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Development and Initial Validation of the Supervisor Responsiveness Scale

Ramon Garcia
University at Albany, State University of New York, rdgarcia@albany.edu

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Ramon Garcia

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ABSTRACT

Theoretically, responsiveness to the emergent needs of supervisees and clients is the primary means by which clinical supervisors help trainees become effective psychotherapists (Friedlander, 2012). To advance understanding and research on this aspect of supervision, the Supervisory Responsiveness Scale (SRS) was developed and assessed psychometrically.

First, 35 items reflecting trainees' perceptions of their supervisor's responsiveness, as defined by Friedlander (2012), were developed and rated for clarity, face and content validity by a panel of 12 experienced supervisors. After the item pool was refined based on these ratings, 216 supervisees representing all training levels rated each item on a 1 (*not at all*) to 5 (*totally*) scale. A series of confirmatory factor analyses indicated the best fit to be a one-factor solution with 23 positively and negatively-worded items.

After reverse scoring the negatively-worded items and summing the raw scores, high SRS scores indicate greater supervisory responsiveness as perceived by supervisees. Based on the development sample, the measure's internal consistency reliability was 0.98. Construct validity was supported by (a) significant positive correlations with measures of attractive, interpersonally sensitive, and task-oriented supervisory styles (Friedlander & Ward, 1984), *r*s = 0.77, 0.88 and 0.66, respectively, the supervisory working alliance (Bahrick, 1989; $r = 0.92$), and satisfaction with supervision (Ladany et al., 1996; $r = 0.91$); (b) significant negative correlations with measures of role conflict ($r = -0.75$) and ambiguity ($r = -0.80$) in the supervisory relationship (Olk & Friedlander, 1992); and (c) a non-significant correlation with a measure of socially desirable reporting ($r = 0.12$).

The exceptionally high correlations between the SRS and measures of the alliance and supervisee satisfaction suggested a large overlap with these other constructs, which also reflect

trainees' perceptions of "good supervision." In contrast to these other measures, however, the SRS assesses the "if/then," contextual aspect of the supervisory process, that is, *if* a particular event or concern is described by the supervisee, *then* the supervisor responds to it adequately. Also in contrast to these other measures of supervision, the SRS reflects supervisors' responses to the needs of their supervisee's client(s) as well as those of the supervisee.

CHAPTER 1: INTRODUCTION

Like all human interactions, client/therapist interactions in psychotherapy are complex and highly contextual (Stiles et al., 1998). Not only do therapists adjust their overall approach as they learn more about a client, such as about the client's intersecting social identities, personal history and goals (e.g., Bernal & Sáez-Santiago, 2006; Hardy et al., 1998, 1999), but they also make adjustments during and across sessions based on the client's responses to their comments and interventions (Stiles et al., 1998).

In other words, "context-responsive" psychotherapy can be construed as an "if this/then try that" integrative approach to selecting interventions and strategies (Boswell et al., 2024, p. 1; Constantino et al., 2023). For example, when a client remains silent after the therapist proposes a specific homework assignment, the therapist might ask the client how they feel about the assignment. In response, the client reassures the therapist that the assignment could be helpful. In the following session, when the client indicates not having completed the homework, the therapist decides to take a different approach to the client's difficulties.

According to Stiles et al. (1998), therapists' responsiveness to their clients' emerging needs accounts for the repeated finding of nonsignificant outcome differences due to theoretical orientation in randomized clinical trials, when the therapy is applied faithfully and skillfully. Defined by Stiles et al. as "behavior that is affected by emerging context, including emerging perceptions of others' characteristics and behavior" (p. 439), the term *therapist responsiveness* refers to tailoring interventions as the content and process of a session shift "organically" over time throughout treatment rather than approaching each session in a "ballistic" or "one size fits all" manner (p. 440).

Since Stiles et al.'s (1998) seminal article proposing therapist responsiveness as common to all effective psychotherapy, several authors have elaborated on the concept. For example, Hatcher (2015) described the importance of training novice therapists in how to be responsive to their psychotherapy clients. According to Hatcher, therapy techniques are distinct from their responsive use. Hatcher added that responsiveness is a "metacompetency," or a critical skill for deciding *when* and *how* to use various therapy techniques to best address a given clinical context (p. 2).

Recently, Boswell et al. (2024), in describing the context-responsive perspective on psychotherapy process, pointed out that teaching psychotherapists to be flexible in their approach to clients may be more effective than training them to adhere strictly to a particular theoretical model. Additionally, Boswell et al. recommended teaching therapists the "if-then" model to help them recognize various significant clinical events, to which they are then able to respond skillfully. In the case of an alliance rupture (the "if"), for example, a skillful response (the "then") would begin with an invitation to the client to comment on their experience of the rupture (Friedlander, 2015; Ladany et al., 2016). The therapist's subsequent response would largely depend on the client's level of openness about their internal reaction to the rupture.

Supervisor Responsiveness

According to Friedlander (2012), learning to become a responsive therapist, "the primary educational function of supervision", is "mirrored in supervisor responsiveness" (p. 103). In other words, responsiveness to a supervisee's constantly shifting needs is, theoretically, the primary means by which a therapist in training learns to become an effective psychotherapist (Friedlander, 2012). Although an important function of supervision is, of course, to teach novice therapists how to implement different interventions and theoretical approaches, learning to be

responsive to clients in the moment is modeled within the supervisory relationship as trainees experience the supervisor's close attunement to their shifting needs for guidance, instruction and support (Friedlander, 2012, 2015; Hatcher, 2015).

In a seminal article on supervisor responsiveness, Friedlander (2012) defined the construct as "the accurate attunement and adaptation to a supervisee's emerging needs for knowledge, skills, and (inter)personal awareness with respect to the needs of the client(s) with whom the supervisee is working" (p. 106). Indeed, accurate attunement and adaptation requires supervisors to know when and how to balance a focus on the supervisee with a focus on the client (Friedlander, 2012, 2015; Ladany et al., 2005, 2016). In other words, responsive supervisors mirror the "if/then" approach described by Boswell et al. (2024) in the supervisory context. For example, *if* a supervisee shows a video clip of a challenging interaction with a client and requests guidance from the supervisor, but as the discussion progresses, the supervisor begins to think that the supervisee's personal reaction to the client might be hampering the therapy, *then* the supervisor stops suggesting various therapeutic interventions and instead invites the supervisee to consider what, within themselves, might be affecting their work with the client. As another example, a supervisor becomes more directive than usual in guiding the supervisee's work *if* they work with a high-risk client but is fairly nondirective when the same supervisee is treating a low-risk client (Bernard & Goodyear, 2019; Friedlander, 2012).

To contribute to the knowledge and practice of responsive supervision, the present research had two objectives: (1) to develop a measure of supervisor responsiveness from the perspective of supervisees and then (2) to provide an initial assessment of the measure's psychometric properties. The theoretical base of this measure, called the *Supervisor*

Responsiveness Scale, reflects the aims and process of psychotherapy supervision as described in the available literature.

Like the role of therapist, the role of clinical supervisor is multi-layered and requires adaptation to shifting contextual demands. At various times, supervisors take on one of three roles in relation to their supervisees (teacher, counselor, and consultant), shifting between roles as the context demands (Bernard, 1997). As a teacher, supervisors impart new skills and knowledge to the supervisee while also performing an evaluative function when assessing the supervisee's competencies (Watkins & Scaturo, 2013). As a consultant, supervisors take on a collegial role and challenge their supervisees to trust their judgment, sometimes offering alternative perspectives with minimal direct guidance (Bernard & Goodyear, 2019). As a counselor, supervisors address the supervisee's thoughts, behaviors, and feelings, such as countertransference and low self-efficacy, that can hinder their effective work with clients (Bernard & Goodyear, 2019).

In addition to helping supervisees develop their competencies as psychotherapists (Alfonsson et al., 2018, 2020), supervisors are tasked with overseeing and protecting the well-being of their supervisees' clients (Veilleux et al., 2014). Indeed, being attuned to client welfare is a critical aspect of supervision due to the ethical responsibility of psychologists to safeguard the well-being of all people affected by their services (American Psychological Association, 2015). Since supervisors are tasked with being both a supportive mentor and an evaluator of their supervisees' competencies, it is imperative for supervisors to intervene when the supervisees are not adequately responding to their clients' needs.

Indeed, the multiple roles played by clinical supervisors make the delivery of supervision a complex process, requiring them to continually assess and balance the needs of both supervisee

and client(s) (Friedlander, 2012). At times, supervisors need to focus on the client's needs before considering the supervisee's needs, such as when the client expresses suicidal intent, whereas at other times the supervisee's needs take precedence, such as when the supervisee seems to be experiencing secondary traumatization (Ladany et al., 2005).

It is critical for supervisors to know when and how to balance a focus on the supervisee with a focus on the client (Friedlander, 2012, 2015). For example, a supervisee shows a video clip of a challenging interaction with a client and requests guidance from the supervisor, but as the discussion progresses, the supervisor begins to think that the supervisee's personal reaction to the client might be hampering the therapy. For this reason, the supervisor stops suggesting various therapeutic interventions and instead invites the supervisee to consider what, within themselves, might be affecting their work with the client. As another example, a supervisor is more directive in guiding the supervisee's work with a high-risk client, but more nondirective when the same supervisee is working with a low-risk client (Bernard & Goodyear, 2019; Friedlander, 2012).

Supervisor responsiveness has been amply studied in the context of organizational psychology, such as in relation to supervising the work of employees with disabilities (Gates, 1993). However, research that investigates supervisor responsiveness in the context of psychotherapy is limited.

In a recent study on this topic (Friedlander et al., 2023), supervisor responsiveness was evident in an analysis of in-depth interviews with 14 trainees who described their experience of what they considered to be an effective supervision session during which they discussed a problem, obstacle or dilemma in their work with a specific client. The qualitative findings suggested that supervisors' responsiveness to the participants' feelings and concerns about a

challenging clinical situation was evident in their rich descriptions of the supervision process. That is, participants described how their supervisor showed them -- by teaching new therapy skills and/or by modeling responsiveness in the supervisory relationship -- how they could approach their client differently in their next therapy session (Friedlander et al., 2023).

In discussing the quality of the supervision session, participants indicated an appreciation for how their supervisors considered the participant's therapeutic style and developmental level as a therapist. For example, one individual explained, "[My supervisor] is generally willing to change her own style as a supervisor to kind of match who I am and match my needs, where I am in my training, what kind of clinician I am" (Friedlander et al., 2023, p. 257). The instructional aspect of responsiveness was evident in one participant's comment about the supervisor's explanation "[that]…what can be really helpful is … to go back to the theoretical understanding of personality characteristics and how they develop.…" (p. 249), whereas the modeling aspect of responsiveness was evident in another participant's comment: "My supervisor really modeled for me the kind of clinician I want to be" (p. 258).

In response to interview questions about the impact of the supervision session on the client, many participants described an improvement in the client's engagement in therapy and a better overall relationship (Friedlander et al., 2023). In terms of the impact of the supervision session on themselves, participants described enhanced knowledge of the psychotherapy process and a greater sense of self-efficacy as a therapist. This qualitative study, while not experimental, supports the theory (e.g., Friedlander, 2012, 2015) that, at least for some therapists in training, supervisor responsiveness can improve their in-session work with clients and enhance their professional development.

The Current Research

Friedlander (2012) pointed out that due to the complexity of supervision, it is essential to investigate best practices for responding to the continually shifting needs of clients as well as supervisees. However, the most widely used measures of supervision, such as measures of supervisory styles (Friedlander & Ward, 1984) or the supervisory alliance (Bahrick, 1989), largely reflect supervisors' attention to the needs of their supervisees. Consequently, to contribute to our knowledge and practice of responsive supervision, the present research had two objectives: (1) to develop a measure of supervisor responsiveness, which we called the *Supervisor Responsiveness Scale* (SRS), from the perspective of supervisees to reflect attunement to the shifting needs of supervisees and clients and (2) provide an initial assessment of the measure's psychometric properties, i.e., its factorial validity, internal consistency reliability, convergent and divergent validity.

In developing items for the SRS, we worded many supervisor behaviors to reflect the "if/then" aspect of the supervisory process, e.g., "My supervisor attends to my personal reactions to clients as they come up." Additionally, we created two sets of supervisor behaviors to fully represent the dual aspect of Friedlander's (2012) description of supervisor responsiveness, i.e., (1) responsiveness to the supervisee's needs for instruction, competent skill development, guidance and support, "e.g., My supervisor is attentive to my development as a therapist; "and (2) responsiveness to the clinical needs of the supervisee's client(s), e.g., "My supervisor offers different suggestions based on my clients' unique needs." Confirmatory factor analyses allowed us to test competing models in order to determine whether the better fit would be a two-factor model, which would reflect responsiveness to both supervisee and client, or a single-factor model, which would suggest that responsiveness is a unitary construct.

We construed responsiveness as on a continuum, from low to high responsiveness on the part of supervisors. That is, if responsive supervision characterizes "better" supervision, "worse" supervision can be characterized as "lacking in responsiveness" (Friedlander, 2012, p. 106) or as responding to supervisees (and clients) in what Stiles et al. (1989, p. 440) called a "ballistic" or "one-size fits all manner." For this reason, if responsiveness were to be fully understood and adequately measured, we developed items on both poles of the continuum. The negatively-worded items reflected Friedlander's (2012) description of nonresponsive supervision, for example, "treating different clients identically based on their demographic characteristics, diagnoses, or personality" (p. 105).

Additionally, we recognized that responsive supervision is not a unique perspective on "good supervision," which has validly been captured by measures of other supervisory processes from the supervisee's perspective, such as measures of the supervisory alliance (Bahrick, 1989), supervisory styles (Friedlander & Ward, 1984), and trainee satisfaction with supervision (Ladany et al., 1996). On the other hand, none of these other measures captures the "if/then" context-specific aspect of the supervisory process (Boswell et al., 2024) or the supervisor's attunement to clients.

For this reason, we anticipated that the construct validity of the SRS would be supported if significantly positive correlations were found between SRS scores and scores on three more global aspects of the supervision process: (1) the Attractive, Interpersonally Sensitive and Task Oriented scales of the Supervisory Styles Inventory (SSI; Friedlander & Ward 1984); (2) the Supervisory Working Alliance Inventory-Trainee Version (SWAI/T; Bahrick, 1989); and (3) the Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1996). We further reasoned that the construct validity of the SRS would be further supported if SRS scores were found to be

negatively correlated with scale scores on the Role Conflict and Role Ambiguity Inventory (Olk & Friedlander, 1992), a measure that, unlike the SRS, captures supervisory behaviors that detract from a positive supervision experience (e.g., *The feedback I got from my supervisor did not help me to know what was expected of me in my day-to-day work with clients*, p. 394). Finally, we anticipated that supporting the SRS as a valid measure of supervisees' perceptions of their supervisor's behavior, scores on the measure would not be significantly associated with a measure of socially desirable reporting (Hart et al., 2015).

We anticipated that if in these initial tests of its psychometric properties, the SRS were found to be reliable and valid, future research with this measure could be used to advance theory about specifically how, within a session, supervisors influence the training of responsive psychotherapists. Moreover, we anticipated that the training of novice supervisors could be enhanced by a clearer understanding of the construct of supervisor responsiveness.

The specific hypotheses were as follows:

Hypothesis 1: As a competing hypothesis, the CFA results would indicate good fit for either a two-factor model, i.e., (1) responsiveness to the supervisee's needs and (2) responsiveness to the needs of the supervisee's client(s) or a one-factor model, i.e., supervisor responsiveness to both supervisee and client(s). If the two-factor model were found to be the best fit, a moderately positive correlation was expected between the factors. A good fit for either model would support the factorial validity of the items.

Hypothesis 2: Supporting the concurrent validity of the SRS, the refined measure's score(s)[1] will be moderately positively correlated with (a) each of the three scales (Attractive, Interpersonally Sensitive and Task Oriented) in the Supervisory Styles Inventory (SSI;

[1] One score if the CFA indicated a single factor; scores on two scales if the two-factor model were considered a better fit.

Friedlander & Ward, 1984), (b) scores on the Supervisory Working Alliance Inventory-Trainee Version (SWAI/T; Bahrick, 1989), and (c) the Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1996).

Hypothesis 3: Supporting the construct validity of the refined SRS, the measure's score(s) will be moderately negatively correlated with the Role Conflict and Role Ambiguity scales in the Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992.

Hypothesis 4: As a null hypothesis that would support the discriminant validity of the SRS, the measure's score(s) will not be significantly associated with scores on the Balanced Inventory of Desirable Responding scale (BIDR-16; Hart et al., 2015).

In terms of the anticipated significance of this research, the development of a psychometrically sound measure of supervisor responsiveness will allow future researchers to assess *how* supervisors' specific behaviors improve supervisees' experience of supervision and client outcomes. Moreover, the SRS can be used in future studies to gain knowledge about the kinds of in-session behaviors of supervisors that facilitate effective supervision. Such studies have the potential to improve clinical practice.

CHAPTER 2: METHOD

Item Development

In consultation with an experienced PhD level supervisor and a team of 7 counseling psychology doctoral students, an initial pool of 35 items was generated to capture the supervisor responsiveness construct. The positively-worded items were developed based on Friedlander's (2012) conceptualization of supervisor responsiveness as attending to the emergent needs of supervisee and client(s) through both modeling and instruction, whereas the negatively-worded items were created to represent a lack of supervisor responsiveness.

Following the development of the item pool, a panel of 12 supervision experts (10 women, 2 men, with *M* = 16.17 years of supervision experience [*SD* = 9.44; range 5 – 35]), and/or publications on supervision, evaluated each of 35 items for clarity, face and content validity. In other words, experts were asked to rate the clarity of each item and the degree to which it was descriptive of each of the two poles of a continuum (i.e., as responsive or as nonresponsive).

Specifically, experts rated (a) 24 positively-worded items for the extent to which they were descriptive of Friedlander's (2012) definition of the responsiveness construct, as well as their clarity, and (b) 11 negatively-worded items for the extent to which each one was descriptive of a "lack of responsiveness" based on the same definition. All 35 items were rated on a scale of 1 (*not at all descriptive*) to 5 (*totally descriptive*). When a rating of 3 or less was made for either clarity or correspondence with the either "responsiveness" or "a lack of responsiveness," the rater was prompted to explain their rating in a text box.

Results showed that, on average, the experts viewed the positively- worded items as mostly reflective of responsiveness (*M* = 4.44, *SD* = 0.54, range = 3.5 to 5), and as mostly clear (*M* = 4.48, *SD* = 0.56, range = 4.17 to 5). Additionally, the experts viewed the negatively-worded items as largely reflective of a lack of responsiveness (*M* = 4.74, *SD* = 0.54, range = 4.58 to 4.92), and as very clear (*M* = 4.73, *SD* = 0.56, range = 4.50 to 4.92). Based on these results, one item was deleted that had an average rating < 4 and 4 other items were deleted based on the raters' written comments. That is, one item was deleted because it was considered too similar to another item, and 3 items were deleted that were considered ambiguous. In total, 5 items were removed, and 14 items were edited for greater clarity[2].

[2] Although 30 items were retained based on a review of the experts' ratings, 2 items that, erroneously, were identical, were deleted. Thus, the confirmatory factor analysis was conducted with 28 items.

Participants

To assess the internal consistency reliability of the SRS and its convergent and discriminant validity, we conducted an a priori power analysis using G*Power Version 3.1 (Faul et al., 2009). We estimated the effect size as 0.157 based on a previous study that investigated the supervisory working alliance as a predictor of satisfaction with supervision and supervisee self-efficacy (Ladany et al., 1999). With alpha at .05, the analysis indicated that a sample size of 150 participants would be needed to achieve statistical power of .996. In anticipation of substantial missing data, we sampled 20% more participants, for a target $N = 180$.

Participants were recruited by email for a web-based study on "*supervisees' perceptions of their supervisors' behaviors to contribute to knowledge of effective supervision*." We deleted 47 cases with ≥ 20% missing data on the SRS items or failing 2 or more of the 4 validity check items included in the Qualtrics survey (e.g., "Select "Square" in the following list:"). All participants with ≥ 20% missing data dropped out of the survey early.

The resulting sample of 216 participants[3] (75% cisgender women, 9.3% cisgender men, 4.2% non-binary/gender nonconforming, 0.5% transgender men, and 11% participants who did not specify a gender) reported a mean age of 30.94 years ($SD = 8.81$, median = 28.5, range = 20–67 see Table 1). In terms of race/ethnicity, 119 (55.1%) participants identified as White, 22 (10.2%) as Hispanic/Latinx, 15 (6.9%) as Asian/Asian American, 13 (6%) as Black/African American; 20 (9.3%) participants indicated more than 1 race, and 23 (12.5%) did not specify a race.

Participants primarily were practicum students ($n = 73$; 33.8%) or interns ($n = 86$; 39.8%) pursuing master's ($n = 103$; 47.7%) degrees in mental health counseling ($n = 69$; 31.9%)

[3] 216 cases were included in the factor analyses. Due to 20 participants having ≥ 20% missing data on the 5 validity measures, the correlation analyses were conducted with 196 participants.

or doctoral degrees (*n* = 87; 40.3%) in counseling psychology (*n* = 36; 16.7%) or clinical psychology (*n* = 47; 21.8%). In terms of training site, most participants indicated being trained either at a community mental health center (*n* = 57; 26.4%), a private practice (*n* = 40; 18.5%) or a college counseling center (*n* = 32; 14.8%).

Instruments

Supervisor Responsiveness Scale

Participants were asked to rate their most recent primary supervisor's responsiveness on each item that was retained following revisions based on the experts' ratings (see Appendix A). The 19 positively-worded items included, "My supervisor shifts the topic or focus of supervision depending on what I need to discuss" and "My supervisor offers different suggestions based on my clients' unique needs"). The 9 (reverse scored) negatively-worded items included, "My supervisor seems unaware of what I need at any given moment" and "My supervisor does not seem to understand what I'm looking for in supervision." Each item was rated on a 5-point Likert-type scale ranging from 1 (*not at all agree*) to 5 (*totally agree*).

Supervisory Styles Inventory

The widely used SSI (Friedlander & Ward 1984) has 33 adjectives (8 of which are filler items) that reflect three styles of supervision. For the present study, the trainee form of the measure was used to reflect participants' perceptions of their supervisor's characteristic approach to supervision. The measure's three scales are Attractive (ATT; 7 items, e.g., *supportive, positive, trusting*), Interpersonally Sensitive (IS; 8 items, e.g., *perceptive, committed, intuitive*), and Task Oriented (TO; 10 items, e.g., *goal oriented, concrete, structured*).

The response format is a 7-point Likert-type scale, ranging from 1 = *not very* to 7 = *very*. Raw scores on each scale are averaged to range from 1 to 7, with higher scores indicating a

higher degree of each perceived supervision style. The ATT, IS and TO scales showed internal coefficient scores of $\alpha = 0.89$, $\alpha = 0.88$, and $\alpha = 0.85$, respectively, in Friedlander and Ward's, (1984) development sample. In a recent sample of 299 graduate students (An et al., 2020), the SSI demonstrated internal consistency reliabilities = 0.94 (ATT), 0.93 (IS), and 0.89 (TO). In the present sample, the internal consistency reliabilities were comparable, 0.97 (ATT), 0.96 (IS), and 0.93 (TO).

Supervisory Working Alliance Inventory-Supervisee Form

The 36-item Supervisory Working Alliance-Trainee Version (SWAI/T; Bahrick, 1989), which is the most widely used measure of trainees' perceptions of the working alliance in supervision, reflects agreement between supervisor and supervisee on the goals (Goals) and tasks (Tasks) of supervision and on their emotional bond (Bond). Each scale contains 12 items, rated on a 7-point Likert-type scale from 1 = *never* to 7 = *always*. Total scores are summed after reversing the negatively scored items, so that each scale can range from 12 to 84, with higher scores indicating more favorable perceptions of the working alliance in supervision.

For the present study, total scores were used, since Ellis and colleagues (2003; cited in DelTosta, 2014) found high intercorrelations among the three subscales. In a sample of 257 clinical/counseling/social work graduate students, the internal consistency reliability of the total score was $\alpha = 0.97$ (Gibson et al., 2019). Similarly, in the present sample $\alpha = 0.97$.

Supervisee Satisfaction Questionnaire

The Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1996), an 8-item scale that assesses supervisees' satisfaction with supervision, has been widely used in studies of the supervision process. Example items include, "*The supervision I received helped me to deal more effectively in my role as a counselor or therapist*" and "*I would recommend this supervisor to a*

friend in need of supervision." The response format is a 4-point Likert-type scale, in which 1 = *low* and 4 = *high*. Total scores are summed after reversing 1 negatively-worded item; higher scores (possible range 8 - 32) indicate greater satisfaction with supervision.

In Ladany and colleagues' (1996) sample of 108 therapists-in-training, the internal consistency reliability of the SSQ was $\alpha = 0.96$. Similarly, in a sample of 111 graduate students (Li et al., 2021), $\alpha = 0.96$. In the present sample, $\alpha = 0.97$.

Role Conflict and Role Ambiguity Inventory

The Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992) is a 29-item measure with two scales that assess two role-related aspects of the supervisory working relationship: Role Conflict (13 items), which refers to supervisor and supervisee holding opposing expectations for their respective roles in supervision, and Role Ambiguity (16 items), which refers to a vague or unclear nature of the supervisee's expected role in supervision. Role Conflict (RC) items include, "*My supervisor told me to something I perceived to be illegal or unethical and I was expected to comply*" and "*Part of me wanted to rely on my own instincts with clients, but I always knew that my supervisor would have the last word*." Role Ambiguity (RA) items include, "*Everything was new, and I wasn't sure what would be expected of me*" and "*I was unsure of what to expect from my supervisor*." Supervisees are asked to rate each item a 5-point Likert-type scale from 1= *not at all* to 5 = *very much so.*

Scores can range from 13 to 65 (RC) and 16 to 80 (RA), with higher scores indicating greater perceived role conflict and ambiguity. In Olk and Friedlander's (1992) development sample of 240 clinical and counseling supervisees, internal consistency reliabilities were $\alpha = 0.89$ (RC) and 0.91 (RA). In a more recent sample of 187 U.S. supervisees (Son & Ellis, 2013), the

internal consistency reliabilities were α = 0.92 (RC) and α = 0.94 (RA). In the present sample, the internal consistency reliabilities were α = 0.92 (RC) and α = 0.95 (RA).

Balanced Inventory of Desirable Responding-16

The BIDR-16 (Hart et al., 2015) is a shortened, 16-item version of the 40-item Balanced Inventory of Desirable Responding scale (BIDR-40; Paulhus, 1984). The measure assesses the degree to which a respondent gives honest but positively biased reports as well as the degree to which a respondent is attempting to appear in a positive light.

The response format of the BIDR-16 is an 8-point Likert scale, ranging from 1 = *totally disagree* to 8 = *totally agree*. Total scores (range 16 to 128) are summed after reversing the negatively-worded items; higher scores indicate more socially desirable reporting. In a sample of 114 psychology graduate students (Galvin, 2022), the BIDR-16 demonstrated an internal consistency reliability of α = 0.85. In the present sample, the internal consistency reliability was α = 0.70.

Demographic Questionnaire

The demographic questionnaire (see Appendix C) asked participants for their age, gender, sexual orientation, race/ethnicity, education level, type of training program and degree, year in program, theoretical orientation, number of weeks supervised by their current/recent supervisor, and clinical setting. Additionally, participants were asked to report their supervisor's gender, race/ethnicity, degree, field of study, and theoretical orientation.

Procedure

After approval from the university's institutional review board, directors of master's and doctoral programs and internship training directors from college counseling and community mental health centers were asked by email to forward a recruitment request (see Appendix D) to

students in their program, requesting their participation in the online study. Training directors' contacts were obtained from the Council of Counseling Psychology Training Programs (CCPTP; a directory of counseling psychology training directors) and the Council of University Directors of Clinical Psychology (CUDCP; a directory of clinical psychology training directors).

The email directed interested participants to an online informed consent page, hosted on Qualtrics.com, that described the purpose of the study, its anonymous nature, the possible risks and benefits, the right to withdraw at any time, the incentive (a drawing for a $50 Amazon online gift card). The consent page also contained contact information for the investigator, the dissertation chair, and the University at Albany's Office for Research Compliance (see Appendix E).

Participants who clicked "consent" were directed to the SRS and the four validation measures, which were randomly ordered. After completing these measures, participants completed the BIDR-16, followed by a demographic questionnaire.

After completing the survey, participants were invited to provide their email addresses if they wished their names to be entered in the drawing. They were informed that their contact information would be stored separately from their survey response data to maintain their anonymity.

CHAPTER 3: RESULTS

Confirmatory Factor Analyses

The factorial validity of the theorized two-factor model (reflecting responsiveness to the supervisee's needs and responsiveness to the client's needs) was evaluated using confirmatory factor analysis (CFA). In the following section, the acronym SR stands for items reflecting

responsiveness to the supervisee's needs, while the acronym CR stands for items reflecting responsiveness to the client's needs.

A series of three CFA analyses (with $N = 216$) was performed with the structural equation modeling confirmatory procedure (Gallagher & Brown, 2013) in R (R Core Team, 2021) using the lavaan package (Rosseel, 2012). Goodness of fit was evaluated using recommended criteria on the comparative fit index (CFI; ≥ .95), the Tucker-Lewis Index (TLI; ≥.95), the standardized root mean square residual (SRMR; ≤ 08), and the root mean square error of approximation (RMSEA; ≤ .08), based on recommendations by Hu and Bentler (1999) and Gallagher and Brown (2013).

As shown in Table 2, results did not indicate an adequate fit to the theorized two-factor model, scaled $X^2(349) = 961.538$, $p < .001$, CFI = 0.883, TLI = 0.874, SRMR = .052, RMSEA = 0.090; 90% CI [0.083, 0.097]. Scores on the two factors were also highly correlated ($r = 0.948$; $p < .001$), suggesting that a one-factor solution is more appropriate.

Modifications

Before testing the one-factor model, several significant modification indices (with MI > 20; Hu & Bentler, 1999) led to model modifications, that is, by allowing two conceptually similar items to correlate with each other. Four modifications were made for (1) items SR.7 and SR.11 (MI = 45.73), both of which referred to a supervisor not providing what a supervisee is seeking in supervision; (2) items CR.5 and CR.8 (MI = 29.52), both of which referred to a supervisor's attention to the perceived growth of a supervisee's client(s); (3) items SR.2 and SR.15 (MI = 24.83), both of which referred to a supervisor's ability and willingness to provide specific guidance; and (4) items SR.8 and SR.12 (MI = 22.23), both of which referred to a supervisor's awareness of a supervisees' needs.

In addition, 5 items (3 SR items and 2 CR items) with factor loadings below 0.65 were removed from the model to ensure a robust and interpretable factor structure (Table 3). This threshold was chosen based on Hair and colleagues' (2010) guidelines for CFA. Specifically, (1) the item content of SR.16 (*My supervisor is not flexible in meeting my immediate needs)* was potentially ambiguous, if the item were construed as only the supervisee's needs being considered by the supervisor; (2) the item content of SR.17 (*My supervisor collaborates with me to develop a supervision agenda for each session*) was considered more related to the supervisory working alliance than to context-specific responsiveness; (3) SR.19 (*My supervisor does not change their approach with me when I'm struggling*) was also considered somewhat ambiguous, in as much as a supervisee's struggle is often important for growth rather than a negative indicator of responsiveness; (4) the item content of CR. 4 (*My supervisor offers the same guidance for all my clients*) was potentially misleading in that some supervisory guidance, such as showing respect, setting boundaries, and attunement to client needs, is appropriate for working with all clients; and (5) the item content of CR.10 (*My supervisor is not flexible when my client seems to need a different approach*) was also potentially confusing, if the item were construed as the supervisor providing therapy to the client. With the above modifications, the second CFA indicated an improved model fit: $X^2(225) = 581.485$, $p < .001$, CFI = 0.926, TLI = 0.916, SRMR = 0.041, RMSEA = 0.086; 90% CI [0.077, 0.094].

A scaled chi-square difference test (Satorra & Bentler, 2001) was conducted to compare the fit of the modified two-factor model to the first, unmodified two-factor model. Results indicated that the modified two-factor model was a better fit than the unmodified two-factor model, $\chi^2\text{diff}\,(124) = 357.51$, $p < 0.0001$. However, the two theorized factors remained highly

correlated (r = 0.955; p < .0001). Consequently, a third CFA was computed to evaluate the fit and interpretability of a one-factor solution.

Results of this third model indicated a good fit, scaled $X^2(226) = 627.885$, $p < .001$, CFI = 0.916, TLI = 0.906, SRMR = 0.042, RMSEA = 0.091; 90% CI [0.082, 0.099]. These results suggested that the one-factor model was the best fit (see Table 2).

Descriptive Statistics and Tests of Reliability and Validity

The final 23-item SRS has 18 positively-worded and 5 negatively-worded items, reflecting responsiveness to both supervisee and client. After reverse scoring the 5 negatively-worded items, the raw scores were summed; higher total scores indicate greater perceived supervisor responsiveness (possible range = 23 to 115).

Participants' mean score on the SRS was 89.41 (SD = 22.92, range 27 - 115), indicating a moderately high level of perceived supervisor responsiveness. The skewness of the distribution was -0.924, indicating a moderate negative skew. The kurtosis was -0.160, suggesting that the distribution was slightly negative, although close to a normal distribution. Finally, the internal consistency reliability was $\alpha = 0.98$.

Means on the other 5 study variables appear in Table 4, along with their internal consistency reliabilities and bivariate correlations with the SRS. As shown in the table, all correlations with the SRS were significant in the hypothesized direction (all ps < .0001) and substantive. Specifically, supporting the convergent validity of the SRS (Hypotheses 2 to 3), significant (p < .0001) and substantive positive correlations were found between the SRS scores and scores on (a) the three supervisory styles on the SSI (Friedlander & Ward, 1984), rs = .66 to .88; (b) the measure of supervisory alliance, the SWAI/T (Bahrick, 1989), r = .92; and (c) the measure of supervisee satisfaction, the SSQ (Ladany et al., 1996), r = .91. Also supporting the

convergent validity of the SRS, scores on both Role Conflict and Role Ambiguity in the RCRAI (Olk & Friedlander, 1992), were moderately negatively correlated with the SRS (r = .75, p < .0001 and r = .80, p < .0001, respectively). Finally, scores on the BIDR-16 (Hart et al., 2015), a measure of socially desirable reporting, were not significantly correlated with the SRS (r = .12, p > .05), supporting the measure's discriminant validity.

CHAPTER 4: DISCUSSION

To advance understanding of responsive supervision, we developed the Supervisory Responsiveness Scale and tested its internal consistency reliability and construct validity. After refinement of an initial pool of items based on the input from a panel of supervision experts, a diverse sample of therapists in training provided their perceptions of the in-session behaviors of their current or most recent clinical supervisor. After further item refinement based on a series of confirmatory factor analyses, the measure's validity was further assessed using four well established measures of the supervisory process and a measure of socially desirable reporting.

It was anticipated that if the SRS were found to be psychometrically valid, research with the measure would have the potential to advance understanding about how, specifically, supervisors influence the clinical development of psychotherapists in training. In contrast to other, more general measures of the supervisory process, like the supervisory alliance, the SRS was designed to assess specific, in-session behaviors of supervisors that reflect attunement to supervisee's emerging needs and the needs of their clients.

In developing the initial item pool, it was reasoned that many supervisory behaviors are helpful for furthering the clinical knowledge of trainees but not specifically characteristic of responsive supervision, such as explaining the process for assessing all clients in an intake or the importance of being a self-aware therapist. In creating the SRS, however, responsiveness was

construed as a continuum, from highly responsive to nonresponsive in a specific context. Based on this reasoning, 11 items in the initial pool were written to reflect a lack of responsiveness, as described by Friedlander (2012), such as, "*My supervisor seems unaware of my shifting goals for supervision*" and "*My supervisor does not adapt when I need something different from supervision.*"

In designing the measure, two interrelated aspects of supervisor responsiveness were included: responsiveness to the supervisee's needs and responsiveness to the needs of the supervisee's client(s) (Friedlander, 2012, 2015). Based on this theorizing, two competing hypotheses were tested using confirmatory factor analyses: a two-factor solution and a one-factor solution.

Results indicate a high correlation between the two factors ($r = 0.96$), suggesting that participants tended to view their supervisor's responsiveness to their immediate needs as not distinct from the supervisor's responsiveness to their clients. While it is possible that the correlation was exceptionally high since the items intended to distinctly represent responsiveness to clients also mentioned the supervisee's needs, such as the item, *My supervisor helps me understand what each client requires.* Indeed, none of the SRS items pertain solely to the client's immediate needs. Taken together, the one-factor solution suggests that supervisees tend to perceive a supervisor's help in responding to their client's needs is the best operationalization of the responsiveness construct.

In terms of our initial evaluation of the (final) 23-item SRS, the internal consistency reliability ($\alpha = 0.98$) and lack of significance with a measure of socially desirable reporting, suggested that participants reported on their supervisor's behavior consistently and without considering the social desirability of their responses. Supporting the measure's convergent

validity, exceptionally high correlations were found between the SRS, a measure of the supervisory alliance (r = 0.92; SWAI/T, Bahrick, 1989), and a measure of satisfaction with supervision (r = 0.91; SSQ, Ladany et al., 1996), suggesting that supervisor responsiveness was not perceived distinctly from these two other evaluations of the supervision process. Unlike these other measures, however, the SRS evaluates the "if/then" aspect of supervision. In other words, the SRS examines how supervisors respond appropriately to specific events or concerns raised by supervisees. Additionally, unlike the other measures, the SRS assesses supervisors' responsiveness to the needs of their supervisee's client(s) as well as those of the supervisee.

Moreover, the SRS items are more fine grained in terms of supervisor behavior than either the SWAI/T (e.g., *I believe [my supervisor] likes me*) or the SSQ (e.g., *In an overall general sense, how satisfied are you with the supervision you have received?*) in that the SRS captures the "if/then" context-specific aspect of the supervisory process (Boswell et al., 2024; Constantino et al., 2023). In other words, the uniqueness of the SRS is its grounding in supervisory behaviors, with items like, "*My supervisor addresses what I need in the moment.*" and "*My supervisor is willing to change the focus of supervision as needed, based on what my clients need*." Also in contrast to the SWAI/T and SSQ, the negatively-worded items in the SRS (e.g., "*My supervisor does not adapt when I need something different from supervision*" and "*My supervisor does not work with me in a flexible way*") are behavioral rather than global (e.g., "*I feel uncomfortable with [my supervisor]*" [SWAI/T] and "*If a friend were in need of supervision would you recommend this supervisor to him or her?*" [SSQ]).

As another test of convergent validity, the SRS was highly correlated with the attractive, interpersonally sensitive, and task-oriented styles of supervision on the SSI (Friedlander & Ward, 1984). The most highly correlated of these three styles was Interpersonally Sensitive (0.88),

likely because of the three styles, this one is the most relational, with items like "*invested,*" "*perceptive,*" and "*therapeutic*"), similar to many items on the SRS (e.g., "*My supervisor is attentive to my development as a therapist*"). The Attractive supervisory style, with items like "*warm,"* "*friendly*," and "*supportive*," was also highly correlated with the SRS (0.77). According to Friedlander and Ward (1984), the Attractive supervisory scale, which is characteristic of a "good supervisor" in terms of collegiality and consulting on cases, corresponds closely with several SRS items, such as *My supervisor offers helpful suggestions when I feel stuck with a client*, and *My supervisor helps me develop my personal approach to therapy*. Finally, the Task Oriented style, with items like "*didactic*," "*prescriptive*" and "*focused*," while substantially correlated with the SRS (0.66), was the least correlated of the three supervisory styles, nonetheless suggesting that supervisors who highly endorse a cognitive-behavioral approach to supervision are also seen as responsive by supervisees.

Also supporting the validity of the SRS, results showed that scale scores were moderately negatively correlated with measure of both role conflict and role ambiguity, as hypothesized. Unlike the SRS, both of the RCRAI scales (Olk & Friedlander, 1992) reflect supervisees' perceptions of supervisory behaviors that detract from a responsive supervision experience (e.g., *The feedback I got from my supervisor did not help me to know what was expected of me in my day-to-day work with clients*).

Implications for Practice

The concept of supervisor responsiveness, as operationalized by the 18 positively-worded items in the SRS, offers some guidance to supervisors about the importance of attunement and flexibility to the immediate needs of supervisees, (e.g., *My supervisor offers helpful suggestions when I feel stuck with a client*). Moreover, the 5 negatively framed items (e.g., *My supervisor*

seems unaware of what I need at any given moment) suggest various ways in which supervisees are unlikely to see their supervisor's behavior as lacking in responsive to their immediate needs in a supervision session.

Furthermore, the one-factor solution suggests that, in the eyes of trainees, supervisor responsiveness is closely tied to how the supervisor supports and guides them to meet the emergent needs of their clients (e.g., *My supervisor is willing to change the focus of supervision as needed, based on what my clients need*, and *My supervisor helps me understand what each client may need from therapy*). As Friedlander (2012) described, supervisors can support and guide their supervisees through both didactic teaching and modeling responsiveness. For example, through didactic teaching, a supervisor might provide clear instructions to supervisees on understanding and addressing the specific needs of different clients in therapy (e.g., "*My supervisor teaches me what different clients might need from me in therapy*"). Alternatively, through modeling, a supervisor might demonstrate responsive behaviors in real-time (e.g., "*My supervisor addresses my concerns as they arise*").

Future research on responsiveness could explore whether an exclusively didactic approach is more effective than an exclusively modeling approach in teaching supervisees how to be responsive, or vice versa. Such research might show that while didactic methods provide clear guidelines and frameworks, modeling offers practical, real-world applications of responsiveness that trainees can emulate. Additionally, it would be valuable to investigate the combined effects of both approaches, potentially revealing that an integrated method is the most effective in enhancing supervisee responsiveness.

Moreover, the Supervisory Responsiveness Scale may be a powerful tool for training supervisors. Its focus on in-session behaviors might be more helpful than concepts like the

supervisory alliance, which are not explicit about how and when supervisors need to renegotiate goals and tasks. Using the SRS to guide training could help supervisors learn to dynamically adjust their supervisory strategies to meet the evolving needs of their supervisees and their clients, ultimately leading to better client outcomes and more effective therapist development.

Limitations and Recommendations for Future Research

While steps were taken to improve the validity of the SRS, some threats to validity may remain. First, the self-selected convenience sample included predominantly women and predominantly White participants. Although these demographic characteristics are representative of current therapists in training (American Psychological Association, 2023), they must be considered when considering the generalizability of the results. Second, in terms of procedural validity, the study relied solely on self-report measures, requiring accurate recall in participants' assessment of their supervisor's behavior.

Additionally, statistical conclusion validity could be threatened due to the necessity of using of modification indices to improve the fit of the theorized model, which risked overfitting. If in future studies the same one-factor structure emerges with similar estimates of reliability, several directions for research with SRS are warranted.

Furthermore, researchers could examine causal relations between supervisor responsiveness and client outcomes through longitudinal studies. For example, researchers could track supervisees over time to assess how levels of supervisory responsiveness influence their clinical skills and their clients' progress. By evaluating supervisees at multiple points during their training and professional practice, researchers could determine if increased responsiveness from supervisors leads to improved therapeutic techniques, greater client satisfaction, and better client

outcomes. This longitudinal approach would provide strong evidence on the long-term effects of supervisory practices on both therapists' professional trajectories and their clients' well-being.

Moreover, supervisees could be directed to rate the SRS with respect to a single supervision session, rather in general, and observers could rate whether the behaviors the supervisees indicated having taken place did in fact take place. Last, supervisors could rate their own behaviors using SRS-like items in terms of a single session. Although it remains to be determined if the measure is more meaningful when assessing a single session or more generally, these additional studies could build on our understanding of supervision best practices.

In conclusion, the importance of responsiveness in supervision may mirror its critical role in therapy, as responsive supervision is theorized to enhance the supervisee's professional development and client outcomes (Friedlander, 2012). Understanding and implementing effective supervisory responsiveness can thus further the science of psychotherapy training, ensuring that future therapists are well equipped to adapt to their clients' emerging needs (Hatcher, 2015).

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Table 1

Participants' Demographic Characteristics

Variable	*M*	*SD*	*n* (%)
Age	30.94	8.81	
Gender			
Cisgender man			20 (9.3)
Cisgender woman			162 (75.0)
Transgender man			1 (0.5)
Transgender woman			0
Non-binary/gender nonconforming			9 (4.2)
Other			2 (0.9)
Prefer not to say			2 (0.9)
Missing			20 (9.3)
Race/Ethnicity			
American Indian/Alaskan Native			0
Asian/Asian American			15 (6.9)
Black/African American			13 (6)
Hispanic/Latinx			22 (10.2)
Native Hawaiian/Pacific Islander			0
White			119 (55.1)
More than one race chosen			20 (9.3)
Other			5 (2.3)
Prefer not to say			2 (0.9)
Missing			20 (9.3)
Highest Degree Earned			
Bachelor's			79 (36.6)
Master's			94 (43.)
PhD			13 (6)
PsyD			6 (2.8)
EdD			1 (0.5)
Other			1 (0.5)
Prefer not to say			1 (0.5)
Missing			21 (9.7)
Degree Program			
Master's Degree			103 (47.7)
Doctoral Degree			87 (40.3)
Other			3 (1.4)

table continues

Table 1, cont.

Variable	*M*	*SD*	*n* (%)
Prefer not to say			0
Missing			23 (10.6)
Specialization			
Mental Health Counseling			69 (31.9)
Counseling Psychology			36 (16.7)
Clinical Psychology			47 (21.8)
School Psychology			6 (2.8)
Social Work			24 (11.1)
Other			13 (6)
Prefer not to say			1 (0.5)
Missing			20 (9.3)
Current Clinical Level			
Practicum			73 (33.8)
Internship			86 (39.8)
Post-doc			15 (6.9)
Recent Grad			17 (7.9)
Externship			1 (0.5)
Other			18 (8.3)
Prefer not to say			4 (1.9)
Missing			20 (9.3)
Current Clinical Setting			
College Counseling			32 (14.8)
Community Mental Health Center			57 (26.4)
Hospital			21 (9.7)
Private Practice			40 (18.5)
Veterans Affairs			8 (3.7)
School			23 (10.6)
Other			12 (5.6)
Prefer not to say			3 (1.4)
Missing			20 (9.3)
Weeks with Supervisor	28.43	32.05	
Supervisor's Gender			
Cisgender man			46 (21.3)
Cisgender woman			141 (65.3)
Transgender man			0
Transgender woman			0

table continues

Table 1, cont.

Variable	*M*	*SD*	*n* (%)
Nonbinary/gender nonconforming			1 (0.5)
Other			1 (0.5)
Do not know			5 (2.3)
Prefer not to say			1 (0.5)
Missing			21 (9.7)
Supervisor's Race/Ethnicity			
Asian/Asian American			10 (4.6)
Black/African American			14 (6.5)
Hispanic/Latinx			17 (7.9)
Native American/American			0
Indian/First Nation			1 (0.5)
Native Hawaiian/Pacific Islander			1 (0.5)
White/Caucasian, not Latinx			137 (63.4)
More than one race chosen			7 (3.2)
Other			3 (1.4)
Do not know			5 (2.3)
Prefer not to say			0
Missing			21 (9.7)
Supervisor's Highest Degree			
Master’s			83 (38.4)
Doctoral			105 (48.6)
Other			3 (1.4)
Do not know			3 (1.4)
Prefer not to say			1 (0.5)
Missing			21 (9.7)
Supervisor's Specialization			
Mental Health Counseling			51 (23.6)
Counseling Psychology			24 (11.1)
Clinical Psychology			71 (32.9)
School Psychology			6 (2.8)
Social Work			30 (13.9)
Other			11 (5.1)
Prefer not to say			2 (0.9)
Missing			21 (9.7)

Note. $N = 216$.

Table 2

Fit Indices for Confirmatory Factor Analyses

Model	χ^2	*df*	CFI	TLI	SRMR	RMSEA (90% CI)
Initial two-factor model	961.54	349	0.88	0.87	0.05	0.09 [0.083, 0.097]
Modified two-factor model	581.49	225	0.93	0.92	0.04	0.09 [0.077, 0.094]
One-factor model	627.89	226	0.92	0.91	0.04	0.09 [0.082, 0.099]

Note: $N = 216$.

Table 3

Results of the Confirmatory Factor Analyses

Item	Initial Two-Factor Model		Modified Two-Factor Model		One-Factor Solution
	SR	CR	SR	CR	
SR.1. My supervisor addresses my concerns as they arise.	**0.89**	--	**0.89**	--	**0.88**
SR.2. My supervisor gives me specific guidance when I work with challenging cases.	**0.81**	--	**0.81**	--	**0.81**
SR.3. My supervisor addresses what I need in the moment.	**0.86**	--	**0.87**	--	**0.85**
SR.4. My supervisor does not work with me in a flexible way.	**0.67**	--	**0.65**	--	**0.64**
SR.5. My supervisor shifts the topic or focus of supervision depending on what I need to discuss.	**0.73**	--	**0.73**	--	**0.73**
SR.6. My supervisor addresses my training needs as they arise.	**0.86**	--	**0.86**	--	**0.86**
SR.7. My supervisor does not seem to understand what I'm looking for in supervision.	**0.81**	--	**0.79**	--	**0.78**
SR.8. My supervisor seems unaware of my shifting goals for supervision.	**0.76**	--	**0.74**	--	**0.74**
SR.11. My supervisor does not adapt when I need something different from supervision.	**0.72**	--	**0.70**	--	**0.68**
SR.12. My supervisor seems unaware of what I need at any given moment.	**0.83**	--	**0.81**	--	**0.80**
SR.13. My supervisor is attentive to my development as a therapist.	**0.85**	--	**0.85**	--	**0.84**
SR.14. My supervisor attends to my personal reactions to clients as they come up.	**0.73**	--	**0.73**	--	**0.73**

table continues

Table 3, cont.

Item	Initial Two-Factor Model		Modified Two-Factor Model		One-Factor Solution
	SR	CR	SR	CR	
SR.15. My supervisor is directive when I need specific guidance.	**0.75**	--	**0.76**	--	**0.76**
SR.16. My supervisor is not flexible in meeting my immediate needs.	0.60	--	--	--	--
SR.17. My supervisor collaborates with me to develop a supervision agenda for each session.	0.57	--	--	--	--
SR.18. My supervisor calls my attention to important issues I had not considered.	**0.81**	--	**0.81**	--	**0.82**
SR.19. My supervisor does not change their approach with me when I'm struggling.	0.58	--	--	--	--
SR.20. My supervisor helps me develop my personal approach to therapy.	**0.80**	--	**0.80**	--	**0.82**
CR.1. My supervisor is willing to change the focus of supervision as needed, based on what my clients need.	--	**0.81**	--	**0.81**	**0.83**
CR.2. My supervisor helps me understand what each client may need from therapy.	--	**0.87**	--	**0.88**	**0.87**
CR.3. My supervisor helps me see that different clients need different kinds of interventions.	--	**0.81**	--	**0.80**	**0.78**
CR.4. My supervisor offers the same guidance for all my clients.	--	0.23	--	--	--
CR.5. My supervisor is attentive to how my clients are progressing.	--	**0.73**	--	**0.72**	**0.70**

table continues

Table 3, cont.

Item	Initial Two-Factor Model		Modified Two-Factor Model		One-Factor Solution
	SR	CR	SR	CR	
CR.6. My supervisor offers different suggestions based on my clients' unique needs.	--	**0.87**	--	**0.87**	**0.84**
CR.7.My supervisor teaches me what different clients might need from me in therapy.	--	**0.86**	--	**0.86**	**0.83**
CR.8. My supervisor shows interest in my clients when they are improving as well as when they are struggling.	--	**0.76**	--	**0.75**	**0.74**
CR.9. My supervisor offers helpful suggestions when I feel stuck with a client.	--	**0.87**	--	**0.87**	**0.86**
CR.10. My supervisor is not flexible when my client seems to need a different approach.	--	0.49	--	--	--

Note. Factor loadings above 0.65 are in bold type. SR = Responsiveness to supervisee. CR = Responsiveness to the supervisee's client(s). Correlations between the SR and CR factors were as follows: initial two-factor model ($r = 0.95$, $p < 0.0001$); modified two-factor model ($r = 0.96$, $p < 0.0001$).

Table 4

Descriptive Statistics

Variable	*M*	*SD*	Cronbach's α	Skewness	Kurtosis	*r*
ATT	5.70	1.58	0.97	-1.58	1.65	0.77****
IS	5.80	1.54	0.96	-1.11	0.48	0.88****
TO	4.70	1.41	0.93	-0.34	-0.62	0.66****
SWAI/T	118.40	28.72	0.97	-0.90	0.03	0.92****
SSQ	24.65	7.34	0.97	-0.82	-0.50	0.91****
RC	21.73	10.38	0.92	1.49	1.54	-0.75****
RA	31.57	15.14	0.95	0.98	0.04	-0.80****
BIDR-16	82.93	13.20	0.70	-0.39	0.02	0.12

Note. ATT, IS, TO = Attractive, Interpersonally Sensitive and Task Oriented Supervisory Styles scales, respectively, on the Supervisory Styles Inventory (Friedlander & Ward, 1984); SWAI/T = Supervisory Working Alliance Inventory-Trainee Version (Bahrick, 1989); SSQ = Supervisee Satisfaction Questionnaire (Ladany et al., 1996); RC, RA = Role Conflict and Role Ambiguity, respectively, on the Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992); BIDR-16 = Balanced Inventory of Desirable Responding Scale-16 (Hart et al., 2015). ****$p < .0001$.

APPENDIX A

DIRECTIONS FOR THE EXPERT PANEL

Based on the following definition of supervisor responsiveness: "the accurate attunement and adaptation to a supervisee's emerging needs for knowledge, skills, and (inter)personal awareness with respect to the needs of the client(s) with whom the supervisee is working." (Friedlander, 2012; p.106), please provide two ratings for each of the following items: (1) the extent to which each item describes some behavior reflective of supervisor responsiveness as defined above, where 1 = *not at all descriptive* to 5 = *totally descriptive*, and (2) each item's clarity, where 1 = *not at all clear* to 5 = *totally clear*. (For any items whose clarity you rate less than 4, please indicate what about the item is unclear.)

1. My supervisor addresses my concerns as they arise. (SR)
2. My supervisor gives me specific guidance when I work with challenging clients. (SR)
3. My supervisor addresses whatever I seem to need at the moment. (SR)
4. My supervisor addresses whatever I seem to need at the moment. (SR)
5. My supervisor is flexible in what we discuss. (SR)
6. My supervisor shifts the topic or focus of supervision depending on what I need to discuss. (SR)
7. My supervisor addresses my training needs as they arise. (SR)
8. My supervisor works differently with me depending on what is going on with my clients. (CR)
9. My supervisor helps me understand what each client requires. (CR)
10. My supervisor helps me see that different clients need different kinds of interventions. (CR)

11. My supervisor takes the lead when I'm struggling with something. (SR)
12. My supervisor follows my lead when I bring up a new topic in supervision. (SR)
13. My supervisor is nondirective. (SR)
14. My supervisor is attentive to changes in my clients. (CR)
15. My supervisor is attentive to my development as a therapist. (SR)
16. My supervisor attends to my personal reactions to clients as they come up. (SR)
17. My supervisor offers different kinds of help depending on the client I'm seeing. (CR)
18. My supervisor teaches me what different clients need from me in therapy. (CR)
19. My supervisor shows interest in my clients when they are improving as well as when they are struggling. (CR)
20. My supervisor is more directive when I want specific guidance. (SR)
21. My supervisor allows me to decide what I need to discuss in our sessions. (SR)
22. My supervisor offers helpful suggestions when I feel stuck with a client. (CR)
23. My supervisor calls my attention to important issues that I had not considered. (SR)
24. My supervisor helps me develop my personal style of therapy. (SR)

The following items aim to reflect "a lack of" supervisor responsiveness, the accurate attunement and adaptation to a supervisee's emerging needs for knowledge, skills, and (inter)personal awareness with respect to the needs of the client(s) with whom the supervisee is working." (Friedlander, 2012; p.106), and will be used as reverse-scored items in the final survey. Please provide two ratings for each of the following items: (1) the extent to which each item describes "a lack of" some behavior reflective of supervisor responsiveness (i.e. if you believe the item "Totally" reflects "a lack of" supervisor responsiveness, select "5 - Totally". On the other hand, if

you believe the item is "not at all" relevant to the supervisor responsiveness construct, even after it is reverse scored, select "1 - Not at all".) and (2) each item's clarity, where 1 = not at all clear to 5 = totally clear. (For any items whose clarity you rate less than 4, please indicate what about the item is unclear.)

25. My supervisor does not work with me in a flexible way. (SR)
26. My supervisor does not seem to understand what I'm looking for in supervision. (SR)
27. My supervisor does not adapt when I need something different from supervision. (SR)
28. My supervisor is not flexible in meeting my immediate needs. (SR)
29. My supervisor seems unaware of what I need at any given moment. (SR)
30. My supervisor seems unaware of my shifting goals for supervision. (SR)
31. My supervisor offers me the same guidance for all my clients. (CR)
32. My supervisor has the same suggestions for all my clients. (CR)
33. My supervisor does not change their approach with me when I'm struggling. (SR)
34. My supervisor does not change their perspective on my client when a new approach seems necessary. (CR)
35. My supervisor fits one approach to all my clients. (CR)

Note. SR = Item intended to reflect supervisor responsiveness to the supervisee's needs; CR = Item intended to reflect supervisor responsiveness to the needs of the supervisee's client(s).

APPENDIX B

SUPERVISOR RESPONSIVENESS SCALE

Instructions: The following statements describe qualities or behaviors that your current or most recent clinical supervisor may possess or enact. Please rate the extent to which each sentence describes that supervisor (1 = *not at all agree* to 5 = *totally agree*).

1. My supervisor addresses my concerns as they arise
2. My supervisor gives me specific guidance when I work with challenging cases
3. My supervisor addresses what I need in the moment
4. My supervisor does not work with me in a flexible way (r)
5. My supervisor shifts the topic or focus of supervision depending on what I need to discuss
6. My supervisor addresses my training needs as they arise
7. My supervisor is willing to change the focus of supervision as needed, based on what my clients need
8. My supervisor helps me understand what each client may need from therapy
9. My supervisor does not seem to understand what I'm looking for in supervision (r)
10. My supervisor seems unaware of my shifting goals for supervision (r)
11. My supervisor helps me see that different clients need different kinds of interventions
12. My supervisor does not adapt when I need something different from supervision (r)
13. My supervisor is attentive to how my clients are progressing
14. My supervisor seems unaware of what I need at any given moment (r)
15. My supervisor is attentive to my development as a therapist
16. My supervisor attends to my personal reactions to clients as they come up
17. My supervisor offers different suggestions based on my clients' unique needs
18. My supervisor teaches me what different clients might need from me in therapy
19. My supervisor shows interest in my clients when they are improving as well as when they are struggling
20. My supervisor is directive when I need specific guidance
21. My supervisor offers helpful suggestions when I feel stuck with a client

22. My supervisor calls my attention to important issues I had not considered

23. My supervisor helps me develop my personal approach to therapy

Scoring: After reverse scoring the 5 items denoted with (r), the raw scores are summed so that the possible range is 23 to 115, with higher scores indicating greater perceived supervisor responsiveness (to the needs of the client[s] as well as the supervisee).

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Directions: Please respond to the following demographic questions about yourself and your current supervisor.

1. What is your age? ___

2. What is your gender identity?

Cisgender Man

Cisgender Woman

Transgender Man

Transgender Woman

Non-binary / Gender nonconforming

Other (Please specify)

Prefer not to say

3. What is your race/ethnicity? Choose all that apply:

American Indian/Alaskan Native

Asian/Asian American

Black/African American

Hispanic/Latinx

Native Hawaiian/Pacific Islander

White

Other (please specify)

Prefer not to say

4. What is your highest degree earned?

Bachelor's

Master's

PhD

PsyD

EdD

Other (please specify)

Prefer not to say

5. Roughly how long have you been in supervision with your current primary supervisor? (in terms of weeks)

6. What year are you in your current degree program?

1st

2nd

3rd

4th

5th

6th

7+

Prefer not to say

7. What is your current clinical level:

Practicum

Internship

Post-doc

Other (please specify)

Prefer not to say

8. What is your current clinical setting:

College Counseling

Community Mental Health Center

Hospital

Private Practice

Veterans Affairs

Other (please specify)

Prefer not to say

9. What is your specialization?

Mental Health Counseling

Counseling Psychology

Clinical Psychology

School Psychology

Social Work

Other (please specify)

Prefer not to say

10. What is your theoretical orientation? (choose all that apply)

Acceptance and Commitment Therapy

Cognitive Behavioral Therapy

Dialectical Behavioral Therapy

Emotion-Focused Therapy

Existential

Gestalt

Humanistic

Interpersonal Therapy

Multicultural-Feminist

Positive Psychology/Strengths Based

Psychoanalytic/Psychodynamic

Integrative

Other (please specify)

Prefer not to say

11. What is your degree program?:

Master's

Doctoral

Prefer not to say

12. What is the gender identity of your supervisor?

Cisgender Man

Cisgender Woman

Transgender Man

Transgender Woman

Non-binary / Gender nonconforming

Other (Please specify)

Do not know

Prefer not to say

13. What is the race/ethnicity of your supervisor?

American Indian/Alaskan Native

Asian/Asian American

Black/African American

Hispanic/Latinx

Native Hawaiian/Pacific Islander

White

Other (please specify)

Do not know

Prefer not to say

14. What is your supervisor's specialization?

Mental Health Counseling

Counseling Psychology

Clinical Psychology

School Psychology

Social Work

Other (please specify)

Do not know

Prefer not to say

15. What is the primary theoretical orientation of your supervisor? (choose all that apply)

Acceptance and Commitment Therapy

Cognitive Behavioral Therapy

Dialectical Behavioral Therapy

Emotion-Focused Therapy

Existential

Gestalt

Humanistic

Interpersonal Therapy

Multicultural-Feminist

Positive Psychology/Strengths Based

Psychoanalytic/Psychodynamic

Integrative

Other (please specify)

Prefer not to say

16. What is your supervisor's highest degree earned?

Master's

Doctorate

Do not know

Other (please specify)

Prefer not to say

APPENDIX D

RECRUITMENT EMAIL

Dear _____,

My name is Ramon Garcia, a PhD candidate in the Counseling Psychology doctoral program at the University at Albany/SUNY. For my dissertation, "Trainees' Perceptions of their Supervisors' Behaviors", I am exploring supervisees' perceptions of their supervisors' behaviors to contribute to knowledge of effective supervision. I am reaching out to you as a training director to help me recruit students who are currently or have recently experienced clinical supervision. I would greatly appreciate it if you could forward the quoted message below to students in your program.

Thank you in advance!

Ramon

"Greetings,

My name is Ramon Garcia, a PhD candidate in the Counseling Psychology doctoral program at the University at Albany, SUNY. For my dissertation, "Trainees' Perceptions of their Supervisors' Behaviors", I am exploring supervisees' perceptions of their supervisors' behaviors to contribute to knowledge of effective supervision. This email has been forwarded to you by your training director as a student who has been involved in clinical training as a practicum student or intern, I would greatly appreciate your help in completing several brief questionnaires about your supervision experience. Doing so should take you no more than 25 minutes and is completely voluntary. Upon completion, you may submit your email address in a separate Qualtrics link provided to be entered in a random drawing for a $50 Amazon gift card. Your email will not be linked to your initial questionnaire responses.

This survey was approved by the Institutional Review Board at the University at Albany/SUNY.

If you wish to participate, click on or copy and paste this URL into your internet browser and use the password "**SupervisionR**": https://albany.az1.qualtrics.com/jfe/form/SV_0IjTOYBoJYin1S6

If you have questions about this project, you may contact me, at rdgarcia@albany.edu, my research advisor Dr. Myrna Friedlander, at mfriedlander@albany.edu, or the Office of Research Compliance at the University of Albany, SUNY, at rco@albany.edu.

I greatly appreciate your help!

Best,
Ramon Garcia
Doctoral Candidate
Division of Counseling Psychology
University at Albany, State University of New York

Pronouns: **he/him/his**

APPENDIX E

CONSENT FORM

INFORMED CONSENT INFORMATION FOR RESEARCH PARTICIPATION

Study Title: Trainees' Perceptions of Their Supervisors' Behaviors

Principal Investigator: Ramon Garcia, PhD candidate

Co-Principal Investigator: Myrna Friedlander, Professor and Training Director

IRB Study Number: 23X212

My name is Ramon Garcia, a PhD candidate in the Counseling Psychology doctoral program at the University at Albany/SUNY. I am to conducting a research study, which I invite you to take part in.

This form has important information about the reasons for doing this study, what we will ask you to do, and the way we would like to use any information about you that we collect.

Why are you doing this study?
You are being asked to participate in a research study about supervisees' perceptions of their supervisors' behaviors.

Why am I eligible to participate in this study?
You are eligible to participate because you are currently or have recently been a supervisee with an assigned clinical supervisor.

What will I do if I choose to be in this study?
You will be asked to complete an online survey. It will include demographic questions, excluding personally identifiable information, as well as questions regarding your perception of your supervisor's behaviors.

For how long will I participate?
Study participation will take approximately 25 minutes, and could be longer depending on the length of open-ended responses you provide. You have the right to exit the survey at any point.

Where will I need to go to participate?
All study procedures will take place online via Qualtrics.

Are there any costs I should be aware of?
Participation is not expected to incur costs for individual participants.

What are the possible risks or discomforts?
As with all research, there is a chance that the confidentiality of the information we collect from

you could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

What are the possible benefits for me or others?
Taking part in this research study may not benefit you personally, but it may advance our understanding of what constitutes good supervision, which is anticipated to contribute to the knowledge and practice of effective supervisory practices.

Will I receive compensation for my participation?
To thank you for taking the time to fill out the survey, you may participate in a random drawing for a $50 Amazon gift card. Specifically, for every 50 participants who complete the study, there will be a random drawing for a gift card - up to 4 gift cards.

If the amount of payment that you receive reaches or exceeds $600.00 in a calendar year, you will be issued an IRS Form 1099.

If you are a Non-resident Alien for tax purposes – research subject payments are subject to 30% withholding by the Research Foundation for SUNY (RF). The RF will report such withholdings. You should consult with a tax advisor on the impact for filing federal and/or state tax returns.

How will you protect the information you collect about me, and how will that information be shared?
The results of this study may be used in publications and presentations. Your study data will be handled as confidentially as possible.

To minimize the risks to confidentiality, individual names and other personally identifiable information will not be collected. Provisions to ensure subject confidentiality include hosting our survey/questionnaire through Qualtrics. Qualtrics has a double-encrypted server that encrypts questions and subject responses, limiting the possibility of a data breach.

Will my data be used in future research?
No identifiers will be collected. As such, the data could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative.

What are my rights as a research participant?
Participation in this study is voluntary. You do not have to answer any question you do not want to answer. If at any time and for any reason, you would prefer not to participate in this study, please feel free not to. You may withdraw from this study at any time, and you will not be penalized in any way for deciding to stop participation.

Any information collected from the participant will not be used if the participant decides to withdraw before finishing the study.

What if I am a University at Albany student or employee?
You may choose not to participate or to stop participating in this research at any time.

Who can I contact if I have questions or concerns about this research study?
If you have questions, you may contact me, at rdgarcia@albany.edu, or my research advisor Dr. Myrna Friedlander, at mfriedlander@albany.edu.

If you would like a copy of this consent form please contact us via the emails provided above.

If you have any questions about your rights as a participant in this research, you can contact the following office at the University at Albany:

Institutional Review Board
University at Albany Office of Regulatory and Research Compliance
1400 Washington Ave, ES 244
Albany, NY 12222
Phone: 1-866-857-5459
Email: rco@albany.edu

Consent
I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. By clicking the arrow below "-->", I agree to participate in the research study described above and will receive a copy of this consent form upon request.