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Ethical Behavior of Supervisors: Effects on Supervisee Experiences and Behavior

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ETHICAL BEHAVIOR OF SUPERVISORS: EFFECTS ON SUPERVISEE
EXPERIENCES AND BEHAVIOR

BY

JENNIFER CRALL, M.ED.

Presented to the Graduate and Research Committee
of Lehigh University
in Candidacy for the Degree of
Doctor of Philosophy
in
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ABSTRACT

Supervisor ethical behaviors are linked to effective supervision and counseling practices. However, initial research suggests that half of counseling supervisors engage in non-ethical behaviors. These non-ethical behaviors are related to several undesirable consequences, including a weaker supervisory working alliance, and may contribute to supervisee anxiety or an increased likelihood that supervisees will engage in non-ethical behaviors. To date, there is little research to explore the effects of supervisor non-ethical behavior. Therefore, an examination of supervisor non-ethical behavior is necessary in order to gain a clearer understanding of the impact on supervisee experiences and behaviors. The current study sought to assess the nature and extent of supervisor adherence to ethical practices of supervision, and examined the relationships between supervisor non-ethical behaviors and the supervisory working alliance, supervisee anxiety, and supervisee ethical behaviors, and proposed a model of supervisor non-ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior. One-hundred fifty-six supervisees completed measures of their supervisor's ethical behavior and related outcome measures. Multivariate regression analyses and Structural Equation Modeling was used to analyze hypotheses. Results suggest that approximately one third of supervisors do not adhere to all ethical guidelines. Analyses confirm that supervisor non-ethical behavior is negatively related to the supervisory working alliance, and positively related to supervisee anxiety and supervisee non-ethical behavior, as hypothesized. The proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior does not represent a fit to the

empirical data in this study. The model was modified using modification indices. Implications for theory, research and practice, as well as potential limitations, are discussed.

CHAPTER I

Introduction

The ethical behavior of supervisors is particularly significant due to the multiple responsibilities supervisors assume (Bernard & Goodyear, 2008). The importance is emphasized by the power differential that exists between supervisors and supervisees, and the potential impact on supervisees and clients (Crall, 2010). The mental health field has long recognized the value of ethical standards for the practice of counseling and psychotherapy (Hall, 1952). However, thorough attention to the ethical standards for counseling and psychotherapy supervision by the professional organizations is a more recent occurrence (Association for Counselor Education and Supervision [ACES], 1993; American Counseling Association [ACA], 2005). In spite of these changes, the supervision literature has addressed the issue of supervision ethics in only a few empirical studies in the past decade (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Lee & Cashwell, 2001; Townend, Iannetta & Freeston, 2002). This dearth of information contributes to a gap in the understanding of the impact that supervisor ethical behavior has on the practice of supervision, which is particularly relevant to the experiences and behaviors of supervisees.

Researchers have found nearly half of counseling supervisors engage in non-ethical behaviors (Ladany et al., 1999) and these non-ethical behaviors are related to several undesirable supervision outcomes. For instance, non-adherence to ethical guidelines is associated with a weaker supervisory working alliance (Ladany et al., 1999) which, in turn, has been linked with poor supervisee self-efficacy (Efstation, Patton & Kardash, 1990), increased role conflict (Ladany & Friedlander, 1995), and

decreased supervisee clinical and multicultural competence (Inman, 2006). Rationally, it appears that these outcomes might be related to supervisee anxiety, however, no attention has been given to the relationship between supervisee non-ethical behavior and supervisee anxiety. Further, several researchers have identified a link between supervisor behavior and the parallel behavior of supervisees (McNeill & Worthen, 1989; Shulman, 2005). However, to date, no study has focused on the relationship between supervisor ethical behavior and the ethical behavior of supervisees. Therefore, an updated examination of supervisor ethical behavior is necessary in order to gain a clearer understanding of the impact on supervisee experiences and behaviors. Thus, the purpose of the current study was; to assess the relationship between supervisor ethical behaviors and the supervisory working alliance, to assess the relationship of supervisor ethical behaviors and supervisee anxiety, to assess the relationship of supervisor ethical behaviors and supervisee ethical behaviors, and to assess a proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior.

Supervisor ethical behavior

Ethical guidelines, such as those presented in Table 1, are the governing standards of conduct to which supervisors are held accountable. Therefore, ethical behaviors are the actions and judgments made of situations based on these governing standards (Corey, Corey, & Callanan, 1998). Barnett, Cornish, Goodyear, and Lichtenberg, (2007) note, “modeling ethical and professional behavior along with emphasizing a focus on ethical practice through the supervisory process are essential

qualities of effective supervisors” (p.270). Moreover, ethical behavior is the hallmark of the helping professional (Crall, 2010).

Because professionalism is closely linked with adherence to ethical standards, it is important to understand the frequency of adherence as well as the implications for non-adherence on effective supervision practice. Research indicates that, in general, supervisors agree with and adhere to many of the ethical standards. For instance, counseling supervisors from rehabilitation counseling programs generally agree with the standards of ethical practice endorsed by ACES (1993), such as refraining from a sexual relationship with a supervisee, avoiding the provision of personal therapy to supervisees, and the importance of addressing ethnic, racial, and cultural issues (Dickey, Housley, & Guest, 1993). Similarly, a majority of supervisors report engaging in ethical behaviors such as meeting regularly with supervisees, establishing crisis management procedures, increasing supervisee awareness of professional, ethical, and legal responsibilities, and meeting standards pertaining to participation in professional organizations (Navin, Beamish & Johanson, 1995). Despite supervisors’ agreement with and adherence to many ethical practices, they do not conform to all guidelines. Both supervisor and supervisee reports corroborate that dual relationships are a frequent occurrence (Dickey et al., 1993; Navin et al., 1995; Townend et al., 2002). Among other ethical concerns, review of actual counseling work (e.g., listening to or viewing taped sessions) rarely occurs (Ladany et al., 1999; McCarthy, Kulakowski, & Kenfield, 1994) and many supervisees are unsure if their supervisors maintain confidentiality (McCarthy, Kulakowski, & Kenfield, 1994). Clearly, a gap exists between the ethical standards for supervision and supervisor ethical practices,

pointing to the importance of understanding the degree and the impact of supervisor non-adherence to ethical guidelines.

Given that supervisors do not adhere to all ethical practices, it is critical to explore how non-adherence affects the process of supervision. One aspect of the supervision process is the supervisory working alliance, which demonstrates a strong relationship to the effectiveness of supervision (Bernard & Goodyear, 2008; Cohen & DeBetz, 1977; Holloway, 1997; Ronnestad & Skovholt, 1993; Watkins, 1997).

Researchers agree that supervisor behavior affects the supervisory working alliance (Gatmon et al., 2001; Lehrman-Waterman & Ladany, 2001). More specifically, preliminary research indicates that supervisor non-adherence to ethical guidelines is associated with a weaker supervisory working alliance (Ladany et al., 1999). Thus, it is important to extend previous research to examine the relationship between supervisor non-adherence to ethical guidelines and the supervisory working alliance.

Supervisor ethical behavior and supervisory working alliance

The working alliance is an influential factor in supervision that describes the relational dynamics in a supervisor-supervisee dyad (Bordin, 1983; Ladany, Britton-Powel & Pannu, 1997). The supervisory alliance (Bordin, 1983) consists of three interrelated factors: agreement on the goals of supervision, agreement on the tasks of supervision, and the emotional bond between supervisee and supervisor. The link between the supervisory relationship and effective supervision is well-established (Bernard & Goodyear, 2008; Cohen & DeBetz, 1977; Holloway, 1997; Ronnestad & Skovholt, 1993; Watkins, 1997). Specifically, a stronger working alliance in supervision is related to greater supervisee self-efficacy (Efstation et al., 1990), less

role conflict and ambiguity (Ladany & Friedlander, 1995), improved supervisee clinical and multicultural competence (Inman, 2006), a positive therapeutic working alliance (Patton & Kivlighan, 1997), and greater supervisee satisfaction (Inman, 2006; Ladany, Ellis, & Friedlander, 1999). These relationships indicate that the supervisory working alliance is an important construct to consider in relation to supervisor ethical behavior.

Research has established a preliminary relationship between supervisor ethical behaviors and the supervisory working alliance. Some unethical behaviors (i.e., sexist and discriminatory behaviors) are negatively related to the supervisory working alliance (Allen, Szollos, & Williams, 1986; Ramos-Sánchez et al., 2002). Additionally, in an examination that specifically considers the ethical behavior of supervisors and the working alliance, supervisor non-adherence to ethical guidelines is associated with a weaker supervisory working alliance (Ladany et al., 1999). The current study sought to extend the findings of Ladany et al. (1999) by considering how the supervisory working alliance relates within a model of supervisor ethical behavior that also includes supervisee anxiety and supervisee ethical behavior. It was hypothesized that supervisor non-adherence to ethical practices would predict a weaker supervisory working alliance.

Supervisor ethical behavior and supervisee anxiety

The multiple factors that are associated with supervisor ethical behaviors and the supervisory working alliance, indicate a theoretical link to supervisee anxiety, deeming it an important construct to consider in the model of supervisor ethical behavior. For the purposes of this study, supervisee anxiety was defined as a state of

uneasiness, apprehension, or fear associated with participation in supervision sessions. Feelings of anxiety surrounding supervision are common (Skovholt & Ronnestad, 1992). However, an excessive amount of anxiety can be detrimental to the process of supervision. Research indicates that high levels of anxiety are associated with poor performance, stunted learning, limited participation, and skewed responses in supervision (Bernard & Goodyear, 2008; Dombek & Brody, 1995; Friedlander, Keller, Peca-Baher, and Olk, 1986; Ronnestad & Skovholt, 1993). Given the potential significance of the role of anxiety in supervision, is an important construct to consider in relation to supervisor ethical behavior.

Although no studies have previously considered the direct relationship between supervisor ethical behavior and supervisee anxiety, the supervision literature has established that supervisor behavior, in general, does affect supervisee anxiety (Costa, 1994; James, Allen & Collerton, 2004). Additionally, if supervisor adherence to ethical guidelines is related to a stronger working alliance, which contributes to greater supervisee self-efficacy (Efstation, Patton & Kardash, 1990), less role conflict and ambiguity (Ladany & Friedlander, 1995), and improved supervisee competence (Inman, 2006), then, it is rationalized that adherence to ethical guidelines might also contribute to reduced supervisee anxiety. Further, it follows that non-adherence to ethical practices by supervisors may cause distress to supervisees, who might feel conflicted or even victimized by the behavior. For example, supervisees may feel anxiety related to non-ethical behavior if they are unsure their sessions are kept confidential (McCarthy et al., 1994), unsatisfied by the quality of their feedback (Ladany et al., 1999; McCarthy et al., 1994), or confused by a dual relationship (Navin

et al., 1995; Townend et al., 2002). The current study sought to contribute to the understanding of how supervisee anxiety relates within a model of supervisor ethical behavior that also includes the supervisory working alliance and supervisee ethical behavior. It was hypothesized that supervisor non-adherence to ethical practices predicts higher levels of supervisee anxiety in supervision.

Supervisor ethical behavior and supervisee ethical behavior

While it is important to consider the relationship of supervisor ethical behavior to supervisee experiences (i.e., the supervisory working alliance and supervisee anxiety), the relationship of ethical behavior to supervisee behavior is critical. Understanding the relationship between supervisor ethics to supervisee behavior is essential to gaining a more complete image of the effects associated with supervisor ethical behavior. Like supervisor ethical behavior, supervisee ethical behaviors are the actions and judgments made of situations based on the ethical guidelines. Very few studies have considered the ethical behavior of supervisees. The studies that exist indicate that inconsistencies are present between the ethical ideals of clinical psychology graduate students and the actions they would take in ethical dilemmas (Bernard & Jara, 1986), and supervisees engage in a wide range of non-ethical behaviors (Worthington, Tan, & Poulin, 2002), indicating that the ethical behavior of supervisees is a salient issue.

Although no studies have previously linked supervisor ethical behavior to the ethical behavior of their supervisees, several researchers have identified a link between supervisor behavior and the parallel behavior of supervisees (McNeill & Worthen, 1989; Shulman, 2005). Additionally, the supervision literature has established a

relationship between ethical supervision and effective counseling practice (Barnett et al., 2007; Bernard & Goodyear, 2008). Newer models of ethics training have suggested that as counseling students develop their professional identity they experience a process of ethical acculturation where they internalize the ethical expectations of the profession (Handelsman, Gottlieb & Knapp, 2005). A significant part of this acculturation occurs during counseling practicum supervision. It follows, therefore, that supervisors play an important role in the ethical behavior displayed by supervisees in supervision. The current study sought to contribute to the understanding of how supervisee ethical behavior relates within a model of supervisor ethical behavior that also includes the supervisory working alliance and supervisee anxiety. It was hypothesized that supervisor non-adherence to ethical practices predicts higher levels of supervisee non-adherence to ethical practices related to supervision.

Purposes and hypotheses

The purpose of the present investigation was fourfold: a) to assess the relationship of supervisor ethical behaviors to the supervisory working alliance, b) to assess the relationship of supervisor ethical behaviors to supervisee anxiety, c) to assess the relationship of supervisor ethical behaviors to supervisee ethical behaviors, and d) to assess the fit of the proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior. The specific research questions and hypotheses guiding this study were the following:

1. Does supervisor ethical behavior predict the supervisory working alliance in the presence of supervisee anxiety and supervisee ethical behavior?

H1: Supervisor non-adherence to ethical practices predicts a weaker supervisory working alliance.

2. Does supervisor ethical behavior predict supervisee anxiety in the presence of the supervisory working alliance and supervisee ethical behavior?

H2: Supervisor non-adherence to ethical practices predicts higher levels of supervisee anxiety in supervision.

3. Does supervisor ethical behavior predict supervisee ethical behavior in the presence of the supervisory working alliance and supervisee anxiety?

H3: Supervisor non-adherence to ethical practices predicts increased supervisee non-adherence to ethical practices.

4. Does the proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior represent a good fit to the observed data?

H4: The proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior will demonstrate a good fit to the observed data.

CHAPTER II

Literature Review

Counseling supervisors work a field that is rife with ambiguity. They are in the role of helping supervisees and clients who are in need of support, therefore ethical behavior is a paramount concern. The nature of the supervisory relationship creates an unusual set of ethical issues that arise from the multiple responsibilities supervisors assume (Bernard & Goodyear, 2008), the power differential that exists between the supervisor and supervisee (Crall, 2010), and the potential impact on the therapeutic work of supervisees. Nearly half of counseling supervisors engage in non-ethical behaviors (Ladany et al., 1999). These behaviors are related to several undesirable consequences, including a weaker supervisory working alliance (Ladany et al., 1999). Weaker supervisory relationships are associated with several outcomes that have the potential to increase supervisee anxiety (Efstation, Patton & Kardash, 1990; Inman, 2006; Ladany & Friedlander, 1995). Furthermore, because supervisor behavior can relate to the parallel behavior of supervisees (McNeill & Worthen, 1989; Shulman, 2005), supervisor ethical behavior is worthy to consider in relation to supervisee ethical behavior. This chapter will demonstrate the purpose of the present examination by illustrating the current understanding of supervisor ethical behaviors as it relates to the supervisory working alliance, supervisee anxiety, and supervisee ethical behavior.

Supervisor ethical behaviors

Supervision is a dyadic activity whereby the supervisor facilitates feedback to the supervisee related to the mental health services provided by the supervisee. This feedback is based on the interpersonal communication between both members of the

dyad and can pertain to the work in supervision, the supervisee, the supervisee's clients, or the supervisor (Ancis, Ladany, & Inman, 2010). Supervisors must provide a supportive atmosphere where personal and professional growth can occur, facilitate the learning process, provide evaluations of the supervisee's professional development, and oversee the welfare of the clients served by the supervisee (Kurpius, Gibson, Lewis, & Corbet, 1991). Because supervisors assume several levels of responsibility, they are faced with an unusual set of ethical issues (Bernard & Goodyear, 2008). Moreover, the ethical behavior of supervisors is particularly important due to the power differential that exists and the potential impact on supervisees and clients (Crall, 2010).

Supervisor ethical behaviors are the actions and judgments made of situations based on the governing standards of the major professional organizations in the field of counseling and psychotherapy (Corey et al., 1998). Ethical principles "establish a framework for professional behavior and responsibility" (Mabe & Rollin, 1986). They provide standards to which supervisors can be held responsible. They serve as a guide by which ethical decisions can be made, help to secure the integrity of the profession, and protect the supervisor from malpractice suits (Van Hoose and Kottler, 1985). Ultimately, professional ethical guidelines serve to protect the public from harm. Therefore, supervisory ethical behavior should be considered within the context of the guidelines set forth by the psychotherapy and supervision professional organizations. The psychological professional organizations each maintain supervisor ethical guidelines intended to assist professionals by helping them (a) observe ethical and legal protection of clients' and supervisees' rights; (b) meet the training and

professional needs of supervisees in ways consistent with clients' welfare and programmatic requirements; and (c) establish policies, procedures and standards for implementing programs (ACES, 1993). Based upon the ACA (2005) ethical guidelines for supervision and the work of Ladany et al. (1999), the current study identified a list of 15 supervisor ethical guidelines that cover the primary supervisor ethical issues. The guidelines (Table 1) were chosen based upon their practical and empirical relevance, and are supported by other relevant ethical guidelines (American Association for Marriage and Family Therapy [AAMFT], 2001; ACA, 2005; American Psychological Association [APA], 2002; Association for State and Provincial Psychology Boards [ASPPB], 1998; National Board of Certified Counselors, 2005).

A primary purpose of ethical guidelines for supervisors is to assist supervisors in observing ethical and legal protection of clients' and supervisees' rights, and meet the training and professional needs of supervisees. Among the most powerful reasons to examine the ethical behaviors of supervisors is the potential of unethical behaviors to cause harm to supervisees and clients. Supervision is a hierarchical relationship in which the supervisee is in a more vulnerable position, creating a potential for harm (Allen et al., 1986; Goodyear, Crego & Johnson, 1992; Olk & Friedlander, 1992; Wulf & Nelson, 2000). According to supervisees, counterproductive events in supervision, including some unethical behaviors, negatively affected client work (Gray, Ladany, Walker & Ancis, 2001). Unresolved conflicts in supervision can have a damaging effect on supervisees, ranging from moderate feelings of anxiety, to affecting personal lives of supervisees, and finally becoming cynical about the profession (Nelson &

Friedlander, 2001). Furthermore, Jacobs (1991) outlines the potential for supervisees to replicate the harmful supervisory interactions with their clients as well as with their own future supervisees. Ultimately, the need for maintaining ethical behaviors in supervision is derived from the fundamental ethical principal of nonmaleficence, the obligation of counseling psychologists to do no harm (APA, 2003).

Literature suggests that supervisors do endorse professional ethical guidelines (Navin et al., 1995) but this endorsement does not always translate into an understanding of ethical issues (Guest, 1995) or a demonstration of ethical behaviors (Ladany et al., 1999). For example, counseling supervisors generally agree, in theory, with the standards of ethical practice endorsed by ACES (1993), such as refraining from a sexual relationship with a supervisee, avoiding the provision of personal therapy to supervisees, and the importance of addressing ethnic, racial, and cultural issues (Dickey et al., 1993). Research indicates that a majority of supervisors also report that they actually adhere to their ethical responsibilities, such as establishing crisis management procedures and meeting regularly with supervisees (Navin et al., 1995). However, these supervisors do not adhere to all ethical guidelines. A majority of supervisors are ambivalent about dual relationships with supervisees. About one third of supervisors see no ethical dilemma with a supervisor having an undefined existing social relationship with a supervisee (Dickey et al., 1993), nearly half believe that dating a supervisee following the termination of the supervision could be ethical (Pearse, 1990), and over half acknowledge actually having a dual relationship with their supervisee (Navin et al., 1995). These studies indicate that ethical violations are occurring by supervisors who are aware of the ethical guidelines. It appears that a gap

exists between awareness of ethical standards and integrating these standards into the practice of supervision. Research further confirms this assumption, 67% of supervisors have difficulty identifying the salient moral issues in a dual relationship and 35% struggle to conceptualize the ethical issues of a case that includes a breach of confidentiality (Erwin, 2000). Therefore, it is concluded that supervisors agree with the ethical guidelines but struggle to apply them in theoretical or practical situations.

The previous studies rely solely on supervisor reports which have the potential for bias, as supervisors may not be aware of or willing to acknowledge their own unethical behaviors. To gain a more complete understanding of supervisor behaviors, supervisee perspective is necessary. Supervisee reports corroborate that that supervisors do engage in frequent ethical violations, however the ethical violations reported by supervisees are somewhat different from the ethical violations acknowledged by supervisors. For example, 72% of supervisees do not know whether their supervisor has had any supervision training and 20% are unsure that their supervisor maintains confidentiality (McCarthy et al., 1994). Additionally, the majority of supervisor feedback is based on supervisee reports because review of actual work (e.g., listening to taped sessions) rarely occurs (Ladany et al., 1999; McCarthy, et al., 1994). Other frequent violations include inadequate performance evaluation and the inability to work with alternative perspectives (Ladany et al., 1999). Dual relationships are reported less frequently by supervisees, acknowledged by about one-fourth of respondents, however a surprising portion (13%) of these dual relationships are sexual in nature (Siegel, 1993). Given that a high proportion (i.e., 51-68%) of supervisees report observing ethical violations by their supervisors (Ladany et

al., 1999; Siegel, 1993), understanding the effects of these violations may be particularly valuable.

Altogether, this research indicates that supervisors agree with the ethical guidelines but fail to apply them in all situations, leading to a high number of ethical violations by supervisors. Because one reason that ethical guidelines exist is to protect supervisees from harm, it is imperative to explore the impact of these unethical behaviors. Specifically, the full impact of supervisor unethical behavior on the supervisory relationship, supervisee anxiety, and supervisee ethical behavior is not clear and may be particularly valuable to understand. Thus, the current study sought to fill this gap by exploring the effect of supervisor unethical behavior on the working alliance, supervisee anxiety and supervisee ethical behavior.

Supervisor ethical behavior and the supervisory working alliance

Researchers have long viewed the relationship between supervisor and supervisee as an essential component of supervisee development (Eckstein & Wallerstein, 1958; Holloway, 1997; Loganbill, Hardy, & Delworth, 1982). The supervisory working alliance is an important factor in supervision that describes the relational dynamics in a supervisor-supervisee dyad (Bordin, 1983; Ladany et al., 1997). Three interrelated factors constitute the supervisory alliance: agreement on the goals of supervision, agreement on the tasks of supervision, and the emotional bond between supervisee and supervisor (Bordin, 1983). The supervisory working alliance has been extensively studied, leading to an agreement by researchers that the quality of the supervisory relationship makes a strong contribution to the effectiveness of supervision (Bernard & Goodyear, 2008; Cohen & DeBetz, 1977; Holloway, 1997;

Rønnestad & Skovholt, 1993; Watkins, 1997). A strong working alliance is associated with several positive supervision outcomes such as greater supervisee self-efficacy (Efstation et al., 1990), positive supervisory racial identity interactions (Ladany et al., 1997), less role conflict and ambiguity (Ladany & Friedlander, 1995), improved supervisee clinical and multicultural competence (Inman, 2006), a positive therapeutic working alliance (Patton & Kivlighan, 1997), greater supervisee satisfaction (Inman, 2006; Ladany, Ellis, et al., 1999), and willingness to disclose in supervision (Mehr, Ladany, & Caskie, 2008).

Several behaviors of supervisors that adhere to ethical guidelines and are associated with improved supervisory relationships. For example, Gatmon et al. (2001) explores discussions of cultural variables among predoctoral psychology interns and their supervisors in supervision. Results indicate that when these discussions do occur, supervisees report enhanced supervisory working alliance and increased satisfaction with supervision. In addition, Lehrman-Waterman and Ladany (2001) conclude goal setting and feedback practices contribute to a stronger working alliance and increased supervisee satisfaction with supervision. Other characteristics associated with improved supervision relationships include: commitment to the supervisees' professional development, emotional investment in supervision, and empathy and respect towards supervisees (Ellis, 1991; Henderson, Cawyer, & Watkins, 1999; Kennard, Stewart, & Gluck, 1987; Ladany, Ellis, et al., 1999; Watkins, 1995; Wulf & Nelson, 2000). Conversely, negative experiences, including non-ethical behaviors in supervision, are inversely related to a positive supervisory relationship (Gray et al., 2001). Unethical behaviors such as sexist and discriminatory behaviors negatively

affect the supervisory relationship (Allen et al., 1986; Ramos-Sánchez et al., 2002). Though these studies touch on issues related to the ethical behaviors of supervisors, only one study specifically considers how overall supervisor ethical behavior affects the supervisory working alliance, concluding that supervisor non-adherence to ethical guidelines is associated with a weaker supervisory working alliance (Ladany et al., 1999).

In summary, research indicates a strong working alliance has been associated with multiple positive supervision outcomes (Inman, 2006; Ladany Ellis, et al., 1999; Ladany & Friedlander, 1995; Mehr et al., 2008) and several supervisor behaviors are linked to the working alliance (Ladany, Ellis, et al., 1999; Watkins, 1995; Wulf & Nelson, 2000). For instance, some supervisor behaviors adhere to ethical guidelines and contribute to a stronger working alliance (Gatmon et al., 2001; Lehrman-Waterman & Ladany, 2001), while some other behaviors do not adhere to the guidelines and contribute to a weaker alliance (Allen et al., 1986; Ladany et al., 1999; Ramos-Sánchez et al., 2002). The current study looked to extend the findings of Ladany et al. (1999) by considering how the supervisory working alliance relates within a model of supervisor ethical behavior.

Supervisor ethical behavior and supervisee anxiety

Anxiety in supervision, a state of uneasiness, apprehension, or fear associated with participation in supervision sessions, is a common experience of supervisees. Researchers agree that beginning level supervisees generally experience a moderate to high level of anxiety in their work (Skovholt & Ronnestad, 1992). Supervisee anxiety can result from two sources, their work with clients and their work with supervisors

(Bernard & Goodyear, 2008). Beginning level supervisees may experience more anxiety in supervision than more experienced supervisees (Stoltenberg, McNeil, & Delworth, 1998). When asked to recall their graduate school experiences, senior practitioners report having felt intense anxiety in supervision (Skovholt & Ronnestad, 1992). However, in spite of the universality of the emotion, anxiety can be detrimental. Historically, psychology has recognized that moderate levels of anxiety can act as a motivator to enhance performance on many tasks, while too much anxiety can be debilitating (Aiello & Douthitt, 2001). Supervision literature corroborates, indicating that high levels of anxiety negatively affect performance, learning, and responses in supervision (Bernard & Goodyear, 2008). Friedlander et al. (1986) conclude that supervisee performance on a simulated counseling activity is inversely related to their anxiety level. Additionally, Dombeck & Brody, (1995) present a case study in which one supervisee's capacity to observe and learn is reduced in high anxiety states. Furthermore, supervisees who experience a high level of anxiety in supervision may be more likely to only discuss clients who are making good progress, or discuss topics that the supervisee is comfortable with (Ronnestad & Skovholt, 1993), thereby withholding potentially important information from supervisors and missing opportunities to learn. Unresolved conflicts in supervision, such as ethical struggles, can lead to a variety of reactions, ranging from moderate feelings of anxiety, to significantly affecting personal and professional lives of supervisees (Nelson & Friedlander, 2001). Therefore, due to the potential impact anxiety can have on a supervisee; it is an important construct to consider.

Although no studies have previously considered the direct relationship between supervisor ethical behavior and supervisee anxiety, the supervision literature has established that supervisor behavior, in general, does affect supervisee anxiety (Costa, 1994; James et al., 2004). Additionally, the multiple factors that are associated with supervisor ethical behaviors and the supervisory working alliance, indicate a theoretical link to supervisee anxiety. Consider, if supervisor adherence to ethical guidelines is related to a stronger working alliance, which contributes to greater supervisee self-efficacy (Efstation et al., 1990), less role conflict and ambiguity (Ladany & Friedlander, 1995), and improved supervisee competence (Inman, 2006), then, it is rationalized that adherence to ethical guidelines might also contribute to reduced supervisee anxiety. Further, it follows that non-adherence to ethical practices by supervisors may cause distress to supervisees, who might feel conflicted or even victimized by the behavior. For example, supervisees may feel anxiety related to non-ethical behavior if they are unsure their sessions are kept confidential (McCarthy et al., 1994), unsatisfied by the quality of their session feedback (Ladany et al., 1999; McCarthy et al., 1994), or confused by a dual relationship (Navin et al., 1995; Townend et al., 2002).

Altogether, anxiety in supervision is common (Skovholt & Ronnestad, 1992), however, there is potential for anxiety to negatively affect the progression of supervision (Ronnestad & Skovholt, 1993), as well as counseling performance (Friedlander et al., 1986). Research indicates that ethical violations by supervisors may contribute to potentially anxiety inducing experiences. Yet, there is no direct link in the literature between supervisor ethical behaviors and supervisee anxiety. Therefore,

this study sought to fill this gap by exploring the role that supervisor ethical violations may play in supervisee anxiety.

Supervisor ethical behavior and supervisee ethical behaviors

Practitioners and researchers agree that clinical supervision is an essential aspect of each counselor's training and high quality supervision is important for supervisees to develop into competent professionals (Barnett et al., 2007; Corey et al., 1998). Supervision is "the critical teaching method" (p. 177) used in counseling psychology to help supervisees develop the skills needed to provide effective and ethical services (Holloway, 1992). Goodyear (2007) elaborates on Holloway's description, asserting that supervision is psychology's "signature pedagogy" (p. 273). Several researchers have identified a link between supervisor behavior and the parallel behavior of supervisees (McNeill & Worthen, 1989; Shulman, 2005). Jacobs (1991) outlines the potential for supervisees to replicate the harmful supervisory interactions with their clients as well as with their own future supervisees. For example, one preliminary study indicates that counselors who, as students during graduate training, engage in sexual intimacies with their professors or clinical supervisors are later, as therapists, statistically more likely to engage in sexual intimacies with their clients (Pope, Levenson, & Schover, 1979). It follows that within this powerful training setting the supervisee could develop the roots of her or his professional identity and establish ethical beliefs surrounding the supervisory and therapy relationship. Newer models of ethics training have suggested that as counseling students develop their professional identity, they experience a process of ethical acculturation where they internalize the ethical expectations of the profession (Handelsman et al., 2005). A

significant part of this acculturation occurs during counseling practicum supervision. Supervisors' modeling of ethical behavior is necessary to help supervisees develop ethical and competent professional identities (Barnett et al., 2007).

In spite of the understanding that supervisors affect the behavior of supervisees, no researchers have specifically considered the impact of supervisor ethical behavior on supervisee ethical behavior. In fact, very few studies have considered the ethical behavior of supervisees at all. Bernard and Jara (1986) establish that there is a gap between what clinical psychology graduate students know they should do and what they would actually do when faced with the knowledge that a peer was violating an ethical principal. Only one study specifically addresses supervisee ethical behavior within the context of supervision by asking supervisees and supervisors to report on the frequency and reasons for engaging in unethical behavior of supervisees (Worthington, Tan, & Poulin, 2002). Up to 85% of supervisees acknowledge engaging in at least some of the moderately unethical behaviors (i.e., failing to complete client documentation within required timeframe), while 1.3% acknowledge engaging in the behavior ranked as most unethical (i.e., forging supervisor's signature on case material) and 7% acknowledge engaging in the behavior ranked second in ethicality (i.e., presenting intentionally fabricated information about a client in supervision). Therefore, research indicates that, similarly to supervisors, supervisees are aware of ethical guidelines but fail to apply them in all situations, leading to a high number of ethical violations by supervisees. It is important to understand if there is a relationship between supervisor and supervisee ethical behaviors.

In summary, parallel behaviors between supervisors and supervisees have been documented (McNeill & Worthen, 1989; Shulman, 2005), and theorists suggest that supervisees internalize the ethical expectations of the profession partially through their experiences in supervision (Handelsman et al., 2005). Therefore, it is particularly important that researchers gain a stronger understanding of the impact that supervisor ethical behaviors have on the ethical behaviors of supervisees. Thus, this study sought to fill this gap by exploring the relationship of supervisor ethical behaviors to supervisee ethical behaviors.

Purpose

Professional ethical guidelines have been identified to help establish a standard of practice. This has been effective in that supervisors typically endorse ethical guidelines (Navin et al., 1995). Supervisor adherence to ethical guidelines is particularly important because it contributes to supervisee learning (Barnett et al., 2007; Corey et al., 1998; Goodyear, 2007; Holloway, 1992), supervisory working alliance (Gray, et al., 2001; Ladany et al., 1999; Lehrman-Waterman & Ladany, 2001; Ramos-Sánchez et al., 2002), and supervisee satisfaction (Lehrman-Waterman & Ladany, 2001; Ramos-Sánchez et al., 2002). However, supervisors and supervisees report that supervisors' behaviors do not always adhere to ethical guidelines (Dickey et al., 1993; Ladany et al., 1999; McCarthy et al., 1994; Pearse, 1990; Siegel, 1993). Specifically, dual relationships in supervision (Dickey et al., 1993; Ladany et al., 1999; Navin et al., 1995; Pearse, 1990; Siegel, 1993) and inadequate monitoring of supervisees' counseling activities (Borders, Cashwell, & Rotter, 1995; Coll, 1995; O'Connor, 2000; Pearse, 1990; Townend et al. 2002) are common ethical problems in

supervision. Non-adherence to ethical guidelines is associated with damage to supervisees and clients (Gray et al., 2001) and may contribute to higher states of supervisee anxiety (Bernard & Goodyear, 2008; Dombek & Brody, 1995; Friedlander et al., 1986) or lead to increased supervisee unethical behavior. More research is needed in order to more clearly understand the impact of supervisor ethical behavior on the supervision process. The current study addressed many of the gaps in the literature on ethical behaviors of supervisors. The purpose of the present investigation was to assess: the relationship of supervisor ethical behaviors to the supervisory working alliance, the relationship of supervisor ethical behaviors to supervisee anxiety, the relationship of supervisor ethical behaviors to supervisee ethical behaviors, and the fit of the proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior.

CHAPTER III

Method

Participants

One hundred fifty six doctoral- and masters-level therapists-in-training completed all survey materials for this study. Participants who identified their training level as beginning practicum (in first year of practicum), advanced practicum (in second or more year of practicum), and internship were included. The demographic information of the participants (e.g., gender, age, country of origin, language status) and their supervisor (e.g., gender and age) was collected.

Of the 156 participants, 86.6 % identified as female. Participants had a mean age of 29.7 (SD = 6.78), ranging from 23-60 years. Racially, 79.5% identified as Caucasian, 5.1% identified as African American, 5.1% identified as Hispanic/Latino/Latina, 3.8% identified as Asian, 3.8% identified as Biracial/Multiracial, 1.9% identified as Other, and 1.8% did not respond to the question. In terms of graduate programs, 48.1% were in a Ph.D. program, 44.2% were in a Psy.D. program, and 7.7% were in a Master's Degree program. Four percent of participants were in the first year of their degree program, 18.5% were in their second, 12.2% were in their third, 17.3% were in their fourth, 31.4% were in their fifth, and 11.5% were in their sixth, and 3.8% were beyond their sixth year. Additionally, 14.1% were in beginning practicum training, 42.3% were in advanced practicum training, and 46.1% were in pre-doctoral internship. In terms of practicum or internship setting, 22.4% worked in a community mental health facility, 19.2% worked in a college counseling center, 8.3% worked in a veteran's administration, 7.6% worked in a

school setting, 7.6% worked in a private hospital, 7.0% worked in a public hospital, and 26.9% described their setting as “other”. Participants reported a median of 34 ($M = 36.4$, $SD = 22.3$) months of supervised counseling experience and reported having seen a median of 60 ($M = 91.9$, $SD = 43.3$) clients in their lifetimes. Participants reported that 52.5% of their practicum or internship settings do have a forum for discussing ethical concerns. Sixty-seven percent of participants report meeting with their primary supervisor one hour per week, 27% meet with their supervisor two hours per week, 3% meet with their supervisor more than two hours per week. In addition to reporting personal demographic information, participants also reported demographic information pertaining to their supervisor. In terms of supervisor’s gender, 57% were female, and 43% were male. In terms of supervisor’s race, 89.7% were identified as Caucasian, 5.7% were identified as African-American, 4.4% were identified as Hispanic/Latino/Latina, and 3.2% were identified as Asian-American.

Measures

Demographic Questionnaire. The demographic questionnaire was used for descriptive purposes and to confirm that participants met the inclusion criteria (i.e., have engaged in supervision for at least two months with their current supervisor). The questionnaire gathered data about each participant’s age, gender, and race. Additional information was gathered pertaining to field of study, degree program, training level (beginning, advanced or internship), year in graduate program, number of counseling/psychotherapy ethics courses taken, number of supervision courses taken, type of practicum or internship setting, and total number of clients seen in lifetime. Finally, supervision data was gathered, including months of supervised counseling

experience, number of supervision sessions to date with current supervisor, total number of supervisors, hours per week of individual supervision, whether there is a forum for discussing ethical concerns at her or his training site, and supervisor's gender, race and degree.

Supervisor Ethical Practices Questionnaire (SEPQ; Ladany et al., 1999). The SEPQ was used to assess the nature and extent of supervisors' adherence to the ethical guidelines. The measure has been updated and revised slightly for the current study to be more inclusive, accurately reflect the current updated guidelines, and clarify meaning. The SEPQ is a descriptive measure that allows for open-ended responses. The SEPQ is conceptually based on the salient supervisory ethical guidelines that are addressed by the primary professional organization for supervisors of counselors and psychotherapists (ACA, 2005; APA, 2002; ACES, 1993; Bernard & Goodyear, 2008; Holloway, 1992). The measure consists of a series of open-ended prompts that allows participants to write narrative descriptions of ethical guidelines violated by their supervisors. The SEPQ consists of 16 sections; the first 15 are devoted to the specific ethical guidelines mentioned previously and described in Table 1, and the 16th section offers extra space for additional examples of violations. In each section, participants were given definitions of supervisor ethical practices and were asked to indicate their experiences of their current supervisors' unethical practices. The first prompt asked supervisees if their current supervisor has met the specific ethical guideline (i.e., behaved ethically). If the answer was yes, participants proceed to the next section. If the answer was no (i.e., the supervisor did not follow the ethical guideline), participants were asked to describe in narrative form the situation that reflected how

the guideline was not met. Each of the unethical supervisor practices identified by participants in their narrative descriptions was coded into 1 of the 15 ethical guidelines by two judges (i.e., the author and a research assistant). This procedure was undertaken to ensure that the participant descriptions are appropriate for, and relevant to, the given ethical guideline. Frequency of ethical violations is reported with a total number of supervisor ethical violations for each participant.

Working Alliance Inventory/Supervision-Short trainee version (WAI/S-S Ladany, Mori, & Mehr, 2007). The WAI/S-S was used to assess supervisees' perceptions of the three components of the supervisory working alliance (i.e., goals, task, and emotional bond) as described by Bordin (1983). The measure is a 12-item self-report questionnaire containing three subscales, each of which contained four items, corresponding to the three components of the supervisory working alliance. Items are rated on a 7-point Likert-type scale ranging from never (1) to always (7). For each subscale, scores were obtained by summing the item ratings such that scores range from 4 to 28. Higher scores indicated perceived agreement on the goals and tasks of supervision and a stronger emotional bond between supervisor and supervisee.

The Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) and the Working Alliance Inventory-Short (WAI-Short; Tracey & Kokotovic, 1989) are widely used measures of the alliance in counseling. Bahrnick (1990) developed a modified version of the WAI to apply to supervision (Working Alliance Inventory/Supervision; WAI/S). Similarly, Ladany et al. (2007) developed a modified version of the WAI-Short to apply to supervision (Working Alliance Inventory/Supervision-Short; WAI/S-Short), the measure used in the current study. In

terms of validity, the WAI/S has been found to be negatively related to supervisee role ambiguity and role conflict (Ladany & Friedlander, 1995), positively related to goal setting and feedback processes in supervision (Lehrman-Waterman & Ladany, 2001), positively related to supervisee satisfaction (Ladany, Ellis, et al., 1999), and positively related to favorable supervisory racial identity interactions (Ladany, Brittan-Powell, & Pannu, 1997). In terms of reliability measures, previous internal consistency estimates of the WAI/S have been found to exceed .90 for all of the subscales (Ladany et al., 1997; Ladany, Ellis, et al., 1999; Ladany & Friedlander, 1995; Ladany & Lehrman-Waterman, 1999) and internal consistency estimates of the WAI/S-short have been found to exceed .90 for all subscales (Ladany et al., 1997; Mehr et al., 2008). Internal consistency for the current study equaled .96 for all subscales.

Survey of Ethically Questionable Behavior-supervisee form (EQB; Worthington et al., 2002). To assess the nature and extent of supervisees' ethical behavior, the EQB was used. The EQB was conceptually developed based on the literature on ethics and supervision and through a qualitative pilot study (Worthington et al., 2002). The EQB supervisee form is a 31-item, self-report questionnaire designed to measure the perceived frequency of ethically questionable behavior. Each item indicates the frequency with which supervisees have engaged in the behavior on a 10 point Likert-type scale ranging from 1 (never) to 10 (very often). Supervisees respond to these items with respect to themselves. Higher scores indicate more ethical violations by supervisees. Frequency of ethical violations was reported with a total number of supervisee ethical violations for each respondent. Previous internal

consistency estimates of the EQB have exceeded .92 (Worthington et al., 2002).

Internal consistency for the current study equaled .93.

Trainee Anxiety. The Trainee Anxiety Scale was used as a measure of supervisee's overall feelings of anxiety associated with supervision sessions. The measure is a 14-item scale containing anxiety-related terms. Items are rated on a 7-point Likert-type scale ranging from not true (1) to totally true (7), with four reverse scored items. Scores are obtained by summing the number responses. In the current study, participants were asked to rate their overall feelings of anxiety associated with supervision sessions. Higher scores indicate higher levels of supervisee anxiety. Previous internal consistency estimates of the Trainee Anxiety Scale have exceeded alphas of .87 (Crall & Ladany, 2007) and .95 (Mehr et al., 2008). Internal consistency for the current study equaled .95.

Procedures

Volunteer participants were solicited through directors of clinical training at American Psychological Association (APA) accredited college and university program and internship sites' electronic mailing lists. Inclusion criteria required that participants be beyond pre-practicum training and were in individual (one-on-one) supervision for individual counseling for at least two-months, within the previous six months. The Survey Monkey (1999) online survey software was used to create the survey material electronically sent to supervisees. A letter, including a link to the study's webpage on Survey Monkey (surveymonkey.com), was e-mailed with a request to forward the invitation to therapists-in-training (Appendix A). The initial webpage detailed confidentiality, anonymity, potential risks and benefits, and the right

to withdraw participation at any time. After participants agreed with the informed consent, they were granted access to the study. Participants with multiple supervisors were asked to choose the primary on-site supervisor they had within the previous six months. They then completed the questionnaires (Appendices B, C, D, E, and F) as it related to their overall supervision experience with that supervisor. The questionnaires were randomly ordered when each participant logged into the site.

Data Analysis

This study utilized a non-experimental design, given the lack of random assignment to groups, multiple temporal measurements of the variables, or use of a control group. The interrelationships among the measured variables were evaluated using structural equation modeling analysis (SEM; Kline, 2005; Schumaker & Lomax, 2004). SEM was selected as a statistical methodology because of its several advantages over regression modeling, including its more flexible assumptions (particularly allowing interpretation even in the face of multicollinearity; Kline 2005). Additionally, SEM provides better model visualization through its graphical modeling interface, and the ability to test models overall rather than coefficients individually. Finally, SEM allows the researcher to model error terms, and provides the opportunity to compare alternative models to assess relative model fit (Kline, 2005).

The parameters in the model indicate the direct effects as well as the variances and covariances between variables within the model (Klem, 2000). Bentler and Chou (1987) state that 5 to 10 cases are needed per parameter to be estimated, with a minimum of 150 cases, for a sufficient sample size to obtain adequate statistical power and reliable results. Based on these recommendations for minimum sample size, at

least 150 participants were required for the statistical analyses. The main SEM analyses occurred through five recommended stages: model specification, model identification, model estimation, model fit, and model modification (Schumaker & Lomax, 2004).

Ethical Considerations

Institutional Research Board (IRB) approval was completed at the researcher's affiliated institution prior to data collection. The APA code of ethics (2002) for research was used through the study. It was anticipated that some minor psychological discomfort could result from participants answering questions related to the ethical behavior of their supervisors, their own ethical behaviors, and their emotional experiences related to supervision. These tasks may have affected participants' feelings of anxiety. Participants were encouraged to contact the researcher or the Office of Research and Sponsored Programs at the researcher's affiliated institution with any concerns.

Confidentiality of survey materials was ensured given that data on Survey Monkey is password protected. Additionally, surveys were completed anonymously and participants were never requested to report identifying information about themselves, their supervisor or their institution. Only the researcher and research committee members were allowed access to the raw data.

CHAPTER IV

Results

Descriptive Analysis

Results indicated that 33% of supervisees reported at least one ethical violation by their supervisors and in general, supervisees reported an average of .96 (SD = 1.84) ethical violations on the SEPQ. Among the participants that reported ethical violations by their supervisor, an average of 2.9 (SD = 1.2) violations were reported. Table 7 displays the percentages of participants who reported ethical violations by their supervisors for each of the ethical guidelines. In terms of rating the severity of their supervisor's ethical violations, supervisees reported a median and mean rating of 3 (moderately severe). The ethical guidelines that were adhered to least frequently (i.e., violations reported by 19% of supervisees) was performance evaluation and monitoring of supervisee activities, session boundaries and respectful treatment, ability to work with alternative perspectives, and modeling ethical behavior and responding to ethical concerns. The ethical guidelines that were adhered to most frequently (i.e., violations reported by 1-3% of supervisees) were disclosure to clients, confidentiality issues in supervision, crisis coverage and intervention and sexual issues.

Preliminary Analysis

The SPSS 18 statistical software program was used for the initial analyses of the data. Prior to the main analysis, univariate normality of the data was tested through analysis of skewness and kurtosis as well as visual investigation of the data. Additionally, bivariate normality was examined through visual investigation of scatterplots. Though these are not specific tests of the assumption of multivariate

normality required for Structural Equation Modeling (SEM) analysis (Schumaker & Lomax, 2004), they provide a sense of the distribution of individual variables and variable pairs. The presence of univariate and bivariate normality does not guarantee multivariate normality, it is consistent with the multivariate assumption of SEM, while a lack of univariate or bivariate normality indicates a violation of the multivariate assumption. Visual investigation of scatterplots for each variable pair appeared to group in an elliptical pattern which suggests bivariate normality. Table 2 displays a covariance matrix and the means, standard deviations, and range of the observed variables in the study. Table 3 displays Pearson correlations of the observed variables.

Multivariate analysis of variance (MANOVA) was used to determine if any demographic differences (i.e. age, gender, race, academic program, year in program, and level of training) existed among each endogenous variable (WAI goals, WAI task, WAI bond, TAS, EQB). To control for Type I error, demographic differences were considered significant at alpha equal to .01. No demographic differences were found in the dependent measures.

Significant correlations highlight initial relationships between the exogenous variable and the endogenous variables. Among the basic dispositions, the SEPQ shared a significant negative correlation to WAI goals ($r = -.67, p < .01$), WAI task ($r = -.64, p < .01$), and WAI bond ($r = -.64, p < .01$). Additionally, results indicate that the SEPQ shared a significant positive correlation to the TAS ($r = .39, p < .01$) and EQB ($r = .43, p < .01$).

Main Statistical Analysis

Structural Equation Modeling (SEM; Schumaker & Lomax, 2004) was used for the main statistical analysis in this study. The AMOS 18 statistical software program was used for the SEM analysis. The SEM analysis involved analysis of the full structural model. Each step of this analysis included five recommended stages: model specification, model identification, model estimation, model fit, and model modification (Schumaker & Lomax, 2004). The analyses for the measurement models and the structural model are described below.

Model specification. Figure 1 displays the structural model for this study. In the model, supervisor ethical behavior was the exogenous latent variable and supervisee ethical behavior, the supervisory relationship and supervisee anxiety were the endogenous latent variables. The subscales and measures of the study were used to represent each of the four constructs in the model. The construct of supervisor ethical behaviors was measured using the SEPQ. The supervisory relationship was assessed using WAI goals, WAI task, and WAI bond. Supervisee anxiety was measured using the TAS. Supervisee ethical behavior is measured using the EQB. Hypothesized regression paths from the exogenous latent variable to the endogenous latent variable were added to create the full structural model.

Model identification. The model met the order condition (Schumaker & Lomax, 2004), a necessary condition for SEM models. In addition, the degrees of freedom were positive, demonstrating fewer free parameters than distinct values in the covariance matrix. A scale was created for the latent variable in order for the model to be identified. The scale of each latent variable was defined by fixing the factor loading of one observed variable to 1. Therefore, the SEPQ factor loading was set to 1 for the

“Supervisor Ethical Behavior” latent variable, the WAI goals factor loading was set to 1 for the “Supervisory Working Alliance” latent variable, the TAS factor loading was set to 1 for the “Trainee Anxiety” latent variable, and the EQB factor loading was set to 1 for the “Supervisee Ethical Behavior” latent variable. Finally, empirical validation (i.e., running the analysis) was used to verify model identification.

Model Estimation. Maximum Likelihood estimation was used to examine standardized factor loadings of the latent variables to their corresponding observed variable as well as correlations among exogenous latent variables. Table 4 displays the unstandardized factor loadings of the structural model. As anticipated, all unconstrained factor loadings were significant. Table 5 and Figure 2 display the standardized regression estimates between the exogenous latent variables, the endogenous latent variables and the observed variables.

Model Fit. Table 6 displays the model fit statistics. Fit of the measurement model was measured through the use of five fit indices. These indices and their cut-off criteria include the chi-squared index (χ^2 ; probability level greater than .05), Goodness-of-Fit Index (GFI; value greater than .95), the comparative Fit Index (CFI; value greater than .95), the Tucker-Lewis Index (TLI; value greater than .95) and Root Mean Squared Error of Approximation (RMSEA; value less than .05), as recommended by Hu and Bentler (1995; 1999). Three or more fit indices must meet their cut-off criteria to demonstrate good model fit. The fit indices did not meet their cut-off criteria [χ^2 (103.97, $p < .0001$), GFI (.82), CFI (.86), TLI (.82), RMSEA (.26)]. The structural model did not represent a good fit to the data, thereby failing to provide

support for hypothesis 4. Given the lack of support for model fit, modification of the model was considered.

Model modification. Modification indices were examined to determine potential improvements to the model. The AMOS output proposed five possible covariances be added between the residual error terms, and eleven possible regression paths be added among the variables that could be added to the model. After consideration of theoretically supported adjustments, four recommended modifications were used.

Figure 3 displays the modified model. The first modification consisted of adding a covariance between the residual error terms associated with WAI goals and WAI task. The second modification consisted of adding a covariance between the residual error terms associated with the TAS and EQB. The third modification consisted of adding a regression path from the Supervisory Working Alliance to Trainee Anxiety. The fourth modification consisted of adding a regression path from the Supervisory Working Alliance to Supervisee Ethical Behavior. With these modifications, all five fit indices met their cut-off criteria to demonstrate good model fit [χ^2 (8.34, $p < .21$), GFI (.98), CFI (.997), TLI (.98), RMSEA (.05)].

CHAPTER V

Discussion

While supervisor ethical behavior has been related to several positive supervision outcomes, the link between supervisor non-ethical behavior and supervisee experiences has not been fully understood. This study explored the current state of supervisor ethical behavior and examined the relationship between supervisor ethical behavior and several supervision outcome measures. Additionally, this study proposed and tested a model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior. The results of this study suggested that approximately one third of supervisors do not adhere to all ethical guidelines. Analyses confirmed that supervisor ethical behavior is positively related to the supervisory working alliance, and negatively related to supervisee anxiety and supervisee non-ethical behavior, as hypothesized. However, the proposed model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior did not represent a good fit to the empirical data in this study. Through model modification, the supervisory working alliance was also found to be significantly positively related to supervisee anxiety and supervisee ethical behavior. These results as well as analysis of descriptive data are discussed in this chapter. Additionally, potential limitations of this study are identified and implications for theory, future research, and practice are proposed in this chapter.

Supervisor Non-adherence to Ethical Guidelines

Overall, the results of this study suggest that most supervisors adhered to most of the guidelines. However in many cases supervisors did not adhere to all ethical

guidelines, with one third of supervisors violating at least one guideline. The level of adherence to ethical guidelines represents a qualitative difference from previous research which reported that more than half of supervisors engaged in non-ethical behavior (Ladany et al., 1999). In the ten year span since this previous research on supervisor ethical behaviors, many state licensing boards have begun to require licensed professionals to obtain continuing education credits in the area of ethics every year. The increased adherence to ethical guidelines over the course of ten years may represent the positive effect of ethics training on the professionals who provide supervision by increasing awareness and skills of ethical guideline adherence. Future researchers may wish to consider supervisor's participation in ethics training and its direct effect on supervisor ethical behavior. In spite of the trend towards increased adherence, the rate of supervisor non-adherence to ethical guidelines is worthy of attention given the potential effects on supervisee experiences and behaviors. An examination of the results and implications for research or practice related to each ethical guideline follows.

Performance Evaluation and Monitoring of Supervisee Activities. Evaluating and monitoring supervisees was the most frequent ethical violation reported. Supervisees perceived that nearly one-fifth of supervisors did not provide adequate oversight or evaluations of supervisee performance. Examples include "Supervisor provides no direct observation of my work and does not read my notes," "We never identified goals, I was unaware of what criteria I was being evaluated" and "I had no idea that my supervisor was dissatisfied with my performance until the final evaluation." These findings are consistent with previous research (Ladany, et al.,

1999) which concludes that monitoring of supervisee activities is the most frequent ethical violation. Other studies confirm that direct observation of supervisee activities is relatively rare (Borders, Cashwell & Rotter, 1995; Coll, 1995; O'Connor, 2000; Townend, et al., 2002). Previous studies have concluded that supervisees may place more importance than their supervisors on direct observation of their work (Gandolfo & Brown, 1987), indicating that supervisees may be seeking observation and feedback that their supervisors are not providing. This finding points to an importance of continued training for supervisors in the area of ethical requirements and effective supervision practice. Accrediting boards, training settings, and graduate programs may wish to require a minimum number hours of direct supervision (i.e. listening to audio or conducting live supervision) by supervisors, in order to ensure that the ethical practice is being fulfilled.

Session Boundaries and Respectful Treatment. Ten percent of supervisees perceived that their supervisors violated session boundaries or respectful treatment of the supervisee. Examples of this violation include, “Supervisor would no-show for supervision sessions,” “Supervisor would start our sessions late, causing me to be late for other appointments,” and “Supervisor talked down to me, like I was a child.” In these cases, it seems that supervisors struggled to maintain the basic boundaries surrounding supervisee time and respectful communication, potentially conveying to the supervisee that the process of supervision is not valuable. This finding highlights the importance of supervision of supervision, as well as the establishment of venues to address ethical concerns within each training site. Accrediting boards may wish to require that training sites have a venue for discussing ethical concerns. Additionally,

training settings and graduate programs should have a process of monitoring the quantity and quality of supervision sessions at multiple points throughout the academic year.

Able to Work with Alternative Perspectives. Approximately 10% of supervisees reported that their supervisors were not receptive to supervisee perspectives or theoretical approaches other than their own. Examples include, “Supervisor does not want to hear my thoughts on how to treat patients or conceptualize their presenting issues,” and “Supervisor required that I work only from one theoretical approach, even when that approach was contraindicated.” It seems that discouraging supervisee exploration of treatments may limit their exposure to effective treatment options, and may negatively impact the quality of treatment for clients. As with other types of regressive supervisory relationships in which the supervisor is less developmentally advanced than the supervisee (Helms, 1990), supervisees whose supervisors inappropriately limit their clinical experiences, may experience feelings of confusion, anger and anxiety. Licensing and accrediting bodies may address this concern by requiring supervision of supervisors beyond their standard training as a requirement for licensure and their first years of practice of supervision.

Modeling Ethical Behavior and Responding to Ethical Concerns. Nearly 10% of supervisees reported that their supervisors did not model ethical behavior or respond to ethical concerns appropriately. Examples include, “Supervisor stated inaccurate information about his ethical boundaries, stating that the APA has no authority over his licensing,” and “Supervisor refused to allow me to report situations that I felt were dangerous (for clients).” Inappropriate or inaccurate responses to ethical concerns

create potentially dangerous situations for supervisees and clients, and opens opportunity for legal problems for the supervisor, supervisee, their employers and related academic programs. Again, it seems that training and oversight of supervision practices by accrediting agencies and academic programs may address some of these concerns. Monitoring this particular ethical guideline may require reports from both supervisors and supervisees in order to obtain fuller understanding of the intentions and perspectives of the supervisors. Future ethics researchers may consider ethical violations by including interviews of both supervisors and supervisees in order to gain a more complete understanding of the interactions.

Multicultural Sensitivity Toward Supervisee. According to 8% of supervisees, supervisors were multiculturally insensitive towards them. Examples include, “My supervisor made disparaging remarks about my religion. I did not say anything about it because I was afraid of the consequences,” and “Supervisor makes inappropriate jokes that I will not function well because I am a woman and I am from the South.” It seems that supervisors in these situations are unaware of the importance of addressing multicultural issues in supervision in order to promote a productive environment and avoid regressive relationships (Goodman, Liang, Helms, Lalta, Sparks, and Weintraub, 2004). Regressive relationships exist when the supervisor is less developmentally advanced than the supervisee with respect to multicultural issues (Helms, 1990). This behavior may create discord in the supervisory relationship and weakening the working alliance. Because these ethical concerns may be particularly challenging for a supervisee to address directly with a supervisor, given their personal nature, academic

and training programs should provide a platform for which the supervisee may address their concerns.

Multicultural Sensitivity Toward Clients. Supervisees reported that about 6% of supervisors demonstrated multicultural insensitivity in their response to clients. Examples include, “Supervisor dismisses my attempts to discuss my client’s culture,” and “My supervisor refused to use appropriate gender term for transgendered client.” Supervisors’ multicultural insensitivity towards clients can have a detrimental effect on the supervisees’ development by missing opportunities to increase the supervisees’ knowledge and skills in areas of multicultural competence. It may contribute to a weaker supervisory relationship, by creating a regressive relationship, as addressed above. Finally, it may negatively impact the supervisees’ work with clients by modeling insensitive behavior and contributing to a negative therapeutic environment. Training sites should be especially aware of these ethical violations and provide opportunity for supervisees to communicate their concerns.

Expertise/ Competency Issues. Supervisees reported that 6% of supervisors are lacking expertise or competence regarding treatment of clients. Examples include “My supervisor was reluctant to allow me to work with an outside supervisor when dealing with an issue outside my supervisor’s expertise,” and “I was required to work with clients that I was not skilled enough to see.” While actual supervisor competencies were not assessed in the current study, results indicated that supervisees in these situations did not feel that they had the guidance and support that was needed to work with challenging clients. This may contribute to supervisees’ feelings of anxiety and role confusion. Supervisors may address this issue directly by communicating

expectations and creating opportunity during supervision for supervisees to address their concerns. Training sites may wish to provide supervisees with access to other professionals as a standard training procedure.

Termination and Follow-Up Issues. Six percent of supervisees reported that supervisors did not handle termination issues appropriately. Examples include “Supervisor tends to ignore issues of termination and never asks about follow-up plans for clients,” and “Termination process left patients unseen for the summer.” Most supervisee reports pertain to supervisors not addressing client termination issues in supervision. Lack of attention to termination issues in supervision may create a discontinuity of services for clients, leaving the potential for inadequate client care. Training sites should communicate a clear termination process for all supervisees to follow and require that supervisors monitor the process.

Differentiating Supervision from Psychotherapy/ Counseling. Supervisees reported that 6% of supervisors blurred the line between supervision and therapy. Most examples related to supervisors asking supervisees to share personal experiences that the supervisee was not comfortable to share. Examples include, my supervisor, “inquired about my own therapy until I addressed the issue and disclosed that I experienced it as a crossing of boundaries,” and “supervisor would ask probing, personal questions about me, even after I said I was uncomfortable discussing them.” It is unclear if supervisors were attempting to relate these personal experiences to the supervisees’ therapy work. However, in these situations, supervisees perceived the inquires to be inappropriate, implying a potential rift in the supervisory relationship. Supervisors may give attention to the supervisory relationship by communicating

intentions of questions and checking in with supervisees about their feelings and experiences in supervision.

Orientation to Professional Roles and Monitoring of Site Standards. Supervisees reported that less than 5% of supervisors failed to orient the supervisee to the expectation of the practicum or internship site. Examples generally pertained to expectations that were not fully explained but seemed to be expected, or a general lack of involvement by supervisor. One example stated, “extra reading was not explained to be required, but appears to be expected.” Unclear role expectations may compromise the professional growth of supervisees, create role confusion, and may relate to less effective treatment for clients. Training sites and supervisors can address this by creating clear expectations for supervisees via written contracts and verbal communication.

Dual Roles. Supervisees reported conflicted roles with supervisors in less than 5% of relationships. Examples that identify ethical violations in this area related to supervisors forming inappropriate friendships or additional work relationships with supervisees outside of the professional counseling environment, such as “he is openly friends with another intern with whom he has a supervisory relationship. They spend time together on weekends and go to each other’s houses.” Supervisees reported that the dual roles caused confusion and some anxiety related to setting boundaries in the supervisory relationship. Previous research has revealed that dual relationships occur at a rate (24-51%) that is more prevalent than the findings of the current study (Dickey et al., 1993; Ladany et al., 1999; Navin et al., 1995; Pearse, 1990). This represents a positive shift towards a reduction in dual relationships. However, training sites should

continue to monitor the activities of their supervisors to assure that dual relationships are minimized and managed in a professional manner. Dual relationships may be minimized by clear expectations regarding boundaries in supervision.

Sexual Issues. Four supervisees (2.6%) reported that inappropriate comments were made by supervisor regarding sexual issues. Examples include, “my supervisor has made uncomfortable comments regarding the sexual attractiveness of his patients,” and “inappropriate mention of supervisor’s personal sexual activity.” Supervisees in the current study stated feelings of embarrassment related to the comments, which may contribute to supervisee anxiety and damage to the supervisory relationship. Academic institutions should provide opportunity for supervisees to communicate concerns of this nature.

Crisis Coverage and Intervention. Supervisees reported that less than 3% of supervisors did not adequately provide crisis coverage. One example states, “my supervisor is not always available.” No supervisees indicated that they lacked a crisis plan. Awareness of legal and ethical implications may contribute to the general adherence to this guideline. Nevertheless, the lack of clear crisis support to supervisees presents a direct threat to client welfare. Training sites should have several professionals for supervisees to contact in the event of a crisis.

Confidentiality Issues in Supervision. Supervisees reported that 2% of supervisors did not address issues of confidentiality in supervision. For example, “issues of confidentiality were not addressed by the supervisor.” Communicating about confidentiality in supervision may encourage supervisees to disclose information about themselves and share experiences from their counseling work, and may help

clarify how the process of supervision is different from the process of counseling. Supervisors should address this issue as they communicate expectations for supervision with supervisees.

Disclosure to Clients. Supervisees reported that about 99% of supervisors assured appropriate disclosure to clients regarding conditions of counseling, supervisee's status, research participation, limits of confidentiality. One example includes, "it was not always clear from the outset that we were practicum students." Lack of reporting student status to clients represents a legal and ethical problem. Supervisors should check with adherence to this standard at multiple times throughout a practicum or internship experience.

In summary, the results of the study are promising. Specifically, the findings reveal that there has been a considerable decrease in ethical violations over the past ten years, indicating that supervisors are largely adhering to most ethical guidelines. Yet, findings revealed that one third of supervisors continued to violate ethical standards. The most frequent ethical violations include failure to evaluate and monitor supervisees, inadequate session boundaries, unwillingness to consider alternative perspectives and failure to model ethical behavior. These ethical problems can be addressed at several levels of administration to help assure that the frequency of ethical violations continues to decrease. First, accrediting boards, such as the APA, ACA, AAMFT, and ACES, can implement more stringent policies that require specific supervision standards in order to address the most frequent ethical violations. Training settings, such as internship and practicum sites, can establish standards that require supervisors to address these ethical concerns. They may provide supervision

and support to supervisors to assure the provision of ethical supervision. Graduate programs can provide a forum for students to voice ethical concerns and support students via guidance and advocacy. Finally, individual supervisors can take the responsibility to educate themselves on ethical standards, seek out support as necessary, and maintain open communication with supervisees about ethical concerns. These steps may contribute to further decrease of ethical violations over time. The results of the current study address the significance of addressing the frequency of these violations by clarifying some of the effects of ethical violations on supervisee experiences and behaviors.

Supervisor Ethical Behavior and Supervisory Working Alliance

The study's first hypothesis proposed that supervisor non-adherence to ethical practices would predict a weaker supervisory working alliance. This hypothesis was supported by the current study. Supervisor non-adherence to ethical practices demonstrated a significant and negative correlation with supervisory working alliance. The findings of this study supported previous research that suggests ethical behaviors of supervisors contribute to a stronger supervisory working alliance (Gatmon et al., 2001; Ladany et al., 1999; Lehrman-Waterman & Ladany, 2001) and non-ethical behaviors of supervisors contribute to a weaker supervisory working alliance (Allen et al., 1986; Ladany et al., 1999; Ramos-Sánchez et al., 2002). Using preliminary analyses to understand this relationship further, supervisor ethical behavior shared a significant and negative correlation with WAI goals, WAI task, and WAI bond. It seems that supervisor unethical behavior contributes to less agreement on goals and task of supervision and a weaker emotional bond. Conversely, supervisees who report

that their supervisors exhibited greater adherence to supervisor ethical guidelines indicate a stronger supervisory working alliance in terms of greater agreement on the goals and tasks of supervision and a stronger emotional bond. The positive link between supervisor ethical behaviors and the supervisory working alliance represents a persistent trend across time and research designs. This conclusion may impact the theoretical models of supervision by stressing the importance of professional ethics as the foundation for competent supervision. For example, developmental models of supervision indicate that beginning level supervisees that are at “level 1” lack the ability to integrate ethics into their counseling practice (Stoltenberg, McNeil, & Delworth, 1998). If supervisors of “level 1” supervisees chose to stress the overt teaching and integrated modeling of ethical behavior and decision making, this effort may contribute to the building of the supervisory relationship, thus facilitating the other supervisor strategies across the multiple levels of development. Additional models of supervision may also benefit from attention to ethical behaviors. Supervisee-centered supervision (Bernard & Goodyear, 2008) is founded on the establishment of a genuine, respectful relationship between supervisor and supervisee. Recognizing the positive impact of ethical behavior on the supervisory relationship is of paramount importance.

Supervisor Ethical Behavior and Supervisee Anxiety

The second hypothesis proposed that supervisor non-adherence to ethical practices would predict higher levels of supervisee anxiety in supervision. This hypothesis was supported by the current study. Supervisor non-adherence to ethical practices demonstrated a significant and positive correlation with supervisee anxiety.

The findings of this study supported previous research that suggests an indirect relationship between supervisor ethical behavior and trainee anxiety (Costa, 1994; James et al., 2004), and provided empirical support to the theoretical assertion that supervisor non-ethical behavior contributes to supervisee anxiety. It seems that when supervisors engage in non-ethical behavior supervisee's feelings of uneasiness, apprehension and discomfort increase. Future researchers may wish to consider the mediating factors that may contribute to the relationship between supervisor ethical behavior and supervisee anxiety in order to help reduce the negative effects of this relationship. Specifically, researchers may wish to consider the role of the supervisory working alliance as a factor that mediates the relationship between non-ethical behavior and supervisee anxiety.

Supervisor Ethical Behavior and Supervisee Ethical Behaviors

The third hypothesis proposed that supervisor non-adherence to ethical practices would predict increased supervisee non-adherence to ethical practices. This hypothesis was supported by the current study. Supervisor non-adherence to ethical practices demonstrated a significant and positive correlation with supervisee non-adherence to ethical practices. The current study is the first known study to identify a correlation between supervisor ethical behavior and the ethical behavior of supervisees. However, the findings of this study supported previous research that found a link between supervisor behavior and the parallel behavior of supervisees (McNeill & Worthen, 1989; Shulman, 2005). It seems that supervisor unethical behavior contributes to the unethical behavior identified by supervisees. Future research is required in order to establish a robust link between supervisor ethical

behavior and supervisee ethical behavior. If this relationship is clearly established, it may provide clear motivation for governing agencies to improve oversight of ethical practices of supervisors in order to promote longstanding and positive ethical changes in the profession via modeling a high standard of ethical behavior.

Fit of the Proposed Model

The fourth hypothesis proposed that the model of supervisor ethical behavior, supervisory working alliance, supervisee anxiety, and supervisee ethical behavior (Figure 1) would demonstrate a good fit to the empirical data. The current study did not support this hypothesis. However, the hypothesis was partially supported through model modification (i.e. addition of two regression paths, two correlational paths, and the elimination of non-significant path). In the modified model (Figure 3), supervisee ethical behavior shared a significant negative relationship with the supervisory working alliance and a significant positive relationship with supervisee anxiety in the presence of the other variables. Additionally, supervisee ethical behavior demonstrated a significant negative relationship with supervisee anxiety and supervisor ethical behavior in the presence of the other variables. When the relationship between the supervisory working alliance was established with supervisee anxiety and supervisee ethical behavior, supervisor ethical behavior no longer demonstrated a relationship with supervisee ethical behavior in the presence of the other variables. Perhaps, supervisor ethical behavior contributes to supervisee ethical behavior in an indirect role in this model, which could be explored in future research. Additionally, supervisory working alliance may serve as a mediator or moderator in the relationships between supervisor ethical behavior and the other variables. This is the first known

model of supervisor ethical behavior as it relates to supervisory working alliance, supervisee anxiety and supervisee ethical behavior; therefore, further research is necessary to establish these relationships.

Limitations

The current study included limitations that should be considered when interpreting the findings. There are eight identified limitations of this investigation. First, the sample was drawn from counseling program listervs. Because participation was voluntary, counseling students choosing to participate may have been more keenly aware of ethical or unethical practices than those choosing not to participate. This may have skewed results by including a disproportionate number of participants who are reporting ethical issues, and may affect generalizability of the study's results. Second, because the questionnaires were returned anonymously, it cannot be determined how many supervisees rated the same supervisor. While this provided participants the freedom to report on their experiences without concern for consequences, there was potential for multiple participants to report on the behaviors of a single supervisor. This may have created a misrepresentation of the degree of ethical issues and affect generalizability of the study's results. Third, because an emailed survey was used, a snowball effect may have occurred, where survey recipients electronically forwarded the survey to other recipients, and so on. While this provided an efficient platform for reaching multiple eligible participants, the result is an inability to determine how many people have received the surveys, and thereby an inability to calculate survey response rates. Fourth, because the sample was not randomly drawn from the population, the results have generalizability limited to supervisees in training with similar

demographic characteristics. Fifth, the measures may have contained inherent flaws that affected reported data. More specifically, the EQB only allowed participants to report on their own ethical behaviors in terms of frequency. An opportunity for qualitative descriptions of their own personal ethical violations, as well as consequences of the violations may have provided a broader range of responses. Additionally, the EQB required participants to report on their own unethical behaviors, creating the potential for participants to minimize their personal unethical behaviors in favor of a more socially desirable response. Sixth, the study maintained exclusive focus on supervisee perspective. While this provided specific measurement of supervisee's perceptions of supervisor behavior, it did not capture all aspects of supervisor ethical behavior. Most importantly, it lacked supervisor input and perspective, and omitted specific details regarding supervisor intentions or levels of training. Seventh, a moderate number of participants (N = 21) started, but did not complete, the online survey. This may have skewed the results in some way and may affect the generalizability of the study's results. For example, those who chose to complete the study may have had more investment in ethical issues, due to challenging experiences with supervisor non-ethical behavior. Finally, given the non-experimental nature of the study, the results do not reflect a cause-effect relationship between the independent and dependent variables. Readers are cautioned against drawing any assumptions of directionality from the results.

Implications

Results from this study have theoretical, empirical and practical implications for counselor supervision and training. In terms of supervision theory, the impact of

supervisor ethical behavior on supervisee experiences and behaviors has been absent from the supervision theory literature, in general. Emphasis in the theoretical literature has been placed upon educating supervisees in order to increase ethical behavior among the profession (Vasquez, 1992; de las Fuentes, Willmuth, & Yarrow, 2005). While this emphasis contributes to a necessary step towards future change, the current study stresses the necessity of focusing on supervisor ethical behavior as an integral part of this education and as an avenue towards more immediate change. The current study supports the acculturation model for ethics training (Handelsman, Gottlieb & Knapp, 2005; Bashe, Anderson, Handelsman and Klevansky, 2007) which recognizes the process of supervision as an integral part of how trainees become ethical professionals. This theory stresses the importance of supervisors integrating the ethical decision making process into supervision. They encourage supervisors to create an environment in which ethical issues and choices are openly discussed, stressing that this method is the most effective for positively impacting the ethical behavior of supervisees. The results of this study place particular emphasis on the necessity for supervisors to model ethical behavior and create a climate that communicates expectation of ethical behavior from the supervisees.

In terms of impacting future research, the current study indicates that supervision ethics is an important subject of empirical research and is related to the experience and behaviors of supervisees. It is recommended that future researchers test the revised model identified in this study and consider identifying the supervisory working alliance as a mediating variable between supervisor ethical behavior and other outcome measures of supervision. Second, future researchers may wish to extend the

current findings by considering how specific ethical violations impact the outcome of supervision. For example, violations related to dual relationships may be particularly impactful to supervisees' understanding of boundary setting, while violations related to multicultural issues may be particularly impactful to supervisees' development of multicultural competencies. Third, future researchers may wish to contribute further to the developmental models of supervision by considering the impact of supervisor ethical behaviors on supervisees at various stages of professional development, possibly exploring level of training as a mediating variable. For example, recent graduates completing a post-doctoral fellowship may be more immune to the ethical violations of their supervisors than students completing their first practicum experience. Fourth, these researchers may wish to extend the findings by gaining the supervisor perspective in conjunction with the supervisee perspective. The supervisors could offer additional information about their level of ethical training and supervision training. The supervisors could also provide information related to their motivations behind ethical decision making, as well as their perspective on the ethical behaviors of their supervisees. Fifth, researchers may be motivated to continue to explore the impact of ethical practices on additional process and outcome variables such as multicultural competence, parallel process, and specific client outcomes. These variables may be added to the model of supervisor ethics behavior to form a more complete picture of the impact of supervisor ethical behavior. Finally, researchers may wish to consider the long-term implications of supervisee ethical experiences in supervision by collecting longitudinal data on the practices of supervisees once they become supervisors and independent practitioners.

In terms of practical implications, ethical practices and guidelines may need to be reevaluated and modified to reflect actual practices. The wording of some guidelines that is currently vague and left open to interpretation may need to be adjusted to provide a more stringent expectation for supervisors. For example, because dual relationships are a common ethical pitfall by supervisors, the ACA may choose to clarify the meaning of code F.3.a. on dual relationships. The current wording “if supervisors must assume other professional roles with supervisees, they [should] work to minimize potential conflicts” leaves the reader to wonder in what case other professional roles are acceptable, and how exactly conflicts should be minimized. The same code states that supervisors should “not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.” Again, the reader may wonder what exactly defines a “nonprofessional interaction” and which interactions specifically have the potential to compromise the supervisory relationship.

In addition to changes in guidelines, the results of the current study may influence accrediting agencies to encourage directors of training to maintain high ethical standards and adopt policies as needed so that they are consistent with ethical guidelines. Training facilities may be required to formulate and adopt standards for ethics trainings as has been suggested by several critics (Ellis, 2001; Gray et al., 2001; Harrar, Vandecreek & Knapp, 1990; Nelson & Friedlander, 2001) that emphasizes ethical decision making process (Fly et al., 1997). Training facilities might be motivated by accrediting agencies to improve the education of new supervisees to help them increase their understanding of their rights and responsibilities in supervision (Ellis, 2001; Gray et al., 2001; Nelson & Friedlander, 2001). Finally, governing bodies

may be encouraged to develop a system of credentialing for supervisors to increase adherence to ethical guidelines.

In addition to changes in training facility practices, individual supervisors have a responsibility to consider the specific ways that their ethical practices might influence their supervisees. Understanding ethical boundaries, modeling the process of ethical decision making, and following through with ethical behaviors must become an integral part of creating an ethical supervisory practice (Falender & Shafranske, 2007). The current study provides empirical support for Falender & Shafranske's (2004, 2007) recommendations for competency-based supervision. These recommendations address the importance of supervisors being aware of their own competencies and committing to an ethical values-based practice. They stress the value of engaging and collaborating with supervisees as well as communicating expectations, monitoring supervisee behaviors, and providing feedback. In closing, it is the inescapable responsibility of experienced clinicians to take responsibility for their own ethical behavior, to be alert for unethical behavior of trainees, assure appropriate oversight of supervisees, and advocate for systemic improvements in supervision.

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Table 1
Supervisor ethical guidelines, definitions, and examples.

Ethical Guideline	Definition	Examples of Violations
Performance evaluation and monitoring of activities	Adequate communication between supervisor and supervisee concerning supervisee evaluation occurs. The supervisor provides ongoing, verbal and written feedback and works with the supervisee on the identification of goals. The supervisor reviews actual counseling sessions via video or audio tapes, and reads the supervisee's case notes periodically.	We never reviewed my psychotherapy notes, and I never audio/video-recorded any of my sessions. Supervisor told me that my goals for the rotation were not important.
Confidentiality issues in supervision	Confidentiality policies are communicated and implemented by supervisor (e.g., agency policy toward supervision disclosure is explained, limits of supervisory confidentiality).	Supervisor has never discussed confidentiality with me. I do not know the limits of it in supervision.
Able to work with alternative perspectives	Information about theory or practice presented by the supervisor is informed by current knowledge and incorporates alternative points of view, including the supervisee's. The supervisor clearly presents her or his theoretical orientation.	Supervisor is unwilling to discuss alternative perspectives or impressions beyond his own. Supervisor does not care what my thoughts are about my patients, my case conceptualization of them, or treatment issues.
Session boundaries and respectful treatment	Adequate protection of supervision session conditions and respect for supervisee (e.g., privacy, scheduling, avoiding demeaning the supervisee) are ensured by the supervisor.	Supervisor frequently schedules supervision and then "forgets" without apology. Supervisor talks to me like I am a child, and has a need to show superiority and power over me.

Orientation to professional roles and monitoring of site standards	Supervisor and supervisee roles and responsibilities are clearly defined. The supervisor ensures that the supervisee is engaged in appropriate and relevant counseling activities.	Extra reading was not explained as a requirement but appears to be expected.
Expertise/ competency issues	The supervisor makes appropriate disclosure to supervisee when the supervisee or supervisor is not competent to treat a particular client or condition. The supervisor ensures adequate coordination of all professionals involved in client treatment.	In situations where my supervisor had not worked with a particular type of client before, she was reluctant for me to receive outside supervision.
Disclosure to Clients	The supervisor ensures adequate disclosure to client (e.g., conditions of counseling, supervisee's status, research participation, limits of confidentiality).	It was not always clear to clients that we were practicum students and supervisor never assured this was communicated.
Modeling ethical behavior and responding to ethical concerns	The supervisor discusses and models ethical behavior, and adequately responds to ethical violations.	Supervisor often refused to let me report situations that I felt were dangerous (i.e., a client being hit by a relative).
Crisis coverage and intervention	Adequate communication between supervisor and supervisee in the event of a crisis, as well as the provision of appropriate supervisory backup, is ensured by supervisor. Supervisor appropriately handles situations in which someone involved with client is threatened by client's behavior or when a client is at risk for hurting herself or himself.	Supervisor is inconsistently available; it was not always clear how to contact the supervisor.

Multicultural sensitivity toward client	Racial, ethnic, cultural, sexual orientation, and gender issues (e.g., stereotyping, lack of sensitivity) toward clients are handled appropriately by supervisor.	Case conceptualization, treatment planning, and understanding of the patient does not consider issues like income level, education, race/ethnicity, gender, etc. Supervisor uses a one-size-fits-all approach. Supervisor tends to be dismissive of my attempts to discuss my clients' cultures.
Multicultural sensitivity toward supervisee	Racial, ethnic, cultural, sexual orientation, and gender issues are discussed appropriately and sensitively by the supervisor with the supervisee.	Supervisor did not understand my culture and did not even try to. Supervisor would not discuss how my culture might influence my relationship with my clients. Supervisor makes disparaging comments about women (and I am female).
Dual roles	The supervisor handles role-related conflicts (e.g., supervisor and supervisee have personal, advisor/advisee, or administrative work relationship) appropriately, by avoiding dual roles. When unavoidable, supervisor addresses the implication of these roles in supervision.	I do other work for my supervisor, and sometimes he takes advantage of this dual role and I feel that I cannot say “no” to the outside work.
Termination and follow-up issues	Termination and follow-up issues are handled appropriately (e.g., supervisor assures continuity of care, prevents “abandonment” of client).	We have never had a conversation about the need to deal with abandonment issues.

Differentiating supervision from psychotherapy/ counseling

The supervisee's personal issues in supervision are treated appropriately (i.e., delineating therapy and supervision adequately, making appropriate referral of supervisee to counseling/ therapy).

When I would decline to answer personal questions, the supervisor would accuse me of "not being in touch with feelings," even after I said I was aware of them and was merely uncomfortable discussing them with the supervisor.

Sexual issues

The supervisor treats sexual/ romantic issues appropriately.

Supervisor has made uncomfortable comments regarding the sexual attractiveness of patients.

Inappropriate mention of supervisor's personal sexual activity.

Table 2

Covariance Matrix of Variables: Means and Standard Deviations of Variables.

	1	2	3	4	5	6
1. SE PQ	3.38					
2. WAI goals	-5.49	19.98				
3. WAI task	-4.76	16.06	15.86			
4. WAI bond	-6.04	19.22	16.74	26.67		
5. TAS	9.70	-36.00	-31.71	-46.04	184.96	
6. EQB	7.35	-22.08	-20.25	-23.61	62.58	86.98
Mean	.96	21.28	21.44	22.05	40.67	40.61
Standard Deviation	1.84	4.47	3.98	5.16	13.60	9.33
Range	0-9	6-28	10-28	5-28	20-87	31-84

Table 3
Correlation Matrix of Variables

	1	2	3	4	5	6
1. SE PQ	1					
2. WAI goals	-.67**	1				
3. WAI task	-.64**	.90**	1			
4. WAI bond	-.64**	.83**	.81**	1		
5. TAS	.39**	-.59**	-.59**	-.66**	1	
6. EQB	.43**	-.53**	-.55**	-.49**	.49**	1

** denotes a significant correlation at the .01 level

Table 4
Factor Loadings of the Exogenous and Endogenous Latent Variables

Variable	Unstandardized factor loading	Standard Error
Supervisor Ethical Behavior → Supervisory Working Alliance	-1.63***	.14
Supervisor Ethical Behavior → Trainee Anxiety	2.87***	.55
Supervisor Ethical Behavior → Supervisee Ethical Behavior	2.18***	.37
Supervisory Working Alliance → WAI goals	1.00	
Supervisory Working Alliance → WAI task	.87***	.04
Supervisory Working Alliance → WAI bond	1.05***	.06

*** denotes a significant parameter at $p < .001$

Table 5

Standardized Regression Estimates

Variable	Standardized Estimates
Supervisor Ethical Behavior → Supervisory Working Alliance	-.70
Supervisor Ethical Behavior → Trainee Anxiety	.39
Supervisor Ethical Behavior → Supervisee Ethical Behavior	.43
Supervisory Working Alliance → WAI goals	.96
Supervisory Working Alliance → WAI task	.94
Supervisory Working Alliance → WAI bond	.87

Table 6
Structural Model Fit Indices.

Fit Index	Critical Value
Chi Squared (χ^2 ; $df=9$, $N=156$)	103.97 ($p < .0001$)
Goodness-of-Fit Index (GFI)	.82
Tucker-Lewis Index (TLI)	.82
Comparative Fit Index (CFI)	.86
Root Mean Squared Error of Approximation (RMSEA)	.26

Table 7

Percentages of Participants Who Reported Ethical Violations

Ethical Guideline	Percentage
Performance evaluation and monitoring of activities	18.6
Session boundaries and respectful treatment	10.9
Able to work with alternative perspectives	9.6
Modeling ethical behavior and responding to ethical concerns	9.6
Multicultural sensitivity toward supervisee	8.3
Multicultural sensitivity toward client	6.4
Expertise/ competency issues	6.4
Termination and follow-up issues	5.8
Differentiating supervision from psychotherapy/ counseling	5.8
Orientation to professional roles and monitoring of site standards	4.5
Dual roles	4.5
Other	3.2
Sexual issues	2.6
Crisis coverage and intervention	2.6
Confidentiality issues in supervision	1.9
Disclosure to Clients	1.3

Figure 2
Structural Model with Standardized Regression Estimates

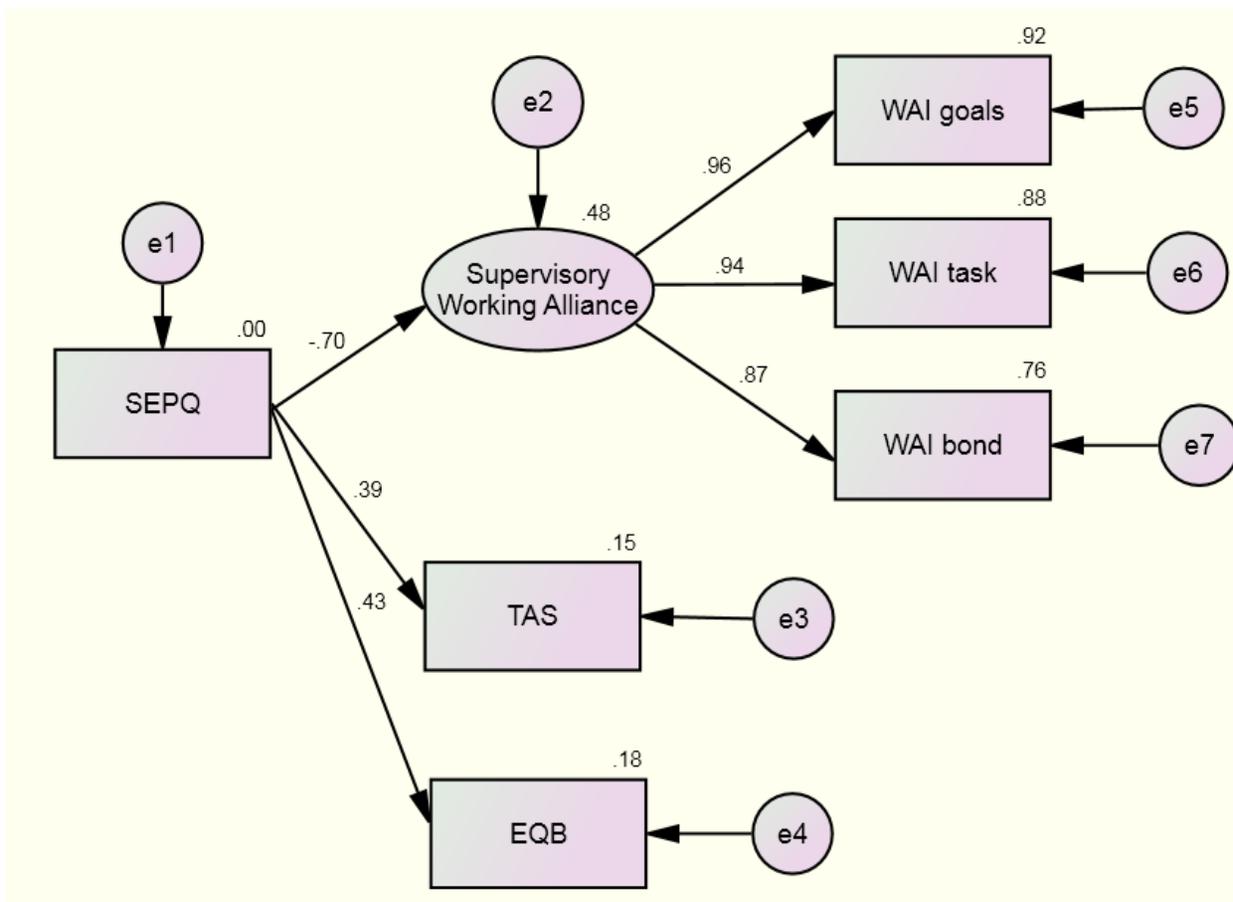
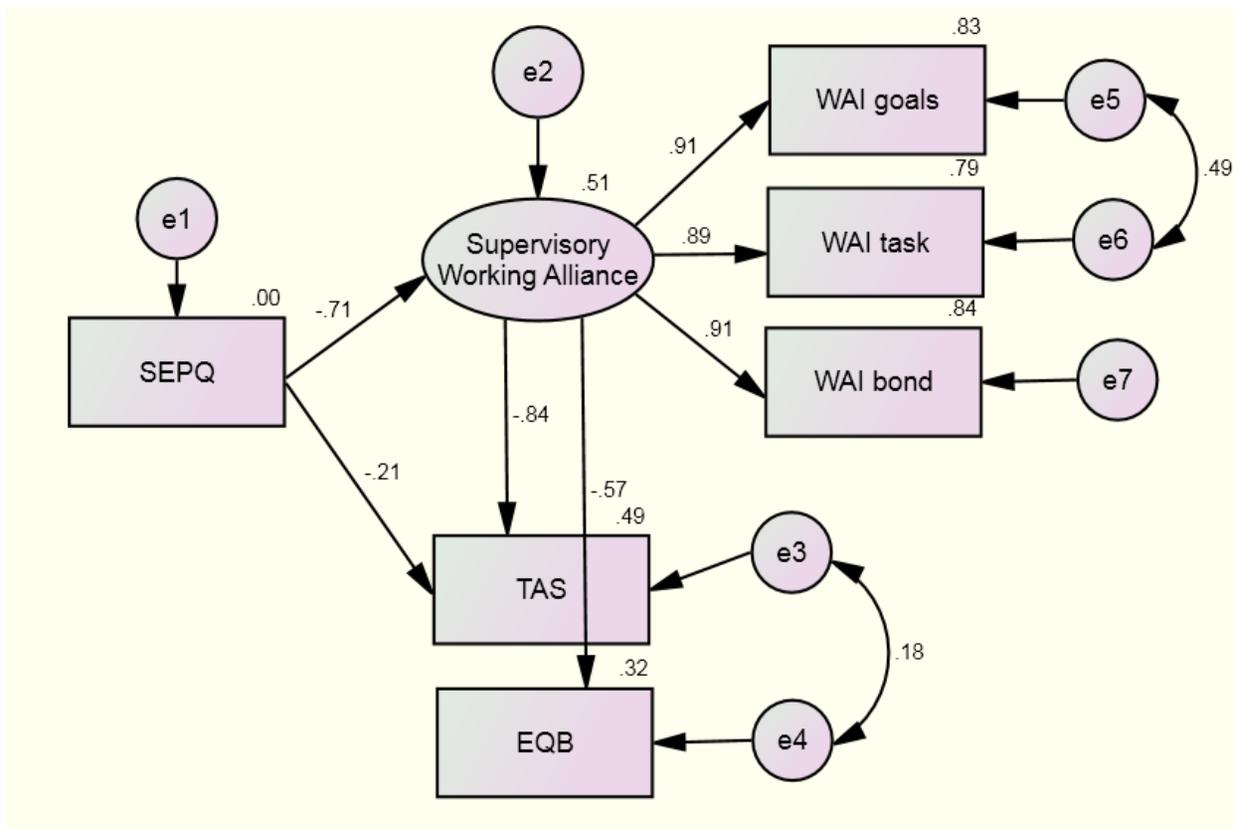


Figure 3
 Modified Structural Model with Standardized Regression Estimates



Appendix A

Dear Colleague:

We very much appreciate your considering participating in this project about supervision ethics. In this study, we are asking you to reflect on your experiences and behaviors in supervision with **one current supervisor** with whom you have been in individual (one-on-one) supervision for at least two months. If you have multiple supervisors, please choose the one considered to be your primary, on-site supervisor.

We hope participating will stimulate your thinking about making supervision most useful to you. Although minimal, a potential risk you may incur by completing this questionnaire is minor psychological discomfort as you reflect upon your supervisory experience and how it has affected you. However, we anticipate this is outweighed by the gains of discovering and learning about aspects of supervision you may not have considered. In addition, the results from a line of such research should help us gain important information for improving supervision practice.

You will be asked to complete standard rating scales as well as describe some personal experiences. Please be as thorough as possible. Individuals like yourself, who completed the survey, took an average of **approximately 20 minutes**.

We will maintain complete confidentiality regarding your data. We never ask you to put your name, your supervisor's name, or your institutional affiliation anywhere on this questionnaire. No individual results will be reported. Unfortunately, since we won't know who you are, we will have no way of knowing whether you have completed your questionnaire. For this reason, we will be sending reminders through institutional directors to everyone who could potentially participate. Your completion of the questionnaire will constitute your informed consent to participate in this study. Your participation is completely voluntary and you have the right to withdraw consent and discontinue participation at any time.

We hope that you will find this task to be thought-provoking and stimulating. Should you have any questions, please feel free to contact Jennifer Crall at (610) 266-6500 or jmcb@lehigh.edu. Also feel free to contact Jane Lenner of Lehigh University's Office of Research and Sponsored Programs at (610) 758-3022. Thanks once again for your help.

Sincerely,

Jennifer Crall, M.Ed.
Nicholas Ladany, Ph.D.
Counseling Psychology Program
Lehigh University

Appendix B: Demographic Questionnaire

Age _____ Your Gender ___Female___ Male

Your race/ ethnicity: _____

Your academic program and specialty area (e.g., Master's in Community Counseling; Ph.D. in Counseling Psychology):

Your year in the program (e.g., 1st year): _____

Your current level of experience (circle one):

Beginning Practicum Advanced Practicum Internship Post Internship

Number of months you have conducted counseling/therapy with individual clients

Average number of clients per month _____

Total number of clients you have seen _____

Using a 5-point scale where 1 = Low, and 5 = High, please rate how much you believe in and use techniques from the following theoretical orientation for counseling/therapy:

1. __Psychodynamic
2. __Behavioral/Cognitive
3. __Humanistic/Experiential
4. __Systems
5. __Other

Supervisor's race/ ethnicity: _____

Supervisor's Gender: _____Female _____ Male

Supervisor's Degree (M.A., Ph.D., etc.): _____

To the best of your knowledge, please rate your supervisor's theoretical orientation in the same way (using a 5-point scale where 1 = Low, and 5 = High):

1. Psychodynamic
2. Behavioral/Cognitive
3. Humanistic/Experiential
4. Systems
5. Other

How is the specific supervision that you are reporting on for this study graded?

Letter (A--F) Pass/Fail Other No grade

Setting where you receive this supervision experience: College Counseling Center
Community Mental Health Agency Private Hospital State Hospital
Veterans Administration Hospital School Other_____

Primary employment of this supervisor: College Counseling Center Hospital
Community Mental Health Agency Academic Department Private Practice

Number of supervision sessions to date (including the most recent session):

Date you began supervision with your supervisor: _____

Hours of individual supervision per week you have with this supervisor

Total number of sessions that this supervision will meet (please estimate if necessary):_____

Number of counseling/ psychotherapy ethics courses you have taken: _____

Number of course you have taken where ethics were discussed:_____

Number of psychotherapy supervision courses you have taken:_____

Is there a forum for discussing ethical concerns at your training site? yes no

Please describe the forum for discussing ethical concerns: _____

Appendix C: Supervisor Ethical Practices Questionnaire

The following questions address various ethical guidelines of supervisor behavior. Each guideline is related to some aspect of supervision. For each guideline listed, you are asked if your supervisor has met the guideline to the best of your knowledge. Please use your best judgment when interpreting the guidelines.

If you believe your supervisor has followed the guideline presented, answer “yes.” If you believe your supervisor has not followed the guideline presented, answer “no” and you will be prompted to answer a series of short questions.

1. Multicultural sensitivity towards supervisee. Racial ethnic, cultural, sexual orientation, religious and gender issues are discussed appropriately and sensitively by the supervisor towards the supervisee.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

2. Sexual Issues. The supervisor treats sexual/ romantic issues appropriately.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

3. Differentiating supervision from psychotherapy/ counseling. The supervisee’s personal issues in supervision are treated appropriately (i.e., delineating therapy and supervision adequately, making appropriate referral of supervision to counseling/ therapy).

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:

- describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

4. Able to work with alternative perspectives. Information about theory or practice presented by the supervisor is informed by current knowledge and includes alternative points of view, such as the supervisee's. The supervisor clearly presents her or his theoretical orientation.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.

- If no, please respond the following questions:

- describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

5. Expertise/ competency issues. The supervisor makes appropriate disclose to supervisee when the supervisee or supervisor is not competent to treat a particular client or condition. The supervisor ensures adequate coordination of all professionals involved in client treatment.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.

- If no, please respond the following questions:

- describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

6. Modeling ethical behavior and responding to ethical concerns. The supervisor discusses and models ethical behavior. The supervisor adequately responds to ethical violations.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.

- If no, please respond the following questions:

- describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

7. Performance evaluation and monitoring of supervisee activities. Adequate communication between supervisor and supervisee concerning supervisee evaluations occurs. The supervisor provides ongoing feedback, verbal and written, and works with the supervisee on the establishment of goals. The supervisor reviews actual counseling sessions via video or audio tapes and reads supervisee's case notes periodically.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

8. Session boundaries & respectful treatment. Adequate protection of supervision session conditions and respect for supervisee (e.g., privacy, scheduling, avoiding demeaning supervisee) are ensured by the supervisor. Supervisor refrains from disclosing inappropriate and irrelevant personal information during supervision.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

9. Confidentiality issues in supervision. Confidentiality issues are handled appropriately by supervisor (e.g., agency policy toward supervision disclosure is explained, limits of supervisory confidentiality).

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

10. Dual roles. The supervisor handles role-related conflicts appropriately (e.g., supervisor and supervisee have personal relationship, advisor/advisee or administrative work relationship).

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

11. Crisis coverage. Adequate communication between supervisor and supervisee in the event of crisis as well as the provision of appropriate supervisory backup, is ensured by supervisor. Supervisor handles situations appropriately where someone involved with the client is threatened by client's behavior or when a client is at risk for hurting him/herself.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

12. Orientation to professional roles and monitoring of site standards. Supervisor and supervisee roles and responsibilities are clearly defined. The supervisor ensures that the supervisee is engaged in appropriate and relevant counseling activities.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
------------	--	-------------------	--	-------------

1 2 3 4 5

13. Multicultural sensitivity toward client. Racial, ethnic, cultural, sexual orientation, religious, and gender issues of client are addressed in supervision session and are handled appropriately by supervisor.

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

14. Termination and follow-up issues. Termination and follow-up issues are handled appropriately (e.g., supervisor assures continuity of care, prevents “abandonment” of client)

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

15. Disclosure to clients. The supervisor ensures adequate disclosure to client (e.g., conditions of counseling, supervisee’s status, research participation, recording of sessions, limits of confidentiality).

- Has your supervisor followed the above guideline? yes no
- If yes, proceed to the next guideline.
- If no, please respond the following questions:
 - describe the situation which reflects how this guideline was not met:

-
- rate the severity of this violation in your opinion:

not severe		moderately severe		very severe
1	2	3	4	5

16. Please use this space to describe an additional situations which were not mentioned previously.

- Describe the situation which reflects this violation:

-
- rate the severity of this violation in your opinion:

not severe

1

2

moderately severe

3

4

very severe

5

Appendix D: Working Alliance Inventory/Supervision–Short Form (Trainee Version)

The following sentences describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your CURRENT, primary on-site supervisor in place of _____ in the text.

With each statement there is a seven point scale. If the statement describes the way you always feel or think, circle the number “7”. If it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
1. _____ and I agree about the things I will need to do in supervision.	1	2	3	4	5	6	7
2. What I am doing in supervision gives me a new way of looking at myself as a counselor.	1	2	3	4	5	6	7
3. I believe _____ likes me.	1	2	3	4	5	6	7
4. _____ does not understand what I want to accomplish in supervision.	1	2	3	4	5	6	7
5. I am confident in _____'s ability to supervise me.	1	2	3	4	5	6	7
6. _____ and I are working towards mutually agreed-upon goals.	1	2	3	4	5	6	7
7. I feel that _____ appreciates me.	1	2	3	4	5	6	7
8. We agree on what is important for me to work on.	1	2	3	4	5	6	7
9. _____ and I trust one another.	1	2	3	4	5	6	7
10. _____ and I have different ideas on what I need to work on.	1	2	3	4	5	6	7
11. We have established a good understanding of the kinds of things I need to work on.	1	2	3	4	5	6	7
12. I believe the way we are working with my issues is correct.	1	2	3	4	5	6	7

Appendix E: Trainee Anxiety Scale

Please indicate your feelings about your overall supervision sessions on the following scale.

With each statement there is a seven point scale. If the statement is totally true, record the number "7". If it is not at all true, record the number "1". Use the numbers in between to describe the variations between these extremes.

1	2	3	4	5	6	7
not at all true of me		mildly true of me		moderately true of me		totally true of me

- _____ 1. I felt worried
- _____ 2. I felt self-conscious
- _____ 3. I felt calm
- _____ 4. I felt nervous
- _____ 5. I felt overwhelmed
- _____ 6. I felt anxious
- _____ 7. I felt peaceful
- _____ 8. I felt apprehensive
- _____ 9. I felt tense
- _____ 10. I felt relaxed
- _____ 11. I felt fearful
- _____ 12. I felt panicky
- _____ 13. I felt mellow
- _____ 14. I felt agitated

Appendix F: Frequency of Ethically Questionable Behaviors (EQB)

The following sentences describe some of the different ways a person might behave while being supervised. As you read the sentences, consider your behavior during your **CURRENT**, primary supervision.

With each statement there is a ten point scale:

	1	2	3	4	5	6	7	8	9	10
	Never	Rarely	Occasionally		Sometimes			Often		Very Often
1.	I forged my supervisor’s name on case material.									
	1	2	3	4	5	6	7	8	9	10
2.	I presented intentionally fabricated information about a client in supervision.									
	1	2	3	4	5	6	7	8	9	10
3.	I knowingly engaged in activities that might increase my supervisor’s risk of malpractice liability.									
	1	2	3	4	5	6	7	8	9	10
4.	I reported more client contact hours on practicum/ internship documentation than what I actually had.									
	1	2	3	4	5	6	7	8	9	10
5.	I reported more supervision hours on practicum/ internship documentation than what I actually had.									
	1	2	3	4	5	6	7	8	9	10
6.	I concealed my trainee status from my clients.									
	1	2	3	4	5	6	7	8	9	10
7.	I failed to consult on issues that involved “high-risk” situations (e.g., client danger to self or others mandated abuse reporting, malpractice threat, etc.).									
	1	2	3	4	5	6	7	8	9	10

8. I misled my supervisor about my level of training in a specific area. 1 2 3 4 5 6 7 8 9 10
9. I felt that my supervisor was engaged in unethical behavior which I never reported to anybody. 1 2 3 4 5 6 7 8 9 10
10. I made statements about my supervisor intended to damage her or his reputation. 1 2 3 4 5 6 7 8 9 10
11. I attempted to avoid discussion of personal problems (i.e., impairment) in supervision even though they had begun to interfere with my professional functioning. 1 2 3 4 5 6 7 8 9 10
12. I concealed my lack of training or knowledge in a specific area. 1 2 3 4 5 6 7 8 9 10
13. I covertly sought approval from another person to justify acting on plans my supervisor has rejected. 1 2 3 4 5 6 7 8 9 10
14. I intentionally ignored my supervisor's directive (something the supervisor said to do or not do in counseling). 1 2 3 4 5 6 7 8 9 10
15. I carried out a supervisory directive (something the supervisor said to do in counseling) without revealing my lack of training to do so. 1 2 3 4 5 6 7 8 9 10
16. I avoided talking about problems or mistakes in my work with clients. 1 2 3 4 5 6 7 8 9 10
17. I have had negative beliefs or attitudes about a lesbian, gay, or bisexual client that were not shared in supervision. 1 2 3 4 5 6 7 8 9 10

18. I failed to complete documentation of client records within the required time frame. 1 2 3 4 5 6 7 8 9 10
19. I have had negative attitudes or beliefs about a racial-ethnic minority client that were not shared in supervision. 1 2 3 4 5 6 7 8 9 10
20. I have had negative beliefs or attitudes related to the gender of a client that were not shared in supervision. 1 2 3 4 5 6 7 8 9 10
21. When the client's issues evoked a strong personal reaction (i.e., countertransference), I did not address it in supervision. 1 2 3 4 5 6 7 8 9 10
22. I had negative beliefs or attitudes about a client's religious beliefs or practices that were not shared in supervision. 1 2 3 4 5 6 7 8 9 10
23. I attempted to intentionally manipulate my supervisor through the way I interacted with the supervisor (e.g., humor, seductiveness, hostility, martyrdom, friendship, etc.). 1 2 3 4 5 6 7 8 9 10
24. I concealed an attraction to one of my clients from my supervisor. 1 2 3 4 5 6 7 8 9 10
25. I independently implemented a treatment protocol before consulting or obtaining approval. 1 2 3 4 5 6 7 8 9 10
26. I concealed negative feelings I had about a client. 1 2 3 4 5 6 7 8 9 10
27. I gossiped about a conflict with my supervisor without discussing the issue in supervision. 1 2 3 4 5 6 7 8 9 10

28. I allowed feelings of sexual attraction to my supervisor go unaddressed. 1 2 3 4 5 6 7 8 9 10
29. I failed to read material assigned during supervision. 1 2 3 4 5 6 7 8 9 10
30. I had negative feelings about my supervisor that I did not disclose. 1 2 3 4 5 6 7 8 9 10
31. I did not seek outside training opportunities that I knew were otherwise available to me. 1 2 3 4 5 6 7 8 9 10