DEPTH IN SUPERVISION: THE ROLE OF RELATIONAL DEPTH AND SUPERVISORY WORKING ALLIANCE IN PREDICTING COUNSELOR SELF-EFFICACY

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This study aimed to explore supervisee and supervisor experiences of relational depth (RD) within the supervisory relationship and its association with supervisee level of counselor self-efficacy (CSE). Participants in the study were master's level counseling students and their doctoral supervisors in a practicum course. A total of 52 supervisees (aged 22-57; 19.2% male, 80.8% female) and 18 supervisors (aged 25-46; 16.7% male, 83.3% female) participated in the study. Results demonstrated that supervisee perception of the relationship explained approximately 15% of the variance in supervisee CSE. Specifically, supervisee perception of supervisory working alliance (SWA; β = .406, r_s^2=.997, p = .025) was found to be a significant predictor of CSE while supervisee RD was not a significant unique predictor (β = -.033, r_s^2 = .370, p = .850), with most of the variance explained by RD being shared with SWA. Results also demonstrated that the supervisor perception of the relationship did not significantly explain variance in supervisee CSE. From these results, one may tentatively conclude that the supervisory relationship contributes to CSE, and that RD, as it is currently being measured, may not able to account for variance above or beyond that of the SWA. Extended results are described and summarized using text, tables, and figures. The study has practical and research implications for counselor educators, supervisors, and researchers in the RD field.

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Introduction

The process of becoming a counselor requires a great deal of learning and experience. Counselors-in-training are tasked with learning about such topics as counseling theories, counseling skills and strategies, counseling competencies, and counseling ethics and applying their newfound knowledge in session with a client (Bernard & Goodyear, 2019). Development of counselor self-efficacy (CSE), defined as the counselor's belief that they are capable of performing counseling-related skills and tasks (Goreczny, Hamilton, Lubinski, & Pasquinelli, 2015; Larson & Daniels, 1998), is essential for counselors-in-training (Larson & Daniels, 1998). Researchers attempting to understand how CSE develops have found that many aspects of counselor training contribute to CSE, but one particular area of interest is the impact of the supervisory relationship. To date, most of the research on the supervisory relationship focuses on the concept of working alliance. However, the concept of relational depth, defined as "a state of profound contact and engagement between two people, in which each person is fully real to the Other, and able to understand and value the Other's experiences at a high level" (Mearns & Cooper, 2005, p. xii), may provide another way to conceptualize the depth and quality of the supervisory relationship.

The pedagogical framework for counselor education relies heavily on the use of clinical supervision to train future counselors (Bernard & Goodyear, 2019; Bernard & Luke, 2015; Edwards, 2012). Over a 100-year history, supervision has evolved from being focused on mental health programs and agencies to being one of the most widely used interventions used to both

educate and support mental health workers (Bernard & Goodyear, 2019; Edwards, 2012; Kadushin & Harkness, 2002). During the 1990s, the Association for Counselor Education and Supervision (ACES) began to create ethical standards for supervision, training curriculum for supervisors, and supervision standards (Borders, 2005) and states began to require some amount of clinical supervision for those seeking professional licensure. The supervisory relationship is hierarchical and evaluative in nature with the purpose of "enhancing the professional functioning of the [supervisee], monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for the profession the supervisee seeks to enter" (Bernard & Goodyear, 2019, p. 9).

One primary goal of the supervisory relationship is to increase a supervisee's confidence and sense of competency in their role as counselor. Counselor self-efficacy (CSE) has been a particular variable of interest in measuring counselor development. CSE has been shown to affect levels of counselor anxiety, ability to persist in educational and clinical experiences, and counselor performance (Goreczny et al., 2015; Larson & Daniels, 1998). Levels of CSE may also affect how counselors feel and behave in session, with those who have higher levels of CSE feeling more confident, more capable of handling difficult clinical situations, and more able to behave competently and ethically in session (Kozina et al., 2010; Lent et al., 2006). Clinical supervision has been found to be associated with higher levels of CSE (Cashwell & Dooley, 2001) and the supervisory working alliance specifically has been shown to be able to predict 31% of the variance in CSE (Hanson, 2006). These results allude to the supervisory relationship having an important impact on numerous outcomes, including CSE. The concept of relational depth (RD) is an alternative construct to the supervisory working alliance that has yet to be

explored within the supervisory relationship. Due to previous support regarding the relationship between working alliance and counselor self-efficacy and the nascent focus on the possible role of RD in counseling relationships, the present study sought to explore the role of RD and supervisory working alliance (SWA) on a supervisee's perception of self-efficacy.

The Supervisory Relationship and Working Alliance

The relationship between supervisor and supervisee is thought by many to be one of the most important factors in clinical supervision (Bernard & Goodyear, 2019; Bell et al., 2016; Bordin, 1983; Creaner, 2014; Efstation et al., 1990; Ladany et al., 1999). The strength of the supervisory relationship is critical to being able to provide effective clinical supervision (Creaner, 2014; Ladany et al., 2013; Mearns & Cooper, 2005). Supervisees reported having better experiences in supervision when they perceived that the supervisory relationship was more egalitarian, felt support and encouragement, and felt that the structure of supervision was flexible and could be co-created (Gazzola & Theriault, 2007). Furthermore, supervisees have expressed a greater sense of self-efficacy in more egalitarian supervisory relationships (Gazzola & Theriault, 2007). Ladany et al. (2013) reported that the most effective supervisors are those who encourage supervisee autonomy, strengthen the supervisory relationship, facilitate open discussion, have positive personal characteristics such as warmth and kindness, and demonstrate counseling knowledge and skills. Supervisors were found to strengthen the supervisory relationship by demonstrating support, encouragement, acceptance, respect, trust, empathy, and open-mindedness towards their supervisees (Ladany et al., 2013).

Despite this importance of the supervisory relationship, only a small percentage of the body of supervision research is focused on the supervisory relationship. Bernard and Luke

(2015) found that only 7% of counseling supervision literature over a 10-year span focused on the supervisory relationship. Of these 13 total studies, three focused on attachment within supervision, one on supervisor characteristics, and nine on the concept of working alliance (Bernard & Luke, 2015). Working alliance has historically been noted as the primary descriptor for the characterization of relational variables within the supervision relationship.

Supervisory Working Alliance (SWA)

The concept of working alliance was first introduced in the 1970s by Edward Bordin and was later applied to supervisory relationships (Bordin, 1979; Bordin, 1983; Ladany et al., 1999). The SWA is the relationship between supervisor and supervisee that is characterized by mutual agreement on the goals and tasks of supervision, in addition to the presence of an emotional bond (Bordin, 1983). The SWA has been found to relate with various meaningful outcome variables. Park and colleagues (2018) conducted a meta-analysis to assess the relationship between SWA and outcome variables across the literature over a 28-year span. They found correlations between supervisee perception of SWA and satisfaction with supervision (r = 0.81, p < .001), supervisee self-disclosure (r = .49, p < .001), supervisor perception of SWA (r = .21, p < .001), supervisee perception of the counselor-client relationship (r = .27, p < .001), and counselor self-efficacy (r = .37, p < .001).

Ladany and colleagues (1999) hypothesized that the strength of the SWA would have an effect on CSE and supervisee satisfaction with supervision. They found that none of the scales on the Working Alliance Inventory (WAI) significantly predicted CSE, but they did find that the bond scale of the WAI predicted satisfaction with supervision. In contrast, Hanson (2006) found that the SWA, as measured by the Supervisory Working Alliance Inventory (SWAI), was able to

predict 31% of the variance in CSE. These results indicate that the supervisory relationship may have an impact on counselors and counselor development and that more research in this area is needed. Up to this point, almost all the research into the supervisory relationship has focused on SWA. The concept of relational depth may give the necessary complexity to better understand how the bond and relationship between supervisor and supervisee can develop and how it can be impactful.

Relational Depth

Mearns and Cooper (2005) first defined relational depth (RD) within the context of the counselor-client therapeutic relationship. They believed that RD can be viewed as an interplay of Rogers' core conditions of empathy, unconditional positive regard, and congruence (Mearns & Cooper, 2005). RD takes two forms, either as something experienced in a moment or brief meeting, as well as an enduring characteristic of a relationship (Mearns & Cooper, 2005; 2017). Experiences of relational depth seem to have shared components between two people of presence, realness, empathy, affirmation, client openness, mutuality, intimacy, and meeting without words (Mearns & Cooper, 2005).

Mearns and Cooper (2005) stated that RD is not something that can be created or forced within relationships; however, they suggest that certain attitudes and skills can facilitate opportunities for RD to occur. Some ways that counselors can facilitate depth include listening to their clients, providing opportunities for clients to go deeper without forcing, acknowledging all parts of the client, creating a safe space, being transparent, and letting go of aims and techniques that inhibit the counselor's ability to be present with the client (Mearns & Cooper, 2005). Tangen and Cashwell (2016) utilized content mapping to develop 10 categories of

counselor factors that contribute to the presence of RD in therapeutic relationships. These categories are tuning in, offering genuine connection, practicing presence, being emotionally present, using engagement skills, bringing immediacy, structuring intentionally, facilitating intimate connection, attending with focus, and honoring the client. Qualities of the counselor, as identified by clients, that were helpful in facilitating depth include being warm, gentle, empathic, and positive, in addition to being psychologically sorted, meaning participants saw them as confident, strong, and able to take whatever the client had to share and meet them in the depth of their experience (Knox & Cooper, 2010). Other ways counselors facilitate depth included creating a safe atmosphere, being genuine, offering mutuality, being committed, inviting client deeper, and being present and open (Knox & Cooper, 2010).

RD researchers have sought to understand how often RD is experienced within counseling relationships. Wiggins, Elliott, and Cooper (2012) found that RD was present in 34% of significant events as described by clients and 38% of significant events in therapy as described by counselors. In McMillan and McLeod's study (2006), 21% of experiences in counseling were described as being deeply facilitative. All counselors in Cooper's study (2005) and all clients in Knox's (2008) study were able to identify therapeutic relationships in which they had experienced RD. In subsequent studies (Knox & Cooper, 2010, 2011), clients reported experiencing therapeutic relationships both with and without relational depth (Knox & Cooper, 2010, 2011).

Counselors have described feeling high levels of empathy, perceptual clarity, and congruence during moments of RD (Cooper, 2005). Counselors also reported feeling immersed in their client's world, feeling touched and emotionally impacted by their clients, feeling alive or

energized, and feeling satisfied with the work they were doing (Cooper, 2005). When RD was present, counselors perceived their clients as being more real, authentic, and transparent (Cooper, 2005). Additionally, counselors described feeling a sense of mutuality in the relationship, of both counselor and client being open, accepting, and showing who they are (Cooper, 2005).

Several studies have explored the experience of RD from the client's perspective. Clients who experienced RD described experiencing a sense of flow and enduring presence (McMillan & McLeod, 2006), and a sense of fusion, mutuality, and co-reflectiveness on a different level than they had previously experienced (Knox, 2008). Clients experienced themselves as being more open, vulnerable, and deep (Knox, 2008), and described feeling safe, supported, understood, accepted, cared for, real, energized, focused, calm, peaceful, and validated (Knox, 2008). Clients described their counselors during experiences of RD as being real, warm, gentle, trustworthy, and present (Knox, 2008; McMillan & McLeod, 2006). Both client and counselor reports of RD demonstrate that these experiences are something special, intense, and different from other experiences of relationship (Mearns & Cooper, 2005; Knox, 2008). All the available research indicates that experiences of RD are incredibly meaningful and impactful on both clients and counselors. Lambers (2006) proposed that experiences of RD were also something that could exist within the supervisory relationship and be equally profound and meaningful.

RD in Supervision

Although mostly spoken about in the context of therapeutic relationships, Mearns and Cooper (2005) posited that RD is a phenomenon that can occur in any relationship. To date, there exists no research that specifically examines RD in supervisory relationships. RD within

supervision is defined as “a high level of contact and engagement in which both persons are contributing to a real dialogue around their shared experience in the moment—both of the supervisee’s experience of self in relation to the client and of the relationship between supervisee and supervisor” (Lambers, 2006, p. 274). The relationship is still characterized by the same components of RD such as presence, realness, and empathy, as well as a sense of mutuality, or shared experience. This definition suggests two areas of focus within supervision—on the counselor’s experience of themselves in relation to their clients, and the counselor and supervisor’s experiences in relation to each other.

The supervisory relationship provides the context in which counselors can explore their experiences in relationship with their clients and to discover any thoughts, feelings, personal beliefs, or blocks that are affecting their ability to be therapeutic with their clients (Bernard & Goodyear, 2019; Talley & Jones, 2019). Supervisors can facilitate the counselor’s ability to process these experiences and work through these feelings that come up with their clients, leading to increased congruence and ability to fully enter into relationship with their clients (Lambers, 2013a; Talley & Jones, 2019). The supportive, accepting, empathic environment of RD supervision provides an opportunity for counselors to feel that all parts of themselves are acknowledged and valued and learn how to bring their most genuine, authentic selves into the relationships with their clients (Lambers, 2006).

Lambers (2006) proposed three qualities that are necessary for supervisors in order to facilitate RD. Just as it is necessary for clients to experience empathic understanding from their counselors, so too do supervisees need to experience the *empathic presence* of their supervisors (Lambers, 2006, 2013a, 2013b; Talley & Jones, 2019). When supervisees feel that

their supervisors fully understand them, they are likely to gain better understanding of their own experiences and feelings, as well as increase their ability to have empathic understanding of their clients (Lambers, 2006, 2013a, 2013b). The supervisor's *acceptance*, or valuing of all parts of the supervisee and trusting their growth process, facilitates the supervisor's ability to support the supervisee in finding their own personal style (Lambers, 2006, 2013a, 2013b; Talley & Jones, 2019). Finally, the supervisor's *congruence* allows them to be fully engaged with all parts of the supervisee (Lambers, 2006, 2013a, 2013b). The supervisor's congruence acts as a model for their supervisees which may be especially helpful for those counselors who struggle with being congruent with their clients (Lambers, 2000, 2006, 2013a, 2013b). The supervisor's congruence also allows them to be engaged with all parts of themselves, including with their necessary role as gatekeeper and evaluator (Talley & Jones, 2019). This type of supportive relationship provides the necessary conditions in which counselors can grow in their understanding of themselves and the therapeutic processes, as well as their self-confidence in their ability to use that understanding within their therapeutic relationships (Hackney & Goodyear, 1984; Lambers, 2006, 2013a, 2013b; Rogers, 1951).

The concept of relational depth provides an alternative framework through which to view the supervisory relationship. Research on relational depth is still relatively minimal in comparison to the research on other definitions of relationship, such as working alliance. The current body of research has shown that RD and WA are highly correlated (Di Malta, 2016; Wiggins, 2011), but Wiggins and colleagues (2012) found the first evidence to show that RD may be its own distinct construct. However, the research into relational depth that exists supports the importance of relational depth in therapeutic relationships in promoting greater

connection, self-awareness, and growth for clients (Cooper, 2005; Frzina, 2012; Knox, 2008; Knox & Cooper, 2010, 2011; Mearns & Cooper, 2005). These findings seem to indicate that relational depth offers something beyond what is normally experienced in therapeutic relationships, and that experiencing this depth is a positive and growth-inducing experience.

Furthermore, counselors understand that the importance of relationship is not just limited to those between counselor and client, but also to the context of clinical supervision. The supervisory relationship has been found to have effects on satisfaction with supervision (Ladany et al., 1999, Park et al., 2018), supervisee self-disclosure (Park et al., 2018), perceptions of the counselor-client relationship (Park et al., 2018), and counselor self-efficacy (Ladany et al., 1999, Park et al., 2018). It has been proposed that relational depth can be experienced in supervisory relationships, but to date no research has been done to measure the experience of RD in supervision or to understand the impacts of supervisory relational depth on outcomes such as counselor self-efficacy.

Purpose of the Study

The purpose of this study is to explore whether RD is present in supervisory relationships from both the supervisee's and supervisor's perspectives. Additionally, if RD is present, I hope to understand whether supervisory RD is able to predict the supervisees' levels of counselor self-efficacy. In this study I will address the following two research questions: (1) Does the clinical supervisee's perception of relational depth in supervision and the supervisory working alliance predict counselor self-efficacy? (2) Does the supervisor's perception of relational depth in supervision and the supervisory working alliance predict counselor self-efficacy?

Method

Participants

Participants within the current study were recruited from counseling practicum courses at a CACREP-accredited counseling program at a large university in the Southwestern United States. Supervisee participants were included in the study if they 1) were currently enrolled in a counseling practicum course as part of a counseling master's program, 2) were engaged in individual or triadic supervision as part of practicum course, and 3) had completed at least 8 supervision sessions with the same supervisor. Supervisor participants were included in this study if they 1) were currently enrolled as a doctoral student in counselor education program, 2) successfully completed supervision course as part of doctoral program, 3) were currently assigned to supervise master's practicum course, and 4) were engaged in individual or triadic supervision with at least one practicum supervisee. The final sample consisted of 52 supervisees and 18 supervisors.

Table 1

Nominal Variables of Demographic Questionnaires

Item	Subcategory	Supervisees (*n* = 52)		Supervisors (*n* = 18)	
		n	%	*n*	%
Gender	Male	10	19.2	3	16.7
	Female	42	80.8	15	83.3
Race	Asian	8	15.4	—	—
	Black/African American	4	7.7	1	5.6
	White	36	69.2	15	83.3
	Multiracial	3	5.8	1	5.6
	Other	1	1.9	1	5.6

(table continues)

Item	Subcategory	Supervisees (*n* = 52)		Supervisors (*n* = 18)	
		n	%	*n*	%
Ethnicity	Not Hispanic/Latinx	47	90.4	17	94.4
	Hispanic/Latinx	5	9.6	1	5.6
Counseling Theory	CBT	14	26.9		
	Person-centered	13	25.0		
	Adlerian	17	32.7		
	Choice/Reality	1	1.9		
	Existential	4	7.7		
	Gestalt	1	1.9		
	Missing	2	3.8		
Model of Supervision	Psychodynamic			1	5.6
	Humanistic-relationship oriented			4	22.2
	Person-centered			3	16.7
	IDM			2	11.1
	Discrimination Model			6	33.3
	Other			2	11.1

The supervisees had a mean age 28.83 (*SD* = 7.49) with a range of 22 to 57 years. Regarding supervisee gender, 19.2% identified as male and 80.8% identified as female. The supervisors had a mean age of 31.17 (*SD* = 5.19) with an age range of 25 to 46. Regarding supervisor gender, 16.7% identified as male and 83.3% identified as female. Table 1 provides more extensive demographic information.

Instruments

Demographic Questionnaire

Supervisee participants completed a demographic form which included information about their age, gender, racial, ethnic group, number of supervision sessions with their identified supervisor, and their identified guiding theory of counseling. Supervisor participants

completed a demographic form which included information about their age, gender, racial, ethnic group, and their identified model of supervision.

Counselor Activity Self-Efficacy Scales (CASES)

Lent, Hill, and Hoffman (2003) developed the CASES, a 41-item self-report assessment, to measure counselor self-efficacy in three subdomains—performing helping skills, managing the session, and managing difficult situations. The CASES total score is calculated by adding the scores from all items and dividing by 41, yielding a total score that ranges from 0 to 9 (Lent et al., 2003). The CASES was shown to have high internal consistency, with a Cronbach's alpha of .97. Lent et al. (2003) tested convergent validity by testing the correlations between the CASES and the COSE, another assessment of counselor self-efficacy with strong psychometric properties. The CASES was also shown to have good convergent and discriminant validity (Lent et al., 2003). The Cronbach alpha for the CASES in the present study was .95.

Relational Depth Frequency Scale (RDFS)

The RDFS is a 20-item instrument developed for the purpose of evaluating the frequency of RD in a relationship (Di Malta, 2016). The RDFS consists of two subscales: "moments of relational depth" and "enduring relational depth" (Di Malta, 2016, p. 96). The RDFS was shown to have high internal consistency reliability with a Cronbach's alpha of .96 (Di Malta, 2016). Convergent validity was tested against the Relational Depth Inventory (RDI) resulting in a Spearman Rho correlation coefficient of .68, and against the Working Alliance Inventory-Self Report (WAI-SR), resulting in a Spearman Rho correlation coefficient of .68 which is considered to be both strong and statistically significant (Akoglu, 2018). The Cronbach alpha for the RDFS in

the present study was .97.

Supervisee Working Alliance Inventory (SWAI)

The SWAI was developed to measure the relationship between supervisor and supervisee within clinical supervision and consists of two versions, one for supervisors and one for trainees (Efstation et al., 1990). The supervisor version (SWAI-S) consists of three factors (client focus, rapport, and identification) with 23 total items and the trainee version (SWAI-T) consists of two factors (rapport and client focus) with 19 total items. The researchers estimated internal consistency reliability, with the supervisor scales of Client Focus, Rapport, and Identification having Cronbach's alpha of .71, .73, and .77, respectively. Cronbach's alpha for trainee scales were .90 for Rapport and .77 for Client Focus (Efstation et al., 1990). SWAI-S scales have correlations between .23 and .26, while the correlation between the SWAI-T scales is .47. The researchers found support for the convergent and divergent validity of the SWAI scales against the Supervisory Styles Inventory (SSI) and the Self-Efficacy Inventory Scales (SEI). In the present study, the Cronbach alpha for the SWAI-T was .95 and the Cronbach alpha for the SWAI-S was .84.

Procedures

I obtained approval to conduct the present study with human subjects from a university Institutional Review Board (IRB). Following IRB approval of the study, I contacted instructors of master's counseling practicum courses at a large southwestern university in the U.S. seeking permission to collect data during their class time from their students and assigned doctoral supervisors. In each practicum class, I used an IRB approved script to read to the participants

which included information on the study and informed consent. Participants were each given a survey packet containing the demographic questionnaires and all assessments to be completed.

The practicum course is held on-site at a university clinic serving community-based clients. During this practicum course, which follows CACREP guidelines, supervisees were expected to complete 40 direct-client contact hours and 60 indirect hours, for a total of 100 hours of professional practice. During each 5-hour class, supervisees spent at least one hour in triadic or individual supervision, at least 1.5 hours in group supervision, approximately two hours spent seeing clients, and 30 minutes doing necessary paperwork.

Data was collected across two semesters of practicum cohorts. The original research plan included an intention to collect data for a third semester. Due to pandemic conditions caused by COVID-19 in 2020, I was unable to collect data for the third semester. Practicum procedures changed to online counseling and supervision which represented substantial differences in how supervision was conducted rendering third semester data collection incomparable.

Data Analysis

The final resulting data was entered into SPSS. In order to address the two research questions, the present study utilized two linear multiple regressions: the first utilized the supervisee RDFS and SWAI-T predictors of the dependent variable, CASES, while the second regression utilized supervisor RDFS and SWAI-S as predictors of the dependent variable, CASES. Prior to running regression analyses, I analyzed basic assumptions to ensure each was met prior to running the analysis (Pallant, 2016). After running the analyses, I observed the *R*-squared value to determine the total amount of variance explained by predictor variables (SWAI-T and

counselor RDFS in first regression, SWAI-S and supervisor RDFS in second regression). Next, beta weights were observed for the entire model to identify dominant predictors in the model. I interpreted beta weights by calculating structure coefficients from correlations between independent and dependent variables. The structure coefficients clarified the amount of variance each independent variable explained in the predicted scores. Structure coefficients were then compared with beta weights to determine if any predictors shared variance explained. According to G*Power, to conduct a linear multiple regression with a medium effect size (f2 = .15), power = .80, α = .05, with two predictors, the current study called for a sample size of 68.

Results

Two linear multiple regressions were performed in order to determine the extent to which the predictor variables (SWAI-T and supervisee RDFS in the first regression, SWAI-S and supervisor RDFS in second) predicted the dependent variable of CSE. Table 2 provides the mean, standard deviation, minimum, maximum, and range of CASES total scores and scale scores, SWAI-T and SWAI-S total scores and scale scores, and the supervisee and supervisee reported RDFS total scores and scale scores.

Table 2

Scores for CASES, SWAI-T, SWAI-S, Supervisee RDFS, and Supervisor RDFS

Item	Mean	Std. Dev.	Minimum	Maximum	Range
CASES Total Score	6.66	0.84	4.05	8.39	4.34
Helping Skills	6.51	0.93	3.93	8.80	4.87
Session Management	7.17	0.81	5.30	8.60	3.30

(table continues)

Item	Mean	Std. Dev.	Minimum	Maximum	Range
Counseling Challenges	6.49	1.04	3.13	8.50	5.37
SWAI-Trainee Total Score	6.15	0.67	4.47	7.00	2.53
Rapport	6.24	0.73	4.17	7.00	2.83
Client Focus	5.99	0.76	4.43	7.00	2.57
SWAI-Supervisor Total Score	5.57	0.55	4.39	6.96	2.57
Rapport	6.00	0.57	4.43	7.00	2.57
Client Focus	5.40	0.67	4.00	7.00	3.00
Identification	5.35	0.98	3.00	7.00	4.00
Supervisee RDFS Total Score	77.88	14.06	45.00	100.00	55.00
Moments	27.15	7.67	12.00	40.00	28.00
Enduring Relationship	50.73	7.30	33.00	60.00	27.00
Supervisor RDFS Total Score	65.48	16.27	27.00	100.00	73.00
Moments	22.67	7.21	8.00	40.00	32.00
Enduring Relationship	42.81	9.43	19.00	60.00	41.00

Supervisee Perspective of Supervisory Relationship

To answer the first research question, a linear multiple regression analysis was conducted to determine the extent to which supervisee RDFS and SWAI-T could predict the supervisee's counselor self-efficacy. Inspection of the Kolmogorov-Smirnov test of normality revealed that SWAI-T Total scores and the supervisee RDFS Total scores were non-normally distributed, each with several outliers. Further inspection of those data points revealed notably lower scores on all relational assessments. Data from four participants were removed from further analysis, dropping participants from 56 to 52; this data set with 52 cases was used for all analyses. After removing the four cases, the assumptions of normality, multicollinearity, and linearity were met. The data appeared to have a slight fan-shaped pattern and negative skew, indicating a violation of the assumption of homoscedasticity. However, linear regression

analysis has been shown to be robust in the address of heteroscedasticity violations (Tabachnick & Fidell, 2013).

Analysis of correlations between predictor variables and the criterion variable indicated three statistically significant correlations. All correlations are listed in Table 3.

Table 3

Correlations between Supervisee Predictor Variables and CASES Total Scores

		CASES Total	SWAI-T Total	Supervisee RDFS Total
CASES Total	Pearson Correlation	1.00	0.384**	0.234*
	Sig. (2-tailed)		0.002	0.048
	N	52	52	52
SWAI-T Total	Pearson Correlation	0.384**	1.00	0.658**
	Sig. (2-tailed)	0.002		<.001
	N	52	52	52
Supervisee RDFS Total	Pearson Correlation	0.234*	0.658**	1.00
	Sig. (2-tailed)	0.048	<.001	
	N	52	52	52

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

The strongest statistically significant correlation was the relationship between supervisee perception of SWA and supervisee perception of supervisory RD (r = .658, p < .001). Those who reported a stronger SWA were more likely to report greater supervisory RD. The second strongest statistically significant correlation was between the supervisee perception of working alliance and counselor self-efficacy (r = .384, p = .002). Those who reported stronger SWA were more likely to report higher levels of counselor self-efficacy. There was also a statistically significant correlation between supervisee perception of RD and CSE (r = .234, p

= .048), with those reporting greater supervisory RD also being more likely to report higher levels of counselor self-efficacy.

The regression, *R*, was statistically significantly different from zero, F(2, 49) = 4.26, *p* = .020, with R^2 = .15 indicating that the two independent variables accounted for approximately 15% of the variance in the CASES total scores. This indicates that the theory and model of this study are substantive, though not robust.

The structure coefficient for each independent variable was calculated using the equation $r_s = r_{xy1}/R$ where r_s is the structure coefficient, r_{xy1} is the correlation between the independent variable and the dependent variable, and *R* is the regression coefficient (Ziglari, 2017). The structure coefficients were then squared to indicate percentage of predicted variance in *R* by each of the predictor variables. Table 4 displays the beta weights, structure coefficients, and squared structure coefficients for each of the predictors. Examination of beta weights revealed that supervisee perception of SWA (β = .406, *p* = .025) received essentially all of the credit for prediction in the regression equation, with supervisee RDFS receiving no credit (β = -.033, *p* = .850).

Table 4

Beta Weights and Structure Coefficients for Supervisee Variables Predicting CASES Total Scores

Predictor	*B*	*SE B*	β	*t*	*p*	r_s	r_s^2
SWAI-T Total	0.505	0.218	0.406	2.316	0.025	0.997	0.994
Supervisee RDFS Total	-0.002	0.01	-0.033	-0.191	0.850	0.608	0.370

The squared structure coefficients revealed that supervisee perception of SWA explains 99% of the variance account for in the effect; however, the squared structure coefficient for

supervisee RDFS indicated that it is able to explain 37% of the variance in predicted scores. In order to better understand the unique and common variance of the predictor variables, I conducted a regression commonality analysis (Nimon & Reio, 2011), the results of which can be seen in Table 5. SWA uniquely explained 63% of the variance in counselor self-efficacy, while supervisory RD uniquely explained less than 1% of the variance. However, the two predictors shared a common 36% of the variance in counselor self-efficacy.

Table 5

Commonality Coefficients for Supervisee Regression Model

Variables	Coefficient	% Total
Unique to SWAI-T	0.093	62.84
Unique to Supervisee RDFS	0.001	0.68
Common to SWAI-T & Supervisee RDFS	0.054	36.49
Total	0.148	100

Supervisor Perspective of Supervisory Relationship

To answer the second research question, a linear multiple regression analysis was conducted to determine the extent to which supervisor RDFS Total scores and SWAI-S Total scores could predict the supervisee's counselor self-efficacy. Assumptions of normality, multicollinearity, and linearity were met. The data appeared to have a slight fan-shaped pattern and negative skew, again indicating a violation of the assumption of homoscedasticity yet analysis was robust to the violation.

Analysis of correlations between predictor variables and the criterion variable indicated one statistically significant correlation. The only statistically significant correlation was the relationship between supervisor perception of SWA and supervisor perception of supervisory

RD (r = .489, p < .001). Those who reported a stronger SWA were more likely to report greater supervisory RD. All other correlations were small and not statistically significant.

The regression analysis was not statistically significant, $F(2, 49) = .686$, $p = .508$. This indicates that the predictors SWAI-S Total scores and Supervisor RDFS Total scores did not statistically significantly predict supervisee counselor self-efficacy. Further analyses were not conducted because the model did not explain variance in predicted self-efficacy scores.

Post Hoc Analyses

Upon inspection of the data, I noted a difference in mean scores on the RDFS and SWAI when rated by supervisees and supervisors. An independent samples *t*-test was conducted to compare the RDFS scores for supervisees and supervisors. There was a significant difference in scores for supervisees (M = 77.88, SD = 14.06) and supervisors (M = 65.48, SD = 16.27; $t(102) = 4.161$, p < .001) with supervisors rating the presence of RD significantly less than supervisees. The magnitude of the differences in the means (mean difference = 12.40, 95% CI [6.49, 18.32]) was large (Cohen's d = .816). An independent samples *t*-test was unable to be run on the SWAI scores because the SWAI-T and SWAI-S are different instruments.

Discussion

The present study explored experiences of RD in the supervisory relationship and the potential connection between supervisory RD and CSE. The two regression analyses indicated that only the supervisee's perception of RD in supervision and the SWA predicted CSE. The supervisor's perspective on RD and SWA did not predict the CSE variable. Furthermore, results showed that supervisory RD shared almost all its variance with the SWA. A final notable finding

was that the supervisees' perceptions of depth in the supervisory relationship were significantly higher than the supervisors' perceptions. In the following discussion I will address findings from the current study, as well as limitations and implications for counselor education, supervision, and research.

Predicting Counselor Self-Efficacy

Multiple regression analyses indicated that only the supervisee's perspective on the supervisory relationship had a significant relationship with CSE. Neither the supervisor's perspective on the SWA nor RD had a significant correlation with CSE, nor was the regression model significant. The supervisee's perception of SWA and RD in the supervisory relationship, however, predicted approximately 15% of the variance in the supervisee's level of CSE. Results from this study are somewhat in line with previous research. Although there is no previous research regarding the connection between CSE and RD, Hanson (2006) found that SWA predicted 31% of the variance in CSE, which is substantially more than was found in the current study.

One possible explanation for this relationship concerns the supervisees' beliefs about how their supervisor perceives them. Morrison and Lent (2018) investigated a theoretical relational model of CSE development and found that relation-inferred self-efficacy (RISE), or what a supervisee believes their supervisor thinks about the supervisees' abilities, moderated the relationship between SWA and CSE. When supervisees perceived that there was a strong SWA, they were also likely to believe that their supervisors viewed them as capable of performing competently as counselors and were therefore more likely to think more positively of their own abilities. Conversely, supervisees who experienced lower levels of SWA were more

likely to believe their supervisors regarded their abilities more negatively and thus experienced lower levels of CSE. Additionally, this model supports the idea that the quality of the supervisory relationship and the amount of support, encouragement, and trust that the supervisee experiences from their supervisor within the supervisory relationship, might have a direct impact on supervisees' self-efficacy beliefs (Hanson, 2006; Morrison & Lent, 2018).

Predictive Ability of SWA and RD

In the current study, assessment of beta weights and squared structure coefficients indicated that both SWA and RD were able to predict variance in CSE; however, the regression model assigned most of the predictive ability of the model to the SWA variable, which can happen when there is a high level of correlation between predictor variables (Ziglari, 2017). In this case, conducting a regression commonality analysis allowed for better understanding of how each predictor variable contributed to the overall regression effect (Nimon & Reio, 2011).

Commonality analysis revealed both the unique effects, or those that each variable alone accounts for, and the common effects, or those that multiple variables share, of each predictor variable (Nimon & Reio, 2011). In this study, the commonality analysis revealed that supervisee RD had almost no unique contribution to the regression effect, accounting for less than 1% of the effect. SWA, however, uniquely accounted for 63% of the variance in the regression effect. The common effect that RD and SWA shared accounted for 36% of the variance in the regression effect. Therefore, essentially all of the variance in the effect that can be accounted for by RD is shared with the SWA. Although RD has been theorized as being something different and deeper than the SWA (Schmid & Mearns, 2006), in this sample the two variables appeared to be measuring the same construct.

Other researchers have also found a strong relationship between RD and working alliance. Wiggins (2012) found a strong correlation ($r = .72$, $p < .01$) between client perceptions of RD as measured by the Relational Depth Inventory (RDI) and working alliance (WA) in therapy. However, in an earlier study, Wiggins (2011) assessed correlations between RDI and WA with various therapeutic outcome measures and found that WA was not significantly correlated with the outcomes while RDI was statistically significantly correlated with all three; yet this conclusion was not supported in the current study.

Wiggins and colleagues (2012) suggested that the evidence at the time was not enough to conclude that RD and WA are two separate constructs. They theorized that RD may be an extension of working alliance, as opposed to a completely different construct. If this is the case, then RD is still an important concept to understand and research because it provides the means through which supervisors could deepen and strengthen the supervisory working alliance. If the alliance depends on a strong relational bond, then understanding how that bond is formed and deepened is still of the utmost importance. The research into RD provides evidence that relationships or moments in which RD is present is different from normal relationships (Mearns & Cooper, 2005; Wiggins et al., 2012). It is characterized by deep feelings of connection, respect, empathy, mutuality, and even love (Di Malta, 2016; Mearns & Cooper, 2005; Wiggins et al., 2012). Theoretically, the RD description of relationship is seemingly more complex than descriptions in the literature on working alliance. The statement by Schmid and Mearns (2006) that WA represents a "superficial level of relationship" (p. 178) allows for the possibility that RD may be a construct that provides an extension to the therapeutic bond in WA and examining the depth of the relational bond.

Relational Depth in Supervision

This is the first study to provide quantitative evidence that relational depth is experienced within the supervisory relationship by supervisees and supervisors. Both groups of participants in this study reported that they experienced RD sometimes or often within the supervisory relationship. However, there were significant differences between supervisees and supervisors on the *RD Moments* and *Enduring Relationship* subscales of the Relational Depth Frequency Scales (RDFS). While supervisees reported that they experienced moments of RD sometimes or often within the relationship (M = 27.15, SD = 7.67), their supervisors experienced moments of RD only occasionally or some of the time (M = 22.67, SD = 7.21). Supervisees reported that they felt an enduring sense of depth in the supervisory relationship often or most of the time (M = 50.73, SD = 7.30) while their supervisors experienced an enduring sense of depth only sometimes or often (M = 42.81, SD = 9.43).

Bilodeau and colleagues (2010) specifically addressed the convergence between supervisor and supervisee perceptions of the supervisory relationship across five supervision sessions. They found that there was a statistically significant difference between supervisee and supervisor scores on the SWAI, with supervisees reporting stronger supervisory working alliance than their supervisors. These findings along with those from the current study suggest supervisors may have a different threshold for what they consider RD and alliance.

Within the supervisory relationship, it is possible that the supervisee and supervisor have differing levels of relational characteristics and tendencies. Perhaps these differences might account for the incongruence in SWA scores. Another additional explanation for this particular sample is that almost all of the supervisors had been previously exposed to the RD

construct during their doctoral training, while the supervisees likely had no or minimal exposure to the construct. Perhaps education and training on RD and the therapeutic relationship impact how supervisors perceive the relationship. If this is the case, one way to increase the congruence between supervisee and supervisor scores would be for supervisors to address the supervisory relationship and perhaps even the construct of RD with their supervisees such that they are assessing the relationship through the same theoretical lens.

Limitations

Although there are valuable implications regarding findings about the experience of relational depth in supervision, there are also several limitations of this study. One limitation of this study is the small sample size and reduced power. The a priori power analysis determined that the number of participants needed to conduct multiple regression analyses with sufficient power was 68. This would indicate that I would need an additional 16 participants in order to find a medium effect with two predictors and the CASES variable. I conducted a post hoc power analysis (n = 52, α = .05, f^2 = .17) that determined the power of the study (1- ß) was 0.74. Although .8 is considered to be ideal power for studies, studies that fall below the .8 marker can still be considered to be meaningful (Serdar et al., 2021).

Another limitation included a lack of participant racial/ethnic and gender diversity. This lack of diversity limits the external validity of the study because it may not be applicable to more diverse groups. Ladany and colleagues (1997) investigated how similarities in perceived racial identity development between supervisees and supervisors affected the supervisory working alliance. They found that the supervisee's perception of their supervisor's level of racial identity development had a positive correlation with the supervisory working alliance (Ladany

et al., 1997; Schroeder et al., 2009). Bhat and Davis (2007) also found that racial identity development had a significant relationship with the supervisory relationship. Therefore, in order to be able to understand the relationship between the supervisory relationship and the supervisee's level of CSE, future research may need to also assess the racial identity development and multicultural competence of supervisors and supervisees to determine their impact on the supervisory relationship and RD.

Another major limitation was in the instrumentation. The RDFS was constructed to capture the experiences of relational depth, which in theory should be a separate construct from the SWA. However, results from the supervisee regression analysis indicated that the RDFS, as reported by the supervisees, explained no unique variance in the regression effect beyond what was explained by the SWAI. This lack of unique variance explained by the RDFS could indicate that there is significant overlap between the two variables and that the RDFS is measuring a very similar construct as the SWAI. Wiggins and colleagues (2012) also found a strong correlation ($r = .72$) between RD and WA in a therapeutic setting, which provides further challenge in establishing that RD and SWA are two separate, unique constructs of relationship.

Implications for Counselor Education and Clinical Supervision

Findings from this study have several implications for counselor education and supervision. First, this study provides further evidence that the strength and depth of the supervisory relationship does have an association with supervisee confidence and CSE. When clinical supervisors facilitate deep, meaningful connections with their supervisees, they also facilitate growth in the supervisee's feelings of confidence and trust in their abilities to perform in the counselor role. This impact of the supervisory relationship on CSE also has greater

implications due to the relationship between CSE and other essential outcome variables. Supervisees who report higher levels of counselor self-efficacy have been found to be more likely than those with lower CSE to perform better on measures of academic and clinical skills, have lower levels of stress and anxiety in the counselor role, feel more satisfaction within the counselor role, and have higher levels of self-esteem (Goreczny et al., 2015; Hanson, 2006; Larson & Daniels, 1998; Larson et al., 1992). Additionally, supervisees were more likely to take risks and attempt new skills or techniques in session and persist in tasks that are more difficult and challenging when they had higher levels of CSE (Cashwell & Dooley, 2001).

The practicum experience in particular has been shown to be especially impactful on the development of CSE (Clemmons, 2017; Ikonomopoulos et al., 2016). Level of CSE was found to be lowest for beginning counseling graduate students but began to increase during the practicum experience (Goreczny et al., 2015). For most students, practicum is the first opportunity to utilize the knowledge and skills that they have learned throughout their graduate training within a clinical setting with a real client (Clemmons, 2017). These clinical experiences within practicum provide the first setting for counselors-in-training to receive real feedback, both from clients and supervisors, about the effectiveness of their skills, their ability to facilitate relationship, and many other areas of counselor development that then contribute to or hinder growth of CSE (Cashwell & Dooley, 2001; Clemmons, 2017; Goreczny et al., 2015; Ikonomopoulos et al., 2016). Thus, facilitating supportive, and deep supervisory relationships with supervisees during their practicum course is a crucial element of facilitating growth of CSE and supervisee confidence in their roles as counselors.

These findings lead to the implication that counselor education and training in clinical

supervision should include an emphasis on developing skills and attitudes towards building meaningful relationships. Researchers studying working alliance have clearly outlined the goals and tasks of supervision (Bordin, 1983), but little has been written about how to form a stronger bond within the supervisory relationship. Perhaps this is where the concept of RD can provide an "upward extension to [supervisory] working alliance" (Wiggins et al., 2012, p. 150) by expanding on how to facilitate deeper, more meaningful bonds within the supervisory relationship. Mearns and Cooper (2005) provided suggestions of attitudes and skills that counselors can use to facilitate the development of relational depth within the therapeutic relationship. Multiple authors have suggested that these ideas should also be applicable to other relationships such as the supervisory relationship. These skills include knocking on the door, or providing opportunity for supervisors to explore certain areas without pushing, acknowledging multidirectional partiality, which in supervision may look like acknowledging that the supervisee may want to explore their struggles in relating to a particular client but also be fearful of being seen by their supervisor as a bad counselor. Within the supervisory relationship, it would be helpful for the supervisor to help the counselor give a voice to each of these feelings and work through them to create more safety within the supervisory relationship, as well as facilitate growth in the supervisee's ability to work with that particular client. Mearns and Cooper (2005) also discuss how techniques, goals, and hopes that the counselor may hold can potentially hinder them from entering into deeper relationship with their clients. This is also likely to extend to the supervisory relationship, where the supervisor's goals may sometimes get in the way of building relationship, being present, and truly understanding their supervisees (Lambers, 2013a, 2013b). If these concepts were taught to

both counseling students and clinical supervisors, both might be better equipped to enter into deeper, more meaningful relationships that have a better chance at affecting meaningful outcome variables.

Perhaps another way to focus on the development of relationship within supervision is for supervisors to attempt to develop a mutual understanding of relational depth and working alliance with their supervisees. This is supported within the RD literature, which suggests that working in the here and now and having transparency within the relationship contributes to moments of RD (Mearns & Cooper, 2005). Creating an open dialogue between supervisor and supervisee about those aspects that are hindering or contributing to the development of a stronger supervisory relationship has the two-fold benefit of both contributing to the growth of the supervisory relationship as well as hopefully contributing to the counselor's ability to address relational concerns within their therapeutic relationships with their clients. Beinart (2014) also supported the idea of having conversations about expectations of the supervisory relationship early on in supervision. Beinart suggested that having dialogue between supervisors and their supervisees about how gender, racial, or cultural differences may impact the supervisory relationship can set the tone for attending to those issues if or when they arise (Beinart, 2014).

Implications for Research

In addition to the implications for counselor educators and supervisors, the current study also has many implications for future research. Firstly, the concept of RD is still relatively new in the field and thus has relatively little research to support its significance and relevance in the field, both in therapeutic and supervisory relationships. This study provides promising

evidence that relational depth is experienced by both supervisees and supervisors within the supervisory relationship and that supervisee experience of relational depth is somewhat related to counselor self-efficacy. One interesting finding from this study was the statistically significant difference between supervisee and supervisor perceptions of RD. Future research into experiences of RD in supervision should further explore the incongruence between supervisee and supervisor report of relational depth.

Another area of future research is developing RD instrumentation. If relational depth researchers hope to establish relational depth as a unique construct that is separate and distinct from the SWA, researchers should focus future research on clarifying the differences between the two constructs and creating an instrument that is able to detect these differences. The RDFS and the SWAI appear to both be, to a large extent, measuring the quality of the relationship. Some of the items on the bond scale of the SWAI, which was designed to measure the strength of the relationship, are very similar to items on the RDFS. Researchers could focus on identifying the subtle nuances between a general sense of being bonded and experiences of depth. Additionally, in order to continue to evaluate the experiences of RD within supervision, it may be beneficial to develop instrumentation that is specified to the supervisory context. Although the supervisory relationship is similar in many ways to the therapeutic relationship, there are major differences, such as the evaluative nature of supervision, that might impact how RD is experienced, and thus would need to be measured, in supervision.

Conclusion

This study is the first to establish that relational depth, a relatively new concept within the counseling literature, can be experienced within the supervisory relationship by both

supervisors and supervisees. Findings from this study also provides evidence for the association between the supervisory relationship and counselor self-efficacy. A concern raised within the results of this study are in the theoretical assertion that the RD construct is separate from that of the working alliance. Results from this study indicate that further research is needed to understand the relationship between these two variables, particularly within the context of supervision. Future research and increased training and emphasis on facilitating depth in supervisory relationships are important steps towards understanding the profound impact of deep, meaningful relationships in supervision.

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APPENDIX A

EXTENDED LITERATURE REVIEW

To understand the importance of relational depth within the supervisory relationship, one must first understand the importance of clinical supervision to counselor education as well as the importance of relationship, both in therapeutic contexts as well as within supervision. In the following section, I will discuss the relevant literature regarding (a) development of counselor self-efficacy, (b) clinical supervision in counselor education, (c) working alliance, and (d) relational depth in counseling and supervision relationships. This chapter will conclude with a justification for research into the application of the concept of relational depth in clinical supervision of counselors and its effects on counselor self-efficacy.

Counselor Self-Efficacy

The concept of self-efficacy, first described by Bandura, and is defined as the degree to which a person feels capable of completing an activity or task (Bandura, 1977, 1982; Clemmons, 2017; Goreczny et al., 2015; Larson & Daniels, 1998). Goreczny et al. (2015) suggest that self-efficacy has two components: belief in one's ability to complete or perform a desired task or activity, known as efficacy expectations, and the belief that performing an action or task will have the desired result, known as outcome efficacy (Goreczny et al., 2015). Self-efficacy affects an individual's decision to engage in various activities or tasks, and to persevere (Bandura, 1982; Larson & Daniels, 1998). Those who doubt their capacity to perform tasks and doubt their ability to achieve some desired outcomes are less likely to begin an activity or persist when it becomes difficult (Bandura, 1982).

Bandura (1977) theorized that there were four main sources that contribute to the development of self-efficacy: performance accomplishments, vicarious experience, verbal persuasion, and physiological states (p.195). Performance accomplishments, or positive,

successful experiences of one's own abilities, are generally the strongest source of self-efficacy. Positive experience and self-efficacy based on accomplishment is likely to generalize to other situations. While negative performance experiences can decrease feelings of self-efficacy, they tend to be less impactful when individuals already have higher levels of self-efficacy (Bandura, 1977). People can also gain self-efficacy through vicarious experience, or from seeing other people's performance accomplishments. Seeing someone else succeed can help someone else feel more capable of also succeeding in the same task. Self-efficacy can also be affected by verbal persuasion that they can succeed in some task or activity. Bandura (1977) suggests that when someone has the necessary tools, those who receive encouragement from others that they can accomplish what they are trying to do are likely to put more effort into the task than those who do not have verbal persuasion. Self-efficacy can also be affected by one's emotional states. Feelings of stress, anxiety, agitation, and fear can cause individuals to doubt their abilities, and thus lead to lower self-efficacy.

Lent and Lopez (2002) attempted to build on Bandura's theory by describing how interpersonal relationships could contribute to the development of self-efficacy. The tripartite model that they created includes three sources of self-efficacy that arise out of close relationships: self-efficacy beliefs, other-efficacy beliefs, and relation-inferred self-efficacy, or RISE (Lent & Lopez, 2002; Morrison & Lent, 2018). Self-efficacy beliefs, or beliefs about one's own efficacy, influences who one chooses to engage in relationship with, what types of activities they engage in with others, how willing they are to seek or provide help to others, as well as overall relationship satisfaction. Other-efficacy beliefs, or beliefs about relationship partner's efficacy, also influences who one chooses to engage in relationship with, what types

of activities they engage in with others, how willing they are to seek or provide help to others, openness to feedback from the partner. Other-efficacy beliefs are influenced not only by the perceived abilities and actions of the other person, but also by social or cultural stereotypes, beliefs about others who may be similar to the other person, and outside opinions or judgments of the other person's abilities. RISE, the third source of efficacy, is a person's beliefs about how someone else views their efficacy, such as a supervisee's belief about how their supervisor sees the supervisee's efficacy (Lent & Lopez, 2002).

In a review on the literature on CSE, Larson and Daniels (1998) found that the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) was the most widely used measure of CSE at the time. The COSE consists of three scales: *microskills*, which measures the counselors estimate of how they perform fundamental counseling skills, *process*, which assesses counselor's comfort integrating counseling skills into the session with a client, and *difficult client behaviors*, which assesses counselor's comfort dealing with difficult clients (Larson et al., 1992). The COSE has been demonstrated to have acceptable test-retest reliability and construct validity (Larson & Daniels, 1998). The Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003) is another widely used measure of CSE (Goreczny et al., 2015; Ikonomopoulos, Vela, Smith, & Dell'Aquila, 2016). The CASES consists of three subdomains: helping skill self-efficacy, session management self-efficacy, and counseling challenges self-efficacy (Lent et al., 2003). More detail on the CASES can be found in the methods section below.

Development of Counselor Self-Efficacy (CSE)

The concept of self-efficacy has been applied to specific situations like counselor

education (Goreczny et al., 2015). CSE is defined as “a person’s belief in their ability to perform counseling-related skills/behaviors” (Goreczny et al., 2015, p. 79) and “one’s beliefs or judgments about her or his capabilities to effectively counsel a client in the near future” (Larson & Daniels, 1998, p.180). CSE has been shown to affect levels of counselor anxiety, ability to persist in educational and clinical experiences, and counselor performance (Goreczny et al., 2015; Larson & Daniels, 1998). Levels of CSE may also affect how counselors feel and behave in session, with those who have higher levels of CSE feeling more confident, more capable of handling difficult clinical situations, and more able to behave competently and ethically in session (Kozina, Grabovari, De Stefano, & Drapeau, 2010; Lent et al., 2006).

Researchers have sought to understand how CSE is related to other variables of importance, such as level of stress and academic performance. High levels of CSE have been found to be associated with stronger performance of counseling skills, greater satisfaction in the counseling role, and stronger vocational identity (Goreczny et al., 2015), lower counselor anxiety and stress (Goreczny et al., 2015; Larson & Daniels, 1998; Larson et al., 1992), and higher counselor self-esteem (Larson et al., 1992; Larson & Daniels, 1998), as well as positive thoughts of self and abilities, fewer feelings of being an imposter, and decreased emotional exhaustion (Larson & Daniels, 1998).

One primary way in which CSE appears to develop is through clinical experience and practice of counseling skills (Cashwell & Dooley, 2001; Clemmons, 2017; Goreczny et al., 2015; Ikonomopoulos et al., 2016). Goreczny and colleagues (2015) sought to understand how CSE develops across academic training. Using a sample of 97 undergraduate and graduate master’s students, researchers measured students’ CSE using both the CASES and COSE scales, along

with students' happiness, life satisfaction, and self-esteem. They found that there was a curvilinear relationship between CSE and amount of training students had. Specifically, undergraduate students in a sample reported higher levels of CSE than beginning counseling graduate students. However, as experience level in the graduate program increased, so did CSE (Goreczny et al., 2015).

In an unpublished dissertation, Clemmons (2017) investigated how clinical experience, emotional intelligence, and resilience contribute to the development of CSE utilizing a sample of 80 master's counseling students in a CACREP-accredited program. Clemmons conducted hierarchical multiple regressions to determine which of the independent variables predicted CSE. They found that 22.1% of the variance in CSE can be predicted by experience; furthermore, only practicum experience, not internship or counseling work experience, predicted levels of CSE. Emotional intelligence accounted for 5.3% of variance above and beyond what counselor experience predicted. Taken together, 37.2% of the variance in CSE can be explained by level of counselor experience, emotional intelligence, and resilience (Clemmons, 2017).

Ikonomopoulos and colleagues (2016) investigated how the practicum experience might affect the development of CSE. Participants (n = 11) in the study were graduate students enrolled in a CACREP-accredited counseling program and taking their practicum course. Major components of the practicum course included direct client contact, triadic supervision, and group supervision. Utilizing an AB single case research design, CSE was measured using the CASES on a weekly basis. Results indicated that the practicum experience was found to be moderately to very effective in improving CSE. However, student participants in this study mainly attributed changes in CSE to their experience seeing clients. Participants reported that

being able to process with a peer in triadic supervision and receiving feedback from peers and supervisors were also impactful (Ikonomopoulos et al., 2016).

Lent, Cinamon, Bryan, Jezzi, Martin, and Lim (2009) also sought to understand what aspects of the practicum training experience contributed to changes in CSE. The researchers asked 98 counseling graduate students enrolled in practicum about their level of confidence and competence after completing counseling sessions with their clients. Following content analysis, the researchers were left with seven identified sources for changes in CSE: trainee performance, client observation, therapy relationship, client feedback, trainee affect, session process, and supervision (Lent et al., 2009). The next section will focus on how this last source of change, supervision, is related to the development of CSE.

CSE and Supervision

With supervision being such an integral aspect of counselor education, it is crucial to understand how supervision and the supervisory relationship impact the development of CSE. Supervisors are tasked with helping their supervisees to develop as competent, ethical professionals. Cashwell and Dooley (2001) suggest that a primary goal of supervision is to facilitate the growth of their supervisee's CSE.

When developing the SWAI, Efstation and colleagues (1990) tested for intercorrelations with the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983) to determine if any relationship exists between the supervisory working alliance and self-efficacy. They found no statistically significant correlations between the supervisor version of the SWAI and self-efficacy, but they did find small, statistically significant correlations between both scales of the trainee version of the SWAI and self-efficacy, with the rapport scale having a slightly larger

correlation (r = 0.22, p < .01) than client focus (r = 0.15, p < .05; Efstation et al., 1990). These results would indicate that the supervisee's perception of their relationship, and particularly their perception of rapport, is positively related to the supervisee's self-efficacy.

Ladany and colleagues (1999) proposed that Bandura's (1977) four sources of self-efficacy will all be present within the clinical supervision environment when there is a strong supervisory working alliance. Much of supervision relies on watching and discussing students' counseling experiences (performance accomplishments), and when involved in triadic or group supervision, also learning from the experiences of others (vicarious experience). Supervisors and triadic or group peers can provide support and encouragement (verbal persuasion), as well as attending to the supervisees' emotional states.

Cashwell and Dooley (2001) explored the influence of clinical supervision on CSE. They assessed level of CSE using the COSE in a sample of counselors with their master's degrees seeking licensure. Thirty three percent of the sample were not currently receiving clinical supervision, while the rest of the sample was. The researchers found that there was a statistically significant difference in CSE scores between those who were and those who were not receiving supervision, with scores for the supervision group showing higher levels of self-efficacy. This finding indicates that receiving supervision, even outside of graduate training, contributes to counselor's positive beliefs in themselves and their abilities (Cashwell & Dooley, 2001).

Fernando and Hulse-Killacky (2005) hypothesized that certain characteristics of the supervisor, specifically supervisory style, contributed to the development of CSE. Participants were master's students in a CACREP-accredited master's program who were enrolled in an

internship course where they received weekly supervision. They each completed the Supervisory Styles Inventory, Supervisory Satisfaction Questionnaire, and COSE. The researchers then utilized a multiple regression to assess whether the three supervisory styles (attractive, interpersonally sensitive, and task oriented) could predict variance in supervisory satisfaction and CSE. Although the model accounted for 53% of the variance in satisfaction and CSE, only the interpersonally sensitive style had a statistically significant unique contribution. Furthermore, supervisory style contributed to 13% of the variance in CSE.

Hanson (2006) provided further support that various elements of supervision, such as the supervisory relationship, contribute to CSE. Researchers utilized supervisee-supervisor pairs to assess a wide variety of factors. Supervisees completed measures that assessed their perception of the supervisory working alliance, evaluation process in supervision, role conflict and role ambiguity, and supervisory styles, as well as their level of CSE using the CASES; their supervisors completed a measure to evaluate the counselor's performance. All supervision elements, apart from task-oriented supervision style, were at least moderately correlated with CSE. The strongest predictor of CSE turned out to be the supervisory working alliance, which was able to account for 31% of the variance in CSE. Researchers also established that CSE was related to the supervisor's perception of counselor performance (Hanson, 2006).

Morrison and Lent (2018) tested Lent and Lopez's (2002) tripartite model to better understand how supervision relates to efficacy beliefs. Using a sample of master's and doctoral students, they used three altered versions of the CASES to assess session management self-efficacy, RISE, and other-efficacy, in addition to administering the SWAI to assess supervisory working alliance. The researchers found that the supervisory working alliance was statistically

significantly correlated with self-efficacy, other-efficacy, and RISE. Furthermore, they found that RISE acted as a mediating variable in the relationship between the supervisory working alliance and CSE (Morrison & Lent, 2018).

Impact of CSE

Bandura (1977) proposed that self-efficacy beliefs affect the level of effort an individual puts into a task, as well as the length of time at which they persist when facing a challenge. Stronger CSE relates to the counselor's ability to put effort into the counseling relationship and to persevere in the face of challenging client situations (Barnes, 2004). For counselors and counselors-in-training, it is expected that they will face difficult and challenging situations with their clients thus developing CSE is of paramount importance.

In a review of the literature up to 1998, Larson and Daniels (1998) found that higher CSE had been shown to correlate with lower counselor anxiety, increased counselor performance, and more positive outcome expectancies. They also found that CSE had a moderate correlation to the counselor's perception of their own performance in counseling, as well as to the stability of assessments of their abilities (Larson & Daniels, 1998). Research by Hanson (2006) found that CSE had a moderate, positive relationship with the supervisor's perception of counselor performance ($r = .46$, $p < .01$). In a sample of 72 school mental health clinicians, levels of CSE predicted quality of clinical practice, knowledge of evidence-based practices for treating attention-deficit hyperactivity disorder (ADHD), disruptive behavior disorders, anxiety, and depression (Schiele, Weist, Youngstrom, Stephan, & Lever, 2014). CSE has also been shown to have a positive correlation with level of satisfaction in the counselor and performance of counseling skills as well as a negative correlation with counselor anxiety (Goreczny et al., 2015).

Research clearly indicates that the development of CSE is an important factor that has implications on both the counselor and counselor-in-training in addition to their clients. Counselors with higher levels of CSE are more likely to persist in the face of challenging client situations (Bandura, 1977; Barnes, 2004) and experience lower levels of anxiety in the counselor role (Goreczny et al., 2015). Those with higher CSE also tend to feel more satisfied in the counseling role (Goreczny et al., 2015), perform better in the counselor role (Hanson, 2006; Larson & Daniels, 1998), and higher quality of therapeutic services (Hanson, 2006). Although CSE naturally develops with increased experience (Clemmons, 2017; Goreczny, 2015), supervisors may be able to facilitate the development of increased CSE by focusing on the development of a strong supervisory relationship (Cashwell & Dooley, 2001; Hanson, 2006; Morrison & Lent, 2018). The next section will focus on clinical supervision and the supervisory relationship.

Clinical Supervision

The pedagogical framework for counselor education relies heavily on the use of clinical supervision to train future counselors (Bernard & Goodyear, 2019; Bernard & Luke, 2015; Edwards, 2012). Over a 100-year history, supervision has evolved from being focused on mental health programs and agencies to being one of the most widely used interventions used to both educate and support mental health workers (Bernard & Goodyear, 2019; Edwards, 2012; Kadushin & Harkness, 2002). Supervision has evolved in three waves that parallel the development of psychotherapy (Carroll, 2007; Creaner, 2014). The first wave developed along with psychoanalytic theory, in which Freud and other psychoanalysts acted as teachers to those wishing to become therapists themselves. These supervisees would act as apprentices, learning

how to conduct therapy directly from their supervisors (Carroll, 2007; Creaner, 2014). The next stage of supervision came with the emergence of the humanistic, existential, and cognitive-behavioral schools of therapy in the 1950s. During this time, clinical supervision was influenced by therapeutic principles, with a greater focus on the supervisory relationship. Carl Rogers, the father of person-centered counseling, posited that the relational conditions that were necessary and sufficient for growth in the therapeutic relationship, were also necessary for the supervisory relationship (Myers, 2020). The final wave in the 1970s saw a move away from focusing on the person of the supervisee to the practice and work of counseling (Carroll, 2007).

During the 1990s the Association for Counselor Education and Supervision (ACES) began to create ethical standards for supervision, training curriculum for supervisors, and supervision standards (Borders, 2005). It is during this time that states began to require some amount of clinical supervision for those seeing professional licensure.

Supervision is defined as:

> An intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship 1) is evaluative and hierarchical, 2) extends over time, and 3) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for the profession the supervisee seeks to enter. (Bernard & Goodyear, 2019, p. 9)

As this definition suggests, the main goals for supervision in terms of clinical supervision for counselors-in-training include promoting optimal professional functioning and professional development, ensuring counselors-in-training are providing competent, ethical services to their clients, and to gatekeep the counseling profession (Bernard & Goodyear, 2019). Supervision allows counselors-in-training the opportunity to take what they have learned throughout their

training, apply it in session with their clients, and get support and feedback from their supervisors to continue to grow and develop their clinical skills (Bernard & Goodyear, 2019; Cashwell & Dooley, 2001; Creaner, 2014).

Supervision and CACREP

Professional practice is an essential part of counselor development and an essential part of counselor training. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) outlined the standards for entry-level professional practice in section three of the 2016 CACREP Standards (CACREP, 2016). Clinical experiences such as practicum and internship allow students to apply the material they learned in didactic courses, such as counseling skills and counseling theory, to working with clients. One fundamental component of the clinical practice components of CACREP-accredited programs is supervision.

Practicum and internship students in CACREP programs are required to engage in one hour per week, on average, of either individual or triadic supervision, which is led by either a counseling faculty member, a student who is under supervision of faculty, or a site supervisor who regularly consults with faculty (CACREP, 2016). Students are also required to receive group supervision for approximately 1.5 hours per week which is to be facilitated by a counseling program faculty member or a student who is under supervision of a counseling program faculty member.

CACREP has outlined in their *2016 Standards* the qualifications of supervisors for counselor educator faculty supervisors, student supervisors, and site supervisors. Faculty supervisors must have relevant training and experience in supervision in addition to professional credentials (CACREP, 2016). Student supervisors must have completed “CACREP

entry-level counseling degree requirements," have completed or are currently involved in training in counseling supervision and must be supervised by counselor educator program faculty. Finally, site supervisors must have a master's degree in counseling or a related field, possess relevant licensure and certification, have at least two years of relevant experience in specialty area they will be providing supervision on, possess knowledge of the expectations and requirements of the program, and have received training in clinical supervision (CACREP, 2016, p.16).

The Association for Counselor Education and Supervision (ACES; 2011) has created a guide for best practices in clinical supervision which describe the ideal training, knowledge, competencies, and characteristics of effective clinical supervisors. These best practices cover 12 main topic areas: initiating supervision, goal setting, giving feedback, conducting supervision, the supervisory relationship, diversity and advocacy considerations, ethical considerations, documentation, evaluation, supervision format, the supervisor, and supervisor preparation. The ACES task force emphasized the importance of attending to the supervisory relationship, recognizing it as "key to the effectiveness of supervision as well as the growth and development of the supervisee" (ACES, 2011, p.7).

Supervision and the ACA Code of Ethics

The American Counseling Association's (ACA) Code of Ethics was published in 2014 with the intent of providing a consistent set of professional and ethical guidelines that counselors across the United States could use to inform competent, ethical practice. The Code of Ethics covers nine content areas, including a section on supervision, training, and teaching. One of the main responsibilities of supervisors, per the ACA (2014) is to ensure client welfare by

monitoring supervisee development, performance, and adherence to the ACA Code of Ethics. The ACA (2014) outlines educational and training requirements of supervisors, which includes adequate training in both counseling and supervision topics, as well as an understanding of diversity and multicultural issues within the supervisory relationship. Although the code of ethics discusses the supervisory relationship, the focus is on maintaining professional boundaries due to power dynamics and does not specifically address the importance of a strong supervisory relationship (ACA, 2014).

Supervision Modalities

There are three main formats for clinical supervision in the counseling profession—individual, triadic, and group (Bernard & Goodyear, 2019). Supervisees who receive individual supervision work one-on-one with their supervisor as opposed to triadic supervision in which one supervisor works with two supervisees (Bakes, 2005; Bland, 2012; Bernard & Goodyear, 2019; Newgent, Davis, & Farley, 2004). Group supervision takes place with one or more supervisors and three or more supervisees (Bernard & Goodyear, 2019).

When triadic supervision became recognized as a form of individual supervision in the 2001 CACREP standards (Hein, Lawson, & Rodriguez, 2011; Newgent, et al., 2004), many counselor educators and researchers wanted to explore and better understand the differences between modalities of supervision. Newgent and colleagues (2004) looked specifically at how supervision modality affected perceptions of working alliance, supervisory working relationship, leadership styles, and satisfaction and effectiveness of supervision. Their study consisted of 15 participants who were enrolled in a supervision course in a doctoral level counselor education program. Each participant received individual, triadic, and group supervision across a semester.

Participants completed the Working Alliance Inventory (WAI), Supervisory Styles Inventory (SSI), Supervisory Working Alliance Inventory (SWAI) for each supervision modality, in addition to the Supervision of Supervision Evaluation (SSE). The researchers found that individual supervision was rated highest on all variables but was only statistically different from triadic supervision regarding effectiveness and needs. Group supervision scored lowest on all variables.

In an unpublished dissertation, Bakes (2005) hypothesized that supervisees and supervisors might report differences in the supervisory working alliance based on which supervision modality they received, either individual or triadic. Bakes recruited both supervisees, all of whom were master's level counseling students enrolled in a practicum course, and supervisors, who were either doctoral students, faculty, or site supervisors from a CACREP-accredited counseling program. All participants were asked to fill out demographic data, as well as the SWAI. Assessing supervisee scores revealed no significant difference in supervisory working alliance based on supervision modality. Supervisees who received triadic supervision reported marginally higher levels of client focus than those who received individual supervision. Analysis of the supervisors' data revealed a statistically significant difference in SWAI scores between supervision modalities. Although there were no differences in level of rapport or client focus, supervisors providing triadic supervision reported lower levels of identification than those providing individual supervision (Bakes, 2005). These findings suggest that perceptions of the working alliance are not significantly different based on supervision modality.

Bland (2012) also wanted to test the assumption that supervision modality would have an impact on the working alliance. Bland hypothesized that supervisees in individual or triadic

supervision would report higher scores on the bond and goals/tasks subscales of the Working Alliance Inventory-Trainee (WAI-T) than supervisees receiving group supervision. Bland also theorized that supervision modality would not impact levels of counselor self-efficacy. A sample of master's counseling students completed the Working Alliance Inventory-Trainee Version (WAI-T), as well as the Counselor Self-Estimate Inventory (COSE). They found that whether a supervisee was engaged in individual, triadic, or group supervision, there were no statistically significant differences in level of reported supervisory working alliance or CSE.

Overall, there appears to be very little significant difference between individual and triadic supervision (Bakes, 2005; Bland, 2012; Newgent et al., 2004). Furthermore, there are no differences in terms of the supervisory working relationship or counselor self-efficacy between these two modalities (Bakes, 2005; Bland, 2012). These findings lend support to CACREP classifying the individual together with triadic supervision.

The Supervisory Relationship and Working Alliance

The relationship between supervisor and supervisee is thought by many to be one of the most important factors in clinical supervision (Bernard & Goodyear, 2019; Bell, Hagedorn, & Robinson, 2016; Bordin, 1983; Creaner, 2014; Efstation et al., 1990; Ladany et al., 1999). The strength of the supervisory relationship is critical to being able to provide effective clinical supervision (Creaner, 2014; Ladany et al., 2013; Mearns & Cooper, 2005).

Gazzola and Theriault (2007) conducted interviews with 10 master's level graduate students to better understand how the supervisory relationship contributes to the supervisees' positive growth. The researchers utilized a consensual qualitative research (CQR) method to determine themes amongst participant responses. The researchers found that participants

seemed to have better supervisory experiences when they perceived a more egalitarian relationship with their supervisors, felt support and encouragement, and felt that the structure of supervision was flexible and could be co-created. Furthermore, the participants expressed a greater sense of self-efficacy in more egalitarian supervisory relationships.

Ladany and colleagues (2013) utilized mixed methods to explore perceptions of effective and ineffective behaviors in supervision. One-hundred and twenty-eight participants who were either in the process of pursing a degree or already had a degree in clinical, counselor, or school psychology, or a related field. They assessed participants' perceptions of the supervisory working alliance, supervisor styles, supervisor self-disclosure, trainee disclosure, and evaluation process within supervision. They also asked participants to indicate two supervisors, one whom they thought was the best, and one whom they thought was the worst, and to identify behaviors from each supervisor that contributed to the participant's growth and to identify behaviors that detracted from or hindered their growth. The researchers identified skills, techniques, or behaviors of effective supervisors, which includes encouraging autonomy, strengthening the supervisory relationship, facilitating open discussion, having positive personal characteristics, and demonstrating knowledge and skills. Supervisors who strengthened the supervisory relationship were said to demonstrate support, encouragement, acceptance, respect, trust, empathy, and open-mindedness (Ladany et al., 2013, p. 35).

Despite this importance of the supervisory relationship, only a small percentage of the body of supervision research is focused on the supervisory relationship. Bernard and Luke (2015) conducted an analysis of published articles on the topic of counseling supervision. Of the 184 articles that were published over a 10-year span, 44.6% were considered research-based,

and 55.4% considered conceptual in nature. Upon analyzing the article topics, the authors found that only 13, or 7% of the total, focused on the supervisory relationship. Of these 13, three focused on attachment within supervision, one on supervisor characteristics, and nine on the concept of working alliance (Bernard & Luke, 2015).

Supervisory Working Alliance

Much of the research into the supervisory relationship has focused on the concept of working alliance, which was first introduced in the 1970s by Edward Bordin (Bordin, 1979; Bordin, 1983; Ladany et al., 1999). A working alliance exists between two individuals, one of whom is seeking change from the other, and consists of an agreement on goals within the relationship, clarity in each persons' responsibilities and tasks, and a relational bond between the individuals (Bordin, 1979). Although Bordin (1979) initially discussed the working alliance in regard to the therapeutic relationship, he proposed that working alliance was applicable to many types of relationships, including the relationship in clinical supervision (Bordin, 1983).

The supervisory working alliance (SWA) is the relationship between supervisor and supervisee that is characterized by mutual agreement on both the goals and tasks of supervision, in addition to an emotional bond (Bordin, 1983). Bordin (1983) outlined eight goals that are specific to the supervisory relationship: gaining mastery of specific skills, increasing awareness and understanding of clients, increasing awareness of process issues, increasing self-awareness, overcoming personal issues that affect supervisee's learning, increasing understanding of counseling concepts and theory, encouraging research, and ensuring competent and ethical practice. The tasks for supervisees within the supervisory working alliance might include preparing a report or overview of cases to review, providing recordings of

sessions, selecting which clients and issues to present in supervision. Supervisor tasks include giving feedback, focusing attention on therapist or client's feelings, observing sessions, and helping supervisees make connections between what is going on in sessions to any personal or process issues (Bordin, 1983).

The Supervisory Working Alliance Inventory (SWAI) was developed by Efstation, Patton, and Kardash (1990) to measure both the supervisor and supervisee's perceptions of the supervisory relationship. The trainee version of the SWAI has two factors (client focus and rapport), while the supervisor version has three factors (client focus, rapport, and identification). *Client focus* measures the amount of emphasis the supervisor places on the client, including client treatment and understanding the client. *Rapport* measures the supervisor's emphasis on building relationship and providing support and encouragement to their supervisee. *Identification* is unique to the supervisor version of the SWAI and represents how much the supervisee is perceived as identifying with the supervisor; for example, the extent to which the supervisee seems to view the client in the same way the supervisor does, the supervisee's openness to what the supervisor is saying, and whether supervisee follows through with the supervisor's suggestions (Efstation et al., 1990).

SWA and Outcomes. In order to understand the importance of the SWA, researchers wanted to understand what impact the SWA had on assorted outcome variables. Ladany and colleagues (1999) hypothesized that the strength of the SWA would have an effect on counselor self-efficacy and the supervisee's satisfaction with supervision. Using a sample of 107 students in either a master's or doctoral counseling training program, the researchers conducted a multivariate multiple regression analysis with the three subscales (goals, tasks, bond) of the

Working Alliance Inventory (WAI) predicting changes in self-efficacy and satisfaction with supervision. The analyses indicated that none of the WAI scales were statistically significant predictors of self-efficacy. The only significant finding was that the bond scale of the WAI predicted satisfaction with supervision. Thus, when supervisees feel a greater rapport and bond with their supervisors, they are generally more satisfied with their supervision experiences (Ladany et al., 1999). Using a sample of 58 supervisor-supervisee dyads, Hanson (2006) attempted to draw conclusions about the relationship between the SWA and CSE. Multiple regression analysis revealed that the SWA, as measured by the SWAI, was able to predict 31% of the variance in CSE, as measured by the CASES. This result provides a stark contrast to those of Ladany and colleagues (1999) who found no relationship between the two variables.

Park and colleagues (2018) conducted a meta-analysis in order to summarize and better understand how the SWA is related to outcome variables across the literature ranging from 1990 to 2018. Their literature review left them with 27 studies that looked at the SWA and outcomes. The meta-analysis revealed a strong positive correlation between the trainee's perception of the SWA and satisfaction with supervision ($r = 0.81$, $p < .001$). They also found moderate positive correlations between trainee's perception of the SWA and CSE ($r = .37$, $p < .001$) and the supervisee's self-disclosure ($r = .49$, $p < .001$). They found weak correlations between the trainee's perception of the SWA and the supervisor's perception of SWA ($r = .21$, $p < .001$), as well as the supervisee's perception of the counselor-client relationship ($r = .27$, $p < .001$).

These results allude to the supervisory relationship having an important impact on numerous outcomes, including CSE. However, the vast majority of research on the supervisory

relationship is only focused on the concept of the SWA. Although the SWA does include the concept of a relational bond, there is not much to indicate what makes the bond special or impactful. Instead, much of the focus appears to be on the goals and tasks of supervision, with only a nod to the emotional bond between supervisor and supervisee. Schmid and Mearns (2006) stated that "the working alliance generally represents a very superficial level of relationship" (p. 178). The concept of relational depth may give the necessary depth to better understand how the bond and relationship between supervisor and supervisee can develop and how it can be impactful. In the next section, I will discuss the concept of relational depth both in terms of therapeutic relationships and in the context of clinical supervision.

Relational Depth

The therapeutic relationship is thought to be one of the most fundamental and important aspects of the counseling process, regardless of theoretical orientation (Bernard & Goodyear, 2019; Knox & Cooper, 2011; Mearns & Cooper, 2005). Existential therapists, such as Bugental, May, and Yalom, emphasize an authentic therapeutic encounter in which both people are open to each other's authenticity (Knox & Cooper, 2011). Carl Rogers, the father of person-centered theory, believed so strongly in the power of the therapeutic relationship that he proposed six conditions of the therapeutic relationship that, when present, he believed were necessary and sufficient for personality change to occur (Rogers, 1957). These conditions are:

(1) Two persons are in psychological contact.

(2) The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

(3) The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

(4) The therapist experiences unconditional positive regard for the client.

(5) The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.

(6) The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 2007, p. 241)

Conditions 3 through 5 are considered the core conditions and vary in the degree that they are present in the relationship. The concept of relational depth was first described by Dave Mearns in the 1990s when he realized that the depth of the therapeutic relationship, and the degree to which these core conditions were present in relationships influenced how much clients shared their deepest and most genuine selves with their counselor (Knox, 2008; Mearns & Cooper, 2005). Relational depth was later defined by Mearns and Cooper (2005) as "a state of profound contact and engagement between two people, in which each person is fully real to the Other, and able to understand and value the Other's experiences at a high level" (p. xii). The authors believed that RD can be viewed as an interplay of the core conditions of empathy, unconditional positive regard, and congruence (Mearns & Cooper, 2005).

Relational depth takes two forms, either as something experienced in a moment or brief meeting, as well as an enduring characteristic of a relationship (Mearns & Cooper, 2005; 2017). The concept of relational depth combines acceptance of each person's individuality with the desire for connection that is innate and necessary for mental health and well-being (Cox, 2009; Mearns & Cooper, 2005). Experiences of relational depth seem to have shared components of presence, realness, empathy, affirmation, client openness, mutuality, intimacy, and meeting without words (Mearns & Cooper, 2005). Table A.1 provides definitions for these components. The component of client openness is especially important to note because it indicates that even

if the counselor provides all of the necessary conditions—they are present, bring their real, genuine selves into the relationship, feel and express empathic understanding of the client, and affirm the client's experiences, if the client is not open to being seen and not open to experiencing the counselor, then relational depth cannot be reached (Mearns & Cooper, 2005).

Table A.1

Components of Relationally Deep Meeting

Component of RD	Definition
Presence	Being engaged, open, and receptive to the other
Realness	Genuineness, transparency; revealing oneself to the other
Empathy	Seeing and understanding all parts of the Other and their experiences; immersed in client's world
Affirmation	Valuing, affirming, acknowledging all parts of the Other
Client openness	Client must be open to allowing counselor to see them, open to experiencing counselor's presence, realness, empathy, and affirmation
Mutuality	Co-experiencing of depth, shared experiences of connection, knowing the other and feeling known by them
Intimacy	Feeling of closeness, connection
Meeting without words	Experiences are sometimes difficult to put into words; depth can be experienced without words, such as through eye contact, a knowing look, touch, shared emotion

Mearns and Cooper (2005) stress that moments of relational depth cannot be created or forced. Instead, they are something that, when given the right conditions, unfolds organically between two people. There are things that counselors can do both within and outside of the session in order to facilitate RD (see Table A.2). Within session, it is important for counselors to truly listen to what their clients are saying. This means to listen to what the client is saying beneath just the content and to give the client time and space to reach the depths of what they are experiencing. When counselors sense that the client is close to something deeper, they

might choose to “knock on the door,” where they gently inviting the client to explore something more deeply. The counselor here is not forcing the client to explore, but offering the opportunity, which the client can choose to accept or deny.

Table A.2

Facilitating Relational Depth

Within Session	Outside of Session
• Listening • Knocking on the door • Multidirectional partiality • Openness to being affected by client • Creating safe space • Self-awareness • Transparency • Working in the here and now	• Letting go of aims & lusts • Letting go of anticipations • Letting go of techniques • Minimize distractions

The concept of multidirectional partiality involves holding space for and giving voice to all aspects of the client’s experience. For instance, a client who is experiencing grief over the loss of a loved one might want to explore those feelings of sadness and loss. At the same time, they might be terrified to allow themselves to explore the depths of their loss out of fear of getting lost in it and not being able to come out of it. When the counselor holds multidirectional partiality for their client, they are able to affirm and have empathy for both of these voices. Mearns and Cooper (2005) suggested that clients may have these conflicting feelings about meeting with the counselors at depth. There might be some part of them that wants to be known so deeply, but another that is terrified at parts of themselves being exposed. Giving voice to all of these parts of the client may help them to more fully accept all aspects of their

experience and experience greater congruence. Other things that counselors can do in session to facilitate RD is to be open to being affected by their clients, having self-awareness and being willing to be transparent with the client about what the counselor is experiencing. Additionally, counselors should work to create a safe space for the client and working in the here and now—to attend to what is happening for the client in the moment and between the counselor and client in session (Mearns & Cooper, 2005).

Outside of the session, counselors work to identify and become aware of what could hinder their ability to be present with their clients in session. Mearns and Cooper (2005) proposed that often the counselor's desires and aims for the client, such as the desire for the client to get better, and even the desire to understand the client can get in the way of being present with and experiencing the client. Similarly, when counselors have assumptions about who the client is, for instance based on a particular diagnosis, they might not actually be seeing the client, but a false sense of who they expect the client to be; in this situation, relational depth cannot be experienced. Even therapeutic techniques can get in the way of the counselor being present and focused on the person in front of them; instead, they may be focused on trying to "fix" the client or attain a certain result. When counselors can let go of these desires, assumptions, and techniques, they are able to meet the client more fully, facilitating opportunity for RD to develop (Mearns & Cooper, 2005).

Research into factors that facilitate relational depth has revealed that readiness is necessary in order to reach RD. McMillan and McLeod (2006) found that readiness appeared to be an important factor both for the client and the counselor—both had to be willing to engage with the other. Client readiness and desire to relate to the counselor at depth contributed

strongly to moment of relational depth in counseling and their willingness to be open and vulnerable (Knox & Cooper, 2011). In one study, most clients credited their own actions and decisions to open up more or to go deeper for creating moments of relational depth rather than being based on what the counselor did (Knox & Cooper, 2011). An additional factor that is thought to facilitate relational depth is previous counseling experience. Clients reported that their previous experiences in counseling helped them to better understand what they wanted out of counseling and what they wanted in a future counselor (Knox & Cooper, 2011).

Although the presence of RD depends greatly on the readiness of the client, researchers also wanted to understand what counselors could do to facilitate these moments of RD. Tangen and Cashwell (2016) asked 20 participants, all of whom possessed a graduate degree in a mental health field, to describe what they did in therapeutic relationships to facilitate deep connection. They utilized content mapping to develop 10 categories of counselor factors that contribute to the presence of RD in therapeutic relationships. These categories are tuning in, offering genuine connection, practicing presence, being emotionally present, using engagement skills, bringing immediacy, structuring intentionally, facilitating intimate connection, attending with focus, and honoring the client. All of these factors align with client report of what counselor characteristics they found helpful or meaningful (Frzina, 2012; Knox, 2008; Knox & Cooper, 2010; McMillan & McLeod, 2006).

Experiences of RD

Wiggins, Elliott, and Cooper (2012) sought to understand how often people experience relational depth within therapeutic relationships. Using a sample of 189 therapists and 152 clients, they assessed relational depth using the RDI and coded descriptions of significant

events for presence of RD. Based on client descriptions, the researchers found that RD was clearly or probably present in 34% of significant events. Therapist descriptions of significant events were found to clearly or probably demonstrate RD 38% of the time.

Ten participants in McMillan and McLeod's study (2006) discussed 33 different experiences in counseling relationships, of which seven (21%) were described as being deeply facilitative. All counselors in Cooper's study (2005) and all clients in Knox's (2008) study were able to identify therapeutic relationships in which they had experienced RD. Clients in another study reported experiencing therapeutic relationships both with and without relational depth (Knox & Cooper, 2010, 2011).

Counselor Experiences of RD

Cooper (2005) sought to understand experiences of RD from the counselor's perspective. He conducted qualitative interviews with counselors who reported experiencing moments of RD with their client. During these moments, they reported that they felt high levels of empathy for all parts of their client and "greater perceptual clarity" (Cooper, 2005, p. 90). Counselors also shared that they experienced greater levels of congruence within themselves (Cooper, 2005). Counselors reported feeling immersed in their client's world and in the therapeutic work and feeling touched and emotionally impacted by their clients (Cooper, 2005). Additionally, participants reported feeling alive or energized and feeling satisfied with the work they were doing (Cooper, 2005).

Counselors appeared to perceive that in these moments of relational depth, their clients were more real, authentic, and transparent (Cooper, 2005). They perceived their clients as sharing the deepest, most meaningful parts of who they are and of their experiences. Clients

appeared to be at their most open and most vulnerable (Cooper, 2005). Participants in Cooper's study (2005) also experienced the therapeutic relationship differently during moments of relational depth. During these moments, all participants described feeling a sense of mutuality in the relationship, of both counselor and client being open, accepting, and showing who they are. Moreover, participants described that in moments of relational depth, their clients were able to acknowledge the counselor truly seeing them. Finally, participants shared that communication of relational depth in session was often non-verbal (Cooper, 2005).

Client Experiences of RD

Several studies have explored the experience of RD from the client's perspective, giving insight into clients' feelings during these moments, their perceptions of the counselor, and perceptions of the relationship. McMillan and McLeod (2006) conducted qualitative interviews with ten therapists who had been clients for at least two counseling sessions, asking participants to describe their therapeutic relationships with their counselors. Using grounded theory analysis, they found three categories of descriptions. The first category described relationships that were deeply facilitative. In these relationships, participants described both themselves and the counselor being ready to engage at depth and experienced the counselor as a warm, caring parental figure. They experienced a sense of flow and enduring presence. The second category consisted of experiences in an inadequate therapy relationship, including feeling that the level of relating was superficial, feeling angry towards counselor, feeling ambivalent about the process, and deciding to end the relationship. The final category consisted of relationships that were adequate but felt like they were missing something. In these relationships, participants felt safety and trust, but also experienced the therapist as

distant. The researchers found that the readiness of the client to go deeper and the perception of the counselor's willingness to meet the client in that depth were necessary for RD to be experienced by participants.

Knox (2008) also sought to understand whether clients experience RD and if so, better understand the client's perspective of those moments. She conducted semi-structured interviews with 14 participants, all of whom were clients in person-centered therapy and were themselves counselors or counselors-in-training. All participants from this study reported at least one experience of RD but were able to recount multiple relationships in which they had not experienced RD. Within the experiences of RD, participants experienced themselves as being able to delve deeper and be more open and vulnerable. Participants reported feeling safe and supported, understood, accepted, cared for, real, energized, focused, calm, peaceful, and validated. Participants described their counselors in these moments of RD as being real, warm, gentle, trustworthy, and present. They reported that their counselors allowed for and created opportunities and invited the client to relate at depth, offered something "over and above" the normal experience, were open, supportive, and acknowledge the client. Participants appeared to experience the relationship differently, reporting a sense of fusion, mutuality, and co-reflectiveness on a different level than they had experienced (Knox, 2008).

Knox and Cooper (2010) utilized the data from Knox's prior study (Knox, 2008), this time with the aim of learning about the characteristics of a therapeutic relationship that make moments of RD more or less likely to occur. They were able to identify qualities of the therapist that were helpful, including the client viewing the counselor as being similar to themselves, warm, gentle, empathic, and positive, in addition to being psychologically sorted, meaning

participants saw them as confident, strong, and able to take whatever the client had to share and meet them in the depth of their experience. Knox and Cooper (2010) also identified ways of being or things that the counselor did that was helpful, including creating a safe atmosphere, being genuine, offering mutuality, being committed, inviting client deeper, and being present and open. When RD was not present, participants reported experiencing the counselor as cold or distant, uncaring, and misunderstanding them. They felt that there was not a good match either because of the counselor's style or their personality. Some reported feeling disrespected or that the counselor was misusing their power. Others reported feeling that the counselors were inexperienced and unprofessional. When RD was not present, participants reported feeling judged, unsafe, powerless, patronized or mocked, misunderstood, closed off, and other feelings of difficulty (Knox & Cooper, 2010).

One of the major limitations throughout this research on client experiences of relational depth is that the clients in all studies were either counselors or counselors-in-training (McMillan & McLeod, 2006; Knox, 2008; Knox & Cooper, 2010, 2011). Although these studies provide the only evidence that relational depth can be experienced by clients, it is necessary to keep in mind that counselors and counselors-in-training are likely to be more aware of relational dynamics and potentially experience and describe relational depth differently than clients who have no background in the counseling field.

Experience of the Relationship

Frzina (2012) sought to explore the experience of relational depth between a counselor and client during one session. The researcher conducted a practice skills session with one participant client, after which she and the client reviewed the recording and rated the level of

connection they felt minute-by-minute. Finally, they discussed their ratings together, and this discussion was coded in order to detect themes.

Frzina (2012) found that there was general agreement between counselor and client reports of relational depth throughout session. Both the client and the counselor reported increasing feelings of connectedness as the session progressed, although at differing rates. One important aspect of therapeutic connectedness that facilitated relational depth was the counselor's congruence. The client described feeling more connected when the counselor acknowledged what was happening in the here-and-now of the session, such as acknowledging the client's feeling of confusion and attending calmly to a disruption (Frzina, 2012). The client also reported greater connection when the counselor was perceived to be listening. The client shared that the counselor communicated that she was listening both verbally, by acknowledging what the client was experiencing, as well as non-verbally (Frzina, 2012). Finally, the client acknowledged that having time and space to process what was going on for the client contributed to a greater sense of connection. During these times, the counselor was perceived as following the client and going with the flow (Frzina, 2012).

One key finding from Frzina's study (2012) is that moments of disconnection happen and do not prevent the development of relational depth. At one point in the session, the client and counselor ratings of connection were at opposite ends of the spectrum. In this moment, the client reported feeling that the counselor was attempting to make sense of what he had shared, while he was still needing time to process. This is supported by the work of Knox and Cooper (2010) who found that counselors who are able to facilitate relational depth with their clients are not always perfect—they sometimes do things that do not facilitate depth. However,

it is the other characteristics of relational depth that are present in the relationship that can help counselor and client to reconnect and reach depth again (Frzina, 2012; Knox & Cooper, 2010). Another important finding is that relational depth does not necessarily take a long time to develop; moments of relational depth can be facilitated and experienced in one single session (Frzina, 2012). Conversely, findings from McMillan and McLeod (2006) stress the importance for an enduring feeling of connection in creating a space in which the clients can fully trust the counselor and allow themselves to let go of their defenses, fully engage, and explore their most authentic, innermost selves.

Impact of RD

Literature on the topic of relational depth supports the idea that the experience of relational depth is different than other relationships and is deeply meaningful (Mearns & Cooper, 2005; Knox, 2008). Knox (2008) found that moments of relational depth were described by nearly all client participants as being different, deeper, and more intense than other moments. Additionally, they described it as being rare, special, and intimate (Knox, 2008). Overall, all participants felt that moments of relational depth in counseling were powerful and meaningful (Knox, 2008)**.** Most participants described feeling better and feeling more connected to themselves following these experiences in counseling (Knox, 2008).

Knox (2008) sought to better understand client experiences of relational depth and understand what it felt like to be involved in such a relationship. Clients in the study reported feeling safe, supported, and cared for by their counselors. Clients also reported feeling understood and fully accepted by their counselors. The experience of relational depth left clients feeling worthy, authentic and validated and more connected to themselves. Clients

experienced themselves as being more open to their experiences, being increasingly vulnerable, open, and able to explore deeper pieces of themselves with the counselor (Knox, 2008).

Kim, Joseph, and Price (2020) sought to understand how the presence of RD in therapeutic relationships was related to clients' level unconditional positive self-regard and authenticity. Using a sample of 55 participants who had all been counseling clients, they found a moderate positive correlation between RDI and UPSR ($r = 0.40$, $p < 0.01$) and between RDI and authenticity ($r = 0.53$, $p < 0.01$). Their results also indicated that the relationship between RD and UPSR was mediated by authenticity. The researchers also hypothesized that the length of time in therapy would correlate with more moments of RD; this hypothesis was supported by the data, with time in therapy and RDI having a moderate positive relationship ($r = 0.54$, $p < 0.001$).

RD in Supervision

Although mostly spoken about in the context of therapeutic relationships, Mearns and Cooper (2005) posited that relational depth is a phenomenon that can occur in any relationship. To date, there exists no research that specifically examines relational depth in supervisory relationships. However, two studies make mention of the possibility of RD existing in supervision. In the first, two participants, both of whom were counselors and were being asked about their experiences of RD as clients, reportedly discussed moments of relational depth that they experienced in clinical supervision (Knox, 2008). In the second, counselor participants in a study by Tangen and Cashwell (2016) reported that their relationships with others, including their supervisors, contributed to their ability to meet clients in RD. This albeit limited data suggests that relational depth is something that can be experienced in supervision.

Relational depth within supervision is defined as:

> A high level of contact and engagement in which both persons are contributing to a real dialogue around their shared experience in the moment—both of the supervisee's experience of self in relation to the client and of the relationship between supervisee and supervisor. (Lambers, 2006, p. 274)

The relationship is still characterized by the same components of RD such as presence, realness, and empathy, as well as a sense of mutuality, or shared experience. This definition suggests two areas of focus within supervision—on the counselor's experience of themselves in relation to their clients, and the counselor and supervisor's experiences in relation to each other.

The supervisory relationship provides the context in which counselors can explore their experiences in relationship with their clients and to discover any thoughts, feelings, personal beliefs, or blocks that are affecting their ability to be therapeutic with their clients (Bernard & Goodyear, 2019; Talley & Jones, 2019). Supervisors can facilitate the counselor's ability to process these experiences and work through these feelings that come up with their clients, leading to increased congruence and ability to fully enter into relationship with their clients (Lambers, 2013a; Talley & Jones, 2019). The supportive, accepting, empathic environment of RD supervision provides an opportunity for counselors to feel that all parts of themselves are acknowledged and valued and learn how to bring their most genuine, authentic selves into the relationships with their clients (Lambers, 2006).

Lambers (2006) proposed three qualities that are necessary for supervisors in order to facilitate RD. Just as it is necessary for clients to experience empathic understanding from their counselors, so too do supervisees need to experience the *empathic presence* of their supervisors (Lambers, 2006, 2013a, 2013b; Talley & Jones, 2019). When supervisees feel that their supervisors fully understand them, they are likely to gain better understanding of their

own experiences and feelings, as well as increase their ability to have empathic understanding of their clients (Lambers, 2006, 2013a, 2013b). The supervisor's *acceptance*, or valuing of all parts of the supervisee and trusting their growth process, facilitates the supervisor's ability to support the supervisee in finding their own personal style (Lambers, 2006, 2013a, 2013b; Talley & Jones, 2019). It allows them to accept the supervisee as they are, rather than expecting the supervisee to respond and relate to clients just as the supervisor would. (Lambers, 2006, 2013a, 2013b). This acceptance of differences between supervisee and supervisor provides a contrast between RD and the SWA. In the SWA, the relationship is considered stronger when the supervisor perceives the supervisee as being more similar to them (Efstation et al., 1990). Within the supervisory relationship characterized by RD, the supervisor would feel value and appreciate all parts of the supervisee, even those that are different from the supervisor. This acceptance is especially important in creating an environment in which a supervisee feels safe to explore mistakes they think they made (Lambers, 2013a). Finally, the supervisor's *congruence* allows them to be fully engaged with all parts of the supervisee (Lambers, 2006, 2013a, 2013b). The supervisor's congruence acts as a model for their supervisees which may be especially helpful for those counselors who struggle with being congruent with their clients (Lambers, 2000, 2006, 2013a, 2013b). The supervisor's congruence also allows them to be engaged with all parts of themselves, including with their necessary role as gatekeeper and evaluator (Talley & Jones, 2019). This type of supportive relationship provides the necessary conditions in which counselors can grow in their understanding of themselves and the therapeutic processes, as well as their self-confidence in their ability to use that understanding

within their therapeutic relationships (Hackney & Goodyear, 1984; Lambers, 2006, 2013a, 2013b; Rogers, 1951).

Conclusion

The supervisory relationship provides the environment in which counselors develop into competent, ethical practitioners. It is widely accepted that the supervisory relationship is a crucial component of clinical supervision that contributes to counselor growth (Bernard & Goodyear, 2019; Bell et al., 2016; Bordin, 1983; Creaner, 2014; Efstation et al., 1990; Ladany et al., 1999). The supervisory relationship has been shown to effect CSE, such that counselors-in-training who have stronger supervisory relationships tend report higher levels of CSE (Cashwell & Dooley, 2001; Efstation et al., 1990; Hanson, 2006). High levels of CSE have been shown to affect counselors' ability to persist in difficult situations (Bandura, 1977; Barnes, 2004), anxiety levels (Clemmons, 2017; Goreczny et al., 2015), satisfaction in the counseling role (Goreczny et al., 2015), counseling performance (Hanson, 2006; Larson & Daniels, 1998), and higher quality of therapeutic services (Hanson, 2006). Thus, having a better understanding of how CSE can be facilitated through the supervisory relationship would allow supervisors the opportunity to directly impact their supervisees' development, as well as the quality of services provided to their community.

Despite the understanding of the importance of the supervisory relationship, less than 10% of the supervision research focuses on the supervisory relationship (Bernard & Luke, 2015). Of the research that does exist, the vast majority focuses on one definition—the supervisory working alliance (Bernard & Luke, 2015). This definition of supervisory relationship, encompassing agreement on goals, tasks, and an emotional bond (Bordin, 1979; Bordin, 1983;

Ladany et al., 1999), does not necessarily capture how the strength of the supervisory relationship affects counselor development (Schmid & Mearns, 2006). Relational depth provides a framework for understanding the depth of relationship that can be applied to supervision (Lambers, 2006, 2013b). Exploration of the experience of RD in supervision, as well as its potential ability to predict CSE, will be the first step in filling this gap in the literature and contributing to the research on the impact of the supervisory relationship.

APPENDIX B

DETAILED METHODOLOGY

The present study is an exploration of relational depth (RD) within the supervisory relationship and its possible connection to the supervisee's level of counselor self-efficacy (CSE). The two research questions that have been addressed in this study are: (1) Does the clinical supervisee's perception of relational depth in supervision and the supervisory working alliance predict counselor self-efficacy? (2) Does the supervisor's perception of relational depth in supervision and the supervisory working alliance predict counselor self-efficacy?

Definition of Terms

- *Counselor self-efficacy*: Counselor self-efficacy is a "counselor's belief about his or her ability to perform counseling-related behaviors or to negotiate particular clinical situations" (Lent et al., 2003, p. 97). For the purposes of the current study, counselor self-efficacy was operationally defined as the score on the Counselor Activity Self-Efficacy Scales (CASES).
- *Relational depth*: Mearns and Cooper (2005) define relational depth as "a state of profound contact and engagement between two people, in which each person is fully real to the Other, and able to understand and value the Other's experiences at a high level" (p. xii). For the purposes of the current study, relational depth was operationally defined as scores on the Relational Depth Frequency Scales (RDFS).
- *Supervision*: For the purposes of this study, supervision refers to triadic supervision during a master's practicum course. Supervision sessions typically last one hour and happen on a weekly basis throughout the semester.
- *Supervisory working alliance*: The supervisory working alliance is "the sector of the overall relationship between the participants in which supervisors act purposefully to influence trainees through their use of technical knowledge and skill and in which trainees act willingly to

display their acquisition of that knowledge and skill" (Efstation et al., 1990, p. 323). For the purposes of the current study, supervisory working alliance was operationally defined as the score on the Supervisory Working Alliance Inventory (SWAI).

Participants

The present study explored RD within the supervisory relationship among counselor supervisees and their clinical supervisors. There are two groups of participants: counselor supervisees and clinical supervisors. Counselor supervisee participants were included in this study if they met the following criteria for inclusion:

a) Currently enrolled in a counseling master's program
b) Currently enrolled in counseling practicum course
c) Engaged in individual or triadic supervision as part of practicum course
d) Completed at least 8 supervision sessions with the same supervisor

Clinical supervisor participants were included in this study if they met the following criteria for inclusion:

a) Currently enrolled as a doctoral student in counselor education program
b) Successfully completed supervision course as part of doctoral program
c) Currently assigned to supervise master's practicum course
d) Engaged in individual or triadic supervision with at least one practicum supervisee

An a priori power analysis using G*Power Statistical Computing software (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner, & Lang, 2009) determined the number of participants needed to conduct multiple regression analyses. The power analysis (*1*- ß = .8, α

= .05, f^2 = .15) indicated that a sample size of 68 participants was needed for the model to have sufficient power for each analysis.

Participants were recruited from counseling practicum courses at a CACREP-accredited counseling program at a large university in the Southwestern United States. The present study sampled 56 complete supervisee-supervisor pairs. Four of these cases were significant outliers and were removed from the data set, leaving 52 counseling supervisees and 18 clinical supervisor participants. The 52 counseling supervisee participants had a mean age 28.83 (*SD* = 7.49) with a range of 22 to 57 years. Of the 52 counseling supervisee participants, 69.2% (*n* = 36) identified as White, 15.4% (*n* = 8) as Asian, 7.7% (*n* = 4) as Black/African American, 5.8% (*n* = 3) as multiracial, and 1.9% (*n* = 1) identified as other (Latino). The majority of supervisee participants (90.4%, n = 47) identified as not Hispanic/Latinx, with 9.6% (*n* = 5) identified as Hispanic/Latinx. Regarding gender, 19.2% (*n* = 10) of the sample identified as male and 80.8% (*n* = 42) identified as female. Regarding theory of counseling, 32.7% (*n* = 17) of supervisee participants identified as Adlerian, 26.9% (*n* = 14) identified as cognitive-behavioral theory (CBT), 25% (*n* = 13) identified as person-centered, 7.7% (*n* = 4) as existential, 1.9% (*n* = 1) as choice or reality theory, and 1.9% (*n* = 1) as Gestalt. Two participants did not identify their counseling theory.

The 18 clinical supervisors had a mean age of 31.17 (*SD* = 5.19) with an age range of 25 to 46. Of the 18 counseling supervisee participants, 83.3% (*n* = 15) identified as white, 5.6% (*n* = 1) as Black/African American, 5.6% (*n* = 1) as multiracial, and 5.6% (*n* = 1) identified as other (Latina). Regarding ethnicity, 94.4% (*n* = 17) of the supervisor sample identified as not Hispanic/Latinx, with 5.6% (*n* = 1) identifying as Hispanic/Latinx. Regarding gender, 16.7% (*n* =

3) of the sample identified as male and 83.3% (*n* = 15) identified as female. Regarding model of supervision, 33.3% (*n* = 6) of supervisors identified as using the discrimination model (Bernard & Goodyear, 2019), 22.2% (*n* = 4) used a humanistic-relationship oriented model, 16.7% (*n* = 3) use a person-centered model, 11.1% (*n* = 2) use the integrated developmental model (IDM; Bernard & Goodyear, 2019), 5.6% (*n* = 1) use a psychodynamic model, and 11.1% (*n* = 2) identified that they used some other model.

Instruments

Demographic Questionnaire

Participants completed a demographic form, which was developed by the researcher in order to collect general demographic information about each participant. The form asked participants to provide information about their age, gender, racial, and ethnic groups. Additionally, supervisee participants were asked about the number of supervision sessions they have had with their identified supervisor, as well as their identified guiding theory of counseling. Supervisor participants were asked to identify supervision modality and their identified model of supervision.

Counselor Activity Self-Efficacy Scales (CASES)

Lent, Hill, and Hoffman (2003) developed the CASES to measure counselor self-efficacy in three subdomains—performing helping skills, managing the session, and managing difficult situations. The CASES consists of a total of 41 questions. Each item is rated on a 10-point scale ranging from 0 to 9, with 0 indicating No Confidence and 9 indicating Complete Confidence. CASES has three parts which coincide with the three subdomains of self-efficacy. The CASES

total score is calculated by adding the scores from all items and dividing by 41, yielding a total score that ranges from 0 to 9 (Lent et al., 2003).

Subdomain 1: Helping Skill Self-Efficacy

Part 1 consists of 15 questions that assess the ability to perform basic counseling skills across three scales—exploration skills, insight skills, and action skills. Participants were asked to "indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients" (Lent et al., 2003, p. 98). Helping skills included attending, using reflections of feelings, utilizing intentional silence, providing self-disclosures for insight, and utilizing immediacy statements (Lent et al., 2003).

Subdomain 2: Session Management Self-Efficacy

Part 2 consists of 10 items that assess the ability to manage common counseling tasks in session. Participants are asked, "how confident are you that you could do these specific tasks effectively with most clients over the next week" (Lent et al., 2003, p. 98). Examples of items in this subdomain include ability to "help your client to talk about his or her concerns at a 'deep' level," "help your client to understand his or her thoughts, feelings, and actions," and "remain aware of your intentions (i.e., the purposes of your interventions) during sessions." (Lent et al., 2003).

Subdomain 3: Counseling Challenges Self-Efficacy

Part 3 consists of 16 items that assess ability to handle difficult situations in counseling across two scales—relationship conflict and client distress. The instructions are to:

Indicate how confident you are in your ability to work effectively, over the next week

> with each of the following client types, issues, or scenarios (By "work effectively," I am referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions, and, ultimately, to help the client resolve his or her issues) (Lent et al., 2003, p. 98)

Items assess ability to work with clients who are depressed or suicidal, clients the counselor considers sexually attractive, and clients with core values that differ from the counselor's values, for example.

The CASES was normed on a sample of 345 participants who were either advanced undergraduate students (46%), students in a master's counseling practicum (34%), or doctoral students (20%). The sample consisted of 77% female and 22% male participants, with ages ranging from 20 to 57 years, with an average age of 26. European Americans represented the majority of the sample with 66%, followed by 17% African Americans, 6% Hispanic American, 9% Asian American, and 3% identifying as multiracial or other.

The CASES was shown to have high internal consistency, with a Cronbach's alpha of .97. Cronbach's alpha coefficients for the individual scale scores, ranging from .79 for exploration skills to .94 for session management and client distress (Lent et al., 2003). The individual CASES scales had intercorrelations ranging from .44 to .72. The test-retest reliability estimates showed that CASES scores remained relatively stable over a two-week period. Lent et al. (2003) tested convergent validity by testing the correlations between the CASES and the COSE, another assessment of counselor self-efficacy with strong psychometric properties. Lent and colleagues (2003) performed a factor analysis and found that the results supported a two-factor solution, with the first factor assesses self-efficacy in performing counseling tasks and skills, and the second factor assesses self-efficacy in dealing with complex clients and clinical situations, and accounting for 78% of the variance. The CASES was also shown to have good convergent and

discriminant validity (Lent et al., 2003). The Cronbach alpha for the CASES in the present study was .95.

Relational Depth Frequency Scale (RDFS)

The RDFS is an instrument developed for the purpose of evaluating the frequency of relational depth in a relationship (Di Malta, 2016). The RDFS contains 20 items scored on a 5-point Likert scale. Likert scale ratings are as follows: 1 = *not at all*, 2 = *only occasionally*, 3 = *sometimes*, 4 = *often*, and 5 = *most or all of the time* (Di Malta, 2016).

The RDFS consists of two subscales: "moments of relational depth" and "enduring relational depth" (Di Malta, 2016, p. 96). The 'moments of relational depth' subscale consists of eight items, including "I experienced an intense connection with him/her" and "We were deeply connected to one another" (Di Malta, 2016, p. 129). The enduring relational depth subscale consists of 12 items, with questions such as "I felt we were accepting of one another" and "I felt we were both completely genuine with each other" (Di Malta, 2016, p. 129).

Participants are instructed to answer all items based on the prompt, "Over the course of my relationship with _____, there were moments where…" (Di Malta, 2016, p. 163). Items are all scored by hand, with a total possible score ranging from 20 to 100. Scores that range from 20 to 40 indicate that relational depth was not experienced or rarely experienced in the identified relationship. Scores ranging from 40 to 60 indicate that relational depth was experienced only occasionally or some of the time. Scores ranging from 60 to 80 indicate that relational depth was experienced sometimes or often in the relationship. Finally, scores ranging from 80-100 indicate that relational depth was experienced often or most of the time in the relationship.

The Moments of Relational Depth subscale has a total possible score ranging from 8 to 40 (Di Malta, 2016). Scores that range from 8 to 16 indicate that relational depth was not experienced or rarely experienced in the identified relationship. Scores ranging from 16 to 24 indicate that relational depth was experienced only occasionally or some of the time. Scores ranging from 24 to 32 indicate that relational depth was experienced sometimes or often in the relationship. Finally, scores ranging from 32 to 40 indicate that relational depth was experienced often or most of the time in the relationship.

The Enduring Relational Depth subscale has a total possible score ranging from 12 to 60. Scores ranging from 12 to 14 indicate that relational depth was not experienced or rarely experienced in the identified relationship. Scores ranging from 24 to 36 indicate that relational depth was experienced only occasionally or some of the time. Scores ranging from 36 to 48 indicate that relational depth was experienced sometimes or often in the relationship. Finally, scores ranging from 48 to 60 indicate that relational depth was experienced often or most of the time in the relationship (Di Malta, 2016).

The RDFS was shown to have high internal consistency reliability with a Cronbach's alpha of .96 (Di Malta, 2016). All items were positively correlated, with intercorrelations ranging from .32 to .78. Convergent validity was tested against the Relational Depth Inventory (RDI) resulting in a Spearman Rho correlation coefficient of .68, and against the Working Alliance Inventory-Self Report (WAI-SR), resulting in a Spearman Rho correlation coefficient of .68 which is considered to be both strong and statistically significant (Akoglu, 2018). Divergent validity was testing against the SCS-SF, and was found to be acceptable (Di Malta, 2016). The Cronbach alpha for the RDFS in the present study was .97.

Supervisee Working Alliance Inventory (SWAI)

The SWAI was developed to measure the relationship between supervisor and supervisee within clinical supervision and consists of two versions, one for supervisors and one for trainees (Efstation et al., 1990). The supervisor version (SWAI-S) consists of three factors (client focus, rapport, and identification) with 23 total items and the trainee version (SWAI-T) consists of two factors (rapport and client focus) with 19 total items. Individuals are asked to "indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee/supervisor" (Efstation et al., 1990). In both versions, items are rated on a 7-point scale with 1 indicating *almost never* and 7 indicating *almost always*. Each scale is scored individually by summing the scale items and dividing by the number of items in the scale.

The SWAI-S client focus scale includes 9 items, such as "I help my trainee stay on track during our meetings" and "When correcting my trainee's errors with a client, I offer alternative ways of intervening" (Efstation et al., 1990). The SWAI-S rapport scale includes 7 items such as "I welcome my trainee's explanations about his/her client's behaviors" and "I make an effort to understand my trainee" (Efstation et al., 1990). The SWAI-S identification scale includes 7 items such as "my trainee appears to be comfortable working with me" and "my trainee identifies with me in the way he/she thinks and talks about his/her clients" (Efstation et al., 1990). The SWAI-T rapport scale includes 12 items such as "I feel comfortable working with my supervisor," "my supervisor helps me talk freely in our sessions," and "I feel free to mention to my supervisor any troublesome feelings I might have about him/her" (Efstation et al., 1990). The SWAI-T client focus scale includes 7 items such as "my supervisor's style is to carefully and

systematically consider the material I bring to supervision" and "I work with my supervisor on specific goals in the supervisory session" (Efstation et al., 1990).

The SWAI was normed on a sample of 185 supervisors and 178 trainees. Supervisors in the sample were doctoral-level psychologists who were currently providing supervision to interns or advanced practicum students. The trainees were currently receiving supervision for internship or advanced practicum courses.

The researchers estimated internal consistency reliability, with the supervisor scales of Client Focus, Rapport, and Identification having Cronbach's alpha of .71, .73, and .77, respectively. Cronbach's alpha for trainee scales were .90 for Rapport and .77 for Client Focus (Efstation et al., 1990). SWAI-S scales have correlations between .23 and .26, while the correlation between the SWAI-T scales is .47. Correlations between the SWAI-S and SWAI-T scales range between .03 to .36. The researchers found support for the convergent and divergent validity of the SWAI scales against the Supervisory Styles Inventory (SSI) and the Self-Efficacy Inventory Scales (SEI). In the present study, the Cronbach alpha for the SWAI-T was .95 and the Cronbach alpha for the SWAI-S was .84.

Procedures

The researcher obtained approval to conduct the present study with human subjects from the University of North Texas Institutional Review Board. Following IRB approval of the study, the researcher contacted the instructors of master's counseling practicum courses at a large southwestern university in the U.S. seeking permission to collect data during their class time from their students and assigned doctoral supervisors. After informing students and supervisors that their participation is voluntary, survey packets were given to all of the

counseling students in each class, along with their doctoral-level supervisors. Each survey packet contained a copy of the informed consent and a demographic questionnaire, both of which can be found in the appendix. Counseling supervisee survey packets also contained an assessment packet containing the CASES, SWAI-T, and RDFS. Clinical supervisor assessment packets included a copy of the informed consent, demographic questionnaire, the SWAI-S, and RDFS that they will complete for each of their supervisees. Data was collected in the last quarter of the semester to in order to ensure that the supervisory relationship has had time to develop.

The practicum course is held on-site at a university clinic serving community-based clients. During this practicum course, which follows CACREP guidelines, supervisees are expected to complete 40 direct-client contact hours and 60 indirect hours, for a total of 100 hours of professional practice. During each 5-hour class, supervisees spend at least one hour in triadic or individual supervision, at least 1.5 hours in group supervision, approximately two hours spent seeing clients, and spend 30 minutes doing necessary paperwork.

Data was collected across two semesters of practicum cohorts. The original research plan included an intention to collect data for a third semester. Due to pandemic conditions caused by COVID-19 in 2020, I was unable to collect data for the third semester. Practicum procedures changed to online counseling and supervision which represented substantial differences in how supervision was conducted rendering third semester data collection incomparable.

Data Analysis

The final resulting data was entered into SPSS. In order to address the two research

questions, the present study utilized two linear multiple regressions to explore the variance in counselor self-efficacy explained by the supervisee's perception of supervisory working alliance and relational depth in supervision, as well as the supervisor's perception of the supervisory working alliance and relational depth in supervision. By utilizing a multiple regression analysis, the researcher explored the relationships between multiple predictor variables on the criterion variable (Heppner et al., 2016). In the present study, predictor variables were entered into the model to determine the amount of variance in counselor self-efficacy explained by the entire model. Structure coefficients were then calculated to determine unique variance accounted for in the regression model. In the first of two linear regression analyses, supervisee RDFS and SWAI-T were utilized as the independent variables, with CASES as the dependent variable. In the second analysis, supervisor RDFS and SWAI-S were utilized as the independent variables, with CASES as the dependent variable. According to G*Power, to conduct a linear multiple regression with a medium effect size ($f2 = .15$), power = .80, $\alpha = .05$, with two predictors, the current study would a sample size of 68.

Regression analyses have a few basic assumptions which must be met prior to running analyses (Keith, 2015). First, the assumption of linearity is the most fundamental assumption of multiple regression analyses and assumes that the relationship between the dependent variable (counselor self-efficacy) and each independent variable (supervisee RDFS and SWAI-T in the first analysis, supervisor RDFS and SWAI-S in the second) is linear (Cohen et al., 2003; Tabachnick & Fidell, 2013). The linearity assumption was assessed using visual inspection of a scatterplot depicting the standardized residuals against the standardized predicted scores. The assumption of normality assumes that the residuals, or errors in prediction, of the independent

variables are normally distributed (Cohen et al., 2003; Keith, 2015; Tabachnick & Fidell, 2013). Normality was assessed through visual inspection of probability-probability (P-P) plots. The assumption of homoscedasticity assumes that for all values of the independent variables, the error variance is similar (Ernst & Albers, 2017). Homoscedasticity was assessed by visual inspection of the same scatterplot used to assess linearity. The final main assumption of ordinary least squares multiple regression is that there is independence of observations (Cohen et al., 2003; Field, 2018). In other words, the errors in the regression model for each case must not be influenced by or related to any other case (Cohen et al., 2003; Field, 2018). To test for independence, I utilized the Durbin-Watson test in SPSS (Field, 2018). Values for the Durbin-Watson statistic range from 0-4. If the Durbin-Watson value is 2, it indicates that residuals are uncorrelated and the assumption has not been violated. In general, values greater than 1 or less than 3 are considered acceptable (Field, 2018).

In addition to testing these assumptions, I also assessed for outliers and multicollinearity, which can both affect the predictive ability of regression analyses. Outliers were assessed for by considering the distance, with noteworthy distance being indicated by standardized residuals that are ±2 (Keith, 2015). Multicollinearity occurs when two independent variables in a regression model are highly correlated (Keith, 2015). High multicollinearity suggests that two of the predictor variables are essentially measuring the same thing, making it difficult to determine which variable is predicting the dependent variable. In order to check for multicollinearity using SPSS, I utilized collinearity statistics to review the tolerance and variance inflation factor (VIF; Keith, 2015). Multicollinearity is likely an issue if the tolerance values are below approximately 1.4-1.7 and the VIF values are above 6-7 (Keith, 2015). Additionally, I

created a correlation matrix in SPSS that displays the correlations between all of the variables entered into the regression model. Berry and Feldman (1985) suggest that a correlation between independent variables that is .80 or greater indicates problematic multicollinearity.

To interpret the data, I observed the *R*-squared value to determine the total amount of variance explained by predictor variables (SWAI-T and counselor RDFS in first regression, SWAI-S and supervisor RDFS in second regression). Next, beta weights were observed for the entire model to identify dominant predictors in the model. I interpreted beta weights by calculating structure coefficients from correlations between independent and dependent variables. The structure coefficients clarified the amount of variance each independent variable explained in the predicted scores. Structure coefficients were then compared with beta weights to determine if any predictors shared variance explained.

APPENDIX C

UNABRIDGED RESULTS

The following results include descriptive characteristics of the study sample included in the demographic questionnaire for both supervisee and supervisor participants. I will then present multiple regression analyses to answer the two research questions as well as post-hoc analyses.

Descriptive Characteristics

All data were collected and coded in SPSS. Table C.1 presents descriptive statistics for all nominal variables in the demographic questionnaire. Supervisees reported a mean of 12.98 (*SD* = 2.51) supervision sessions with their supervisors with a range of 8 to 25 supervision sessions (*Mo* = 14).

Table C.1

Nominal Variables of Demographic Questionnaires

Item	Subcategory	Supervisees (*n* = 52)		Supervisors (*n* = 18)	
		n	%	*n*	%
Gender	Male	10	19.2	3	16.7
	Female	42	80.8	15	83.3
Race	Asian	8	15.4	—	—
	Black/African American	4	7.7	1	5.6
	White	36	69.2	15	83.3
	Multiracial	3	5.8	1	5.6
	Other	1	1.9	1	5.6
Ethnicity	Not Hispanic/Latinx	47	90.4	17	94.4
	Hispanic/Latinx	5	9.6	1	5.6
Counseling Theory	CBT	14	26.9		
	Person-centered	13	25.0		
	Adlerian	17	32.7		
	Choice/Reality	1	1.9		
	Existential	4	7.7		
	Gestalt	1	1.9		
	Missing	2	3.8		

(table continues)

Item	Subcategory	Supervisees (n = 52)		Supervisors (n = 18)	
		n	%	*n*	%
Model of Supervision	Psychodynamic			1	5.6
	Humanistic-relationship oriented			4	22.2
	Person-centered			3	16.7
	IDM			2	11.1
	Discrimination Model			6	33.3
	Other			2	11.1

Due to the wide range of supervision sessions, I conducted a correlational analysis to explore the relationship between number of sessions and the relationship predictor variables. No statistically significant correlations were found. Regarding supervision modality, 82.7% (*n* = 43) reported receiving only triadic supervision, 7.7% (*n* = 4) reported receiving only individual supervision, and 9.6% (*n* = 5) reported receiving a combination of individual and triadic supervision.

Predictors of Counselor Self-Efficacy

To answer the study's research questions, linear multiple regression analyses were conducted using total CASES score as dependent variable with SWAI-T and supervisee reported RDFS as predictors in the first analysis, and SWAI-S and supervisor reported RDFS as predictors in the second. Table C.2 provides the mean, standard deviation, minimum, maximum, and range of CASES total scores and scale scores, SWAI-T and SWAI-S total scores and scale scores, and the supervisee and supervisee reported RDFS total scores and scale scores. The regression analysis was conducted using SPSS REGRESSION.

Table C.2

Scores for CASES, SWAI-T, SWAI-S, Supervisee RDFS, and Supervisor RDFS

Item	Mean	Std. Dev.	Minimum	Maximum	Range
CASES Total Score	6.66	0.84	4.05	8.39	4.34
Helping Skills	6.51	0.93	3.93	8.80	4.87
Session Management	7.17	0.81	5.30	8.60	3.30
Counseling Challenges	6.49	1.04	3.13	8.50	5.37
SWAI-Trainee Total Score	6.15	0.67	4.47	7.00	2.53
Rapport	6.24	0.73	4.17	7.00	2.83
Client Focus	5.99	0.76	4.43	7.00	2.57
SWAI-Supervisor Total Score	5.57	0.55	4.39	6.96	2.57
Rapport	6.00	0.57	4.43	7.00	2.57
Client Focus	5.40	0.67	4.00	7.00	3.00
Identification	5.35	0.98	3.00	7.00	4.00
Supervisee RDFS Total Score	77.88	14.06	45.00	100.00	55.00
Moments	27.15	7.67	12.00	40.00	28.00
Enduring Relationship	50.73	7.30	33.00	60.00	27.00
Supervisor RDFS Total Score	65.48	16.27	27.00	100.00	73.00
Moments	22.67	7.21	8.00	40.00	32.00
Enduring Relationship	42.81	9.43	19.00	60.00	41.00

Supervisee's Perspective of the Supervisory Relationship

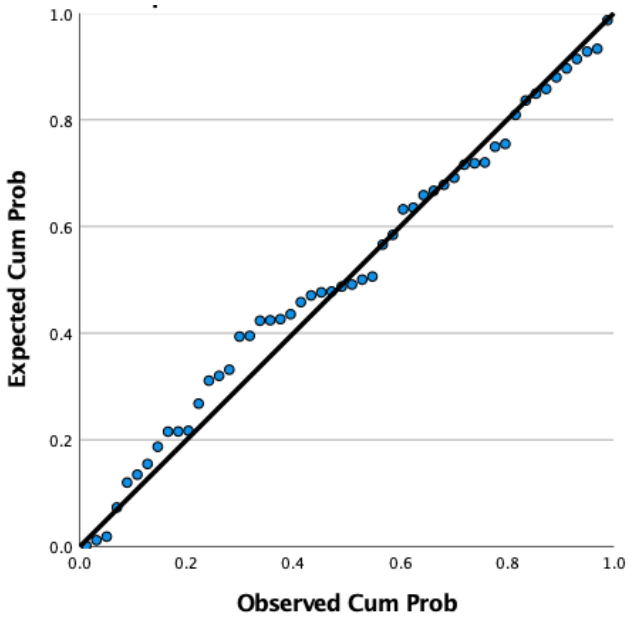
To answer the first research question, a linear multiple regression analysis was conducted to determine the extent to which supervisee RDFS and SWAI-T could predict the supervisee's counselor self-efficacy. Prior to running the regression analysis, SPSS FREQUENCIES and SPSS EXPLORE was used to evaluate the assumptions of normality, multicollinearity, linearity, and homoscedasticity and to assess for outliers in the data set (Pallant, 2016). Scatterplots, boxplots, skewness, and kurtosis were also observed to assess the degree to which

assumptions were met or violated for each predictor variable.

Inspection of the Kolmogorov-Smirnov test of normality revealed that SWAI-T Total scores and the supervisee RDFS Total scores were non-normally distributed, each with several outliers. Further inspection of those data points revealed notably lower scores on all relational assessments. Data from four participants were removed from further analysis, dropping participants from 56 to 52; this data set with 52 cases was used for all analyses. Following the removal of these cases, visual inspection of the probability P Plot of regression standardized residuals with the CASES Total score as the dependent variable, seen in Figure 1, demonstrated a relatively normal distribution.

Figure C.1

Normal P-P Plot of Supervisee Regression Standardized Residual with CASES Total Score as Dependent Variable



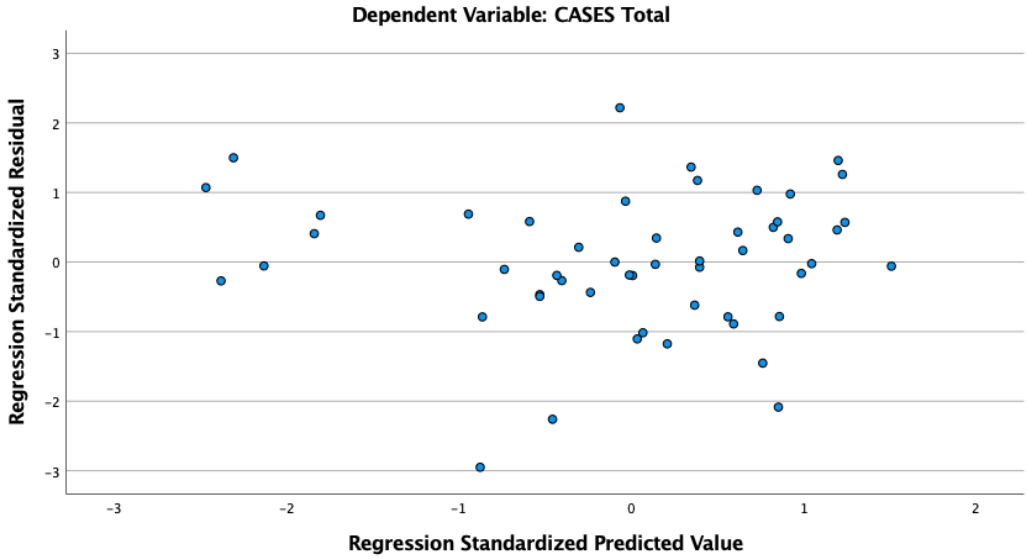
Analysis of correlation confirmed that the independent variables did not have a correlation larger than .7 and assessment of tolerance and variance inflation factors (VIF)

revealed no tolerance coefficients below .10 or VIF above 10, indicating that the multicollinearity assumption has been met (Pallant, 2016).

Figure C.2 displays the scatterplot of standardized predicted values on the x-axis and standardized residuals on the y-axis. The points on this scatterplot appear to have a slight fan-shaped pattern and negative skew, indicating a violation of the assumption of homoscedasticity. Heteroscedasticity can weaken the analysis of ungrouped data but is not fatal and does not invalidate the results of regression analyses (Tabachnick & Fidell, 2013). Because linear regression is a robust analysis and due to the inherent challenges of interpreting transformed CASES scores, the original data without transformation was used in the analysis.

Figure C.2

Scatterplot of Supervisee Regression Standardized Predicted Values and Regression Standardized Residuals



To test for independence, I utilized the Durbin-Watson test in SPSS (Field, 2018). The Durbin-Watson value was 2.324 which indicates that residuals are uncorrelated, and the assumption has not been violated.

Upon meeting the assumptions for multiple regression analysis, I conducted the analysis. Analysis of correlations between predictor variables and the criterion variable indicated three statistically significant correlations. All correlations are listed in Table C.3. The strongest statistically significant correlation was the relationship between supervisee perception of supervisory working alliance and supervisee perception of supervisory relational depth (r = .658, p < .001). Those who reported a stronger supervisory working alliance were more likely to report greater supervisory relational depth. The second strongest statistically significant correlation was between the supervisee perception of working alliance and counselor self-efficacy (r = .384, p = .002).

Table C.3

Correlations between Supervisee Predictor Variables and CASES Total Scores

		CASES Total	SWAI-T Total	Supervisee RDFS Total
CASES Total	Pearson Correlation	1.00	0.384**	0.234*
	Sig. (2-tailed)		0.002	0.048
	N	52	52	52
SWAI-T Total	Pearson Correlation	0.384**	1.00	0.658**
	Sig. (2-tailed)	0.002		<.001
	N	52	52	52
Supervisee RDFS Total	Pearson Correlation	0.234*	0.658**	1.00
	Sig. (2-tailed)	0.048	<.001	
	N	52	52	52

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

Those who reported stronger supervisory working alliance were more likely to report higher levels of counselor self-efficacy. There was also a statistically significant correlation between supervisee perception of relational depth and counselor self-efficacy (r = .234, p

= .048), with those reporting greater supervisory relational depth also being more likely to report higher levels of counselor self-efficacy.

The regression, *R*, was statistically significantly different from zero, F(2, 49) = 4.26, *p* = .020, with R^2 = .15 indicating that the two independent variables accounted for approximately 15% of the variance in the CASES total scores. This indicates that the theory and model of this study are substantive, though not robust.

The structure coefficient for each independent variable was calculated using the equation $r_s = r_{xy1}/R$ where r_s is the structure coefficient, r_{xy1} is the correlation between the independent variable and the dependent variable, and *R* is the regression coefficient (Ziglari, 2017). The structure coefficients were then squared to indicate percentage of predicted variance in *R* by each of the predictor variables. Table C.4 displays the beta weights, structure coefficients, and squared structure coefficients for each of the predictors.

Table C.4

Beta Weights and Structure Coefficients for Supervisee Variables Predicting CASES Total Scores

Predictor	*B*	*SE B*	β	*t*	*p*	r_s	r_s^2
SWAI-T Total	0.505	0.218	0.406	2.316	0.025	0.997	0.994
Supervisee RDFS Total	-0.002	0.01	-0.033	-0.191	0.850	0.608	0.370

Examination of beta weights reveals that supervisee perception of SWA (β = .406, *p* = .025) is receiving essentially all of the credit for prediction in the regression equation, with supervisee RDFS receiving no credit (β = -.033, *p* = .850). The squared structure coefficients reveal that supervisee perception of supervisory working alliance explains 99% of the variance account for in the effect; however, the squared structure coefficient for supervisee RDFS

indicates that it is able to explain 37% of the variance in predicted scores. In order to better understand the unique and common variance of the predictor variables, I conducted a regression commonality analysis (Nimon & Reio, 2011), the results of which can be seen in Table C.5.

Table C.5

Commonality Coefficients for Supervisee Regression Model

Variables	Coefficient	% Total
Unique to SWAI-T	0.093	62.84
Unique to Supervisee RDFS	0.001	0.68
Common to SWAI-T & Supervisee RDFS	0.054	36.49
Total	0.148	100

Supervisory working alliance uniquely explains 63% of the variance in counselor self-efficacy, while supervisory relational depth uniquely explains only 1% of the variance. However, the two predictors share a common 36% of the variance in counselor self-efficacy.

Supervisor's Perspective of the Supervisory Relationship

To answer the second research question, a linear multiple regression analysis was conducted to determine the extent to which supervisor RDFS Total scores and SWAI-S Total scores could predict the supervisee's counselor self-efficacy. Prior to running the regression analysis, SPSS FREQUENCIES was used to evaluate the assumptions prior to running the analysis (Pallant, 2016). Upon visual inspection, the analysis demonstrated some normal skewness in the distribution of standardized residuals. Figure C.3 displays the probability P Plot of regression standardized residuals with the CASES as the dependent variable.

Figure C.3

Normal P-P Plot of Supervisor Regression Standardized Residuals with CASES as Dependent Variable

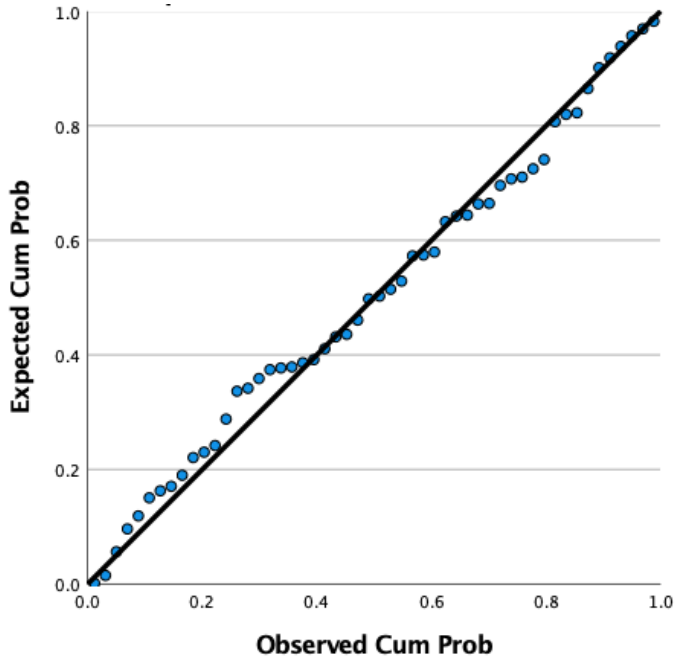


Figure C.4

Scatterplot of Supervisor Regression Standardized Predicted Values and Regression Standardized Residuals

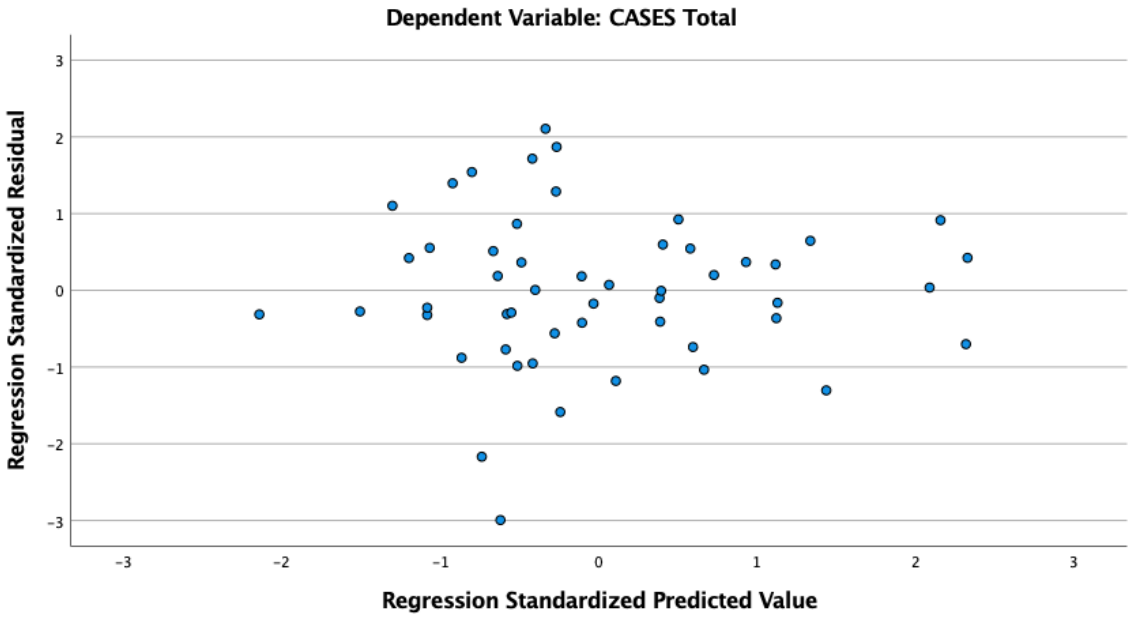


Figure C.4 displays the scatterplot of standardized predicted values on the x-axis and standardized residuals on the y-axis. The points on this scatterplot appear to have a slight fan-shaped pattern and negative skew, indicating a violation of the assumption of homoscedasticity. Heteroscedasticity can weaken the analysis of ungrouped data but is not fatal and does not invalidate the results of regression analyses (Tabachnick & Fidell, 2013). Because linear regression is a robust analysis and due to the inherent challenges of interpreting transformed CASES scores, the original data without transformation was used in the analysis. To test for independence, I utilized the Durbin-Watson test in SPSS (Field, 2018). The Durbin-Watson value was 2.363 which indicates that residuals are uncorrelated, and the assumption has not been violated.

Upon meeting the assumptions for multiple regression analysis, I conducted the analysis. Analysis of correlations between predictor variables and the criterion variable indicated one statistically significant correlation. The only statistically significant correlation was the relationship between supervisor perception of supervisory working alliance and supervisor perception of supervisory relational depth ($r = .489$, $p < .001$). Those who reported a stronger supervisory working alliance were more likely to report greater supervisory relational depth. All other correlations were small and not statistically significant. All correlations are listed in Table 8.

The regression analysis was not statistically significant, $F(2, 49) = .686$, $p = .508$. This indicates that the predictors SWAI-S Total scores and Supervisor RDFS Total scores did not statistically significantly predict supervisee counselor self-efficacy. Further analyses were not conducted because the model did not explain variance in predicted self-efficacy scores.

Table 8

Correlations between Supervisor Predictor Variables and CASES Total Scores

		CASES Total	SWAI-T Total	Supervisee RDFS Total
CASES Total	Pearson Correlation	1.00	0.057	-0.108
	Sig. (2-tailed)		0.345	0.224
	N	52	52	52
SWAI-S Total	Pearson Correlation	0.057	1.00	0.489**
	Sig. (2-tailed)	0.345		<.001
	N	52	52	52
Supervisor RDFS Total	Pearson Correlation	-0.108	0.489**	1.00
	Sig. (2-tailed)	0.224	<.001	
	N	52	52	52

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

Post Hoc Analyses

Upon inspection of the data, I noted a difference in mean scores on the RDFS and SWAI when rated by supervisees and supervisors. An independent samples *t*-test was conducted to compare the RDFS scores for supervisees and supervisors. There was a significant difference in scores for supervisees (M = 77.88, SD = 14.06) and supervisors (M = 65.48, SD = 16.27; $t(102) = 4.161$, $p < .001$). The magnitude of the differences in the means (mean difference = 12.40, 95% CI [6.49, 18.32]) was large (Cohen's d = .816). An independent samples *t*-test was unable to be run on the SWAI scores because the SWAI-T and SWAI-S are different instruments.

APPENDIX D

EXTENDED DISCUSSION

The present study explored experiences of relational depth in the supervisory relationship and the potential connection between supervisory relational depth and counselor self-efficacy. The two regression analyses indicated that only the supervisee's perception of relational depth (RD) in supervision and the supervisory working alliance (SWA) predicted counselor self-efficacy (CSE). The supervisor's perspective on RD and SWA did not predict the CSE variable. Furthermore, results showed that supervisory RD shared almost all its variance with the SWA. In the following discussion I will address findings from the current study regarding supervisee and supervisor's perceptions of supervisory relational depth and supervisory working alliance and the ability for these factors to predict counselor self-efficacy. I will discuss the implications and limitations of the current study and provide suggestions for future training and research.

Predicting Counselor Self-Efficacy

Multiple regression analyses indicated that only the supervisee's perspective on the supervisory relationship had a significant relationship with CSE. Neither the supervisor's perspective on the SWA nor RD had a significant correlation with CSE, nor was the regression model significant. The supervisee's perception of SWA and RD in the supervisory relationship, however, predicted approximately 15% of the variance in the supervisee's level of CSE. Supervisee SWA had a moderate correlation ($r = .384$, $p < .01$) with CSE, while supervisee RD had a small correlation ($r = .234$, $p = .05$) with CSE.

Results from this study are somewhat in line with previous research. Although there is no previous research regarding the connection between CSE and RD, Hanson (2006) found that SWA predicted 31% of the variance in CSE, which is significantly more than was found in the

current study. In this study, there was a moderate correlation between SWA and CSE (r = .38, p < .001), which is similar to the moderate correlation between SWA and CSE (r = .37, p < .001) found using a meta-analysis (Park et al., 2018).

One possible explanation for this relationship concerns the supervisees' beliefs about how their supervisor perceives them. Morrison and Lent (2018) investigated a theoretical relational model of CSE development and found that relation-inferred self-efficacy (RISE), or what a supervisee believes their supervisor thinks about the supervisees' abilities, moderated the relationship between SWA and CSE. When supervisees perceived that there was a strong SWA, they were also likely to believe that their supervisors viewed them as capable of performing competently as counselors and were therefore more likely to think more positively of their own abilities. Conversely, supervisees who experienced lower levels of SWA were more likely to believe their supervisors regarded their abilities more negatively and thus experienced lower levels of CSE. Additionally, this model supports the idea that the quality of the supervisory relationship and the amount of support, encouragement, and trust that the supervisee experiences from their supervisor within the supervisory relationship, might have a direct impact on supervisees' self-efficacy beliefs (Hanson, 2006; Morrison & Lent, 2018).

Another potential explanation for the relationship between the supervisory relationship and CSE comes from the research on the impact of the therapeutic relationship on client outcomes. Regardless of therapeutic orientation, there is widespread agreement that a strong therapeutic relationship contributes to the effectiveness of counseling and client outcomes (Hanson, 2006; Lambert & Barley, 2001; Worthen & McNeill, 1996). Researchers theorize that the impact of the supervisory relationship on supervisee outcomes, such as increased CSE, may

parallel the impact of the therapeutic relationship. The type of supervisory relationship described by Lambers (2006, 2013a, 2013b), consisting of a supervisor who provides empathic presence, unconditional acceptance, and congruence is the type of relationship that may result in supervisees feeling seen, accepted, and encouraged. A strong relational supervision relationship, in Morrison and Lent's (2018) theory, contributes to the likelihood of the supervisee perceiving that their supervisor views them and their abilities positively, which then has a positive impact on CSE.

Predictive Ability of SWA and RD

In the current study, assessment of beta weights and squared structure coefficients indicated that both SWA and RD were able to predict variance in CSE; however, the regression model assigned most of the predictive ability of the model to the SWA variable, which can happen when there is a high level of correlation between predictor variables (Ziglari, 2017). In this case, conducting a regression commonality analysis allowed for better understanding of how each predictor variable contributed to the overall regression effect (Nimon & Reio, 2011).

Commonality analysis revealed both the unique effects, or those that each variable alone accounts for, and the common effects, or those that multiple variables share, of each predictor variable (Nimon & Reio, 2011). In this study, the commonality analysis revealed that supervisee RD had almost no unique contribution to the regression effect, accounting for less than 1% of the effect. SWA, however, uniquely accounted for 63% of the variance in the regression effect. The common effect that RD and SWA shared accounted for 36% of the variance in the regression effect. Therefore, essentially all of the variance in the effect that can be accounted for by RD is shared with the SWA. Although RD has been theorized as being

something different and deeper than the SWA (Schmid & Mearns, 2006), in this sample the two variables appear to be measuring the same construct.

Other researchers have also found a strong relationship between RD and working alliance. Wiggins and colleagues (2012) found a strong correlation ($r = .72$, $p < .01$) between client perceptions of RD as measured by the Relational Depth Inventory (RDI) and working alliance (WA) in therapy. However, in an earlier study, Wiggins (2011) assessed correlations between RDI and WA with various therapeutic outcome measures and found that WA was not significantly correlated with the outcomes while RDI was statistically significantly correlated with all three. They conducted a multiple regression analysis and found that RDI statistically significantly predicted 14% of the variance in the outcome measures, while the WAI (Working Alliance Inventory) only predicted 2%. These results provide some support that RD and WA may be distinct constructs; yet this conclusion was not supported in the current study.

Wiggins and colleagues (2012) suggested that the evidence at the time was not enough to conclude that RD and WA are two separate constructs. They theorized that RD may be an extension of working alliance as opposed to a completely different construct. The research into RD provides evidence that relationships or moments in which RD is present is different from normal relationships (Mearns & Cooper, 2005; Wiggins et al., 2012). It is characterized by deep feelings of connection, respect, empathy, mutuality, and even love (Di Malta, 2016; Mearns & Cooper, 2005; Wiggins et al., 2012). Theoretically, the RD description of relationship is seemingly more complex than descriptions in the literature on working alliance. The statement by Schmid and Mearns (2006) that WA represents a "superficial level of relationship" (p. 178) allows for the possibility that RD may be a construct that provides an extension to the

therapeutic bond in WA and examining the depth of the relational bond.

Relational Depth in Supervision

This is the first study to provide quantitative evidence that relational depth is experienced within the supervisory relationship by supervisees and supervisors. Both groups of participants in this study reported that they experienced RD sometimes or often within the supervisory relationship. However, there were significant differences between supervisees and supervisors on the *RD Moments* and *Enduring Relationship* subscales of the Relational Depth Frequency Scales (RDFS). While supervisees reported that they experienced moments of RD sometimes or often within the relationship (M = 27.15, SD = 7.67), their supervisors experienced moments of RD only occasionally or some of the time (M = 22.67, SD = 7.21). Supervisees reported that they felt an enduring sense of depth in the supervisory relationship often or most of the time (M = 50.73, SD = 7.30) while their supervisors experienced an enduring sense of depth only sometimes or often (M = 42.81, SD = 9.43). Overall, there was a moderate correlation between supervisee RDFS and supervisor RDFS (r = .51, p < .001). Although there is a positive relationship, there are statistically significant differences between supervisors and supervisees' perceptions of the depth of the supervisory relationship.

Bilodeau and colleagues (2010) specifically addressed the convergence between supervisor and supervisee perceptions of the supervisory relationship. They assessed convergence between supervisor and supervisee reports of supervisory working alliance across five supervision sessions. They found that there was a statistically significant difference between supervisee and supervisor scores on the SWAI, with supervisees reporting stronger supervisory working alliance than their supervisors. These findings along with those from the

current study suggest supervisors may have a different threshold for what they consider RD and alliance.

Bilodeau and colleagues (2010) attempted to explain this difference by examining research on congruence and convergence within therapeutic relationships. They noted that within the literature on therapeutic alliance, there also seems to be differences between client and counselor reports of alliance, with clients tending to rate the alliance as being stronger than their counselors' ratings (Bilodeau et al., 2010; Chen et al., 2018). Bilodeau and colleagues (2010) proposed that these differences may be due to the difference in theoretical ideas of relationship for both groups—counselors are more likely to perceive the alliance in terms of the components of working alliance (goals, tasks, and bond), while their clients' perceptions of the alliance are more likely to be based on more general relational components such as respect and trust. Chen and colleagues (2018) proposed that counselors' relational or affiliation tendencies might affect the level of congruence between counselor and client report of relationship, providing another possible explanation for the alliance divergence.

Within the supervisory relationship, it is possible that the supervisee and supervisor have differing levels of relational characteristics and tendencies. Perhaps these differences might account for the incongruence in SWA scores. Another additional explanation for this particular sample is that almost all of the supervisors had been previously exposed to the RD construct during their doctoral training, while the supervisees likely had no or minimal exposure to the construct. Perhaps education and training on RD and the therapeutic relationship impact how supervisors perceive the relationship. If this is the case, one way to increase the congruence between supervisee and supervisor scores would be for supervisors to

address the supervisory relationship and perhaps even the construct of RD with their supervisees such that they are assessing the relationship through the same theoretical lens.

Limitations

Although there are valuable implications regarding findings about the experience of relational depth in supervision, there are also several limitations of this study. One limitation of this study is the small sample size and reduced power. The a priori power analysis determined that the number of participants needed to conduct multiple regression analyses with sufficient power was 68. This would indicate that I would need an additional 16 participants in order to find a medium effect with two predictors and the CASES variable. I conducted a post hoc power analysis (n = 52, α = .05, f^2 = .17) that determined the power of the study (1- ß) was 0.74. Although .8 is considered to be ideal power for studies, studies that fall below the .8 marker can still be considered to be meaningful (Serdar, Cihan, Yücel, & Serdar, 2021).

The sample size also limited the type of analysis conducted for the current study. A larger sample size would allow for greater investigation through multivariate analysis into the differences between the RDFS and SWAI assessment to potentially discover more unique variance between RDFS and CASES scores. Additionally, a larger sample size would allow for more post-hoc analyses to attempt to determine whether some of the differences between groups may have been related to demographic variables such as age, race, gender, the counselor's identified counseling theory or the supervisor's identified model of supervision.

Another limitation includes a lack of participant racial and ethnic diversity. The supervisor group was less racially diverse than the supervisee group, with 83% of supervisors identifying as White, versus 69% of supervisees. This lack of diversity limits the external validity

of the study because it may not be applicable to more diverse groups. Additionally, the sample is not large enough to be able to assess how cross-racial supervision pairings impacted SWA or RD within the supervisory relationship. Ladany and colleagues (1997) investigated how similarities in perceived racial identity development between supervisees and supervisors affected the supervisory working alliance. They found that the supervisee's perception of their supervisor's level of racial identity development had a positive correlation with the supervisory working alliance (Ladany et al., 1997; Schroeder et al., 2009). Bhat and Davis (2007) also found that racial identity development had a significant relationship with the supervisory relationship. Their results indicated that supervisee-supervisor dyads in which both individuals had high racial identity perceived the SWA to be higher than those dyads who were mismatched in level of racial identity development or who both had low racial identity development (Bhat & Davis, 2007). The supervisor's level of multicultural competence has also been shown to impact the development of the supervisory working alliance, which was shown to lead to increased satisfaction with supervision (Crockett, 2011). Supervisor multicultural competence was also found to have a positive relationship with supervisee CSE (Crockett, 2011). Therefore, in order to be able to understand the relationship between the supervisory relationship and the supervisee's level of CSE, future research may need to also assess the racial identity development and multicultural competence of supervisors and supervisees to determine their impact on the supervisory relationship and RD.

The groups also lacked gender diversity, with neither the supervisee nor supervisor groups having more than 20% male participants. This along with the small sample size makes it impossible to understand what effect gender had, if any, on the predictor and criterion

variables. Previous research has shown that gender can affect multiple aspects of the supervisory relationship, such as level of openness, affiliation, and connection, perception of supervisory style, emotional expression, strategies used in supervision, quality of collaborative behaviors, and gender bias in evaluation and feedback (Hindes & Andrews, 2011). Cooper (2012) assessed client and counselor perceptions of connection throughout a counseling session and discovered that there was more convergence in connection ratings in counseling dyads in which the counselor identified as female. However, this study utilized observer ratings of connection rather than the participant ratings, so it is possible that these perceived differences in gender were not experienced by the counselor or client. It seems important to further explore the effects of gender on development and perception of the supervisory relationship and RD.

Another major limitation was in the instrumentation. The RDFS was constructed to capture the experiences of relational depth, which in theory should be a separate construct from the SWA. However, results from the supervisee regression analysis indicated that the RDFS, as reported by the supervisees, explained no unique variance in the regression effect beyond what was explained by the SWAI. This lack of unique variance explained for by the RDFS could indicate that there is significant overlap between the two variables and that the RDFS is measuring a very similar construct as the SWAI. Wiggins and colleagues (2012) also found a strong correlation ($r = .72$) between RD and WA in a therapeutic setting, which provides further challenge in establishing that RD and SWA are two separate, unique constructs of relationship.

Another concern about the RDFS is with the wording of the items themselves. In creating the instrument, Di Malta (2016) attempted to capture complex aspects of relationship

such as mutuality and experiences that counselors and clients felt were difficult to describe in words (Mearns & Cooper, 2005). The language of the assessment is more elaborate than the wording of the SWAI, with the Flesch-Kincaid reading level of the RDFS being almost three grades higher than the SWAI. Items such as, "I experienced a very profound engagement with him/her", "I felt a clarity of perception between us", or "I experienced what felt like true mutuality" on the RDFS could be interpreted by each participant very differently, which could lead to greater variance in the scores that do not necessarily reflect variance in the relationships. As previously stated, it is possible that those who have a theoretical understanding of the concept of RD approach these questions and concepts differently than those who may not understand *mutuality* or *clarity of perception*.

Implications for Counselor Education and Clinical Supervision

Findings from this study have several implications for counselor education and supervision. First, this study provides further evidence that the strength and depth of the supervisory relationship does have an association with supervisee confidence and CSE. When clinical supervisors facilitate deep, meaningful connections with their supervisees, they also facilitate growth in the supervisee's feelings of confidence and trust in their abilities to perform in the counselor role. This impact of the supervisory relationship on CSE also has greater implications due to the relationship between CSE and other essential outcome variables. Supervisees who report higher levels of counselor self-efficacy have been found to be more likely than those with lower CSE to perform better on measures of academic and clinical skills, have lower levels of stress and anxiety in the counselor role, feel more satisfaction within the counselor role, and have higher levels of self-esteem (Goreczny et al., 2015; Hanson, 2006;

Larson & Daniels, 1998; Larson et al., 1992). Additionally, supervisees were more likely to take risks and attempt new skills or techniques in session and persist in tasks that are more difficult and challenging when they had higher levels of CSE (Cashwell & Dooley, 2001).

The practicum experience in particular has been shown to be especially impactful on the development of CSE (Clemmons, 2017; Ikonomopoulos et al., 2016). Level of CSE was found to be lowest for beginning counseling graduate students but began to increase during the practicum experience (Goreczny et al., 2015). For most students, practicum is the first opportunity to utilize the knowledge and skills that they have learned throughout their graduate training within a clinical setting with a real client (Clemmons, 2017). These clinical experiences within practicum provide the first setting for counselors-in-training to receive real feedback, both from clients and supervisors, about the effectiveness of their skills, their ability to facilitate relationship, and many other areas of counselor development that then contribute to or hinder growth of CSE (Cashwell & Dooley, 2001; Clemmons, 2017; Goreczny et al., 2015; Ikonomopoulos et al., 2016). Thus, facilitating supportive, and deep supervisory relationships with supervisees during their practicum course is a crucial element of facilitating growth of CSE and supervisee confidence in their roles as counselors.

These findings lead to the implication that counselor education and training in clinical supervision should include an emphasis on developing skills and attitudes towards building meaningful relationships. Researchers studying working alliance have clearly outlined the goals and tasks of supervision (Bordin, 1983), but little has been written about how to form a stronger bond within the supervisory relationship. Perhaps this is where the concept of RD can provide an "upward extension to [supervisory] working alliance" (Wiggins et al., 2012, p. 150)

by expanding on how to facilitate deeper, more meaningful bonds within the supervisory relationship. Mearns and Cooper (2005) provided suggestions of attitudes and skills that counselors can use to facilitate the development of relational depth within the therapeutic relationship. Multiple authors have suggested that these ideas should also be applicable to other relationships such as the supervisory relationship. These skills include knocking on the door, or providing opportunity for supervisors to explore certain areas without pushing, acknowledging multidirectional partiality, which in supervision may look like acknowledging that the supervisee may want to explore their struggles in relating to a particular client but also be fearful of being seen by their supervisor as a bad counselor. Within the supervisory relationship, it would be helpful for the supervisor to help the counselor give a voice to each of these feelings and work through them to create more safety within the supervisory relationship, as well as facilitate growth in the supervisee's ability to work with that particular client. Mearns and Cooper (2005) also discuss how techniques, goals, and hopes that the counselor may hold can potentially hinder them from entering into deeper relationship with their clients. This is also likely to extend to the supervisory relationship, where the supervisor's goals may sometimes get in the way of building relationship, being present, and truly understanding their supervisees (Lambers, 2013a, 2013b). If these concepts were taught to both counseling students and clinical supervisors, both might be better equipped to enter into deeper, more meaningful relationships that have a better chance at affecting meaningful outcome variables.

Perhaps another way to focus on the development of relationship within supervision is for supervisors to attempt to develop a mutual understanding of relational depth and working

alliance with their supervisees. This is supported within the RD literature, which suggests that working in the here and now and having transparency within the relationship contributes to moments of RD (Mearns & Cooper, 2005). Creating an open dialogue between supervisor and supervisee about those aspects that are hindering or contributing to the development of a stronger supervisory relationship has the two-fold benefit of both contributing to the growth of the supervisory relationship as well as hopefully contributing to the counselor's ability to address relational concerns within their therapeutic relationships with their clients. Beinart (2014) also supports the idea of having conversations about expectations of the supervisory relationship early on in supervision. She also suggests that having dialogue between supervisors and their supervisees about how gender, racial, or cultural differences may impact the supervisory relationship can set the tone for attending to those issues if or when they arise (Beinart, 2014).

Implications for Research

In addition to the implications for counselor educators and supervisors, the current study also has many implications for future research. Firstly, the concept of RD is still relatively new in the field and thus has relatively little research to support its significance and relevance in the field, both in therapeutic and supervisory relationships. This study provides promising evidence that relational depth is experienced by both supervisees and supervisors within the supervisory relationship and that supervisee experience of relational depth is somewhat related to counselor self-efficacy. One interesting finding from this study was the statistically significant difference between supervisee and supervisor perceptions of RD. Future research into experiences of RD in supervision should further explore the incongruence between supervisee

and supervisor report of relational depth. Qualitative inquiry into supervisee and supervisor experiences of RD could yield helpful information about the lack of alliance in scores in addition to providing a deeper understanding of what supervisee and supervisor factors may facilitate or hinder the development of depth in supervision.

In order to provide support to the importance of relational depth research, it is crucial to build evidence for the connection between RD and various outcomes, both within therapeutic and supervisory contexts. In this study, the relationship between supervisee perceptions of RD and counselor self-efficacy was small and non-unique, but none-the-less provides support that the construct may be related to meaningful outcome variables. It is also possible that exploring the relationship between RD and other outcome variables might uncover some differences in the RD and WA variables. The next steps in these studies could examine the impact of RD and level of supervisee anxiety or performance of counseling skills.

Furthermore, understanding how the evaluative nature of supervision might impact the experience of relational depth within the supervisory relationship appears worthy of exploration. Even in a supervisory relationship characterized by relational depth, where the supervisor and supervisee both experience the empathic presence of the other, mutuality, and trust, supervisors will often need to provide potentially difficult feedback and suggestions for growth that may be hard for the supervisee to hear, such as the situation when a supervisee needs to repeat their practicum course. Future research might attempt to assess how the evaluative and gatekeeping roles of the supervisor may affect the development and maintenance of relational depth in supervision.

Another area of future research is developing RD instrumentation. If relational depth researchers hope to establish relational depth as a unique construct that is separate and distinct from the SWA, researchers should focus future research on clarifying the differences between the two constructs and creating an instrument that is able to detect these differences. The RDFS and the SWAI appear to both be, to a large extent, measuring the quality of the relationship. Some of the items on the bond scale of the SWAI, which was designed to measure the strength of the relationship, are very similar to items on the RDFS. Researchers could focus on identifying the subtle nuances between a general sense of being bonded and experiences of depth. Additionally, in order to continue to evaluate the experiences of RD within supervision, it may be beneficial to develop instrumentation that is specified to the supervisory context. Although the supervisory relationship is similar in many ways to the therapeutic relationship, there are major differences, such as the evaluative nature of supervision, that might impact how RD is experienced, and thus would need to be measured, in supervision.

Conclusion

Despite the limitations identified in the current study, it appears that relational depth in supervision and its impact on CSE and other outcome variables is worth further investigation. As previous literature has shown, the supervisory relationship is a crucial component of clinical supervision and the development of ethical, competent counselors (Bernard & Goodyear, 2014; Bordin, 1983; Efstation, Patton, & Kardash, 1990; Ladany, Ellis, & Friedlander, 1999). Despite this acknowledgement of its importance, the supervisory relationship has received relatively little attention in the supervision literature. This study provides evidence that both supervisory

working alliance, as well as relational depth in supervision, are significant constructs of relationship worthy of further study.

This study is the first to establish that relational depth, a relatively new concept within the counseling literature, can be experienced within the supervisory relationship by both supervisors and supervisees. Findings from this study also provides evidence for the association between the supervisory relationship and counselor self-efficacy. A concern raised within the results of this study are in the theoretical assertion that the RD construct is separate from that of the working alliance. Results from this study indicate that further research is needed to understand the relationship between these two variables, particularly within the context of supervision. Future research and increased training and emphasis on facilitating depth in supervisory relationships are important steps towards understanding the profound impact of deep, meaningful relationships in supervision.

APPENDIX E

SUPPLEMENTAL MATERIALS

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THE OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE
Research and Innovation

April 13, 2018

PI: Deanne Ray
Study Title: A Model for Predicting Counselor Self-Efficacy: Supervisory Relational Depth, Supervisory Working Alliance, and Counselor Development

RE: Human Subjects Application # IRB-18-122

Dear Dr. Deanne Ray:

In accordance with 45 CFR Part 46 Section 46.101, your study titled "A Model for Predicting Counselor Self-Efficacy: Supervisory Relational Depth, Supervisory Working Alliance, and Counselor Development" has been determined to qualify for an exemption from further review by the UNT Institutional Review Board (IRB).

Attached to your IRB protocol are the consent documents with IRB approval. Please copy and use this form only for your study subjects.

No changes may be made to your study's procedures or forms without prior written approval from the UNT IRB. Please contact The Office of Research Integrity and Compliance at 940-565-4643, if you wish to make any such changes. Any changes to your procedures or forms after 3 years will require completion of a new IRB application.

We wish you success with your study.

Sincerely,

Chad Trulson, Ph.D.
Professor
Chair, Institutional Review Board

CT/jm

UNIVERSITY OF NORTH TEXAS INSTITUTIONAL REVIEW BOARD

INFORMED CONSENT FORM

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: A Model for Predicting Counselor Self-Efficacy: Supervisory Relational Depth, Supervisory Working Alliance, and Counselor Development

Student Investigator: Rachel McCullough, University of North Texas (UNT) Department of Counseling and Higher Education. **Supervising Investigator:** Dee Ray, Ph.D.

Purpose of the Study: You are being asked to participate in a research study which involves exploring how the supervisory relationship and counselor developmental level relates to counselor self-efficacy.

Study Procedures: You will be asked to complete a one-time set of paper-pencil surveys that will take about 20-40 minutes of your time.

Foreseeable Risks: There are no foreseeable risks are involved in this study.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to learn more about how the supervisory relationship relates to counselor self-efficacy, which can inform counseling supervisors and educators.

Compensation for Participants: None.

Procedures for Maintaining Confidentiality of Research Records: All information will be kept confidential in a locked cabinet in Welch Building 2 (Center for Play Therapy). Names of participants will not be disclosed in any publication or discussion of this material. Demographic information that is collected as part of this study will be given a code number and kept separately from the participants' names. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact Rachel McCullough at Rachel.McCullough@unt.edu or Dee Ray at Dee.Ray@unt.edu.

Review for the Protection of Participants: This research study (IRB-18-122) has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants' Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Rachel McCullough has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- Your decision whether to participate or to withdraw from the study will have no effect on your grade or standing in this course.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

_____
Printed Name of Participant

_____ _____
Signature of Participant Date

For the Student Investigator or Designee:
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

_____ _____
Signature of Student Investigator Date

Instructor Recruitment Email

Hello [Professor's Name],

My name is Rachel McCullough, and I am a doctoral student in the counseling program at UNT. I am working on a research project with Dr. Dee Ray on counselor self-efficacy, counselor developmental level, relational depth in supervision, and supervisory working alliance. I am contacting you to request to come into your practicum class (COUN 5690) in order to collect data for the study. I would like to invite your students and assigned supervisors to participate in a voluntary study (IRB-18-122).

During my visit, I would administer surveys to both your practicum students and your doctoral supervisors. I will be asking students to complete a paper survey assessing counselor developmental level, relational depth in supervision, supervisory working alliance, and self-efficacy. This survey that has about 110 items and would take approximately 20-30 minutes total to hand out and complete. Additionally, I will ask supervisors to complete a survey for each student they supervise in the course, which will assess relational depth in supervision and the supervisory working alliance. These surveys contain 43 items and would take approximately 5-10 minutes per survey to hand out and complete.

I am open to administering this survey during any class period that is most convenient to you.

If you have questions or concerns, please feel free to contact me or Dee Ray (Dee.Ray@unt.edu). Thank you for your time.

Warmly,
Rachel McCullough

Class Recruitment Script

My name is Rachel McCullough, and I am a doctoral student in the counseling program at UNT. I am working on a research project with Dr. Dee Ray on counselor self-efficacy, counselor developmental level, relational depth in supervision, and supervisory working alliance. I am here to invite you to participate in a voluntary study.

If you participate, I would administer surveys to both you and your doctoral supervisor. I will be asking you to complete paper surveys assessing counselor developmental level, relational depth in supervision, supervisory working alliance, and self-efficacy. These surveys have about 110 items and would take approximately 20-30 minutes total to hand out and complete.

If you are interested in participation, please feel free to contact me (Rachel.mccullough@unt.edu) or Dee Ray (Dee.Ray@unt.edu). Thank you for your time.

Warmly,
Rachel McCullough

Supervisee Demographics Survey

We would like to find out some information about you. Please answer each of the following questions by either checking box or writing in your answers to each question.

What is your age? _____

What is your gender?

☐ Female
☐ Male
☐ Other _____

What do you consider to be your primary racial group? (please circle)

☐ Asian
☐ Black/African American
☐ Native American
☐ White/Caucasian
☐ Multiracial
☐ Other _____

Are you Latino(a)/Hispanic? (please circle)

☐ Yes
☐ No

What is the name of your individual/triadic supervisor for this practicum course?

_____

Please check the type of supervision you are receiving from your supervisor:

☐ Individual supervision
☐ Triadic supervision

Approximately how many supervision sessions have you completed with this supervisor?

_____

What guiding counseling theory do you most closely identify with?

☐ Cognitive-behavioral theory (CBT)
☐ Person-centered theory

- [ ] Adlerian theory / Individual psychology
- [ ] Choice theory / Reality therapy
- [ ] Existential theory
- [ ] Solution focused theory
- [ ] Behavioral theory
- [ ] Gestalt theory
- [ ] Relational-cultural theory
- [ ] Psychodynamic theory
- [ ] Systems theory
- [ ] Eclectic

Supervisor Demographics Survey

We would like to find out some information about you. Please answer each of the following questions by either checking box or writing in your answers to each question.

What is your age? _____

What is your gender?

☐ Female
☐ Male
☐ Other _____

What do you consider to be your primary racial group? (please circle)

☐ Asian
☐ Black/African American
☐ Native American
☐ White/Caucasian
☐ Multiracial
☐ Other _____

Are you Latino(a)/Hispanic? (please circle)

☐ Yes
☐ No

What model of supervision do you most closely identify with?

☐ Psychodynamic supervision
☐ Humanistic-relationship oriented supervision
☐ Cognitive-behavioral supervision
☐ Feminist model of supervision
☐ Person-centered supervision
☐ Integrated Developmental Model (IDM)
☐ Bernard's Discrimination Model
☐ Systems approach
☐ None
☐ Other _____

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