (BLI; Barrett-Lennard, 1962). Working alliance also was assessed, but with an inventory not utilized in the current study, Working Alliance Inventory- Short Form (WAI-SF; Tracey & Kokotovic, 1989). Utilizing Pearson product moment correlations, the researchers found significant relationships between counselor mindfulness and client perceptions of facilitative conditions ($r = .24; p < .05$) as well as counselor mindfulness, *observe* scale, and client's perceptions of all three subscales (*task*, *bond*, *goal*) and total score of the working alliance (*task*: $r = .29$; *bond*: $r = .27$; *goal*: $r = .24$; $p < .05$; *total*: $r = .30, p <$

.01). One of the goals of the current study was to replicate similar findings in supervisor-supervisee dyads; specifically, testing whether mindfulness of the supervisor impacted the facilitative conditions and working alliance scores of the supervisee. However, this was not supported, as no significant relationship was found between supervisor mindfulness and supervisee perceptions of these constructs. The current finding may further confirm that the supervisory relationship is distinct from other types of therapeutic alliances. Specifically, there is an evaluative and teaching nature to the supervisory relationship, which does not exist within the counseling relationship. Supervisors are tasked with ensuring supervisees' growth and development over the course of the clinical experience. As such, feedback and evaluation are natural parts of this process. This fundamental difference may account for the discrepancy in the results of these two studies.

The researcher then conducted follow-up univariate and regression analyses to further evaluate the criterion variables that were significant. Results of these analyses are discussed in detail with each research hypothesis below, and also detailed in Table 8.

Hypothesis 1

Hypothesis 1 asserted that higher levels of mindfulness of the supervisor would be positively related to higher ratings of the facilitative conditions of the supervisory relationship (as perceived by both supervisor and supervisee). The initial, multivariate, multiple regression analyses demonstrated that supervisor mindfulness had a positive, significant, impact on supervisors' perceptions of the facilitative conditions of the supervisory relationship, $F(1, 70) = 5.771, p = .019$ but not the supervisee's perception of

the facilitative conditions of the supervisory relationship, $F(1, 70) = 1.479, p = .228$. As a follow-up, a standard regression analysis was performed between the mindfulness of the supervisor and the significant criterion variable, the facilitative conditions as rated by the supervisor. Regression analysis revealed that the model significantly predicted the facilitative conditions as rated by the supervisor, R^2 for the model was .076 and adjusted R^2 was .063. The standard error of estimate was .395 and the standardized regression coefficient (β) was .276.

These results indicate the Hypothesis 1 was only partially supported. The mindfulness of the supervisor was predictive of the facilitative conditions as rated by supervisors, but not as rated by supervisees. This information reveals that mindfulness levels of the supervisors are linked to their perception of the supervisory relationship; however, the mindfulness levels of the supervisor were not significantly linked to supervisees' perception of the supervisory relationship. Again, this contradicts previous supervision research which has linked supervisor characteristics with supervisee perceptions of the relationship (White & Queener, 2003).

Whereas this finding did not support previous supervision research, research in the field of mindfulness has linked the characteristic of counselor mindfulness with strengthened perception of relationships (Shapiro et al., 1998, 2007). Participants in previous studies who had enhanced levels of mindfulness rated higher scores for their relationship qualities and empathic abilities, both professionally and personally. Shapiro et al. (2007) examined the effects of a mindfulness based stress reduction program on master's level counseling psychology students ($n = 64$). Results suggested that the

intervention led to increased levels of mindfulness, as well as significant decreases in stress, negative affect, anxiety, and significant increases in positive affect, relationship quality, and self compassion. Shapiro et al. (1998) also examined the effects of a mindfulness based stress reduction program on premedical and medical students ($n = 78$). Results of their study suggested that the intervention led to reduced overall psychological distress (e.g., depression and anxiety) and increased overall empathy levels and reported relationship quality.

Therefore, the current study contributes to this body of knowledge in two ways. First, all studies were conducted with a non-clinical population, further confirming that mindfulness may enhance positive attributes and/or overall well-being in persons not currently seeking medical or mental health treatment. Second, results of the current study also support the previous evidence that increases in mindfulness may lead to enhanced quality of relationships. One major difference is that the current study is not an intervention study, but the researcher measured the mindfulness levels of supervisors at one point in time, and did not seek to increase mindfulness in any way. Results of the current study also indicate that supervisor mindfulness was not related to supervisee variables in any way. This finding suggests that there is no significant relationship between the characteristic of mindfulness of the supervisor and the supervisee variables, as expected.

Hypothesis 2

Hypothesis 2 asserted that higher levels of mindfulness as rated by the supervisor would be positively related to higher ratings of the working alliance of the supervisory

relationship (as perceived by both supervisor and supervisee). The initial, multivariate, multiple regression analyses demonstrated that supervisor mindfulness had a positive, significant impact on the supervisors' perceptions of the working alliance, $F(1, 70) = 11.625, p = .001$, but not the supervisees' perceptions of the working alliance, $F(1, 70) = .193, p = .662$. As a follow-up, a standard regression analysis was performed between the mindfulness reported by the supervisor and the significant criterion variable, the working alliance reported by the supervisor. Regression analysis revealed that the model significantly predicted the working alliance of the supervisor, R^2 for the model was .142 and adjusted R^2 was .130. The standard error of estimate was .480 and the standardized regression coefficient (β) was .377. Results are provided in Table 9.

These results indicate the Hypothesis 2 was only partially supported. The mindfulness of the supervisor was predictive of the working alliance as rated by the supervisors, but not as rated by supervisees. As in Hypothesis 1, this information reveals that mindfulness levels, self-reported, of the supervisor, were linked to their perceptions of the supervisory relationship, but this did not extend to the supervisees' perception of the working alliance. Again, this result contradicts previous supervision research which has linked supervisor characteristics with supervisee perceptions of the relationship (White & Queener, 2003). However, this finding also supports mindfulness research on higher reported relationship quality, as outlined in the studies above. In addition to facilitative conditions, working alliance provides another measure of the supervisory relationship. This finding further strengthens previous research which links higher levels of mindfulness with higher reported relationship quality (Shapiro et al., 1998, 2007).

Therefore, the combination of findings from hypothesis 1 and 2 indicate that higher levels of mindfulness is indeed indicative of higher ratings of relationship quality in the perception of the supervisor. Again, this impact did not have a significant effect on the supervisees' rating of the supervisory relationship.

In examining the findings from Hypotheses 1 and 2 on mindfulness and supervisory relationship, several possible explanations for the results emerge. First, these findings may reflect the nature of the supervision/clinical experience of the supervisor versus supervisee. The supervisor may be more naturally focused on relationship-building as an important element for supervision, whereas the supervisee may be overwhelmed, especially at the beginning, with details of the clinical site and client work. The relationship is a fundamental aspect that helps to facilitate the process, but both parties may have different perspectives on the emphasis they place on the supervisor rapport and other supervision relationship dynamics/variables. Developmental theory in the field of supervision posits that beginning supervisees' experiences are characterized by anxiety and the need for a high level of direction (Borders & Brown, 2005). They enter supervision looking for specific guidelines on how to conduct their counseling sessions. Just as they are novice counselors, they are novice supervisees. Perhaps they do not yet understand the role of supervision and the supervisory alliance in their overall development. Additionally, other factors (i.e., supervisee, client, or programmatic characteristics, external) may have had more of an impact on supervisees' perceptions of the relationship and session dynamics. Even if the supervisors' mindfulness plays a role in how the supervisor experiences supervision, it simply may not be a factor in the

supervisees' direct experience of the supervision experience. A third explanation is that the instruments utilized in this study to measure supervisory relationship were not reflective of the constructs impacted by mindfulness. Perhaps other relationship quality measures such as empathy or engagement would have been more appropriate, and yielded significant results from the supervisees' perspective. An important note, however, is that the Barrett Leonard Inventory contains one subscale that measures the construct of empathy. Due to the sample size and data analysis techniques in the current study, this subscale was not examined independently.

Hypothesis 3

Hypothesis 3 was designed to assess the strength and nature of the relationship between self-reports of supervisees' level of mindfulness and supervisees' self-efficacy. Hypothesis 3 asserted that the two variables would be significantly, positively related to one another. A linear regression analysis was conducted to assess this hypothesis. Consistent with the hypothesis, supervisees' level of mindfulness was a significant predictor of supervisees' self-efficacy, $F(1, 70) = 9.859, p = .002$. R^2 for the model was .142 and adjusted R^2 was .111; therefore, supervisee mindfulness accounted for 11.1% of the variance in supervisee self-efficacy ratings. The standard error of estimate was .942 and the standardized regression coefficient (β) was .351. Detailed results are provided in Table 13. Therefore, this hypothesis was fully supported.

This finding supports previous research studying master's level counseling interns and doctoral students at CACREP accredited programs ($n = 179$) (Greason & Cashwell, 2009). Greason and Cashwell (2009) was the first study to investigate mindfulness

directly, not a mindfulness based intervention, in a sample of counseling students.

Greason and Cashwell utilized the same inventories to measure mindfulness (FFMQ; Baer et al., 2006) and counselor self-efficacy (CASES; Lent et al., 2003) as the current study. Their results indicated that mindfulness scores significantly predicted self-efficacy, at $\beta = .34$ and accounted for 11% of the variance in the mean scores (adjusted $R^2 = .11$, $t = 4.88$, $p < .01$).

Counselor self-efficacy is the important link between formal education and successful application of counseling skills, the same link bridged and supported by supervision. Further, counselors with strong self-efficacy believe they are capable of executing skills necessary to succeed in counseling, despite challenges, and are more likely to persist in their education (Barnes, 2004). Finally, counselors with high levels of self-efficacy have been shown to successfully receive and incorporate feedback into their learning experiences, a crucial aspect of supervision (Larson, 1998). Results from Greason and Cashwell (2009) and the current study suggest that higher levels of mindfulness are linked positively to counselor self-efficacy. Specifically, higher levels of counselor mindfulness are predictive of greater self-efficacy. This is an important finding as self-efficacy is a crucial outcome variable of effective supervision as well as counselor training programs. In conclusion, two studies within mindfulness research have now demonstrated that mindfulness enhances self-efficacy. Finally, an increase in self-efficacy is also a well-studied outcome of successful supervision (Cashwell & Dooley, 2001; Ladany et al., 1999).

Hypothesis 4

Hypothesis 4 asserted that higher levels of mindfulness of supervisor would be positively related to increased session depth and decreased session smoothness as rated by the supervisor and supervisee. Results indicated that the mindfulness of the supervisor was a significant predictor of the session depth rating by the supervisor $F(1, 70) = 7.985$, $p = .006$ but not the session smoothness rating by the supervisor $F(1, 70) = .022$, $p = .883$, the session depth rating by the supervisee $F(1, 70) = .901$, $p = .346$, or the session smoothness rating by the supervisee $F(1, 70) = .049$, $p = .825$. Therefore the hypothesis was only partially supported.

As a follow-up, a standard regression analysis was performed between the mindfulness of the supervisors as rated by the supervisors and the significant criterion variable, the session depth as rated by the supervisors. Regression analysis revealed that the model significantly predicted the facilitative conditions reported by the supervisors, $F(1, 70) = 7.985$, $p = .006$. R^2 for the model was .102 and adjusted R^2 was .090; therefore, the mindfulness reported by the supervisor accounted for 10% of the variance in the session depth reported by the supervisor. The standard error of estimate was .791 and the standardized regression coefficient (β) was .320.

Session dynamics refer to the perceived impact of the supervision session. Specifically, the dynamics are a session's "immediate effects, including the participants' evaluations of the session and their post-session affective states" (Stiles & Snow, 1984, p. 3). Within the Session Evaluation Questionnaire (Stiles & Snow, 1984) there are two independent evaluative dimensions of participants' perceptions of their session: depth and

smoothness. The supervisors' perception of session depth in relationship to supervisor mindfulness was the only significant variable session dynamic in the current study. Depth refers to a "session's perceived power and value" (Stiles & Snow, 1984, p. 3). The researcher included this construct to measure the impact of mindfulness on a process, not outcome, component of supervision.

As this is the first study to look specifically at the relationship between mindfulness and supervision session dynamics, no comparison data exists to support or contrast this finding. Therefore, the current study represents a new field of research in the area of clinical supervision and counselor mindfulness. However, two studies examined the interaction between session dynamics and counselor variables.

First, Hill et al. (1988) studied the effects of counselor response modes in treatment on session outcome in a sample of 8 cases (124 sessions) of brief psychotherapy with experienced therapists and anxious/depressed clients. Responses were categorized by trained raters using the Therapist Intentions List (Hill & O'Grady, 1985) and session outcome using the Session Evaluation Questionnaire (Stiles & Snow, 1984), the same inventory used in the current study. Results indicated that therapist response modes were significantly related to session outcome, as reported by both counselor and client. Cases that were characterized by more interpretation (i.e., reflection of content, feeling, meaning) and less information were correlated with higher client ratings of depth. Examining this finding in light of the current study leads us to question whether the supervisors in this study with higher levels of mindfulness also were using more interpretation and less information, given the significant relationship with

supervisor ratings of session depth. The current study was not designed to answer this question, but examining the current findings with previous research findings adds another layer of complexity and meaning to the results.

Second, Tryon (1990) investigated the construct of client engagement in counseling and session impact in a sample of 209 college student clients and 10 counselors at a medium-sized private university counseling center. Counseling engagement was measured by the client rate of return to counseling and session impact by the Session Evaluation Questionnaire (Stiles & Snow, 1984), the same inventory used in the current study. Results indicated that counselors and clients both rated sessions with clients who later returned as deeper than those who did not $F [1, 237] = 33.88, p < .0001$ for counselor ratings and $F [1, 237] = 7.33, p < .008$ for client ratings. Essentially, session depth led to greater client engagement. Supervision is a mandatory process in which supervisees do not have the option of not returning. However, based on this study, the question remains, does session depth lead to greater engagement (as measured in other ways) for supervisors and supervisees? If session depth does lead to greater engagement, and supervisor mindfulness encourages session depth, then we may assume supervisor mindfulness plays a positive role in the supervision process. However, results from the current study do not necessarily support this assumption. Specifically, supervisor mindfulness did not relate to the constructs of session smoothness, supervisory focus, or any supervisee variables. Therefore, we are only able to assert that supervisor mindfulness is related to supervisor perception of session depth. On the other hand, perhaps other measures of supervisee engagement aside from those used in the current

study would yield more information about the role of supervisor mindfulness in this process.

Therefore, like supervisory relationship, the supervision constructs used in this study may not have fully captured the dynamic of mindfulness that occurs in the pair. Further, due to the sample size and number of variables, only the total score on the mindfulness inventories were utilized in analysis. The Five Facet Mindfulness Questionnaire (Baer et al., 2006, 2008) conceptualized mindfulness to include five distinct facets. Using the total score may not have fully captured the intricacy of the construct. If the facet scores had been used in the analysis, they may have yielded different significant results from the supervisor and supervisee. Previous research has indicated that certain facets, such as *observe* and *describe*, yielded significant results when analyzed in addition to the total score (Greason & Welfare, 2010, in press).

Hypothesis 5

Hypothesis 5 asserted that higher levels of mindfulness of the supervisor would be positively related to an increased focus during supervision on self-awareness, and a decreased focus on skills, conceptualization, and professionalism, as rated by the supervisor. To test this hypothesis, a Spearman correlation was conducted, examining the bivariate correlations between supervisor mindfulness and the four aspects of supervision focus. Scores on the SERF-R inventory were reversed scored for this analysis. Results revealed that the mindfulness of the supervisor was not significantly related to any of the supervisor variables. Results are provided in detail in Table 12. The hypothesis was not supported.

Supervision emphasis was chosen for inclusion in the current student to add a behavioral dimension to understanding the impact of mindfulness in supervision. There are no previous studies examining these two variables simultaneously. Supervision emphasis is based on the Discrimination Model (Bernard, 1979) that was originally developed as a teaching tool to understand more fully the supervisors' focus in a supervision session. The underlying assumption of the model is that the supervisor will tailor her response to the needs of the supervisee at that particular moment, taking into account many factors such as developmental level, personal preferences, theoretical orientation, client factors, and counselor factors (Borders & Brown, 2005). The goal of the current study was to understand if mindfulness was related to any of these roles in particular. A lack of significant findings may suggest that a mindful supervisor is responsive to the needs of the supervisee in the moment, which supports the underlying assumption of the Dimension Model. If this holds true, then one focus would not be significantly related to mindfulness, as mindful supervisors would have a variety of supervision foci, based on the supervisees' needs.

Limitations

Although these results provide valuable information regarding the relationship between mindfulness and a variety of supervision variables among master's level counseling students and their University supervisors, they must be viewed within the context of the limitations of the study.

The first limitation was the sampling technique of non-random, convenience sampling. This approach limits generalizability to a larger population. All data collectors

were connected to the researcher's university through alumni status, and therefore it is impossible to know the long-range implications of affiliation with the same university (e.g., future program choice) which would have an impact on the participants in the study. A small number of data collectors were professional colleagues. As the study was strictly voluntary, participants could choose not to participate or could discontinue participation at any point. There is no way to know if participants who chose to complete the study varied in any significant way from participants who chose not to complete the study (e.g., participants may have been more easily influenced by the data collectors or faculty in positions of power).

Second, the collection of dyadic data was a difficult task. The use of dyadic data requires both members of the dyad to complete the measures. Within the current study, twelve surveys were returned from only one member of the dyad, and, therefore, were ineligible for inclusion. The sample size was greatly restricted by the number of supervisors who were eligible to participate. Further, supervisor participants were required to be University supervisors (not site supervisors) which also limited the number of potential participants. This decision was made to increase the uniformity of the supervisor group, and reduce the amount of extraneous variables (i.e., training differences, supervision requirements, professional setting). If the research design had allowed the use of only supervisees, the sample size would have dramatically increased. Although dyadic data collection is the most appropriate technique for many research designs, future researchers must be aware of the difficulties inherent in this process.

Third, the data were all based on self-report, which may be negatively impacted by individual bias and subjective perception. Self-report data is largely influenced by the accuracy of participants' self-awareness.

Fourth, the response rate of 48% led to a smaller sample size ($n = 72$) than needed for strong power, which lessens the effectiveness of the primary data analysis techniques and results. Based on a post-hoc power analysis with the actual number of participants ($n = 72$), the power was 67%.

Fifth, this study provided a snapshot of the supervision experience rather than a longitudinal view. Surveying participants during one point-in-time introduces a wide variety of extraneous variables that cannot be controlled (e.g., point in the semester, recent client experiences, external life events). Information obtained for demographic data revealed that supervisees were primarily participating in their practicum experience (51.4%). Therefore, the supervisees would be at an earlier developmental stage, which has been associated with a greater need for direction from supervisor and higher levels of anxiety (Borders & Brown, 2005). A longitudinal research design may provide a more inclusive, accurate view of the semester-long supervision endeavor. Furthermore, longitudinal data will provide information about how mindfulness enhances the development of the supervisee over time; more specifically, does mindfulness impact supervision outcome variables such as skill development and self-efficacy?

Finally, a response set bias may have occurred due to participant fatigue, lack of engagement in study, or the number of inventories within the packet. The mean scores on all inventories were fairly high, which may be indicative of participants responding

positively to items across inventories, regardless of content. This may have also accounted for the lack of significant findings on the Pearson correlation analyses, as all responses were similar.

Implications

The current study contributed to the literature in several ways. First, the study applied the construct of mindfulness to a new setting: clinical supervision. To date, mindfulness had not been studied as an element within the supervision context. Although the two bodies of research were distinct, researchers had pointed indirectly to common elements between higher levels of mindfulness and effective supervision, such as strong working alliance and supervisory relationships, counselor self-efficacy, decreased levels of anxiety, the ability to sustain attention, and empathy (Daniels & Larson, 2001; Friedlander et al., 1986; Germer et al., 2005; Greason & Cashwell, 2009; Greason & Welfare, 2010, in press; Ladany et al., 1999). Both point to similar constructs that improve counselor development, counselor performance, and positive client outcomes. Therefore, this study bridged these two distinctive fields by examining the construct of mindfulness of supervisors and supervisees currently engaged in clinical supervision. Results from this study indicated that the supervisors' level of mindfulness did impact the supervisor ratings of facilitative conditions, working alliance, and session depth, but not the supervisee ratings. Further, supervisees' level of mindfulness was related to the strength of their self-efficacy. We know from supervision research that the supervisory relationship and supervisee self-efficacy are both important factors toward effective

supervision. Therefore, this study brings us one step closer to a better understanding of the factors or characteristics that play a role in supporting this process.

A second contribution of the current study is the use of the dyadic data analysis technique. Although collecting and pairing data from both supervisor and supervisee is an intrinsically difficult process, it is an important technique to utilize in supervision research given the complex nature of the supervision process. Dyadic data provided a more accurate representation of the dynamic nature of the supervision experience as both the perspectives of the supervisor and supervisee were collected and assessed. The richness of the information provided by this technique is important, despite the difficulties in the process. Specifically, in the current study, data from the supervisor and supervisee dyad were matched with one another, and entered together for analysis ($n = 1$). The researcher was then able to examine the constructs of mindfulness, supervisory relationship perceptions, and supervisory session dynamics of both members of the dyad when analyzing data. In interpreting and understanding the data, the researcher was then able to discuss which constructs were related to or predictive of other constructs, rather than ignoring one member of the dyad completely. Ultimately this approach provides researchers with a more complex picture of the interaction of the variables, helping us to understand the influence of supervisor and supervisee on one another. This study further supports the importance of using this technique in supervision research.

Third, previous mindfulness research primarily has been focused on the impact of mindfulness based intervention programs rather than directly examining mindfulness. This is partially due to the fact that a psychometrically sound instrument had not been

developed. Intervention based studies were also a natural extension of the studies which initially examined mindfulness training in clinical populations. However, new instruments (Baer et al., 2006, 2008) have allowed us to directly assess levels of mindfulness at a single point in time, and begin to establish empirical evidence on the relationship of mindfulness to other variables.

Finally, the primary reason to study clinical supervision is to help counselor educators improve the overall effectiveness of this critical piece of counselor training. As such, the primary implication for this type of study is to gain a greater understanding of effective elements of supervision, specifically the impact of mindfulness on the supervisory process. Mindfulness is a skill that can be learned and cultivated through training, as demonstrated by research over the past 30 years with clinical populations (Baer, 2003; Carmody, 2009; Germer et al., 2005) and more recently with non-clinical populations (Newsome et al., 2006; Schure et al., 2008; Shapiro et al., 1998, 2007). Therefore, one of the most important implications of this study was that higher levels of mindfulness of the supervisee predicted counselor self-efficacy, a finding which supports previous research (Greason & Cashwell, 2009). These findings strongly indicate that including mindfulness based training experiences in counselor education at the master's level could be an important element, not only for the benefits to self-care and overall well-being, but to training outcomes. Previous researchers (Schure et al., 2008) recommended a mindfulness based training program as a component to counselor training in order to provide the self-care skills necessary to succeed both in graduate school and then professionally as counselors. Therefore, results of this study combined

with previous research indicate this type of training program would be beneficial to new counselors. Although not directly tied to supervision, increased levels of counselor self-efficacy will most likely help a supervisee to have a more successful clinical experience.

Future Research

Although the current study provides initial insight into the role of mindfulness in clinical supervision, further research is necessary to explore this interaction. First, continued research is needed in the field of clinical supervision; specifically, what elements or characteristics of supervisor and supervisee contribute to a successful supervision experience. Outcome studies have established constructs that promote successful supervision, such as positive supervisory relationship and increased self-efficacy, but more research is needed to determine how we can promote these outcomes.

Many previous studies have supported the overall positive benefits of mindfulness training and skill (Brown et al., 2007; Germer et al., 2005), but the field of mindfulness research has recently expanded to counselors in training. Therefore, the second suggestion for future research is continued exploration of mindfulness with master's level counseling students, especially now that a psychometrically sound measure of the construct is available to assess mindfulness directly. This would allow researchers to establish baselines for comparisons of larger groups over time.

In the current study, the researcher was unable to explore the five subscales of mindfulness due to the limited sample size ($n = 72$) and number of predictor and criterion variables being assessed. As previous research has demonstrated, it may be important to examine each facet separately to gain a more complex understanding of mindfulness

among counseling students (Greason & Welfare, 2010, in press). A larger sample would allow for this more detailed analysis of mindfulness in which the various facets of mindfulness (e.g., observing) can be examined with the facets of other supervision variables (e.g., goals, tasks, bonds). Ultimately, a larger sample size with potentially fewer variables would allow a more in-depth examination into the role of mindfulness and key counseling variables. Descriptive data in the current study indicated that one subscale that may yield more in-depth information are *describing* and *nonjudging*, the two highest rated subscales by supervisor and supervisee.

In conclusion, this study offered an initial, exploratory view of the role of mindfulness on a variety of supervision variables that had never been analyzed together. As previous research had not been conducted on the combination of these variables, the initial analysis provides researchers with a starting point for which to direct further questions. Specifically, several key variables were significant (i.e., supervisor perceptions of relationship) whereas others demonstrated no relationship (i.e., supervisory focus). Therefore, future research may hone in on the significant variables by engaging in a more in-depth analysis with a larger population.

Conclusion

The purpose of the current study was to extend our knowledge of the construct of mindfulness to clinical supervision, learning more about the interaction of mindfulness and a variety of supervision variables. Furthermore, the researcher wanted to gain a greater understanding of the importance of supervisor characteristics on the supervisory experience. Correlational, survey methodology was utilized and a sample of 72

supervisor-supervisee dyads was obtained. Data analyses and results for each hypothesis were presented. First, supervisor mindfulness was found to be a significant, positive predictor of supervisors' perceptions of two aspects of the supervisory relationship (facilitative conditions and working alliance). Second, supervisors' self-reported mindfulness was found to be a significant, positive predictor of supervisors' perceptions of session depth. Supervisees' level of mindfulness was found to have no impact on supervision variables as rated by the supervisee of supervisory relationship and session dynamics. Third, supervisee self-reported mindfulness was found to be a significant, positive predictor of supervisee self-reported self-efficacy. Fourth, no relationship was found between supervisor mindfulness and supervision focus.

This study highlighted the importance of examining the construct of mindfulness within the setting of clinical supervision. Results from this study offered initial information on the possible interaction between mindfulness and a variety of supervision variables. Further, this added to the body of literature examining the impact of supervisor characteristics on the supervision process. The initial findings indicate the need for continued research in the areas of mindfulness and counselor training, the effectiveness of clinical supervision, and a combination of the two constructs. Data gleaned from this study may allow future researchers to be more focused when examining mindfulness on supervision variables of interest. Finally, this study helps to confirm the usefulness of dyadic data analysis within supervision research. Continued research is needed to investigate the relationship between mindfulness and clinical supervision. The current

study provides a starting point by suggesting that important interactions do exist among these constructs.

REFERENCES

- American Counseling Association (2005). *ACA Code of Ethics*. Alexandria, VA: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Astin, J. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control, and spiritual experiences. *Psychotherapy and Psychosomatics, 66*, 97-106.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.
- Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment, 11*, 191-206.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45.
- Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., . . . Williams, J. M. G. (2008). Construct validity of the Five Facet Mindfulness Questionnaire in meditating and nonmeditating samples. *Assessment, 15*(3), 329-342.
- Bahrack, A. S. (1989). Role induction for counselor trainees: Effects on the supervisory working alliance. *Unpublished doctoral dissertation*. Ohio State University.

- Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2006). Clinical supervision: Its influence on client-related working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research, 16*, 317-331.
- Bandura, A. (1977). Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.
- Bandura, A. (1986a). Fearful expectations and avoidant actions as coeffects of perceived self inefficacy. *American Psychologist, 41*, 1389-1391.
- Bandura, A. (1986b). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1988). Self-efficacy conception of anxiety. *Anxiety Research, 1*, 77-98.
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist, 44*, 1175-1184.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes, 50*, 248-287.
- Bandura, A. (1992). Exercise of personal agency through the self-efficacy mechanism. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 3-38). Washington, DC: Hemisphere.
- Banner, A. (2009). The effects of spirituality on anxiety and depression among breast cancer patients: The moderating effects of alexithymia and mindfulness. *Unpublished doctoral dissertation*. The University of North Carolina at Greensboro.

- Barbee, P. W., Scherer, D., & Combs, D.C. (2003). Prepracticum service-learning: Examining the relationship with counselor self-efficacy and anxiety. *Counselor Education and Supervision, 43*, 108-119.
- Barnes, K. L. (2004). Applying self-efficacy theory to counselor training and supervision: A comparison of two approaches. *Counselor Education and Supervision, 44*, 56-69.
- Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs, 76*(43); Whole No. 562.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*, 226-244.
- Beck, A., Steer, R., & Garbin, M. (1987). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.
- Bernard, J. M. (1979). Supervisory training: A discrimination model. *Counselor Education and Supervision, 19*, 60-68.
- Bernard, J. M. (1997). The discrimination model. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 310-327). New York: Wiley.
- Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision*. Boston, MA: Allyn & Bacon.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed). New Jersey: Pearson.

- Bhat, C. S., & Davis, T. E. (2007). Counseling supervisors' assessment of race, racial identity, and working alliance in supervisory dyads. *Journal of Multicultural Counseling and Development, 35*, 80-91.
- Borders, L. D. (1989). A pragmatic agenda for developmental supervision research. *Counselor Education and Supervision, 29*, 16-24.
- Borders, L. D. (2005). Snapshot of clinical supervision in counseling and counselor education: A five-year review. *The Clinical Supervisor, 24*, 69-113.
- Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision*. Mahwah, NJ: Lawrence Erlbaum.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy, 16*, 252-260.
- Bordin, E. S. (1980, June.) *Of human bonds that bind or free*. Presidential address at the meeting of the Society for Psychotherapy Research, Pacific Grove, CA.
- Bordin, E. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*(1), 35-42.
- Brown, S. D., & Lent, R. W. (Eds.). (2005). *Career development and counseling: Putting theory and research to work*. Hoboken, NJ: Wiley.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822-848.

- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutatory effects. *Psychological Inquiry, 18*, 211-237.
- Bryck, A. S., & Raudenbush, S. W. (1992). *Hierarchical linear models: Applications and data analysis methods*. Newbury Park, CA: Sage.
- Buchheld, N., Grossman, P., & Walach, H. (2001). Measuring mindfulness in insight meditation (Vipassana) and meditation-based psychotherapy: The development of the Freiburg Mindfulness Inventory (FMI). *Journal for Meditation and Meditation Research, 1*, 11-34.
- Burns, D., & Nolen-Hoeksema, S. (1992). Therapeutic empathy and recovery from depression in cognitive-behavioral therapy: A structural equation model. *Journal of Consulting and Clinical Psychology, 60*, 441-449.
- Butler, S. F., Henry, W. P., & Strupp, H. H. (1992) *Measuring adherence and skill in time-limited dynamic psychotherapy*. Unpublished manuscript, Vanderbilt University, Nashville, TN.
- Carifio, M. S., & Hess, A. K. (1987). Who is the idea supervision? *Professional Psychology: Research and Practice, 18*, 244-250.
- Carmody, J. (2009). Evolving conceptions of mindfulness in clinical settings. *Journal of Cognitive Psychotherapy: An International Quarterly, 23*, 270-280.
- Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness based relationship enhancement. *Behavior Therapy, 35*, 471-494.

- Cashwell, C. S., Bentley, D. P., & Bigbee, A. (2007). Spirituality and counselor wellness. *Journal of Humanistic Counseling, Education, and Development, 46*, 66-81.
- Cashwell, T. H., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *The Clinical Supervisor, 20*, 39-47.
- Chadwick, P., Hember, M., Mead, S., Lilley, B., & Dagnan, D. (2005). *Responding mindfully to unpleasant thoughts and images: Reliability and validity of the Mindfulness Questionnaire*. Unpublished manuscript.
- Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Individuality and Social Psychology, 58*, 644-663.
- Cutrona, C. E., & Russell, D.W. (1987). The provisions of social relationships and adaptations to stress. In W. H. Jones & D. Perlman (Eds.), *Advances in individual relationships* (Vol. 1, pp. 37-67). Greenwich, CT: JAI Press.
- Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision, 41*, 120-130.
- Delaney, D. J. (1972). A behavioral model for the practicum supervision of counselor candidates. *Counselor Education and Supervision, 12*, 46-50.
- Derogatis, L. R., Rickels, K., & Rock, A. F. (1976). The SCL-90 and the MMPI: A step in the validation of a new self-report scale. *British Journal of Psychiatry, 128*, 280-289.

- Dowling, T. H., & Frantz, T. T. (1975). The influence of facilitative relationship on imitative learning. *Journal of Counseling Psychology, 22*, 259-263.
- Duryee, J., Brymer, M., & Gold, K. (1996). The supervisory needs of neophyte psychotherapy interns. *Journal of Clinical Psychology, 52*, 663-671.
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*, 322-329.
- Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology, 32*, 307-322.
- Ellis, M. V., & Dell, D. M. (1986). Dimensionality of supervisor roles: Supervisors' perceptions of supervision. *Journal of Counseling Psychology, 33*, 282-291.
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency based approach*. Washington, DC: American Psychological Association.
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191.
- Feldman, G. C., Hayes, A. M., Kumar, S. M., & Greeson, J. M. (2004). *Development, factor structure, and initial validation of the Cognitive and Affective Mindfulness Scale*. Unpublished manuscript.
- Friedlander, M., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor trainees' self-statements, anxiety level, and performance. *Journal of Counseling Psychology, 33*, 73-77.

- Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory process: Testing a developmental model. *Counselor Education and Supervision*, 22, 342-348.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.
- Goleman, D. (2006). *Social intelligence: The new science of human relationships*. New York: Bantam.
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision*, 49, 2-19.
- Greason, P. B., & Welfare, L. E. (2010, in press). The impact of mindfulness and meditation practice on client perceptions of common therapeutic factors. *Journal of Humanistic Counseling, Education, and Development*.
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, 76, 332-338.
- Hatcher, R. L., & Gillaspay, J. A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research*, 16, 12-25.
- Hayes, S. C., Wilson, K. D., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional

- approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.
- Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (1999). *Research design in counseling* (2nd ed.). New York: Brooks/Cole Wadsworth.
- Hill, C. E., Helms, J. E., Tichenor, V., Spiegel, S. B., O'Grady, K. E., & Perry, E. S. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology, 33*, 222-233.
- Hill, C. E., & O'Grady, K. E. (1985). A list of therapist intentions: Illustrated in a single case and with therapists of varying theoretical orientations. *Journal of Counseling Psychology, 32*, 3-22.
- Holloway, E. L., & Neufeldt, S. A. (1995). Supervision: Its contribution to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63*, 207-213.
- Holloway, E. L., & Wampold, B. E. (1984, August). *Dimensions of satisfaction in the supervision interview*. Paper presented at the meeting of the American Psychological Association Convention, Toronto, Canada.
- Horvath, A. O., & Greenberg, L. S. (1986). The development of the Working Alliance Inventory. In L. S. Greenberg & W. M. Pinsoff (Eds.), *The psychotherapeutic process: A research handbook* (pp. 529-556). New York: Guilford Press.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*, 223-233.

- Hutt, D. H., Scott, J., & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, Research, and Practice*, 20, 118-123.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 3, 33-47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delta.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
- Kabat-Zinn, J. (2003). Mindfulness based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Kabat-Zinn, J. (2005). *Coming to our senses*. New York: Hyperion.
- Kabat-Zinn, J., Lipworth, L., & Burney, R., (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 8, 163-190.
- Kabat-Zinn, J., Massion, M. D., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., . . . Santorelli, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936-943.
- Kaplowitz, D. (1967). Teaching empathic responsiveness in the supervisory process of psychotherapy. *American Journal of Psychotherapy*, 4, 774-781.

- Kirschenbaum, H., & Jourdan, A. (2005). The current status of Carl Rogers and the person-centered approach. *Psychotherapy: Theory, Research, Practice, Training, 42*, 37-51.
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling and Development, 77*, 447-455.
- Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education and Supervision, 40*, 263-275.
- Lanning, W. L. (1986). Development of the Supervisor Emphasis Rating Form. *Counselor Education and Supervision, 25*, 191-196.
- Lanning, W., & Freeman, B. (1994). The Supervisor Emphasis Rating Form-Revised. *Counselor Education and Supervision, 33*, 294-304.
- Larson, L. M. (1998). The social cognitive model of counselor training. *The Counseling Psychologist, 26*, 219-273.
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology, 39*, 105-120.
- Leach, M. M., Stoltenberg, C. D., McNeill, B. W., & Eichenfield, G. A. (1997). Self-efficacy and counselor development: Testing the integrated developmental model. *Counselor Education and Supervision, 37*, 115-124.

- Lent, R. W., & Brown, S. D. (2006). On conceptualizing and assessing social cognitive constructs in career research: A measurement guide. *Journal of Career Assessment, 14*, 12-35.
- Lent, R. W., Hackett, G., & Brown, S. D. (1998). Extending social cognitive theory to counselor training: Problems and prospects. *The Counseling Psychologist, 26*, 295-306.
- Lent, R. W., Hill, C. E., & Hoffman, M. E. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology, 50*, 97-108.
- Lesser, E. (1999). *The seeker's guide: Making your life a spiritual adventure*. New York: Villard.
- Lykins, E., & Baer, R. A. (2009). Psychological functioning in a sample of long-term practitioners of mindfulness meditation. *Journal of Cognitive Psychotherapy: An International Quarterly, 23*, 226-241.
- Martin, D. J., Garske, J. P., & Davis, K. D. (2000). Relation of therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438-450.
- Matarazzo, R. G. (1978). Research on the teaching and learning of psychotherapeutic skills. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (pp. 941-966). New York: Wiley.

- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling and Development, 74*, 640-644.
- Morgan, D. L., & Krueger, R. A. (1998). *The Focus Group Kit* (Vols. 1-6). Thousand Oaks, CA: Sage.
- Nelson, G. L. (1978). Psychotherapy supervision from the trainee's point of view: a survey of preferences. *Professional Psychology, 9*, 539-550.
- Newsome, S., Christopher, J. C., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practices. *Teachers College Record, 108*, 1881-1900.
- Orlinsky, D. E., & Howard, K. I. (1978). The relation of process to outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (pp. 283-330). New York: Wiley.
- Parloff, M. B., Waskow, I. E., & Wolfe, B. E. (1978). Research on therapist variables in relation to process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (pp. 233-282). New York: Wiley.
- Patterson, C. H. (1983). Supervision in counseling: II. Contemporary models of supervision: A client-centered approach to supervision. *The Counseling Psychologist, 11*(1), 21-25.

- Patton, M. J., & Kivlighan, D. M. (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology, 44*, 108-115.
- Pierce, R. M., & Schauble, P. G. (1970). Graduate training of facilitative counselors: The effects of individual supervision. *Journal of Counseling Psychology, 17*, 210-215.
- Renfro-Michel, E. L., & Sheperis, C. J. (2009). The relationship between counseling supervisee attachment orientation and perceived bond with supervisor. *The Clinical Supervisor, 28*, 141-154.
- Reynolds, S., Stiles, W. B., Barkham, M., Shapiro, D. A., Hardy, G. E., & Rees, A. (1996). Acceleration of changes in session impact during contrasting time-limited psychotherapies. *Journal of Consulting and Clinical Psychology, 64*, 577-586.
- Rice, L. N. (1980). A client-centered approach to the supervision of psychotherapy. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research and practice* (pp. 136-147). New York: John Wiley.
- Rogers, C. R. (1942). The use of electrically recorded interviews in improving psychotherapeutic techniques. *American Journal of Orthopsychiatry, 12*, 429-434.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.
- Schacht, A. J., Howe, H. E., & Berman, J. J. (1988). A short form of the Barrett-Lennard Relationship Inventory for supervisory relationships. *Psychological Reports, 63*, 699-706.

- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling and Development, 86*, 47-86.
- Scott, A., & Freeman, P. (1992). Edinburg Primary Care Depression Study: Treatment outcome, patient satisfaction, and cost after 16 weeks. *BMJ, 304*, 883-887.
- Seagal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*, 105-115.
- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*, 373-386.
- Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21*, 581-599.
- Shapiro, S., Shapiro, D., & Schwartz, G. (2000). Stress management in medical education: A review of the literature. *Academic Medicine, 75*, 748-749.

- Skovholt, T. M., & Ronnestad, M. H. (1992a). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*, 505-515.
- Skovholt, T. M., & Ronnestad, M. H. (1992b). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester, England: Wiley.
- Smith, G. T., Fischer, S., & Fister, S. M. (2003). Incremental validity principles in test construction. *Psychological Assessment, 15*, 467-477.
- Spielberger, C. D. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Spielberger, C. D., Gorusch, R. I., & Lushene, R. E. (1970). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- SPSS for Windows, Rel. 16.0.1. (2009). Chicago: SPSS Inc.
- Stiles, W. B., Gordon, L. E., & Lani, J. A. (2002). Session evaluation and the Session Evaluation Questionnaire. In G. S. Tryon (Ed.), *Counseling based on process research: Applying what we know* (pp. 325-343). Boston, MA: Allyn & Bacon.
- Stiles, W. B., & Snow, J. S. (1984). Counseling session impact as viewed by novice counselors and their clients. *Journal of Counseling Psychology, 31*, 3-12.
- Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*, 59-65.
- Stoltenberg, C., & Delworth, U. (1987). *Supervising counselors and therapists*. San Francisco: Jossey-Bass.
- Strupp, H. H., & Binder, J. L. (1984). *Psychotherapy in a new key: A guide to time-limited dynamic psychotherapy*. New York: Basic Books.

- Strupp, H. H., Wallach, M. S., & Wogan, M. (1964). Psychotherapy experience in retrospect: Questionnaire survey of former patients and their therapists. *Psychological Monographs, 78*; Whole No. 588.
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*, 207-210.
- Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy: Training and practice*. New York: Aldine.
- Tryon, G. S. (1990). Session depth and smoothness in relation to the concept of engagement in counseling. *Journal of Counseling Psychology, 37*, 248-253.
- White, V. E., & Queener, J. (2003). Supervisor and supervisee attachment and social provisions related to the supervisory working alliance. *Counselor Education and Supervision, 42*, 203-218.

APPENDIX A**IRB APPROVAL**

From: IRB <irbcorre@uncg.edu>
Date: Thu, May 13, 2010 at 10:06 AM
Subject: IRB Notice
To: borders@uncg.edu
Cc: llwyat@gmail.com, cifarrio@uncg.edu, irbcorre@uncg.edu

To: Leslie Borders

Counsel and Ed Development
226 Curry Building

From: UNCG IRB

Date: 5/13/2010

RE: Notice of IRB Exemption
Exemption Category: 1.Educational setting, 2.Survey, interview, public observation
Study #: 10-0191
Study Title: The Impact of Mindfulness on a Range of Supervision Variables

This submission has been reviewed by the above IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

Study Description:

The purpose of this study is to gather information about the relationship between the characteristics of mindfulness and a range of variables within counseling supervision.

Investigator's Responsibilities

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. The IRB will maintain records for this study for three years from the date of the original determination of exempt status.

CC: Laura Wyatt, Chris Farrior, (ORED), Non-IRB Review Contact, (ORC), Non-IRB Review Contact

APPENDIX B
RECRUITMENT EMAIL

Script for Recruitment: Counseling and Educational Development Department (via email)

Dear Counseling Supervisor:

I am inviting ALL supervisors in the Department of Counseling and Educational Development to participate in my dissertation research project. The purpose of this research project is to gain an increased understanding of how the characteristic of *mindfulness* impacts clinical supervision. Specifically, I am interested in how mindfulness of both the supervisor and supervisee contributes to the overall supervision experience. This study has been approved by the Institutional Review Board at the University of North Carolina at Greensboro.

Your participation involves two steps. First, you will complete a survey packet which takes approximately 15-25 minutes. Second, you will distribute a similar survey packet to the supervisee with whom you most recently worked. Both supervisor and supervisee may return the survey packets to the student researcher's mailbox (independently). The surveys will contain a random code to match the supervisor and supervisee, but no identifying information will be collected. Survey responses remain anonymous.

As incentive for participation, \$1.00 will be attached to all survey packets.

Please let me know of your interest in participating by responding to this email. If you are willing to participate, I will distribute the survey packets in your group supervision course or by placing it in your student mailbox. Thank you for your consideration and time. I am greatly appreciative!

Thank you,

Laura Wyatt
llwyatt@uncg.edu
336-337-0094

Script for Recruitment: Other CACREP-accredited programs (via email)

Dear Faculty Member:

Hello! I hope this email finds you well!

I am writing to request your help in completing my dissertation research study. The purpose of this research project is to gain an increased understanding of how the characteristic of *mindfulness* impacts clinical supervision. Specifically, I am interested in how mindfulness of both the supervisor and supervisee contributes to the overall supervision experience. This study has been approved by the Institutional Review Board at the University of North Carolina at Greensboro.

Participants in this study are master's level counseling students (practicum and/or internship) and their University supervisors (either doctoral students or faculty members). Your participation will be as a data collector within your program. Specifically, your participation involves two steps. First, I ask that you distribute survey packets to the University supervisors. These survey packets contain detailed instructions for completion of the research study. Second, I ask that you collect the completed packets and mailing them back to me using a pre-stamped, self-addressed envelope.

Completion of a survey packet takes approximately 15-25 minutes. The surveys will contain a random code to match the supervisor and supervisee, but no identifying information will be collected. Survey responses remain anonymous.

As incentive for participation, \$1.00 will be attached to all survey packets. As an incentive for your participation, a \$10.00 gift card to Target will be provided.

Please let me know of your interest in serving as a data collector by responding to this email. Please also indicate the approximate number of University supervisors you anticipate recruiting this semester so I will know how many to mail you. If you are willing to participate, I will mail you all of the survey materials and detailed instructions. Thank you for your consideration and time. I am greatly appreciative!

Thank you,

Laura Wyatt
llwyatt@uncg.edu
336-337-0094

APPENDIX C

DATA COLLECTOR COVER LETTER

Dear Faculty Member (name):

Thank you for your willingness to serve as a data collector for my dissertation research! This research project is being directed by Dr. DiAnne Borders and has been approved The Institutional Review Board at the University of North Carolina at Greensboro.

Participants in this study are master's level counseling students (in either practicum or internship) and their University supervisors (doctoral students or faculty members). The complete dyad of both supervisor and supervisee are needed for this study.

As data collector, your responsibility is to distribute and collect survey packets at your University. This packet of information includes (number) of supervisor-supervisee survey packets. Each of these packets includes 1) an informed consent documents, 2) a cover letter detailing instructions, and 3) the inventories. No identifying information will be collected and therefore all responses are anonymous. Please also find a pre-stamped, self-addressed envelope for return to me by (date).

As an incentive for your participation, please find enclosed a \$10.00 gift card to Target. One dollar is attached to each of the supervisor and supervisee survey packets as an incentive for their participation.

Please find procedural instructions here:

- 1. Please distribute these packets to University supervisors. Their packet will include detailed instructions for completion of the study. The University supervisors will be responsible for distributing the supervisee packet.**
- 2. In order to qualify for this study, the supervisor-supervisee dyad must have met a minimum of 3 times individually.**
- 3. To ensure that the supervisee complete the survey packet, please encourage supervisors to complete the packets during an allotted supervision or class time.**
- 4. The supervisor is instructed have both their own packet and the supervisee packet completed within 48 hours.**
- 5. Please return all materials to me in the pre-stamped, self-addressed envelope enclosed by (date) in order for the data to be used in the study.**
- 6. Please verbally encourage the participants to complete the study (ex. "Although the study is voluntary, we would appreciate your participation).**

If you have questions now or at any time during the study you can contact Laura Wyatt at llwyatt@uncg.edu or (336) 337-0094.

Thank you for your time and participation!

Laura L. Wyatt
Doctoral Student
Department of Counseling & Educational Development

APPENDIX D
SURVEY PACKET COVER LETTERS

Dear Counseling Supervisor:

You are invited to participate in a study conducted by Laura Wyatt and Dr. L. DiAnne Borders. This study constitutes research and have been approved The Institutional Review Board at the University of North Carolina at Greensboro.

This packet includes three documents: 1) an informed consent form, 2) survey instruments, and 3) a similar survey packet for your supervisee. Once completed, please return the survey packet to the faculty member who distributed this survey (insert name here). Please keep one consent form for your records and return the other consent form to the faculty member (name). No identifying information will be collected and therefore your responses are anonymous. As incentive for participation, please find \$1.00 attached to this survey packet.

Please distribute the supervisee survey packet to the supervisee with whom you most recently met. His/Her cover letter will include instructions for participating in the study.

If you have questions now or at any time during the study you can contact Laura Wyatt at llwyatt@uncg.edu or (336) 337-0094 or Dr. DiAnne Borders at borders@uncg.edu or (336) 334-3425.

Thank you for your time and participation!

Laura L. Wyatt
Doctoral Student
Department of Counseling & Educational Development

Dear Counseling Supervisee:

You are invited to participate in a study conducted by Laura Wyatt and Dr. L. DiAnne Borders. This study constitutes research and have been approved The Institutional Review Board at the University of North Carolina at Greensboro.

You have been selected for participation because you are currently receiving counseling supervision from a university supervisor. Enclosed in this packet is an Informed Consent form which includes more information about the study. If you choose to give consent, please keep the form for your records/keep a copy of the form for your records. Next, please complete a series of paper and pencil measures that will take approximately 15-25 minutes. Once completed, please return the survey packet to the faculty member who distributed this survey (insert name here). Please keep one consent form for your records and return the other consent form to the faculty member (name). She/he will be responsible for returning all data to me. No identifying information will be collected and therefore your responses are anonymous.

As incentive for participation, please find \$1.00 attached to this survey packet.

If you have questions now or at any time during the study you can contact Laura Wyatt at llwyatt@uncg.edu or (336) 337-0094 or Dr. DiAnne Borders at borders@uncg.edu or (336) 334-3425.

Thank you for your time and participation! We greatly appreciate it!

Thank you,
Laura L. Wyatt
Doctoral Student
Department of Counseling & Educational Development

APPENDIX E**INFORMED CONSENT****UNIVERSITY OF NORTH CAROLINA AT GREENSBORO**
CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM**Project Title: The Role of Mindfulness in Clinical Supervision****Project Director: L. DiAnne Borders, Ph.D.****Participants Printed Name: _____****What is the study about?**

This is a research project. Within the field of counselor education, clinical supervision is the cornerstone of successful counselor training, as students translate classroom knowledge into practice. Therefore, counselor educators strive to create the most effective and productive supervision experience possible for the student. The goal of this study is to gain an increased understanding of how the characteristic of mindfulness impacts clinical supervision.

Why are you asking me?

We invite you to participate in this study to help us provide information to counselor educators and counseling students regarding interaction between mindfulness and relevant supervision variables, as well as the role of mindfulness in the supervision context. You have been selected for this survey based on your current participation in supervision this semester.

What will you ask me to do if I agree to be in the study?

This survey will take approximately 15-25 minutes to complete. You can decide to not participate at any time. If you feel discomfort at any time, feel free to stop taking the survey.

Are there any benefits to me for taking part in this research study?

As an incentive for participation in this study, you will find \$1.00 attached to your survey instruments. Additionally, there are potential benefits to counselor education and the field of clinical supervision as this study will lead to increased information for the educational community of counselors and counselor educators.

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. Questions regarding your rights as a participant in this project can be answered by calling Mr. Eric Allen at (336) 256-1482.

Questions regarding the research itself can be answered by Dr. DiAnne Borders by calling (336) 334-3427.

The current study is voluntary and your responses will not be identifiable or connected to you in any way. Identifying information will in no way be connected to your completed survey. This Informed Consent will be returned separately from the completed surveys. Accordingly, there are no risks to your participation in this research study.

How will you keep my information confidential?

The survey packets will be coded with a random number. No identifying information will be collected. Therefore, there will be no identifying information associated with your responses. All information obtained in this study is strictly confidential unless disclosure is required by law.

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 have read it, or that it has been read to you and you fully understand the contents of this document and are openly willing to consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by the researcher.

By signing this form, you are agreeing to participate in this project. Sign one copy and return with your survey packet and keep the other for your records.

Participants Signature

Date

APPENDIX F

SUPERVISOR INVENTORIES

Instructions: Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

- | | 1 | 2 | 3 | 4 | 5 |
|-----|--|-------------|----------------|------------|---------------------------|
| | Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
| ___ | 1. When I'm walking, I deliberately notice the sensations of my body moving. | | | | |
| ___ | 2. I'm good at finding words to describe my feelings. | | | | |
| ___ | 3. I criticize myself for having irrational or inappropriate emotions. | | | | |
| ___ | 4. I perceive my feelings and emotions without having to react to them. | | | | |
| ___ | 5. When I do things, my mind wanders off and I'm easily distracted. | | | | |
| ___ | 6. When I take a shower or bath, I stay alert to the sensations of water on my body. | | | | |
| ___ | 7. I can easily put my beliefs, opinions, and expectations into words. | | | | |
| ___ | 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted. | | | | |
| ___ | 9. I watch my feelings without getting lost in them. | | | | |
| ___ | 10. I tell myself I shouldn't be feeling the way I'm feeling. | | | | |
| ___ | 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions. | | | | |
| ___ | 12. It's hard for me to find the words to describe what I'm thinking. | | | | |
| ___ | 13. I am easily distracted. | | | | |

- | 1 | 2 | 3 | 4 | 5 |
|---------------------------|-------------|----------------|------------|---------------------------|
| Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
-
- ___ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
- ___ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
- ___ 16. I have trouble thinking of the right words to express how I feel about things.
- ___ 17. I make judgments about whether my thoughts are good or bad.
- ___ 18. I find it difficult to stay focused on what's happening in the present.
- ___ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
- ___ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
- ___ 21. In difficult situations, I can pause without immediately reacting.
- ___ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
- ___ 23. It seems I am "running on automatic" without much awareness of what I'm doing.
- ___ 24. When I have distressing thoughts or images, I can feel calm soon after.
- ___ 25. I tell myself that I shouldn't be thinking the way I'm thinking.
- ___ 26. I notice the smells and aromas of things.
- ___ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.
- ___ 28. I rush through activities without being really attentive to them.
- ___ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

- | | | | | |
|---------------------------|-------------|----------------|------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
- ___ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- ___ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- ___ 32. My natural tendency is to put my experiences into words.
- ___ 33. When I have distressing thoughts or images, I just notice them and let them go.
- ___ 34. I do jobs or tasks automatically without being aware of what I'm doing.
- ___ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending on what the thought/image is about.
- ___ 36. I pay attention to how my emotions affect my thoughts and behaviors.
- ___ 37. I can usually describe how I feel at the moment in considerable detail.
- ___ 38. I find myself doing things without paying attention.
- ___ 39. I disapprove of myself when I have irrational ideas.
- Instructions:** The following five questions are directly related to your experience in supervision, and will be answered using the same scale as above.
- ___ 40. During supervision sessions, I am able to find words to describe what I am thinking and feeling.
- ___ 41. During supervision sessions, I pay attention to how my feelings affect my thoughts and behavior.
- ___ 42. My responses during supervision sessions are intentional.
- ___ 43. I am able to monitor my feelings during supervision sessions without labeling them as good or bad.

1	2	3	4	5
Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true

___ 44. When I have a distressing thought during supervision sessions, I am able to “step back” and maintain my professional stance toward the supervisee.

Instructions: On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisee. As you read the sentences, mentally insert the name of your supervisee in place of _____ in the text. Beside each statement there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you always feel (or think), circle the number “7”; if it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

- ___ 1. I feel comfortable with _____.
- ___ 2. _____ and I agree about the things he/she needs to do in supervision.
- ___ 3. I have some concerns about the outcome of our supervision sessions.
- ___ 4. _____ and I both feel confident about the usefulness of our current activity in supervision.
- ___ 5. _____ and I have a common perception of her/his goals in supervision.
- ___ 6. I feel I really understand _____.
- ___ 7. _____ finds what we are doing in supervision confusing.
- ___ 8. I believe _____ likes me.
- ___ 9. I sense a need to clarify the purpose of our supervision sessions for _____.
- ___ 10. I have some disagreements with _____ about the goals of these sessions.

- | | | | | | | |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
- ___ 11. I believe the time _____ and I are spending together is not spent efficiently.
- ___ 12. I have doubts about what we are trying to accomplish in supervision.
- ___ 13. I am clear and explicit about what _____'s responsibilities are in supervision.
- ___ 14. The current goals of these sessions are important for _____.
- ___ 15. I find what _____ and I are doing in supervision is unrelated to his/her concerns.
- ___ 16. I feel that what _____ and I are doing supervision will help him/her to accomplish the changes needed for him/her to be a more effective counselor.
- ___ 17. I am genuinely concerned for _____'s welfare.
- ___ 18. I am clear as to what I expect _____ to do in our supervision sessions.
- ___ 19. _____ and I respect each other.
- ___ 20. I feel that I am not totally honest about my feelings toward _____.
- ___ 21. I am confident in my ability to supervise _____.
- ___ 22. _____ and I are working towards mutually agreed upon goals.
- ___ 23. I appreciate _____ as a person.
- ___ 24. We agree on what is important for _____ to work on.
- ___ 25. As a result of our supervision sessions, _____ is clearer as to how to improve his/her counseling skills.
- ___ 26. _____ and I have built a mutual trust.
- ___ 27. _____ and I have different ideas about what he/she needs to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

- ___ 28. Our relationship is important to _____.
- ___ 29. _____ has some fears that if she/he says or does the wrong things that I will disapprove.
- ___ 30. _____ and I collaborated on setting goals for our supervision sessions.
- ___ 31. _____ is frustrated by what I am asking her/him to do in supervision.
- ___ 32. We have established a good understanding of the kinds of things _____ needs to work on.
- ___ 33. The things that we are doing in supervision doesn't make much sense to _____.
- ___ 34. _____ doesn't know what to expect as a result of supervision.
- ___ 35. _____ believes that the way we are working with his/her issues is correct.
- ___ 36. I respect _____ even when he/she does things that I don't approve of.

Instructions: Please use your most recent supervision session to respond to these questions. Please circle the appropriate number to show how you feel about this session.

This session was:

bad	1	2	3	4	5	6	7	good
difficult	1	2	3	4	5	6	7	easy
valuable	1	2	3	4	5	6	7	worthless
shallow	1	2	3	4	5	6	7	deep
relaxed	1	2	3	4	5	6	7	tense
unpleasant	1	2	3	4	5	6	7	pleasant
full	1	2	3	4	5	6	7	empty
weak	1	2	3	4	5	6	7	powerful
special	1	2	3	4	5	6	7	ordinary
rough	1	2	3	4	5	6	7	smooth
comfortable	1	2	3	4	5	6	7	uncomfortable

Instructions: Please rate on the following scales your experience of supervision and your supervisor. The letter “S” stands for “Supervisee.”

- | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------------------|---------------------------|--|--|-----------------------|--------------------------------|
| I strongly
feel it is
not true. | I feel it is
not true. | I feel it is
probably
untrue; more
untrue than
true. | I feel it is
probably
true; more
true than
untrue. | I feel it is
true. | I strongly
feel it is true. |
-
- ___ 1. S. respects me.
- ___ 2. S. understands my words but not the way I feel.
- ___ 3. S. pretends that s/he likes me or understands me more than s/he really does.
- ___ 4. S. prefers to talk only about me and not at all about him/her.
- ___ 5. S. likes seeing me.
- ___ 6. S. is interested in knowing what my experiences mean to me.
- ___ 7. S. is disturbed whenever I talk about or ask about certain things.
- ___ 8. If I feel negatively towards S. s/he responds negatively to me.
- ___ 9. S. appreciates me.
- ___ 10. Sometimes S. thinks that I feel a certain way, because s/he felt that way.
- ___ 11. S. behaved just the way s/he is, in our relationships.
- ___ 12. S. freely tells me his/her own thoughts and feelings, when I want to know them.
- ___ 13. S. cares about me.
- ___ 14. S.’s own attitudes toward some of the things I said, or did, stops him/her from really understanding me.
- ___ 15. I do not think that S. hides anything from him/herself that s/he felt with me.

1	2	3	4	5	6
I strongly feel it is not true.	I feel it is not true.	I feel it is probably untrue; more untrue than true.	I feel it is probably true; more true than untrue.	I feel it is true.	I strongly feel it is true.

- ___ 16. Sometimes S. is warmly responsive to me, at other times cold or disapproving.
- ___ 17. S. is interested in me.
- ___ 18. S. appreciates what my experiences feel like to me.
- ___ 19. I feel that I can trust S. to be honest with me.
- ___ 20. S. adopted a professional role that makes it hard for me to know what s/he is like as a person.
- ___ 21. S. does not really care what happens to me.
- ___ 22. S. does not realize how strongly I feel about some of the things we discuss.
- ___ 23. There are times when I feel that S.'s outward response is quite different from his/her inner reaction to me.
- ___ 24. Depending on his/her mood, S. sometimes responds to me with quite a lot more warmth and interest than s/he does at other times.
- ___ 25. S. seems to really value me.
- ___ 26. S. responds to me mechanically.
- ___ 27. I don't think that S. is being honest with him/herself about the way s/he feels about me.
- ___ 28. S. wants to say as little as possible about his/her own thoughts and feelings.
- ___ 29. S. feels deep affection for me.
- ___ 30. S. usually understands all of what I say to him/her.
- ___ 31. Sometimes S. is not at all comfortable but we go on, outwardly ignoring it.

1	2	3	4	5	6
I strongly feel it is not true.	I feel it is not true.	I feel it is probably untrue; more untrue than true.	I feel it is probably true; more true than untrue.	I feel it is true.	I strongly feel it is true.

- ___ 32. S.'s general feelings towards me varies considerably.
- ___ 33. S. regards me as a disagreeable person.
- ___ 34. When I do not say what I mean at all clearly, S. still understands me.
- ___ 35. I feel that S. is being genuine with me.
- ___ 36. S.'s own feelings and thoughts are always available to me, but never imposed on me.
- ___ 37. At times, S. feels contempt for me.
- ___ 38. Sometimes S. responds quite positively to me, at other times s/he seemed indifferent.
- ___ 39. S. does not try to mislead me about his/her own thoughts or feelings.
- ___ 40. S. can be deeply and fully aware of my most painful feelings without being distressed or burdened by them him/herself.

Instructions: A number of competencies that many supervisors consider important for counselors to demonstrate in practicum are listed below. Competencies are listed in sets of four. You are requested to rank order the competencies in each set from 1 to 4 in terms of how likely you are to emphasize each in supervision with this supervisee. Within each set, please rank the one you would most likely emphasize as "1" and the one you would least likely emphasize as "4". Please rank all the competences within all sets.

- Set 1. ___ A. The counselor maintains appropriate conduct in personal relationships with clients.
- ___ B. The counselor uses appropriate reflection of feeling with a client.
- ___ C. The counselor maintains a non-judgmental attitude despite value differences with a client.
- ___ D. The counselor is able to prioritize client problems.

- Set 2. ___ A. The counselor is knowledgeable about ethical codes of behavior.
 ___ B. The counselor is able to identify client themes.
 ___ C. The counselor recognized his/her personal limitations and strengths.
 ___ D. The counselor demonstrates the use of open-ended questions.

- Set 3. ___ A. The counselor is aware of socio-economic and/or cultural factors that may influence the counseling session.
 ___ B. The counselor uses open-ended questions and allows the client maximum freedom of expression.
 ___ C. The counselor is aware of his/her own needs and conflicts.
 ___ D. The counselor keeps appointments with clients.

- Set 4. ___ A. The counselor makes appropriate use of additional information obtained from other professional sources.
 ___ B. The counselor is able to risk self in counseling with a client.
 ___ C. The counselor communicates his/her sincerity and genuineness to the client.
 ___ D. The counselor maintains confidentiality of client information.

- Set 5. ___ A. The counselor is aware of the effects of his/her own anxiety in the counseling process.
 ___ B. The counselor engages in appropriate confrontation with the client.
 ___ C. The counselor recognizes when he/she needs consultative help from another professional.
 ___ D. The counselor is able to set attainable goals in line with client readiness.

- Set 6. ___ A. The counselor shows a commitment to personal growth.
 ___ B. The counselor prepares clients for termination.
 ___ C. The counselor responds to client non-verbal behavior.
 ___ D. The counselor understands how people are the same even though they may be worked with differently.

- Set 7. A. The counselor is able to develop short and long term goals with a client.
 B. The counselor allows him/herself the freedom to be wrong in the counseling session.
 C. The counselor communicates his/her respect and positive regard to the client.
 D. The counselor actively participates in professional organizations.

- Set 8. A. The counselor formulates specific plans and strategies for client behavior change.
 B. The counselor makes appropriate referrals of clients.
 C. The counselor is able to keep personal problems out of the counseling session.
 D. The counselor accurately reflects the content of a client's speech.

- Set 9. A. The counselor is able to manage a strong expression of client's feelings.
 B. The counselor is on time for client appointments.
 C. The counselor receives feedback in a non-defensive fashion.
 D. The counselor is aware of the client's potential for successful counseling progress.

- Set 10. A. The counselor recognizes when a client needs help in continuing to cope.
 B. The counselor takes advantage of opportunities for additional training.
 C. The counselor is able to identify and manage personal feelings that are generated in counseling.
 D. The counselor maintains a receptive and appropriate posture during the session.

- Set 11. A. The counselor recognizes and admits when he/she enters into a "power struggle" with the client.
 B. The counselor appropriately summarizes client statements.
 C. The counselor dresses appropriately.
 D. The counselor conceptualizes a client accurately within a theoretical frame of reference.

- Set 12. A. The counselor identifies the need for and uses immediacy appropriately.
 B. The counselor engages in adequate note-keeping on clients.
 C. The counselor is able to choose and apply techniques appropriately.
 D. The counselor is able to tolerate ambiguity in the counseling sessions.

- Set 13. A. The counselor maintains appropriate relationships with professional colleagues.
 B. The counselor is able to interpret client behaviors within a coherent theoretical framework.
 C. The counselor can effectively manage his/her frustration with lack of progress with clients.
 D. The counselor engages in appropriate non-verbal expressions.

- Set 14. A. The counselor exhibits appropriate eye contact.
 B. The counselor understands which techniques are compatible and consistent with his/her stated theoretical model.
 C. The counselor is aware of his/her personal needs for approval from the client.
 D. The counselor engages in adequate preparation for counseling sessions.

- Set 15. A. The counselor is aware of how his/her attraction to the client is affecting the counseling process.
 B. The counselor maintains her/his office neatly and orderly.
 C. The counselor reinforces appropriate client behavior.
 D. The counselor is able to predict the effects on a client of the techniques applied in counseling.

Demographics:

1. What is your age: _____
2. What is your sex: __Male __Female
3. What clinical experience are you providing/receiving supervision?
 Practicum
 Internship
 Other _____
4. What is your current status?
 First Year Masters
 Second Year Masters
 Doctorate Student, Year _____
 Faculty Member
 Other (please write out) _____
5. I engage in mindfulness practice: _____ Yes _____No
6. I work to intentionally develop my mindfulness skills: _____ Yes _____No
7. My training program encourages mindfulness in counseling: _____ Yes _____No

APPENDIX G

SUPERVISEE INVENTORIES

Instructions: Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

- | | 1 | 2 | 3 | 4 | 5 |
|---------|---|-------------|----------------|------------|---------------------------|
| | Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
| ___ 1. | When I'm walking, I deliberately notice the sensations of my body moving. | | | | |
| ___ 2. | I'm good at finding words to describe my feelings. | | | | |
| ___ 3. | I criticize myself for having irrational or inappropriate emotions. | | | | |
| ___ 4. | I perceive my feelings and emotions without having to react to them. | | | | |
| ___ 5. | When I do things, my mind wanders off and I'm easily distracted. | | | | |
| ___ 6. | When I take a shower or bath, I stay alert to the sensations of water on my body. | | | | |
| ___ 7. | I can easily put my beliefs, opinions, and expectations into words. | | | | |
| ___ 8. | I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted. | | | | |
| ___ 9. | I watch my feelings without getting lost in them. | | | | |
| ___ 10. | I tell myself I shouldn't be feeling the way I'm feeling. | | | | |
| ___ 11. | I notice how foods and drinks affect my thoughts, bodily sensations, and emotions. | | | | |
| ___ 12. | It's hard for me to find the words to describe what I'm thinking. | | | | |
| ___ 13. | I am easily distracted. | | | | |

- | | 1 | 2 | 3 | 4 | 5 |
|---------|--|-------------|----------------|------------|---------------------------|
| | Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
| ___ 14. | I believe some of my thoughts are abnormal or bad and I shouldn't think that way. | | | | |
| ___ 15. | I pay attention to sensations, such as the wind in my hair or sun on my face. | | | | |
| ___ 16. | I have trouble thinking of the right words to express how I feel about things. | | | | |
| ___ 17. | I make judgments about whether my thoughts are good or bad. | | | | |
| ___ 18. | I find it difficult to stay focused on what's happening in the present. | | | | |
| ___ 19. | When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it. | | | | |
| ___ 20. | I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing. | | | | |
| ___ 21. | In difficult situations, I can pause without immediately reacting. | | | | |
| ___ 22. | When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words. | | | | |
| ___ 23. | It seems I am "running on automatic" without much awareness of what I'm doing. | | | | |
| ___ 24. | When I have distressing thoughts or images, I can feel calm soon after. | | | | |
| ___ 25. | I tell myself that I shouldn't be thinking the way I'm thinking. | | | | |
| ___ 26. | I notice the smells and aromas of things. | | | | |
| ___ 27. | Even when I'm feeling terribly upset, I can find a way to put it into words. | | | | |
| ___ 28. | I rush through activities without being really attentive to them. | | | | |
| ___ 29. | When I have distressing thoughts or images I am able just to notice them without reacting. | | | | |

- | 1 | 2 | 3 | 4 | 5 |
|---------------------------|-------------|----------------|------------|---------------------------|
| Never or very rarely true | Rarely true | Sometimes true | Often true | Very often or always true |
- ___ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- ___ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- ___ 32. My natural tendency is to put my experiences into words.
- ___ 33. When I have distressing thoughts or images, I just notice them and let them go.
- ___ 34. I do jobs or tasks automatically without being aware of what I'm doing.
- ___ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending on what the thought/image is about.
- ___ 36. I pay attention to how my emotions affect my thoughts and behaviors.
- ___ 37. I can usually describe how I feel at the moment in considerable detail.
- ___ 38. I find myself doing things without paying attention.
- ___ 39. I disapprove of myself when I have irrational ideas.

Instructions: On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your supervisor in place of _____ in the text. Beside each statement there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you always feel (or think), circle the number “7”; if it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

- _____ 1. I feel uncomfortable with _____.
- _____ 2. _____ and I agree about the things I will need to do in supervision.
- _____ 3. I am worried about the outcome of our supervision sessions.
- _____ 4. What I am doing in supervision gives me a new way of looking at myself as a counselor.
- _____ 5. _____ and I understand each other.
- _____ 6. _____ perceives accurately what my goals are.
- _____ 7. I find what I am doing in supervision confusing.
- _____ 8. I believe _____ likes me.
- _____ 9. I wish _____ and I could clarify the purpose of our sessions.
- _____ 10. I disagree with _____ about what I ought to get out of supervision.
- _____ 11. I believe the time _____ and I are spending together is not spent efficiently.
- _____ 12. _____ does not understand what I want to accomplish in supervision.
- _____ 13. I am clear about what my responsibilities are in supervision.
- _____ 14. The goals of these sessions are important to me.

- | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|--------|--------------|-----------|-------|------------|--------|
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
- ___ 15. I find what _____ and I are doing in supervision is unrelated to my concerns.
- ___ 16. I feel that what _____ and I are doing in supervision will help me to accomplish the changes that I want in order to be a more effective counselor.
- ___ 17. I believe _____ is genuinely concerned for my welfare.
- ___ 18. I am clear as to what _____ wants me to do in our supervision sessions.
- ___ 19. _____ and I respect each other.
- ___ 20. I feel that _____ is not totally honest about his/her feelings toward me.
- ___ 21. I am confident in _____'s ability to supervise me.
- ___ 22. _____ and I are working towards mutually agreed upon goals.
- ___ 23. I feel that _____ appreciates me.
- ___ 24. We agree on what is important for me to work on.
- ___ 25. As a result of our supervision sessions, I am clearer as to how I might improve my counseling skills.
- ___ 26. _____ and I trust one another.
- ___ 27. _____ and I have different ideas about what I need to work on.
- ___ 28. My relationship with _____ is very important to me.
- ___ 29. I have the feeling that it is important that I say or do the "right" things in supervision with _____.
- ___ 30. _____ and I collaborate on setting goals for my supervision.
- ___ 31. I am frustrated by the things we are doing in supervision.

- | | | | | | | |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
- ___ 32. We have established a good understanding of the kinds of things I need to work on.
- ___ 33. The things that _____ is asking me to do don't make sense.
- ___ 34. I don't know what to expect as a result of my supervision.
- ___ 35. I believe the way we are working with my issues is correct.
- ___ 36. I believe _____ cares about me even when I do things that he/she doesn't approve of.

Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Using a dark pen or pencil, please fill in the number that best reflects your response in question.

Part I: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling **most** clients.

- | | | | | | | | | | |
|-------------------------|---|---|---|--------------------|---|------------------------|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| No Confidence
at all | | | | Some
Confidence | | Complete
Confidence | | | |
-
- ___ 1. Attending (orient yourself physically toward the client)
- ___ 2. Listening (capture and understand the messages that clients communicate)
- ___ 3. Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear)
- ___ 4. Open questions (ask questions that help the clients to clarify or explore their thoughts or feelings)
- ___ 5. Reflection of feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings)
- ___ 6. Self-disclosure for exploration (reveal personal information about your history, credentials, or feelings)
- ___ 7. Intentional silence (use silence to allow clients to get in touch with their thoughts or feelings)
- ___ 8. Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change)
- ___ 9. Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings)

- | | | | | | | | | | |
|-------------------------|---|---|---|--------------------|---|---|------------------------|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| No Confidence
at all | | | | Some
Confidence | | | Complete
Confidence | | |
- ___ 10. Self-disclosures for insight (disclose *past* experiences in which you gained some personal insight)
- ___ 11. Immediacy (disclose immediate feelings you have about the client, the therapeutic relationships, or yourself in relation to the client)
- ___ 12. Information-giving (teach or provide the client with data, opinions, facts, resources, or answers to questions)
- ___ 13. Direct guidance (give the client suggestions, directives, or advice that imply actions for the client to take)
- ___ 14. Role play and behavior rehearsal (assist the client to role-play or rehearse behaviors in-session)
- ___ 15. Homework (develop and prescribe therapeutic assignments for clients to try out between sessions)

Part II: Please indicate how confident you are in your ability to use each of the following tasks effectively, over the next week, in counseling **most** clients.

- ___ 1. Keep sessions “on track” and focused.
- ___ 2. Respond with the best helping skill, depending on what your client needs at a given moment.
- ___ 3. Help your client to explore his or her thoughts, feelings, and actions.
- ___ 4. Help your client to talk about his or her concerns at a “deep” level.
- ___ 5. Know what to do or say next after your client talks.
- ___ 6. Help your client to set realistic counseling goals.
- ___ 7. Help your client to understand his or her thoughts, feelings, and actions.
- ___ 8. Build a clear conceptualization of your client and his or her counseling issues.

0	1	2	3	4	5	6	7	8	9
No Confidence at all				Some Confidence			Complete Confidence		

___ 9. Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.

___ 10. Help your client to decide what actions to take regarding his or her problems.

Part III: Please indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios. (By “work effectively” we are referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions, and ultimately, to help the client resolve his or her issues).

How confident are you that you could work effectively over the next week with a client who...

___ 1. ...is clinically depressed.

___ 2. ...has been sexually abused.

___ 3. ...is suicidal.

___ 4. ...has experienced a recent traumatic life event (e.g. physical or psychological injury or abuse)

___ 5. ...is extremely anxious.

___ 6. ...shows signs of severely disturbed thinking.

___ 7. ...you find sexually attractive.

___ 8. ...is dealing with issues that you personally find difficult to handle.

___ 9. ...has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).

___ 10. ...differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class)

___ 11. ...is not “psychologically-minded” or introspective

- | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------|---|---|---|---|--------------------|---|---|---|------------------------|
| No Confidence
at all | | | | | Some
Confidence | | | | Complete
Confidence |
- ___ 12. ...is sexually attracted to you.
- ___ 13. ...you have negative reactions toward (e.g., boredom, annoyance).
- ___ 14. ...is at an impasse in therapy.
- ___ 15. ...wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).
- ___ 16. ...demonstrates manipulative behaviors in-session.

Instructions: Please use your most recent supervision session to respond to these questions. Please circle the appropriate number to show how you feel about this session.

This session was:

bad	1	2	3	4	5	6	7	good
difficult	1	2	3	4	5	6	7	easy
valuable	1	2	3	4	5	6	7	worthless
shallow	1	2	3	4	5	6	7	deep
relaxed	1	2	3	4	5	6	7	tense
unpleasant	1	2	3	4	5	6	7	pleasant
full	1	2	3	4	5	6	7	empty
weak	1	2	3	4	5	6	7	powerful
special	1	2	3	4	5	6	7	ordinary
rough	1	2	3	4	5	6	7	smooth
comfortable	1	2	3	4	5	6	7	uncomfortable

Instructions: Please rate on the following scales your experience of supervision and your supervisor. The letter “S” stands for “Supervisor.”

- | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------------------|---------------------------|--|--|-----------------------|-----------------------------------|
| I strongly
feel it is not
true. | I feel it is
not true. | I feel it is
probably
untrue;
more untrue
than true. | I feel it is
probably
true; more
true than
untrue. | I feel it is
true. | I strongly
feel it is
true. |
-
- ___ 1. S. respects me.
- ___ 2. S. understands my words but not the way I feel.
- ___ 3. S. pretends that s/he likes me or understands me more than s/he really does.
- ___ 4. S. prefers to talk only about me and not at all about him/her.
- ___ 5. S. likes seeing me.
- ___ 6. S. is interested in knowing what my experiences mean to me.
- ___ 7. S. is disturbed whenever I talk about or ask about certain things.
- ___ 8. If I feel negatively towards S. s/he responds negatively to me.
- ___ 9. S. appreciates me.
- ___ 10. Sometimes S. thinks that I feel a certain way, because s/he felt that way.
- ___ 11. S. behaved just the way s/he is, in our relationships.
- ___ 12. S. freely tells me his/her own thoughts and feelings, when I want to know them.
- ___ 13. S. cares about me.
- ___ 14. S.’s own attitudes toward some of the things I said, or did, stops him/her from really understanding me.
- ___ 15. I do not think that S. hides anything from him/herself that s/he felt with me.

- | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------------------|---------------------------|--|--|-----------------------|-----------------------------------|
| I strongly
feel it is not
true. | I feel it is
not true. | I feel it is
probably
untrue;
more untrue
than true. | I feel it is
probably
true; more
true than
untrue. | I feel it is
true. | I strongly
feel it is
true. |
- ___ 16. Sometimes S. is warmly responsive to me, at other times cold or disapproving.
- ___ 17. S. is interested in me.
- ___ 18. S. appreciates what my experiences feel like to me.
- ___ 19. I feel that I can trust S. to be honest with me.
- ___ 20. S. adopted a professional role that makes it hard for me to know what s/he is like as a person.
- ___ 21. S. does not really care what happens to me.
- ___ 22. S. does not realize how strongly I feel about some of the things we discuss.
- ___ 23. There are times when I feel that S.'s outward response is quite different from his/her inner reaction to me.
- ___ 24. Depending on his/her mood, S. sometimes responds to me with quite a lot more warmth and interest than s/he does at other times.
- ___ 25. S. seems to really value me.
- ___ 26. S. responds to me mechanically.
- ___ 27. I don't think that S. is being honest with him/herself about the way s/he feels about me.
- ___ 28. S. wants to say as little as possible about his/her own thoughts and feelings.
- ___ 29. S. feels deep affection for me.
- ___ 30. S. usually understands all of what I say to him/her.
- ___ 31. Sometimes S. is not at all comfortable but we go on, outwardly ignoring it.

1	2	3	4	5	6
I strongly feel it is not true.	I feel it is not true.	I feel it is probably untrue; more untrue than true.	I feel it is probably true; more true than untrue.	I feel it is true.	I strongly feel it is true.

- ___ 32. S.'s general feelings towards me varies considerably.
- ___ 33. S. regards me as a disagreeable person.
- ___ 34. When I do not say what I mean at all clearly, S. still understands me.
- ___ 35. I feel that S. is being genuine with me.
- ___ 36. S.'s own feelings and thoughts are always available to me, but never imposed on me.
- ___ 37. At times, S. feels contempt for me.
- ___ 38. Sometimes S. responds quite positively to me, at other times s/he seemed indifferent.
- ___ 39. S. does not try to mislead me about his/her own thoughts or feelings.
- ___ 40. S. can be deeply and fully aware of my most painful feelings without being distressed or burdened by them him/herself.

Demographics:

8. What is your age: _____
9. What is your sex: __Male __Female
10. What clinical experience are you providing/receiving supervision?
 Practicum
 Internship
 Other _____
11. What is your current status?
 First Year Masters
 Second Year Masters
 Doctorate Student, Year _____
 Faculty Member
 Other (please write out) _____

APPENDIX H
SURVEY PERMISSIONS

From: Baer, Ruth rbaer@email.uky.edu
To: Laura Wyatt <llwyatt@uncg.edu>
Date: Wed, Feb 10, 2010 at 10:54 AM
Subject: RE: Five Facet Mindfulness Questionnaire

Dear Laura,

You're welcome to use the FFMQ (permission is not required) and thank you for your kind words! I've attached some materials and papers, in case you don't have them. Good luck with your project!

Ruth Baer
Ruth A. Baer, PhD
Professor of Psychology
Department of Psychology
115 Kastle Hall
University of Kentucky
Lexington, KY 40506-0044
phone: 859-257-6841
fax: 859-323-1979
email: rbaer@email.uky.edu

From: Bob Lent <boblent@umd.edu>
To: Laura Wyatt <llwyatt@uncg.edu>
Date: Wed, Feb 10, 2010 at 10:57 AM
Subject: Re: Counselor Activity Self-Efficacy Scale

Hi Laura,

Thanks for the kind words. You have my permission to use the CASES as part of your dissertation study. I have attached a measurement guide, which may help you to decide whether the CASES is appropriate for your study.

Best wishes,
Bob Lent

From: Anita Didrickson <adidrickson@gmail.com>
To: Laura Wyatt <llwyatt@uncg.edu>
Date: Fri, Feb, 12, 2010 at 11:28 PM
Subject: Re: Short Form of the Barrett-Lennard Relationship Inventory

Laura: I am happy to have you use the instrument. It sounds like an interesting study. My name has changed from Anita Schacht to (formerly) Anita Didrickson, and recently changed to Anita Treloar. Glad you found me. Certainly just give credit appropriately including to Barrett-Lennard. I'd be interested in your results if you get a chance to email me an abstract or something, but no obligation. Good luck on your research. - Anita Treloar, 1300 Park Ave. SW, Albuquerque, NM 87102 505-262-6586 (work phone), anita.treloar@ihs.gov (work email)