Expert Supervisors' Priorities When Working With Easy and Challenging Supervisees

By: Gulsah Kemer, L. DiAnne Borders, Nedim Yel

Kemer, G., Borders, L. D., & Yel, N. (2017). Expert Supervisors' Priorities When Working With Easy and Challenging Supervisees. *Counselor Education and Supervision, 56*(1), 50-64. doi:10.1002/ceas.12059,

Abstract:

Using Kemer, Borders, and Willse's (2014) concept map as a conceptual model, the authors aimed to understand expert supervisors' priorities with their easy and challenging supervisees. Experts' priorities with easy and challenging supervisees were represented in different parts of the concept map, and they seemed to individualize their work with challenging supervisees.

Keywords: expert clinical supervisor | easy supervisee | challenging supervisee | supervision priorities | concept map

Article:

Evidence suggests that expert counselors are more proficient in their work and have better outcomes (e.g., Miller, Hubble, & Duncan, 2008; Tracey, Wampold, Lichtenberg, & Goodyear, 2014). Experts are not just competent; their work surpasses competence and involves ongoing efforts to improve their performance (Tracey et al., 2014). Thus, examining the work of expert counselors and supervisors deepens the knowledge of exceptional practice and can inform supervision training (Nelson, Barnes, Evans, & Triggiano, 2008) by suggesting learning objectives that would help novices develop the foundational skills and attitudes for developing expertise over time.

Specific to clinical supervision, researchers have sought perceptions of experts around a range of topics, such as attributes of supervisee reflectivity (Neufeldt, Karno, & Nelson, 1996), ways to improve mandatory supervision of impaired counselors (Rapisarda & Britton, 2007), and psychological processes that underlie supervisor development (Goodyear, Lichtenberg, Bang, & Gragg, 2014). Less often, they have focused on expert supervisors at work. Early on, Shanfield, Matthews, and Hetherly (1993) examined supervision session videotapes of excellent teachers in a psychiatry department and found that they allowed the resident's story to develop, focused on the resident's immediate experience, and used strategies to deepen the understanding of the

patient. Atieno Okech and Rubel (2009) focused on expert supervisors of group work and found a process that involved the expert supervisors' conceptualization of themselves, their supervisees, and supervisees' groups as well as a critical reflection that guided their actions. More recently, Kemer, Borders, and Willse (2014) examined expert supervisors' thoughts while preparing for, conducting, and evaluating their supervision sessions. They identified 25 cognitive categories organized into five supervision areas: conceptualization of supervision, supervisee assessment, supervisory relationship, supervisor self-assessment, and administration concerns. It is difficult to draw conclusions across these studies, given their very different foci as well as variations in how experts were defined (e.g., peer nomination, published research, years of supervision experience).

In contrast, two rigorous qualitative studies offer insights regarding experts' strategies for managing supervision challenges. On the basis of a national, interdisciplinary call for peer nominations of highly competent supervisors, Nelson et al. (2008) interviewed 12 *wise supervisors* about their experiences with conflict in supervision. Regardless of age or experience, they described wisdom as similar to yet subsuming expertise and wise supervisors as "superb fact-to-face clinical trainers who were relied upon by their communities to provide excellent supervision" (Nelson et al., 2008, p. 173). Around the core theme of *open to conflict*, supervisors described conflict as a natural, expected, sometimes painful phenomenon through which the supervisory relationship could be strengthened. They identified three strategies for working through conflict effectively: *reflective* approaches (e.g., attending to contextual factors such as supervisees' developmental level, self-coaching to talk themselves through the conflict and try to see the situation from a new perspective), *interpersonal* strategies (e.g., working hard not to shame or embarrass a supervisee when giving difficult feedback, heightening their empathic responses), and *technical* strategies (e.g., increasing direct observations of the supervisee to gain more information about their skills, using behavioral approaches to address skill deficits). Supervisors' attributes that contributed to their success with conflict were being humble, reflective, and flexible in response to supervisee needs and being willing to learn from their own mistakes.

Similarly, Grant, Schofield, and Crawford (2012) studied how a group of 16 peer-nominated, interdisciplinary expert supervisors in Australia and the United Kingdom managed difficulties (e.g., incompetence, defensiveness) when supervising accredited practitioners. On the basis of in-depth interviews and experts' reviews of their own supervision sessions using an interpersonal process recall strategy, the researchers identified four core approaches around supervision difficulties. The experts said that they rarely used *avoidant* interventions (e.g., withheld validation, ignored), but instead particularly emphasized *relational* interventions (e.g., named the difficulty, validated and normalized the issue, stayed attuned to supervisee needs) and *reflective* interventions (e.g., engaged in deep thought about difficulties with a supervisee and supervision dynamics). When relational and reflective interventions were not effective in managing the difficulty, the experts turned to *confrontive* interventions; typically, they confronted the issue tentatively at first, but then, if necessary, they did not hesitate to confront the issue directly. Like Nelson et al.'s (2008) wise supervisors, Grant et al.'s experts were highly reflective, which was visible in their ability to be flexible in response to supervisee needs, their

awareness of when their approach was not working, their openness to observing their own part in the process, and their management of their reactions to difficult situations.

To complement these qualitative investigations, we sought a broader focus on experts' approaches to both difficult and easy supervision situations by using a quantitative approach. In addition, we wanted to specify some important criteria not stated previously (e.g., supervision training, supervision trainer, researcher), because we believed them to be important to an in-depth understanding of supervision practice; these criteria necessitated the study of clinical supervisors in academe, who were minimally represented in the previous qualitative studies. Our primary research question was, "What did expert clinical supervisors prioritize in their practices with supervisees they experienced as *easy* and *challenging*?" On the basis of the previous qualitative studies on supervision difficulties, we hypothesized that experts would prioritize focusing on the supervisory relationship and their self-reflective practice more in their work with challenging supervisees than with easy supervisees.

Method

Participants

Participants, who had also participated in Kemer et al.'s (2014) study, were 16 expert supervisors in academe with an average of 20.75 years (SD = 11.20) of supervision practice. Most had completed a graduate course (n = 13, 81.3%) and/or workshop training (n = 12, 75.0%) in clinical supervision and/or had received supervision of supervision (n = 13, 81.3%). Over their careers, they had supervised master's practicum students (n = 12, 75.0%), master's interns (n = 14, 87.5%), doctoral practicum or internship students (n = 13, 81.3%), and doctoral supervisors (n = 11, 68.8%). They had published seven supervision-related books (not counting each edition of a book), 51 book chapters (M= 3.92, SD = 4.31), and 179 peer-reviewed articles (M = 11.19, SD = 12.73); had given 292 professional presentations (M = 19.47, SD = 19.67) and 50 workshops (M = 8.33, SD = 6.41) on supervision; and had been nominated or recognized with 41 awards for their supervision or mentoring (M = 2.73, SD = 1.87). Twelve were national certified counselors (75.0%), 11 were licensed professional counselors (68.8%), two were licensed psychologists (12.5%), 10 were approved clinical supervisors (62.5%), and four also held other professional credentials (25.0%).

Of the 16 participants, 10 were women (62.5%), and six were men (37.5%). Fourteen were Caucasian (87.5%), one was Asian/Pacific Islander (6.3%), and one was South Asian (6.3%). Ages ranged from 33 to 76 years (M = 53.56, SD = 12.35). Their doctoral degrees were in counselor education (n = 14, 87.5%) and counseling psychology (n = 2, 12.5%). Three were assistant professors (18.8%), five were associate professors (31.3%), and eight were full professors (50.0%).

Instrument

As a structured conceptual design, concept mapping offers a series of procedures to examine stakeholders' (individuals or small homogeneous groups of individuals) knowledge structures (Goodyear, Tracey, Claiborn, Lichtenberg, & Wampold, 2005; Kane & Trochim, 2007). The

procedures involve three rounds of data collection: (a) generation of statements about the focus area; (b) sorting and rating the aggregated statements into conceptually meaningful groups or clusters; and (c) reviewing and finalizing the results, including generating labels for the clusters, during a focus group. In Kemer et al.'s (2014) concept mapping study, expert supervisors generated 195 discrete cognitions and then summarized them into 25 clusters and two outlier or by-itself-cluster statements (i.e., reflection of desired change and supervisee's site) that were grouped into five regions of conceptually similar cognitive categories in the final cluster map: (a) conceptualization of supervision and intervening, (b) assessment of the supervisee and his or her work, (c) supervisory relationship, (d) supervisor self-assessment and reflection, and (e) administration and logistics of supervision. Although not specified by Kemer et al., based on the spatial layout of the cognitive categories, the cluster map also suggested two underlying dimensions: supervisor–supervisee and conceptualization–relationship. To gain a comprehensive assessment of our experts' supervision priorities, we used the complete list of 195 supervision cognitions.

We first asked our experts to think of two recent supervisees—one they would describe as an easy supervisee and one they would describe as a challenging supervisee. Then, we asked them to describe what made those supervisees easy or challenging as a way to facilitate the experts' recall process (i.e., remember supervisees' characteristics and tune back into their supervision work with those particular supervisees). Finally, experts rated the 195 supervision cognitions using a 5-point Likert-type scale ranging from 1 (*low priority*) to 5 (*high priority*) based on the priority they gave to each statement while working with each of the supervisees.

Procedure

One of the most important tasks of this study was to select our expert supervisors. To provide an academic norm and some consistency around supervision experiences within our sample, we used the following selection criteria for experts: (a) full-time faculty; (b) a doctoral degree in either counseling psychology or counselor education; (c) experience in teaching and supervising student counselors and/or supervisors; (d) extensive involvement in scholarly activities in supervision; and/or (e) being awarded or nominated as a distinguished mentor, counselor educator, or supervisor.

Using the selection criteria, we purposefully reviewed faculty and/or personal websites of scholars known to us from the supervision literature, conferences, and professional leadership activities. We created a master list of 44 geographically and culturally diverse faculty and invited them to participate via e-mail. After two follow-up e-mails, 16 experts (36.4%) had responded to an online survey that included demographic and professional information questions as well as a first round of concept mapping procedures, and had completed a mailed data collection package for the Kemer et al. (2014) study. Data for the current study were collected as part of the mailed package but were not a part of the concept mapping procedures. We completed data collection procedures in 1 month.

Data Analyses

To enhance the robustness of our results, we examined our participants' descriptions of easy and challenging supervisees and screened the instrument's psychometric properties in preliminary analyses. For all of the data analytic procedures of the study, we used the statistical program R (Version 2.15.3; R Development Core Team, 2013).

Preliminary analyses. To better understand the type of easy and challenging supervisees that our experts considered in their responses to our instrument, we conducted a content analysis of the experts' descriptions of easy and challenging supervisees (Kemer & Borders, in press). The experts described their supervisees in fairly consistent terms, with easy and challenging descriptions on opposite poles of seven categories. The most frequent categories were *preparation for/investment/engagement in supervision, counseling skills/conceptualization abilities*, and *traits and personal background*. The consistent descriptions of both supervisee profiles provided us with a validity control over experts' definitions of easy and challenging supervisees.

Using experts' ratings for the easy and challenging supervisees, we also calculated mean scores and Cronbach's alpha values for each of the 25 cognitive categories. Alpha values for the cognitive categories ranged from .30 to .95. For the paired-samples *t*-test analyses, six cognitive categories with poor alpha values (i.e., less than or equal to .60; Cohen, 1988) in at least one of the ratings were excluded from the current study. Because we could not calculate Cronbach's alpha values for the outlier or by-itself clusters, we also dropped those two statements from the analyses. Thus, we continued paired-samples *t*-test analyses with 19 cognitive categories with robust internal consistency values. See Table 1 for the complete list of alpha coefficients and Table 2 for the means and standard deviations for each cognitive category.

Table 1. Cronbach's Alpha Coefficients for the Cognitive Categories

Region and Cognitive Category	α_{ES}	α_{CS}
Conceptualization of supervision and intervening		
Cluster 1: Supervisor's goal setting/agenda setting	.74	.75
Cluster 2: Planning and managing supervision interventions	.69	.76
Cluster 3: Conceptualizing the work	.83	.68
Cluster 4: Choice points/in-session decisions	.59[a]	.56[a]
Cluster 5: Needing immediate attention	.71	.65
Cluster 6: Helping the supervisee attend to and pick up on important things in his or her counseling	.70	.72
Assessment of the supervisee and his or her work		
Cluster 7: Assessing the intrapersonal and cognitive experiences of the supervisee	.88	.83

Cluster 8: Supervisee's professional behaviors	.95	.87
Cluster 9: Supervisee development	.66	.61
Cluster 10: The client and the counseling session	.63[a]	.50[a]
Cluster 11: Systemic considerations	.66	.74
Cluster 12: Supervisee in relationship to the client	.80	.77
Cluster 13: Supervisee's intervention skills	.82[a]	.58[a]
Cluster 14: Supervisee's conceptual skills	.76	.64
Cluster 15: Supervisee's reflective process	.69	.61
Cluster 16: Understanding the client	.88	.89
Supervisory relationship		
Cluster 17: Parameters of evaluation	.41[a]	.30[a]
Cluster 18: Supervisee's response to feedback	.80	.70
Cluster 19: Collaboration with the supervisee	.56[a]	.55[a]
Cluster 20: Supervisor's experience of the working relationship	.89	.81
Cluster 21: Supervisee's receptivity to supervision	.85	.76
Supervisor self-assessment and reflection		
Cluster 22: Supervisor's self-reflective process	.88	.85
Cluster 23: Additional supervisor reflections about working with a challenging supervisee	.85[a]	.60[a]
Cluster 24: Supervisor's assessment of and reflection on his or her work	.93	.86
Administration and logistics of supervision		
Cluster 25: Administrative considerations	.83	.78

Note. ES = easy supervisee; CS = challenging supervisee. [a]These values were excluded from the paired-samples t-test analyses.

Paired-samples t*-test analyses*. To understand the relative importance of the 19 cognitive categories, we tested for significant mean differences between the ratings for easy and challenging supervisees using a separate paired-samples *t* test for each category. The independent variable of concern was the supervisee type (two levels: easy and challenging supervisees), and the dependent variables were the mean cluster ratings. To control for the

probability of committing a Type I error, we used Benjamini and Hochberg's (1995) false discovery rate procedure.

Vector-fitting regression analyses. To increase our understanding at a more conceptual level, and because the cognitive categories were not independent, we also examined how the ratings for easy and challenging supervisees fit onto Kemer et al.'s (2014) concept map. Two separate vector-fitting regression analyses (see Tracey, Lichtenberg, Goodyear, Claiborn, & Wampold, 2003) were conducted to observe experts' priority ratings on the two-dimensional concept map. In both analyses, supervisor–supervisee and conceptualization–relationship dimensions' coordinates for all 195 cognitions were used as the predictor variables. Outcome variables in the separate regression models were experts' average ratings for easy and challenging supervisees.

Results

We found significant differences with both between-groups and within-groups examinations of experts' priorities while working with easy and challenging supervisees. The details from the paired-samples *t*-test and vector-fitting regression analyses are presented in the following sections.

Paired-Samples *t*-Test Analyses

Experts rated nine of the 19 cognitive categories significantly higher in priority when considering their work with challenging supervisees compared with the easy supervisees: (a) supervisor's goal setting/agenda setting, (b) assessing the intrapersonal and cognitive experiences of the supervisee, (c) supervisee's professional behaviors, (d) supervisee's response to feedback, (e) supervisor's experience of the working relationship, (f) supervisee's receptivity to supervision, (g) supervisor's self-reflective process, (h) supervisor's assessment of and reflection on his or her work, and (i) administrative considerations (see Table 2). We obtained large effect sizes for all nine highly prioritized cognitive categories; the cognitive category of supervisor's assessment of and reflection on his or her work had the largest effect size value (Cohen's d= 1.87) and the cognitive category of assessing the intrapersonal and cognitive experiences of the supervisee had the smallest (Cohen's d = 0.80), although both values were high by Cohen's (1988) definition (i.e., .80 or greater). Experts rated the other cognitive categories (n = 10) similarly for their easy and challenging supervisees, which means that none of the cognitive categories were rated significantly higher for easy supervisees when compared with challenging supervisees.

Table 2. Paired-Samples t-Test Results for Comparison of Easy and Challenging Supervisees

Cluster	**Easy**		**Challenging**		***t*[a]**	**Cohen's *d***
	M	***SD***	***M***	***SD***		
Cluster 1: Supervisor's goal/agenda setting	3.60	0.64	4.14	0.51	3.86[b]	0.96
Cluster 2: Planning and managing supervision interventions	2.99	0.59	3.33	0.65	2.60	0.65

Cluster 3: Conceptualizing the work	2.96	1.07	3.56	1.06	2.05	0.51
Cluster 5: Needing immediate attention	3.34	1.11	3.92	0.75	2.70	0.68
Cluster 6: Helping the supervisee attend to and pick up on important things in his or her counseling	3.49	0.52	3.77	0.55	2.84	0.71
Cluster 7: Assessing the intrapersonal and cognitive experiences of the supervisee	3.49	0.71	3.90	0.61	3.22[b]	0.80
Cluster 8: Supervisee's professional behaviors	3.13	1.25	4.04	0.86	3.40[b]	0.85
Cluster 9: Supervisee development	3.98	0.71	4.28	0.55	1.57	0.39
Cluster 11: Systemic considerations	2.91	1.00	3.06	1.24	0.73	0.18
Cluster 12: Supervisee in relationship to the client	3.72	0.57	3.97	0.62	1.75	0.44
Cluster 14: Supervisee's conceptual skills	3.34	0.76	3.49	0.70	0.64	0.16
Cluster 15: Supervisee's reflective process	3.79	0.62	4.00	0.68	1.15	0.29
Cluster 16: Understanding the client	3.23	0.85	3.53	0.95	2.81	0.70
Cluster 18: Supervisee's response to feedback	3.53	0.93	4.46	0.52	4.67[b]	1.17
Cluster 20: Supervisor's experience of the working relationship	3.15	0.82	4.02	0.57	6.09[b]	1.52
Cluster 21: Supervisee's receptivity to supervision	3.05	1.03	4.18	0.68	5.65[b]	1.41
Cluster 22: Supervisor's self-reflective process	3.18	0.84	3.75	0.64	4.23[b]	1.06
Cluster 24: Supervisor's assessment of and reflection on his or her work	2.60	0.94	4.13	0.59	7.47[b]	1.87
Cluster 25: Administrative considerations	2.94	0.92	3.38	0.93	4.59[b]	1.15

[a]df = 15. [b]False discovery rate procedure (Benjamini & Hochberg, 1995) was used to determine each cluster's significance value (0.05/k–1).

Vector-Fitting Regression Analyses

The regression model for easy supervisees was significant, $R^2 = .14$, $F(2, 192) = 15.03$, $p < .001$. Both supervisor–supervisee, $B = .04$, $t(15) = 3.83$, $p < .001$, and conceptualization–relationship, $B = .04$, $t(15) = 3.82$, $p < .001$, dimensions were significant predictors of experts' ratings for easy supervisees. The regression model for challenging supervisees was also significant, $R^2 = .04$, $F(2, 192) = 3.65$, $p < .05$, but only the conceptualization–relationship dimension was a significant predictor of experts' ratings, $B = -.03$, $t(15) = -2.67$, $p < .01$. Although both regression analyses' results were significant, the amount of variance explained in

experts' ratings for easy supervisees (14%) was more than the variance explained in the ratings for the challenging supervisees (4%), which indicates that the concept map dimensions better predicted experts' priorities for working with easy supervisees than with challenging supervisees.

A visual representation of the vector-fitting regression analyses is presented in Figure 1. As the vector pointing at the upper right quadrant illustrates, experts prioritized the cognitive categories of supervisee development, the client and the counseling session, assessing the intrapersonal and cognitive experiences of the supervisee, supervisee's site, and administrative considerations while planning for, conducting, and evaluating their work with easy supervisees. On the other hand, as indicated by the vector pointing at the lower left quadrant, with their challenging supervisees, experts' priorities were mainly focused on the cognitive categories of supervisor's experience of the working relationship, parameters of evaluation, supervisee's receptivity to supervision, supervisee's response to feedback, collaboration with the supervisee, and reflection of desired change.

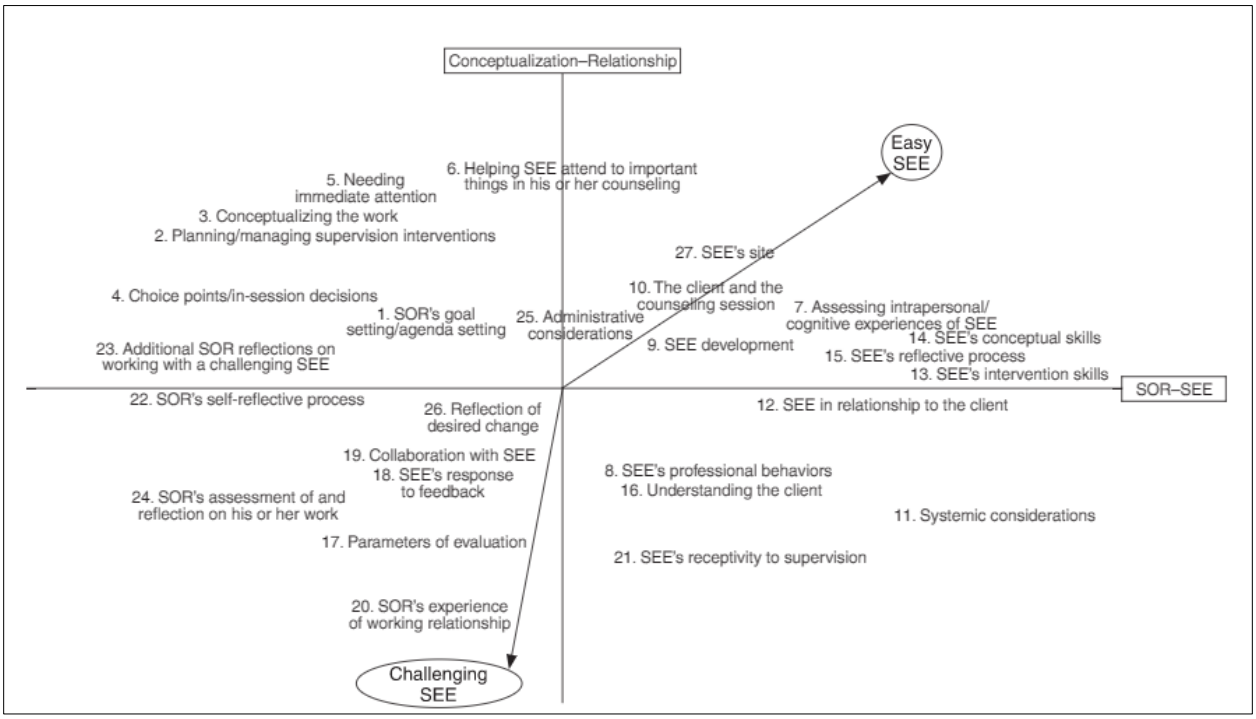

Figure 1. Vector-Fitting Regression Plots for Experts' Ratings for Easy and Challenging Supervisees

Note. Shown are 27 cognitive categories, with the last two (reflection of desired change and SEE's site) representing outlier or by-itself clusters. SEE = supervisee; SOR = supervisor.

Discussion

We examined experts' supervision priorities for their easy and challenging supervisees based on the conceptual model from Kemer et al.'s (2014) study. We found support for the previous literature on experts' strategies with supervision difficulties, and, by adding a comparison group

of easy supervisees, we also identified similar and different considerations that experts prioritized when working with each group of supervisees.

Experts' Priorities With Challenging Versus Easy Supervisees

The experts reported nine categories as significantly higher in their priorities when working with challenging supervisees compared with easy supervisees (between-groups). As hypothesized, we found that experts' self-reflection and self-assessment categories were among the most significant priorities they had while working with their challenging supervisees. Supporting previous research findings (e.g., Grant et al., 2012; Nelson et al., 2008), our experts' priority statements involved reflections on what they were doing in their supervision work, how they could eliminate unproductive aspects of their work, and ways to incorporate more effective strategies of intervening based on the nuanced aspects of their practices with their supervisees. In particular, experts ensured that they heard the supervisees' messages during supervision. They focused on increasing self-awareness of their thoughts and when those thoughts could keep them from recognizing other aspects of their work with challenging supervisees. They also prioritized becoming aware of what they avoided saying to these supervisees in their supervision sessions. Some of their reflections also included the intentional use of humor, attention to balancing challenge and support, and the use of self as a model. Specifically, experts used humor to help their supervisees become comfortable and less anxious. Moreover, experts prioritized providing support for what the supervisees had been doing well while still challenging them around growth areas. By expressing their thoughts, reactions, and emotions, experts also modeled transparency to their supervisees. In short, expert clinical supervisors considered and used deliberate strategies in their self-reflective practice to guide their work with challenging supervisees.

Supervisory relationship-based categories, as hypothesized, were the other significant areas of the experts' priorities while working with their challenging supervisees compared with easy supervisees. These results are also in line with previous findings regarding expert supervisors' management strategies in difficult supervision situations (e.g., Grant et al., 2012; Nelson et al., 2008). Our supervisors emphasized maintaining strong empathic connections with their challenging supervisees as well as working to empower them. They were aware of their own internal reactions to the supervisees and potential limitations, biases, and countertransference. Supervisors also considered parallel process as well as personal and cultural differences with their challenging supervisees. Experts also prioritized thinking about the supervisees' openness to and investment in the supervision process and receptivity of feedback. All of these supervisory relationship priorities highlighted experts' attention to their own and their challenging supervisees' responses to the supervision experience.

Experts also emphasized administration issues/considerations when working with challenging rather than easy supervisees. They paid more attention to the necessary logistics, such as evaluation forms, and considered using contracts with challenging supervisees. Experts also prioritized goal and agenda setting in their supervision sessions while working with their challenging supervisees. These priorities involved making their expectations clear, picking short-term goals over long-term goals, and tying the supervisor's feedback to supervisees' goals as well as supervisees' feedback requests about a specific counseling session. Finally, experts paid

particular attention to challenging supervisees' professional behaviors and intrapersonal experiences. As in Nelson et al.'s study (2008), our experts gave importance to assessing the supervisee's adherence to client care and optimal professional behaviors (e.g., ethical and legal guidelines). In general, all of these priority areas reflected experts' purposeful efforts to conceptualize, intervene, and inform their expectations and evaluations of their challenging supervisees.

In summary, our results supported previous findings that, with their difficult supervisees, expert supervisors emphasized the significance of attending to the supervisory relationship, being highly reflective and flexible, adapting to supervisees' developmental needs while balancing challenge and support, being aware of their own shortcomings and how those might be contributing to the difficult situations, and doing what was necessary (e.g., using contracts) with compassion.

Experts' Priorities With Easy and Challenging Supervisees

In addition to comparing experts' priorities for easy and challenging supervisees, to understand experts' separate priority areas for each supervisee profile (within-groups), we used Kemer et al.'s (2014) concept map. Despite small explained variances, results were noteworthy, because experts prioritized focusing on different areas of the concept map in their work with easy and challenging supervisees (see Figure 1).

Priorities with easy supervisees. While working with their easy supervisees, experts reported considering assessment and conceptualization of the supervisees and their counseling work. Our experts particularly paid attention to easy supervisees' developmental levels, needs, and growth areas, as well as client and counseling components in the reviewed counseling session. Moreover, experts assessed their easy supervisees' cognitive–emotional abilities and ability to function as a practitioner and an individual, and they paid attention to administrative and logistical considerations (e.g., supervisee's site, completion of supervision forms). This finding offered important information in relation to our comparison (between-groups) findings, which indicated that experts significantly prioritized the assessment of supervisees and administrative considerations in their work with challenging supervisees compared with easy supervisees. Thus, the assessment and conceptualization of the supervisees and their work as well as administrative considerations appeared to be fundamental priorities of experts' supervision work not only with their challenging supervisees but also with their easy ones.

Priorities with challenging supervisees. As with our comparison findings, the vectors indicated that, with challenging supervisees, experts attended to the supervisory relationship, particularly their own reactions to and awareness of differences with the supervisees, supervisees' responses to the supervisory work, and evaluative components of the supervision. These results were also in line with the findings of previous studies (e.g., Grant et al., 2012; Nelson et al., 2008). Our experts were more inclined to prioritize interpersonal process components—perhaps to process and resolve potential resistance, ruptures, and reenactments (Teyber & McClure, 2011)—and their role as gatekeepers with their challenging supervisees. Specifically, experts prioritized

supervision processes such as self-awareness in the supervisory relationship or evaluation of the supervisees, areas in which they may have been more active and influential.

On the basis of the variances explained in vector-fitting regression analyses, it seems that experts' ratings for easy supervisees were more consistent than their ratings for challenging supervisees. In other words, experts had more similar considerations while working with their easy supervisees but more diverse considerations while working with their challenging supervisees. This result may also indicate that, although the fundamentals of supervision work were enough with easy supervisees, experts had to expand or deepen their thinking while planning, conducting, and evaluating supervision with challenging supervisees (e.g., Grant et al., 2012; Nelson et al., 2008). Following this line of thinking, unexplained variances in our experts' ratings for the easy and challenging supervisees may also be indicative of the complexity of experts' supervision thinking and their affinity to attend to the idiosyncrasies of their challenging supervisees. In other words, the results seem to suggest that not all difficult supervisees are alike in how they are challenging during supervision; thus, our experts focused more on the individualized quandaries presented by these supervisees in their supervision work. We considered this finding as supportive of experts' capabilities to engage in subtle and nuanced supervision practices to meet the individualized needs of their supervisees (e.g., Borders, 2009, 2014), which is in line with what Schön (1987) conceptualized as "particularizing" (p. 163) and Friedlander (2012) termed *responsiveness*.

In summary, using Kemer et al.'s (2014) model as a frame of reference, we found that expert supervisors prioritized specific aspects of their supervision work (e.g., supervisor's self-reflective processes, supervisory relationship, administrative considerations) while working with challenging supervisees when compared with easy supervisees. Experts appeared to take assessment and conceptualization of the supervisees as well as administrative considerations into consideration as fundamentals of their supervision work with both supervisee profiles. On the other hand, experts' focus areas with their challenging supervisees highlighted supervisory relationship considerations and pointed to subtle and nuanced practices.

Limitations

The current study comes with some limitations. Expertise of the supervisors was based on academic criteria (e.g., teaching clinical supervision course, scholarship) that we determined. It should be noted, however, that our results with academic experts were quite similar to those previously obtained with practitioner experts (e.g., Grant et al., 2012; Nelson et al., 2008). We did not control for some demographic variables (e.g., years of experience, frequency of supervision practice) that could have influenced the results. Another group of experts, especially a more diverse group, might present different experiences and priorities, which could lead to different results, thereby limiting the generalizability of the current findings. Finally, the sample size, the psychometric properties of the instrument used in this study, and the small explained variances in the regression analyses require the results to be treated cautiously.

Implications for Research and Supervisor Training

The results of the current study suggest several research questions for future studies. In addition to a more diverse group of expert supervisors, experts' priorities with different supervisee profiles (e.g., supervisees of a different race or ethnicity; supervisees at different stages of counselor development, especially postdegree supervisees; supervisees with different specialty areas, such as clinical mental health counseling or school counseling) would expand knowledge of expert supervisors' priorities. For example, Burkard, Knox, Clarke, Phelps, and Inman (2014) reported that, in cross-ethnic/racial supervision dyads, European American supervisors addressed lack of interpersonal skills of supervisees of color, whereas supervisors of color focused on the lack of cultural sensitivity, which suggests that they had different perceptions and perhaps different priorities. Comparisons of expert supervisors' priorities when working with easy and challenging supervisees with that of beginning supervisors' priorities could expand understanding of the developmental levels of expertise in clinical supervision and thus provide some insight into how to help novice supervisors begin to develop the thought processes of experts. Finally, our expert supervisors appeared to challenge their own hypotheses and previous strategies to inform their supervision practices, particularly while working with challenging supervisees. As with expertise in psychotherapy (e.g., Miller et al., 2008; Tracey et al., 2014), how experts make decisions about prioritizing different components of supervision with different supervisees and how they apply those decisions to practice are areas requiring attention to advance knowledge of expertise in clinical supervision.

The findings also offer some suggestions for counselor training programs. Supervisors of counselors-in-training may want to prioritize the supervisory relationship and engage in self-reflection more frequently while working with challenging supervisees; in particular, they may want to consider their own potential contributions to those difficult situations within the supervisory relationship and thus their own needs for supervision and consultation. Similarly, experts' considerations of their own limitations, biases, shortcomings, and contributions to difficult supervision situations may be informative for beginning supervisors by providing a validation or normalization point and increasing their engagement in self-reflective practice. Self-reflection is a key part of a “deliberate practice” (pp. 27–28) that, over time, contributes to development of expertise in a domain (Ericsson, 2002). Finally, supervision educators may need to emphasize the nuanced nature of supervision work, especially how to tailor supervision practices around each supervisee's unique strengths and needs and then adjust as needed during session.

To date, studies of expert supervisors have yielded similar profiles. Expert supervisors are open, humble, flexible, and responsive. They are deeply engaged in self-reflection, including reflection-in-action, reflection-on-action, and reflection-for-action (cf. Schön, 1983). They are a synthesis of personal and professional attributes integrated with expert, in-depth knowledge of clinical supervision. Continued study of expert supervisors' priorities with a range of supervisees will further contribute to the emerging pedagogy of clinical supervision.

References

Atieno Okech, J. E., & Rubel, D. (2009). The experiences of expert group work supervisors: An exploratory study. *The Journal for Specialists in Group Work*, **34**, 68–89.

Benjamini, Y., & Hochberg, Y. (1995). Controlling the false discovery rate: A practical and powerful approach to multiple testing. *Journal of the Royal Statistical Society*, **57**, 289–300.

Borders, L. D. (2009). Subtle messages in clinical supervision. *The Clinical Supervisor*, **28**, 200–209. DOI:10.1080/07325220903324694

Borders, L. D. (2014). Best practices in clinical supervision: Another step in delineating effective supervision practice. *American Journal of Psychotherapy*, **68**, 151–162.

Burkard, A. W., Knox, S., Clarke, R. D., Phelps, D. L., & Inman, A. G. (2014). Supervisors' experiences of providing difficult feedback in cross-ethnic/racial supervision. *The Counseling Psychologist*, **42**, 314–344. DOI:10.1177/0011000012461157

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Ericsson, K. A. (2002). Attaining excellence through deliberate practice: Insights from the study of expert performance. In M. Ferrari(Ed.), *The pursuit of excellence through education* (pp. 24–47). Mahwah, NJ: Erlbaum.

Friedlander, M. L. (2012). Therapist responsiveness: Mirrored in supervisor responsiveness. *The Clinical Supervisor*, **31**, 103–119.

Goodyear, R., Lichtenberg, J. W., Bang, K., & Gragg, J. B. (2014). Ten changes psychotherapists typically make as they mature into the role of supervisor. *Journal of Clinical Psychology*, **70**, 1042–1050.

Goodyear, R. K., Tracey, T. J. G., Claiborn, C. D., Lichtenberg, J. W., & Wampold, B. E. (2005). Ideographic concept mapping in counseling psychology research: Conceptual overview, methodology, and an illustration. *Journal of Counseling Psychology*, **52**, 236–242.

Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of Counseling Psychology*, **59**, 528–541.

Kane, M., & Trochim, W. (2007). *Concept mapping for planning and evaluation*. Thousand Oaks, CA: Sage.

Kemer, G., & Borders, L. D. (in press). Expert supervisors' descriptions of easy and challenging supervisees. The Journal of Counselor Preparation and Supervision.

Kemer, G., Borders, L. D., & Willse, J. (2014). Cognitions of expert supervisors in academe: A concept mapping approach. *Counselor Education and Supervision*, **53**, 2–18.

Miller, S. D., Hubble, M., & Duncan, B. (2008). Supershrinks: What is the secret of their success? *Psychotherapy in Australia*, **14**, 14–22.

Nelson, M., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology*, **55**, 172–184.

Neufeldt, S. A., Karno, M. P., & Nelson, M. L. (1996). A qualitative study of experts' conceptualization of supervisee reflectivity. *Journal of Counseling Psychology*, **43**, 3–9.

R Development Core Team. (2013). *R: A language and environment for statistical computing*. Vienna, Austria: R Foundation for Statistical Computing.

Rapisarda, C. A., & Britton, P. J. (2007). Sanctioned supervision: Voices from the experts. *Journal of Mental Health Counseling*, **29**, 81–88.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.

Schön, D. A. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.

Shanfield, S. B., Matthews, K. L., & Hetherly, V. (1993). What do excellent psychotherapy supervisors do? *The American Journal of Psychiatry*, **150**, 1081–1084.

Teyber, E., & McClure, F. H. (2011). *Interpersonal process in therapy: An integrative model* (6th ed.). Belmont, CA: Brooks/Cole.

Tracey, T. J. G., Lichtenberg, J. W., Goodyear, R. K., Claiborn, C. D., & Wampold, B. E. (2003). Concept mapping of therapeutic common factors. *Psychotherapy Research*, **13**, 401–413.

Tracey, T. J. G., Wampold, B. E., Lichtenberg, J. W., & Goodyear, R. K. (2014). Expertise in psychotherapy: An elusive goal? *American Psychologist*, **69**, 218–229.