11

Building and Sustaining the Supervisory Relationship

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It is widely agreed that the development and maintenance of the supervisory relationship (SR) is critical to the delivery of effective supervision. This is supported by international competency frameworks (e.g., Roth & Fonagy, 2006 [United Kingdom]; Falender & Shafranske, 2004 [United States]; Psychology Board of Australia, 2011) and a growing body of research (e.g., Beinart & Clohessy, 2009; Ellis, 2010; Watkins, 2011). This chapter will explore definitions, theories, and research that inform our understanding of the SR. The qualities of the SR will be discussed, as well as its measurement and contribution to supervision outcomes. Many experienced clinicians and teachers believe that supervision is one of the most satisfying and enjoyable aspects of their professional roles and, when conducted well, it is one of the most influential. However, when SRs do not progress well they can be distressing and potentially destructive or harmful, for the supervisee and for the service user (Ellis, 2010; Falender & Shafranske, 2012). The chapter will therefore also explore, drawing on evidence from practice and research, in particular that of the Oxford Institute for Clinical Psychology Training Supervision Research Group, how to build and develop effective SRs, and how to sustain and develop these rewarding yet challenging professional relationships.

What Is the Supervisory Alliance/Supervisory Relationship? Definitions and Models

In the supervision literature the terms supervisory working alliance (SWA) and supervisory relationship (SR) tend to be used interchangeably. However, the SWA is a more theoretically driven construct defined by Bordin (1983) as a mutual agreement on the goals and tasks of supervision and the bond that develops between the

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supervisor and supervisee. Bordin's definition stems from work on the therapeutic working alliance, which is supported by a strong body of research (e.g., Norcross, 2002). In particular, the rupture and repair of the therapeutic alliance is understood to be one of the key mutative factors in the psychological therapies (e.g., Safran, Muran, Stevens, & Rothman, 2007). However, it has been argued elsewhere (Beinart, 2012; Bernard & Goodyear, 2014; Ellis, D'Iuso, & Ladany, 2008) that to rely on translational models and research from psychotherapy to supervision can be restrictive because clinical supervision and therapy are fundamentally different. Clinical supervision is primarily educative and has a quality control function. During professional training, it is normally involuntary and involves formal evaluation (Bernard & Goodyear, 2014; Palomo, Beinart, & Cooper, 2010). Therefore, the SWA, defined as goals, tasks, and bond, is seen as only a partial explanation of the SR. The SR is understood here to include broader cultural, educational, and evaluative aspects. The chapter will use the more general term, SR, to describe the dyadic relationship between supervisee and supervisor unless referring to specific research on the SWA.

Although the SR is widely acknowledged in definitions and models of supervision, there are surprisingly few definitions and models of the SR itself, with the notable exception of Holloway (1995). She identified the balancing of power and involvement as central to the development of the SR over a period of time (including developmental phases of beginning, maturing, and terminating) which is supported by the supervision contract. "The relationship is the container of a dynamic process in which supervisor and supervisee negotiate a personal way of using a structure of power and involvement that accommodates the supervisee's progression of learning" (Holloway, 1995, pp. 41–42).

We know the SR is important. As stated by Ellis (2010)"good supervision is about the relationship, not the specific theory or techniques used (p. 106)." Additionally, Watkins (2014) emphasized that "the supervisor-supervisee alliance has increasingly emerged as a variable of preeminent importance in the conceptualisation and conduct of supervision . . . it is widely embraced as the very heart and soul of supervision". The SR has also been found to be central in supervision across cultures (Son, Ellis, & Yoo, 2007; Tsui, 2004). However, what we actually know about the SR is limited (Watkins, 2014). Research into the SR is complex and in its infancy. It is remarkably challenging to provide strong evidence on the specific effective ingredients of the SR and how it impacts on supervision outcomes. Currently, there is stronger evidence for SR outcomes related to supervisee learning and development than client outcomes. Positive client outcome is clearly an important goal of effective supervision and there is some promising early research in this area (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Bradshaw, Butterworth, & Mairs, 2007; White & Winstanley, 2010). The learning and professional development of the supervisee is another important outcome, and there is a growing body of evidence to support the role of the SR in supervisee satisfaction (e.g., Ladany, Ellis, & Friedlander, 1999), perceived effectiveness (e.g., Palomo et al., 2010) and skills development (e.g., Ellis & Ladany, 1997).

There are numerous models of supervision (see Beinart, 2012; Hess, 2008); however, the majority pay minimal attention to the SR. This failure to clearly understand and define the specific and unique qualities of the SR is one of the factors that contribute to the slow development of a strong evidence base in this field (Ellis &

Ladany, 1997). Additionally, when discussing the conceptual basis to the SR it is important to consider the influences of relational models of supervision, such as parallel process and attachment theory. Early models of supervision (e.g., Ekstein & Wallerstein, 1972) used the term parallel process to describe the mirroring of conflicts and defenses in therapy within the SR (in systemic supervision models, patterns that develop in these relationships are termed isomorphism). Although it is important to notice, attend to, and reflect on similarities between the SR and the therapeutic relationship, the use of explanations that place the focus solely on the therapist and client could allow the avoidance of genuine issues of difference and difficulties within the SR, not least in the area of multiculturalism (Sue et al., 2007). Effective SRs are truly collaborative in that both parties mutually share their contribution and parallel process models may not fully support these discussions. Thus, although parallel process has historical and ongoing importance within certain psychotherapeutic traditions, it will not be further addressed in this chapter.

The application of attachment theory to our understanding of the SR has developed relatively more recently. There is some promising evidence to suggest that attachment theory may be helpful in conceptualizing the SR, particularly the influence of supervisor attachment pattern on SR quality (Dickson, Moberly, Marshall, & Reilly, 2011; Riggs & Bretz, 2006). It is also suggested that supervisees' with certain attachment patterns (avoidant, compulsive self-reliance), may be more vulnerable to developing weaker SRs (Bennett & Saks, 2006).This body of research is helpful to bear in mind when considering the importance of establishing a safe supervisory base, as discussed in the following section.

What Are the Unique Qualities of the SR? A Review of the Evidence

There has been considerable research in the United States exploring Bordin's model of the SWA using a questionnaire (Bahrick, 1990) adapted from a measure of the therapeutic alliance (Horvath & Greenberg, 1986). Findings suggest that the SWA is related to supervisee satisfaction (Inman, 2006; Ladany et al., 1999), supervisee role conflict (Ladany & Friedlander, 1995), supervisor evaluation and feedback practices (Lehrman-Waterman & Ladany, 2001), supervisor self-disclosure (Ladany & Lehrman-Waterman, 1999), supervisor interpersonal sensitivity (Ladany, Walker, & Melincoff, 2001), supervisors' ethical behavior (Ladany et al., 2001), and supervisor multicultural competence (Inman, 2006). Indeed, Watkins (2012) states, "while the relationship or alliance factor may be weighted and addressed differently across . . . supervision approaches . . . there seems to be no question that the factor is a (if not the) central pivotal component (p. 198)." This body of work has stimulated wider interest in other countries, including both the United Kingdom and Australia.

Research conducted by the Supervision Research Group in Oxford (United Kingdom) was initially prompted by the publication of the *Handbook of Psychotherapy Supervision* (Watkins, 1997), which outlined the poor quality of research in the field and drew attention to the significance of the SR. In particular, the comments from Ellis and Ladany (1997) "that until the unique qualities of the SR are both acknowledged and integrated into theorising . . . our understanding will continue to falter"

(p. 466) and that there is a "dearth of viable measures specific to clinical supervision" (p. 493) were stimuli to this research. In parallel, Milne and colleagues were developing standards for high-quality research into clinical supervision in the United Kingdom, and reached similar conclusions (Milne, 2009). Indeed, Milne states, "although the professional consensus is unanimous in affirming the importance of the supervisory alliance (e.g., Falender & Shafranske, 2004; Hatcher & Lassiter, 2007), evidence to support the assumption is surprisingly wanting" (Milne, 2009, p. 93). The body of research described in the next section aims to address a number of the issues already raised in this chapter. These specifically concern the employment of rigorous methods such as those suggested by Ellis and Ladany (1997) and Milne (2009), and avoidance of the use of translational models and measures from psychotherapy, based on the assumption that clinical supervision is primarily an educational activity (Holloway & Poulin, 1995; Milne & James, 2000), albeit often with the purpose of improving therapeutic outcomes. Additionally, it begins to address the recent recommendation for programmatic research into the SR including "investigation of the alliance in process, including attention to the alliance rupture and repair process" (Watkins, 2014).

Oxford supervision research

The research discussed here is based on clinical psychology training in the United Kingdom and aims to fill some of the gaps and address methodological flaws identified in the existing literature. Eight studies were conducted to specifically explore the SR from both supervisee and supervisor perspectives. The strategy was to start with robust qualitative research to answer some of the process questions concerning the particularity of SR qualities, experiences of difficulties, and attempts at resolution. Three empirically sound measures were developed from the qualitative research. All participants were working within the National Health Service in the United Kingdom, either in training or in qualified posts. The clinical areas are broad and include work with adults, children, people with intellectual disabilities, and the elderly, as well as more specialist areas such as neuropsychology and pediatrics. The competencies supervised are thus general psychological competencies and not specific to psychotherapy (although therapeutic competence is part of the broad portfolio of skills).

Five studies focused on supervisees, followed by a dyadic study on supervisees and supervisors, and two studies focused on supervisors.

Beinart (2002) used both quantitative and qualitative methodologies to test aspects of Bordin's model of the SWA (Bordin, 1983) and Holloway's model of the SR (Holloway, 1995), as described earlier. Clinical psychology supervisees (including trainees on doctoral programs and up to two years post qualification) participated in the study.

Supervisees were asked to complete a series of questionnaires and some open-ended questions on specific supervisors whom they believed had contributed most and least to their effectiveness; 49 supervisees responded and provided data on 98 SRs. The quantitative findings suggested that satisfaction with supervision, rapport (or bond) between supervisee and supervisor, and feeling supported by the supervisor were the main qualities of SRs that supervisees believed contributed to their effectiveness as practitioners.

A grounded theory analysis of the qualitative data, derived from written answers to open-ended questions, suggested that there were nine categories that described the quality of the SR (see Table 11.1 for details). These were a Boundaried, Supportive, Respectful, Open, and Committed relationship, where the supervisor remained Sensitive to the supervisees' needs, and acted in a Collaborative manner while performing Educative and Evaluative tasks.

A model (Figure 11.1) was developed that proposed that some of these categories represented a framework that needed to be in place for the supervision process to occur (i.e., the remaining categories). Central to the framework of the SR was the development of a boundaried relationship that included structural boundaries (such as regular, uninterrupted supervision) and personal/professional boundaries that enabled the supervisee to feel emotionally safe within the SR. The other aspects of the framework were the development of a mutually respectful, supportive, and open relationship, where the supervisee experienced the supervisor as committed to the supervision and the SR. The model proposed that in supervision certain optimal relationship conditions were necessary for the more formal processes of supervision (such as education and evaluation) to take place effectively.

The qualitative findings also suggested that more effective supervision practices were characterized by collaborative SRs, where both parties were involved in setting the agenda and the goals of supervision. The supervisory tasks of education and evaluation were facilitated by the supervisor responding sensitively to the supervisee's needs, taking into account previous experience, stage of learning, and the personal impact of the work. Supervisees valued formative feedback and challenge in boundaried, collaborative relationships. The formal elements of summative evaluation did not appear to impact when regular, mutual feedback was built into the SR. However, in less boundaried or effective SRs, the formal task of evaluation was often experienced as unsafe by supervisees (Beinart, 2002).

Palomo (2004) used the qualitative model described above to develop a psychometrically sound measure of the SR from the supervisees' perspective, the Supervisory Relationship Questionnaire (SRQ; Palomo et al., 2010). Exploratory factor analysis was used to analyze the responses from 284 trainee clinical psychologists to develop a valid and reliable measure of the SR, as well as to explore perceived impacts on client outcome and supervisee learning and development. The SRQ has 67 items and good psychometric properties. The analysis yielded six coherent factors: (1) Safe Base, (2) Structure, (3) Commitment, (4) Reflective Education, (5) Role Model, and (6) Formative Feedback. The components reflect the distinct nature of the SR, including its educative, involuntary, and evaluative nature, as well as its central core component, the "safe base," which reflects the more generic facilitative, relational characteristics (see discussion of SWA definition). As well as contributing to evidence and theory specific to the SR, this study provides a new measure in a field where empirical research is scarce, and provides a useful and practical tool for individual supervisors to invite feedback and to review their SRs. Milne (2009) has used the factors from the SRQ to develop implications for improving supervisory practice. These include establishing an emotional connection, sharing expectations, providing regular and structured supervision, being approachable and attentive, showing respect for clients and colleagues, encouraging reflection, and providing regular and balanced feedback (see Table 11.2 for details). The SRQ has also been widely incorporated

Table 11.1 Nine categories of the supervisory relationship and their defining features (Beinart, 2002).

Boundaried
- Organizational boundaries of supervision (regular/uninterrupted)
- Space and time
- Focus of session
- Professional boundaries
- Emotional boundaries (feeling contained)

Supportive
- Practical support
- Being valued
- Warm and encouraging
- Sense of humor

Open relationship
- Honesty and trust
- Open-minded (nonjudgmental)
- Approachable
- Discuss difficult issues

Respectful
- Respect for supervisor
- Being respected
- Mutual respect
- Respect for clients and colleagues

Committed
- Not a burden
- Enthusiastic
- Interested (in supervision and supervisee)
- Stimulating

Sensitive to needs
- Attentive to detail
- Attentive to process
- Meet at supervisees' level
- Professional and training needs

Collaborative
- Shared expectations and goals
- Shared agenda
- Flexibility
- Manages power differential
- Goodness of fit between supervisor and supervisee (for example, shared values, therapeutic model)

Educative
- Knowledge and experience
- Observational learning (role-model)
- Theory–practice links
- Flexibility (models, techniques, process)
- Challenge and reflection

Evaluative
- Regular, ongoing feedback
- Positive and negative feedback
- Reciprocal feedback
- Formal structures
- Fear of failure

Source: Reproduced with the permission of Beinart, H. (2002).

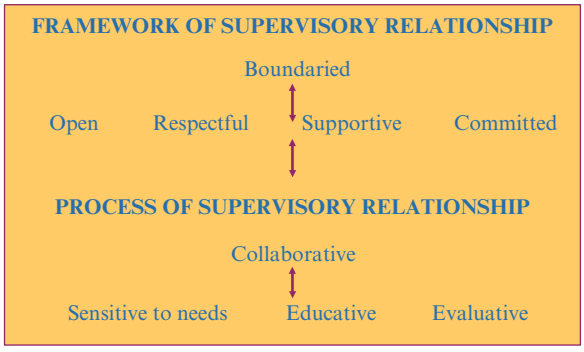

Figure 11.1 Model of the SR. Reproduced with the permission of Beinart, H. (2002).

Table 11.2 The six factors in the Supervisory Relationship Questionnaire (SRQ; Palomo, 2004), with actions (Milne 2009, p.80). Reproduced with permission of the authors.

Components	*Definitions and examples*	*Possible actions for supervisors*
1. Safe base	Supervisee feeling valued, respected and safe. Supervisor supportive, trustworthy, and responsive	Empathize and connect emotionally (e.g., through self-disclosure); seek understanding and consensus (e.g., shared expectations); offer warmth and respond to learner's needs; avoid hostility; criticism, and being judgmental
2. Structure	Maintaining practical boundaries, like time	Be clear about duration and purpose (including shared goals/joint agenda-setting); regular and structured supervision
3. Commitment	Supervisor interested in supervision and supervisee	Show interest and enthusiasm; be approachable and attentive; offer constructive feedback; address and repair alliance ruptures
4. Role model	Supervisor perceived as skilled, knowledgeable, and respectful	Draw on experience within system; provide practical support; demonstrate your approach and key skills, especially respect for patients and colleagues
5. Reflective education	Facilitating learning through supervisee's reflection; sensitive to supervisee's anxieties	Draw on multiple models flexibly; encourage reflection; foster theory–practice integration; promote interesting discussions of techniques; focus on the process of supervision (including acknowledging the power differential)
6. Formative feedback	Constructive and regular, including positive and negative feedback; tailored to stage of supervisee's development	Encourage interest in feedback from the supervisee, adapting it to fit his/her understanding and level of confidence; provide feedback regularly, including positive and negative comments, made in a balanced, constructive way

into supervisor training programs in the United Kingdom (Fleming & Steen, 2012). However, it has been criticized for its length (Wheeler, Aveline, & Barkham, 2011). In a recent study, Cliffe (2013) developed a short version of the SRQ, the S-SRQ. More than two hundred (203) UK trainee clinical psychologists completed a series of online questionnaires including the S-SRQ. A principal components analysis identified three components of the S-SRQ: "Safe Base,""Reflective Education," and "Structure." Analyses revealed that the S-SRQ has high internal reliability, adequate test–retest reliability and good convergent, divergent, criterion, and predictive validity. Participants also rated the S-SRQ as easy to use and potentially helpful for providing feedback on the SR within supervision. The S-SRQ (three subscales, total of 18 items) is a short, easy-to-use, valid, and reliable measure of the SR from the supervisee's perspective.

Two qualitative studies (Borsay, 2012 and Lemoir, 2013) examined why it can be so challenging for supervisees to raise difficult issues with their supervisors. Borsay (2012) recruited and interviewed 14 psychologists who had experienced difficult SRs during training, and explored the nature of these difficulties and how they were managed. Interview transcripts were analyzed using grounded theory. The findings suggested that difficulties arose in the context of the expectations and personal and professional circumstances that participants and supervisors brought to their SRs. Supervisees identified difficulties in three key areas (supervision structure and boundaries, interpersonal difficulties, external structure, and resource issues) and faced a number of dilemmas when deciding whether or not to approach their supervisor about these. It was challenging for supervisees to raise difficulties, and they experienced a variety of (more or less helpful) responses from their supervisors. The ending of a difficult SR was often a prompt for participants to begin the process of reflecting on, and learning from, their experiences.

In another grounded theory study, Lemoir (2013) explored disclosure and nondisclosure within supervision and found that a safe and trusting SR was pivotal to supervisees' ability to work effectively on placement. The content of nondisclosures included client work, personal issues, and SR issues. If disclosure was facilitated, positive impacts on the SR and supervisee learning were found. However, nondisclosure led to negative impacts on the SR, trainee learning and personal development, and, most importantly, clinical work.

Frost (2004) contributed one of the few dyadic, longitudinal studies to explore the development of the SR from both supervisee and supervisor perspectives over the course of a six-month training placement. Using qualitative methods (interpretative phenomenological analysis), Frost found that the early process of forming the SR was critical and, if "good beginnings" were established, the relationship continued to grow in warmth, collaboration, and openness. However, the converse was also suggested by this study, where unmet expectations led to difficulties that proved difficult to resolve. Additionally, themes generated for supervisees and supervisors at each phase (beginning, middle, and end) of the SR were different, suggesting that supervisees and supervisors may have somewhat different experiences of the SR over time. For example, at the beginning of relationships, supervisees described processes of adjustment and striving for acceptance, while supervisors described processes of nurture, influence, and commitment. At the midpoint, the supervisee focus was on learning and the supervisor focus was on settling into a sense of security and trust.

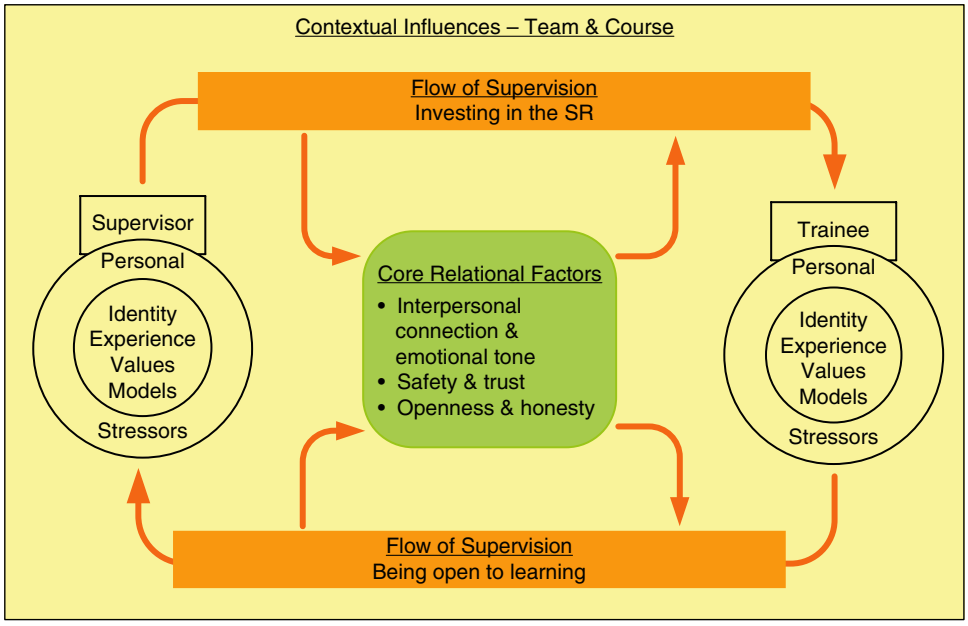

Figure 11.2 Quality of SR (Clohessy, 2008).

Toward the end of the SR, supervisees described the experience of resolution and empowerment while supervisors discussed collaboration and satisfaction. Further longitudinal dyadic research in this field is much needed.

Clohessy (2008) used a qualitative methodology (grounded theory) to explore supervisors' perspectives of their SRs with trainee clinical psychologists. The model developed from these supervisors' experiences suggested that three categories were important in the quality of the relationship (as illustrated in Figure 11.2): (a) contextual influences, (b) the flow of supervision, and (c) core relational factors. Contextual influences included the team/service in which the supervisee worked, the presence of the training course, and individual factors that the supervisor and supervisee brought to the relationship (for example, gender, cultural background, and prior experience). The flow of supervision reflected the supervisor's and supervisee's reciprocal contributions to the process of supervision. Supervisor contributions included "investing in the SR" by planning ahead for the trainee, spending time together (particularly in the early phase), establishing clear boundaries and expectations, encouraging learning, and responding to individual learning needs. Supervisee contributions included "being open to learning" by demonstrating enthusiasm and commitment, adopting a proactive stance, working hard, and making a productive contribution to the service. The more open to learning the trainee appeared to be, the more the supervisor invested in the relationship, creating a virtuous cycle that supported the development of positive core relational factors. The core relational factors described in this study were the interpersonal connection between the supervisor and supervisee; the emotional climate or atmosphere of the relationship; and the degree of safety, trust, openness, and honesty. The model suggests a reciprocal

relationship between the core relational factors and the flow of supervision. The most successful relationships were characterized by positive features in all the areas identified. However, when problems occurred, they could arise in any facet of the SR (context, core, or flow), were often experienced as challenging, and did not always resolve. Supervisors resorted to their core psychological frameworks to resolve any difficulties. This included further assessment, consultation, formulation, intervention, and evaluation. Some SRs resolved if the issues were noticed and addressed quickly. However, similar to Borsay's study with supervisees, several SRs were not repaired. In the context of training relationships of no more than a year, both supervisors and supervisees described a process of biding time until the SR ended.

Pearce, Beinart, Clohessy, and Cooper (2013) used Clohessy's qualitative findings to develop a questionnaire, the Supervisory Relationship Measure (SRM) to assess the SR from the perspective of the supervisor. Exploratory factor analysis was used to analyze the data from 267 clinical psychology supervisors. The results suggested a five-factor structure: (1) Safe Base, (2) Supervisor Commitment, (3) Trainee Contribution, (4) External Influences, and (5) Supervisor Investment. The SRM has good psychometric properties including acceptable levels of internal consistency, good convergent and divergent validity, and high levels of retest reliability. The SRM also shows promise as a useful statistical predictor of trainee competence (as perceived by the supervisor) and supervisor satisfaction with supervision.

Aspects of Clohessy's model, such as the core relational factors, are reflected in the safe base and supervisor investment subscales. The concept of "flow" can be seen in the trainee contribution, supervisor commitment, and safe base subscales. The contextual factors are represented in the external influences subscale. Similar to its sister measure, the SRQ, "Safe Base" appeared to be the strongest predictor of supervision outcomes, including perceived effectiveness, lending strong support to the SWA being an important component of the SR. However, the SRM also suggests contextual factors and supervisee contribution are significant and confirms the hypothesis that although there are common elements, supervisors and supervisees have somewhat different views and experiences of their relationships. Table 11.3 outlines some of the action implications for supervisees, supervisors, and the supervisory dyad based on the SRM factors. These include being open and honest, demonstrating enthusiasm and commitment, and taking a personal interest in the unique characteristics of the supervisee.

The Oxford group's research makes a contribution to understanding the specific qualities of the relationship, and measuring the SR, and is supported by other research findings in the field (Inman & Ladany, 2008). Falender and Shafranske (2004, 2012), in their summary of the literature in this area, suggest that a good SR consists of facilitating attitudes, behaviors, and practices including, for example, a sense of teamwork (Henderson, Cawyer, Stringer, & Watkins, 1999), empathy (Worthen & McNeill, 1996), approachability and attentiveness (Henderson et al.,1999), encouragement of disclosures by supervisees (Ladany, Hill, Corbett, & Nutt, 1996), and supervisors' sensitivity to the developmental level of the supervisee (e.g., Magnuson, Wilcoxon, & Norem, 2000). Additionally, recent research (Ancis & Ladany, 2010; Constantine, 2001; Inman, 2006) suggests that the supervisor's multicultural competence is an important component of the SR, which supports the significance of contextual influences identified by the work of Clohessy (Beinart & Clohessy, 2009)

Table 11.3 The five factors in the Supervisory Relationship Measure (SRM; Pearce et al., 2013), with actions.

Components	*Definitions and examples*	*Possible actions for supervisors and supervisees*
1. Safe base	Core relationship and emotional bond between supervising dyad. Relationship feels safe, characterized by openness and honesty supervisee enthusiastic and responsive.	*For dyad:* Connect emotionally, be open, honest and willing to engage. Demonstrate enthusiasm and responsiveness. Reflect on learning and be open about any difficulties.
2. Supervisor commitment	Supervisor's professional commitment to supervision	*For supervisor:* Remain available and accessible, provide regular supervision, keep supervisees' needs in mind and pitch supervision accordingly, provide clear and honest feedback.
3. Trainee contribution	Supervisee investment, productivity, quality, professional values, integration	*For supervisee:* Take responsibility and work hard, make a useful contribution (e.g., manage a caseload) be organized and considerate of others
4. External influences	External stressors from personal/professional lives of supervisee and aupervisor including past supervisory relationships	*For dyad:* Remain mindful of external personal and professional stressors and how they impact current SR, avoid boundary violations between supervision and therapy, raise issues for discussion/negotiation
5. Supervisor investment	Supervisor's emotional investment in the relationship, getting to know the supervisee, emotionally open, for example, sharing strengths and weaknesses, self-disclosure	*For supervisor:* Take an interest in the supervisee, take time to get to know the supervisee's particular culture, interests, and learning needs, be open about your strengths and needs, approach/discuss difficult issues

and Pearce et al. (2013). In particular, the individual differences that supervisee and supervisor bring into their relationship appear to be significant. This has been discussed in some depth in relation to gender (Aitken & Dennis, 2012; Nillson, Barazanji, Schale, & Bahner, 2008), culture and racism (Constantine & Sue, 2007; Patel, 2012; Toldson & Utsey, 2008), and power (Tsui, 2004). These are important variables in the SR and support the proposal (Falender & Shafranske, 2012) that the SR is one of the three interrelated pillars in supervision competence (the other two being inquiry and educational praxis). These are in the context of super-ordinate values, which include "integrity in relationship, ethical values based practice, appreciation of all aspects of diversity, and science informed practice" (Falender & Shafranske, 2012, p. 8).

Norcross and Wampold (2011) conclude that the therapy relationship makes a substantive contribution to therapy outcome regardless of the therapeutic model used. A similar conclusion may be drawn for supervision, albeit the evidence base is still in development.

The qualities of the SR are similar to some of the alliance factors found in psychotherapy research. For example, the individuals within both the therapeutic and supervisory dyads bring their gender, culture, expectations, and personal preferences to the relationship, and it is helpful to tailor the relationship accordingly, gathering feedback regularly (Norcross & Wampold, 2011). The research described earlier points to some unique features of the SR, including the importance of establishing a safe base to support supervisee development and learning; providing a transparent structure for learning and quality monitoring; attending to supervisee developmental level; and the option for both parties to disclose, to attempt to address, and to resolve difficulties. In other words, the educational and evaluative/monitoring aspects of the SR require particular relational characteristics to thrive.

How Do We Measure the SR?

Having established the importance of the SR, we need to be able to measure it in order to further our understanding of supervision outcomes for both practice and research. Three measures, based on qualitative research on the SR, have been described in some detail in the previous section: the SRQ and the S-SRQ, for supervisees, and the SRM for supervisors. There are few measures of the SR and many have been criticized for being directly translated from psychotherapy instruments and for their poor construction (Ellis & Ladany, 1997). However, those recommended for use by previous reviews (Ellis & Ladany, 1997; Ellis et al., 2008; Wheeler et al., 2011) will be briefly described here. The Relationship Inventory (RI; Schacht, Howe, & Berman, 1988) is a measure of the SR based on facilitative conditions and is composed of five subscales measuring perceived supervisor regard, empathy, congruence, unconditionality, and willingness to be known. The inventory was originally developed to measure the therapeutic relationship (the Barrett–Lennard Relationship Inventory; Barrett-Lennard, 1962). Its use in supervision was validated using a sample of clinical and counseling psychologists in the United States. It is considered to have reasonable psychometric properties.

Bahrick (1990) developed the Working Alliance Inventory (WAI) to test Bordin's (1983) model of the SWA. The measure was adapted from a measure originally designed for the therapeutic alliance. It measures the three components of the SWA, that is, degree of agreement on the goals of supervision, tasks to be completed by each party, and the bond between supervisee and supervisor. The WAI has parallel trainee and supervisor versions and has good psychometric properties. Ellis et al. (2008) suggest that the three factors (goals, tasks, and bond) are highly correlated and hence suggest the WAI may only be measuring a single alliance factor.

Ellis and Ladany (1997) argue that the WAI is superior to another commonly used measure, the Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990). The SWAI is derived from both psychotherapy and supervision models and has nonparallel supervisor and supervisee versions. The supervisor version

comprises three factors: client focus, rapport, and identification. The supervisee version comprises rapport and client focus. Low internal consistency has been reported. However, Wheeler et al. (2011), in their review of measures, recommend its use. Wheeler et al. also recommend an unpublished measure, the Brief Supervisory Alliance Scale – a trainee form (BSAS-TF) developed by Rønnestad and Lundquist (2009). This measure is considered to have acceptable psychometric properties and is recommended for its brevity (12 items). Another recommended measure is the Role Conflict and Role Ambiguity Scale (RCRA; Olk & Friedlander, 1992), which has been widely used and has good psychometric properties. Although this is not a measure of the SR per se, it is useful in identifying some of the issues that may arise. An interesting recent development is the Leeds Alliance in Supervision Scales (LASS), a three-item scale designed to provide session-by-session feedback on the supervisory alliance. It consists of three visual analog scales: approach to supervision, relationship, and the degree to which the supervisee found supervision helpful. It is based on measures of the SR and is reported to have acceptable levels of validity and reliability and, importantly, is sensitive to change (Wainwright, 2010). Apart from the LASS and the BSAS, all the SR measures mentioned earlier have normative data drawn from US populations (of counselors, psychotherapists, clinical, and counseling psychologists) and are adaptations of measures of the therapeutic relationship. The SRQ, S-SRQ, and SRM were developed with UK samples of psychologists working in the National Health Service. This makes them a strong alternative for use, particularly for non-US populations. These measures have the added advantage of being psychometrically sound and based explicitly on supervision theory and research.

How Do We Build an Effective SR?

The theory and research discussed earlier can guide us in building effective SRs as described in Table 11.2 and Table 11.3. The tasks are to establish safe, boundaried (emotionally containing and structured), and collaborative relationships where both supervisors and supervisees can be open and respectful, and learn from one another. Clarifying expectations and assumptions early on, including those that stem from ethnic, cultural, or gender differences, is one way of approaching the power differential inherent in these relationships, particularly during training. The danger for psychological therapists is that they (reasonably) assume that they are skilled in relationship formation and therefore positive relationships with their supervisees will develop naturally. This may be the case with some SRs but certainly not with all, and those that do not develop well can be damaging to both parties and impact relationships with clients (Ellis, 2010). It is therefore worthwhile to invest time and attention early on in these SRs to ensure "good beginnings." Research (Borsay, 2012; Clohessy, 2008; Frost, 2004) has shown that it is challenging to resolve difficulties once they have occurred and therefore essential to set solid foundations for success. The message is therefore preventative. How is this done? Clearly, many of the skills stem from general relationship-building skills. However, as discussed earlier in this chapter, the SR is a unique type of relationship with its primarily educative and monitoring/quality assurance (in training, evaluative) functions. The vehicle we have to discuss these issues is the supervision contract. Another chapter in this volume is focused on

the general supervision contract. The discussion here will therefore be confined to contracting for the SR.

Contracting for the SR

Holloway (1995) describes the supervisory contract as a way of negotiating the goals, tasks, and parameters of the relationship. This is helpfully described as "a psychological contract" (Nelson, Barnes, Evans, & Triggiano, 2008), where mutual expectations are shared. One of the challenges in developing a psychological contract early on in SRs is that safety and trust are still in a fledgling state. The psychological contract therefore must be understood as a developing process rather than a static event and so subject to regular review. Scaife (2009) suggests the following reasons for establishing a supervision contract:

- to avoid misunderstandings;
- to begin to establish the SR;
- to clarify expectations, including those of the supervisor, supervisee, and training course/employing agency/professional body, and other third parties as appropriate;
- to encourage an atmosphere of collaboration and openness;
- to encourage supervisees to think about their developmental and learning needs;
- to encourage discussion about managing feedback (and the process of evaluation within a training contract); and
- to put the SR on the agenda as a subject for negotiation, discussion, and reflection.

It is also helpful to explore differences in assumptions and expectations that may arise from all aspects of diversity.

Over the years, the Oxford Supervision group have developed some processes that further support the development of effective SRs. These include arranging a preparatory meeting where information about organizational, ethical, and competency frameworks can be addressed. This allows both parties to raise any particular needs and constraints, and provides the opportunity to assess whether this is a contract in which both parties are able to invest. The initial meeting lays the foundations of the SR. The supervisor can prepare by being mindful of the contextual and personal issues that need to be considered in advance of the meeting. These may include, for example, finding out background information about the supervisee, preparing the team/service, and arranging practicalities such as office space. For the supervisee, preparation may include background reading, reflecting on their learning needs and competency development, and being aware of any personal or professional challenges that may arise. During the initial phases of the contracting process, it is helpful to establish the supervisee's learning needs and preferred learning style. For supervisees early in their career pathways, this may be a novel way of thinking, and making use of quick and easy questionnaires based, for example, on Kolb's (1984) experiential learning cycle, can provide a helpful starting point for these discussions. For those with previous experience of SRs, it is useful to discuss what has facilitated or hindered their learning and development in the past. It is also helpful for the supervisor to use

judicious self-disclosure and be explicit about what they value in their SRs. For example, supervisors may explain that they value openness and honesty and find it challenging when they feel there are issues that the supervisees are not disclosing. These sorts of conversations begin to allow exploration of assumptions that are often not made explicit in other types of relationships. Similarly, exploration of assumptions based on culture, gender, or beliefs about psychological change, can begin to create an atmosphere of trust and give permission for later discussions in relation to clients or service issues. It is worthwhile, early on, to approach the issue of feedback (or evaluation). This can be discussed in terms of what has been helpful or challenging in the past, what sort of feedback may produce a defensive reaction, and how the supervisee may approach the supervisor if feedback is not meeting his or her needs. A typical example of this is a supervisee who feels that she/he is not getting sufficient feedback and a supervisor who believes everything is going well and therefore no specific feedback is needed. It may also be facilitative if the supervisor flags up any issues (personal or professional) that may impact the supervision from their perspective. Examples may include a supervisor who explains that she/he values uninterrupted supervision sessions but may have to answer a call due to a current crisis. By explaining this in advance, the supervisor gives a message of valuing and respecting protected supervision time and that an interruption is an unavoidable exception to the rule. Another supervisor may explain that she/he takes punctuality very seriously and that failure to attend sessions on time is likely to make her/him more alert to professional concerns.

It is helpful to clarify roles and responsibilities within the SR, for example, expectations regarding the supervision agenda, note-keeping, professional issues, issues regarding clinical and managerial supervision, or how confidentiality will be managed within the SR, particularly if ethical or fitness to practice issues arise.

It is worth remembering the strong evidence cited earlier about the importance of establishing a safe base for the SR, particularly the establishment of clear boundaries in which mutual trust, openness, and honesty can thrive.

The capacity to approach potentially challenging issues, and putting these on the agenda at the beginning as normative areas for discussion, is seen as key to building an effective SR.

How Do We Sustain an Effective SR?

There are two main ways of sustaining effective SRs. The first, discussed earlier, is to treat the contract as an ongoing process that is regularly reviewed and adjusted according to need. This keeps the discussion alive, tracks the developmental needs of the supervisee, and allows any potentially challenging issues to be addressed. The second method is to learn to give and receive feedback in a way that is sensitive and meaningful to each participant. Discussions about feedback preferences begin in the early phase of contracting. Different supervisor and supervisee dyads will have differences regarding how they prefer to review the contract and the SR. For example, some like to check in briefly during every supervision session and will have review and feedback as a standing item on the supervision agenda. Others prefer to set more time aside periodically to have a reflective review. Much of this will depend on

personal style, preference, clinical and organizational contexts. However, the effectiveness of any feedback and review will depend to some extent on how honest the pair can be with one another.

Recent competency frameworks for supervision stress the importance of directly observing supervisee practice and giving specific feedback on observed performance, and this is considered good practice. However, it is probably the case that most supervision occurs by the supervisee reporting verbally to the supervisor. The process of supervision thus relies on supervisees being able to openly disclose all aspects of their work and its personal impact (Webb & Wheeler, 1998), including difficulties and clinical mistakes (Rønnestad & Skovholt, 1993). It is thus worthwhile to take a detour to the small but growing evidence on self-disclosure (both relating to clinical mistakes and personal responses) in supervision. In early work, Ladany et al. (1996) found that supervisee nondisclosure was related to poor SRs, supervisor incompetence, and fear of negative evaluation. More recently, Mehr, Ladany, and Caskie (2010) suggest that failure to disclose in supervision may have a direct impact on therapy outcomes including alliance ruptures and premature termination of therapy. However, the content of supervisee nondisclosure is most commonly related to difficulties in the SR, such as perceived incompetence of the supervisor (Lemoir, 2013; Reichelt, 2009), unclear expectations, and supervisor unprofessionalism (Inman et al., 2011). Where there are strong SRs, supervisee nondisclosures are more likely to be related to clinical issues, often related to performance anxiety or fear of criticism (Hess, Hess, & Hess, 2008). Inman et al. (2011) found that another reason for supervisee nondisclosure was fear of upsetting their supervisor or the SR. However, a strong SR was found to facilitate supervisee self-disclosure particularly in nontraining relationships (Webb & Wheeler, 1998) or those that have a strong sense of mutuality and greater balance of power (Walsh, Gillespie, Greer, & Eanes, 2003). Additionally, remaining sensitive to unspoken supervisee needs (Palomo et al., 2010) and attending to those needs, may facilitate disclosure on the part of the supervisee.

Falender and Shafranske (2012) list some of the actions that supervisees can take to enhance the SR. These include making supervision sessions a priority; avoiding being late or canceling; following through supervisory suggestions; taking responsibility for preparing for supervision; reporting back and following up suggestions from previous supervision sessions; identifying any specific supervision strategies that they find particularly helpful; being open and receptive to discussions of differences of assumptions and attitudes; respectfully raising any concerns; using outcome measures to add to the supervisory discussion; taking responsibility for professional development (e.g., reading); and discussing any innovative ideas in supervision before trying them out in practice. Above all, supervisees need to remain committed, open to learning and feedback, and show motivation and enthusiasm for the work (Clohessy, 2008).

Feedback in the SR

Feedback is clearly a significant aspect of supervision and features in many definitions; for example, Milne (2007) refers to "corrective feedback," which implies a discrepancy between expected and actual performance in relation to agreed goals. Indeed,

feedback (including praise and constructive criticism) is the most common supervision method (81%) cited in systematic reviews of effective supervision (Milne, 2009). Hoffman, Hill, Holmes, and Freitas (2005) define feedback as information that supervisors give supervisees about their skills, attitudes, and behavior that may influence their performance with clients or affect the SR. Feedback is generally understood to be most helpful in the context of a supportive and trusting relationship (Scaife, 2009). The limited research into supervisee preferences for feedback suggest that balanced, timely, objective, consistent, clear, and credible feedback in the context of a supportive relationship is experienced as most effective (Heckman-Stone, 2004). At its best, feedback is an integrated and mutual process within supervision (Hughes, 2012). Hawkins and Shohet (2012), in their much used mnemonic CORBS, stress that feedback should be given in a manner that is:

- Clear and unambiguous, so that the supervisee knows the issue to be addressed and how to go about this.
- Owned by the person giving feedback: that this is their opinion and not a universal truth (this is particularly important if the feedback is related to personal issues).
- Regular and an ongoing part of supervision (it is not helpful to save up feedback to the point that the issue becomes difficult to address or remedy).
- Balanced, including both positive and negative aspects, so that supervisees are aware of what they are doing well and what needs to be improved.
- Specific: this links to the concept of corrective feedback that relates to a specific achievable goal or learning need.

Hughes (2012) adds two other elements to this list: that feedback should be mutual and welcomed by the supervisor and that all feedback should be delivered in a respectful manner. Scaife (2009) draws the distinction between feedback and challenge, and encourages supervisees to self-evaluate alongside their supervisor and agree the next goals for their learning and development, thereby taking a more active role and embracing the opportunity to be challenged and stretched in their learning process. This has the added advantage of the feedback being invited, providing clear and realistic expectations of change, and being somewhat less judgmental. It is always worth clarifying with the supervisees how they prefer to receive feedback (perhaps referring back to the contract) and whether the feedback has been given and received in the preferred manner (and if not, how the supervisors could improve their performance). This provides an opportunity to reflect together on the process of giving and receiving feedback, and ensures that there are no misunderstandings and that the feedback given has been received as intended. It also creates an atmosphere of collaboration and models that feedback can be hard to give, that there are no perfect ways of providing it, and that what is important is giving feedback in a way that is mutually beneficial. Many supervisees find it challenging to give feedback to their supervisor and building in feedback about feedback is one way of facilitating this process.

Hoffman et al. (2005) in their research into supervisors' perspectives of giving feedback, suggest that supervisors find it easier to give feedback about clinical issues, such as clinical skills, and more challenging to provide feedback about supervisee personality, professional behavior (e.g., self-presentation), or the SR. Indeed, in

Hoffman et al., no feedback was given if costs were felt to outweigh benefits, or if there were concerns about the SR. The strength of SR played an important role in whether feedback was given and how it was received, integrated, and used. Ladany and Melincoff (1999) suggest that supervisors avoid giving feedback for a number of reasons, including avoiding confrontations or having a negative impact on the supervisee, a belief that supervisees will discover the issues themselves when they are developmentally ready, and fearing boundary violations between supervision and therapy.

Some guidelines to the supervisor for giving challenging feedback may include the following:

- clarifying your views and clearly naming the issue (it may be helpful to consult with a colleague or your own supervisor if needed);
- owning your concerns and inviting the supervisee to reflect/self-assess on the issue;
- if there are different views, providing the opportunity to explore the differences and possible reasons/influences;
- using models of supervision or the SR to make sense of the issues/differences;
- if the emotional climate is uncomfortable, drawing attention to the process and acknowledging the challenge of discussing difficult issues; and
- allowing time and space for further reflection and follow-up.

Another useful method for giving and receiving feedback is to apply measures of the SR described earlier. Used in a clinical setting, these can provide a starting point for discussions about the SR from both perspectives. For example, supervisors can use the SRQ (Palomo et al., 2010) or S-SRQ (Cliffe, 2013) to gather feedback from supervisees. The SRM (Pearce et al., 2013) provides the opportunity for the supervisor to provide feedback to supervisees and the session-by-session measure, the LASS (Wainwright, 2010), provides a quick measure for regular review. Other useful measures were discussed earlier in the chapter. Although many of these measures were developed for research purposes, they can also be helpful in clinical settings. Used in this way, there is a tendency to positively skew the results. However, any variation in the scores opens up opportunities for discussion and review. The measures developed in Oxford are available at http://www.oxicpt.co.uk.

This section has focused on review of the contract and the giving and receiving of feedback as key aspects of sustaining the SR. It has focused on formative rather than summative feedback (although it applies to both) and has not specifically addressed evaluation or unsatisfactory performance. Instead, the focus has been on preventing difficulties within the SR.

However, difficulties in the SR still do occur. Mueller and Kell (1972) argue that conflict in the SR is inevitable because of the power differential and the inherently complex nature of the SR, involving, as it does, conflicting demands of support, monitoring/evaluation, and learning.

Furthermore, the supervisee is expected to be receptive, to take risks, and to respond constructively to challenge in order to enable personal and professional development to occur. It is hypothesized that an effective SR may provide a safe base for conflict management, which can provide opportunities for growth and develop-

ment but, if mishandled, may lead to difficulties and challenges. Difficulties can occur within the supervisory context and dyad, or be primarily related to what the supervisee or supervisor individually contributes to the relationship.

Contextual and dyadic challenges may include, for example, high rates of referrals and demands for service delivery, lack of clear expectations, having to manage dual relationships, ethical issues, conflictual teams, lack of time for processing conflicts or misunderstandings, not managing power differentials effectively (particularly if cultural/age/experience-related factors impinge), and a lack of an explicit psychological contract.

Supervisee challenges may include anxieties about evaluation, being over- or underconfident, being unable to hear or respond to feedback, displaying a lack of responsibility/engagement/investment, or experiencing a sense of being overwhelmed and feeling unable to manage demands. Additionally, supervisees may be unwilling to share or disclose their concerns because of performance or evaluation anxiety. In extreme cases, the supervisee may show inadequate competency development and/or violate ethical or professional standards.

Challenges related to the supervisor may include providing insufficient or substandard supervision. Supervisors may fail to clarify explicit expectations, or their expectations may be too high, unrealistic, or not matched to supervisee developmental needs. Additionally, supervisors may lack confidence and be anxious about the responsibilities of the role and thus not be able to provide realistic and appropriate feedback. Supervisors are also at risk from burnout and may not have the psychological resources to offer effective supervision. Also, they may be less than competent and not meet ethical or professional standards.

Nelson et al. (2008) in their study of experienced and "wise" supervisors, describe how the supervisors in their sample normalized conflict as part of learning and development. In this way learning is contextualized as a developmental need and supervisees are not humiliated or shamed by "not knowing" or needing to develop new competencies. Experienced supervisors were able to approach, rather than deny conflict, and were prepared and expected to give difficult feedback. They also used judicious amounts of humor, humility, and self-disclosure. On the whole, these supervisors accepted their own shortcomings and were comfortable in sharing these with their supervisees. Ladany, Friedlander, and Nelson (2005) suggest that there are typical conflict markers (for example, avoidance, nondisclosure) in all SRs and that experienced supervisors are alert to these.

Clohessy (2008), in her study of experienced supervisors' strategies for resolving difficulties, described a multifaceted process of noticing and tuning into the SR that included gathering information by checking with the supervisee and seeking advice from others, attempting to formulate the problem by exploring the issue with the supervisee, clarifying any misunderstandings, and reestablishing boundaries. This often required a commitment to spend more time together in order to build on the positives in the relationship, to maintain a positive and nonblaming stance, and to continue to work together collaboratively. Similarly, in a study of experienced Australian supervisors, Grant and Schofield (2012) found that supervisors used a range of strategies to manage difficulties. The majority employed reflective and confrontational strategies and some utilized avoidant strategies, particularly with regard to personal or sexual issues or if the SR was at risk.

Borsay (2012) found that supervisees struggled to raise difficult issues within a training SR and, if this did occur, it was usually toward the end of the relationship when any formal evaluation had been completed.

In summary, the strategies that experienced supervisors use to manage challenges in the SR are very similar to those already described in the development and maintenance of effective SRs. These include attending to the SR and developing a culture of trust and openness within the relationship, communicating clear expectations, providing regular feedback, identifying and addressing supervisee developmental needs, reframing difficulties as useful learning opportunities, maintaining clear boundaries, and reestablishing these as and when needed. It is generally helpful for supervisors to gain objective evidence through direct observation and detailed feedback. Supervisors who are able to monitor their own responses and use their own reflections and supervision to aid the process tend to be those that are more equipped to manage challenges in the SR. This often involves maintaining a sense of balance, humility, and humor.

Summary and Conclusions

This chapter has explored definitions, theories, evidence, and measurement of SRs. How to establish and maintain effective SRs in practice was discussed, with examples of good practice and relevant research highlighted. In particular, the fundamental methods of contracting and feedback were described. These are relatively simple and straightforward methods but, as with most simple things, hard to do well. The latter section has focused on preventing and managing difficulties within the SR. While again the methods appear simple (e.g., naming any concerns clearly, inviting feedback and self-assessment, using models and other resources to formulate, approaching rather than avoiding any difficulties, normalizing challenges as part of the process of development and learning, and maintaining a safe and accepting SR where it is possible to make mistakes and learn from them), their implementation requires both skill and sensitivity.

Part of the pleasure of supervision is creating unique SRs, which accept the individual and cultural differences that each supervisee and supervisor brings. All supervisory dyads will bring a set of different assumptions and attitudes into the SR, based on their personality, experience, socio-cultural backgrounds, and worldviews (as well as their hopes and fears of the supervisory process itself). While much of the research referred to here is based on studies from the United Kingdom and the United States, it is likely that the core principles will remain similar and the challenge for supervisors will be to genuinely listen, understand, and support the supervisee in assisting a process of learning and development that is specific to their needs and cultural context. Indeed, studies exploring effective multicultural supervision stress the importance of a safe, nonjudgmental, and supportive SR to explore cultural values and differences (Dressel, Consoli, Kim, & Atkinson, 2007).

The central significance of SRs to supervision experience is clearly established and research is emerging to also suggest their importance in supervision outcomes. Ongoing research is needed to further our understanding of the characteristics of SRs and how these specifically relate to clinical and learning outcomes. However, in

the meantime, there are some helpful practical guidelines on how to develop and strengthen SRs and a promising early evidence base on which to build.

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