LICENSED MARRIAGE AND FAMILY THERAPISTS' PERCEPTIONS OF SUPERVISION: A QUALITATIVE STUDY

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF PROFESSIONAL EDUCATION

BY

MAHNAZ SADRE, M.S.

DENTON, TEXAS

AUGUST 2010

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

July 14, 2010

To the Dean of the Graduate School

I am submitting herewith a dissertation written by Mahnaz Sadre entitled "Licensed Marriage and Family Therapists' Perceptions of Supervision: A Qualitative Study." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.

Glen Jennings

Glen Jennings, Ed.D., Major Professor

We have read this dissertation and recommend its acceptance:

Ron Fanning

Linda J. Brock

Department Chair

Accepted:

Jennifer Martin

Dean of the Graduate School

DEDICATION

Mohammad and Bavand-

Thank you for believing in me and encouraging me with your patience and unconditional love and support.

To the loving memory of my Father,

Thank you for the gift of curiosity, compassion, and respect for life.

To my Mother,

Thank you for the gift of perseverance and for encouraging me to pursue my dreams.

ACKNOWLEDGMENTS

I have been privileged to have been surrounded by such wonderful people who have inspired me and taught me to think outside the box. I am grateful to have family, friends, and colleagues who have supported and encouraged me thru-out this journey. I would like to begin with thanking all of my colleagues who participated in this research, devoting some of their precious time and energy to completing the surveys sharing the lived experiences of supervision with me. I will use my best efforts to present an accurate reflection of your shared experiences.

I would also like to express my appreciation to my committee, Dr. Glen Jennings, Dr. Linda Brock, and Dr. Ron Fannin. Dr. Jennings, I am especially grateful for your continued unconditional support, encouragement, guidance, and mentorship over the past couple of decades. I appreciate how you inspire and challenge me to continue to grow. Your wisdom bewilders me. Dr. Brock, my special thanks to you for your gift of patience, sharing, support, and guidance; for not giving up on me when I struggle; and for being my teacher, colleague, friend, and mentor. I believe that I have developed to be a better therapist, supervisor, writer, and in general, a better human being as a result of the support, and guidance that I have received from you and Dr. Jennings over the years. Dr. Fannin, I am grateful for your teachings, patience, and continued support. You are the kind of teacher that I want to be. I would also like to thank Carol Carlson, who has been a great resource in creatively problem solving when I presented her with my challenges.

She has continued to extend her assistance many times offering solutions to the challenges as they aroused.

Many special thanks to Dr. Frank Thomas for being a strong support and my advocate for nearly two decades, making himself available any time I needed his guidance, knowledge, and expertise. Thank you for coming to my rescue and passing on the recruitment letter to your colleagues. I am also thankful for Dr. Linda Metcalf and Dr. Jim Morris' efforts in passing on the invitation letters to their colleagues. Dr. Metcalf and Dr. Morris, your kindness and support warm my heart.

I am indebted to my colleagues, peer supervisors, and friends, Dr. Terry Bysom and Dr. Adam Coffey who have mentored, encouraged, and supported me in the last six years. Dr. Bysom and Dr. Coffey, I cherish you both and I hope to enjoy your mentorship, companionship, and constructive criticism for the years to come. I have to admit that over the course of the last 13 years, I have been fortunate to have enjoyed the kind of supervision experiences that the participants of this research described as desirable.

My special thanks for Dr. Alge Suliakaite's amazing skills in data analysis and for her efforts in monitoring the methodological rigor and the emergence of themes in this study. Dr. Suliakaite, I appreciate your constructive criticism and helpful feedbacks. Finally, my most gracious thanks go to my wonderful colleague, Dr. Karen Kinman, who has been there for me and with me along the way, dedicating her time diligently and

selflessly to oversee the methodological rigor of this research by independently horizontalizing and texturizing the data with the goal of identifying the emerging themes. Dr. Kinman, you have certainly raised the bar, setting new standards for kindness and humanity. You certainly have taught me what it means to care.

At this point, I would like to express my gratitude for my family and friends who have encouraged and supported me unconditionally; who have pushed me harder when the going was tough by reminding me that I could do it. I would like to thank my wonderful husband, Mohammad for his unconditional love and overwhelming support in the past 34 years. I would like to express my appreciation for our son, Bavand who has been the absolute joy of our lives, inspiring us and helping us grow. Mohammad and Bavand, thank you both for your patience and encouragement throughout my sleepless nights and hard work. I want you both to know that with your support and love anything is possible. I am lucky to have you both by my side. Thank you for believing in me. I love you both very much!

ABSTRACT

MAHNAZ SADRE

LICENSED MARRIAGE AND FAMILY THERAPISTS' PERCEPTIONS OF SUPERVISION: A QUALITATIVE STUDY

AUGUST 2010

The focus and purpose of this qualitative study is to describe the Licensed Marriage and Family Therapists' (LMFTs) perceptions of quality supervisors and good supervision. Convenience and snowball sampling methods were used to contact four hundred LMFTs in the states of Washington, Oregon, California, Colorado, Ohio, Texas, Florida, Virginia and Minnesota. Participants were prompted to enter a link that would facilitate their access to the consent to participate in research and the two surveys that were created on PsychData. Responses were collected from 30 participants and entered into a word document for the purpose of coding. The coded data were carefully studied and five emerging themes were identified. The emerging themes were: (1) supervisory relationship and the self of the therapist, (2) expertise and knowledge of the supervisors, (3) collaboration, (4) personal attributes of the supervisors, and (5) connection, availability, and affordability. This study found that the participants valued the supervisory relationships expressing a desire for a supervisee-centered model of supervision with a focus on the personal and professional development of the supervisees. The results of this study showed that the participants needed their supervisors to share their knowledge, expertise, and personal experiences. The

participants also shared a desire for a collaborative style of supervision incorporating open communication and respecting the supervisees working model, creativity, and interventions. This study also concluded that the participants required their supervision to be a harmonious system in which, the goals, strengths, and weaknesses of the supervisee are the main criteria for finding the best supervisor who would be a good match/fit for the supervisee. The results of this study revealed that the most valuable supervisors possessed certain personality traits, interpersonal skills, trustworthiness, and clinical skills. This research also concluded that the participants required a higher level of interaction and availability from their supervisors. The best supervision experiences were those which provided more opportunities for connection and access to the supervisor. The results of this qualitative research implied that in general, supervision, whether collaborative or directive is mostly supervisor-centered and limited by the supervisors' levels of competencies and perceptions regardless of the goals, strengths, and weaknesses of the supervisees. Implications are that the participants are seeking a supervisee-centered model of supervision which is focused on the personal and professional needs of the supervisees.

TABLE OF CONTENTS

COPYRIGHT iii

DEDICATION iv

ACKNOWLEDGMENTS v

ABSTRACT viii

LIST OF TABLES xiii

Chapter

I. INTRODUCTION 1

Statement of the Problem 2
Significance of the Study 4
Purpose of the Study 4
Research Questions 4
Definition of Terms 5
Supervision 5
Supervisor 6
Supervisee 7
Delimitations 7
The Self of the Researcher 8
Summary 10

II. REVIEW OF THE LITERATURE 11

Theoretical Perspectives 12
Theories of Supervision 14
The Person-of-the-Therapist Model 14
Bowenian/Family Systems Model 15
Structural Model 16
Strategic Model 17
Narrative Model 19
Collaborative Language Model 21
Solution-Focused Brief Therapy Model 23

Feminist Model 25
Areas of Concern 27
Gender Issues in Supervision 27
Cultural Issues in Supervision 28
Balance of Power in Supervision 30
Spirituality in Supervision 31
Supervisees' Perceptions of Supervision 34
Summary 36

III. METHODOLOGY 37

Research Design 39
Sample Selection 40
Participants 42
Protection of Human Participants 42
Procedure 43
Data Collection 44
Data Treatment 44
Summary 47

IV. RESULTS 48

Sample Description 48
Discoveries 67
Theme One: Supervision Relationship and the Self of the Therapist 68
Theme Two: Expertise and Knowledge of the Supervisor 73
Theme Three: Collaboration 76
Theme Four: Personal Attributes of the Supervisors 79
Theme Five: Connection, Availability, and Affordability 80
Summary 83

V. DISCUSSION, LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS 84

Discussion 85
Supervisory Relationship and the Self of the Therapist 85
Expertise and the Knowledge of the Supervisors 87
Collaboration 89
Personal Attributes of the Supervisors 92
Connection, Availability, and Affordability 93
Limitations 95
Implications 96

Recommendations for Future Research 98
Conclusions 100
Summary 103

REFERENCES 105

APPENDICES

A. Institutional Review Board Approval 116
B. Invitation to Participate in Supervision Research 118
C. Consent to Participate in Research 121
D. Demographics' Questionnaire 125
E. Research Questions 128

LIST OF TABLES

Table Page

1. Personal Information: State in Which Participants Practice.....49
2. Personal Information: The participants' Ethnic Background.....50
3. Personal Information: Religious Affiliation of the Participants.....51
4. Professional Information: How Participants Identified Themselves Professionally.....52
5. Professional Information: Highest Degree Held by the Participants.....53
6. Professional Information: Length of Experience as a Supervisor.....54
7. Professional Information: Fees for Both Therapeutic Services and and Supervision.....55
8. Professional Information: Theoretical Models Used in Participant's Supervision.....57
9. Professional Information: Modality of Participants' Supervision, Group, or Both.....58
10. Professional Information: Style of Supervision Received by Participants, Collaborative, Directive, Other.....59
11. Professional Information: Types of Supervision Experienced by Participants.....60

12. Professional Information: Participants' Length of Time in Supervision.....61

13. Professional Information: Participants' Length of Time in Practice.....62

14. Professional Information: Participants' Hours of Practice per Week.....63

15. Professional Information: Individual, Couple, or Family Sessions.....64

16. Professional Information: Participants' Frequency of On-line and Telephone Therapy.....65

17. Professional Information: Participants' Type of Practice.....66

CHAPTER I

INTRODUCTION

Scholars (Smith, Mead, & Kinsella, 1998) have considered supervision to be a vital and indispensable component in the process of training and developing mental health professionals in general and marriage and family therapists in particular. One prominent goal of supervision is to provide systemic and systematic support to supervisors and the supervisees in their efforts to collaboratively create an environment in which change and growth are possible.

Many family therapy theoricians have offered theories of supervision. Anderson and Swim (1995) have offered theories of supervision from the Collaborative Language perspective. From the Solution-Focused stance, de Shazer (1991) as well as Rudes, Shilts, and Berg (1997) have offered an understanding of the supervision process. From a Bowenian perspective, Schur (2002) has proposed a self-based model of supervision (SBS). Carlson and Erickson (2001) have conceptualized a model of supervision from a Narrative perspective and Aponte (2009) has discussed his Self of the Therapist model of supervision. Anderson and Swim (1995) described supervision as a collaborative process through which the supervisees generate their own answers and consequently feel competent.

A brief review of the literature reveals information about different styles of supervision. Both Structural and Strategic theories suggest a directive style according to

which a hierarchical relationship is maintained (McDaniel, Weber, & McKeever, 1983). Postmodern theories such as Narrative, Collaborative Language, and Solution-Focused perspectives subscribe to a collaborative style in which supervision is a recursive process of generating ideas and knowledge (Busari, Weggelaar, Knottnerus, Greidanus, & Scerpbier, 2005). A collaborative style of supervision is also reported to be desirable in cross-discipline cases where neither a specific individual, nor a certain discipline is considered the authority (Thomasgard, Wargield, & Williams, 2004). Supervision has also been studied with respect to its format (Granello et al., 2008). Several concepts such as gender, spirituality, power, or multicultural issues have also been studied as they pertain to supervision. The present study is addressing the perceptions of LMFT supervisees of the supervision and supervisors.

Statement of the Problem

Prior to becoming fully licensed, American marriage and family therapists are currently required to complete an internship under the supervision of a state board approved supervisor. This internship consists of face-to-face clinical work in individual, couple, family, and group formats. The supervisee must complete the internship under the guidance of a state board approved supervisor. In general, it is the supervisor's role to uphold the rules and ethical guidelines of the state board of marriage and family therapy, which may operate under the board of behavioral sciences or the department of health and human services. While working on completing the internship, a licensed marriage and family therapist (LMFT) holds the position of an LMFT-associate. Depending on the traffic of the site where an LMFT-associate practices, the supervised experience my take

from two to five years. The purpose of this supervised experience is to provide mentorship, leadership, and guided support for LMFT-associates (Roberts & Morotti, 2001). Two to five years is a large amount of time to spend with a supervisor; therefore, it merits investigating the expectations and requirements of supervisees from their supervision and supervisors.

A significant number of scholars have committed to research and wrote about the different styles (Busari et al., 2005; Thomasgard et al., 2004), format (Granello et al., 2008; Hein & Lawson, 2008; Rowell & Benshoff, 2008), theories (Lee & Littlejohns, 2007; Speedy, 2000; Thomas, 1994; Waskett, 2006) and use of technology (Sheidow, Donohue, Hill, Henggeler, & Ford, 2008; Vaccaro & Lambie, 2007) in supervision. Others have devoted time and energy to issues such as spirituality (Gingrich & Worthington, 2007; Gubi, 2007), gender (Moorhouse & Carr, 2002; Tan, 2009), balance of power (Fine, 2003; Murphy & Wright, 2005), and multicultural concerns (Ober, Granello, & Henfield, 2009; Rowell & Benshoff, 2008) in a supervisory relationship. However, not many scholars have focused on the LMFT supervisees' perceptions of quality supervision and supervisors. In this study, the researcher attempted to explore and describe the LMFTs' perceptions of quality supervision and supervisors in order to determine what LMFT supervisees need from their supervisory experience to develop into seasoned family therapists who are capable of caring for their clients during and beyond internship.

Significance of the Study

This study is an attempt to understand the LMFT supervisees' perceptions of good supervision and quality supervisors. The goal of this qualitative research is to add to the supervision literature in order to provide an in-depth description of the LMFT supervisees' experiences of their supervision. It is the hope of this researcher that the results of the study would assist LMFT state board approved supervisors and program directors in developing strategies that may be more suitable to the expectations and desires of future LMFT supervisees from a supervisory process. This research strives to give the LMFTs a voice to describe their personal experiences of supervision and how the supervisory process can be modified to better serve the requirements and expectations of future LMFT supervisees.

Purpose of the Study

The focus and purpose of this qualitative study is to describe the LMFT's perceptions of quality supervisors and good supervision. This researcher has made it her goal to present the results of this study with an accuracy that is worthy of scientific research. The researcher proposes that the results of this research could assist supervisors and training programs in developing strategies that are more attuned with the support that the supervisees seek and require in order to develop personally and professionally.

Research Questions

This qualitative research was organized around the four following questions:

1) In your view, what constitutes good supervision?

2) What would have made your supervision experience a better one?

3) Describe the qualities of your best supervisor.

4) What did you dislike about your supervision?

Definition of Terms

In order to create a sense of coherence and consistency for the readers, it is significant to define three terms that were used in this research frequently. The three terms are supervision, supervisor, and supervisee. The following is the researcher's definitions of the three terms respectively as they are deemed to fit this research.

Supervision

According to White (1997), supervision aims at achieving five main goals. The first goal is to generate an understanding of the supervisees' needs and goals in order to provide a supportive supervisory process to meet such needs and goals. The second goal is to support the supervisees in their personal development as healthy individuals who are capable of unleashing their own creativity. They will also learn how to care for themselves in an attempt to prevent "burden, fatigue, and exhaustion" (White, 1997, p. 118). The third goal of supervision is to support the supervisees in developing professionally, as they create their own interventions and solutions in relation to therapeutic challenges that are brought to them. The fourth goal of supervision is to allow all parties involved to recursively pose provocative questions, explore ideas, and share knowledge and conceptions. It is through this recursive process of exchange that new conceptualizations and creative interventions emerge. The last but not least goal of supervision is to support the supervisees in completing the mandated hours of supervision that are required to obtain their licenses to practice independently.

For the purpose of this research, a narrative perspective (Anderson, 2005; Speedy, 2000; White, 1997) has been adopted according to which realities are co-created socially between the supervisor and the supervisee. Hence the supervision is considered a process or an environment in which ideas and perspectives are shared as both supervisee and supervisor are mutually influenced by each others' knowledge and experiences. Inspired by White (1997), this researcher believes that supervision is a "two-way… interaction…constructing supervision as a re-authoring conversation … [hence] envisioning training as collaborative research." (p. 193)

Supervisor

The term supervisor refers to a licensed psychotherapist who is authorized by the American Association for Marriage and Family Therapy and/or the respective state boards to lead the training process for an intern who is completing the internship. During the course of supervision, the supervisor is required to support the supervisee in providing quality care for their clients, and upholding the ethical guidelines of the state board of marriage and family therapy. Based on Anderson's (2005) definition of dialogue, which can take place in any setting, the supervisor in contract with the supervisee is a person who only interprets and in turn, invites interpretation of another person, i.e., the supervisee.

In this study, the researcher has utilized the term supervisor as it applies to the board approved LMFT supervisors who enter in contracts/supervisory processes in order to collaborate with the supervisees/LMFT-associates. For the purpose of avoiding repetition, in some cases the term trainer has been used in place of the term supervisor.

This researcher has adopted the collaborative perspective according to which the supervisor interacts and collaborates with the supervisee to re-author conversations (White, 1997).

Supervisee

The American Association for Marriage and Family Therapy (AAMFT) requires master's level clinicians to participate in an internship under the supervision of a state board approved supervisor. According to the guidelines of AAMFT, during their internships, the supervisees are required to complete 200 hours of supervision in individual or group formats. The researcher has utilized the term supervisee as it refers to LMFT-associates (LMFT-a) who have participated in the supervisory experience in collaboration with a supervisor. To avoid repetition, in some cases the researcher has utilized the term trainee interchangeably with the term supervisee.

Delimitations

It is worthy of mention that this study was delimited by the following seven factors:

1. The first delimitation was the status of the sample. The researcher initially targeted clinicians who have been licensed and practicing as LMFTs for 5-15 years to participate in this research. However, due to the inadequate number of responses, LMFTs who had been in practice 2-30 years were included. Participants may be LMFTs with or without state board approved supervisory privilege.

2. The second delimitation was the training of the participants. Participants may hold master's degrees or Ph. Ds in family therapy or related fields such as psychology, counseling, social work, pastoral counseling, etc.
3. The third delimitation was their practice setting. Participants were depicted from licensed clinicians who practiced marriage and family therapy in private practices, in community mental health centers, or in non-profit organizations.
4. The fourth delimitation was the theoretical background of the subjects. The participants followed a variety of systemic or non-systemic theoretical models of therapy.
5. The fifth delimitation was the demographic factors. Participants were male and female LMFTs from different age groups (30-76 years of age) with diverse ethnic backgrounds or religious affiliations.
6. The sixth delimitation was the use of PsychData in order to create online surveys to ensure the anonymity of the participants.
7. The seventh delimitation was the use of the phenomenological/transcendental (Moustakas, 1994) framework to analyze and interpret the data.

The Self of the Researcher

It is significant to introduce the researcher in order to address possible biases. The researcher is a female Iranian-American immigrant with a background in anthropology. She is an advocate of equal rights and gender equality. She was born and raised in a Muslim family. While a highly spiritual person, the researcher is not affiliated with any organized religious group and ascribes to humanistic values. Coming from the Iranian

culture and influenced by her studies in the field of anthropology, she is collectivistic in her beliefs and perspectives. Hence, she has embraced the principles of narrative therapy which are in line with her understanding of the transmission of cultures through story telling and sharing life experiences and values. She comes from a family in which all family members were valued for their intelligence, talents, abilities, and experiences in generating solutions regardless of their age, gender, or financial resources.

Please be advised that the researcher has had training/supervision in different models including Solution-Focused (Thomas, 1997-1998), Cognitive-Behavioral (Smith, 1998-2001), Existential (Jennings, 1999-present), Bowenian (Brock, 1999-present), Strategic (Bradley, 2008), and Narrative (Metcalf, 2008). In addition, as a proponent of ongoing supervision, the researcher has participated in peer supervision on a monthly basis (Bysom & Coffey, 2004-present).

The researcher has practiced in multiple settings including community mental health clinics, school-based clinics, group practice, and currently in private practice. She has been practicing as a licensed professional counselor (LPC) since 2000 and as a LMFT since 2001 in Texas.

In 2004, the researcher received training in the Collaborative Language model by Harlene Anderson, Ph. D., at the Houston Galveston Institute in order to become a Texas state board approved supervisor. Since then, she has provided supervision for LMFT-associates and LPC-interns (LPC-I) as an LMFT board approved supervisor and a LPC board approved supervisor (LPC-S). As a Texas state board approved supervisor, the

researcher has the opportunity to provide collaborative supervision to her supervisees in community mental health centers or non-profit organizations.

Summary

Most research articles on supervision are focused on creating guidelines for supervisors to help them develop a theory-based supervision process in order to train their supervisees. The goal of this research study was to describe the LMFTs' perceptions of quality supervisors and sound supervision by exploring the LMFTs' supervisory experiences in four areas. First, this research explored the LMFTs' views about quality supervision. Secondly, the researcher investigated what would have made the participants' supervision experience a better one. Third, this study determined the qualities of the participants' best supervisors. And lastly, the negative experiences of supervision were explored.

To ensure anonymity, using PsychData, online surveys were created for participants. The sample was consistent of LMFTs who have been practicing for 2-30 years regardless of their age, gender, ethnicity, religious affiliation, training, status, or practice setting. Using a phenomenological/transcendental framework (Moustakas, 1994), data was collected and analyzed to identify the emerging themes and patterns in order to describe the essential perceptions of LMFTs about exemplary supervisors and commendable supervision experiences.

CHAPTER II

REVIEW OF THE LITERATURE

Supervision is an essential component in the process of training and developing mental health professionals in general and marriage and family therapists in particular (Smith, Mead, & Kinsella, 1998). The purpose of this supervised experience is to provide mentorship, guidelines, and skillful support for marriage and family therapy (MFT) students and licensed marriage and family therapy associates (LMFT-a) (Roberts & Morotti, 2001). According to Morgan and Sprenkle (2007), supervision pertains to "a structured relationship between a supervisor and supervisee with the goal to help the supervisee gain the attitudes, skills, and knowledge needed to be a responsible and effective therapist" (p. 7).

Social construction views identified knowledge as a socially constructed phenomenon. Leotard (1984) defined knowledge as the outcome of the mutually interdependent relationship between the knowledge and the knower. He suggested the existence of an interrelationship among the context, culture, language, experience, and perceptions. In that sense, supervision may be defined as a collection of systemic and systematic interactions between the supervisor and supervisee through which the knowledge is generated. Yet, Samuel (1998) referred to the supervisor's interventions as "ripples" (p. 277). She mentioned: "My supervisor threw a pebble into my pond of

learning that created a 'difference' into the learning process and had led to subsequent changes, which became evident in the therapy room" (pp. 277-278).

Family therapy scholars have addressed supervision from different perspectives. For the purpose of this qualitative study, the researcher examined supervision literature with respect to theoretical views and areas of concern such as gender issues, culture/ethnicity, power differentials, and spirituality. She also reviewed literature about the supervisees' perceptions of supervision.

Theoretical Perspectives

In general, supervisory models consider supervision to be a process through which a seasoned therapist assumes the role of a supervisor assisting and supporting novice therapists in their cognitive and skill developments (Granello, Kindsvatter, Granello, Underfer-Babalis, & Hartwig Moorhead, 2008). In an attempt to cultivate training programs in order to engender competent therapists and counselors, much attention has been paid to the developmental levels of the supervisees. Some supervision literature is dedicated to supervisors' development (Atkinson, 1993; Baker, Exum, & Tyler, 2002; Granello, et al., 2008; McColley, & Baker, 1982; Stevens, Goodyear, & Robertson, 1997; Stoltenberg, McNeil, & Delworth, 1998) with the goal of assisting supervisors in obtaining the skills they need to intervene with supervisees.

Granello et al. (2008) recommended the peer consultation model of supervision as a powerful tool in training and furthering cognitive development of supervisors. They proposed that an ongoing utilization of peer supervision exposes the supervisors to the

multiple perspectives that are presented in peer supervision, which may in turn, enhance supervisors' cognitive ability. In their research, Granello et al. (2008) provided strong evidence that supervisors benefit from peer supervision in three different ways. First, peer supervision improves therapeutic care and offers legal protection for supervisors by providing additional consultation and preventing rigidity. Second, peer consultation can reduce the risk of therapeutic negligence. Lastly, it provides an opportunity for improving the supervisor's cognitive complexity and consequently, increasing positive therapeutic outcome.

McDaniel, Weber, and McKeever (1983) suggested an integrative model of supervision for more experienced family therapy trainees, while, proposing a more purist style for the new and more novice therapists. They concluded that an integrative model of supervision in which the supervisee works with multiple supervisors improves the supervisees' conceptual and technical skills far better than working in any one model. They also contended that an integrative style of supervision increases the supervisees' knowledge of the different models that they are working with. McDaniel, Weber, and McKeever (1983) suggested that working with multiple supervisors will also enhance the supervisees' experiences of supervision when each supervisor is assigned to one case. In their view, the contrasting and different perspectives presented by multiple supervisors will increase the supervisees' knowledge of different models.

Theories of Supervision

Weir (2009) suggested the existence of an isomorphic relationship between the therapeutic relationship and supervision. He defined isomorphism as a concept that "describes things that are the same or similar" (p. 60). He recognized a parallel amid the therapeutic relationship between the client and the therapist and the supervisory relationship between the therapist/supervisee and the supervisor. Adopting Weir's view, this researcher reviewed supervision from several family therapy theory perspectives. The following paragraphs briefly address supervision from the Person of the Therapist Training Model (POTT), Bowenian Theory (Family Systems Theory), Structural Family Therapy, Strategic Family Therapy, Narrative Therapy, Collaborative Language, Solution-Focused Brief Therapy (SFBT), and Feminist Therapy standpoints.

The Person-of-the-Therapist Model

Aponte and Carlsen (2009) introduced the POTT as an instrument for training supervisees. The POTT was inspired by the literature about the self of the therapist (Bowen, 1972; Freud, 1964). The literature about self of the therapist has cautioned about the ways that the self of the therapist impacts therapeutic relationships and therapy outcomes. Some scholars have gone as far as addressing the influence that the dynamics of relation between the therapist and his/her family of origin plays on the therapeutic relationship and therapy and even supervision outcomes (Bowen, 1972; Todd & Storm, 1997). The use of self in therapy (Satir, 2000) focuses on developing the self of the therapist to become "a more integrated self" in an effort to "make greater contact with the

other person" (p. 24). Satir (2000) emphasized the importance of developing the self of the therapist as it pertains to "the positive use of self" (p. 26) to add therapeutic value in treatment of her clients. While, Aponte et al. (2009) concentrated on "how [to train a therapist] to use the self in the clinical context" (p. 382).

Aponte and Carlsen (2009) first developed his POTT model "for training clinicians in the use of their selves in therapy" (p. 397) in 1982. He built his model of training based on the fundamental notion that therapists have to connect with their clients independent of their therapeutic perspectives. In his view, the main goal of training is "to develop greater capacity to personally engage with clients in ways that further therapeutic objectives *even as therapists are who they are* at the moment of contact with a client" (p. 397).

The main purpose of POTT is to teach clinicians to gain insight into their own shortcomings or "signature themes" (Aponte & Carlsen, 2009, p. 397) and turn them into clinical strengths. They proposed to teach therapists to use their knowledge of selves to both "identify with and differentiate themselves from their clients" (pp. 397-398).

Bowenian/Family Systems Model

Family systems theory focuses on the self of the therapist promoting self growth and differentiation of the therapist. It is through this differentiation that the therapist can maintain a non-reactive and neutral stance to work effectively with their clients (Carlson & Erickson, 2001). Family systems theory's view of supervision and training observes the trainer as a coach. The supervisee works (triangulates) with the family's emotional

system with the goal of creating a balance between the family's emotional and intellectual functionings as he or she stays calm when the family's anxiety is high (Papero, 1985).

Schur (2002) acknowledged a similar relationship between the supervisor and the supervisee. He proposed a self-based model of supervision (SBS). He developed his model based on a notion that perceives human beings as living systems who interact with each other through language. Consequently, he conceptualized supervision as a conversation process through which change is experienced. According to Schur (2002) the change that is created in supervision is cumulative and expansive as the supervisee operates in the role of a leader/coach interacting with the family. It is through their interactions with the family systems that supervisees affect the larger society by coaching the family members to stay calm, creating a balance between emotional and intellectual functionings.

Structural Model

Structural Family Therapy recognizes supervision as a process of teaching the supervisees techniques that generate structural changes in the families with whom they work. However, the task of utilizing these techniques is the responsibility that must be assumed by the trainees. In this style of supervision, a hierarchy is established between the supervisor as a trainer and the supervisee as the trainee (McDaniel, Weber, & McKeever, 1983). Structural supervision is a hierarchical model in which the structure includes the supervisor, the supervisee, the parental unit, and the children.

The main goal of the Structural model of supervision is to address and to alter the problematic interactions within the supervision structure. Similar to the structure of a family in which the parents are in charge, the supervisor is in charge of the supervisory process. In this hierarchical system of supervision, the supervisor instructs the therapist, who in turn directs the parents, as the parents instruct the children.

McDaniel, Weber, and McKeever (1983) declared that in Structural supervision, the "transactional problems are passed up into the supervisor-supervisee subsystem for solutions and if they are resolved on this level, the solutions will be passed back down to the family" (p. 492). They accentuated that the hierarchy between the supervisor and supervisee depicts the clear and yet flexible boundaries that exist between the trainer/supervisor and the trainee/supervisee. In their view, these boundaries are maintained through the supervisor's live interventions, either by phone or in the room.

Strategic Model

Strategic Family Therapy views symptoms to be a person's inappropriate solutions to problems. Search for new solutions is what brings people to consultation/therapy (Haley, 1963). In Strategic Family Therapy, the role of the therapist is directive and "prescriptive" (Goldenberg & Goldenberg, 2004, p. 465). As stated by McDaniel, Weber, & McKeever (1983), in Strategic supervision, in an isomorphic way, the role of the strategic supervisor is parallel to the role of the therapist. The supervisor intervenes with the therapists/supervisees when they become stuck in dealing with the problems that they are attempting to solve in working with their clients.

Strategic Family Therapy is goal-directed, focusing on interventions such as reframing and symptom prescription that will move therapy forward. Similarly, the goal of Strategic supervision is to direct the novice therapist "to identify and block maladaptive behavioral sequences related to the presenting problem in the family" (McDaniel, Weber, & McKeever, 1983, p. 493). This ultimately generates "second-order change as it pertains to problem formation and problem resolution" (Watzlawick, Weakland, & Fisch, 1974, p. 11). Strategic supervision is concerned with the language and pace of the trainees and the clients, avoiding a power struggle between them. Comparably, the Strategic Supervisor/consultant maintains "maneuverability" (Fisch, Weakland, Segal, 1982, p. 31) staying focused on the problem as the trainees/supervisees and the families attempt to solve their problems.

The supervisor's interventions are designed to help the supervisee and/or the family when they are resistant or feel stuck. Strategic supervision emphasizes on technique development and education including supplemental reading and seminars to fully understand this model of intervention. Haley (1987) estimated that "the most effective form of supervision, and the most expensive for a training institution or clinic, is live supervision" (p. 215). In addition, he suggested that the supervisor/consultant observe the session "from behind a one-way-mirror" (p. 215) in order to coach the supervisee during the interview and prescribe interventions. The supervisor's interventions are communicated with the supervisee and the family either by phone from

behind the one-way-mirror or delivered personally inside the therapy room (McDaniel, Weber, & McKeever, 1983).

Narrative Model

According to the postmodernist view of supervision, the knowledge and practice that are used in supervision to train a new therapist is of constitutive value in generating the new therapists' stories (Foucault, 1980; White, 1997). Based on White's (1997) perspective, the concept of "re-membering" (p. 22) allows people to embrace influences from others. As White (1997) declared, "through re-membering practices, persons can suspend or elevate, revoke or privilege, and downgrade or upgrade specific membership of their lives" (p. 23). During this process of re-membering, people choose the voices that have shaped their identity. In the same manner, the supervisory experience can provide such a re-membering experience to allow opportunities for both the supervisor and the supervisee for the purpose of shaping their identities as they re-author their stories (White, 1997).

Carlson and Erickson (2001) proposed their narrative views of supervision as an interactive process between the seasoned therapist and the new therapist through which their realities are co-created. They proposed supervision to be a creative process as the new therapists learn to reconstruct their personal stories through interactions with their supervisors. Demmitt (1999) projected that personal stories are consistently and recursively deconstructed and reconstructed through the supervision process. Edwards and Keller (1995) believed in fostering the new therapists' creativity from the first day.

Similarly, Carlson and Erickson (2001) offered ideas toward "the training of new therapists to re-capture their personal knowledge, skills, beliefs, and values" (p. 201). In addition, they expressed concerns about those views of supervision, which hearten us to "forget the very personal nature (the personal knowledge, skills, beliefs, values, memberships) of our work and lives as therapists, and as persons" (p. 203).

White (1997) explained the therapeutic process in the context of the "definitional ceremony," in which the therapeutic process is used as a forum/context "for telling and re-telling" (p. 93) personal stories. This process contributes to the creation of a rich narrative of the person's life. He suggested the utilization of a "reflecting team as a definitional ceremony" (p. 95) in order to produce the proper context for the telling and re-telling of the personal stories. White and Epston (1992) used the metaphor of "rite of passage" to explain the role of narrative therapist through the course of therapy. They stated:

> Our interpretation of this metaphor structures a therapy that encourages persons to negotiate the passage from novice to veteran, from client to consultant. Rather than instituting a dependency upon "expert knowledges," this therapy enables persons to arrive at a point where they can take recourse to certain alternative or "special" knowledges that they have resurrected or generated. (p. 13)

Carlson and Erickson (2001) suggested the application of the rite of passage metaphor in the supervisory process with the goal of helping the novice therapist to

become an expert. They acknowledged that the novice therapists' personal knowledge and skills are drawn out through the process of supervision.

Lee and Littlejohns (2007) proposed the application of externalization in the practice of narrative supervision. They detected an "incapacitating self-doubt and anxiety" (p. 238) in the novice therapists. Using the theoretical concept of externalization in systemic supervision can be helpful in decreasing "shame and self-doubt" (p. 245) and increasing competence in a trainee.

Narrative supervision has also been referred to as Social Constructionist supervision (Whiting, 2007). Whiting (2007) stated that "social constructionist supervision is not a one-size-fits-all endeavor where an erudite knowledge-dispenser fills a supervisee's empty vessel" (p. 141). It is rather "a climate for growth," (p. 141) which stresses the uniqueness of each relationship. According to Monk, Winslade, Crocket, & Epston (1997), narrative approach considers a "naïve curiosity as opposed to expert certainty" (p. 304) for the therapists in association with their clients. Similarly, Whiting (2007) considered the narrative approach of naïve curiosity helpful for both therapy and supervision in order to establish goals and to create mutual understanding. They also acknowledged this approach for providing an environment most suitable for personal and professional growth.

Collaborative Language Model

In her attempts to establish a postmodern understanding of supervision, Anderson (1995) proposed that postmodernist theories proffer an alternative version to the

modernist views of psychotherapy and practice. She professed that the modern view of psychotherapy theories had a representational understanding of language and introduced symptoms as dysfunction. She explains that contrary to the postmodern views that consider psychotherapy a subjective experience, modernist views understand psychotherapy as an objective process. Modernists perceive the therapist as the expert and the client independent of the process of therapy (Anderson, 1995).

Postmodern theories maintain a non-expert stance for therapists. In her reflections, McDaniel (1992) shared her supervision experience with Goolishian, where she learned about therapeutic curiosity and the not knowing stance. Anderson and Swim (1995) described supervision as a collaborative process through which the supervisees generate their own answers and consequently feel competent. Based on the notion of "not knowing", Anderson (2005, p. 497) explained the process of collaborative work as the interaction of dialogical systems. She referred to the client as the expert and the "therapist as a meaning-making participant in the dialogue of therapy" (p. 499). In an isomorphic way, it can be said that in the collaborative supervision relationship, the supervisee is the expert on the case and the supervisor possesses the stance of not-knowing. The verbal transaction between supervisee and supervisor is immersed in language as the means that facilitates dialogue and conversation. This transaction in turn fosters the conceptualization of experiences and ultimately generates evolving ideas and change, i.e., new meanings (Anderson, 2005).

The collaborative style of supervision has been adopted by medical residents as an effective method of training, in which their individual experiences are valued. As a style that fosters independence and autonomy, these residents expressed satisfaction with this style of supervision in the way it provided opportunities for collaborative learning and receiving feedback in a constructive manner (Busari, Weggelaar, Knottnerus, Greidanus, & Scherpbier, 2005). Collaborative style of supervision is also reported to be desirable in cross discipline cases where neither a specific individual, nor a certain discipline is considered an expert (Thomasgard, Wargield, & Williams, 2004).

Orr, Hall, & Hulse-Killacky (2008) reported successful applications of collaborative style of supervision in training doctoral students in counselor education. Their research concluded that "the combination of live classroom and reflective supervision of teaching practice in the collaborative teaching team (CTT) model is rather innovative" (p. 160). The role of supervisor in CTT is of a coach who is leading the doctoral students through the process of supervision, preparing the supervisees to become future lead instructors.

Solution-Focused Brief Therapy Model

From a solution-focused perspective, Rudes, Shilts, and Berg (1997) introduced supervision as a process of recursive conversations that engaged both the supervisor and the supervisee in a dialogue. It is through this recursive conversation that the supervisor and the supervisee generate meaning in their shared experience. Solution-focused supervision is an integrative practice that comprises theory, practice, and research in

order to provide an inclusive understanding of the supervision experience (de Shazer, 1991). A solution-focused supervisor takes a non-hierarchical position, facilitating the conversation in a focused fashion, which leads the supervisee to conceptualizing the experience in a new manner (Rudes, Shilts, & Berg, 1997).

Wheeler (2007) aspired to "transfer solution-focused tools from practice to supervision" (p. 344). He proposed solution-focused supervision as a problem-free talk in which the supervisor focuses on what works in the supervisee's practice. In solution-focused supervision, the supervisor does not follow a set of goals/agendas. The goals are arrived at by the supervisee. Wheeler (2007) suggested the use of solution-focused techniques such as scaling questions, exceptions, the miracle question, noticing tasks, doing what works, and changing strategies when something does not work in solution-focused supervision.

Waskett (2006) suggested the application of the solution-focused approach in a variety of settings including supervision. She paralleled the therapeutic practice with the solution-focused supervision in its collaborative nature by developing a partnership between the supervisee and the supervisor. In her view, focusing on the best interest of the supervisees, solution-focused supervision is respectful of the supervisee's strengths while using the solution-focused tools and techniques.

Connie and Metcalf (2009) wished for solution-focused brief therapy (SFBT) to be viewed as more than a set of techniques. She promoted the solution-focused approach as a world view, to be curious rather than an expert, to focus on the positive, and to share

wonderment with others about how they have coped with the ordeals in their affairs. She expands solution-focused way of problem solving to parenting, schooling, education, and the work place. She suggested that opening possibilities through curiosity might bring about exceptional answers to any setting.

In a therapeutic relationship, "clients come in wanting direction, but not recognizing that they can create their own direction" (Metcalf, 2009, p. 42). The same parallel exists in a supervisory relationship, in which the supervisee comes in looking for directions and may not realize that they have the ability to generate their own directions. It can be concluded that by maintaining a curious stance and opening possibilities through a state of marveling, supervisors will provide an environment in which the supervisees will discover their own exceptional answers.

Feminist Model

Feminist supervision emerged from the practice and literature of feminist therapy. Szymanski (2003) postulated that:

> Feminist therapy emerged as a result of women's movement and a growing dissatisfaction with traditional androcentric theories, deficits in psychological knowledge about women, intrapsychic explanations for women's problems, inadequate treatment approaches, sex role stereotyping and sex bias in therapy, increasing medicalization of women's psychological distress, and neglect of women's mental healthy concerns. (p. 221)

What differentiates feminist supervision from other approaches is its collaborative nature. Feminist supervision is marked by mutual respect, transparent dialogues, respect to social and contextual issues, and a sense of responsibility. In her research, Szymanski (2003) reported her findings to be consistent with the feminist literature. She concluded feminist supervision to be consisting of "four dimensions: (a) collaborative relationships, (b) power analysis, (c) diversity and social context, and (d) feminist advocacy and activism" (p. 226).

In their study of feminist supervision, Prouty, Thomas, Johnson, and Long (2001) found three methods for feminist supervision. The first method is "supervision contract" (p. 93). This method focused on describing the therapist's goals and therapist's responsibilities. In addition, it offered tools for mutual evaluation. Supervisors adopted this method in order to help trainees achieve their personal goals, to reduce the need for hierarchy, and to improve clarity. The main constructs of this method of supervision seems to be in line with the principles of self of the therapist (Aponte & Carlsen, 2009)

The second contractual process is the "collaborative method" (Prouty et al., 2001, p. 94), which was utilized by the supervisors to provide a collaborative learning environment with the goal of teaching and implementing collaborative techniques. Collaborative method also shares knowledge and encourages creativity among supervisees. In addition, collaborative method of supervision was found to cultivate competence, to promote multiple perspectives, to increase options and call-ins, and to elicit mutual feedback. This method of supervision shares common features with

Anderson's (2005) collaborative model of supervision in its focus on open communication and its efforts to curtail hierarchy.

The third method was a "hierarchical" one (Prouty et al., 2001, p. 94). This method used directives, modeling, and call-ins as hierarchical tools to foster positive hierarchy. The goals of this hierarchical method of supervision are similar to the goals of other hierarchical models of supervision such as Structural or Strategic models (McDaniel, Weber, & McKeever, 1983) in fostering autonomy and independence among the novice therapists by modeling.

Areas of Concern

Issues such as gender, ethnicity, power, and spirituality impact the relationship between people in personal or professional contexts including therapy. The next paragraphs will be dedicated to the review of literature as it pertains to the above mentions concepts in the context of supervision.

Gender Issues in Supervision

Some scholars have paid close attention to gender differences in supervision and the effects that gender of the supervisor makes in effectiveness of supervision. Consistent with Pruett (1989), Shields and McDaniel (1992) concluded that male supervisors have a tendency to be more dominant and directive as opposed to their female counterparts who are apt to be more relational and compassionate.

Contrary to Pruett (1989) and Shield and McDaniel (1992), McHale and Carr (1998) found that female supervisors tended to be more directive than male trainers and

interrupted trainees more often. Female supervisors who participated in their research offered opinions more freely than their male counterparts. The result of McHale and Carr (1992) reported no significant difference in the style or gender of the trainee or trainer in supervision effectiveness.

Similarly, Moorhouse and Carr (2002) found no evidence of higher level of compassion among female supervisees. Their research exhibited that the level of support and cooperation was the highest in the supervisory relationships in which both supervisors and supervisees were male. The lowest support and collaboration was detected between male supervisors and female supervisees. Interestingly, Moorhouse and Carr (2002) recommended that the supervisory system containing female supervisors and male supervisees were most successful in collaborative training and supervision.

Cultural Issues in Supervision

In the last several decades multicultural training and diversity have become more prevalent in educating counselors and therapists (Smith, Ng, Brinson, & Mityagin, 2008). In counseling education/therapy literature the concepts of multiculturalism and diversity are not the same. According to Smith et al. (2008), diversity is understood to pertain to concepts such as "age, disability, gender, sexual orientation, gender orientation, social class, spirituality and religion, lifestyle, health status, vulnerability, and other personality features," (p. 250) while multiculturalism is limited to racial and ethnic issues.

Borders and Brown (2005) proposed that supervision is a developmental process through which the supervisees become more aware and complex culturally. They

reported that in comparison to seasoned therapists, novice therapists demonstrated a higher level of performance anxiety and a lower level of confidence in using their clinical skills. New therapists also appeared to possess limited awareness of their own strength.

In an attempt to develop a comprehensive model of multicultural training, Ober, Granello, and Henfield (2009) introduced their Synergistic Model of Multicultural Supervision (SMMS) with the goal of increasing multicultural awareness and competence in supervision. They emphasized that understanding culture, race, and ethnicity has a strong impact on the supervisees' personal and professional development.

Lassiter, Napolitano, Culbreth, & Ng (2008) proposed a model of peer supervision comprised of supervisees with different levels of skills participate in order to enhance their cultural diversity. According to Lassiter et al. (2008) multicultural training is essential for counselors/therapists who are working with the increasingly diverse population at schools or in different therapeutic settings. Their model of supervision included working with people of diverse sexual orientation. Lassiter et al. (2008) also emphasized the importance of the supervisees' awareness of the impact that cultural, racial, and ethnic issues has on the clients whom they work with. In their view, "multicultural supervision provides a context in which diversity mindfulness in its broad, inclusive sense is not only encouraged but expected" (p. 165). Having extensive multicultural training facilitates the development of more culturally sophisticated therapists who are capable of working more effectively with a variety of clients from diverse populations or different cultures.

Balance of Power in Supervision

The concept of power is a recurring theme in the supervision literature (Murphy & Wright, 2005). Power inequality is embedded in a supervisory relationship, which is contributed to the differences in the level of experience and knowledge between the supervisor and the supervisee (Prouty, Thomas, Johnson, & Long, 2001).

According to Bishop (2002), power takes various forms, "power-over, power with, and power-to" (p. 73). In her explanations, power-over refers to competition and dominance in hierarchical relationships. She describes power-with in reference to the collaboration and partnership between people in who are involved in collaborative relationships. Power-to however, refers to a person's ability to do things. These definitions could lead us to believe that in directive styles of supervision the supervisor has power over the supervisee. Though the use of power in a supervisory relationship is not easily discernable, Bishop's (2002) definitions are consistent with the report of McDaniel, Weber, and McKeever (1983). In their report, McDaniel, Weber, and McKeever (1983) indicated that some schools of supervision such as structural family therapy recommended a hierarchical role for supervisors in which the supervisor acts as an expert in order to train the supervisee. While, other models of supervision such as collaborative language (Anderson & Swim, 1995) and narrative approach (Monk, et al., 1997), suggested a stance of not knowing or naïve curiosity respectively. The goal of these models of supervision is to mentor the supervisees in a collaborative manner in order to generate new meanings.

Bishop (2002) stated that the supervisory models that promote hierarchy and power-over create an environment that promotes disconnection between the participants. It is for this reason that Fine (2003) recommended encouraging supervisees to make an extra effort in connecting with their clients. Both Bishop (2002) and Fine (2003) reported the power-over or hierarchical models of supervision are the dominant modes of training in academic settings.

Though more expensive, due to its collaborative and empowering nature, the reflecting team approach is recommended as the most effective type of supervision. However, the reflecting team approach is not in sync with the hierarchical supervisory models, which promote the power of supervisor over the supervisee considering the supervisor as the expert in the relationship (Bishop, 2002; Fine, 2003).

Murphy and Wright (2005) reported that when supervisors work with their supervisees in a collaborative or power-with style, they empower the trainee to assume the leading role in their practice. Their research reported that "empowerment and collaboration were seen as positive uses of power by supervisees" (p. 292). The results of their study emphasized that "the positive uses of power can enhance the supervisory relationship" (p. 293).

Spirituality in Supervision

In recent years, more scholars have been more attentive to religion and spirituality in the practice of supervision (Aten & Hernandez, 2004). Yarhouse and Fisher (2002) recognized five models for training supervisees. First, a model in which spirituality and

religious issues are worked through as they arise. Second, the minimalist view of incorporation-integration in which spiritual and religious issues are incorporated in the supervisory process. Third, the intentional incorporation-integration model in which spirituality and religious issues are purposefully incorporated in the supervisory process. Fourth, the minor-certificate programs in which the trainees receive certificates minoring in pastoral counseling. Fifth are the religiously-tailored programs, which intentionally emphasize spirituality and religious training.

In their efforts to determine the importance of integrating religion and spirituality in supervision, Gingrich and Worthington (2007) have reviewed the literature on the use of religion and spirituality in the practice of supervision. They suggested Integrated Developmental Model of Supervision (IDM) (Stoltenberg, 2005; Stoltenberg, McNeil, & Delworth, 1998) to be the most appropriate model of training therapists who have integrated spirituality in their practice. IDM contains three levels through which the supervisees first become aware of their own actions, thoughts, and emotions. Then, they become aware of their clients behaviors, thought processes, and emotional expressions. Lastly, they focus on "self-other awareness" (Stoltenberg, 2005, p. 858), hence gaining the ability to simultaneously focus on the clients' behaviors, thoughts, and emotions, as well as their own. It is through this awareness that supervisees are able to address difficult matters such as religion and spirituality.

In their research on marriage and family therapists, Miller and Bermudez (2004) reported that same-sex supervisory dyads confer about spirituality more readily than

supervisory pairs of different genders. Aten and Worthington (2009) speculated that due to the close ties between spirituality and cultural dynamics, more attention should be paid to the relationship between spirituality and cultural expressions in multicultural supervision. Aten and Worthington (2009) proposed that most therapists work with clients who have a high regard for religion, consequently supervisors and training programs must include spirituality and religious training for their supervisees. In their view, training programs can improve upon their spirituality training by creating courses in therapy and religion, incorporating religious training in practicum, and considering specialty training. This is contrary to the personal experiences of this researcher. Over the past 12 years often clients indicated that they did not wish to receive pastoral/religious counseling. Because of the offering of a sectarian approach to therapy, some clients indicated to have chosen the researcher in particular. Though there is no published information about the researcher's religious beliefs or affiliation, just by name and ethnicity, potential clients assume that the researcher is not a Christian.

Miller, Korinek, and Ivey (2006) stated that many internship programs fail to address religion and spirituality unless either the clients bring such issues up or the interns show to be struggling with spirituality and religious issues. Yet some supervisors are not comfortable dealing with spirituality and religious issues. Aten and Wrothington (2009) suggested that since the majority of therapists lack formal training in religion and spirituality, it would be appropriate that supervisors require continuing education units in spirituality.

Supervisees' Perceptions of Supervision

Few scholars have focused on the views of trainees and their perceptions of their supervisory relationships (Anderson, Schlossberg, & Rigazio-Digilio, 2000; Murphy & Wright, 2005; Silverthorn, Bartle-Haring, Meyer, and Toviessi, 2009; Tromski-Klingshim & Davis, 2007). According to Anderson, Schlossberg, and Rigazio-Digilio (2000), even when supervisees' expectations of supervisory relationships have been addressed, the results have been reported from the supervisors' perspectives rather than the supervisees' viewpoints.

In their extensive study of 160 trainees who were recruited from 52 accredited masters and doctoral programs across the United States, Anderson, Schlossberg, and Rigazio-Digilio (2000) elicited the supervisees' views of their best and worst supervision experiences. This was the first study in the field of family therapy that focused on the perception of supervisees rather than the supervisors. The results of thair study suggested that supervisees "rated supervisors involved in best experiences as significantly more interpersonally attractive (friendly, likable, sociable, warm), trustworthy, and expert than supervisors involved with their worst experiences" (p. 88). In addition, the results of Anderson, Schlossberg, and Rigazio-Digilio (2000) research showed that family therapy students characterized their supportive environment by being open, respectful, supportive, and showing an appreciation for individual differences. Their best training incorporated straightforward feedback, fostered exploring new ideas, and allowed mistakes as a part of the growth process. Negative supervision experiences were

characterized by supervisor's preoccupation with personal issues, poor communication, avoidance, and over emphasizing the supervisees' deficits rather than strengths. Such an environment was not conducive to fostering positive interactions and generating creative interventions. In addition, Anderson, Schlossberg, and Rigzio-Digilio (2000) reported the worst supervisors to be restrictive, shunning, rejecting, intolerant of differences (cultural, ideological, and lifestyle), degrading, and manipulative.

Stronger supervisory experiences utilized live supervision as the primary mode of supervision and reviewed videotapes. They also allowed the supervisees more access to the supervisors. They reported that though the supervisees preferred live supervision and videotape reviews, verbal discussions was the primary style of supervision. Silverthorn, Bartle-Haring, Meyer, and Toviessi's (2009) study of live supervision effectiveness concluded that the therapists/trainees considered live supervision significant in how they rated progress. However, the clients did not experience the same level of perceived progress as the therapists experienced. Similarly Silverthorn et al. (2009) reported live supervision to be one the most suggested type of training.

The supervisees in Anderson, Schlossberg, and Rigzio-Digilio's (2000) study reported to favor longer and more frequent time in supervision. These supervisees valued more contact with their supervisor over the theoretical orientation of their trainer.

Tromski-Klingshim and Davis (2007) studied supervisees' perceptions of clinical supervision in terms of the dual role that their supervisor played as their clinical and administrative supervisor. Nearly half of the supervisees in their study were supervised

clinically and administratively by the same supervisor. The result of their study found a potential conflict that could exist when the same supervisor assumes clinical and administrative roles with respect to a specific supervisee. However, 82% of the participants in their research did not find the dual role of their supervisor problematic. In addition, Tromski-Klingshim and Davis (2007) reported "no statistically significant differences in supervisees' perceptions of their clinical supervision based on a supervisor's role, supervisor's gender, or supervisee's gender" (p. 302). According to the results of this study, most supervisees found working under the same supervisor clinically and administratively beneficial for themselves and their clients. However, there were some reports of negative experiences around the supervisors' conflicting priorities with respect to the dual role that they had to perform.

Summary

The preceding chapter has been devoted to the review of literature in several areas with respect to supervision. In this chapter, the researcher examined the existing literature pertaining to theories of supervision. Literature was also reviewed around the issues of gender, power, cultural diversity, and spirituality. In addition, this chapter explored existing text on the supervisees' perspectives of supervision.

CHAPTER III

METHODOLOGY

The purpose of this qualitative study is to describe the LMFT's perceptions of quality supervisors and good supervision. This study explored expectations and desires of supervisees based upon their experiences of supervision and supervisors.

In order to save time in travel and preparation (Zvonkovic, Manoogian, & McGraw, 2001), the researcher decided to use on-line surveys for the purpose of gathering data. This research employed the transcendental phenomenological framework (Moustakas, 1994) in order to collect, analyze, and describe the data. To assure anonymity in order to protect the participants' identity, an encrypted site was created on PsychData to post the surveys on line. A link was provided for participants to access the survey materials. PsychData is an online survey tool, which is used in social science data collection, empowering researchers to conduct secure, accurate, and reliable online research. PsychData is used by students, faculty, administrators, clinicians, and independent researchers with the purpose of conducting a variety of research, including brief surveys, dissertations, and complex grant-funded studies with a great number of participants.

Upon obtaining approval of the study from the Texas Woman's University's Institutional Review Board (IRB), on-line directories were used to find electronic mailing addresses for 400 LMFTs in the states of Washington, Oregon, California,

Texas, Colorado, Minnesota, Ohio, Georgia, Virginia, and Florida. Purposive, convenience and snowball sampling were used to recruit 30 participants comprised of LMFTs who have been in practice for 2-30 years. The IRB approved "Invitation to Participate in Supervision Research" (see Appendix B) letters were e-mailed to the LMFTs with the goal of recruiting them to participate in this research. The LMFTs were instructed to access the research materials at: https://www.psychdata.com/s.asp?SID=132738 in order to read the Consent to Participate in Research document (see Appendix C) and complete the survey questionnaires. Each participant completed a demographic questionnaire (see Appendix D) concerning their age, gender, ethnicity, religious affiliation, theoretical stances, and clinical experiences. In addition, a questionnaire composed of the four research questions was utilized to gather information about the participants' perceptions of quality supervisors and good supervision (see Appendix E).

The data was collected and organized in four separate documents. Then, the participants' statements and comments were compared for similarity. The emerging themes and patterns were identified upon utilizing the data. The researcher then described the essence of the participants' lived experiences. Methodological rigor was examined by triangulating two colleagues who were familiar with qualitative research into the study. The results of this data analysis are reported and concluded in chapters four and five.

In this chapter, the researcher presents the research design, sampling, and participants. Furthermore, the researcher then discusses the measures that have been taken to protect the human subjects. In addition, the researcher explains the research procedure, including the process of data collection and data treatment. A summary concludes this chapter.

Research Design

Review of literature provides limited prior research on the LMFTs' perceptions of high quality supervision and supervisors (Anderson, Schlossberg, & Rigazio-Digilio, 2000; Tromski-Klingshim & Davis, 2007). This researcher has made the LMFTs' perceptions of quality supervisors and good supervision the foci of her study.

Datan (1983) states: "The statistical definition of norms employed by social scientists overlooks the individual in order to describe the group" (p. 37). However, in order to capture the essence of the supervisees' individual experiences of the supervisory process, the researcher has employed the empirical phenomenology or transcendental phenomenology approach (Moustakas, 1994) as the theoretical framework to guide this research.

A phenomenological study describes "the meaning for several individuals of their lived experiences of a phenomenon ... [and] what all participants have in common as they experience a phenomenon ...[in order] to reduce individual experiences with a phenomenon to a description of the universal sense" (Creswell, 2007, pp. 57-58). It was this researcher's hope that using a qualitative method would provide an enriched

description of the participants' subjective experiences (Creswell, 2003; Denzin & Lincoln, 2003). The researcher proceeded without any preconceived notion about the outcome of this research. Appropriate measures have been taken to ensure methodological integrity and rigor through the following steps:

1. A pilot study was created to examine the accessibility of the survey materials, the properness of the research questions, and the style of questioning for this study.
2. Two colleagues who were familiar with qualitative research were triangulated into the study with the purpose of overseeing the data analysis and the process of theme identification.
3. The researcher has maintained reflexivity in order to be mindful of personal biases.

Sample Selection

This study utilized purposive, convenience, and snowball sampling (Daly, 2007). The researcher had initially chosen five states across the United States to conduct her research. The five initial states were California (CA) from the west, Florida (FL) from the southeast, Minnesota (MN) from the midwest, Texas (TX) from the southwest, and Virginia (VA) from the east. The purpose of selecting the initial states was to create a diverse sample. Therapist Locator and American Association for Marriage and Family Therapy (AAMFT) directories were not used due to the restrictions imposed by the AAMFT, which forbids the use of their roster for the

purpose of research. Therefore, other electronic directories such as Psychology Today, Wellness, Therapist Finder, Help Pro, Network Therapy, Psych Search, Health Pro, and Yahoo Health were utilized to send letters of invitation to participate in this research (Appendix B) to 200 LMFTs. Two weeks later only nine LMFTs had responded. At that point, 150 fliers were passed on at the 2010 annual conference of Texas Association of Marriage and Family Therapists. A week later, the researcher had only received responses from 23 participants. The researcher was hoping to at least gather information from 30 participants. Then, repeating the recruitment process, the search was extended to the states of Oregon (OR), Washington (WA), Colorado (CO), Ohio (OH), and Georgia (GA).

Initially, the investigator had indicated that the surveys would take an hour to complete. However, the pilot study reported that the survey completion took about 30 minutes. Nevertheless, the IRB insisted that it had to be indicated that the survey would take 90 minutes to complete. This factor could have been an obstacle in the recruitment process. Many LMFTs responded with regrets indicating that they were too busy to participate in this research, despite their expressed attraction to the topic and their interest in participating in the research.

Six weeks later and with an insufficient number of participants, college professors, program directors, and colleagues were asked to pass on the invitation to LMFTs whom they knew of who might be interested in participating in this research. Some colleagues passed on the invitation to participate in supervision research with a

note that indicating that it would take about 30 minutes to complete the surveys. That step was instrumental in acquisition of the last 17 responses and finally, the magical number, 30 participants were recruited.

Participants

Participants were initially delimited to male and female LMFTs who have been 5-15 years post-license regardless of their age, ethnicity, or training background. The post-license experience was set at 5-15 years in order to protect participants from the risk of possible discomfort as a result of disclosing information about their supervisory experience. However, due to the changes in the process of sample selection, participants were selected among LMFTs who are 2-30 years post-license. The sample represents participants from the states of Florida, Minnesota, Texas, Virginia, and Washington. The sample will be analyzed in detail in the discussion section of this research.

Protection of Human Participants

The consent to participate in research (Appendix C) explained the measures that were taken in order to protect the participants' confidentiality. The following measures were taken to ensure confidentiality.

1. PsychData was used as a secure on-line survey tool in order to ensure anonymity and confidentiality of participants.
2. To maintain anonymity and confidentiality the IP address collection option of PsychData was turned off.

3. Participants were instructed to avoid writing their names on the demographic questionnaire or research questions.
4. Data was analyzed using Statistical Package for the Social Sciences (SPSS) and Microsoft Word. Data was then saved on a USB drive and kept under lock and key until September 30th 2011.
5. The emerging themes were identified using Microsoft Word. The information was saved on a password protected computer at the researcher's home office.
6. The following statement was added on the consent to participate in research document (Appendix B), demographics questionnaire (Appendix D), and the research questions (Appendix E): "There is a potential loss of confidentiality in all email, downloading and internet transactions."

Upon reading the informed consent, participants were lead to the surveys pertaining to the demographic questionnaire and the research questions.

Procedure

Consistent with the premises of phenomenological research (Moustakas, 1994) the research questions required the participants to describe their views of quality supervisors and good supervision based on their lived experiences. The four research questions (Appendix E) were:

1. In your view, what constitutes good supervision?
2. What would have made your supervision experience a better one?
3. Describe the qualities of your best supervisor.

4. What did you dislike about your supervision?

Participants were instructed to respond to questions in their own words, at their convenient time, and in the privacy of their homes or offices. The process of data collection and data treatment is discussed in the proceeding sections.

Data Collection

Using SPSS, the 30 LMFT participants' responses to both the demographics questionnaires and the research questions were collected from PsychData and saved in four different Microsoft Word documents. Each document corresponded with a question. The informations in the four documents were coded from 1Q1-30Q1 to 1Q4-30Q4. The demographic informations were matched with the participants' responses.

Data Treatment

In phenomenological research, the informations gathered from research questions are used to build data (Moustakas, 1994). The data is then used to generate the themes and patterns (Creswell, 2007; Daly, 2007; Moustakas, 1994). Phenomenological research contains five phases. The first phase is data collection through descriptive interviews and surveys. The second phase is horizontalization of data (Moustakas, 1994) in order to identify and generate themes and patterns. The third phase is creating a "textural description" (Creswell, 2007, p. 60) in order to describe what happened. The forth phase is creating a "structural description" (Creswell, 2007, p. 61) of how the participants' experiences occurred. The fifth phase is generating the contextual or "composite description" (Creswell, 2007, p. 159) of

the participants' experiences describing the essence of the participants' experiences by integrating the textural and structural descriptions of their experiences.

Consistent with the recommendations of the transcendental phenomenology approach (Creswell, 2007; Daly, 2007; Moustakas, 1994), the researcher used descriptive survey questions to collect information about the participants' lived experiences. Upon saving the participants' responses in four separate Word documents, the contents of the documents were coded from 1Q1-30Q1 to 1Q4-30Q4. The researcher then studied the participants' responses to each question line by line, sorting through participants' descriptions of supervision experiences in order to "horizontalize" (Moustakas, 1994, p. 94) the data. During the process of horizontalization, as Moustakas (1994) explained:

> Each horizon as it comes into our conscious experience is the grounding or condition of the phenomenon that gives it a distinctive character. We consider each of the horizons and the textural qualities that enable us to understand an experience. When we horizontalize, each phenomenon has equal value as we seek to disclose its nature and essence. (p. 95)

The common statements and comments were color coded with the ultimate goal of identifying themes and patterns. Then, emerging themes and patterns were identified and interpreted (Denzin & Lincoln, 2003) in the forms of "textural and structural descriptions" (Creswell, 2007, p. 160) in order to represent clusters of meanings. The researcher identified the "textural description" of the participants' experiences. In other

words, the significant statements, themes, and commonalities (Daly, 2007; Martin, Sadlo, & Stew, 2006) based on repetition were employed to identify "textural descriptions" (Creswell, 2007, p. 60) of what the participants experienced during their supervision.

Then, the researcher sought to synthesize the "structural description" (Creswell, 2007, p. 61) or how the participants' experiences happened. Finally, using the "textural and structural descriptions" of the participants' experiences, the researcher composed the contextual and composite description, including the "invariant structure or essence" (Creswell, 2007, p. 62) of the participants' subjective experiences. The researcher then, formulated a "composite description" (Creswell, 2007, p. 159) or the "essence," the composite of what and how, of the participants' lived experiences.

Throughout the process of data treatment and describing results, the researcher has paid careful attention to be mindful of personal assumptions. In addition, the researcher reflected upon individual/personal experiences with supervision, and addressed personal biases when necessary to exhibit reflexivity (Doucet, 2008; Finlay, 2006; Turner, 2000) as it pertains to the self-awareness of the researcher. Considering that writing is a co-creation through the process of interaction between the writer and the subject (Gilgun, 2005), this investigator has made it a goal to maintain reflexivity (Doucet, 2008; Creswell, 2007) throughout the study. The role of the investigator is discussed (Marshall & Rossman, 2006) and the researcher's

biases are bracketed to avoid "taking a position" (Moustakas, 1994, p. 87) in order to maintain "transcendental-phenomenological reduction" (Morse, 1994, p. 36). Results of the data treatment will be reported in chapter IV and the conclusions will be presented in chapter V.

Summary

The focus and purpose of this qualitative study is to describe the LMFT's perceptions of quality supervisors and good supervision. Through a survey that was created on PsychData, the researcher sent 400 LMFTs who have been practicing for 2-30 years an invitation to participate in the research. The participants were requested to share their experiences with supervision and their supervisors. In addition, the subjects were requested to share what would have made their supervision experiences better. Furthermore, they were asked to disclose the qualities of their best supervisor and supervision experiences. They were also inquired to share what they disliked about their supervision experiences.

The researcher horizontalized and explored the textural qualities of the collected data creating themes and patterns. Then, the researcher identified the textural and structural descriptions, as well as contextual essence (Moustakas, 1994) of the participants' supervisory experiences (Creswell, 2007; Daly, 2007; Moustakas, 1994). Results are described and reported in chapter IV. The conclusion is presented in chapter V.

CHAPTER IV

RESULTS

The focus and purpose of this qualitative study was to describe the LMFT's perceptions of quality supervisors and good supervision. In this chapter, the researcher reports the findings resulting from the analysis and treatment of the data. Forty five LMFTs participated in the study, of which only 30 completed both the demographics and research question surveys that were created on PsychData and posted online. The data was gathered via SPSS and analyzed with the goal of describing the sample. The answers to the four questions were horizontalized and texturized with the purpose of identifying the emerging themes. In this chapter, the researcher describes the sample and the five emergent themes.

Sample Description

The process of sample selection has been explained, in detail, in chapter III. In this section of chapter IV, the researcher makes a diligent attempt to describe the sample in detail in order to help the reader in developing a clear understanding of the participants.

The sample consists of 30 participants (n=30, 100%), 19 females (63.3%), 10 males (33.3%), and one participant (3.3%) who did not indicate any gender. The participants identified themselves as belonging to different age groups. The subjects' ages ranged between 30 and 76 with the mean of 52.

As presented in Table 1, participants resided in six different geographical areas. Four (13.3%) participated form FL, four (13.3%) from MN, 16 (53.3%) from TX, four (13.3) from VA, and two (6.7%) from WA. Because of the larger response, it is significant to notice that the sample overwhelmingly reflects the views of the Texas participants.

Table 1

Personal Information: State in Which Participants Practice

State	Number of Participants	Percentage
California	0	0
Colorado	0	0
Florida	4	13.3
Georgia	0	0
Minnesota	4	13.3
Oregon	0	0
Virginia	4	13.3
Ohio	0	0
Texas	16	53.3
Washington	2	6.7
Total	30	100

Table two is an exhibit of how participants identified themselves ethnically. One participant (3.3%) did not indicate ethnicity, one (3.3%) considered herself an American, 14 (46.7%) listed themselves as Caucasians, one (3.3%) reported to be Chinese, one (3.3%) identified himself as Croatian, one (3.3%) identified herself as Hispanic, one (3.3%) indicated to be human being, one (3.3%) specified to be Iranian-American, one

(3.3%) reported to be Iranian/Indian, and eight (26.7%) identified themselves as Whites. No categories were designated for the participants to identify their ethnicity; hence, the existence of separate categories for Caucasians and Whites and the indication of American or human being.

Table 2

Personal Information: The Participants' Ethnic Background

Ethnicity	Number of Participants	Percentage
Unanswered	1	3.3
American	1	3.3
Caucasian	14	46.7
Chinese	1	3.3
Croatian	1	3.3
Hispanic	1	3.3
Human Being	1	3.3
Iranian American	1	3.3
Iranian Indian	1	3.3
White	8	26.7
Total	30	100.0

As shown in Table 3, the participants reported to belong to a variety of religious affiliations. One participant (3.3%) identified herself as Buddhist, one (3.3%) indicated to be agnostic, one (3.3%) reported to be Catholic, five participants (16.7%) identified themselves as Christians, one (3.3%) indicated to be Episcopalian, two (6.7%) identified themselves as Humanist, one (3.3%) specified to be a Methodist, one (3.3%) recorded

"N/A", eight (26.7%) identified themselves as having no religion by recording "None," three (10.0%) identified themselves as Protestants, one (3.3%) indicated to be Protestant lapsed, one (3.3%) specified to be Roman Catholic, two (6.7%) considered themselves as Spiritual, and two participants (6.7%) did not answer the question about religious affiliation.

Table 3

Personal Information: Religious Affiliation of the Participants

Religious Affiliation	Number of Participants	Percentage
Unanswered	2	6.7
Agnostic	1	3.3
Buddhist	1	3.3
Catholic	1	3.3
Christian	5	16.7
Episcopalian	1	3.3
Humanist	2	6.7
Methodist	1	3.3
N/A	1	3.3
None	8	26.7
Protestant	3	10.0
Protestant Lapsed	1	3.3
Roman Catholic	1	3.3
Spiritual	2	6.7
Total	30	100.0

The sample was selected from those psychotherapists who had identified themselves as LMFTs on the online directories. However, on the demographic survey, only 22 (73.3%) identified themselves to be licensed as marriage and family therapists.

Of the 30 participants, 14 (46.7%) held licenses as professional counselors (LPC), one (3.3%) held a license as a master social worker (LMSW), and three (10.0%) identified themselves as other without indicating the type (Table 4). Based on the instructions that were provided in the invitation to participate in supervision research, only LMFTs were invited to participate in this study. Therefore, it is the researcher's assumption that the participants who did not identify themselves as LMFTs simply missed the LMFT demarcation. It is also possible that since it was a given that they held LMFT licenses, they only checked additional licenses.

Table 4

Professional Information: How Participants Identified Themselves Professionally

Licensure	Number of Participants	Percentage
LMFT	22	73.3
LPC	14	46.7
LMFT & LPC	8	26.7
LMSW	1	3.3
LMFT & LMSW	1	3.3
Psychologist	0	0
Other	3	10.0

The total add up to more than 30 (100%) due to dual licensing.

According to the collected data as shown in Table 5, fourteen participants (46.7%) held Ph. Ds, fifteen (50%) held master's degrees, and one participant (3.3%) did not answer this question. Of the fifteen master's level LMFTs, two participants (6.7%) identified themselves as "M.Ed" [Master of Education], five (16.7%) indicated to have a

"MA" [Master of Arts], five (16.7%) recognized themselves as "Master's," one LMFT (3.3%) stated to have "MDiv" [Master of Divinity], two participants (6.7%) reported to hold "MS" [Master of Science] degrees.

Table 5

Professional Information: Highest Degree Held by the Participants

Degree	Number of Participants	Percentage
Unanswered	1	3.3
M.Ed.	2	6.7
M.A.	5	16.7
Master's	5	16.7
M.Div	1	3.3
M.S.	2	6.7
Ph.D.	14	53.3
Total	30	100.0

Many participants held supervisory positions. One participant (3.3%) did not answer this question. Of the 30 participants (100%), 14 (46.7%) reported as not being state board approved supervisors. However, 15 (50%) did report to be state board approved supervisors with experiences ranging from one to twenty seven years (Table 6).

Table 6

Professional Information: Length of Experience as a Supervisor

Length of Experience as a Supervisor	Number Participants	Percentage
Unanswered	1	3.3
No Experience	14	46.7
Yes	3	10.0
1 Year	2	6.7
5 Years	1	3.3
Since 2004	1	3.3
Several Years	1	3.3
9 Years	1	3.3
11 Years	1	3.3
12 Years	1	3.3
15 Years	1	3.3
16 Years	1	3.3
17 Years	1	3.3
27 Years	1	3.3
Total	30	100.0

The demographic questionnaire contained a question about the amount of fees that participants charged to provide supervision. However, participants responded to this question regardless of their supervisory status. One participant (3.3%) did not share any information about fees, the 14 supervisors charged fees within the range of $40-$150, with the mean of $94.50 (m=94.50). Some of the therapists without supervisory privilege reported their fees in this category. The participants' responses are reported in Table 7.

Table 7

Professional Information: Fees for both Therapeutic Services and Supervision

Services	Fees/Hour	Number of Participants	Percentage
Unanswered		1	3.3
Supervisor-Therapists	$150	1	3.3
	$135	1	3.3
	$110	1	3.3
	$100	3	10.0
	$80-$135	1	3.3
	$80-$120	1	3.3
	$90	1	3.3
	$65	1	3.3
	$60	3	10.0
	$50	3	10.0
	$40	1	3.3
Therapists	$125	4	13.3
	$100	2	6.7
	$85	1	3.3
	Retired	1	3.3
	Salaried	1	3.3
	Varies	1	3.3
	N/A	13	10.0
	None	1	3.3
Total		30	100.0

As exhibited in Table 8, the participants practiced a variety of theoretical models in their supervision including Adlerian, Self of the Therapist, Bowen Family Systems, Experiential, Cognitive, Gestalt, Behavioral, Contextual, Developmental, DK,

Emotionally Focused Therapy (EFT), Accelerated Experiential Dynamic Psychotherapy (AEDP), Narrative Therapy, Solution-Focused-Brief-Therapy (SFBT) Family of Origin, Psychodynamic, Collaborative Systems, and Attachment Theory. Four participants (13.3%) did not enter any model, two (6.7%) wrote "N/A," one (3.3%) entered "None," one (3.3%) responded "Uncertain," two (6.7%) reported to practice Developmental, three (10.0%) indicated to only practice Bowen Family Systems, and the remaining 11 (36.7%) appear to be eclectic in which they practiced a combination of theoretical models.

Table 8

Professional Information: Theoretical Models Used in Participants' Supervision

Theoretical Models	Number of Participants	Percentage
Unanswered	4	13.3
Adlerian, Self of Therapist	1	3.3
All MFT Models	1	3.3
Bowen, Experiential	1	3.3
Bowen Family Systems	1	3.3
Cognitive, Gestalt, Behavioral	1	3.3
Developmental	2	6.7
DK*	1	3.3
Eclectic	1	3.3
EFT**, Experiential, Dynamic, AEDP***	1	3.3
Family Systems	2	6.7
Family Therapy	1	3.3
N/A	3	10.0
Narrative, Family of Origin, Family Systems	1	3.3
Narrative, Solution-Focused	1	3.3
Psychodynamic	1	3.3
Psychodynamic, Systems, Bowen Solution Focused	1	3.3
Solution Focused, Narrative, Collaborative	1	3.3
Structural, Strategic, Narrative, Postmodern	1	3.3
Systems	1	3.3
Systems in General, Internal	1	3.3
Family Systems, Attachment	1	3.3
Uncertain	1	3.3
Total	30	100.0

*The researcher could not find what DK stands for. **Emotionally Focused Therapy. ***Accelerated Experiential Dynamic Psychotherapy.

As depicted in Table 9, of the 30 participants (100%) one (3.3%) did not indicate the modality (individual, group, or both) in which she had received supervision, two (6.7%) responded "N/A," 17 (56.7%) reported to have practiced both, one (3.3%) stated "Ind. & two," and nine (30%) reported to have experienced individual supervision.

Table 9

Professional Information: Modality of Participants' Supervision, Individual, Group, or Both

Supervision Modality: Individual, Group, or Both	Number of Participants	Percentage
Unanswered	1	3.3
Both	17	56.7
Individual & Two	1	3.3
Individual	9	30.0
N/A	2	6.7
Total	30	100.0

According to the information given by the participants and shown in Table 10, the majority of participants were trained in a collaborative style of supervision. Twenty participants (73.3%) reported to have had a collaborative style of supervision, seven (23.3%) indicated having directive style supervision, and six (20.0%) marked other, without indicating any style.

Table 10

Professional Information: Style of Supervision Received by Participants — Collaborative, Directive, Other

Style of Supervision	Number of Participants	Percentage
Collaborative	22	73.3
Directive	7	23.3
Other	6	20.0

The total is greater than 30 (100%) due to the utilization of multiple styles.

Table 11 identifies the type of supervision that the participants received. Data analysis revealed that of the 30 participants (100%) 10 (33.3%) received live supervision, four (13.3%) were provided with behind the one-way-mirror team supervision, 20 (66.7%) received face-to-face case presentation, 16 (53.3%) had in-office sessions with their supervisors, 13 (43.3%) showed videotapes, and 10 (33.35) shared audiotapes with their supervisors. Only five participants (16.7%) indicated phone consultation and three (10.0%) marked online consultation.

Table 11

Professional Information: Types of Supervision Experienced by Participants

Types of Supervision	Number of Participants	Percentage
Live Supervision	10	33.3
Behind a One-Way-Mirror	4	13.3
Face-to-Face Case Presentation	20	66.7
In Office Sessions	16	53.3
Videotaped Sessions	13	43.3
Audiotaped Sessions	10	33.3
Phone Consultation	5	16.7
Online Consultation	3	10.0

The total is greater than 30 (100%) due to the use of multiple categories.

As is reflected in Table 12, the length of time in supervision was specified to range from 1-17 years in supervision. It is reportable that five participants (16.7%) did not answer this question, two participants (6.7%) indicated to have had one year of supervision, and one participant (3.3%) mentioned to be receiving "ongoing supervision." Nine LMFTs (30.0%) stated to have obtained two years of supervision, and 10 participants (33.3%) indicated to have received between three to 17 years of supervision.

One participant (3.3%) stated to have been in supervision "since May 09." It is the researcher's assumption that this participant was referring to her status as a supervisor. Clearly the participants must have been licensed for at least 2 years and due to the licensing board rules, LMFTs must complete an internship consisting of 2000-3000 hours of client contact under the supervision of a board approved supervisor. Therefore, it may

be safe to assume that the participant referred to her supervisory status when she stated "since May 09."

Table 12

Professional Information: Participants' Length of Time in Supervision

Length of time in Supervision	Number of Participants	Percentage
Unanswered	5	16.7
1 Year	2	6.7
2 Years	9	30.0
3 Years	1	3.3
4 Years	1	3.3
5 Years	2	6.7
5-6 Years	1	3.3
8 Years	1	3.3
9 Years	1	3.3
11 Years	1	3.3
12 Years	1	3.3
13 Years	1	3.3
15 Years	1	3.3
17 Years	1	3.3
Ongoing	1	3.3
Since May 09	1	3.3
Total	30	100.0

According to information exhibited in Table 13, the participants indicated to have been in practice between 2-30 years with a mean of 14 years.

Table 13

Professional Information: Participants' Length of Time in Practice

Length of Time in Practice	Number of Participants	Percentage
Unanswered	4	13.3
2 Years	3	10.0
5 Years	3	10.0
9 Years	1	3.3
10 Years	3	10.0
12 Years	3	10.0
13 Years	1	3.3
15 years	6	20.0
17 Years	1	3.3
20 Years	1	3.3
22 Years	1	3.3
25 Years	2	6.7
30 Years	1	3.3
Total	30	100.0

Based on the data exhibited in Table 14, thirteen participants (43.3%) declared to practice over 20 hours per week, eight participants (26.7%) indicated to practice 10-19 hours per week, and six participants (20.0%) stated to practice under 10 hours per week. Two participants (6.7%) did not respond to this question and the retired participant answered "0" for hours of practice per week.

Table 14

Professional Information: Participants' Hours of Practice per Week

Hours of Practice per Week	Number of Participants	Percentage
Unanswered	2	6.7
0	1	3.3
Under 10 Hours	6	20.0
10-19 Hours	8	26.7
20 and More Hours	13	43.3
Total	30	100.0

The participants utilized a variety of modalities in providing therapy to their clients. As demonstrated in Table 15, of the 30 LMFTs who participated in this research one (3.3%) stated to see couples and families and one (3.3%) declared to see individuals. Four subjects did not answer this question and the other 24 participants (80.0%) indicated to see a mix of individuals, couples and families.

Table 15

Professional Information: Therapeutic Modalities – Individual, Couple, or Family Sessions

Type of Session: Individual, Couple, or Family	Number of Participants	Percentage
Couples and Families	1	3.3
Individuals	1	3.3
Individuals, Couples, & Families	24	80.0
Unanswered	4	13.3
Total	30	100.0

According to the information gathered and presented in Table 16, the majority of participants (23=76.7%) reported no use of online therapy, three participants (10.0%) did not respond to this question, and three participants (10.0%) indicated seldom use of online therapy. One participant (3.3%) answered "yes" to this question without clarifying his frequency of use. Seven participants (23.3%) reported the occasional use (1-4 times/month) of a telephone in providing therapy, one participant (3.3%) reported regular use (weekly), and 19 participants (63.3%) answered negatively to the use of a telephone in providing therapy.

Table 16

Professional Information: Participants' Frequency of Online and Telephone Therapy

Therapy On-line	Number of Participants	Percentage
Undisclosed	3	10.0
No Use	23	76.3
Yes	1	3.3
Yes- Once a Month	1	3.3
Yes- Rarely/not Often	2	26.7
Total	30	100.0
Therapy by Telephone		
Undisclosed	3	10.0
No Use	19	63.3
Not Routinely	1	3.3
Yes- Weekly	2	6.7
Yes- Twice Month	1	3.3
Yes- Once a Month	1	3.3
Yes- Rarely	2	6.7
Yes- In a Crisis... Twice a Year	1	3.3
Total	30	100.0

According to the data, as presented in Table 17, 63.3 percent of the participants (19) specified to be in private practice. Three participants (10.0%) did not answer this question, one (3.3%) stated to be a university professor, one (3.3%) declared to be employed by an inpatient rehabilitation hospital, one (3.3%) specified to be a church minister, one (3.3%) indicated to practice in an agency, and four participants (13.3%)

stated to be in private practice in addition to an institution, university, or other type of agency.

Table 17

Professional Information: Participants Type of Practice

Types of Practice	Number of Participants	Percentage
Undisclosed	3	10.0
Agency	1	3.3
Agency and Private Practice		
Church Ministry	1	3.3
Inpatient Rehabilitation	1	3.3
Hospital	1	3.3
Private		
Private and Institute	1	3.3
Private and Other	19	63.3
Private and University	1	3.3
Professor		
University Professor	1	3.3
Total	1	3.3
	30	100.0

In this section the investigator has made a thorough attempt to paint a clear picture of who the research participants were in order to provide a better understanding of the subjects and their lived experiences as supervisees. The next section is dedicated to describing the themes that have emerged as a result of the horizontalization and texturalization of the data.

Discoveries

The focus and purpose of this qualitative study is to describe the LMFT's perceptions of quality supervisors and good supervision. The investigator concentrated on the LMFTs' lived experiences as supervisees. The following four questions became the foci of this research:

Research Question 1. In your view, what constitutes good supervision?

Research Question 2. What would have made your supervision experience a better one?

Research Question 3. Describe the qualities of your best supervisor.

Research Question 4. What did you dislike about your supervision?

The researcher collected the participants' answers online and organized them into four different documents that each represented the subjects' answers to a specific question. The data was then coded by numbers 1Q1-30Q1 through 1Q4-30Q4. The data was horizontalized (Moustakas, 1994). The processes of data analysis and treatment have been discussed in detail in chapter III.

There was a large variation in the responses due to the different variables including the age range (30-76), the range of participants' experiences (2-30 years), and the supervisory status (14 participants had supervisory experience and 15 had not served as board certified supervisors). However, there seemed to be some consensus in several areas. Therefore, as themes began to emerge, the researcher grouped similar comments into color coded clusters. The researcher identified five emerging themes:

1. Supervisory Relationship and the Self of the Therapist,

2. Expertise and Knowledge of the Supervisors,

3. Collaboration,

4. Personal Attributes of the Supervisors, and

5. Connection, Availability, and Affordability.

The five themes and the supportive evidence are presented in the proceeding sections.

Theme One: Supervisory Relationship and the Self of the Therapist

While analyzing the participants' responses, it seemed evident that many of them experienced an isomorphism between supervision and therapy. The subjects emphasized the importance of the supervisory relationship and compared it to the therapeutic relationship as the means to the supervisee's personal growth as well as professional development. The participants of this research referred to the similarities between the therapist-client and supervisor-supervisee relationships and the self of the therapist in their responses to different questions.

The following are the participants' responses to the first question: "In your view, what constitutes good supervision?"

12Q1 declared:

"I think a good supervisory relationship has much in common with a good therapeutic relationship: accepting, non-judgmental, a sense of safety and feeling heard, feeling that my thoughts, feelings and goals are understood and valued, working from where I am at, supervisor directs the process and I the content. Understanding of the supervisees' needs

and goals, and interests. More development of the whole supervisee, rather than just snippets. Or at least a plan to get all of those needs met, with a mix of self of therapist. - My best supervisor was- very strong in family systems, MRI, and Structural viewpoints, was very keen to recognize what we took on from the families with which we worked, and helped us to understand how we were personally impacted by entering the family system-which would not have been possible if we did not feel completely safe and talking about ourselves personally too (so much is missed when we don't include that!). She was perhaps the best integration of self of therapist, theory, and case consultation that I ever had, but she wasn't even a licensed supervisor, having just gotten her LMFT- she just had a gift for it."

14Q1 shared a similar viewpoint in the following statement: "The same as therapy, the relationship is the most crucial aspect of the process."

19Q1 stated:

> "Good supervision is based on the same principles as good therapy. Supervision like therapy should be evidence based and not intuition based. A supervisor who criticizes without eliciting evidence from the client or without empirical support from the conclusion is exercising power for its own sake. Using evidence is a sign of good supervision."

30Q1 wrote:

> 'Just as I listen to my clients perspective on their problems, I also attend very carefully to the supervisees perspective. I try to find out a little bit about them

personally, their goals for becoming a therapist, what are their greatest challenges as a beginning therapist. I also want to know what they would like from supervision. I find that joining with my supervisee is just as critical to success as it is to join with my clients. When I find out what is important to the supervisee then I am able to know how to link information to information that the supervisee already possesses."

2Q1 described:

"What has probably been most helpful is that this supervisor does not put a limit on anything I need or want to talk about. So at times the supervision has felt more like therapy—but this is exactly what I needed. Clearly, personal issues were affecting my work, and I needed help in identifying them and figuring out what to do with them. He even has helped me find effective ways of addressing the whole area of feelings with clients—again, no other training/supervision I've had has truly provided the kind of clarity I have achieved with this supervisor."

27Q1 expressed:

"1) A supervisor who is as interested in my personal development as he is interested in my professional development;

2) A supervisor who is as interested in his own personal development as he is interested in my personal development;

3) A supervisor who is as committed to helping me identify my strengths as she is committed to helping me identify my weaknesses;

4) A supervisor who is willing to confront and identify his strengths and weaknesses in working with me;

5) A supervisor who experiences supervision as working on him as much as it is working on me;

6) A supervisor at ease in his skin, who sees the ongoing paradoxes in human behavior, and who combines reverence with a sense of humor about life's challenges, in and out of therapy."

28Q1 proposed:

"Good supervision (non-exhaustively):

1) Learning about supervisees' a) past supervision, b) theoretical model(s), c) preferred feedback stance (e.g., direct, sensitive, narrative, etc), and d) family (to the extent this colors their personal/professional development);

2) Focusing on primarily helping the supervisee help her/his clients rather than focusing on helping his/her clients—that's the supervisee's job;

3) Reflexive, or showing a moment-to-moment recognition of where the supervisee is in her/his development and acting according to this recognition;

4) Thematically attuned such that the supervisor does not become too caught up in all the details;

5) Informed re: codes, laws, and regulations that govern therapeutic practice; and

6) New, so that the supervisor/supervisee relationship becomes a space for curiosity stretching, and mutual exploration.,.

13Q I described: ··A supervisor who develops a relationship with me and doesn't just serve as a human encyclopedia.'·

Similarly, in response to question two, ""What would have made your supervision experience a better one?" a number of participants expressed their viewpoints in the context of the self of the therapist.

10Q2 noted: "'Who I am as a therapist, and as a supervisor myself today, is LARGELY DUE to the quality of supervision I received from all of my supervisors."

25Q2 responded: ""More focus on me and my clients and less on theory. There is more than one road that leads to Rome. It would have been helpful to have that acknowledged." In response to question three, "Describe the characteristics of your best supervisor." the same participant wrote:

> "·My favorite supervisor made it completely safe to be who I was, and she supported me as a person and recognized there's more to my life than just being a therapist. No agenda for my career, not pushing any philosophy or direction, just developing me as a person, professional, and therapist- and even though it's professional supervision, sometimes personal aspects have the most leverage. It seems as though many therapists are afraid to address more personal things that surround the professional-but of course they're inseparable in real life."

27Q2 stated: "A more structured approach to our time together would have improved the supervision experience for me. I like The Person-of-the-therapist Instrument presented in the JMFT, October 2009 as an example of the type of structure I have in mind."

Based on the evidence that has been presented, the participants considered the supervisory relationship and the Self of the Therapist to be fundamental parts of good supervision. The next section is devoted to the examples that support the emergence of the second theme.

Theme Two: Expertise and Knowledge of the Supervisor

Participants of this research emphasized the knowledge, strong clinical skills, and expertise of the supervisor as key ingredients of quality supervision. The followings are some of the examples of the participants' responses to question one: "In your view, what constitutes good supervision?"

4Q1 stressed:

"Strong clinical skill in the supervisor, an ability to work from a theoretical orientation with clarity, the capacity to facilitate discussion and foster insight-staying current in the literature-especially clinical moves within the practice of therapy-insight into self and the client."

5Q1 described:

"Having someone with more experience than you...someone with more expertise help guide you. When someone can hear what you are doing, and help you realize

your strengths, build on them but also help you notice your limitations too. Having someone who is not afraid to point out areas of growth needed."

14Q1 expressed:

"Also, the maturity of the supervisor and their willingness to share their experience. I don't think anyone should do supervision if they have not achieved a doctorate and have more than 7 years of experience. I had some supervisors that had not sat with enough families and couples to know what they were doing. The best supervision I received was when an excellent experienced therapist shared his experience of his most challenging cases. I have been in supervision most of my career and some of the supervisors were poor therapists. A couple of AAMFT supervisors were too inexperienced to know anything about real therapy. They simply had not done enough therapy. Most of what they knew were based on books and their teaching in the university where they worked. . . . [My best supervisor was] an ecologist! He was an outdoorsman and truly understood systems of different kinds. He lived systemically and thus was able to think and intervene systemically. The real measure of a therapist and a supervisor is do they live their model?"

24Q1 declared:

"Sharing supervisor's personal experiences in therapy; pointing out specific instances in student's recorded sessions that could be handled differently; application of theory to specific cases and instances in student's recorded

sessions; explaining to student possible ramifications of his/her approach to the presenting problem; regular and consistent supervision sessions; trusting relationship with supervisor."

29Q1 asserted:

"Effective supervision also includes the use of a supervision model—just as effective therapy does. As a supervisor I must understand how my questions make sense and how each question can promote change/idea development/movement for the supervisee and the case."

Four of the participants emphasized the ethical issues.

28Q1 emphasized that a good supervisor must be "informed re: codes, laws, and regulations that govern therapeutic practice."

25Q1 wrote: "Attention to professional guidelines and ethics must be strict and must be demonstrated by the supervisor and student."

On the contrary, in response to question four "What did you dislike about your supervision?"

15Q4 stated "too much emphasis on ethics and legal crap."

Many participants emphasized the levels of experience and the knowledge of their supervisors as what would have made their supervision experience a better one or as characteristics of their best supervisor.

2Q2 stated that her supervisor "Once said that everyone who goes to therapy is 'mentally ill.' She had extensive knowledge about the field, but I found her to be quite unprofessional in many ways, and in no way a good role model."

27Q3 wrote: "He used his own life experiences as a tool to enhance connection with me and in so doing, modeled for me how I might appropriately use my life's experiences to both identify with and differentiate from my clients."

In the preceding paragraphs, examples of the participants' descriptions of the role that the expertise and knowledge of the supervisor played in the constitution of good supervision have been presented. The participants also expressed that the expertise and knowledge level of the supervisors are among the elements that would have improved the quality of their supervision. In addition, they considered the utilization of expertise and knowledge to be characteristic of quality supervisors. The following section contains examples from the participants' statements about the third emerging theme, collaboration.

Theme Three: Collaboration

The third theme that emerged through clustering similar statements is collaboration. Many participants implied that their best supervision experience and best supervisors were collaborative. Others expressed that a more collaborative approach would have made their supervision experience better. The following examples reflect the subjects' shared experiences of collaboration in their supervision.

10Q1 stressed:

"A good supervisor is one who listens to my cases and encourages my style, encourages my learning different modalities and a willingness to try new ideas or techniques, provides adequate feedback for reflection and growth. –He- encourages me to trust my 'gut' empowers the use of my own intuition and voice, and focuses upon the best interest of the clients."

20Q1 expressed:

"Clear understanding and agreement on expectations and responsibilities, willingness to listen and to develop collaboratively ideas and perspectives. Support learning experiences of intern/supervisee. Provide resources and information."

17Q1 wrote that:

"Collaboration, and direction and possible alternatives when requested. Allowing supervisees to explore various approaches to determine best fit for the supervisee and/or the client, rather than trying to fit to the supervisor. Clearly delineating approach, plan for supervision, and also plan for handling emergencies should they arise."

12Q2 proposed:

"What would make my supervision experience a better one:

- If supervisors initially assess for supervisees' needs, goals, interests, etc. and got to know the supervisee rather than just plugging them into their existing 'system'

- Focusing on the needs and setting of the supervisees."

23Q1 asserted:

"when supervisee is playing an active roll in supervision where they look at possible different ways of interventions. Looking at issues through a different angle."

29Q2 shared:

"I had many wonderful supervisors who allowed me the time to understand the work. I did have one supervisor who is a terrific therapist and brilliant individual but a very controlling supervisor and in his attempt to push me to strive he embarrassed me in front of clients and shut me down. I did not practice the same model and could not think the way he did and that was how we were to do therapy and I just couldn't. I would anticipate my sessions with nausea and leave with headaches. If he had respected my approach and been more curious about my questions in therapy room and taken the time to understand how what I was doing made sense, he would have been less intimidating."

30Q2 mentioned:

"The university supervision was very top-down supervision and we were expected to be clones of the supervisor. Later, in private supervision, my supervisor was very collaborative... again influencing my style."

As presented, it seemed that most participants enjoyed and desired a more collaborative style of supervision. It is noteworthy that several participants expressed

interest in receiving a directive style of supervision only when requested. The next section is dedicated to reflect upon the examples that lead to the emergence of the fourth theme.

Theme Four: Personal Attributes of the Supervisors

There appeared to be a consensus among the participants about the personal attributes of their best supervisors. In general, this study's participants favored the supervisors who were "modeling and mentoring", had "good listening skills", possessed a "good sense of humor", "instilled confidence", and exhibited "integrity and character". They admired the supervisors who were "gentle", "validating", trustworthy/trusting, "patient", "empathetic", "consistent", "collaborative", "interactive", "supportive", "respectful", "fostering creativity", "thoughtful", "open", "easy to talk to", "challenging", "kind", "laid back", "strong", "organized", "not too directive, but not too loose", "credible", "attentive", "facilitative", "knowledgeable", "skilled", "accomplished", "cooperative", "sharing", "insightful", "thematic", "attuned to supervisees' needs', "authentic", "curious", "enthusiastic", "encourager", "flexible", "funny", "relaxed", "warm", and "compassionate." The following examples exhibit the personal attributes that are desirable to this group of LMFTs.

5Q3 described:

> "He had a gentle way to point out where I could improve. He normalized my weaknesses and neutralized them so I wasn't afraid of them and didn't get defensive. He helped me want to grow and improve."

8Q3 specified:

"Thoughtful, supportive, demanding while being respectful and not afraid to point things out."

29Q3 characterized:

"Respectful, knowledgeable, kind, flexible, curious to learn about how I understand a case or idea, collaborative, funny and relaxed, willing to learn about others and curious about cultures."

30Q3 shared:

"Warm, caring, kind, curious, flexible, collaborative, funny and relaxed, compassionate, skilled, knowledgeable of many models, humorous, and respectful."

25Q3 accounted the following characteristics for a quality supervisor: "authentic, professional, accomplished, incredible listener, helpful, enthusiastic, attentive, facilitative, credible, knowledgeable, cooperative, sharing [, and] insightful teacher."

The examples that were the foundation of the fifth emerging them are exhibited in the following section.

Theme Five: Connection, Availability, and Affordability

Many participants shared their lived experiences of supervision as it related to their supervisors' availability and accessibility. Some complained about the affordability of supervision as well. The following examples are depictions of the subjects' lived

experiences as they reflected upon their supervisors' availability, accessibility, and the supervision affordability.

1Q3 stated:

"Good availability (not waiting weeks for an appointment) reasonable rates charged."

24Q4 asserted:

"This only relates to one of my supervisors who was too busy to maintain a consistent schedule and was often distracted in supervision with him."

19Q2 wrote:

"The lack of accountability for the supervisor's behavior was a problem. A supervisor could say or do anything no matter how unreasonable or even biased and there was no way to challenge such behavior."

20Q4 indicated:

"One supervisor cancelled supervision sessions too often leading me to believe that it wasn't priority or even close."

4Q3 suggested that a quality supervisor would be:

"present and available to help with challenges and crisis."

Below is the statement of 2Q2 about the need for connection, availability and affordability:

"Being able to afford it more than twice a month. I had one supervisor who cut corners egregiously, in my opinion. The certification she was offering required

individual and group supervision; more than once, when I was expecting (and paying for) individual supervision, I would arrive and she would have someone else there who "joined" us for the supervision hour. She would offer group supervision but then count it as individual supervision."

5Q2 specified:

"I had one supervisor, who was well respected in community. He was older and had been in practice for years. I didn't seem to click with him. His way of doing things seem to come from another generation (2 removed!) and it effected our sessions. I didn't feel like he got me and I didn't get him. He was the only one in the area with an LMFT supervision credential, so I needed him. I really didn't get anything out of it and dreaded going. Having more choices of who to see in such a small town (it was in Georgia) would have been great."

12Q2 wrote:

"Finding a better supervisee/supervisor match: populations, settings (in-home is VERY different from needs of private practice!), issues, modalities, theoretical orientation; focus of supervision (case consultations, self of therapist, taped demo, etc.)"

13Q2 stated:

"More affordable. Better means for finding a supervisor with a good fit. Quicker availability to get in and be seen."

24Q2 mentioned:

"I have appreciated all of my supervision sessions with different professors and on-site therapists who have supervised my work. I've had 6 different supervisors who individually brought different strengths to my supervision..The only possible way the experience could have been better would be more time together, but the amount of time we had was more than reasonable in view of our busy schedules."

Summary

In this chapter, the researcher endeavored to give a thorough description of the sample in order to create a better environment for the reader to develop a better understanding of the participants. The sample contained thirty LMFTs with an average age of 52 and an average of 2 years of supervision experience. Fourteen of the 30 LMFTs had Ph Ds and 15 had master's level education. Fourteen of the participants had been licensed as LPC as well. Fourteen subjects had supervisory privilege with the average of nine years experience as state board approved supervisors. The data analysis has been reported in 17 tables within this chapter.

In addition, the lived experiences of subjects were horizontalized and texturized. Consequently, five themes emerged from the clustered statements. The five emerging themes are: supervisory relationship and the self of the therapist, expertise and knowledge of the supervisors, collaboration, personal attributes of the supervisors, and connection, availability, and affordability. The results will be discussed and concluded in chapter V.

CHAPTER V

DISCUSSION, LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

The focus and purpose of this qualitative study was to describe the LMFT's perceptions of quality supervisors and good supervision. This study was designed around the following four questions:

1) In your view, what constitutes good supervision?

2) What would have made your supervision experience a better one?

3) Describe the qualities of your best supervisor, and

4) What did you disliked about your supervision?

Five themes evolved from exploring the participants' responses. The five emerging themes are:

a) Supervisory relationship and the self of the therapist,

b) Expertise and knowledge of the supervisors,

c) Collaboration,

d) Personal attributions of the supervisors, and

e) Connection, availability, and affordability.

This chapter includes discussion, limitations, implications, recommendations, and conclusions. A summary will be offered at the end in order to reflect the conclusions of the researcher.

Discussion

In response to the research questions, the participants did describe how they perceived good supervision, what would have made their supervision experience better, what characteristics they admired in their best supervisor and what they disliked about their supervision experiences. The following is the discussion of how the findings of this research supports or refutes the existing literature about the LMFTs perceptions of their supervision experiences.

Supervisory Relationship and the Self of the Therapist

A number of scholars suggest a parallel between the supervisor-supervisee and the therapist-client relationships (Anderson, 2005; McDaniel, Weber, & McKeever, 1983; Weir, 2009). Similarly, a number of participants in this research recognized an isomorphic relationship (Weir, 2009) between supervision and therapeutic transactions. The majority of the participants stressed the importance of having the need to have a strong relationship with their supervisor as an important tool in developing supervisees personally and professionally. Twenty one participants emphasized the supervision relationship and its role in fostering growth in the therapist. One LMFT (25Q2) wrote: "My favorite supervisor made it completely safe to be who I was, and she supported me as a person and recognized there's more to my life than just being a therapist." Another LMFT (27Q2) specified: "I like the Person-of-the -therapist Instrument presented in the JMFT, October 2009 as an example of the type of structure I have in mind." She was

referring to the work of Aponte and Carlsen (2009). Aponte and Carlsen (2009) postulated:

> Person-<?l-the-therapist clinical supervision addresses both the technical and personal components of the therapeutic process. Technically, a therapist works within a model of therapy, fully or partially articulated, that includes a philosophy about therapy, standards for evaluation, and an arsenal of interventions to facilitate change. Personally, all therapists use themselves within the relationship with clients to establish trust with clients, develop empathy for them, and implement their interventions. All therapy is a marriage of the technical with the personal. (p. 395)

This is the philosophy that seems to be running through the participants responses. The participants' comments indicated that they were looking for a model of supervision that would be supervisee-ccntered in order to focus on the sci f o f the therapist. ln the participants' views, the best supervision was one which was concerned with the personal and professional goals and needs of the supervisees and one that was more concerned with the supervisees' personal and professional growth rather than the theoretical models or the supervisors' preferences. They wanted a supervision model that was more open to the supervisees' way of thinking, preferred models, interventions, and creativity. The researcher believes that this may be the study that could be the seminal research that would serve as the foundation for the emergence of the supervisee-centered model o f supervision. Further research is needed to determine whether LMFTs in

general, believe the Person-of-the-Therapist Model of Supervision (Aponte & Carlsen, 2009) is the supervisee-centered model of supervision that would best support the personal and professional development of supervisees.

Expertise and the Knowledge of the Supervisors

Review of literature did not detect a study that described the post-license reflections of LMFTs' perspectives of their supervision experiences. There is one study which has evaluated the family therapy trainees' supervision experiences. In their study, Anderson, Schlossberg, and Rigazio-DiGillio (2000) assessed the best and worst supervision experiences of family therapy trainees. They evaluated 160 family therapy supervisees in 52 Master's and doctoral programs. Their questionnaires measured satisfaction or dissatisfaction in 16 different areas. One of the main differences between the two studies is the sample. Their participants were Master's level and doctoral students in family therapy programs. While the targeted population for this study was LMFTs who had been in practice between 2-30 years. Close to 50% of the participants in this study had supervisory privileges, practicing independently in agency, in private practice, in a university program, or inpatient rehabilitation hospital.

Anderson, Schlossberg, and Rigazio-DiGillio (2000) concluded that in their study, the level of experience of the supervisor was not "discriminating between best and worst experiences" (p. 88). This study however, supported the findings of Anderson, Schlossberg, and Rigazio-DiGillio (2000) in their report of best supervision to include

teaching "practical skills" demonstrating and sharing "own therapeutic skills", "accepting mistakes, encouraging experimentation" (pp. 88-87).

Both studies showed that supervisees admired supervisors who were not afraid of confronting their shortcomings and mistakes as long as the supervisors shared personal experiences with the supervisees. Similarly, the two samples shared the desire to receive positive feedback about their strengths and skills regardless of whether their styles or theoretical stances matched the supervisors' or not. In addition, the two studies showed that supervisees favored supportive instructions and sharing new ideas and personal experiences when requested.

Furthermore, this study supported the findings of Anderson, Schlossberg, and Rigazio-DiGillio (2000) in the expressed desire for a high level of professionalism and accountability. In this study, complaints were made about the lack of accountability and professionalism with respect to fulfilling promises, showing respect for supervisees' experiences, or accepting theoretical differences.

Contrary to the findings of Anderson, Schlossberg, and Rigazio-DiGillio (2000), in which participants complained about sexual impropriety and gender biases, the LMFTs who participated in this study did not share any examples of sexual impropriety or gender biases in their lived experiences of supervision. However, family therapy trainees in the Anderson, Schlossberg, and Rigazio-DiGillio (2000) study shared that their worst supervisors did not maintain professional boundaries with respect to sexual propriety. They also shared gender bias to be one of the traits of their worst supervisors.

The personal experiences and training of the researcher indicates that developing strong ethical values is a key component to personal (integrity and fairness) as well as professional development of a therapist. It also protects clients and therapists against actions and decisions that would engage them in harmful actions or relationships. However, contrary to the expectation of the researcher about recognition of ethical training as a significant component of good supervision, only six participants (20%) spoke to the importance of ethical and legal concerns. Three LMFTs even criticized their supervisors for concentrating too much on ethical and legal issues. Overall, the participants considered good supervision to be a supervisee-centered model in which, the supervisors committed their expertise, knowledge, resources, feedback, encouragement, and support to their supervisees.

Collaboration

Based on the fundamental ideology behind the Social Constructionism spectrum, knowledge is the product of the mutually interdependent interactions between the information and the informed (Leotard, 1984). It is through the collaborative interactions between the seasoned therapist/supervisor and the new therapist/supervisee that they learn to co-create their realities (Carlson & Erickson, 2001). Though 22 participants (73.3%) reported to have experienced collaborative supervision, a majority of the participants (21=70%) expressed their desire to have a more collaborative supervision environment in which the supervisees' styles, theoretical model, interventions, and creativity were accepted and embraced. Some even stressed preferring supervisors who

allowed them to make mistakes and learn from their own mistakes. Furthermore, they expressed desire to have supervisors who were open to new ideas and interventions. In addition, consistent with the findings of Anderson, Schlossberg, and Rigazio-DiGillio (2000), participants of this study asked for "openness" (p. 87) and trusting relationships in which supervisees feel safe to explore possibilities.

One LMFT (15Q1) particularly emphasized the supervisor's ability for "Listening carefully, providing creative suggestions, supporting the young therapists, validating their good work, trust, openess, challenging assumptions, and providing optional ways of viewing things." Another LMFT (30Q2) stressed that her experience would have been a more positive one if her supervisor would be more open to new ideas, accepted differences, and would not try to turn her into his "clone." Her expressed views supports White's (1997) concept of "re-membering" (p. 22) by which he proposed a context that promotes embracing influences from others mutually.

Consistent with Bishop (2002), this study was less favorable to hierarchical models of supervision which consider the expert roles for the supervisors and give them power over the supervisees. She suggested that hierarchical models of supervision which encourage "power-over" (p. 73) generate an environment that promotes disconnection between the supervisors and the supervisees. The discoveries of this research validated Bishop's (2002) viewpoint about the directive models of supervision which are counterproductive to creating a strong relationship between the supervisor and the supervisee. The results show in these participants' views non-collaborative approaches

promote an environment of distrust and judgment that are not conducive to teaching and sharing.

In general, the results of this study substantiated the findings of Bishop's (2002) study with respect to the preference of the "power-with" (p. 73) or the collaborative style of supervision. Consistent with Anderson, Schlossberg, & Rigazio-Digilio's (2000) study, the results of this research showed the participants' desire for more connection and collaboration with their supervisors. Similarly, the results of this study corroborated with the conclusions of Murphy and Wright's (2005) study that suggested the positive use of power in the supervisory relationship. Murphy and Wright (2005) concluded that in their study, "empowerment and collaboration were seen as positive uses of power by supervisees" (p. 292). In addition, Murphy and Wright (2005) discussed that "misuse of power seemed to be more common [than "abuse of power"], especially when a supervisor's use of power may have been uncomfortable to the supervisee" (p. 292). Consistent with the findings of Murphy and Wright (2005), this study's results indicate some degree of the misuse of power, which this study's participants referred to as unprofessional behavior by supervisors.

The LMFTs who participated in this study considered unclear communication as a characteristic of bad supervision. An LMFT (2Q2) wrote: "More than once, when I was expecting (and paying for) individual supervision, I would arrive and she would have someone else there who "joined" us for the supervision hour." Another participant (8Q2) stated: "My first supervisor took the time of supervision to have me help her with her

cases which was not helpful at all. She would also jump to conclusions without giving me the time to explain better."

Prouty et al. (2001) found three methods for feminist supervision; "supervision contract method", "collaborative method", and the "hierarchical method" (pp. 93-94). Data analysis made it evident that the subjects of this study subscribed to a similar variety. Focusing on the supervisees' personal goals and responsibilities, the supervision contract method (Prouty et al., 2001) is aligned with the "self of the therapist" model (Aponte & Carlsen, 2009). This study's subjects shared a strong consensus about the significance of the self of the therapist and desired a model of supervision in which the self of the therapist is the primary focus. Twenty one subjects (21%) wrote in favor of collaborative supervision in which the supervisees' theories, therapeutic model, interventions, initiatives, and creativity are valued. Twelve LMFTs (40%) shared their desire for directions when sought. In general, the participants expressed that their supervision would have been a better one if their goals, needs, styles, therapeutic models, interventions, and creativity were considered, respected, and embraced. It is the researcher's perception that this is another indication that the LMFTs who participated in this research implied the need for a supervisee-centered model of supervision that would be more focused on the supervisees' personal and professional growth.

Personal Attributes of the Supervisors

Anderson, Schlossberg, and Rigazio-DiGillio's (2000) study concluded that the supervisor's "interpersonal attractiveness, trustworthiness, and clinical skills" (p. 86)

were preferred attributes in better-quality supervision. They described interpersonally attractive as "friendly, likable, sociable, (and) warm" (p. 88). In addition, they discussed the quality supervision to be a relationship in which the supervisor was supportive, encouraging, provided the supervisees with open and honest feedback, allowed mistakes, and communicated with respect. The findings of this study supported the conclusions of Anderson, Schlossberg, and Rigazio-DiGillio's (2000) research.

Similarly, the LMFTs who participated in this research, described quality supervisors to be: "mentors", "good listeners", "humorous", "gentle", "validating", trustworthy/trusting, "patient", "empathetic", "consistent", "collaborative", "interactive", "supportive", "respectful", "fostering creativity", "thoughtful", "open", "easy to talk to", "challenging", "kind", "laid back", "strong", "organized", "not too directive, but not too loose", "credible", "attentive", "facilitative", "knowledgeable", "skilled", "accomplished", "cooperative", "sharing", "insightful", "thematic", "attuned to supervisees' needs', "authentic", "curious", "enthusiastic", "encourager", "flexible", "funny", "relaxed", "warm", and "compassionate." They also exhibited "integrity and character" and "instilled confidence".

Connection, Availability, and Affordability

According to Anderson, Schlossberg, and Rigazio-DiGillio (2000), supervisees associated good supervision with the amount of contact and interaction with the supervisors. They also considered high quality supervision as one that allows discussion of greater number of cases. The findings of this research support Anderson,

Schlossberg, and Rigazio-DiGillio's (2000) conclusions with respect to LMFT supervisees' expressed desire to have more connection and interaction with their supervisors and more case discussions. They wanted supervisors to provide opportunities for a higher level of interactions with supervisees. In addition, they found their supervisees to identify good supervision with a combination of group and individual supervision. Supportive of both Anderson, Schlossberg, and Rigazio-DiGillio (2000) and Silverthorn, Bartle-Haring, Meyer, and Toviessi's (2009) studies, the LMFTs who participated in this research considered live supervision and the use of videotapes highly effective and as qualities of better supervision. This study also found that LMFT supervisees recognized live supervision and the use of videotapes as features of good supervision. In addition, the subjects of this study expressed their desire to have supervisors who would share their personal experiences more often.

Anderson, Schlossberg, and Rigazio-DiGillio's (2000) study concluded that best supervisions were provided at the university setting. However, except for three participants (10.0%) who made negative statements about their academic supervisors, the participants of this study did not comment on whether the setting of supervision made a difference in the quality of the supervision that they had received.

Anderson, Schlossberg, and Rigazio-DiGillio's (2000) discussion showed a high demand for more availability of supervisors. Supporting their conclusions, this study's subjects considered good supervision one that allowed a higher level of access to supervisors. Those who had more access to their supervisors expressed a higher level of

satisfaction with their supervision experiences. Affordability is another issue that the supervisees of this research commented on. Some of the participants perceived the cost as an obstacle in the way of utilizing supervision as often as they needed, while for some the distance was a hurdle.

Consistent with the findings of Silverthorn, Bartle-Haring, Meyer, and Toviessi's (2009) study regarding the utilization of live supervision, the results of this research indicated that the participants mentioned the use of live supervision as a positive aspect of quality supervision. Most participants expressed desires for more opportunities to experience live supervision.

Limitations

This study gathered valuable information about the LMFT supervisees' perceptions of quality supervision. However, several factors limit generalizability of this research.

1. The sample was limited to the LMFTs who were using the directories that the researcher used in order to find LMFTs' electronic addresses.
2. In spite of the researcher's attempt to include LMFT supervisees from different states, the sample is strongly skewed with 16 participants (53.3%) being Texas LMFTs. Hence the results mostly represent Texas participants' viewpoints.
3. The sample does not represent a multicultural view of the supervisees' experiences of supervision. It could be a reflection of the field that the sample consisted of one Chinese American LMFT (3.3%), one Croatian (3.3%), one

Hispanic (3.3%), one Iranian American (3.3%), one Iranian/Indian (3.3%), one "American" (3.3%), one Human Being (3.3%), one undisclosed (3.3%), eight White (26.7%), and 14 Caucasian (46.7%). It is noteworthy to mention that the researcher did make an effort to include African-American LMFTs when available; however, none chose to participate.

4. The sample was not randomly selected and data was gathered through purposive, convenient, and snowball sampling.
5. Due to the nature of on-line surveys and in order to secure anonymity of participants, when faced with ambiguity, the researcher did not have the opportunity to contact the participants to seek clarifications on their responses regarding the research questions or demographic information.

Implications

The supervision experience whether provided by LMFT board certified supervisors at the private setting, agency setting, or university setting is designed to support supervisees' efforts in becoming clinically skilled and competent therapists. This qualitative study was a purposeful attempt to describe the LMFT supervisees' perceptions of quality supervisors and good supervision.

The results of this study implicated that currently, supervision whether collaborative or directive is supervisor-centered. In other words, most efforts are focused on the supervisors' development (Atkinson, 1993; Baker, Exum, & Tyler, 2002; Granello, et al., 2008; McColley, & Baker, 1982; Stevens, Goodyear, & Robertson, 1997;

Stoltenberg, McNeil, & Delworth, 1998) with the goal of assisting supervisors in obtaining the skills they need to intervene with supervisees. In addition, most supervisors provide supervision based on their own competencies and perceptions of what the supervisees and the state boards require of them. Most supervisors prefer theoretical models of supervision in which they are proficient; hence those models become the theoretical foundation of the supervisory experiences. This is even a greater concern in smaller towns and remote areas of the country where the choices of supervisors are limited.

The results of this study suggested strongly that supervisees associated quality supervision with the focus of supervision and supervisors on the supervisees' personal and professional goals including their theoretical approach, clinical interventions, and clinical setting needs. Perhaps using a supervisee-centered model of supervision in which the personal and professional developments of the supervisee are the focus of supervision is a more suitable model of training. However, future studies are needed to determine if the bulk of the LMFTs nationwide would prefer a supervisee-centered supervision. In addition, further research is needed to develop evaluative measures to examine different supervision theories with the goal of assessing the qualities of a supervisee-centered model of supervision. Furthermore, additional research is needed to determine whether the Person of the Therapist Training Model (Aponte & Carlsen, 2009) satisfies the multilevel needs of supervisees in order to establish itself as the supervisee-centered model of supervision.

Anderson, Schlossberg, and Rigazio-DiGillio's (2000) study suggested that best supervisions were provided at the university setting. This study did not include measures to compare different settings including private, agency, or university. Additional research is required to compare and contrast the qualities of supervision that are received in private practices, agencies, or universities.

This research did not focus on the effectiveness of individual supervision versus group supervision modalities. More research is needed to determine the best and most effective supervision modalities. This research did not compare the effectiveness of therapy provided by LMFTs based on their supervisory status. Further research is needed to determine if the supervisory status of the therapist makes a difference in the perception of therapy effectiveness among clients.

Recommendations for Future Research

It has been the hope of the researcher to add to the body of literature with respect to supervision and what constitutes good supervision from the supervisees' perspectives. The findings of this research support the conclusions of studies done by Anderson, Schlossberg, and Rigazio-DiGillio (2000), Bishop (2002), Murphy and Wright (2005), Silverthorn, Bartle-Haring, Meyer, and Toviessi's (2009), and Tromski-Klingshim and Davis (2007); hence, adding to the body of literature on supervision research. Nonetheless, the body of research on supervision is limited to a handful of inquiries that studied supervision from the supervisees' perspectives.

Further research is needed to expand the field and broaden the horizon of supervisors and university program directors in order to help support their supervisees and new therapists best in becoming seasoned therapists. The researcher offers the following suggestions for the future research:

1. Replicate the study with a larger sample size to include LMFT supervisees from all states.
2. Repeat the study with a more diverse sample to include more male LMFTs.
3. Duplicate the study with a sample which is more culturally diverse.
4. Plan a study to assess the effectiveness of supervision with respect to supervision settings including private practice, agency, and university.
5. Further study is needed to compare the efficacy of supervision regarding modality (individual or group supervision).
6. Scholarly research is required to study the effectiveness of live supervision in comparison with other types of supervision.
7. There is a need to complete a study to assess the perceived effectiveness of therapy by client in relation to the therapists' status including supervisors, therapists without supervisory privilege, and therapists in training.
8. It is also important to do a study comparing the effectiveness of AAMFT approved supervisors with non-AAMFT approved supervisors.

9. Study the effectiveness of Person of the Therapist Training Model of supervision as a supervisee-centered model of supervision.
10. Execute a study to assess the supervisees' expectations regarding availability, accessibility, and affordability of supervision.
11. Guide a study to assess the effectiveness of multiple supervision relationships during internship.
12. Study the effectiveness of ongoing post-license peer supervision.

Conclusions

The participants of this study described their perceptions of their supervision as they experienced them. Empirical/transcendental phenomenology approach (Moustakas, 1994) was employed to capture the essence of the participants' lived experiences through the analysis of their responses to surveys posted online by the researcher. The phenomenological methodology explores the lived experiences of participants individually, with the goal of gathering the contextual essence of each participant's narrative (Jameson, 2009). In an attempt to maintain transcendental reduction (Moustakas, 1994), phenomenological research avoids producing a collectivistic view of the participants' lived experiences by melding them together. Instead, phenomenological studies create an opportunity for each participant to feel validated by giving each participant a voice.

Transcendental phenomenology research method guided the researcher to extract the true meaning and essence of the participants' experiences by drawing upon their

statements through which they described their individual experiences (Jameson, 2009). Participants' statements were horizontalized (Moustakas, 1994) in order to determine what they experienced in their supervisions. Their responses were then texturally described with the purpose of exploring how they experienced supervision. Combining the two, their responses were contextually described with the goal of identifying the emerging themes. The five emerging themes that captured the essence the participants' lived experiences included:

a) Supervisory relationship and the self of the therapist,

b) Expertise and knowledge of the supervisors,

c) Collaboration,

d) Personal attributions of the supervisors, and

e) Connection, availability, and affordability.

In conclusion, the researcher proposes that the participants/supervisees considered supervision experience positive and productive when:

1. Supervisors valued the supervisory relationship as a tool in developing supervisees at the personal and professional levels,
2. Supervisors focused on supervisees' personal and professional development,
3. Supervisors sought to understand supervisees' individual goals, weaknesses, and strengths,

4. Supervisors supervisees with straightforward feedback in order to guide them best in reaching their personal and professional goals,
5. Supervisors were knowledgeable, resourceful, and effective communicators as it pertained to the field,
6. Supervisors shared their experiences with their supervisees,
7. Supervisors acted professional and accountable,
8. Supervisors were open, collaborative, respectful of the supervisees' working models and styles,
9. Supervisors treated supervisees as independent adults, avoiding to create clones of their supervisees,
10. Supervisors were directive when needed to help guide supervisees through crisis or when their directives were specifically sought,
11. Supervisors were kind, gentle, sharing, non-judgmental, supportive, attentive, understanding, ethical, accountable, knowledgeable, respectful, skilled, compassionate, resourceful, humorous, and laidback
12. Supervisors created opportunities for more connection with their supervisees; there were more availability, accessibility, and affordability in order to facilitate more interaction with supervisors, and
13. Supervisees were presented with more opportunities to find supervisors who would be a better match for their styles as well as their theoretical

approaches to practice and settings (private practice, agency, and university).

Summary

The present chapter included the discussion of the research discoveries. This chapter also addressed implications for the supervisors and university program directors who may be interested in developing and modifying existing supervision approaches in order to better meet the supervision expectations of their supervisees. In addition, this chapter presented the research limitations regarding the sample size, sampling method, and sample consistency with respect to gender and ethnicity. Furthermore, this chapter offered recommendations for future research with the goal of expanding the field's knowledge base. It is the hope of this researcher that the recommendations of this study will additionally assist supervisors and academic program directors in creating the tools that would support the future LMFT supervisees in their efforts to become seasoned therapists. Finally, this chapter offered the researcher's concluding arguments.

The researcher discussed the perceptions of the LMFTs who participated in this research about quality supervisors and good supervision. In the participants' views good supervision would focus on the personal and professional developments of the supervisees; in other words, a supervisee-centered model. In their views, the self of the therapist or the supervisee-centered model of supervision would make it its goal to understand the personal and professional goals of the supervisees in order to help them achieve those goals. They also specified the supervisor's knowledge, expertise,

resourcefulness, and willingness to share personal experiences as key components of quality supervision. Additionally, the participants expressed that collaboration and accepting the supervisees' theoretical stance, interventions, and creativity would add to the quality of their supervision. Furthermore, the participants identified certain positive attributes for quality supervisors. In addition the participants indicated that higher level of interaction with supervisors, more availability, accessibility, and affordability were the constituents of good supervision.

The researcher enumerated the limitations of the study. In addition, the implications for the study were addressed. This chapter also offered recommendations for further research as well as a brief conclusion including an itemized list of what the participants considered quality supervisors and good supervision.

REFERENCES

Anderson, H. (1995). Collaborative language systems: Toward a postmodern theory. In R. H. Mikesell, D. D. Lusterman, & S. H. McDaniel (Eds.), *Integrating family therapy: Handbook of family psychology and systems theory* (pp. 27-44). Washington DC. American Psychological Association.

Anderson, H. (2005). Myths about "not-knowing". *Family Process, 44,* 495-504.

Anderson, H., & Swim, S. (1995). Supervision as collaborative conversations: connecting the voices of supervisor and supervisee. *Journal of Systemic Therapies, 14*(2), 1-13.

Anderson, S. A., Schlossberg, M., & Rigazio-Digilio, S. (2000). Family therapy trainees' evaluation of their best and worst supervision experiences. *Journal of Marital and Family Therapy, 26*(1), 79-92.

Aponte, H. J., & Carlsen, J. C. (2009). An instrument for person-of-the-therapist supervision. *Journal of Marriage and Family Therapy, 35*(4), 395-405. doi: 10.1111/j.1752-0606.2009.00127.x

Aponte, H. J., Powell, F. D., Books, S. Watson, M. F., Litzke, C., Lawless, J. & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marriage and Family Therapy, 35*(4), 381-394. doi: 10.1111/j.1752-0606.2009.00123.x

Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy: Theory, Research, Practice, Training, 41,* 152-160.

Aten, J. D., & Worthington, E. L. (2009). Next steps for clinicians in religious and spiritual therapy: An endpiece. *Journal of Clinical Psychology: In Session, 65*(2), 224-229.

Atkinson, B. J. (1993). Hierarchy: The imbalance of risk. *Family Process, 32,* 167-170.

Baker, S. B., Exum, H. A., & Tyler, R. E. (2002). The developmental process of clinical supervisors in training: An investigation of the Supervisor Complexity Model. *Counselor Education and Supervision, 42,* 15-30.

Bishop, A. (2002). *Becoming an ally: Breaking the cycle of oppression* (2nd ed.). Halifax, Nova Scotia, Canada: Fernwood.

Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision.* Mahwah, NJ: Erlbaum.

Busari, J. O, Weggelaar, N. M., Knottnerus, A. C., Greidanus, P. M., & Scerpbier, A. J. J. A. (2005). How medical residents perceive the quality of supervision provided by attending doctors in the clinical setting. *Medical Education, 39,* 696-703.

Carlson, T. D., & Erickson, M. J. (2001). Honoring and privileging personal experience and knowledge: Ideas for a narrative therapy approach to the training and supervision of new therapists. *Contemporary Family Therapy, 23*(2), 199-220.

Connie, E., & Metcalf, L. (2009). *The art of solution focused therapy (Eds.).* New York, NY: Springer.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, mixed methods approaches* (2nd ed.). Thousand Oaks: Sage.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nded.). Thousand Oaks, CA: Sage.

Daly, K. J. (2007). *Qualitative methods for family studies and human development.* Thousand Oaks, CA. Sage Publications.

Datan, N. (1983). Normative or not? Confessions of a fallen epistemologist. In E. J. Callahan & K. N. McCloskey (Eds.). *Life-span developmental psychology: Nonnormative life events* (pp. 35-43). New York: Academic.

Demmitt, A. D. (1999). Integrating theory: A process of construction, deconstruction, and reconstruction. *The Family Journal: Counseling And Therapy For Couples And Families, 7*(3), 287-291.

Denzin, N., & Lincoln, y. (2003). Introduction: The discipline and practice of qualitative research. In N. Denzin &Y. Lincoln (Eds.), *Landscapes of qualitative research: Theories and issues* (2nd ed., pp. 1-45). Thousand Oaks, CA: Sage.

de Shazer, S. (1991). *Putting difference to work.* New York: W. W. Norton.

Doucet, A. (2008). "From her side of the gossamer wall(s)": Reflexivity and relational knowing. *Qualitative Sociology, 31*(1), 73-87.

Edwards, T. M., & Keller, J. F. (1995). Partnership discourse in marriage and family therapy supervision: A heterarchical alternative. *The Clinical Supervisor, 13*(2), 141-153.

Epston, D., & White, M. (1992) Experience, contradiction, narrative & imagination: *Selected papers of David Epston and Michael White, 1989-1991.* Adelaide, South Australia: Dulwich Centre.

Etherington, K. (2000). Supervising counselors who work with survivors of childhood sexual abuse. *Counseling Psychology Quarterly, 13*(4), 377-389.

Fine, M. (2003). Reflection on the intersection of power and competition in reflecting teams as applied to academic settings. *Journal of Marriage and Family Therapy, 29*(3), 339-351.

Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology, 3*(1), 19-30.

Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change.* San Francisco, CA: Jossey-Bass.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings.* New York: Pantheon Books.

Gilgun, J. F. (2005). "Grab" and good science: Writing up the results of qualitative research. *Health Research, 15*(2), 256-262.

Gingrich, F., & Worthington, E. L. Jr. (2007). Supervision and the integration of faith into clinical practice: Research considerations. *Journal of Psychology and Christianity, 26*(4), 342-355.

Goldenberg, H., & Goldenberg, I. (2007). *Family therapy: An overview* (6th ed.). Pacific Grove, CA: Brooks/Cole—Thomson Learning.

Granello, D. H., Kindsvatter, A., Granello, P. F., Underfer-Babalis, & Hartwig Moorhead, H. J. (2008). Multiple perspectives in supervision: Using a peer consultation model to enhance supervisor development. *Counselor Education & Supervision, 48,* 32-47.

Gubi, P. M. (2007). Exploring the supervision experience of some mainstream counselors who integrate prayer in counseling. *Counseling and Psychotherapy Research, 7*(2), 114-121.

Haley, J. (1963). *Strategies of psychotherapy.* New York: Grune &Stratton.

Haley, J. (1987). *Problem solving therapy (2nd ed.).* San Francisco, CA: Jossey-Bass.

Hein, S., & Lawson, G. (2008). Triadic supervision and its impact on the role of the supervisor: A qualitative examination of supervisors' perspectives. *Counselor Education & Supervision, 48,* 16-31.

Jameson, K. H. (2009). *Does infertility affect marital quality? A qualitative study.* (Unpublished doctoral dissertation). Texas Woman's University. Denton, Texas.

Lassiter, P. S., Napolitano, L., Culbreth, J. R., & Ng, K. (2008). Developing multicultural competence using the structured peer group supervision model. *Counselor Education & Supervision, 47,* 164-178.

Lee, L., & Littlejohns, S. (2007). Deconstructing Agnes-externalization in systemic supervision. *Journal of Family Therapy, 29,* 238-248.

Lyotard, J. F. (1984). *The post-modern condition.* Minneapolis: University of Minnesota.

Marshall, Cl, & Rossman, G. B. (2006). *Designing qualitative research* (4th ed.). Thousand Oaks, CA: Sage.

Martin, M., Sadlo, G., & Stew, G. (2006). The Phenomenon of Boredom. *Qualitative Research in Psychology, 3*(3), 193-211.

McColley, S. H., & Baker, E. L. (1982). Training activities and styles of beginning supervisors: A survey. *Professional Psychology, 13,* 283-292.

McDaniel, S. H., Weber, T., & McKeever, J. (1983). Multiple theoretical approaches to supervision: Choices in family therapy training. *Family Process, 22*(4), 491-500.

McHale, E., & Carr, A. (1998). The effect of supervisor and trainee therapist gender on supervision discourse. *Journal of Family Therapy, 20,* 395-411.

Miller, M. M., & Bermudez, J. M. (2004). *Perspectives of spirituality in MFT.* Paper presented at the 62nd AAMFT Annual Conference, Atlanta, GA.

Miller, M. M., Korinek, A. W., & Ivey, D. C. (2006). Integrating spirituality into training: The spiritual issues in supervision scale. American Journal of Family Therapy, 34, 355-375.

Monk, G., Winslade, J., Crocket, K., & Epston, D. (Eds.). (1997). *Narrative therapy in practice: The archeology of hope.* San Francisco, CA: Jossey-Bass.

Moorhouse, A., & Carr, A. (2002). Gender and conversational behavior in family therapy and live supervision. *Journal of Family Therapy, 24,* 46-56.

Morgan, M. M., & Sprenkle, D. H. (2007). Toward a common-factors approach to supervision. *Journal of Marriage and Family Therapy, 33*(1), 1-16.

Morse, J. M. (1994). *Qualitative research methods.* Thousand Oaks, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Murphy, M. J., & Wright, D. W. (2005). Supervisee's perspective of power use in supervision. *Journal of Marriage and Family Therapy, 31*(3), 283-295.

Ober, A. M., Granello, D. H., & Henfield, M. S. (2009). A synergistic model to enhance multicultural competence in supervision. *Counselor Education & Supervision, 48,* 204-221.

Orr, J. J., Hall, S. F., & Hulse-Killacky, D. (2008). Innovative methods: A model for collaborative teaching teams in counselor education. *Counselor Education & Supervision, 47,* 146-163.

Papero, D. V. (1985). Training in Bowen theory. In M. S. Kolevzon & R. G. Green (Eds.). *Family therapy models: Convergence and divergence* (pp. 62-77). NY: Springer.

Prouty, A. M., Thomas, V., Johnson, S., & Long. J. K. (2001). Methods for feminist family therapy supervision. *Journal of Marriage and Family Therapy, 27*(1), 85-97.

Pruett, B. (1989). Male and female communication style differences: A meta-analysis. In C. Lont and S. Friendly (Eds.). *Beyond boundaries: Sex and gender diversity in communication* (pp. 107-120). Fairfax, VG: George Mason University Press.

Roberts, W. B., & Morotti, A. A. (2001). Site supervisors of professional counseling interns: Suggested guidelines. *Professional Counseling, 4,* 208-215.

Rowell, P. C., & Benshoff, J. M. (2008). Using personal growth groups in multicultural counseling courses to foster students' ethnic identity development. *Counselor Education & Supervision, 48,* 2-16.

Rudes, J., Shilts, L., & berg, I. K. (1997). Focused supervision seen through a recursive frame analysis. *Journal of Marital and Family therapy, 23*(2), 203-215.

Samuel, M. R. (1998). The tale of the ripple. In F. N. Thomas & T. S. Nelson (Eds.). *Tales from family therapy: Life-changing clinical experience.* (pp. 277-278). Binghamton, NY: Haworth.

Satir, V. (2000). The therapist story. In M. Baldwin (Ed.), *The use of self in therapy* (2nd ed., pp. 17-27). New York: Haworth.

Sheidow, A. J., Donohue, B. C., Hill, H. H., Henggeler, S. W., & Ford, J. D. (2008). Development of an audiotape review system for supporting adherence to an evidence-based treatment. Professional Psychology: *Research and Practice, 39*(5), 553-560.

Shields, C., & McDaniel, S. (1992). Process differences between male and female therapists in a first family interview. *Journal of Marital ad Family Therapy, 18,* 143-151.

Silverthorn, B. C., Bartle-Haring, S., Meyer, K., & Toviessi, P. (2009). Does live supervision make a difference ? A multilevel analysis. *Journal of Marital & Family Therapy, 35*(4), 406-414. doi: 10.1111/j.1752-0606.2009.00124.x

Smith, R. C., Mead, D. E., & Kinsella, J. A. (1998). Direct supervision: Adding computer-assisted feedback and data capture to live supervision. *Journal of Marital and Family Therapy, 21*(1), 113-125.

Smith, S. D., Ng, K., Brinson, J., & Mityagin, E. (2008). Multiculturalism, diversity, and social advocacy: A 17-year content analysis of counselor education and supervision. *Counselor Education & Supervision, 47,* 249-263.

Speedy, J. (2000). Consulting with gargoyles: Applying narrative ideas and practices in counseling supervision. *European Journal of Psychotherapy, Counseling and Health, 3*(3), 419-431.

Stevens, D. T., Godyear, R. K., & Rovertson, P. (1997). Supervisor development: An exploratory study in changes in stance and emphasis. *The Clinical Supervisor, 16,* 73-88.

Stoltenberg, C. D. (2005). Enhancing professional competence through developmental approaches to supervision. *American Psychologist, 60,* 857-864

Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An Integrated Developmental Model for supervising counselors and therapists.* San Francisco: Jossey-Bass.

Szymanski, D. M. (2003). The feminist supervision scale: A rational/theoretical approach. *Psychology of Women Quarterly, 27,* 221-232.

Tan, S. (2009). Developing integration skills: The role of clinical supervision. *Journal of Psychology and Theology, 37*(1), 54-61.

Thomas, F. N. (1994). Solution-oriented supervision: The coaxing of expertise. *The Family Journal, 2*(1), 11-18.

Thomasgard, M., Warfield, J., & Williams, R. (2004). Improving communication between professionals utilizing ongoing collaborative peer supervision groups. *Infant Mental Health Journal, 25*(3), 194-218.

Todd, T. & Storm, C. (1997). *The complete systemic supervisor.* Boston: Allyn & Bacon.

Tromski-Klingshim, D. M., & Davis, T. E. (2007). Supervisees' perceptions of their clinical supervision: A study of the dual role of clinical and administrative supervisor. *Counselor Education & Supervision, 46,* 294-304.

Vaccaro, N., & Lambie, G. W. (2007). Computer-based counselor-in-training supervision: Ethical and practical implications for counselor educators and supervisors. *Counselor Education & Supervision, 47,* 46-57.

Waskett, C. (2006). The pluses of solution-focused supervision. *Counseling & Psychotherapy Journal, 6*(1), 9-11.

Watzlawick, P., Weakland, Ch. E., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* Canada: Penguin Books.

Weir, K. N. (2009). Countering the isomorphic study of isomorphism: coercive, mimetic, and normative isomorphic trends in the training, supervision, and industry of marriage and family therapy. *Journal of Family Psychotherapy, 20,* 60-71.

Wheeler, J. (2007). Solution-focused supervision. In T. S. Nelson & F. N. Thomas (Eds.), *Handbook of solution focused brief therapy: Clinical applications* (pp. 343-370). New York, NY: Haworth.

White, M. (1997). *Narratives of therapists' lives.* Adelaide, South Australia: Dulwich Centre.

Whiting, J. B. (2007). Authors, artists, and social constructionism: A case study of narrative supervision. *The American Journal of Family Therapy, 35,* 139-150.

Yarhouse, M. A., & Fisher, W. (2002). Levels of training to address religion in clinical practice. *Psychotherapy: Theory, Research, Training, 39,* 171-76.

Zvonkovic, A. M., Manoogian, M., & McGraw, L. A. (2001). The ebb and flow of family life: How families experience being together and apart. In K. J. Daly (Ed.). *Minding the time in family experience: Emerging perspectives and issues* (pp. 135-160). Stamford, CT: JAI.

APPENDIX A

Institutional Review Board Approval

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

February 17, 2010

Ms. Mahnaz Sadre

Dear Ms. Sadre:

Re: Licensed Marriage and Family Therapists' Perceptions of Supervision: A Qualitative Study

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from January 22, 2010. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Kathy DeOrnellas, PhD

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Larry LeFlore, Department of Family Sciences
Dr. Glen Jennings, Department of Family Sciences
Graduate School

APPENDIX B

Invitation to Participate in Supervision Research

INVITATION TO PARTICIPATE IN SUPERVISION RESEARCH

Dear Licensed Marriage and Family Therapist,

My name is Mahnaz Sadre and I am a Doctoral Candidate at Texas Woman's University completing my dissertation entitled, Licensed Marriage and Family Therapists' Perceptions of Supervision: A Qualitative Study. I am also a licensed marriage and family therapist (LMFT) and a licensed professional counselor (LPC) in private practice. Glen Jennings, Ed.D. is directing my research.

I very much appreciate your participating. The purpose of the study is to explore any or all of your experiences with supervision, past and/or present. You will have the opportunity to share, all on line, your thoughts about your experiences of supervision, how it could have been improved, and the characteristics of your best supervisor(s).

How long completing the survey will take depends on how much you wish to share the details of your subjective experiences. It will take no more than 90 minutes. There is potential loss of confidentiality in all e-mail, downloading and internet transactions. Therefore, PsychData, an online research survey service, has been employed to minimize such risk. The IP address collection feature of the PsychData will be turned off to maintain your anonymity. Just copy this link into your browser: https://www.psychdata.com/s.asp?SID=132738.

Your completion of the survey will constitute your consent and agreement to participate in this study. Your participation in this study is voluntary and you may withdraw from this study at any point if you choose to do so. The survey is anonymous.

However, you will be asked to give some demographic information. Your anonymous demographic information will be kept under lock and key in my home office until one year after the completion of the dissertation, at which time it will be shredded/deleted.

Texas Woman's University's Institutional Review Board (IRB) may inspect the study records. Please avoid writing your name anywhere on the documents to protect your identity and confidentiality. Participating in this research will not grant you any immediate or direct benefits, but you may get the satisfaction of adding to the research on supervision.

Thank you for participating. Please feel free to contact me at 214-995-0007 or e-mail me at msadre@sbcglobal.net or my research advisor, Glen Jennings, Ed. D. at 940-898-2695 by phone or e-mail him at gjennings@twu.edu if you have any questions concerning your rights as a research participant. You may e-mail me or Glen Jennings Ed. D. if you would like to receive a summary of the results online.

Respectfully,

Mahnaz Sadre, MS, LMFT, LPC

APPENDIX C

Consent to Participate in Research

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Completion of questionnaires constitutes your informed consent to act as a participant in this research.

Title: Licensed Marriage and Family Therapists' Perceptions of Supervision: A Qualitative Study

Principal Investigator (PI): Mahnaz Sadre, MS, LMFT-S, LPC-S 214-995-0007 msadre@sbcglobal.net

Advisor: Glen Jennings, Ed. D., LMFT-S, LPC-S 940-898-2695 gjennings@twu.edu

Explanation and Purpose of the study

You are being asked to participate in a research study for Mahnaz Sadre's dissertation at Texas Woman's University. The purpose of this research is to provide a description of licensed marriage and family therapists' perceptions of their supervisory experiences. You have been asked to participate in this study because you have been practicing as an LMFT for 5-15 years and you are practicing in one of the five states of California, Florida, Minnesota, Texas, or Virginia. Your insight and feedback will be used to provide the LMFT board approved supervisors and training programs with a more in-depth description of the LMFTs perceptions of quality supervision and supervisors. The findings of this study will also assist in making recommendations to LMFT board approved supervisors and training programs to create a more supportive course of training for their supervisees.

Description of Procedures

As a participant in this study you will be asked to spend about 90 minutes of your time answering four questions, writing about your perception of quality supervision experience. You will be asked to write about what would have made your supervision experience a better one, and the qualities of your best supervisor. You will also be asked to share about what you disliked in your supervision. To ensure anonymity, you will not be required to identify yourself. However, you will be required to answer some demographic questions including your age, gender, ethnicity, and religious affiliation. In addition you will be asked to write about your theoretical stance and model of supervision, modality of your supervision (group/individual), style of supervision, and the length of time in practice.

Potential Risks

One potential risk of participating in this research may be the threat to anonymity of participants. PsychData, an online research survey service, has been used to minimize risks to anonymity and confidentiality. In addition, the IP address collection option of PsychData will be turned off to maintain anonymity and confidentiality.

Breach of confidentiality is a concern in any research that is conducted on human subjects. In order to minimize any potential risks to participants due to breach of confidentiality the following measures will be taken:

1. Participants will be instructed to avoid writing their names on the demographic questionnaire or research/interview questions survey to ensure anonymity.
2. No names will be used. All data will be saved on a USB drive and kept under lock and key until one year after the completion of the dissertation, at which time it will be destroyed/deleted.
3. Data will be analyzed using Microsoft word on a password protected computer at the researcher's home office.
4. The following statement has been added to the demographic questionnaire, consent to participate in research, and the interview/research questions: "There is a potential loss of confidentiality in all email, downloading and internet transactions."
5. The gathered information will be analyzed using phenomenological research methods. Confidentiality will be protected to the extent that is allowed by law.

Loss of time may be another risk that you may experience as a participant. Every effort has been made to reduce the amount of reading, to minimize the number of questions on the demographic questionnaire, and curtail the interview/research questions without compromising the quality of research and to limit the time that participants will spend on completing the research questions.

If you feel some level of frustration and mental anguish, you may stop the process to protect yourself.

Participants may feel discomfort for disclosing information about their supervision process and supervisor. The participants in this study will be selected from therapists who have been practicing for 5-15 years post supervision to create a gap between the time of supervision and the time of survey. Also, you will be asked to describe the characteristics of your best and worst supervisor rather than naming your best or worst supervisor.

Another potential risk involved in participating in this study might be that you may feel pressured or coerced to participate in this research. Your participation in this research is

voluntary and you may withdraw from this research at any point in the process before the completion of questionnaires.

"The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research."

Participation and Benefits

Participating in this research will not grant you any immediate or direct benefits, but you may get the satisfaction of adding to the research on supervision.

Questions Regarding the Study

Due to the anonymity to protect your confidentiality there will not be a direct contact between you and the investigator during the data collection. However, if you have questions about your rights as a participant in this research or the way this study is conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu. Please feel free to contact me at 214-995-0007 or e-mail me at msadre@sbcglobal.net or my research advisor, Glen Jennings, Ed. D. at 940-898-2695 by phone or e-mail him at gjennings@twu.edu if you have any questions concerning your rights as a research participant. You may e-mail me or Glen Jennings, Ed. D. if you would like to receive a summary of the results online.

Remember that this survey is designed to be anonymous to protect your confidentiality. Therefore, completion of the research material is an indication of your consent to participate in this study.

APPENDIX D

Demographics' Questionnaire

DEMOGRAPHICS' QUESTIONNAIRE

Please be advised that there is potential loss of confidentiality in all e-mail, downloading and internet transactions. This site has been encrypted to ensure anonymity and to control for potential risks, though protection is not guaranteed.

Personal Information:

State in which you practice _____ Age _____ Gender _____

Ethnicity _____Religious Affiliation _____

Professional Information:

How Do You Identify Yourself? LMFT ___ LPC ___ LMSW ___ Psychologist ___

Other ___

Area of Study _____ Highest Degree Held _____

Preferred Models of Working in Sessions with Individuals, Couples, and Families

_____

Theoretical Models Used in Your Supervision

_____

Are You a State Board Approved Supervisor? Yes ___ No ___ If yes, how long? ___

What is your fee? ____ Are You Currently in Supervision? Yes ____ No ____ If yes,

How often?____

Modality of Supervision: Group _____ Individual _____

Style of Supervision: Collaborative _____ Directive _____ Other _____

Type of Supervision: Please select all that apply.

Live Supervision _____ Behind a one-way-mirror team supervision _____

Face-to-Face Case Presentation ___ In-Office Sessions___ Videotaped Sessions ___

Audiotaped Sessions ____ Phone Consultations ____ On-line Consultations ____

Status: Length of Time in Supervision _____ Length of Time in Practice _____

How Many Hours/wk Do You Practice? Under 10 hours___ 10-20 hours___

Over 20 hours___

Of those Hours How Many Are Individual ___ Couple ___ or Family Sessions? ___

Do You Provide online therapy? Yes ____ No ____ If yes, How Often? ____

Do You Provide Telephone Therapy? Yes ___ No ___ If yes, How Often? _____

Type of Practice: Private _____ Other _____

Please Indicate Type _____

Length of time in Practice _____

APPENDIX E

Research Questions

RESEARCH QUESTIONS

Please answer the following questions with as much detail as you can:

1. In your view, what constitutes good supervision?
2. What would have made your supervision experience a better one?
3. Describe the qualities of your best supervisor.
4. What did you dislike about your supervision?

To protect your confidentiality, please avoid putting your name on this document. There is a potential loss of confidentiality in all email, downloading and internet transaction.