ATHABASCA UNIVERSITY

PRACTICUM SUPERVISION AND CLIENT OUTCOMES: A TRANSFORMATIVE

LEARNING PERSPECTIVE

BY

VIOLETTA PRZEWORSKI

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF COUNSELLING PSYCHOLOGY

FACULTY OF HEALTH DISCIPLINES

ATHABASCA, ALBERTA

MAY, 2020

Athabasca University
RESEARCH CENTRE

Approval Page

Approval of Thesis

The undersigned certify that they have read the thesis entitled

PRACTICUM SUPERVISION AND CLIENT OUTCOMES:
A TRANSFORMATIVE LEARNING PERSPECTIVE

Submitted by

Violetta Przeworski

In partial fulfillment of the requirements for the degree of

Master of Counselling

The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisor:
Dr. Jeff Chang
Athabasca University

Committee Member:
Dr. Paul Jerry
Athabasca University

External Examiner:
Dr. Toupey Luft
University of Lethbridge

May 7, 2020

Acknowledgements

I would like to dedicate this thesis project to Margaret Lloyd, my clinical supervisor, who played a major role in my personal and professional development. I would like to thank Margaret for her insight, dedication, and authenticity. Margaret, you believed in me before I began to believe in myself. You are not only an amazing person, but you are my inspiration; thank you for everything.

I would like to thank my family for supporting me emotionally and financially throughout my graduate studies; I could not have completed this endeavour without you. CJ— my best friend, partner, and future—thank you for being there for me. When I was at my worst, you still made me feel like I was at my best. With you by my side, I know that I can do anything.

Dr. Jeff Chang, my thesis supervisor, I would like to thank you for believing in my vision. Your support and knowledge were invaluable pieces to the success of this study. I am grateful for your understanding and patience; thank you for helping me see this through.

I would also like to extend a very special "THANK YOU" to the three participants in this study. Your openness, engagement, and level of commitment were key factors that helped bring this study to fruition. Thank you so much for trusting this process and me.

Abstract

Practicum supervision, specifically the interactions between the supervisor, supervisee, and the client has yet to be fully explored in the research. Understanding how to improve client outcomes will help professionals reflect on the interventions they use in clinical supervision. With the inclusion of the client's perspective in this study, students and supervisors are encouraged to reflect upon how their techniques influence not only the therapeutic outcome, but also their professional development. In this study, practicum supervision was explored from a transformative learning perspective. With the assumption that what we learn greatly depends on our willingness and openness to address and explore preconceived ideas, how our beliefs, values, and expectations influence learning and client outcomes was examined. This study encourages clinical supervisors to not only reexamine traditional supervision techniques, but to also consider different ways of working with their students to help facilitate change. Using a case study approach with three participants, this study found seven themes that represented participants' beliefs, values, and expectations. The findings highlighted participants' response tendencies, suggesting that conversations are influenced and guided by perceptions shaped over time through personal experience. The results of this study suggest that clinical supervisors and student therapists be mindful of their discussions and consider how their preferences cultivate both therapeutic and supervisory relationships.

Keywords: practicum supervision, transformative learning, client, approach, intervention, technique, and belief

Table of Contents

Chapter 1. Statement of the Problem

As a master's of counselling graduate student, I was required to complete an eight-month long practicum. I chose a non-profit organization where I had the privilege of working with children, adults, and families. My practicum seminars, two educational weekends, provided me with an opportunity to share my practicum experiences with my peers. During these seminars, I could not help but notice that students' experiences differed, sometimes at extreme ends. Students described both positive and poor supervision experiences. Unfortunately, the students with poor experiences were also struggling with feelings of discouragement, inadequacy, and frustration to name a few. I sympathized with them and reflected on how their emotional experiences affected their work with their clients. With each conversation I noticed a general theme: a student is considered "lucky" to obtain a placement that provides an effective, supportive, and memorable supervision experience. I wondered, what were the "unlucky" students missing and more importantly, how were their clients affected? Recent studies revealed some common themes regarding supervision practices in practicum settings; however, practicum supervision, from the perspective of transformative learning theory, has yet to be fully explored.

Background

Students completing a master's program in counselling are required to complete a practicum. The practicum is, first and foremost, an opportunity for students to apply their knowledge and demonstrate that they are able to meet the needs of their clients (Trepal, Bailie, & Leeth, 2010; Worthen & McNeill, 1996). Researchers suggest that graduate students have diverse supervision experiences (Gray, Ladany, Walker, & Ancis, 2001; Heckman-Stone, 2003;

Ramos-Sanchez et al., 2002; Trepal et al., 2010) yet how these "good" or "bad" experiences affect a supervisee's ability to facilitate therapy with clients has not been fully explored.

The literature shows that common approaches to supervision often include a developmental perspective (Granello & Hazler, 1998; Pearson, 2001; Skinstad, 1993). However, what is missing from a developmental model is how each phase affects a student's work with the client. More recent studies encourage practitioners to employ creative approaches to supervision (O'Connell & Smith, 2005) and others recommend that supervisors model techniques in order for students to increase awareness of themselves and others (Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Markos, Coker, & Jones, 2006, 2007; Pearson, 2006). It is clear that supervisors can intervene in multiple ways when working with practicum students; yet with many supervisory interventions to choose from, it is unclear which ones are most effective. More research in this area relating to client outcomes may help practitioners gain a deeper understanding of how to effectively facilitate the learning process in supervision to promote change.

Purpose

Practicum supervisors attempt to tackle the multifaceted scope of supervision (Kilminster & Jolly, 2000) by supporting students in several ways: evaluating their progress (Freeman & McHenry, 1996; Getz, 1999; Howard, Inman, & Altman, 2006; O'Connell & Smith, 2005; Vespia, Heckman-Stone, & Delworth, 2002; Worthen & Dougher, 2000), providing feedback (Heckman-Stone, 2003; Hoffman, Hill, Holmes, & Freitas, 2005; Trepal et al., 2010), and offering additional perspectives so that students can begin to learn more about themselves and their clients (Hollihan & Reid, 1994; Mullen, Luke, & Drewes, 2007; Orchowski, Evangelista, &

Probst, 2010). At its core, practicum supervision supports students to develop competence, which includes ethical practice (CCPA, 2007). Largely missing from the present literature is a deeper understanding of how ideas are exchanged between supervisors, students, and clients, and how the exchange of information effects supervision.

Developing an understanding of how the interactions between the supervisor, supervisee, and the client, may assist us to understand what happens in clinical supervision, and how this might affect client outcome. With the client's perspective as an integral piece, the purpose of this study is to examine practicum supervision from a transformative learning perspective, a model that emphasizes the concept of personal growth (Cranton, 2016; Mezirow, 1991; Mezirow, 2000; Mezirow, 2013). The concept of personal growth or professional development in the context of practicum supervision is often highlighted in the literature to date and will be reviewed in later on in further detail. When the goal of supervision is to foster an environment that helps the supervisee and client grow and develop respectively, it is important to explore this notion further in this context from a model like transformative learning theory that underscores the importance of change. It is important to understand how supervision might be redefined if we focus on the client's experiences. The goal of the study is to understand how supervisors could be encouraged to reflect on how they intervene in supervision and how students might examine how they participate.

Significance

In summary, the research to date presents many intervention strategies used in practicum supervision. The noted differences across students' clinical experiences warrant further exploration given the range of supervision practices employed. In this study, principles from transformative learning theory were used to explore practicum supervision from a different

standpoint. The client's perspective was also included in this study to expand upon how

supervision is now conceptualized. Several important factors were considered along the way,

including, but not limited to, how an evaluative component places the student in a vulnerable

position (Ramos-Sanchez et al., 2002) and how in face-to-face interactions with clients, students

develop feelings of anxiety and start to question their competency (McElwee, O'Reilly, &

McKenna, 2002; Skinstad, 1993; Worthen & McNeill, 1996). With the vulnerable now helping

the vulnerable, it is essential that the context of practicum supervision is explored and

understood from multiple perspectives to determine the most effective ways to support the needs

of both students and clients. The next chapter reviews the literature to provide the conceptual

base for this study.

Chapter 2. Literature Review

In this chapter, I will review the literature to provide a conceptual base for this study. First, I will define supervision and discuss the differences in perspectives. Then, I will describe the different approaches and techniques commonly used by supervisors. Next, I will introduce and describe the principles related to both parallel process and isomorphism. After, I will discuss the guiding frameworks of this study, including postmodernism and transformative learning theory. Later, I will review the gaps in the current research and examine the significance of this study. Finally, I will articulate the questions that guided this study.

Conceptualizing Supervision

Although there are a number of definitions of clinical supervision (Falender & Safranske, 2004; Milne, 2007), the best known, and likely most widely used is that of Bernard and Goodyear (2019, p. 9):

> Supervision is an intervention provided by a more senior member of a profession to a junior colleague or colleagues who typically (but not always) are members of the same profession. The relationship is
> - evaluative and hierarchical,
> - extends over time, and
> - has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of the professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for the particular profession the supervisee seeks to enter.

Collaborative or hierarchical? While the evaluative and gatekeeping aspect of clinical supervision is clear, many have emphasized the collaborative nature supervisory dyads

(Glickauf-Hughes, 1991; Lizzio et al., 2005; McElwee et al., 2002; Sadow et al., 2008) and some go a step further defining supervision as a "triadic process" (Tracey, Bludworth, & Glidden-Tracey, 2012, p. 330) involving the client, the supervisee, and the supervisor. Nonetheless, the concept of collaboration implies an egalitarian relationship, where the supervisor and supervisee mutually influence the context of supervision (Lizzio et al., 2005). This idea differs from other approaches that emphasize hierarchical relationships (Sadow, Wyatt, Aguayo, Diaz, & Sweeney, 2008) and support the notion that the supervisor is the expert who provides directives and advice (Lizzio et al., 2005; Vespia et al., 2002). These discrepancies exist throughout the literature and will influence how supervisors decide to intervene during supervision.

Experiential and didactic. While some recommend that supervisors adopt roles that include elements of mentoring, coaching, and role-modeling (Kaslow, Falender, & Grus, 2012; Sadow et al., 2008), others emphasize the need for a "facilitative" or collaborative approach to supervision (Lizzio et al., p. 2005, p. 241). An experiential supervision method typically involves an activity that encourages collaboration, active participation, and reflection. Cranton (2016) asserted that experiential learning involves "consciousness raising activities" that include role-play, simulations, journals, or art (p. 111-119), to name a few. Experiential models help minimize the power differential between all parties involved fostering an environment where the "supervisor and supervisee create meaning and generate knowledge together" (Anderson & Swim, 1995, p. 5).

In their qualitative study, Neswald-McCalip, Sather, Strati, and Dineen (2003) introduced a visual format and defined experiential supervision as "creative" (p. 232) and "continuous and dynamic process" (p. 229). They found that students engaged through "self-examination," where one student proclaimed, "I also think about myself...what is it? What is it about me? What do I

hide from people? Is that it? That's the thing I hide from people!" (Neswald-McCalip et al., 2003, p. 232). With an emphasis on the "nondirective... [avoiding] any negative evaluation of trainee performance and the giving of any suggestions for improvement" (Payne et al., 1972, p. 426), students are expected to find epiphanies or moments of realization on their own.

An experiential supervision model differs from a didactic approach to supervision, in which conversations, comments, or exchanges of information are intended to instruct or teach (Payne, Weiss, Kapp, 1972; Lizzio, Strokes, & Wilson, 2005). Didactic approaches emphasize hierarchical relationships, where one person adopts the role of the primary delegator (Payne et al., 1972; Lizzio et al., 2005). However, experiential and didactic methods may overlap as they are used by supervisors, making it difficult to assert that each strategy is mutually exclusive. Payne et al. (1972) presented a study where supervisees listened to a series of recorded client statements from three audiotapes and were then asked to provide an empathic response. Afterwards, a judge scored the supervisees' performance. Intended to be a successful example of a didactic approach to supervision (Payne et al., 1972), improvements made to empathic responses suggest that it is the experience (Greenberg & Goldman, 1988) and the engagement in the activity itself, rather than the approach, facilitate learning.

There is a lack of research on the subject of experiential approaches to supervision and client outcomes. However, Schofield and Grant (2013) proposed a study concerning practicum supervision and client outcomes from a dyadic perspective, in contrast to much of the literature that approaches supervision from the perspective of the supervisee. They proposed that supervisors record their sessions with supervisees, after which each individual from the supervisory dyad would be interviewed individually and asked complementary questions regarding their perceptions of the session (Schofield & Grant, 2013). For example, researchers

would ask the supervisor the following question, "how do you think this session may assist the supervisee in future work with this client?" and then ask the supervisee, "how do you think this session may assist you in future work with this client"? (Schofield & Grant, 2013, p. 4). With the perception of client outcomes examined here, Schofield and Grant's findings suggest that including multiple perspectives in a context like supervision may improve the comprehensiveness of a given study.

Approaches to Supervision

In this section, I will describe the two approaches most often considered in the literature. Following that, I will discuss some of the most commonly used techniques in supervision.

Psychotherapeutically-based approaches. Some researchers encourage supervisors to base their practice on models of psychotherapy, based on the idea that therapeutic approaches help facilitate change process in clients and may have a similar impact when working with supervisees, while acknowledging that clinical supervision is not therapy (Pearson, 2006; Rob, 1999). For example, working from a narrative perspective, Rob (1999) described supervision as a "socialization process" where supervisees learn how to work effectively with clients (p. 148). She explained that supervisees' only see and hear one part of the client's story; once the client's story is introduced in the context of supervision, a new storyline emerges as the supervisee acquires additional perspectives that influence treatment planning (Rob, 1999).

Pearson (2006) also advocated for a psychotherapeutic approach to supervision, based on an integrative approach to supervision that combines a developmental perspective with a psychotherapeutic intervention, making it difficult to conceptualize this idea without acknowledging the possibility of an ethical dilemma around dual relationships. Although there are approaches to supervision based on models of therapy, most supervisors understand that

8

supervision is not therapy and know that it would be unethical to do therapy when they are doing supervision.

Furthermore, Davis and Hayes (2011) introduced mindfulness-based interventions to the supervisory dyad. They asserted that the following outcomes associated with this technique included "empathy, compassion, counselling skills, [and] decreased stress and anxiety" (p. 202). Although students may positively respond to mindfulness-based exercises in supervision, learning mindfulness in supervision without further coaching could be problematic, especially if students are unfamiliar with this intervention and how to translate its theoretical principles into practice in a way that is genuine and comfortable for them.

Developmental. Developmental approaches to supervision appear consistently throughout the literature, focusing on how supervisees move through a series of stages that promote different areas of personal and professional growth (Freeman & McHenry, 1996; Granello & Hazler, 1998; Howard et al., 2006; Mullen et al., 2007; Nelson, Johnson, & Thorngren, 2000; Pearson, 2001; Skinstad, 1993). One underlying assumption associated with this approach is that a student must successfully meet the demands of one stage before being able to move on to the next, which overlooks individual differences (Granello & Hazler, 1998) and the possibility that stages of development overlap, or that supervisors' perceptions regarding the needs of students at a particular stage may conflict with students' beliefs. If conflicting expectations between a supervisor and supervisee contributes to poor supervision experiences (Gross, 2005), setting expectations at each stage of development before fully understanding what a supervisee needs to be successful with clients can create tension in the supervisory relationship and influence client outcomes negatively if left unresolved.

From a developmental standpoint, supervisors are encouraged to adopt a particular role—teacher, counsellor, or consultant—depending on the supervisee's stage of development, although some researchers use different terms to describe each of these roles or add an additional role or stage to explore (Freeman & McHenry, 1996; Pearson, 2001). With all these variations, it is difficult to establish the validity of this approach. These developmental models are more theoretically inclined and the research and theories have yet to determine a link between what students learn in supervision and client outcomes.

In a qualitative study by Howard et al. (2006), journals were collected from nine graduate students to understand their practicum experiences with supervision. Based on the results, the researchers categorized three phases of professional development: role identification, newness, and career choice (Howard et al., 2006). The supervisees in this study described what they discovered about themselves at each phase and explained how they addressed conflict in their professional relationships. Another study by Freeman and McHenry (1996), facilitated from the perspective of the supervisor, found that most supervisors aligned with a developmental approach that focused on developing a skill such as self-awareness. Although a developmental approach to supervision helps promote a concept like self-awareness, how this knowledge transcends from the context of supervision into therapeutic work is missing from the literature.

Some researchers challenge the developmental approach to supervision by questioning its theoretical underpinnings (Sadow, Wyatt, Aguayo, Diaz, & Sweeney, 2008) and suggest that transitions between stages warrant further analysis (Worthington Jr., 2006). Rabinowitz, Heppner, and Roehlke (1986) and Overholser (1991) demonstrated that *methods of inquiring*, later described by Overholser as "Socratic" questioning (1991, p. 71), not only have the potential to increase feelings of competency, but are examples "transitions" between stages that

Worthington Jr. spoke of years later. In Socratic questioning, supervisors ask many questions, encouraging the supervisee to "trust his or her own feelings, perceptions, and analytic process" (Glickauf-Hughes & Campbell, 1991). Through this questioning process, supervisees increase feelings of self-efficacy and self-confidence helping them transition between developmental stages. However, research suggests that this questioning technique can be intimidating for some supervisees. Rabinowitz et al. (1986) found that a supervisory style that was "challenging, confronting, or disagreeing" (p. 294) was not well perceived by supervisees and in Vallance (2004), one supervisee described "directive supervision unhelpful...at best frustrating and at worst disempowering" (p. 569). However, interns near the completion of their practicum were more receptive to techniques that involved "probing, questioning, [and] inquiring" (Rabinowitz et al., 1986, p. 294), suggesting that students are more comfortable, perhaps increasingly confident, at the later stages of their practicum experience.

Rabinowtiz et al.'s (1986) study supports theoretical assumptions associated with a developmental approach to supervision. Supervisees in the early stages of their practicum prefer styles that are "supporting, reassuring, [and] nurturing" (Rabinowitz et al., 1986, p. 294) and are more willing to accept challenges put forth by their supervisor's in their practicum's later stages. However, it is important to consider how the sampling of this study influenced the results. Novice and advanced practicum students, in addition to doctoral interns participated in the study (Rabinowitz et al., 1986), possibly swaying the results strongly towards one direction due to the educational and professional differences between groups.

In contrast to Socratic questioning, Yerushalmi (1992) proposed an alternative developmental approach. He advocated for a silent approach to supervision where "the supervisor should convey a presence, participation, and empathy, but in a silent way, without

active responding, questioning, or any other form of communication that requires attentiveness by the supervisee" (p. 263). The purpose behind such an approach is to promote a sense of independence in a profession that requires therapists to make therapeutic decisions on their own (Yerushalmi, 1992). With a lack of empirical support to help strengthen Yerushalmi's findings, it is difficult to determine the effectiveness of such a strategy. What is evident here is the notion that belief systems influence the developmentally-focused approaches supervisors choose to employ into their practice.

Supervision Techniques

  Role-play. The supervision literature is replete with references to supervisors' use of role-play exercises (e.g., O'Connell & Smith, 2005; Worthen & Dougher, 2000). Glickauf-Hughes and Campbell (1991) discussed the importance of role-play in supervision. They asserted that "role play as a technique in supervision may facilitate supervisees' understanding of their role as therapists as well as the role of the client" (Glickauf-Hughes & Campbell, 1991, p. 630). They suggested that the supervisee adopt the following roles to help facilitate the learning process: supervisee as client; supervisee as supervisor; and supervisee as therapist (Glickauf-Hughes & Campbell, 1991). Future studies exploring the relationship between role-play and client outcomes may help support the notion that role-plays promote empathic understanding (Glickauf-Hughes & Campbell, 1991). While role-plays are for some supervisees, effective ways to increase understanding of clients' cases, it is unclear how this technique influences what supervisees actually do in therapy with their clients.

  Sand tray. Unlike the number of references found in the literature relating to role-play and supervision, techniques like the sand tray are explored less frequently. However, in a mixed-methods design pilot study, practicum students were asked to complete the Supervisory Working

Alliance Inventory (SWAI) (Efstation, Patton, & Kardash, 1990 as cited in Markos et al., 2006, 2007) and were later invited to explore the sand tray method in supervision. Using the sand tray, they were asked to create a treatment plan and articulate what they hoped to accomplish with their clients (Markos et al., 2006, 2007). Findings suggest that the sand tray is not only an emotional process, where students are likely to empathize with their clients, but that it is also cognitively stimulating as themes emerge and students are required to think about what their clients need in order to move forward.

Similarly, Gil and Rubin (2005) presented a case where a therapist used the sand tray to help make sense of a challenging session she had with a client. The sand tray appears to be a method that promotes learning through exploration. However, with one study exploring supervisees' experiences and another focusing on seasoned therapists, it is difficult to conclude whether this technique is more helpful for novice or experienced practitioners.

Feedback. Like other techniques such as role-play, feedback if often explored throughout the literature, considering that most approaches to supervision might use some type of feedback. Researchers define feedback as a given response to direct observation that is immediate, frequent, clear, and specific (Heckman-Stone, 2003). Feedback is often described in binary terms, ineffective or effective, and the type of feedback given in supervision often differs depending on the role of the supervisor and his or her preference.

Effective feedback. Studies that explored the role of feedback reveal that students' generally appreciated receiving comments from their supervisors because supervisors' perspectives helped them better assess and conceptualize clients' cases (Heckman-Stone, 2003; Hollihan & Reid, 1994). Additionally, Trepal et al. (2010) suggest that supervisees prefer positive and supportive feedback as it helps shape their professional development and

competency. Moreover, Mullen et al. (2007) mention that feedback is helpful when used in combination with another technique. They posit that if supervisees watch a videotaped session with a client with the sound *off*, they may gain a better understanding of nonverbal communication and how they portray themselves. However, a lack of empirical research on this topic makes it difficult to establish such an assertion for certain.

Ineffective feedback. Hoffman et al. (2005) found that feedback is not provided on a consistent basis. While some supervisors are comfortable addressing their supervisees' skills, others avoid commenting on a supervisee's personality, professional behaviour, or presenting issues in the supervisory relationship (Hoffman et al., 2005). These findings suggest that the type of feedback given in supervision, useful and not useful, may be related to supervisors' comfort around sharing their thoughts. In any case, the possibility that a supervisor's lack of confidence may hinders a supervisee's personal and professional growth is troubling. For instance, if supervisees are unaware of how they portray themselves to clients, they may lose the opportunity to create and maintain a therapeutic relationship, which is viewed by some as a strong contributor of client outcomes (Hubble et al., 1999).

Furthermore, Gray et al. (2001) outlined supervisees' experiences with negative feedback. They found that supervisees who took initiative and asked for specific feedback were abruptly dismissed, while others seeking constructive feedback received comments that only focused on areas for improvement. Comparably, Ramos-Sanchez et al. (2002), found one supervisee who described her supervisor as "critical" and unaware of how her supervision style negatively impacted her confidence levels (p. 200). Interestingly, a supervisee in another study admitted that her inability to validate her clients' experiences resulted from her own experiences in supervision (Gray et al., 2001). Perhaps supervisees who are left feeling unsupported in

supervision are more likely to negatively respond in their sessions with their own clients. Understanding that supervisees internalize their supervision experiences is advantageous in that supervisors can reflect upon this technique and assess how helpful, or unhelpful it is to the supervisory relationship.

Feedback and client outcome. Limited research exists regarding feedback and client outcomes. However, a quantitative study by Reese et al. (2009) revealed that supervisees who elicited feedback from their clients using Outcome Rating Scales (ORS) (Miller & Duncan, 2000 as cited in Reese et al., 2009) and Session Rating Scales (SRS) (Miller et al., 2000 as cited in Reese et al., 2009) produced more positive client outcomes in comparison to supervisees who did not. The implication here is that supervisees who elicit feedback from clients take this information for further discussion in supervision, later incorporating supervisors' insights back into sessions with clients (Reese et al., 2009). However, it is difficult to conclude here if supervisors were more likely to provide feedback to supervisees' initiating conversations relating to these scales, or if opposing views around who has more accountability to ensure constructive feedback in the supervisory relationship (Kilminster & Jolly, 2000; McElwee et al., 2002; Pearson, 2004) played a role in determining clients' outcomes.

Self-disclosure. Some researchers refer to self-disclosure as moments when supervisors intervene in supervision and discuss personal events (Gray et al., 2001). The personal stories shared are meant to normalize the learning curve that many students experience (Orchowski et al., 2010; Worthen & McNeill, 1996) and may help enrich students' learning.

Supervisor self-disclosure. Knox et al. (2008) found that self-disclosure helped one student process some challenges she experienced in her role as a therapist, while another student said it helped her manage personal boundaries with clients. Although these findings suggest that

self-disclosure influences client outcomes, it is important to note that the supervisors in this study reported that they implemented self-disclosure only if they thought it would benefit the supervisee. The implication here is that supervisors' beliefs guide the methods they choose to implement.

Furthermore, Skinstad (1993) found that modelling self-disclosure helps facilitate supervisee learning. When supervisors demonstrate an appropriate context for self-disclosure, supervisees gain insight into the vulnerability factor associated with this concept and its potential to strengthen relationships (Orchowski et al., 2010). In a study by Vallance (2004), one supervisee stated, "I thought that was a bit hocus pocus until I actually saw it in action" (p. 569), implying that she was unsure of her supervisor's technique until it was modelled in her own therapeutic interaction with her client. This example also suggests that students' presumptions may affect their work with clients if left unexplored.

Supervisee self-disclosure. Batten and Santanello (2009) highlighted a supervisee's self-disclosure in supervision and how it later helped her address emotional reactions she had towards a client. Upon further introspection, the supervisee acknowledged that her personal experiences affected the way in which she facilitated therapy (Batten & Santanello, 2009). The supervisor intervened by helping the supervisee explore ways that she could be more present in her sessions with clients (Batten & Santanello, 2009). Although this study provides a snapshot of how one technique has the potential to influence client outcomes, one cannot concretely define this technique so that other supervisors can implement it and it is not known whether the client in this study benefitted. Additionally, based on the findings of this study, it is difficult to conclude if the supervisee disclosed without encouragement from her supervisor, or if it was the supervisor's self-disclosure that helped facilitate this process. Future research that purposely seeks to find

these answers may encourage alternative ways of working with supervisees and also help compare techniques to determine how effective they really are.

Parallel Process and Isomorphism

      Parallel process.

      Definition. The concept of parallel process is rooted in psychodynamic theory (Koltz et al., 2012) and is explored in the research by examining how unconscious processes in the therapeutic relationship replicate in the supervisor and supervisee's relationship (Morrissey, 2001). In parallel process, "the unconscious becomes conscious" and the exchanges between individuals become more transparent, making it easier to identify the parallel process in the first place (Watkins, 2017, p. 507). Transference and counter-transference are subjects grounded to the concept of parallel process (McNeill & Worthen, 1989; Morrissey, 2001) and are topics that psychoanalysts often emphasize in their work. Kernberg (1965) described counter-transference as the therapist's "overall emotional reaction" towards the client (as cited in Makari & Michels, 1993, p. 359) and others refer to transference as the "[client's] projected or displaced wishes and feelings about a past figure" towards the therapist (Makari & Michels, 1993, p. 358). Thoughts around counter-transference and transference are now reintroduced in current studies on clinical supervision and conceptualized as parallel processes, inviting supervisors to reconsider the interventions they choose to utilize when working with their supervisees.

      Current research. Using variables such as dominance and affiliation to determine the validity of a parallel process, Tracey et al. (2012) examined the interactions of 17 supervision triads and the effect of those interactions on client outcomes over time. They hypothesized that novice therapists will "[recreate] the dynamic of the therapy session and [enact] the client's role with the supervisor," altering their typical behaviour in supervision and displaying the behaviour

the client presented from the previous therapy session (Tracey et al., 2012, p. 330). They

provided the following example: If a client behaves in a "distrustful" manner towards the

therapist in a session, responding with "yes, but…" to suggestions made by the therapist, the

therapist will respond "critically" toward the client and will go to the next supervision session to

discuss the lack of progress with the client (Tracey et al., 2012, p. 331). With both parties aware

on some level that their progress is monitored and change is expected (Morrissey & Tribe, 2001),

it is not uncommon for defensive reactions in the therapeutic relationship to replicate in the

supervisory relationship—where both the client and the training therapist attempt to defend what

they know and how they have come to know it (Morrissey &Tribe, 2001).

Tracey et al. (2012) found that without any direct interaction with the client, supervisors

in this study acted similarly to how therapists acted with their clients. Using the example of the

distrustful client and critical therapist described above, the supervisor became more critical in

supervision, similar to how the therapist behaved in therapy with the client. The implication here

for supervision practices is that supervisors attune to these subtle changes in their interactions

with their supervisees and "[enact] the parallel of the therapist role in therapy, but then

deliberately [alter] this pattern in supervision" (Tracey et al., 2012, p. 332). Tracey et al. (2012)

determined that supervisors modelling this change in dynamic and supervisees applying what

they learned in supervision benefitted the client (Tracey et al., 2012), supporting the notion that

supervisees behave how they think their supervisors would (McNeill & Worthen, 1989). To

recognize a parallel process and understand how to deliberately alter the dynamic requires that a

supervisor be "highly aware of his/her own inner cognitive and affective responses" (Morrissey

& Tribe, 2001, p. 107).

The intervention. Morrissey and Tribe (2001) suggested that supervision could in fact be therapeutic, without being therapy itself, when using parallel process as an intervention. In this context, students are encouraged to reflect and discuss their feelings or thoughts related to the parallel process at hand, which can be an educational and supportive experience for the novice therapist (Morrissey & Tribe, 2001). For benefits to occur, the supervisor's introduction of the topic must be immediate and explorative to help foster understanding between both parties (Morrissey & Tribe, 2001). Morrissey and Tribe provided the following example:

> A novice therapist discusses her client's fear of ending therapy with her supervisor. Her supervisor then asks her whether her concerns were related to their supervision contract ending. He then continued to explore the issue by asking the trainee how her own fear may be affecting her work with her client.

It is important to note that findings with "minor shifts" that are "subtle and nuanced" (Tracey et al., 2012, p. 339) across two specific variables do not necessarily help supervisors identify how to intervene in supervision, especially if their theoretical orientations do not align with parallel process theory (Morrissey & Tribe, 2001; Watkins, 2017). An emphasis placed on concepts like transference and countertransference (McNeill & Worthen, 1989; Morrissey & Tribe, 2001; Watkins, 2017) and understanding how transference and countertransference affect each relationship in the supervisory triad is more useful than attempting to find a cause and effect relationship of a parallel process (Morrissey & Tribe, 2001), considering that an "empirically meaningful definition that is measurable and consistent" is non-existent (Watkins, 2012).

In summary, parallel process as an intervention encourages reflective dialogue between the training therapist and supervisor (Morrissey & Tribe, 2001). However, there a several factors to consider before an interaction is labelled as parallel process. Firstly, identifying how the

transference of the therapist and countertransference of the supervisor parallels what is happening in the therapy session between the client and novice therapist may be difficult to detect due to therapists' varying developmental stages (McNeill & Worthen, 1989, p. 331; Morrissey & Tribe, 2001; Watkins, 2017). For example, discussing the topic of countertransference with a trainee who lacks awareness or insight can induce feelings of anxiety (McNeill & Worthen, 1989, Morrissey & Tribe, 2001), leaving the trainee feeling misunderstood or judged (Morrissey & Tribe, 2001, p. 108). This rupture not only has negative implications for the supervisory relationship, but the interpersonal patterns here are a reflection of unresolved conflict rather than the manifestation of a parallel process (Watkins, 2012).

Furthermore, Watkins (2017) argued that examples of parallel processes in the research solely highlight conflict between a supervisor and supervisee. He argued that conflict transpires for multiple reasons: poor supervision, ruptures in the relationship, or an ongoing dysfunctional relationship. Researchers are quick to recognize and label interactions as parallel processes, but understanding the complexity of human behaviour is its own challenging process (Watkins, 2012). Watkins (2012) suggested that future researchers look for "parallels in process" rather than a "parallel process" (p. 345).

Isomorphism.

Definition. The concept of isomorphism stems from systems theory (Koltz et al., 2012), the idea that "behavioural dynamics which occur between therapists and clients are replicated between therapists and supervisors and vice versa" (Lee, 1999, p. 305), implying the existence of a bi-directional relationship supported in findings by White and Russell (1997). Unlike a parallel process, which focuses on "internal" or "intrapsychic" issues of the individual (Koltz et al., 2012), isomorphism refers to the relational patterns that occur in the supervisory triad (Koltz et

al., 2012). Koltz et al. (2012) developed the Iso-Para/Para-Iso (IPPI) model to help conceptualize the differences between these two concepts. The literature suggests that researchers find it challenging to create one standardized definition to work from regarding each of these constructs (Lee, 1997; White, 1997), and this common theme across clinical supervision studies makes it difficult to determine how to effectively intervene in supervision.

The intervention. Isomorphism emphasizes repetitive relational patterns (Koltz et al., 2012) and is most often studied in the literature as mimetic isomorphism, where novice therapists "mimic" theoretical approaches by applying what they learn from their supervisors to their own work with their clients (Weir, 2009, p. 66). Imitating or modelling behaviour is not necessarily reflective of learning or a representation of isomorphism. Adopting a supervisor's therapeutic technique will not necessarily replicate the interpersonal dynamics, given the individual differences between the therapist and the client. However, Weir (2009) discussed mimetic isomorphism in his work and encouraged clinicians to reflect on how common this practice might be for novice therapists that struggle with uncertainty. As an intervention, addressing the manifestation of mimetic isomorphism creates a space for dialogue and reflection, promoting creativity and independence (Weir, 2009). Yet, recognizing isomorphism can be a challenge (White, 1997) and requires that the supervisor be self-aware, reflective, and able explore the opportunity with open-ended questions (Weir, 2009). Identifying behavioural patterns between subsystems is the first step (White, 1997). Understanding how to alter the pattern to change behaviour (White, 1997) involves an assessment of one's belief system (Lee, 1997), including the limitations or restrictions of the preferred theoretical orientation (Weir, 2009).

In isomorphism, the roles of the supervisor and supervisee complement those of the therapist and client (White & Russell, 1997). Unlike the concept of parallel process that accepts

small intrapersonal changes to support hypotheses (Tracey et al., 2012), isomorphism looks at replicated interpersonal patterns across subsystems, like those between the therapist-client and therapist-supervisor (Lee, 1997).

To further understand this notion, Koltz et al. (2012) introduced a case that involved a novice supervisor and an intern therapist named "Maggie," both struggling with feelings of insecurity around supervision and therapy, respectively. A review of a taped counselling session revealed that Maggie—a school counsellor with her own challenges and insecurities around applying appropriate interventions with her students—did not confront her student who also portrayed these characteristics in their session. The supervisor in this scenario was able to avoid isomorphism by confronting Maggie; she "did not allow her own insecurities as a developing supervisor [impede] her interactions with her supervisee and challenged the supervisee's lack of confrontation with her own student" (Koltz et al., 2012, p. 237). If the supervisor avoided confronting Maggie on this issue, both subsystems would be involved in an isomorphism. The implication here is that supervisors must be highly self-aware to address this type of issue (Koltz et al., 2012). The importance of self-awareness is underscored across multiple studies relating to parallel process and isomorphism (McNeill & Worthen, 1989; Koltz et al., 2012; Tracey et al., 2012), emphasizing the need for supervisors and supervisees to reflect on this skill to determine whether they need to make any self-improvements in this area.

Similarly, in his case study, Lee (1997) found himself working with a therapist that he initially did not challenge in sessions. Their belief systems aligned and he expressed feelings of comfort from experiencing this type of connection. He noticed that the therapist's tendency was also to take sides unquestionably, creating allies with clients that she believed shared similar experiences. A conversation with a colleague helped him recognize a recurring pattern, an

isomorphism that he changed overtime by differentiating himself (Lee, 1997). The changes he made in his therapeutic approach had implications for how the therapist interacted with her own clients, supporting the notion that "a change made in the supervisor/therapist subsystem should result in change in the therapist/client subsystem" (Koltz et al., 2012; Lee, 1997). However, a concrete and standard definition of isomorphism is missing in the literature. Examining the role of our belief systems when intervening in supervision, as Lee acknowledged in his work, may be necessary.

Koltz et al. (2012) also presented an example of isomorphism in their review, describing a therapist who ignores an angry client. By ignoring the client's anger, the therapist does not provide any feedback. In the supervisory session, the supervisor also ignores the therapist's anger and in turn, the therapist does not get any feedback. Koltz et al. simplified the concept of isomorphism in an attempt to demonstrate how the interactions of one subsystem are replicated in another subsystem. The concept of isomorphism, also derived from mathematical theory (White & Russell, 1997), is reflected "when things take on the same or similar form" (Weir, 2009, p. 60). However, this notion applied to the context of clinical supervision minimizes the complexity of human interaction and fails to address the factors that must be fully considered when deciding how to intervene in supervision.

A study by White and Russell (1997) revealed different perspectives on isomorphism. They found that some participants viewed supervision and therapy as "isomorphically connected" (p. 321), with one participant stating that "there can be patterns between clients' lives and our lives, patterns between a client's family of origin and a client's family procreation and a pattern between what happens in supervision and what happens with a client" (White & Russell, 1997, p. 323); another participant suggested that isomorphism cannot exist across therapeutic and

supervisory subsystems because expectations between each dyad differ, with an emphasis on learning applied to the therapist, noted by the complexity of activities. Different views on isomorphism, whether they are a matter of looking for patterns (White & Russell, 1997), identifying modelled behaviour (Weir, 2009; White & Russell, 1997), or determining how to differentiate to promote change (Koltz et al., 2012; Lee, 1997) make it difficult to not only conceptualize this topic, but to study it and create an empirical foundation for more effective interventions for supervision.

Conclusion

Koltz et al. (2012) stated that since "supervision and counselling place an emphasis on learning, personal growth, and empathy," it is not surprising that these conditions foster environments conducive to parallel processes and isomorphism (p. 237). We know that both concepts foster opportunities for learning. However, the discussion in the literature to date is "somewhat too linear and too narrow in its presentation" (Lee, 1999, p. 304). Therefore, exploring supervision from a different angle might help unravel some of the knots in the inconsistencies reviewed so far. Regardless of theoretical orientation, what is underscored in the literature is the significance of reflection (Orchowski et al., 2010). Using this notion as a reference point, let us explore how to bridge the gaps even further so that we continue to learn how to create effective supervision practices and interventions.

Guiding Frameworks in Supervision

    Theoretical.

    Postmodernism. How knowledge is acquired and disseminated is grounded in a historical debate between two major epistemologies. Modernism, the idea that knowledge or "truth" can be objectively and independently obtained through observation and scientific

experimentation (Glesne, 2011; Hansen, 2006) is challenged by postmodernists who claim that attaining "truths" about the world is unlikely. Reality is socially constructed, dependent on the exchange of language, and embedded in context (Freedman & Combs, 1996). The notion that knowledge is co-constructed and cannot be independently acquired, supports the underlying tenets associated with social constructionism; a concept derived from a postmodern framework where individuals make sense of their world through conversations they have with others (Philp, Guy, & Lowe, 2007). While modernists seek to discover "one truth" or one explanation about a particular phenomenon, postmodernists consider multiple perspectives and embrace multiple ways of knowing (Freedman & Combs, 1996).

From a social constructionist stance, what is "true" depends on its pragmatic utility (Hansen, 2006). For instance, in a supervisory triad (Tracey et al., 2012) multiple perspectives are shared during therapy and then in supervision, only to be applied back to the therapeutic context at a later time. While some social constructionists claim that whatever "truth" the supervisor and supervisee aim to discover together about the client is only "true" if the client finds that it makes sense or is doable (Hansen, 2006), others add that the path towards discovering the "truth" yields no definite answers. Each context will re-create new narratives (Freedman & Combs, 1996).

A social constructionist standpoint presents several implications for supervision practices. Firstly, supervision is viewed "not as a definite model, a quest for objective truth about clients or the finding of appropriate, corrective interventions but as the co-creation and development of new meanings through conversation" (Philp et al., 2007, p. 3). Secondly, if learning takes place through conversation (Anderson & Swim, 1995), then how the dyad converses during supervision must be examined. For instance, Philp et al. asserted, "too much supervisory

expertise can inhibit supervisee creativity and critical awareness and too little expertise might leave the counsellor feeling deskilled" (2007, p. 5). Thirdly, each person in the supervisory dyad is encouraged to "step back from the constraint of any particular discourse in order to find new meanings and other possible ways of working" (Philp et al., 2007, p. 6). Supervisors are encouraged to reflect upon what it means to be an "expert" and whether the concept of being an "expert" is mutually exclusive from that of being a leader (Michael, 2006). Finally, "if meaning is not carried in a word by itself, but by the word in relation to its context, and no two contexts will be exactly the same" (Freedman & Combs, 1996, p. 29) then it's possible that the role of the supervisor is flexible, adaptive, and in constant flux (Johnson, 2007; Michael, 2006).

Conceptual.

The role of the 'expert'. A hierarchical approach to supervision supports a modernist epistemology where supervisors possess ultimate "truths" (Selicoff, 2006). In this type of relationship, the supervisor is in a position where he or she is perceived to have the knowledge and experience to evaluate and train supervisees (Johnson, 2007) or take on multiple roles which include some or all of the nine from the Contextual-Functional Meta-Framework (CFM) proposed by Chang (2013). In a hierarchical relationship, the supervisor adopts an "expert" role that assumes that he or she knows what is best for the supervisee (Anderson & Swim, 1995). Safety concerns, ethical issues, and administrative tasks demand an expert's influence. Yet, whether each context in supervision warrants an "expert" is up for debate.

Furthermore, it is important to discuss the role of power in a hierarchical relationship, like the one between a supervisor and supervisee. Some researchers discuss the importance of creating an egalitarian relationship (Lizzio et al., 2005; Sadow et al., 2008) and others assert that power imbalances are perpetuated when the hierarchy in the relationship is neglected and

unrecognized (Degges-White, Colon, Borzumato-Gainey, 2013). Michael (2006) suggested that supervisors should "bracket" their expertise and acknowledge that it is "just one way of knowing the world" (p. 33).

The inherent power differential between the supervisor and supervisee (Degges-White et al., 2013) influences the dynamics in supervision. In their study, Murphy and Wright (2005) found that supervisees withheld information from their supervisors and supervisors misused their power, placing their personal needs above the needs of their supervisees. These results suggest that individuals at each end of the hierarchy could possibly perform ethical breaches, not a finding related to this study, but a matter worthy of consideration given that ruptures in relationships are not easily repaired when trust is lost.

Supervision from a Postmodern Perspective: A Collaborative Approach

From a postmodern point of view, Freedman and Combs (1996) posited that "we can't objectively know reality; all we can do is interpret experience" (p. 33). In counselling, the therapist interprets the client's experiences by using reflective statements to help elicit feedback and make meaningful connections between what the clients says and what the therapist 'knows.' Collaboration is encouraged in the therapeutic relationship; students are advised to reflect on their position of power and how it influences therapeutic interactions. In supervision, a similar process takes place, yet conflicting views exist on whether a hierarchical supervision experience is more appropriate than a collaborative one (Anderson & Swim, 1995; Chang, 2013; Johnson, 2007; Michael, 2006; Philip et al., 2007; Selicoff, 2006). While the hierarchy in the supervisory relationship serves as a gate-keeping function and is also necessary to address pertinent issues relating to the supervisee or the client (Johnson, 2007), the unequal distribution of power should not dictate supervision as a whole.

The concept of collaboration implies that the "supervisor and supervisee create meaning and generate knowledge together" (Anderson & Swim, 1995, p. 5). In a collaborative relationship, supervisees are perceived to be experts in their own right and supervisors are encouraged to remain open to learning from their supervisees (Anderson & Swim, 1995). In his study, Chang (2011) noted that the novice counsellors' personal experiences prepared them for the counselling profession, both cognitively and emotionally. Some students described abusive home environments and others reflected on how they overcame adversity. Chang's findings suggest that students' lived experiences allow them to bring a wealth of knowledge to the supervisory relationship. Complementary to Chang's findings and in support of Anderson and Swim's assertions, Michael (2006) affirmed that a concept like expertise, strongly associated with the supervisory relationship, can be deconstructed when the supervisor and supervisee "[share] wisdom" (Michael, 2006, p. 13). By sharing wisdom via life experiences, supervisors and supervisees can help reframe conventional ideas of what it means to "be wise" or have knowledge.

Similar to how counsellors are encouraged to be flexible in their roles, supervisors are urged to do the same (Johnson, 2007; Michael, 2006). In a recent study, Aducci and Baptist (2011) proposed a "collaborative-affirmative approach" to supervision where the client is present during supervision. While they discussed the limitations associated with this study, it appears that researchers are beginning to challenge conventional approaches to supervision (Lizzio et al., 2005; Sadow et al., 2008; Tracey et al., 2012).

Learning: A collaborative process. The concept of learning strongly aligns with a postmodern framework. From this perspective, "ideas are not fixed and immutable elements of thought but are formed and re-formed through experience" (Kolb, 1984, p. 28). According to

Kolb (1984), "all learning is re-learning" (p. 29) and each person comes into a situation with some pre-existing knowledge. This idea challenges the traditional role of the 'expert' and also emphasizes the influence of individual experience. From a social constructionist perspective, learning is an opportunity to share, explore, and refine ideas (Kolb, 1984). Kolb described learning as a process rather than an outcome. Knowledge is understood as "a transformation process being continuously created and recreated, not an independent entity to be acquired or transmitted" (Kolb, 1984, p. 38). Not only does this statement align with postmodern thought, but it also challenges the notion that supervisors have reached their maximum capacity for learning. Please see Appendix A1 for a visual representation of Kolb's theoretical framework.

Transformative Learning Theory

In this section I will first introduce transformative learning theory and provide some background information. Then, I will overview the principles central to this theory. Later, I will review how these principles are applicable to supervision, also noting some limitations for consideration. Finally, I will discuss the significance of transformative learning theory and how it relates to this study in particular.

Context. Human beings aim to manage the everyday demands of their lives and relationships; this effort to make sense of the world they live in is ongoing. People interpret situations and infer meanings in an attempt to explain their experiences. From a young age, we learn how "to construct a certain way of seeing and understanding the world" (Mezirow, 2000, p. 2). As children, we seek guidance from our primary caregivers, who help shape our worldviews and ways of being (Cranton, 2016; Mezirow, 1991). Learned behaviours are reinforced during these early years and the "idiosyncratic requirements" imposed by primary caregivers "set limits to our future learning" (Mezirow, 1991, p. 1). Our limitations emerge when we, as adults,

encounter situations that conflict with the expectations we learned early on (Mezirow, 2000).

What we decide to do with these discrepancies—will we challenge and/or question—will

determine whether we are ready to make any personal changes (Cranton, 2016).

What we learn in childhood is often assimilated unquestionably into our lives (Mezirow,

2000; Cranton, 2016). In adulthood, these "taken for granted beliefs" (Mezirow, 2000, p. 19) are

"unquestioned or unexamined" (Cranton, 2016, p. 18) and influence how we see the world.

Essentially, our social expectations, individual preferences, cultural norms, religious views, and

ethical standpoints—ways of knowing and seeing the world (Cranton, 2016) were *imposed* rather

than collaboratively created. With knowledge rooted in historical and cultural contexts,

dominant discourses tend to prevail and shape our worldviews and are often expressed "in the

inclinations, biases, hunches, and apparently intuitive ways of experiencing reality that we think

are unique to us" (Mezirow, 2000, p. 129). When dominant perspectives perpetuate ideas that

inaccurately represent lived experiences (Brookfield, 2000), what we've accepted as true is

challenged and called into question. Here, individuals are encouraged to distinguish between

what they have accepted as the norm and what is a true reflection of their reality. It is not a

matter of obtaining "fixed truths" (Mezirow, 2000, p. 3) or supporting dichotomies like "right"

or "wrong." Rather, transformative learning begins when we choose to make a comprehensive

assessment of our world, one that is open to considering perspectives that are different from ours

(Cranton, 2016). With people playing a critical role in this multifaceted process we can begin to

"unearth our hidden assumptions and question their validity" (Cranton, 2016, p. 51).

In adulthood, transformative learning is not inevitable and depends on a few individual

factors. The willingness to be open and admit that our beliefs are constraining (Cranton, 2016;

Mezirow, 2000) is a first step and one that does not come without its challenges. Taylor (2000)

declared, "changing how one knows risks changes in everything one knows about personal and professional relationships, ideas, goals and values" (p. 160). Questioning and examining deeply held beliefs and assumptions often means that we question the source(s) (Mezirow, 2000). This complex endeavour requires examination of our cultural and social norms; the values and dominant discourses that we embraced and integrated into our way of living are put under a microscopic. For some, this experience can evoke feelings of anxiety and discomfort. Although personal development and change is often viewed positively and something to look forward to, in some cases it can also be a very difficult and emotionally draining process (Taylor, 2000) especially if it means that the identity we constructed over many years undergoes a process of deconstruction. Even if we sense incongruence between who we are and the world we live in, it is easier to ignore the discrepancy than confront it, unless faced with a situation that we simply cannot ignore (Mezirow, 1991).

Essentially, transformative learning is about personal growth and change. Much of the underlying premises associated with transformative learning stem from constructivism and the idea that "we develop or construct personal meaning from our experience and validate it through interaction and communication with others" (Cranton, 2016, p. 18). If a person "[reconsiders] and [revises] prior belief systems the learning becomes transformative" (Cranton, 2016, p. 19). Central to this process is the "assessment and reassessment of assumptions" (Mezirow, 1991, p. 6). We engage in conversations and reflect, identifying assumptions that are "distorting" or "inauthentic" (Mezirow, 1991, p. 6). When we question our views and whether they accurately represent our values or self-concept, that "special moment" (Cranton, 2016, p. 121), the point of intersection between who we think we are and who we want to be comes to light. We might ask questions like, "what are my values anyway?" and "are they really mine or are they values I

accepted unquestioningly from others before I was able of formulating my own?" (Taylor, 2000, p. 160). However, it is important to note that not every moment is a positive experience. Some moments of awareness are "disorienting" (Cranton, 2016, p. 49) and others are not so dramatic but more gradual (Cranton, 2016).

With an emphasis on discussion and reflection (Cranton 2016; Mezirow, 1991; Mezirow, 2000), the notion of "truth claims" is abandoned (Mezirow, 2000). With the human experience in constant flux (Mezirow, 2000), what is "true" in one context is greatly subjective and open to interpretation. Therefore, conversations provide opportunity for exploration. Individuals are encouraged to collaborate, to question, and "try on" (Taylor, 2000, p. 157) other perspectives to determine the validity of their claims. Transformative learning is "a process of examining, questioning, validating, and revising our perspectives" (Cranton, 2016, p. 18). In transformative learning, "discourse is not based on winning arguments but involves finding agreement…identifying the common in the contradictory, tolerating the anxiety implicit in the paradox [and] searching for synthesis and reframing" (Mezirow, 2000, p. 13). From a transformative learning perspective, conversations give learners an opportunity to make sense of their lives.

Theoretical Principles.

Habits of mind. Habits of mind, or "mind sets" include "distortions, prejudices, stereotypes and unquestioned or unexamined beliefs" (Cranton, 2016, p. 18). Like riding a bike or driving a car, habits of mind allow us to engage without thinking about how or why we are doing so (Mezirow, 1991). Because we expect the outcome to be like the last (Cranton, 2016), we do not spend much time thinking about the action we are performing. Our learning styles, social and cultural norms, personal needs, preferences, views on beauty, morals, and language

are all examples of habits of mind (Cranton, 2016; Mezirow, 2000). Habits of mind are often

intuitive, "automatic emotional responses" (Brookfield, 2000, p. 127). A combination of

personal experiences and cultural background they are unchallenged and "conditioned" sets of

values, assumptions, and beliefs that construct our personal identity (Mezirow, 2000, p. 21).

Essentially, we accept them as they are until an alternate perspective challenges us to look at

things differently (Cranton, 2016).

There are five types of mind-sets discussed in transformative learning literature.

Epistemic, or how we acquire and use knowledge is the first (Cranton, 2016). Our learning

styles and preferences fall under this category; whether a person "thinks globally or in detail,

concretely or abstractly, organized or intuitive" (Cranton, 2016, p. 20) will influence behaviours

and social interactions. For instance, how novice therapists acquire knowledge prior to

practicum and choose to use that knowledge is a cognitive skill usually based on preference. It is

not a matter of *what* they know but *how* they have come know it (Mezirow, 2000, p. 52). Why

intern therapists or supervisors are drawn to some theoretical models and not others is an

example of an epistemic mind-set; their learning preferences or styles suggest that perhaps their

theoretical model of choice is more easily understood.

Sociolinguistic mind-sets refer to "social norms, cultural expectations, and the way we

use language" (Cranton, 2016, p. 20). There is an inherent power differential in supervision that

may influence how an intern therapist engages. Interns who grew up in environments where

authority figures are not challenged may in turn feel uncomfortable challenging their supervisors.

Also, the therapeutic relationship between a client and therapist often develops based on the

therapist's view of how to foster the connection in the first place. The language used to create

connection often has historical and cultural influences "that have been absorbed without thought"

(Cranton, 2016, p. 109) and when brought into a present-day conversation may affect the authenticity, the genuineness, that many people seek out their interaction with others.

Psychological mind-sets include "how people see themselves;" our personality traits, anxieties, and attitudes (Cranton, 2016, p. 20). Whether we enjoy solitary or group activities and whether we value cognitive or affective skill sets (Cranton, 2016) are all examples of psychological mind-sets. Why some therapists choose to focus on the affective domain to promote personal development is only one example among many others of what this mind-set looks like. Also, how therapists perceive the role of the therapist is important. Is the therapist an educator or a helper and what does it mean to be either?

The two remaining mind-sets *moral-ethical* and *philosophical* (Cranton, 2016) overlap in many ways and will be discussed together for the purpose of this paper. The good vs. evil debate, advocating for human rights, religious beliefs, and justice reform are some examples (Cranton, 2016). Ethical considerations play a major role in therapy and supervision, including but not limited to, the idea of dual relationships discussed earlier in this paper.

The five mind-sets are briefly discussed to enrich the understanding of transformative learning theory. It is important to note that each mind-set is not mutually exclusive; rather habits of mind are "interdependent and inter-related" (Cranton, 2016, p. 21).

Frames of reference. Frames of reference are habits of mind that are "expressed as a point of view" (Cranton, 2016; Mezirow, 2000, p. 18). For instance, a therapist who believes that a woman has a right to choose to end a pregnancy may find herself reactive to a client who expresses views against such a decision. This example shows that "the right to choose" is a belief comprised of multiple habits of mind: sociolinguistic, psychological, and ethical. Essentially, these "habitual set of expectations" (Mezirow, 1991, p. 42) or "set of assumptions"

(Mezirow, 2000), help us to make sense of the world around us in way that is individually meaningful.

Cranton (2000) noted that frames of reference are a "complex web of assumptions, expectations, values and beliefs that act as a filter or screen through which we view ourselves and the world" (p. 182). If frames of reference or "boundary structures" (Mezirow, 1991, p. 4,5) are protective barriers created by our brain to accept behaviours that were rewarded (Mezirow, 1991), they can become problematic when we find ourselves in a situation where we are challenged and confronted with alternative perspectives that do not match our worldviews (Cranton, 2000). Because these "cultural paradigms" or sets of shared cultural views and attitudes are integrated into our lives from an early age without question (Mezirow, 2000, p. 17), our immediate instinct is to secure the information that supports our view and abandon the information that does not (Mezirow, 1991). Maintaining homeostasis in our lives includes protecting the frames of reference that support our constructed personal identity. We are more likely to "accept and integrate experiences that comfortably fit our frame of reference" (Mezirow, 1991, p. 35) to avoid experiencing any feelings of discomfort. It is not surprising that like-minded individuals form groups where their beliefs and values are supported and reinforced.

By definition, transformative learning is defined as "the process by which people examine problematic frames of reference to make them *more inclusive, discriminating, open, reflective, and emotionally able to change*" (Cranton, 2016, p. 27). Transformative learning occurs in one or more of the following ways: "elaborating existing frames of reference, learning new frames of reference, transforming frames of reference or points of view and transforming habits of mind" (Cranton, 2000, p. 231). Essentially, we learn when our frames of reference no longer restrict our ability to approach the world with a sense of openness and curiousity. We

learn when we openly engage in conversation and expand our personal boundaries, allowing alternative views to *enhance* our ways of knowing. Cranton (2016) asserted that, "any strategy that opens up new perspectives, challenges existing assumptions, or presents information from a different point of view has the potential to encourage reflection and transformation" (p. 107).

    Critical reflection. Reflection, specifically *critical reflection*, is a key concept in transformative learning theory (Cranton, 2016). Mezirow (2000) differentiates between critical reflection and reflection in his work. Mezirow (1991) posited that reflection is often used as a synonym with thoughtful action, the notion that we are cognizant of our thoughts and feelings and "draw upon prior learning to remember and make inferences, generalizations, analogies, discriminations, judgements, analyses, and evaluations" (p. 107). Although thoughtful action is indicative of learning, it is not necessarily a reflection of change conducive to transformative learning (Mezirow, 1991). When you increase your knowledge on a subject you also increase your confidence and motivation, important changes to your self-concept that can occur independently of transformative learning (Kegan, 2000). Taylor (2000) provided an example of what this could look like:

> An undergraduate student who earned high marks for a paper on the merits of affirmative action in the workplace later said with no awareness of the irony, that having lived in the Southern US as a child, she "knew" that certain groups of people were "just lazy and didn't want to work hard." (p. 153).

    In this example, the student acquired and presented knowledge on a subject, but failed to demonstrate how that knowledge changed her frame of reference (Taylor, 2000; Kegan, 2000). The implication here is that it is possible for graduate students in a counselling program to

acquire and present knowledge without changing the core assumptions that later influence their work with their clients.

Mezirow (1991) and Cranton (2016) described three stages of reflection in their work: content reflection, process reflection, and premise reflection. Questions are asked at each stage to help gather information and gain insight into an individual's mind-sets. The questions are open-ended and exploratory in nature. The goal is to help the learner reach the premise stage of reflection where questions at this stage aim to explore the "core of belief systems" and examine the "foundations of perspectives" (Cranton, 2016, p. 108). The *what, how and why* are examined respectively through this process as a way to "help people articulate and examine beliefs and assumptions that have been previously assimilated without questioning (Cranton, 2016, p. 105). The questions promote critical reflection by encouraging learners to problem solve (Mezirow, 1991). This process transcends the concept of introspection, a state where individuals are simply thinking, or aware, of their thoughts and feelings (Mezirow, 1991). Critical reflection requires learners to thoroughly examine deeply held beliefs and assumptions and this is not a sole activity, but one that involves the participation of at least one other person. Yet, at each stage learners are given the opportunity to validate their experiences (Mezirow, 1991) and determine whether their frames of reference are stunting their development and ability to engage with others in meaningful way.

Content reflection includes questions like, "What is happening here?" and aim to "raise learner awareness of assumptions and beliefs" (Cranton, 2016, p. 108). *Process* reflection questions unravel how a perspective came to fruition, identifying the source of an assumption or a period of time when the assumption was not evident in the person's life (Cranton, 2016). Questions at the process stage include, "How did you come to see yourself this way?" or "How

did the community where you grew up influence that view? (Cranton, 2016, p. 108). *Premise*

reflection includes questions like, "Why is this important in the first place?" that help to examine

the importance of a held belief (Cranton, 2016, p. 108). The premise stage is considered to be

the most important stage of critical reflection; however, it is important to note that, "an episode

of critical reflection on practice does not automatically lead to transformation" (Brookfield,

2000, p. 142). Action taken at this stage involves a "critique of the reasons we have done so"

(Mezirow, 1991, p. 106). This stage requires the learner to become vulnerable and open which is

much easier said than done. Mezirow (1991) describes this stage as a "fault finding review of

presuppositions from prior learning and their consequences" (p. 102). Verbally articulating the

"consequences of our possible habits of hasty judgement, conceptual inadequacy, or error in the

process" (Mezirow, 1991, p. 108) requires that the learner be transparent and authentic, a skill

that for many is not easily acquired especially if the learner is in his or her early stages of

professional development.

Theoretical limitations. Critics of transformative learning theory highlight several

limitations. Kegan (2000) stated that "maturity, education, safety, health, economic security, and

emotional intelligence" are assumed preconditions related to transformative learning theory (p.

73). Therefore, individuals struggling in any of these areas might find it difficult to successfully

engage in this process. Kegan asserted that "most adults simply have not developed their

capacities of articulating and criticizing the underlying assumptions of their own thinking nor do

they analyze the thinking of others in these ways" (2000, p. 73). Although it is important for

educators to assess learners' stage of readiness to determine whether transformative learning is

an approach they should introduce to their practice (Cranton, 2016), the preconditions described

above do not necessarily determine the outcome of a conversation. Assuming that individuals

from poor socioeconomic backgrounds with limited access to education cannot actively engage in a conversation is presumptuous. Transformative learning begins with a conversation; it might take longer for some individuals to evolve, but it's not impossible.

Other critics state that transformative learning theory "presumes relation of equality when in actuality, most human relationships area asymmetrical" (Kegan, 2000, p. 73). The power dynamic is inherent to the supervisory relationship, as previously discussed this review. Students, novice therapists, are urged to "to be aware of how [power] lives within…and works against…by furthering the interests of others" (Brookfield, 2000, p. 129). Brookfield (2000) encourages learners to engage in a "power analysis of the situation" (p. 126) that involves addressing the "source of authority" (Brookfield, 2000, p. 137). In the context of clinical supervision in a counselling environment, this standpoint advises students to assess their program's curriculum and supervisors' teaching methods (Brookfield, 2000). This can be a daunting task for many novice therapists who are in the process of developing their professional identity. Like in childhood, students are more likely to conform than resist in their vulnerable state to reap the rewards rather than experience perceived consequences. Educators that remain sensitive to this possibility will have greater success in their interactions if they openly discuss the role of power in the relationship and what it means to be in a more subordinate position. This conversation alone can be impactful; a moment when the student realizes that he or she can be open with someone in a position of 'power' without being reprimanded.

Furthermore, Mezirow (2000) stated that, "feelings of trust, solidarity, security, and empathy are essential preconditions for full participation in discourse" (p. 12). As previously noted in this review, students have diverse supervision experiences that also include poor supervisory relationships. A poor supervisory relationship lacks many of the conditions

proposed by Mezirow, suggesting that an intervention from a transformative learning perspective may not be appropriate in all cases. Yet, it is possible to mend a rupture. A rupture can serve as a learning opportunity if the educator is open to starting the process and the learner is willing to participate.

It is important to note that transformative learning is a complex process and one that is not easily identifiable. Since personal transformation often occurs over a period of time rather than as a "single dramatic event" (Cranton, 2016, p. 46), "there is no way an educator or anyone else can ensure that transformative learning takes place" (Cranton, 2016, p. 105). With change dependent on the individual, the ambiguous nature of this theoretical construct may deter educators from adopting this practice into their work. Therefore, it is essential that educators and learners consider all of the potential limitations when deciding to intervene from a transformative learning perspective, considering that this model does not come without criticism. As with any intervention, a comprehensive assessment and open discussion with all individuals involved may help to determine whether this approach is appropriate.

Applications and Gaps in Current Research

Literature to date focuses on "critical incidents" (Martin et al., 1987) and "self-reflection" (Orchowski et al., 2010) to assess a novice therapist's learning and progress. Described as impactful moments, critical incidents provide insight and a new perspective on a situation (Martin et al., 1987). In one study, a supervisee said that "the session became for me what I want to do with clients," noting that her experience in supervision with her supervisor, later helped her recognize the benefits of taking risks with clients (Martin et al., 1987). Yet, if "thoughtful action does not necessarily imply reflection" (Mezirow, 1991, p. 100), this scenario represents the benefits associated with information gathering that is not necessarily

transformative (Taylor, 2000; Kegan, 2000). In this example, it is unclear what role, if any, critical reflection played in this supervisee's newly acquired insight. Modelling behaviour is evident here, with the supervisor portraying behaviours that resonated with the supervisee. Yet, it is difficult to determine if the supervisee's newly acquired insight was a change in perspective that also resulted in a change in behaviour.

Furthermore, the terms *critical incident*, *critical reflection*, *mindfulness*, and *self-reflection* are often used interchangeably in the research (Glazer & Stein, 2015; Martin et al., 1987), to assess growth and development. It is a challenge to affirm personal development in the context of clinical supervision without the presence of a concrete definition. Personal development implies progress over time; a focus on exclusive 'aha!' moments does not necessarily mean that learning is taking place. Without a thorough analysis of the conversation that leads to the moment of realization for the student, it is difficult to conclude that the supervisory intervention is successful.

Yet, what is evident across these most recent studies is the presence of a common theme. An emphasis placed on behavioural elements transcends findings of previous works discussed earlier, where reflection is often viewed synonymously with self-awareness and perceived as an independent undertaking or an 'after the fact' moment. Mezirow (1991) questioned this much earlier, asserting that "reflection is more than simple awareness of our experiencing or of being aware of our awareness" (p. 106) and years later, Orchowski et al. (2010) supported this notion, describing reflection as a "behavioural process" and "an attitude" that helping professionals can adopt to guide their practice (p. 51). Glazer and Stein (2015) emphasized the notion of mindfulness in their work, noting that "the application of cognitive, emotional, and physical energy to engage with the thoughts and experiences of others while being aware of one's own

reactions to the ongoing environment" is important (p. 43). It is clear that among these studies, reflection is viewed as an active and engaging process, two components central to transformative learning theory. What is missing in the literature is the application of transformative learning theory to the context of practicum supervision.

A qualitative study by Glazer and Stein (2015) examined supervision from a transformative learning perspective. The study aimed to explore the relationship between supervisors' beliefs and supervision practices. Supervisors discussed their beliefs and acknowledged the role they played relative to notions of theory, power, and identity. Glazer and Stein determined that supervisors found it difficult to examine what they were doing and focus on their supervisees, simultaneously. Research to date underscores the importance of supervisors reflecting during supervision (Lee, 1997; Morrissey, 2001; Orchowski et al., 2010; Tracey et al., 2012; Watkins, 2017; Weir, 2009), yet these findings underscore some of the challenges (Glazer & Stein, 2015) and question the assumptions associated with a concept like reflection. Transformative learning highlights the importance of dialogue; using one perspective fails to fully explore the core principles of transformative learning theory. Including the perspectives of the supervisee and/or client may have enriched the outcome of this study.

Additionally, there are other factors to consider here. To foster an environment that is self-reflective, the supervisor must complete personal work that focuses on self-reflection (Orchowski et al., 2010). Also, supervisors that align with theoretical frameworks that encourage self-reflective activities are more likely to facilitate activities that promote self-reflection in supervision (Orchowski et al., 2010). The implication here is that supervision practices will differ across contexts depending on the supervisor's chosen theoretical framework and whether he or she values the concept of self-reflection. If a supervisor's beliefs pre-

determine supervision practices, a transformative learning approach can potentially provide a deeper understanding of how and why supervisors communicate in the ways that they do.

Years later, Fazio-Griffith and Ballard (2016) presented a teaching strategy for counsellor educators. From a transformative learning perspective, they made several suggestions to what they described as a "Helping Relationships" course (p. 230), with roots in CACREP (2009) (as cited in Fazio-Griffith & Ballard, 2016). With the implementation of various activities, students are encouraged to "explore attitudes, beliefs, behaviours, and assumptions" (Fazio-Griffith & Ballard, 2016, p. 230). Professors are encouraged to "abandon traditional teaching roles and become intellectual coaches or change agents" (Fazio-Griffith & Ballard, 2016, p. 227). The main goal of this anticipated course is to help students recognize "how biases and prejudices influence the counselling relationship" (Fazio-Griffith & Ballard, 2016, p. 231). With an emphasis placed on student learning, they encourage counsellor educators to consider a transformative learning approach in their practice.

Despite an intriguing proposal by Fazio-Griffith & Ballard (2016), the role of the supervisor remains quite ambiguous. An emphasis on critical reflection does support one premise of transformative learning theory, but it is difficult to conclude whether an experience with critical reflection will transform an individual's worldview without the data to support it. Assertions like "experiencing biases and prejudices first-hand makes the course concepts more real and provides a transformational experience" (Fazio-Griffith & Ballard, 2016, p. 231) are speculative and require further empirical exploration.

Significance to Current Study

A lack of consensus among researchers regarding approaches to supervision warrants further investigation; it is difficult to determine which approaches and techniques are more

effective than others. Not only do approaches to supervision vary, but also it is unclear whether supervisees' apply what they learn in supervision to their own work with their clients. Studies around parallel process and isomorphism aim to expand our knowledge around the interactions between the supervisor, supervisee, and the client; however, the complexity of each idea makes conceptualization a challenge for many. Interestingly, postmodern thought is the one common factor across each approach or technique in supervision. Transcending through time, the postmodern framework and the notion that knowledge is co-created, rather than independently acquired, not only grounds supervision practices, but also served as the catalyst for this study.

Throughout his work, Mezirow (1991, 2000) underscored the importance of creating conditions that make it more likely to bring transformative learning to fruition, while Cranton (2016) emphasized, "the goal of adult learning is to reflect" (p. 25). The idea that change depends on context and reflection is not a new one. A review of the literature shows that supervision techniques have evolved over time. Interventions now are often more creative than the ones before, including elements of role-play and materials like the sand tray, all different ways of helping engage the learner. These activities, in addition to feedback and self-disclosure, promote self-reflection and offer different ways of facilitating the learning process.

Rationale for Research Questions

Missing from the literature is an examination of how the triad's—the supervisor, the supervisee, and the client—beliefs, values, and expectations influence learning in the context of clinical supervision. The idea that it is "not what we know, but how we know" (Kegan, 2000, p. 52) is a powerful concept. Conversations that provide a deeper level of understanding of self can help connect us with others in a more meaningful way. Examining the source(s) that guide our behaviours and influence the decisions we make in our lives is essential and maybe even more so

in our professional lives when working with vulnerable clients. Current supervision practices tend to focus on what students know and assessments are made based on how students demonstrate this knowledge in their practicum settings. While these approaches increase confidence, motivation, and self-esteem, important contributors to personal growth and sense of achievement (Kegan, 2000), a reward system or a positive evaluation should not dictate the outcome of supervision.

Furthermore, limited research exists concerning approaches to supervision in practicum settings and client outcomes. This is disconcerting for several reasons. Firstly, each year a large number of graduate trainees with no clinical experience are accepted to work at various practicum settings; adults, teens, children, and families are supported in these very new therapeutic relationships. Although the importance of client care is implied throughout the research (Kilminster & Jolly, 2000; Worthen & Dougher, 2000; Tracey et al., 2011) and emphasized in clinical practice, we have yet to fully understand the relationship between supervision in practicum settings and client outcomes.

Research question. The following research question is used to guide this research effort: How do beliefs, values, and expectations influence learning and client outcomes in the context of practicum supervision? In addition, the following subquestions guided this study:

- How do the participants define supervision and its purpose?

- What does supervision look like?

- What strategies are used in supervision?

- How does a transformative learning model help facilitate learning?

   The next chapter describes the methodology.

Chapter 3. Methodology

In this chapter, I will discuss the steps I took to bring this study to fruition. First, I will define the parameters around case studies and how this approach supports my research topic. Next, I will outline the participant selection process for my study and then I will explore my personal biases and how they may have influenced the decisions I made along the way. Afterwards, I will describe the steps I took when I collected and analyzed my data. Finally, I will explain the limitations associated with my study.

Defining a Case Study

Yin (2009) defined a case study as, "an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context" (p. 18) and Stake (1995) described case studies as holistic endeavours in which contextual factors are fully considered. Stake (1995) asserted that when conducting a case study, "we want to appreciate the uniqueness and complexity of the case, its embeddedness and interaction with its contexts" (p. 16). Additionally, Baxter and Jack (2008) stated that providing a clear and concise definition of what the case study *is* and what it is *not* is one helpful strategy to maintain credibility and dependability. I selected a case study approach because it aligns with a postmodern framework, one with which I resonate as it underscores the importance of contextual factors and social exchanges of information, as outlined earlier in this paper.

The "case". The case is a "unit of analysis" that cannot be fully understood without considering the role of contextual factors (Baxter & Jack, 2008, p. 545; Kohn, 1997, p. 4). In my study, the case is the supervisory triad: the supervisor, the supervisee, and the client. The participants are the unit (Baxter & Jack, 2008; Kohn, 1997; Yin, 2009) in this study; their experiences are bound to the context (Baxter & Jack, 2008; Creswell, 2013), and bound to time

(Creswell, 2013). The context in this study is the organization; the agency that provides counselling services to clients and supports students by offering practicum placements. The agency and the student's University graduate program mutually agree on a time frame for completion of the practicum.

Type. Researchers employing a case study approach are encouraged to describe the type of case study they will use (Baxter & Jack, 2008; Stake, 1995; Yin, 2009). By narrowing the focus of a case study, the approach becomes increasingly feasible. In my study, Stake's (1995) notion of the instrumental case study served as a guide, where the case adopts a supportive role in order to understand another concept (Baxter & Jack, 2008). In my study, I examined the supervisory triad in the context of practicum supervision relating to the transformative learning model.

Researchers implementing a case study approach must decide on the design. Single-case designs (Stake, 1995; Yin, 2009) and collective case studies (Baxter & Jack, 2008; Stake, 1995) are two possibilities. In my study, a single-case was examined to help support the research question. My intent was to develop a deeper understanding of the case by exploring it in its entirety.

Participant Selection

Yin (2009) described participant screening as an "extensive" process that in some ways becomes a "mini-case study" (p. 91). In this study, I used a purposeful sampling strategy combined with a convenience sampling strategy to support the research question (Creswell, 2013). I screened participants using the following criteria:

- The practicum supervisor must provide supervision to at least one Master's of counselling practicum student.

- The practicum supervisor must have experience working as a clinical supervisor.

- The practicum student must be a graduate student completing a degree related to counselling psychology (eg., MSc, MA, Med, MC)

- All participants must be over the age of 18 years

I found that gaining access to a site was a challenge, most likely due to the perceived risks associated with this study. To me, it appeared that supervisors were concerned about how much time they could invest without having an impact on professional expectations, and also felt uneasy with the client's involvement and limits to confidentiality, knowing that I would be reviewing those private videotaped therapy sessions. As a result, I used a convenience sampling strategy to increase my opportunity at facilitating this research project. I anticipated this challenge based on Yin's (2009) work, where he described several factors to consider when seeking access to a site. Firstly, the researcher is a guest, entering the world of the individuals being studied (Yin, 2009). With this perceived invasion of privacy (Stake, 1995), creating and maintaining respectful and courteous relationships is essential. Secondly, depending on the availability of the participants, researchers are encouraged to adjust their schedules accordingly to accommodate participants' needs (Yin, 2009). Researchers are asked to be flexible and open; prepared to adjust their approach or design if necessary (Yin, 2009). When reaching out to various organizations, I was met with site managers who expressed their concerns around time management. This was another factor that influenced my decision to select participants based on a convenience sampling strategy. Therefore, I recruited my participants by reaching out to counselling professionals that I knew and asked them if they knew of any agencies and/or clinical supervisors that might be interested in devoting some of their time to my project.

Research Background and Bias

The learning process is a complex undertaking and one that is often socially constructed. The focal point of this study was to explore how beliefs, values and expectations influence learning and client outcomes in practicum supervision. Therefore, based on the works of Yin (2009) and Stake (1995), it was important for me to identify the boundaries of my case. In my study, I did not plan to focus on a specific technique or intervention, nor was it my intention to explore how an approach to supervision influenced the supervisee's interactions with the client. Using transformative learning theory as a framework, I wanted to explore the notion that individuals tend to respond from their unexamined belief systems, expressing points of view as knowledge rather than information influenced by their own experiences. I knew from my own practicum experience, that I had been unaware of perceptions leading my conversations and that these were counterproductive and personally limiting. I acknowledge this personal bias and how it may have influenced the outcome of my study.

Developmental approaches to supervision suggest that students are more likely to take professional risks later on in their practicum experience (Rabinowitz, Heppner, & Roehlke, 1986). As discussed earlier in this paper, recent literature also suggests that there is a relationship between the student's clinical experience and feelings of anxiety. Therefore, to address both of these assumptions, I decided to include a student therapist as a participant, someone with no previous clinical experience working directly with clients in a therapeutic capacity.

Ethical Considerations

Consent. I took several steps to ensure that my study was ethically sound. First, I obtained written and verbal consent from all three participants: the supervisor, supervisee, and

client. I also informed participants' of their right to withdraw at any time and I informed each participant that I would be available for questions at any point during the study.

Rapport. I believed it was important to provide each participant with some reassurance, given the sensitive information relayed in each conversation. Therefore, I assured the client that the focus of my study was not on the content of his life, but rather on his experiences with the student therapist. Also, I assured the supervisor that the intent of my study was not to highlight "good" or "bad" supervision practices, but to explore supervision from a transformative learning perspective. Finally, I assured the student therapist that the purpose of this study was not to judge the interactions with her client, but to gain a better and deeper understanding of the relational exchanges. I informed all three participants that I would connect with them once the study is completed and present them with the final results.

Confidentiality. In this study, I used pseudonyms to protect participants' names. In my study, Zack is the practicum supervisor, Gina is the student therapist, and Martin is the client. Also, I assured the client that the personal information he shared with his student therapist would be kept confidential and would not be presented directly in my research.

Data protection. I transcribed all video and audio recordings at the agency. The videotaped sessions were saved to a storage disk and were not removed from the agency at any point time. The audio recordings were recorded on a voice recorder and were not removed from the agency at any time. All audio and video-recordings are currently stored in a locked space inside the agency and will not be removed from site. Raw data will be destroyed after five years and no earlier than December 31, 2020. All data is electronically stored and password protected.

Data Collection Techniques

Methods.

Videotapes. I asked the practicum student to provide three videotaped sessions of supervision. Then, I asked the practicum student to provide three videotaped therapeutic sessions between her and the client. Each videotaped session included conversations between the student therapist and her client and between the student therapist and her supervisor. I reviewed each videotaped session independently, without any one present. Using the principles of transformative learning theory as a guide, I created interview questions based on what I observed on the videotapes.

Interviews. I facilitated a total of nine unstructured interviews, each approximately 60-90 minutes in length. Please see Appendix E for an outline of my interview questions. These interview questions were expanded upon during each interview; as I asked a question, the participant provided me with an abundance of information and then disclosed additional material that required further clarification. In February 2015, the first set of interviews took place; I had one interview with the supervisor, one interview with the student, and one interview with the client. In April 2015, the second set of interviews took place; I had one interview with the supervisor, one interview with the student, and one interview with the client. In May 2015, the third set of interviews took place; I had one interview with the supervisor, one interview with the student, and one interview with the client. I used a voice recorder to audiotape each interview.

Transcription. I transcribed all data—all videotapes and audiotapes—by hand and independently, without any one present. I listened to each videotape and audiotape and transcribed the words verbatim; no additional software program was used to assist me the transcription process. Transcription was completed 8 months after the final interview in January 2016.

Additional Considerations

The opportunity to sit-in and directly observe supervision and/or therapeutic sessions was not possible in this study; however, my presence in either case could have altered the dynamics (Yin, 2009). Also, I found that reviewing the content of the videos and transcribing the information was time-consuming, a claim also made by Yin (2009) relating to many case study formats. Similar to assertions made by Baxter and Jack (2008), I found that my data collection and analysis occurred simultaneously; I first reviewed the content of the videos, made my inferences, created interview questions based off of those inferences, and later facilitated each interview accordingly.

Stake (1995) asserted that during direct observation, it is essential that researchers accurately reflect the context; making inaccurate inferences from observations is discouraged. In my study, the interviews gave participants an opportunity to confirm my observations. Member checking is a strategy that ensures the trustworthiness of a study (Glesne, 2011) and encourages researchers to "check-in" with participants to confirm the accuracy of their interpretations. I accomplished this when I asked participants to review clips of the videos with me and confirm whether the observations I made accurately represented their experiences. Stake (1995) also provided an example of this process in his work where researchers asked participants to review vignettes written about them and confirm whether the vignettes reflected what they shared.

Yin (2009) recommended that researchers ask good questions and listen attentively to the messages being conveyed. The unstructured interviews and open-ended questions in my study allowed for a deeper exploration of the content (Glesne, 2011). Yet, with interviews often influenced by the interviewers (Stake, 1995), the likelihood for researcher bias increases and response bias is always a possibility (Yin, 2009). In this study, response bias was explored by

examining the data across multiple data sources and researcher bias was openly addressed in my reflections throughout my study.

Data Analysis

   Stages of analyses. Creswell (2013, p. 190) suggested the following stages of analyses and I discuss each of these steps in further detail in the upcoming sections of this chapter:

- Create and organize files for data

- Read through text, make margin notes, form initial codes

- Describe the case and its context

- Use categorical aggregation to establish themes and patterns

- Use direct interpretation

- Express the "lessons learned"

- Represent the data visually

   Context.

   The case. Pathak, Verma, Patel, Gandhi, and Vishwavidyalaya (2014) provided a framework in their work and I used their model as a template to holistically conceptualize practicum supervision and then I explored its relation to assertions made by Stake (1995) (See Appendix A*2*). As illustrated in this figure, the case is a "unit of analysis" that cannot be fully examined independently of the context (Baxter & Jack, 2008, p. 545; Kohn, 1997, p. 4; Yin, 2009, p. 27).

   Data organization.

   NVIVO. An advantage of a case study approach is the researcher's ability to gather data from multiple sources (Baxter & Jack, 2008; Creswell, 2013; Dooley, 2002). Researchers are encouraged to create a system to organize data effectively and efficiently to account for large

amounts of information (Kohn, 1997; Stake, 1995). In this study, I used the NVIVO 12 software

system (QSR International) to help organize my data. With over 530 pages of transcription, I

found that NVIVO functioned like a storage system that helped me organize all my data.

Visualizing data. Baxter and Jack (2008) discussed the importance of analyzing

sources of data together, rather than separately. Therefore, in this study, I analyzed the

transcribed videos and audiotaped interview sessions together. First, I imported all of the

transcribed data into the NVIVO program and saved the files by type: videos or interviews.

Next, these files were categorized by each participant, or by "case," according to the NVIVO

program: Gina, Martin, and Zack. Organizing the files by case, or participant, allowed me to

use the features in NVIVO to draw comparisons between cases and view the information

visually if needed.

Interpretation.

Notes and themes. I recorded memos in NVIVO to document important information and

keep track of my thoughts and insights (Stuckey, 2015). Please refer to Appendix C to review

my memos. When creating the themes for my study, these memos served as a reference point.

Journaling. An audit trail, like a journal, increases the credibility of a study, helping to

address personal biases that may interfere with data interpretation (Stake, 1995). For this study, I

initially started a journal for reflexivity purposes (Creswell, 2013) and I managed to record my

initial experiences and reflections (See Appendix D). However, due to unforeseen

circumstances, my journal was not consistently maintained throughout this research project.

Nonetheless, ongoing peer review (Baxter & Jack, 2008) between my thesis supervisor and me

helped keep me on track. In conversations with my thesis supervisor, I received the support I

needed to help me move forward with my ideas. Also, my thesis supervisor reviewed my written work and provided me with feedback.

Coding. I used the "word frequency" function in NVIVO to explore my data set and determine a starting point for the coding process. NVIVO generated what is called a "word cloud," a visual of the most commonly used words by participants. I decided to refine my search even further and instructed NVIVO to produce two word clouds, one that consisted of at least four-letter words or more (See Appendix A3), and another that included at least five-letter words or more (See Appendix A4). In addition to the information provided by each word cloud, I used the "text search query" function in NVIVO to search synonym words for beliefs, values, and expectations. It was important for me to identify coding methods consistent with my research question (Adu, 2015). Also, I believed that participants were less likely to explicitly say, "I believe…" or, "I value…" or, "I expect…" and were more likely to use words in their conversations like, ""need" and, "feel" and, "guess." A screenshot image from NVIVO (See Appendix A5) shows some of the words I searched beyond what was provided by the word clouds and also displays how often the words came up across the data. Using the information from the text search query, I began to explore the data set and started coding my information.

In my study, it was important for me to create codes that accurately reflected what each participant said and this meant using language that closely resembled or mirrored that of each participant. In support of the research question, my coding strategies included finding moments across data sources when participants expressed feelings, an idea or opinion; made assertions or references to the past; and articulated what was important to them or what they needed most. For

instance, Martin, the client, referenced the code, "a way out," (See Appendix B1) on five different occasions. During one conversation Martin stated:

> She just gently, you know, looks at things and even if she has an idea she just…there's always…I don't know this sounds funny but she gives you a way out if you don't feel comfortable with the topic or whatever and so…I don't know, just sort of her whole…by being so gentle and not pushing it makes it more easy to talk about stuff whereas if someone's like pushy you get defensive and you don't want to talk about stuff.

As I coded my data, I identified additional codes and often separated the initial codes I made into two codes or more (Stuckey, 2015). While some researchers refer to these supplementary codes as "subcodes" (Glesne, 2011; Stuckey, 2015, p. 9), others describe them as parent and child nodes respectively, also suggesting that the coding process is hierarchical by nature (Adu, 2016). The screenshot image below is an example of how I coded ideas around "accuracy," one parent node, and "assessments," another parent node, with the child nodes listed below. The reference column on the right side of the chart illustrates how often participants talked about each node.

Name	Description	Files	References
accuracy		0	0
approach with caution		1	2
careful interpretation		2	5
client scores		3	4
healthy dose of skepticism		2	2
language		5	28
questioning assessments		1	1
questioning validity of measure		5	17
tentative		2	5
with children it's different		1	2
assessments		0	0
assessing what the client needs		2	10
assessments guide our work		3	6
belief in measures		3	4
complex assessments		1	3
controversial test		1	1
discomfort around questioning an assessment		1	3

Figure 1. Screenshot of one page in my codebook created by NVIVO 12

Subthemes. After immersing myself in the data, I initially created over 500 codes. With so much information, I found it necessary to refine my data even more. After consolidating the data further by grouping similar codes together (Glesne, 2011), I then managed to reduce the number of codes to 110 and created 35 categories, or subthemes. With each category, I intended to capture a comprehensive narrative and throughout this process I often asked myself, "What does this mean?" and, "What does this exemplify?" (Stuckey, 2015, p. 9).   Still, I acknowledged that I had to merge participants' ideas and assertions together even more to create themes central to my study. The screenshot below is an example of one established category, "Change." (See Appendix A4). The nodes listed below reflect what participants were talking about across all data sets related to the concept of change. In the final stages of the coding process, I recognized a total of 21 categories (See Appendix A6).
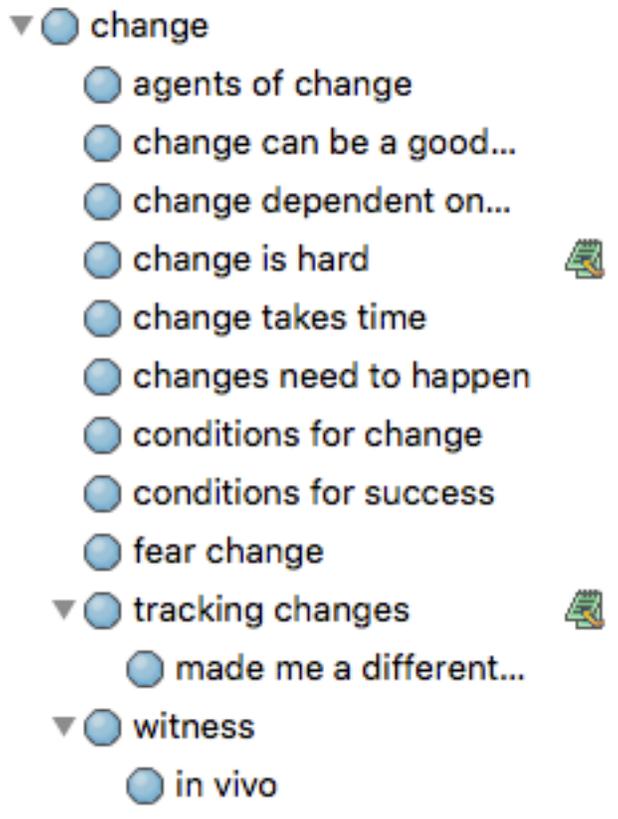
Figure 2: Screenshot image of one category, "Change," from NVIVO 12

Crosstab comparison charts. I used the crosstab comparison chart function in NVIVO to help me make better sense of the 21 categories (See Appendix B). I noticed that each crosstab comparison chart highlighted how often each participant made reference to a particular concept. The frequency of each code, or node as reflected in NVIVO, is relevant only because the number suggests that the participant strongly believes in, or stresses the importance of, a specific concept. In this study, the nodes are found along the left hand side of each crosstab comparison chart (See Appendix B). These nodes illustrated the narrative associated with each subtheme in more detail (Stuckey, 2015). What became apparent throughout my analysis is that although each subtheme was more strongly associated with one participant than another, the relationships among the nodes within each subtheme were also significant and warranted further analysis. For instance, I examined Appendix B3 where Gina stressed the importance of *goal setting* alongside

Zack who emphasized the concept of *ambiguity*. I also considered Appendix B1, where Martin underscored his belief that he's *weak on my own* and where Gina expressed her belief in the role of *systems*. In support of the research question, the relationships I found (See Appendix B1) suggested that each participant's beliefs, values, and expectations are influential to some degree, perhaps reinforcing deeply embedded thoughts that are not explicitly articulated, but implied. The messages portrayed in these interactions helped me create the first theme in this study: I Feel Safe When Expectations and Roles are Clearly Defined.

   Thematic analysis. *Triangulation*, finding the same theme in more than one source, helps maintain the credibility of a study (Baxter & Jack, 2008; Creswell, 2013; Stake, 1995). Stake (1995) encouraged researchers to look for patterns and he stated that finding consistencies across cases upholds a study's credibility. The crosstab comparisons charts provided me with a visual representation that made it easy for me to identify patterns and pinpoint whether or not participants' were making the similar assertions across more than one data source. A comprehensive review of the crosstab comparison charts helped me create the themes associated with my study.

Limitations

   There are few limitations associated with a case study approach. Firstly, since approaches to case study research vary to some degree by structure and definition, one limitation is the ambiguity associated with the concept (Creswell, 2013; Hammersley & Gomm, 2000). Choosing a case study approach meant that I defined the boundaries of my study on my own; for a novice researcher, I found this task daunting. Not knowing if my parameters were sufficient left me feeling uncertain to some degree.

Secondly, if researchers become too lenient, or too flexible when organizing their data, any advantage to accessing multiple sources of information can quickly turn disadvantageous (Kohn, 1997). For me, starting the coding process in NVIVO was intimidating; given the pages of raw data I had. Therefore, I applied a few strategies to help me along the way. Firstly, my memos show how some of the codes were created in my study and how these codes were used to "explain [my] storyline" (Stuckey, 2015, p. 9). Also, online information provided by QSR International (1999, 2014) directed me, in addition to the many helpful online tutorials I found across YouTube (Adu, 2015, 2016).

Thirdly, despite some of advantages described thus far, data analyses strategies associated with case studies are often criticized (Baxter & Jack, 2008). Although Creswell (2013) provided a good starting point for researchers, it is clear to me that the information he offered in his outline could be interpreted in many ways, increasing the risk of researcher bias.

Concluding Remarks

This chapter outlined the methods I applied to my research study and some of the limitations associated with a case study approach to inquiry. The next chapter will present the results.

Chapter 4. Results

This study intended to answer the following research question: *How do beliefs, values, and expectations influence learning and client outcomes in the context of practicum supervision*? When thinking about *beliefs, values and expectations* from a Transformative Learning perspective, the default process or "habit of mind" (Cranton, 2016; Mezirow, 2000) as discussed earlier must be identified and explored. My analysis revealed a total of seven themes that were created from 21 categories, or subthemes. Each subtheme was comprised of participants' beliefs, expectations, or values. Each of these areas was then further explored to identify response tendencies or *habits of mind* that later manifested as the seven themes central to this study: *I Feel Safe When Expectations and Roles are Known and Clearly Defined; My Life's Lessons; My Ability to Connect With You Depends on How I Perceive You; I'm A Skeptic; I Have Faith in My Abilities and Want to Share What I Know; I Will Protect My Identity; External Resources Guide Me, Provide Strategies, and Help Validate My Efforts*.

I found 21 categories, or subthemes (See Appendix A6). The first subtheme, labelled as "*Safety*," is displayed as the largest, most prominent subtheme in the hierarchy chart. In this case, the word "*Safety*" reflects and captures the essence of participants' thoughts, values, and perceptions. A further in-depth analysis of the data (See Appendix B1), revealed that the participants often made statements that alluded to this concept, suggesting that the notion of safety and the implications associated with this idea was of utmost importance to them. Each of the remaining subthemes were explored further using the cross-tab comparison charts generated by NVIVO (See Appendix B) and will be discussed in this chapter as they relate to each theme.

In clinical supervision, the supervisor, the supervisee, and the client each influence the therapeutic outcome when they express what they need or what they believe to be most

important. As each subtheme surfaced through the analysis, the relationships between the subthemes emerged. Participants and their individual perspectives, often in relation to the same concept, created overarching coherent themes. In this chapter, I will describe the seven themes and subthemes. To understand how each theme was created, it is important to understand the significance of each subtheme.

Theme 1: I Feel Safe When Expectations and Roles are Known and Clearly Defined.

This first theme reflects the combination of the following subthemes: *Safety, Anxiety,* and *Need for Clarity*. What is common across all three of these subthemes is how each participant communicated their needs around safety.

Subthemes.

a) Safety. Martin emphasized thoughts around safety and what it means for him to be safe a total of 100 times throughout the data (See Appendix B1), highlighting the salience of this subtheme for him. Comments like, "I always feel better when I'm here," and, "This is my safe place," implied that the therapeutic environment supported Martin and helped him feel safe. I think that unlike other areas in his personal life, therapy was a place of refuge, a place where he felt protected. The 100 references he made about safety suggested that his progress in therapy was related to his perception of the therapeutic environment and his therapist.

Additionally, in another interview Martin stated, "I feel safer for seeing her because if things are getting out of control then someone will tell me that and she has told me that." He also asserted, "I just like the rule of law… men should be strong and confident and it's hard to be strong and confident when you've got a little child telling you no." For me, Martin's remarks suggested that he values hierarchical relationships. I think that from his perspective, hierarchical relationships define social roles and outline expectations, helping to create a sense of safety. My

discussions with Martin led me to the following consideration: For Martin, Gina was a knowledgeable person in an authoritative position. With her leading the relationship he could adopt the role of the subordinate; feeling less burden in this relationship helped him feel more safe and secure. With Gina as his therapist, his personal accountability shifted and he no longer assumed sole responsibility for the outcomes in his personal life.

 b) Anxiety. Across all data sources, I found that Gina expressed feelings of anxiety, but most predominately when discussing when to end the sessions with her clients (See Appendix B2). At one point she stated, "Because I really don't know where and this, there are these blurry lines and I'm just wondering…maybe because I'm closing and that's not necessarily happening in other therapists.... maybe I'm letting them go too fast." This comment highlighted some of Gina's insecurities as a new therapist while also underscoring her concern for her clients' welfare. I think that for Gina, comparing her work to other therapists resulted in feelings of self-doubt, feelings with which she was clearly uncomfortable as she internalized her professional experience and consequently, began to question her clinical decisions. I think that feeling safe and secure in her professional role as a therapist meant that other therapists shared similar experiences. The following conversation I had with Gina showed that she struggled with some of the choices she had to make as a therapist:

 Interviewer (Violetta): So you just mentioned it's taken you a few months…

 GINA: Mmm hmm…

 VIOLETTA: …to get to a place where you feel better about closing.

 GINA: Mmm hmmm…

 VIOLETTA: What do you think was the most challenging part of it for you?

GINA: Still is, the not knowing. The not knowing whether my decision is…whether it's good… whether I'm doing the right decision or not.

Additionally, I found that on multiple occasions, Gina expressed her challenges with ambiguous situations. Conversations like the one above, in addition to statements like, "I know that in therapy things can be ambiguous, like there are no right or wrong, there are no yes or no," portrayed a therapist who was working through her understanding around dichotomous thinking and either/or conceptualizations. Although the conversations I had with Gina suggested that she acknowledged the presence of ambiguity in her role as a therapist, I also got the sense that Gina felt more confident when she was in a role that required less speculation. For example, during one conversation, Gina reflected that she enjoyed working with children because she believed that they were more honest than adults:

I like my work with the kids better...I feel myself being more comfortable with children. I think it's because I get direct feedback. Adults tend to have this social desirability where they might not always speak what they have on their minds…while children will tell you right away, if they liked, if they didn't like something. Like I can say something, for example I remember once reflecting something along the lines of, I know that it is important for you to win and the child said, it is not, (laugh). You know, what kind of adult would respond like that? They'll make it more polite probably for you.

My conversation with Gina indicated that she felt secure in her role as a therapist when working with children because she believed they were incapable of deceiving her. I got the impression that the conversations she had with her adult clients left her feeling uncertain. I wondered: if her clients' progress reflected her work as a therapist, not knowing how effective

she was being as a therapist was uncomfortable territory and one she would probably avoid if she could.

   c) Need for clarity. In his conversations with Gina, Zack underscored the concept of ambiguity on 13 different occasions (See Appendix B3*).* During one conversation with Gina he asserted, "We need to be aware that the work we do is highly ambiguous and complex and confusing at times." I think that Zack's focus on issues around ambiguity may have intensified Gina's feelings of insecurity around this concept and the following conversation hinted towards this possibility:

   ZACK: …is it going to be expressive, is it going to be directive, non directive…

   GINA: Ya.

   ZACK: …how long, is there going to be any filial therapy involved is there going to be family counselling…there's a lot of decision points, right…

   GINA: mmm hmmm

   ZACK: …and there's a lot of different ways to go and sometimes you know the research can help guide us but sometimes there are anomalies, right? And what works for the general population might not work for 10, to 15, 20 percent...

   GINA: Ya.

   ZACK: how do we know that right?

   GINA: So hard.

   I think that Zack's emphasis on ambiguity highlighted his own internalization of this concept and suggested that in bringing it up during conversations with others, his claims were validated, helping to diminish some of his own feelings of discomfort with this concept over time. His reflections implied that therapists cannot claim certainty as they are always looking for

hypotheses or diverse sources of data to help validate their work. Also, I think there was a safety in that for Zack as a supervisor, knowing that he communicated his expectations to Gina on an ongoing basis.

Also, Zack's following statement, "We need to gather information, we need to have rationales, you know, we need to orient to the research but even when we do that we're still at times flying by the seat of our pants right?" highlighted some of his expectations for therapists and implied that planning ahead in this context doesn't necessarily guarantee outcomes. However, I think that his intention to create a sense of safety by highlighting the fluid and adaptive nature of a therapist's role may have been more associated with his assumption of risk, as noted by his following assertions:

…That's something we need to really pay attention to and be mindful of and even

if we want to dig in and even if they want to dig in, right, if the evidence, right, if the

ORS is telling us they're doing ok do we want to get that 20, 29 to 35 or 38 and if we do

we need to really know that the risk, and it is a risk, is by opening up that can, right, it

may invite them to now get into the clinical range where previously if we didn't deal with

that or they didn't deal with it, you know what, it's unfinished business and they're still

doing ok. So these are to me real ethical dilemmas, right and again the intention of the

tool is to help shed some clarity on when therapy can be beneficial right and that's when

it's below the threshold or in the clinical population that therapy can benefit 'cause they

can get them above that and when they are above that is there some benefit, there might

be, but it's diminishing with added risks of getting them back into that clinical range.

I found that Zack often talked about the risks associated with a therapist's role and I think his discussions with Gina helped him reduce his own fear around this concept and, in turn,

provided him with a sense of safety. However, an attempt to normalize a concept like ambiguity may have been more effective with ongoing and deeper conversations related to this topic.

Theme 2: My Life's Lessons.

This second theme reflects a combination of the following three subthemes: *Learning, Change, and the Role of Empathy*. Here, participants discussed what they learned, either by what they witnessed or what they experienced themselves. They not only highlighted how past experiences influenced their present behaviours, but they also indicated that their beliefs were reinforced by their experiences. This second theme supports the notion that how we learn, or our openness to learning, is to some degree influenced by our perceptions and how we view the world around us.

Subthemes.

d) Finding their way. During their interviews, both Zack and Gina admitted they could have done things differently (See Appendix B4). After watching video clips of his supervision sessions, Zack made comments like, "Probably a couple of things that stood out and so it's interesting I guess when you watch these you know I think I could have said that or could have thought that," and, "In retrospect I wish I would have flushed that out a little bit more." Similarly, in response to watching video clips of her sessions with her client, Gina stated, "I don't know that was a bad question," and, "Maybe I shouldn't have mentioned it so many times." Here, both Gina's and Zack's statements highlighted the possibility that individuals feel a greater sense of obligation to admit to their perceived faults or shortcomings when presented with evidence. The implication here is that most individuals do not have the opportunity to learn about themselves or others because their conversations around their beliefs, expectations, and values are not examined in this way. Discussions among individuals are often times private and

not observed by others, leaving more room for bias to touch interpersonal exchanges and influence lived experiences.

Furthermore, I found that thoughts around hypotheses and client conceptualization came up for both Zack and Gina on numerous occasions across multiple data sources (See Appendix B4). I noticed that Gina and Zack often talked about clients' cases in supervision, making many hypotheses along the way in an attempt to make sense of what clients were experiencing. I think that Gina and Zack found a sense of comfort in knowing that the inherent nature of therapeutic work, between therapist and client, allows for repeated attempts at understanding clients' experiences. Zack's statement, "It's important to, I think to be open to test out our own perceptions," and Gina's comment, "…kinda trial and error let's see what works what doesn't just by trying different things…" suggested that both of them agreed that "testing perceptions" was common practice. What is unclear across the data is how much of this "testing" occurred outside of supervision and if the assumptions declared during supervision were later explored during therapy between the therapist and the client. However, what I did find was a therapist who openly expressed her admiration and respect for her supervisor and a client who felt the same about his therapist, which makes me wonder whether Gina or Martin would have openly challenged an interpretation unless explicitly invited to do so.

e) Change. I found that Martin referenced ideas around tracking changes on 33 different occasions across multiple data sources (See Appendix B5). Comments like, "She manages just to see all of those positive little things that I don't know, like if you can't see them they're not, it's not helping, but if you can see them it's sorta like a little bit of sunshine, a little bit of hope…ya, right that is, that has changed," suggested Martin's degree of hopefulness depends on a witness to change. Affirmations from Gina helped validate his lived experiences. I think that

without her input, he found it difficult to believe that things were changing or that the changes were real.

Martin indicated that therapy provided him with safer strategies than those he was exposed to during his childhood when he stated, "If I didn't have her and this program, and not specifically her, but you know like the program to help me with strategies and different things to do then I wouldn't have, all I could do is think about what would my parents do or what I have seen." He also asserted, "All the strategies and things that we've worked on made me a different person for the better." Martin's comments suggested that he feared becoming like his parents. I think that fear was the driving force behind Martin's motivation and becoming a "different person for the better" meant that he differentiated himself from the child he once was, to the adult he knew he wanted to become.

Gina said that certain conditions are necessary for changes to take place (See Appendix B5). In one interview she stated, "I believe that the long-term approaches are very useful…it not only allowed me to grow a lot but it also allowed me to…there are things that I think it's very hard to work on the short term…self regulation and…long term issues like personality things…where like behaviours not easy to change if the core of your house is like not strong." Using her own experiences with counselling as a reference point, she indicated that a stable and secure environment is essential in order to facilitate the change process. For Gina, positive therapeutic outcomes relied on multiple factors that also included what she described as in-vivo learning (See Appendix B5). Gina asserted that in-vivo learning, or seeing things happen in the moment, is essential: "Having the parents involved is important because then they can see, for example if I want to practice I don't know emotional coaching, they can see me doing it and they'll know what to do." Gina's conviction, that changing dysfunctional family patterns

involves engaging family members that are contributing to the primary client's problem behaviours is admirable, yet not always feasible. Furthermore, statements like, "they can see me doing it and they'll know what to do," suggested that learning occurs hierarchically, with the therapist sharing knowledge and the client absorbing the information. In this case, I think Gina assumed a greater role in the change process that often times cannot be validated, given that she did not have direct access to the client's context outside of therapy and, therefore, could not determine if, and how, her clients applied what they learned to other areas of their personal lives.

f) The role of empathy. Gina described that she managed the therapeutic relationship with empathic responses (See Appendix B6). At one point she declared, "It's a smarter, like, smarter ways to get what you want and I think empathy is really useful," and, "I believe that I'm truly empathic with people, I really feel for them, and at the same time I'm convinced that you can get a lot more with empathy." Her comments here presented some conflicting information. On one hand, empathizing with others is an effective way for her to develop meaningful connections and increase interpersonal understanding. Yet, there is also a part of her that seeks to satisfy a personal need and she admitted this indirectly in supervision when she stated she has a "manipulative side." Acknowledging this part of her in supervision revealed a therapist who was willing to be transparent at the risk of being judged, which reflects the level of trust in this supervisory relationship and also shows some good self-awareness on her part, too. However, I think it is important to consider the motivating factor behind Gina's decision to use empathy and how its influence affects the therapeutic relationship in moments when it is not directly addressed. With the following quote, Gina shed light into her frame of reference and suggested that her tendency to empathize is independent from her expectations assigned to her role as a therapist and is related to her experiences with her grandma

I think, I think I am a very empathic person…but and this doesn't come from therapy, it

comes from my grandma…and there's a Latin saying…you get more from honey,

than…from using like wax or something.

Gina's comments indicated that her inclination to use empathy to support the therapeutic

relationship stemmed from what she learned from her grandma. Although she acknowledged

that using empathy in therapy with her clients came from a "pure heart" she had learned over-

time through her interactions with other people that she could be more effective in managing

relationships with its use. Relating to therapy, she stated, "It's in my interest that the child gets

what he needs and I think that empathy is the best technique that you can use to get these goals,

you know, moving." I think that for Gina, empathy served many functions; it was one way that

she believed she could be more successful with her clients.

Theme 3: My Ability to Connect With You Depends on How I Perceive You.

This third theme reflects the combination of the following three subthemes: *Interpersonal*

Factors, Social Factors, and Individual Differences. Here, each participant underscored what

they are looking for when connecting with others.

Subthemes.

g) Interpersonal factors. Martin's longing for connection was unmistakable across the

data as he often underscored a need to feel connected to others (See Appendix B7). He asserted,

"I need the connectivity, I need, just to feel safe," and, "I needed that connection." Martin's

emphasis on connection highlighted how important it was for him to feel a sense of belonging

and I think that this need was left unfulfilled in his personal life.

Furthermore, statements such as, "Seems like [Gina] thinks about me as a person when

she's in her personal life you know," and, "I feel that [Gina] understands me and it's not just a

counsellor talking, it's her talking you know," suggested that Martin perceived Gina to be more of a friend than his therapist. I think that Martin developed a connection with Gina because she shared glimpses into her personal life that also resonated with him.

Additionally, I found that Martin often assigned positive attributes to Gina as noted by comments like, "She's really good, she's really personable…she's got a lot of talent," and, "She's the least imposing person that I've ever met." I think that his positive perceptions of Gina helped him find a sense of relief in the therapeutic environment with a person he could *trust*, a trait that he clearly valued (See Appendix B7). Although Gina was someone he felt understood him and gave him what he needed, I found that Martin's unrealistic portrayal of Gina was what propelled him to fully engage in therapy as an interpersonal process, indicated by the number of times, 49 occasions (See Appendix B7), where he openly shared his feelings about her during our interviews. To me, the social interactions Martin had with Gina strengthened his ability to connect with her and reinforced the notion that yes, trustworthy and reliable people still exist in the world.

h) Social factors. Gina often discussed her social expectations (See Appendix B8). She articulated her values around collectivistic cultures with comments like, "I believe in systems more than just individuals so I think that comes from my belief that systems are...individuals affect each other and there's more than the sum of the parts." This belief became even more apparent when she stressed how important it is for parents to be involved in their children's lives, stating, "Because I was saying like my judgmental part 'cause it's like well, in my personal opinion in my personal life…if I'm seeing that my child has so many struggles I think I would prioritize like going to therapy and like looking for help and like going to the appointments of professionals."

I think Gina connected with Martin because she perceived him to be a supportive parent. Because she perceived his role as a parent positively, as indicated by her remark here, "He asked for individual therapy…he comes for family therapy, he has come to connect group, father's group…other group as well…he's very committed," it was easier for her to connect with Martin because she was satisfied with his level of engagement in therapy. Undoubtedly her relationship with Martin would have been different if she perceived him to be an uninterested or resistant parent, as suggested in a conversation where she shared her views on another parent, "I'm the child's therapist and for the benefit of the child I need the parent to be engaged."

i) Individual differences. Zack emphasized his ideas around developmental milestones and also shared his thoughts around developmental stage and capacity, for Martin as the client (See Appendix B9). In supervision with Gina, Zack asserted, "I think a model we potentially can look at is you know…do [children] have the skills required to deal with interpersonal conflict with each other and do they have the developmental capacity to do that." While encouraging Gina to respect individual differences, he also asked her to consider individual limitations and the implications associated with them.

Additionally, during an interview Zack affirmed, "I'm kind of ongoingly assessing the counsellor's developmental capacity in whatever area that we're talking about." Here, an ongoing assessment implied a conscious effort where a coherent and conceptual framework helps supervisors understand what they are seeing. However, I think it is important to consider the following: when supervisors filter their perspectives through one particular lens, in this case evaluating a therapist's developmental capacity "ongoingly," some valuable information about what the therapist shared is lost in the process. The following conversation between Gina and Zack provided a glimpse into this notion:

ZACK: …and I just have one more piece

GINA: Yes?

ZACK: We've talked in the past around the idea of tolerance for ambiguity

GINA: Mmmm hmmm...

ZACK: …right and so here we are talking about some ambiguous situations and so certainly part of the responsibility and role is to navigate that and to try to shed as much light and clarity right and sometimes we'll get closer and sometimes

GINA: Ya...

ZACK: …we'll get a certain sense of continued ambiguity so part of is that we need to be aware that the work we do is highly ambiguous and complex and confusing at times

GINA: Ya...

ZACK: And hey, that's ok, and not to necessarily stay stuck in it and kind of give up or...

GINA: Ya, I have to be honest, I don't feel that it's…with him I don't feel it's ambiguous.

ZACK: Ok.

GINA: I feel that it's more a unique situation. I feel that his experience is so unique… that as much as I can try to speculate in my mind

ZACK: Mmm hmmm...

GINA: …he has experience so I might not know the answers

ZACK: Mmm hmmm...

GINA: …but maybe he will. So it's...

ZACK: So a better fit would for him be uniqueness

GINA: Ya...

ZACK: …rather than ambiguity

GINA: Every person I think, each person is so unique.

ZACK: Ya, ya.

GINA: 'cause I can try to understand how they are feeling, how they are thinking but I can never be in the same experience they are having so…

This conversation between Gina and Zack revealed a supervisor who felt it was important to interject his thoughts around ambiguity and a therapist who felt that a concept like ambiguity did not reflect her experience with her client. I think that Zack's assessment of what Gina needed in this moment was guided more by his tendency to make a developmental evaluation and less by an opportunity to explore her deeply held beliefs around what it means to be novice therapist working with each unique person, or client.

Zack's positive perception of Gina was confirmed when he said, "I certainly respect Gina and I think she's been a huge value added to our program simply because of that, lots of other reasons but, certainly her willingness to share what you know her critiques are and to wonder, well what if we did things a different way, right?" I think that Zack's commentary here showed that he not only liked Gina personally and professionally, but that he was able to connect with her because she mirrored a version of his self. When he said, "Sometimes it is honestly as simple as liking somebody and as simple as being liked and valued…those are pretty powerful pieces for human beings," this showed that Zack related to Gina because he believed he was giving her what most people, including himself, needed: feeling appreciated and liked as a person.

Theme 4: I'm a Skeptic.

The fourth theme of this study encompasses the following three subthemes: *Accuracy, Cognitions, and Decision-Making*. My analysis revealed that participants' comments were reflective of personal characteristics related to the concept of skepticism.

Subthemes.

j) Accuracy. I found that Zack often emphasized the following concepts in supervision with Gina: language, careful interpretation, questioning the validity of a measure, and being tentative (Appendix B10). During one conversation, Zack described himself as a "natural skeptic" and later admitted that he encourages a "healthier dose of skepticism." I think that his comments not only promoted a skeptical outlook, but his preference to use multiple sources of data to conceptualize a case suggested that he strongly values an approach that ensures accuracy in a profession that he admitted is inherently ambiguous.

In his supervision sessions with Gina, Zack stated, "I always just tend to question…I guess the accuracy of that because that's what we may see ourselves…but other people could see other things." I think that engaging the world from a questioning stance suggests a level of mistrust or uncertainty; encouraging Gina to also work from this standpoint only supports Zack's professional identity and constrains Gina's development. Although Zack's comments here showed that he recognizes the role of multiple perspectives, I think his tendency to question social interactions suggests that his skeptic nature is associated more with his personal lived experiences than with the professional expectations assigned to the role of a therapist.

k) Cognitions. I found that Martin shared his thoughts around positive thinking and often talked about using positive thoughts to "block out stuff" (See Appendix B11). While positive thoughts may have been one way that Martin coped with his feelings, I think this coping

mechanism concealed his feelings of self-doubt and low self-confidence and hid a deeply held

belief that he did not have the capacity to tackle life's challenges.

Martin described the purpose rationalization has in his life (See Appendix B11) with

statements like, "Everything has to have a reason for me...like a…action reaction sort of thing."

I think he showed how skeptical he was of the world with this stance. To me, this methodical

internal dialogue helped Martin stay connected to the part of him that he was most comfortable

acknowledging. Also, I think that his need to find explanations provided him with a sense of

comfort; perhaps convincing himself that something was happening outside of his control helped

him externalize his problems, once again reinforcing the notion that the world is uncertain.

l) Decision making. Gina discussed topics related to ethical dilemmas, questioning

decisions, and re-engaging in decision-making (See Appendix B12). During supervision, Gina's

professional insecurities emerged when she stated, "I just wanted him to know that it was a

situation that I was aware and he admitted it happens in his life…but I don't know if I should

have or not," and were later confirmed in an interview when she said, "That's my biggest

challenge whether I'm doing the right decision or not." I think that Gina's feelings of

uncertainty, while possibly related to her role as a novice counsellor, also emerged in response to

Zack's emphasis on skepticism:

> ZACK: So maybe as we talk this through more, maybe have a, a bit of a healthier dose of
> skepticism
>
> GINA: Ya...
>
> ZACK: …around the validity and take in other factors into consideration.
>
> GINA: Ya...

ZACK: Having said that the counterpart is that we, we still if we're getting the information, right, really think through

GINA: Ya...

ZACK: …those pieces, right...

GINA: I totally believe in measures, I can say that. I was trained as a psychologist, I do believe in in testing for some things. But...with children it's so different though, it's so different. And also because I've noticed that, I'm asking like how are you now, am I supposed to ask how are you today, or how was your week like since the last time I saw you, right?

ZACK: Ya, how's...

GINA: That's what I do, but I mean at five or six years old you don't necessarily know how to read the time, you don't even know the days so it's...

ZACK: …so back to the example of the tummy ache and the here and now and that...

GINA: Exactly, right? So, I do...I think it's a great measure but I do take it very carefully

ZACK: Ok...

GINA: Ya.

ZACK: Great, ok. I think as we talk this through we're on the same page.

Additionally, I think this conversation between Gina and Zack showed that Gina was skeptical of her ability to show good judgement in situations where she was required to draw more inferences, like when working with children who do not have the capacity to clearly articulate what they need. Therefore, relying on measures for additional support in this area likely resolved some of these feelings for her; however, Zack's tendency to question full

confidence in assessment tools may have intensified Gina's feelings of skepticism that would have otherwise been rather unidentifiable.

Theme 5: I Have Faith in my Abilities and Want to Share What I Know.

The fifth theme in this study is comprised of the following subthemes: *Communication, Expertise, and Information Giving.* Gina most often shared her insights relating to these topics and unlike the previous themes where each subtheme related to each individual participant, this theme was particularly unique to Gina's experiences.

Subthemes.

m) Communication. On several occasions, Gina referenced matters around self-disclosure, communicating with children, and the role of deception (See Appendix B13). Statements like, "I try to be very congruent…so I think that showing part of myself is important," conflicted with comments like, "I was trying to still pay attention to the client and you know like put my therapist mask first." I think that although Gina acknowledged the importance of establishing authentic relationships, it was also essential for her to maintain her credibility, perhaps even at the cost of appearing disingenuous. On the other hand, while Zack expressed how important it is to portray a genuine persona, thoughts around deception or a "therapist mask" did not materialize for him. That being said, I think Gina's transparency here is reflective of her readiness to tap into that side of her that some people can relate to, but are reluctant to openly admit; I appreciate her openness and honesty here.

n) Expertise. A further in-depth analysis revealed a relationship between Gina's thoughts about herself and what others thought about her. Gina stated, "I know a lot because I've studied"; Martin asserted, "She's training and has been trained…to see these things and knows what to do"; and Zack said, "She comes in with a fair bit of training and experience."

These comments, in addition to others, suggested that although Gina initially began her practicum experience with grounded beliefs about her capabilities, her ego developed through the interactions she had with Zack and Martin. I think that statements like, "It's not that they need me they probably need what I can provide," reinforced the notion that Gina was quick to disregard her influence as a human being with the ability to develop deep and meaningful connections with others without the influence of external resources to guide her.

Furthermore, Zack's comment, "You know I have a perspective and I have some confidence in my perspectives right," and, "I think part of it is being humble…try as much as I can check my own ego at the door 'cause you know I have I think a lot to offer," highlighted the value he placed on his years of experience as a therapist. I think that Zack not only validated Gina's experiences, but also projected his feelings of self-confidence that in turn normalized and strengthened her own perceptions as a therapist.

o) Information giving. This subtheme showed Gina's predisposition to share her knowledge with Martin. She provided him with information and psycho-education during their sessions and included statements like, "…your body has memory your cells have memory," and, "Sometimes when people are angry, you know there's different levels of emotions, sometimes anger is the most easy to express and not necessarily is the basic, sometimes other emotions are there." When sharing her knowledge with Martin, I think it is important to consider the extent to which this information benefitted him and the degree to which this interpersonal exchange satisfied her own need to feel valuable. In my data, I found that Martin was receptive to Gina's information giving, as reflected in the number of times he made references to brain functions and the effects of trauma. Yet, I wonder if this outcome was unintentional, a result of Gina's need to share her knowledge, rather than fulfilling Martin's need to acquire it.

Theme 6: I Will Protect My Identity.

The sixth theme in this study includes the following subthemes: *Professional Development, Supervision, and How I See Myself*. During the interviews, participants had a tendency to describe themselves or their roles positively. However, their expectations of others also materialized in their conversations, prompting a further review and deeper analysis of the data. Participants were more likely to admit what they expected or needed in their interviews and were less likely to do so in their respective therapeutic and supervisory relationships. The implication here is that the participants had a tendency to protect the identities they spent years constructing and refining, especially in situations with a perceived, or anticipated evaluative component.

Subthemes.

p) Professional development. During her interviews, Gina stressed several factors including caring for her clients, staying client-centered, and advocating for her clients (See Appendix B16*)*. Comments like, "I wanted to know how it impact him 'cause he's my client," and, "I always advocate for other services," showed that by making her clients a priority, she was meeting her professional expectations in her role as a therapist. Yet, when she disclosed that, "It's hard to align all the people's goals, the family counsellor's goals, the parent's goals, the kid's goals, and my own goals and my supervisor's goals," her internal struggles emerged, presenting some of the challenges she faced as a therapist. Although she broached this topic with Zack during supervision, it is unclear whether a deeper conversation could have explored her insecurities on a much more profound level.

q) Supervision. Zack discussed his role as a supervisor and the importance of creating relational safety in supervision (See Appendix B17). In one interview he stated, "You know and

try to just communicate that safety is important and that's my responsibility and if they didn't feel safe you know that it's important for me to know about that and that's ok and that's my responsibility." I think that for Zack, an emphasis on responsibility indicated that he was willing to assume all risk associated with his role as a supervisor. I propose that for Zack, providing Gina with a sense of safety meant that he was also protecting his credibility as a supervisor. By fostering an environment where Gina felt safe enough to present her work or ask for feedback meant that he was also able to create an opportunity where he could ensure that his integrity was not compromised, as highlighted in this following comment, "You know the other part if I sign off on it so for me it's important that…it makes sense to me and something I can feel good about 'cause my name's on it."

r) How I see myself. During his interviews, Martin described himself as someone who is proactive (See Appendix B18) and explained what this meant to him when he said, "It's like…gives your brain something to work on something to think about, you know, proactive, constructive instead of destructive." For him, being proactive was associated with a sense of purpose and productivity. Yet, he admitted in his interview that there were moments when he was left feeling dissatisfied in therapy, stating, "…then come back and admit that you know it may be working on a small level but I guess what I really wanted, like I said is just more." His dissatisfaction was not disclosed in his sessions with Gina; instead, he would often reassure her with comments like, "Once I'm here I'm feeling much more positive much more vibrant," and, "You know because I get here and I'm like ok, the lines can go up a little bit you know and it's like, we can get some of this worked out and I don't have to be... but if I filled that sheet out when I was sitting in my bedroom all by myself it would probably be way lower." I think that when he was with Gina, Martin found ways to preserve his role as the client to protect this

identity. I think that if he presented himself as more self-sufficient and capable of managing his

distress, then his access to services could be compromised and he was not ready to let go, just

yet.

Theme 7: External Resources Guide Me, Provide Strategies, and Help Validate My Efforts.

The seventh theme of this study is comprised of the following subthemes: *Efficacy,*

Guidance, and Therapy Will Fix My Life. What is most evident across these subthemes is that

participants expressed a desire to be effective in their lives; whether they were working with

clients or navigating through the lives they shared with their significant others, they were looking

for support and ideas from external sources to promote change.

Subthemes.

s) Efficacy. Both Gina and Zack talked about orienting to the research and the

significance of assessment tools (See Appendix B19). Gina declared, "I believe in filial

therapy," and, continued with, "I can role play, I can put different situations…if the situations are

presented in-vivo and they see me and I see them and give feedback on that, I find parents say oh

I get it." In this case, filial therapy was a way that Gina was able to validate her work as a

therapist. I think that when considering her struggle with ambiguity, she strived to find ways to

assess how effective she was being with her clients.

I found that in supervision, Zack encouraged Gina to utilize the information provided by

assessments. At one point he said, "Let's talk about…whenever a client we see has above the

clinical threshold with ORS that we seriously think about the efficacy of continued therapy.*"*

Later in an interview he asserted, "Miller presents that really clearly that you know, with ORS I

think it's above 26, they're in the non-clinical right, and the idea of they're doing well enough

right and our job is not to get them to perfection or you know whatever 39, 40, it's to get them in

that range and where they're there with a degree of consistency where they're managing things you know well enough." I think that for Zack, a client's score represented much more than just a number. For him, a client's score meant that progress was being made and this reflected how successful he had been as a therapist.

t) Guidance. Martin often demonstrated his preference towards women helpers (See Appendix B20). Statements like, "I need a smart woman," and, "I generally take fairly good direction from women,*"* echoed the presence of deeply embedded beliefs that warranted further exploration. I think that for Martin, his perception of Gina, not her methods, was a stronger influence towards his overall therapeutic outcome.

Martin further reinforced his need for direction with statements like, "I need some guidance like I need like a figure," and, "…she's very smart and she will guide me in the right direction and that's something that I really need." I think that for Martin, Gina was an essential resource, someone he believed he could rely on for support. His expressed need contrasted Gina's belief that clients are more interested in what she can provide. For Martin, Gina was a representation of so much more than a static therapist figure; she was someone to look to for active guidance, an external resource in his eyes.

u) Therapy will fix my life. Martin believed that therapy was helpful because Gina provided him with strategies (See Appendix B21). In one interview he asserted:

> I mean…just all of the things that she's done, like all of the strategies, all of the talking, you know like making me feel better about different situations and what not so that I can be refreshed and go back with fresh eyes.

In another conversation he declared:

> It's just over the time that I've been coming here and talking to her, and the
>
> solutions that she's offered to me and the things…like when she said, I'm
>
> concerned about you, and you know like, different things like, shows me
>
> that…she listens to what I say, she really she comes up with ideas and strategies
>
> to help me… seems like she's pretty dedicated to helping me.

I think that for Martin, being proactive meant that he was actively seeking solutions. Therapy provided him with an opportunity to measure, or assess, his level of effectiveness in his personal life with his significant others. Applying the strategies he learned in therapy and later having a discussion around the outcome, helped validate his efforts.

Conclusion

In conclusion, this chapter presented the seven themes found in this study: I Feel Safe When Expectations and Roles are Known and Clearly Defined; My Life's Lessons; My Ability to Connect with You Depends on How I Perceive You; I'm a Skeptic; I Have Faith in My Abilities and Want to Share What I Know; I Will Protect My Identity; and External Resources Guide Me, Provide Strategies, and Help Validate My Efforts. My analysis highlighted the relationships between the subthemes, illuminating the many "predispositions that act as a filter for interpreting the meaning of experience" (Mezirow, 2000, p.17). Several considerations emerged, including how participants' lived experiences—personal and professional—contributed to their worldviews. I found that individuals within the case/triad were more likely to develop connections with people who portray amicable characteristics and that individual perceptions tend to dominate the choices we make, often times at a subconscious level. Combined, the seven themes central to this study and their related subthemes, helped support the research question:

How do beliefs, values, and expectations influence learning and client outcomes in the context of

practicum supervision?

Chapter 5. Discussion

This chapter is comprised of seven sections: Making the Connections to Existing Research; Implications for Future Research; Implications for Supervisory Practices; Implications for Counsellor Education; Study Limitations; Directions for Future Research; Self-Reflection. First, I begin by revisiting the existing literature on clinical supervision. I will discuss how current approaches to supervision relate to the findings in my study and how my results compare with, add to, and conflict with what is presented in the research. Secondly, I consider several implications associated with this study, including implications for future research, implications for supervisory practices, and implications for counsellor education. Then, I outline the limitations of this study and propose directions for future research. Finally, I will discuss how this study impacted me on a personal and professional level.

Making the Connections to Existing Research

When comparing my results to those of other studies, I confirmed the presence of anxiety and the role that it played in Gina's experience. As many previously asserted in their research, counselling students in their first practicum struggle with feelings of anxiety (McElwee et al., 2002; Skinstad, 1993; Worthen & McNeill, 1996). Beyond previous reports, my results suggest that Gina's anxious feelings and discomfort around ambiguity were not entirely related to her role as a novice therapist, but may have intensified in response to how often Zack maintained a position of ambiguity in his interactions with Gina. In the context of my findings, I would encourage researchers to fully consider the context when assessing clinical supervision outcomes. Currently, researchers tends to include only one perspective in their work, either that of the supervisee or supervisor, and a lot of the supervision literature focuses on competency profiles, the alliance between supervisor and supervisee, isomorphism, etc. What is needed is an

exploration of these contexts in addition to the experiences of the client: the client's story is a missing component and one that must be fully considered and explored alongside the recognized supervision techniques.

Others have shown that supervisors tend to focus on the developmental stage of their supervisees (Freeman & McHenry, 1996; Granello & Hazler, 1998; Howard et al., 2006; Mullen et al., 2007; Nelson et al., 2000; Pearson, 2001; Skinstad, 1993) and a similar conclusion was reached in this study as well. Zack often stressed issues around ambiguity and emphasized his need for clarity in supervision with Gina and I think this was his way of normalizing some of her concerns, while also ensuring that she was meeting not just his professional expectations, but also the profession's competency profile. While his tendency to highlight the importance of individual differences may have been necessary, the results of this study indicated that his predisposition to focus on certain topics left little room for exploration around Gina's assertions, suggesting a need for supervisors to ongoingly assess how their intentions interfere with learning opportunities. The results of this study urge supervisors to reflect upon their interactions with their students. A supervisee's developmental stage is comprised of multiple factors; the young therapist's clinical experience is one part, but years spent holding onto beliefs that delay the ability to move forward in their new role as a counsellor are also important to identify.

In line with previous studies (Heckman-Stone, 2003; Hollihan & Reid, 1994), I noted in my findings that Zack often used a feedback technique in his supervision sessions with Gina, especially around case conceptualizations and making hypotheses. His comfort around sharing his knowledge and expertise was evident in my findings. In contrast to previous studies that discussed the role of feedback in supervision, my findings suggest it is important for supervisors to consider how their conversations during supervision later influence supervisees' work with

their clients. Zack's tendency to share his knowledge with Gina may have encouraged her to do the same with Martin, perhaps reinforcing already existing beliefs that she was a knowledgeable and educated person who was now in a position to inform her clients. My results highlight how the exchange of ideas in one context is potentially grounded in historical and social experiences outside of one's immediate awareness. Therefore, supervisors are encouraged to employ supervision strategies where they can explore deeply embedded belief systems as a way to bring forward insights that are outside of one's consciousness.

In contrast to previous studies where supervisors self-disclosed during supervision sessions with their supervisees as a way to normalize their clinical experiences (Orchowski et al., 2010; Worthen & McNeill, 1996), I found that Gina was more inclined to self-disclose and Zack acknowledged this and appreciated her efforts in doing so. This finding is in contrast to previous studies that assume supervisors initiate self-disclosure practices in supervision. What is important to consider here is how Gina's willingness to share her feelings openly with her supervisor was more related to her own personal experiences than to what was modelled to her during supervision (Skinstad, 1993). Researchers are encouraged to re-examine the role of self-disclosure in supervision and how its function potentially changes depending on the interactions between the supervisee and the supervisor.

Previous studies discussed how the recognition of a parallel process (McNeill & Worthen, 1989; Morrissey & Tribe, 2001; Watkins, 2017) or isomorphic dynamic (Koltz et al., 2012; Weir, 2009; White, 1997) can help supervisors intervene in supervision as a way to promote insight and deepen understanding. Their findings are beyond the scope of what this study presented. However, there are a few important considerations that may be helpful for researchers looking to further their research interests. Firstly, in this study I found that

participants strived to be effective in their personal or professional lives and they sought strategies to help support their endeavours. From an isomorphic perspective, I propose that the interpersonal exchanges in the supervisory relationship were replicated in the therapeutic relationship and vice-versa (Lee, 1997; White & Russell, 1997). In this study, Zack often encouraged Gina to orient to the research and use the information to guide her practice and Gina admitted to using the literature to inform her work with Martin. In this dynamic, Gina and Zack's strongly held beliefs around how important it was to do this may have influenced Martin's inclination to actively seek strategies of his own from Gina.

Lee's (1997) case study encourages supervisors to reflect on their awareness in supervision and it also highlights the importance of addressing the possibility of an isomorphic relational pattern in an open discussion. Although Gina and Zack both expressed what it meant for them to be resourceful, it is unclear if they considered the potential impact on Martin; when therapy ended and he could not longer rely on Gina as his main resource, what would he do instead? Future studies that explore the effects of unrecognized or ruptured isomorphic patterns in clinical supervision may help provide some additional insight on this topic.

Previous studies found that for some supervisors, supervision is informed by their therapeutic approach (Pearson, 2006; Rob, 1999). Similarly, Zack's emphasis on creating relational safety in supervision highlighted his preference towards Roger's (1959) client-centered therapy (as cited in Velasquez & Montiel, 2018). While others asserted that the use of psychotherapeutic interventions in supervision influenced supervisees' work with their clients (Rob, 1999), I cannot conclude whether Zack's inclination to supervise from this stance influenced Gina's work with Martin. However, Gina acknowledged in her interviews that she tends to work from a client-centered perspective with her clients; yet, it is unclear if her

predisposition to do so was reinforced during her interactions with Zack, or whether this was a mind-set that she adopted beforehand.

Contrary to the findings in studies where supervisors used role-play (Glickauf-Hughes & Campbell, 1991; O'Connell & Smith, 2005; Worthen & Dougher, 2000) or the sand tray (Gil & Ruben, 2005; Markos et al., 2006, 2007) in supervision to help supervisees learn about themselves and their clients, I did not find the use of these strategies in this study. However, from a transformative learning perspective, creative approaches like these are strongly encouraged methods to promote learning and are described as "consciousness raising activities" (Cranton, 2016, p. 111).

Implications for Future Research

The results of this study present several implications for future research. Firstly, and perhaps most importantly, including Martin's experiences was a unique approach to exploring clinical supervision. In contrast to previous studies, my study included the experiences of the client. Martin's involvement in this study demonstrated how important it is for student therapists to listen to their clients. While clients may not always explicitly articulate what they need, Martin clearly, and often, communicated what was most important to him. The implication here is that supervision strategies cannot be accurately assessed for their effectiveness without examining the role of the client. Since practicum supervision is not possible without clients' input, it is essential that future studies examine clients' experiences in order to enhance our understanding of practicum supervision.

Including the client's perspective in research studies can be accomplished in a few ways. Firstly, inviting clients to complete questionnaires at different points during therapy is one way to gather information about their experiences. Secondly, phone interviews are another option

where the researcher arranges a time to call the client to ask them a few questions by phone. Of course informed consent and research protocol would be followed in each case, but I would like researchers to consider ways they can easily gather information to gain a better sense of what clients need from their student therapists.

Also, like one other study that explored practicum supervision as a "triadic process" (Tracey et al., 2012, p. 330), my study also examined the interactions between the supervisor, supervisee, and the client, but from a transformative learning perspective. One other study that includes the client's perspective does not fully capture what it means to be a client in this context. Given the differences of opinion surrounding parallel process theory, it is essential that researchers facilitate studies that include other theoretical standpoints and supervision techniques with the client as a participant. For instance, Aducci and Baptist (2011) suggested including the client in supervision. In such a case, with the client's participation, the context of supervision could once again be explored as triadic process, an unconventional one to say the least, but one that could reveal some very unique outcomes.

Finally, this study highlighted clinical supervision from a new perspective: transformative learning theory. Examining practicum supervision from this standpoint helps bridge some gaps in the existing literature around what it means to be an effective supervisor. Transformative learning theory encourages supervisors to re-examine their pre-existing beliefs about what they think they know about supervision and consider alternative ways to work with their students in an attempt to consolidate traditional methods with new ones that are capable of offering new insights and opportunities for growth and development. Like many supervision techniques explored across the literature, the principles of transformative learning theory can easily be implemented in supervision. Critical reflection exercises that are collaboratively

structured, rather than encouraged through independent activities such as journaling, can help

transcend a concept like self-reflection, to *shared*-reflection instead.

Implications for Supervisory Practices

Current supervisory practices often exclude videotaped supervision sessions or recorded

sessions between the therapist and client; students who do videotape their sessions do so because

it is a university requirement, rather than an agency's policy. I suspect the lack of recording of

supervision sessions is partly due to time constraints, agency limitations, or lack of resources.

However, the format of my study underscored potential benefits associated with examining

videotaped sessions. As the "examiner" in this case study, I was in a unique position to address

moments when a participant expressed a belief, value, or expectation, and the interviews gave

each participant a chance to confirm or negate my observations.

During my analysis, I considered the possibility that my role as the researcher and the

structure of my study may have helped facilitate opportunities for learning, with both Gina and

Zack questioning how they could have done things differently on numerous occasions.

However, upon further consideration I found that some would argue that both Gina and Zack's

reflections were not indicative of learning (Tracey, Wampold, Lichtenberg, & Goodyear, 2014)

and instead, reflected "hind-sight bias…everyone knows the optimal play after the fact" (Tracey

et al., 2014, p. 224). The concept of *deliberate* practice surfaces across recent literature

(Lewandowsky & Thomas, 2009, as cited in Tracey et al., 2014) and suggests that, "learning

occurs by specifying and the testing specific, a priori, empirically verifiable hypotheses" (Tracey

et al., 2015, p. 225); in contrast to views that, "improved performance may then reinforce the

belief that effort matters" (Eskreis-Winkler et al., 2016, p. 730). Deliberate practice encourages

clinical supervisors to fully consider their existing assumptions around what it means to learn

and what conditions must be satisfied for individuals to fully integrate information that is long lasting and impactful. Although outside of the scope of this study, these ideas warrant further exploration around learning in the context of clinical supervision.

Moreover, my study revealed the presence of implicit messages. When people are not explicit about their assumptions, messages are communicated non-verbally. These conversational *blind spots* are often missed in daily or regular conversations because individuals are not actively checking in on them like they do when driving a car. While an unchecked blind spot in the driver's seat is associated with potentially devastating consequences, supervisors must consider the social and professional implications related to this piece. From a therapeutic standpoint, implications include and are not limited to: misunderstandings, prejudice, and inaccurate assumptions that can potentially rupture a relationship or impede clinical progress. In supervision, interactions must be handled with care and this starts with a deeper understanding of what we are *missing* in our conversations within this context.

Therefore, what supervisors *miss* in their interactions with their students is often times not fully explored, mainly because these informative conversational pieces are not recognized in the moment. Recognition at this stage requires an external party, someone who holds the supervisor accountable; or, a supervisor who decides to invest more time in supervision in an attempt to gain more insight into their response tendencies and how they might influence their student therapists. I am not suggesting that supervisors videotape each of their sessions with their students, but supervisors could consider how this occasional practice and a review of the content can support their work.

My findings highlighted participants' tendencies or inclinations across multiple data sources, noted by the number of times they stressed a particular concept. The frequency with

which Zack referred to ambiguity or Gina expressed her worries, are important; they represent how often participants expressed what they need, what they hope for, and how their perceptions guide their behaviour. Those moments provided insight into the motivating factors behind clinical decisions, building rapport, or the choice to pursue one agenda over another. My findings invite clinical supervisors to contemplate how well they know their student therapists. If supervisors find ways to access their students' rooted belief systems, deeply entrenched beneath the surface of what they choose to disclose, they can gain deeper insights into the people they have chosen to support in their careers.

A transformative learning approach to supervision is one that has not yet been explored in clinical counselling, partly due to its complexity and maybe even a lack of knowledge of its existence. At the very least, this strategy requires supervisors to be willingly transparent and open to continuous self-exploration. This might mean that they diverge from the comfort found in their common practices and into foreign, non-evidence-based practices. At its very core, transformative learning theory is about promoting and facilitating change. I encourage supervisors to reflect upon how effective their current strategies are, and if there is room to make any improvements.

Implications for Counsellor Education

Based on a review of the research, transformative learning theory (Mezirow, 1991; Mezirow, 2000) has only been introduced and explored in teacher education programs. Fazio-Griffith and Ballard (2016) acknowledged the value of transformative learning theory and created a proposal for counsellor educators. However, to date, research studies have not applied principles from transformative learning theory into counsellor education programs or clinical supervision.

Most counsellor education programs focus on key areas of professional development and require the completion of core courses, including theory, ethics, and assessment to name a few. Students are expected to complete assignments that promote self-reflection and they are encouraged to be open and reflective. Including activities that not only require students to acknowledge their assumptions, but also to explore and challenge them in open and vulnerable conversations with their peers, is one approach that exceeds the notion of reflective practice that is often an autonomous endeavour.

From a transformative learning perspective, critical reflection requires that individuals fully embrace the process collaboratively, with the participation of at least one other person, in an in-depth discussion that examines the origin and development of their frames of reference (Cranton 2016; Mezirow, 1991). While Fazio-Griffith and Ballard (2016) offered a worthy proposal that included creative activities intended to explore pre-existing beliefs and assumptions, many of their suggestions included hypothetical scenarios where students are asked to step into acting role.

Rather than introducing theoretical situations, I would like to see students reflecting on real scenarios in open discussions with their peers. One way to approach such a task is to ask students to present videos of counselling sessions to their peers; earlier, and more frequently in counsellor education. Perhaps two practicum placements, one at the beginning of the graduate program and one at the end, each six months in duration would be most beneficial. The presented video serves as a learning point from which students are invited to identify moments when the student therapist expressed conversational blind spots. Then, students are called to re-enact the interaction in a way that addresses the underlying belief systems. With the student in the video exposed and vulnerable in such an activity, it is crucial that educators aim to create and

maintain a safe learning environment where the relationships between the students in the classroom are solidified beforehand.

In their work, Luft and Roughley (2016) speak to the vulnerability factor associated with graduate learning and they outline several steps for consideration to promote a safe learning environment. What stood out to me is the idea that there is a, "fundamental difference between uncomfortable and unsafe" (Luft & Roughley, 2016, p. 58) classroom settings. Addressing this difference in graduate training programs may inspire students to accept uncomfortable feelings that arise and work through them, considering the possibility that they will learn more about themselves and others by doing so.

At this point I would like to invite student counsellors to reflect upon the role they have in their own learning. Through a recent conversation I had with a peer, I discovered that one university in particular chooses practicum placements for its students. I was discouraged to hear this, as I believe students should have a choice when the time comes to find a practicum placement. Nonetheless, when a practicum placement is found, I strongly encourage students to ask questions: how much supervision will you receive; what is the role of supervision at the agency; who will be your supervisor and would it be possible for you to meet with him/her beforehand? With a more active and assertive role in the practicum selection process, students can determine how much support they will have and how their growth and development will be assessed. These are important factors to consider, especially if the practicum is the first clinical experience for the student, given that feelings of anxiety and questions around competency often surface for many students (McElwee et al., 2002; Skinstad, 1993; Worthen & McNeill, 1996). That being said, I also recognize some downsides to adopting such an assertive role. Students are in place of vulnerability and practicum sites often have more applicants than they can take.

Also, the competitive selection process limits the number of choices students have and often requires additional support from professors or practicum coordinators to ensure that students complete their requirements in a timely manner.

Study Limitations

There are some limitations associated with this study. Firstly, this study includes the perspectives from three participants, so the results cannot be generalized and can only be used to expand one's understanding of practicum supervision in this case (Yin, 2009). Also, it is important to consider how each participant's individual characteristics contributed to the overall outcome of this study. Although this practicum was Gina's first therapeutic experience working with clients, Gina had a professional background with assessments that likely would have involved some prior direct experience working with clients. Martin is someone who was very involved in therapy and was most likely motivated to participate in this study, given the relationship he had already established with Gina. Finally, Zack's years of clinical experience and work as a supervisor are also important factors to consider; his positive regard for the role of research may have been a motivating factor for his interest in this study.

Next, it is important to consider how the materials for my study were collected for observation. Gina was asked to provide three videotaped sessions with Zack and three videotaped sessions with Martin. Given the power dynamics associated with supervision (Ramos-Sanchez et al., 2002), I wonder if her choices were related to any concerns she had with how she might be perceived by me, someone with whom she had no previous relationship; or, how my study would affect the relationship she had with Zack. When choosing which videos to include of her sessions with Martin, I imagine she chose videos that she believed accurately

reflected her work as a therapist, given how important it was for her to be effective with her clients.

Subsequently, it is necessary to explore the possible limitations linked to the content of the videos. The videos were used as tools in this study, intended to capture ideas expressed over a period of time; yet how much time passed between the conversations is unknown. This time frame is an important factor to consider given the developmental premise associated with transformative learning theory and practicum supervision. The results of this study only provide a glimpse into the interpersonal exchanges between participants and are not intended to summarize participants' experience overall. Also, conclusions like whether Gina's anxieties resolved by the end of her internship, or whether Martin later managed his struggles without Gina's support, cannot be made. At its core, my study offers a unique perspective into practicum supervision and the interpersonal exchanges that take place in a setting devoted to facilitating change.

Moreover, this study explored one piece of transformative learning theory: participants' habits of mind, expressed as a point of view. Transformative learning theory in its entirety was not the focal point of this study; it is difficult to determine if participants' experiences were indicative of any personal transformations given the time frame associated with a Master's thesis and the notion that sometimes personal transformations are unidentifiable (Cranton, 2016). While an underlying premise associated with transformative learning theory is to promote change, it is difficult to conclude if any changes in perspectives took place, given the structure and boundaries of this study.

Finally, it is important to consider my role in this study and the potential for researcher bias. Considering my own practicum experience and the insight I acquired into my own default

process, it was important for me to maintain impartiality in this study, as much as possible.

Therefore, to minimize the potential for bias, the interview questions I posed were in response to

what I observed in each video. I focused more on the language participants' used and refrained

from drawing meaning at this stage. During the interviews, participants' were given the

opportunity to expand upon the information I noted and confirm, or oppose, my initial reactions.

Doing so resulted in discussions that had breadth and depth. However, it is important to

remember that the participants were not involved in the analysis stage of this study. Therefore, it

is possible that the interpretations I made at the later stage of this project are not accurate

representations of what the participants felt or believed at any given moment.

Directions for Future Research

Considerations.

Reducing ambiguity. First and foremost, more research is needed relating to practicum

supervision with novice student therapists and their clients. While research studies often explore

supervision techniques like self-disclosure or feedback, a comprehensive examination of this

context that provides specific and concrete examples of how these techniques are used to

promote learning is warranted. Although students in recent studies acknowledged that feedback

and self-disclosure in supervision affected their work with their clients, the outcome related to

either technique is vague and unclear. Furthermore, while studies often rely on self-reports to

support their findings, I recommend that future studies find ways to directly observe these

relational interactions to help support their assertions.

Access to supervisors. The practicum component is a requirement of all graduate

programs; yet, the diverse range of students' practicum experiences is disconcerting (Gray et al.,

2001). One way to increase support for students in practicum placements is to assign a proxy,

someone to provide additional supervision other than the site supervisor. Ideally, this would be someone with supervision experience. These counsellor educators, trained in supervision, can help support students' with their supervision needs. Depending on the needs of the student and the availability of the counsellor educator, the format could vary from online supervision, to face-to-face sessions. I am not suggesting that these supervision sessions occur on a weekly basis, but with more access to supervision it would be interesting to see if students report more positive supervision experiences. Nonetheless, it is important to consider ethical concerns that may emerge; if the proxy's approach to supervision differs greatly from that of the site supervisor, this conflicting information could lead the student in a different direction, one that does not resonate with the site supervisor. Therefore, in a situation where two supervisors are involved, I think it would be important for the student, the site supervisor, and the proxy to meet at the beginning of the practicum to discuss and reflect upon professional boundaries, hopes, and expectations.

Context. Studies that include the experiences of more students and perspectives of more supervisors across a variety of practicum placements will better help inform supervision practices. Studies that compare supervision practices across practicum placements may help shed additional insight and identify what is, and what is not working, when it comes to clinical supervision. For instance, some agencies may place a greater emphasis on supervision; the structure and inclusion of supervision opportunities may vary with some organizations offering individual, group, and private supervision, while others may only offer one, two, or all three of these options. Exploring the commonalities and/or differences across practicum sites will help increase our understanding of this topic and also offer new perspectives for consideration.

Additional Reflections.

Including a transformative lens. I also encourage researchers to explore supervision from different vantage points. In this study, practicum supervision was explored from a transformative learning perspective as a way to encourage clinical supervisors to consider alternate ways of working with their student therapists. Future studies that explore practicum supervision from a transformative learning perspective can only help increase our knowledge in this area, specifically related to the ideas around what it means to be a critical thinker and what this looks like for students working with their clients.

Studies to date define critical thinking in different ways (Glazer & Stein, 2015; Orchowski et al., 2010; Martin et al., 1987), suggesting that a lack of consensus on this topic requires a more concrete definition to help guide supervision practices. Cranton (2016) and Mezirow (1991) both discussed three stages of reflective practice that depend on interpersonal relations. Rather than a student simply acknowledging the role of their beliefs, a transformative learning perspective encourages clinical supervisors to ask more exploratory questions that specifically target the frames of reference and their grounded sources. Traditional clinical supervision practices tend to be the norm, where students and supervisors sit across from each other and share their ideas and concerns. While these types of conversations are generally helpful, introspection does not necessarily ensure learning and personal development if feelings and thoughts are discussed on a superficial level (Mezirow, 1991). If therapeutic approaches to counselling are continuously evolving, modifying supervision strategies can only help support this trend.

Thoughts for consideration. I reached out to a few agencies regarding this study before I found one that was comfortable having me there interviewing their practicum student and client.

Bias not only emerges across research studies, but also deters many studies from occurring in the first place. Without future research, our work as counselling professionals, student therapists, and clinical supervisors is meaningless as we often rely on this information to guide our work, inform our practice, and support the clients who rely on us in many ways.

Self-Reflection

I remember completing my first practicum and feeling like I accomplished something really important. I walked away feeling inspired; encouraged and motivated by Margaret, my practicum supervisor, knowing that I wanted my research study to examine practicum supervision on a deeper level. I did not know what that meant at the time but with this journey nearing completion, I now understand what it means to be fully present in a session with a client and I'm also aware of my awareness, or lack thereof. Now, at my second internship, I am not required to videotape my sessions; however, it is a practice I will recommend once this study is finalized and I have findings to present for consideration.

I decided to pursue an additional clinical internship at a non-profit agency for extra clinical experience. I am not a paid employee and I guess you could say that I volunteer my time; however, the experience is invaluable. I find myself working differently with my clients; I'm more confident than the first time, but more importantly, increasingly aware of the influence I have in my sessions. I find myself more directive and eager to explore a client's belief system when presented with one that is debilitating and I recognize the benefit that this deeper exploration of a topic provides. So, I find myself asking lots of questions. I recently had a conversation with a client where she asserted, "…hmmm…I didn't think of it that way." This, really, was a break-through moment. I understand that it takes time, sometimes years, to unpack and reorganize belief systems that are grounded in social and cultural contexts, years of personal

experience where I had no influence. So, a shift in perspective is all I can hope for. If I can be someone who encourages my clients to adjust the lens they spent years looking through, this is a small success that I will celebrate.

I presented my research at the CCPA conference earlier this year. I invited participants to participate in a short activity where they closed their eyes and followed my instructions. Participants were asked to fold a sheet of paper in different directions, sometimes ripping an edge of the paper in the process. At the end of the activity, each participant was asked to open their sheet of paper and show it to the audience. The results were not surprising for me, but an interesting revelation for each participant as they openly expressed their wonder: Each participant was given the same set of instructions, yet the outcome of each sheet of paper was different; a variety of shapes and sizes. The implication here is that individuals interpret information differently and without an opportunity to address perceptions openly, the outcome will most likely be different each time. Now, this was a risk-free activity; however, in the context of practicum supervision where student therapists and their supervisors are working with vulnerable populations, it is essential that we find better ways to move from a place of interpretation and into a space where open discussion is not only encouraged and practiced, but later assessed and addressed for further exploration and clarification.

A post-modern framework (Philip, Guy, & Lowe, 2007) has not only served as a guide for my study, but also for most of my life without my conscious awareness of its influence. I have had different experiences with different doctors regarding my health and I was not particularly pleased with doctors who dismissed or minimized my pain or discomfort or who silenced my voice, demanding that I respect their expertise at the expense of what I thought was

best for my body and my health. Without a degree in medicine, I was just one patient among countless other patients, and the doctors, of course, knew what was best for me.

Understanding what it feels like to have my lived experience invalidated helps me form meaningful connections with my clients. Each client is truly an "expert" when it comes to his or her own life. My role as a counsellor is not to dismantle clients' beliefs systems entirely or to impose my own beliefs. My intent is to help clients assess the belief systems that interfere with how they interact with their social and cultural environments or impede their personal and/or professional development. Based on my own experiences, I understand the value in considering multiple perspectives (Freedman & Combs, 1996) and the freedom associated with this type of outlook. It took me some time to come to my own realizations and this was a collaborative effort between my therapists and me. I hope that I can also assist others in re-writing their stories so that they are not defined by that one, or many, experience(s).

References

Adu, P. [Author]. [2015]. *Conducting qualitative analysis using NVivo 11 (Part 1)*. [Video file].

Retrieved from https://www.youtube.com/watch?v=JPpETphj5F4

Adu, P. [Author]. [2015]. *Conducting qualitative analysis using NVivo 11 (Part 2)*. [Video file].

Retrieved from https://www.youtube.com/watch?v=6tuY-4HYrQk

Adu, P. [Author]. [2016]. *Qualitative analysis: Coding and categorizing data*. [Video file].

Retrieved from https://www.youtube.com/watch?v=v_mg7OBpb2Y

Aducci, C. J., & Baptist, J. A. (2011). A collaborative-affirmative approach to supervisory

practice. Retrieved from http://krex.ksu.edu

Anderson, H., & Swim, S. (1995). Supervision as collaborative conversation: Connecting the

voices of supervisor and supervisee. *Journal of Systemic Therapies*, *14*(2), 1-12.

Retrieved from

http://web2.uvcs.uvic.ca/courses/sw/pracsup/resource/doc03supervisionAsCollaboration.

pdf

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and

implementation for novice researchers. *The Qualitative Report*, *13*(4), 544-559. Retrieved

from http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf

Brookfield, S. D. (2000). Transformative learning as ideology critique. In J. Mezirow [Ed.],

Learning as transformation: Critical perspectives on a theory in progress [pp. 125-150].

San Francisco, CA: Jossey-Bass.

Canadian Counselling and Psychotherapy Association. (2007). Code of Ethics. Retrieved from

http://www.ccpa-accp.ca/documents/CodeofEthics_en_new.pdf

Chang, J. (2011). An interpretive account of counsellor development. *Canadian Journal of Counselling and Psychotherapy*, *45*(4), 406-428. Retrieved from http://familypsychologycentre.webs.com/dissertation%20article.pdf

Chang, J. (2013). A contextual-functional meta-framework for counselling supervision. *International Journal for the Advancement of Counselling*, *35*, 71-87. doi:10.1007/s10447-012-9168-2

Cranton, P. (2000). Individual differences and transformative learning. In J. Mezirow [Ed.], *Learning as transformation: Critical perspectives on a theory in progress* [pp. 181-204]. San Francisco, CA: Jossey-Bass.

Cranton, P. (2016). *Understanding and promoting transformative learning: A guide to theory and practice*. Sterling, VA: Stylus Publishing, L.L.C.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, *48*(2), 198-208. doi:10.1037/a0022062

Degges-White, S. E., Colon, B. R., & Borzumato-Gainey, C. (2013). Counselling supervision within a feminist framework: Guidelines for intervention. *Journal of Humanistic Counselling*, *52*, 92-105. doi:10.1002/j.2161-1939.2013.00035.x

Dooley, L. M. (2002). Case study research and theory building. *Advances in Developing Human Resources*, *4*(3), 335-354. doi:10.1177/1523422302043007

Eskreis-Winkler, L., Shulman, E. P., Young, V., Tsukayama, E., Brunwasser, S. M., & Duckworth, A. L. (2016). Using wise interventions to motivate deliberate practice.

Journal of Personality and Social Psychology, *111*(5), 728-744.

http://dx.doi.org/10.1037/pspp0000074

Fazio-Griffith, L., & Ballard, M. B. (2016). Transformational learning theory and transformative

teaching: A creative strategy for understanding the helping relationship. *Journal of*

Creativity in Mental Health, *11*(2), 225-234.

http://dx.doi.org/10.1080/15401383.2016.1164643

Freeman, B., & McHenry, S. (1996). Clinical supervision of counsellors-in-training: A

nationwide survey of ideal delivery, goals...*Counsellor Education & Supervision*, *36*(2),

144-159. doi:10.1002/j.1556-6978.1996.tb.00382.x

Gil, E., & Rubin, L. (2005). Countertransference play: Informing and enhancing therapist self-

awareness through play. *International Journal of Play Therapy*, *14*(2), 87-102.

doi:10.1037/h0088904

Glazer, H. R., & Stein, D. (2015). Mindfulness and the play-therapist supervisor: A study in

transformative learning. *International Journal of Play Therapy*, *24*(1), 41-53.

http://dx.doi.org/10.1037/a0038663

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, MA:

Pearson Education.

Glickauf-Hughes, C., & Campbell, L. F. (1991). Experiential supervision: Applied techniques for

a case presentation approach. *Psychotherapy: Theory, Research, Training*, *28*(4), 625-

635. doi:10.1037/0033-3204.28.4.625

Gomm, R., & Hammersley, M. (2000). *Case study methods: Key issues, key texts*. Retrieved

from

http://books.google.ca/books?hl=en&lr=&id=c1VOCAGy86EC&oi=fnd&pg=PP1&dq=

Case+study+methods:+Key+issues,+key+texts&ots=gWRF6eqm1J&sig=VINBuAK12BI

dNL2K11KKInTR_sw#v=onepage&q=Case%20study%20methods%3A%20Key%20iss

ues%2C%20key%20texts&f=false

Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees'

experience of counterproductive events in supervision. *Journal of Counselling

Psychology*, *48*(4), 371-383. doi:10.1037/0022-0167.48.4.371

Gross, S. M. (2005). Student perspectives on clinical and counselling psychology practica.

Professional Psychology: Research and Practice, *36*(3), 299-306. doi:10.1037/0735-

7028.36.3.299

Hansen, J. T. (2006). Counselling theories within a postmodernist epistemology: New roles for

theories in counselling practice. *Journal of Counselling & Development*, *84*(3), 291-297.

doi:10.1002/j.1556-6678.2006.tb00408.x

Heckman-Stone, C. (2003). Trainee preferences for feedback and evaluation in clinical

supervision. *The Clinical Supervisor*, *22*(1), 21-33. doi:10.1300/J001v22n01_03

Hoffman, M. A., Hill, C. E., Holmes, S. E., & Freitas, G. F. (2005). Supervisor perspective on

the process and outcome of giving easy, difficult, or no feedback to supervisees. *Journal

of Counselling Psychology*, *52*(1), 3-13. doi:10.1037/0022-0167.52.1.3

Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice

counsellor trainees. *Counsellor Education & Supervision*, *46*(2), 88-102.

doi:10.1002/j.1556-6978.2006.tb00015.x

Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart & soul of change: What works

in therapy*. Washington, DC: American Psychological Association

Johnson, B. W. (2007). Transformational supervision: When supervisors mentor. *Professional Psychology: Research and Practice*, *38*(3), 259-267. doi:10.1037/0735-7028.38.3.259

Kaslow, N. J., Falender, C. A., & Grus, C. L. (2012). Valuing and practicing competency-based supervision: A transformational leadership perspective. *Training and Education in Professional Psychology*, *6*(1), 47-54. doi:10.1037/a0026704

Kegan, R. (2000). What "form" transforms? A constructive-developmental approach to transformative learning. In J. Mezirow [Ed.], *Learning as transformation: Critical perspectives on a theory in progress* [pp. 35-70]. San Francisco, CA: Jossey-Bass.

Kilminster, S. M., & Jolly, B. C. (2000). Effective supervision in clinical practice settings: A literature review. *Medical Education*, *34*, 827-840. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11012933

Kohn, L. T. (1997). Methods in case study analysis. Retrieved from http://webanketa.com/direct/upload/books/en/methods_in_case_study_analysis_by_linda _t_kohn.pdf

Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Retrieved from http://academic.regis.edu/ed205/Kolb.pdf

Koltz, R. L., Odegard, M. A., Feit, S. S., Provost, K., & Smith, T. (2012). Parallel process and isomorphism: A model for decision making in the supervisory triad. *The Family Journal: Counseling and Therapy for Couples and Families*, *20*(3), 233-238. doi:10.1177/1066480712448788

Knox, S., Burkard, A. W., Edwards, L. M., Smith, Jacquelyn, J., & Schlosser, L. Z. (2008). Supervisors' reports of the effects of supervisor self-disclosure on supervisees. *Psychotherapy Research*, *18*(5), 543-559. doi:10.1080/10503300801982781

Lee, R. E. (1997). Seeing and hearing in therapy and supervision: A clinical example of

isomorphism. *Journal of Family Psychotherapy*, *8*(3), 51-57.

doi:10.1300/J085V08N03_04

Lee, R. E. (1999). Developmental contextualism, isomorphism, and supervision: Reflections on

Robert, Winek, and Mulgrew. *Contemporary Family Therapy*, *21*(3), 303-307.

doi:10.1023/A:1021904130524

Lizzio, A., Stokes, L., & Wilson, K. (2005). Approaches to learning in professional supervision:

supervisee perceptions of processes and outcome. *Studies in Continuing Education*,

27(3), doi:10.1080/01580370500376622

Luft, T., & Roughley, R. (2016). Engaging the reflexive self: The role of reflective practice for

supporting professional identity development in graduate students. Retrieved from

https://www.researchgate.net/publication/337971641_Engaging_the_Reflexive_Self_The

_Role_of_Reflective_Practice_for_Supporting_Professional_Identity_Development_in_

Graduate_Students

Makari, G. J., & Michels, R. J. (1993). Transference and countertransference. *Current Opinion in

Psychiatry*, *6*(3), 358-361. Retrieved from

http://ovidsp.dc2.ovid.com.proxy.lib.sfu.ca/sp-

Markos, P. A., Coker, J. K., & Jones, W. P. (2006, 2007). Play in supervision: Exploring the

sandtray with beginning practicum students. *Journal of Creativity in Mental Health*, *2*(3),

3-15. doi:10.1300/J456v02n03_02

McElwee, C. N., O'Reilly, P., & McKenna, S. (2002). From moth to butterfly: Thoughts on

student practica supervision from education and practice. *Child & Youth Care Forum*,

31(4), 269-281. doi:10.1023/A:1016307510527

McNeill, B. W., & Worthen, V. (1989). The parallel process in psychotherapy supervision. *Professional Psychology*, *20*(5), 329-333. doi:10.1037/0735-7028.20.5.329

Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.

Mezirow, J. (2000). Learning to think like an adult: Core concepts of transformation theory. In J. Mezirow [Ed.], *Learning as transformation: Critical perspectives on a theory in progress* [pp. 3-34]. San Francisco, CA: Jossey-Bass.

Morrissey, J., & Tribe, R. Parallel process in supervision. *Counselling Psychology Quarterly*, *14*(2), 103-110. https://doi.org/10.1080/09515070126329

Mullen, J. A., Luke, M., & Drewes, A. A. (2007). Supervision can be playful, too: Play therapy techniquest that enhance supervision. *International Journal of Play Therapy*, *16*(1), 69-85. doi:101037/1555-6824.16.1.69

Murphy, M. J., & Wright, D. W. (2005). Supervisees' perspectives of power use in supervision. *Journal of Marital and Family Therapy*, *31*(3), 283-295. Retrieved from http://mftcourses.net/documents/murphy%20wright%202005.pdf

Nelson, M. D., Johnson, P., & Thorngren, J. M. (2000). An integrated approach for supervising mental health counseling interns. *Journal of Mental Health Counselling*, *22*(1), 45-59. Retrieved from http://connection.ebscohost.com/c/articles/2987512/integrated-approach-supervising-mental-health-counseling-interns

Neswald-McCalip, R., Sather, J., Strati, J. V., & Dineen, J. (2003). Exploring the process of creative supervision: Initial findings regarding the regenerative model. *Journal of Humanistic Counselling, Education, and Development*, *42*(2), 223-237. doi:10.1002/j.2164-490x.2003.tb00008x

Orchowski, L., Evangelista, N. M., & Probst, D. R. (2010). Enhancing supervisee reflectivity in

    clinical supervision: A case study illustration. *Psychotherapy Theory, Research, Practice,*

    Training, *47*(1), 51-67. doi:10.1037/a0018844

Payne, P. A., Weiss, S. D., & Kapp, R. A. (1972). Didactic, experiential, and modeling factors in

    the learning of empathy. *Journal of Counselling Psychology*, *19*(5), 425-429.

    doi:10.1037/h0033193

Pearson, Q. M. (2001). A case in clinical supervision: A framework for putting theory into

    practice. *Journal of Mental Health Counselling*, *23*(2), 174-183. Retrieved from

    http://eric.ed.gov/?id=EJ629106

Pearson, Q. M. (2006). Psychotherapy-driven supervision: Integrating counselling theories into

    role-based supervision. *Journal of Mental Health Counselling*, *28*(3), 241-252. Retrieved

    from

    https://umdrive.memphis.edu/szanskas/public/Practicum%20%26%20Internship/Pearson,

    %202006.pdf

Philp, K. M., Guy, G. E., & Lowe, R. D. (2007). Social constructionist supervision or

    supervision as social construction? Some dilemmas. *Journal of Systemic Therapies*,

    26(1), 51-62. Retrieved from http://eprints.qut.edu.au/8034/1/8034.pdf

Rabinowitz, F. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process and

    outcome variables of supervision over time. *Journal of Counselling Psychology*, *33*(3),

    292-300. doi:10.1037/0022-0167.33.3.292

Ramos-Sanchez, L., Esnil, E., Riggs, S., Wright, L. K., Goodwin, A., Touster, L. O.,

    Ratanasiripong, P., & Rodolfa, E. (2002). Negative supervisory events: Effects on

supervision satisfaction and supervisory alliance. *Professional Psychology: Research and Practice*, *33*(2), 197-202. doi:10.1037/0735-7028.33.2.197

Reese, R. J., Usher, E. L., Bowen, D. C., Norsworthy, L. A., Halstead, J. L., Rowlands, S. R., & Chisholm, R. R. (2009). Using client feedback in psychotherapy training: An analysis of its influence on supervision and counsellor self-efficacy. *Training and Education in Professional Psychology*, *3*(3), 157-168. doi:10.1037/a0015673

Sadow, D., Wyatt, C. J., Aguayo, G. M., Diaz, S., & Sweeney, P. (2008). Student supervision from a PSR perspective. *Psychiatric Rehabilitation Journal*, *32*(1), 71-73. doi:10.2975/32.1.2008.71.73

Schofield, M. J., & Grant, J. (2013). Developing psychotherapists' competence through clinical supervision: Protocol for qualitative study of supervisory dyads. *BMC Psychiatry*, *13*(12), 1-9. doi:10.1186/1471-244x-13-12

Selicoff, H. (2006). Looking for good supervision: A fit between collaborative and hierarchical methods. *Journal of Systemic Therapies*, *25*(1), 37-51. Retrieved from http://mftcourses.net/documents/selicoff%202006.pdf

Skinstad, A. H. (1993). Practicum supervision in Norway and the United States. *Journal of Counselling & Development*, *73*(4), 406-408. doi:10.1002/j.1556-6676.1993.tb02656.x

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications, Inc.

Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, *3*(1), 7-10. doi:10.4103/2321-0656.140875

Taylor, K. (2000). Teaching with developmental intention. In J. Mezirow [Ed.], *Learning as transformation: Critical perspectives on a theory in progress* [pp. 151-180]. San Francisco, CA: Jossey-Bass.

Tracey, T. J. G., Bludworth, J., & Glidden-Tracey, C. E. (2012). Are there parallel processes in

    psychotherapy supervision? An empirical examination. *Psychotherapy*, *49*(3), 330-343.

    doi:10.1037/a0026246

Tracey, T., Wampold, B., Lichtenberg, J., & Goodyear, R. (2014) Expertise in psychotherapy:

    An elusive Goal? *American Psychologist*, *69*(3), 218-225.

    http://dx.doi.org.proxy.lib.sfu.ca/10.1037/a0035099

Trepal, H. C., Bailie, J., & Leeth, C. (2010). Critical incidents in practicum supervision:

    Supervisees' perspectives. *Journal of Professional Counselling: Practice, Theory, and*

    Research, *38*(1), 28-38. Retrieved from

    https://www.txca.org/images/tca/Documents/Journal/TCA%20Journal%20spring%20sum

    %2010%20FINAL.pdf#page=35

Vallance, K. (2004). Exploring counsellor perceptions of the impact of counselling supervision

    on clients. *British Journal of Guidance & Counselling*, 32(4), 559-574.

    doi:10.1080/03069880412331303330

Velasquez, P. A. E., & Montiel, C. J. (2018). Reapproaching Rogers: A discursive examination

    of client-centered therapy. *Person-Centered & Experiential Psychotherapies*, *17*(3), 253-

    269. doi:10.1080/14779757.2018.1527243

Vespia, K. M., Heckman-Stone, C., & Delworth, U. (2002). Describing and facilitating effective

    supervision behaviour in counselling trainees. *Psychotherapy: Theory, Research,*

    Practice, Training, *39*(1), 56-65. doi:10.1037/0033-3204.39.1.56

Watkins, C. E., Jr. (2012). Some thoughts about parallel process and psychotherapy supervision:

    When is a parallel just a parallel? *Psychotherapy*, *49*(3), 344-346. doi:10.1037/a0029191

Watkins, C. E. Jr. (2017). Reconsidering parallel process in psychotherapy supervision: On parsimony, rival hypotheses, and alternate explanations. *Psychoanalytic Psychology*, *34*(4), 506-515. http://dx.doi.org/10.1037/pap0000127

Weir, K. N. (2009). Countering the isomorphic study of isomorphism: Coercive, mimetic, and normative isomorphic trends in the training, supervision, and industry of marriage and family therapy. *Journal of Family Psychotherapy*, *20*, 60-71. doi:10.1080/08975350802716517

White, M. B., & Russell, C. S. (1997). Examining the multifaceted notion of isomorphism in marriage and family therapy supervision: A quest for conceptual clarity. *Journal of Marital and Family Therapy*, *23*(3), 315-333. Retrieved from https://onlinelibrary-wiley-com.proxy.lib.sfu.ca/doi/pdfdirect/10.1111/j.1752-0606.1997.tb01040.x

Worthen, V. E., & Dougher, M. K. (2000). Evaluating effective supervision. Retrieved from https://files.eric.ed.gov/fulltext/ED446322.pdf

Worthen, V. E, & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counselling Psychology*, *43*(1), 25-34. doi:10.1037/0022-0167.43.1.25

Worthington, E. L. Jr. (2006). Changes in supervision as counsellors and supervisors gain experience: A review. *Training and Education in Professional Psychology*, *S*(2), 133-160. doi:10.1037/1931-3918.S.2.133

Yerushalmi, H. (1992). Psychoanalytic supervision and the need to be alone. *Psychotherapy: Theory, Research, Practice, Training*, *29*(2), 262-268. doi:10.1037/0033-3204.29.2.262

Yin, R. K. (2009). *Case Study Research: Design and Methods* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

Appendix A: Figures and Illustrations

Figure A1. Kolb's learning model. Adapted and retrieved from
http://www.ldu.leeds.ac.uk/ldu/sddu_multimedia/kolb/static_version.php
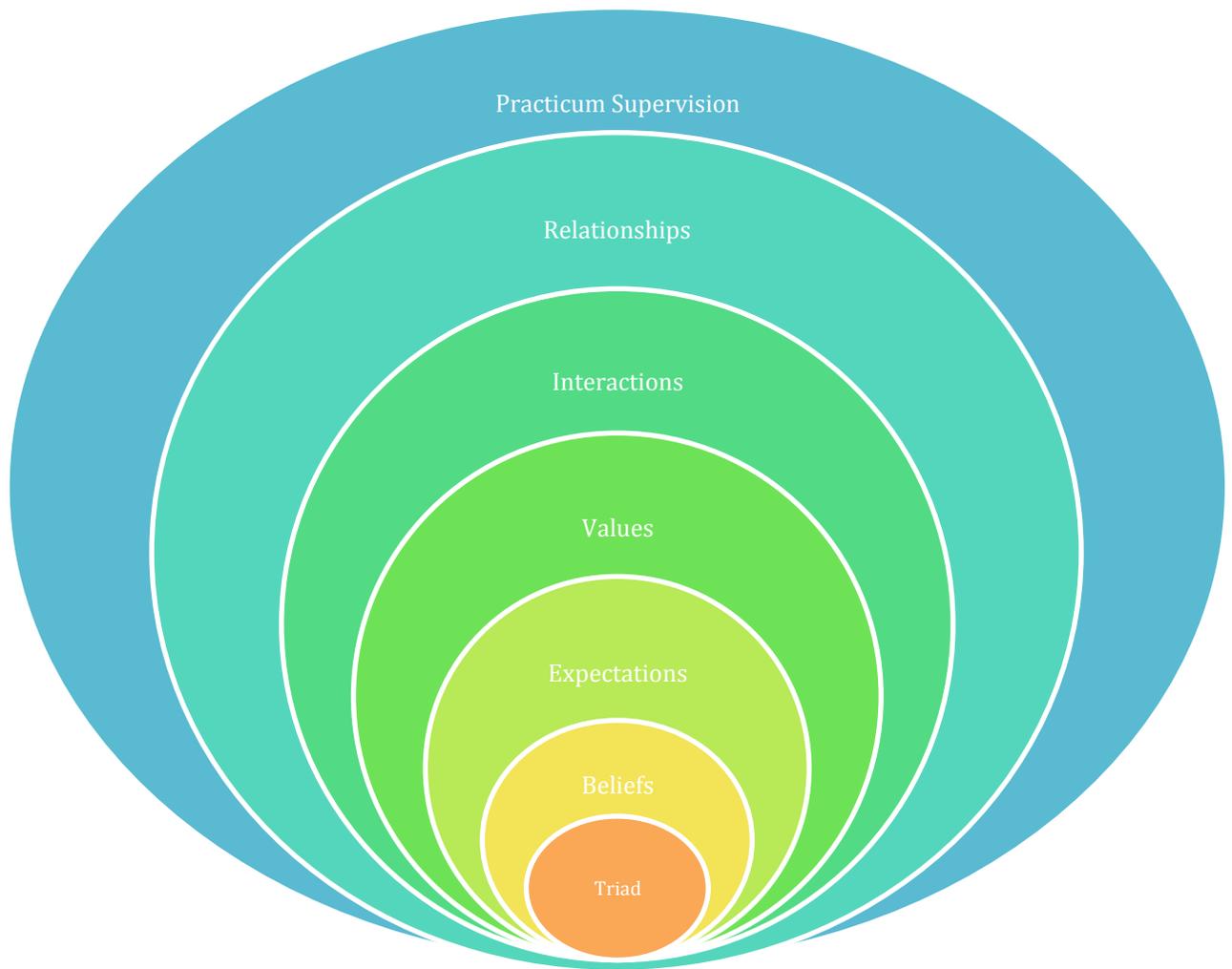
Figure A2. Adapted from Pathak, Verma, Patel, Gandhi, Vishwavidyalay (2014). Retrieved from https://pdfs.semanticscholar.org/f391/8623568d6cd4c2807d47df6f9b700f0f45ea.pdf?_ga=2.188 465838.780733869.1573945859-1548881846.1573945859

Figure A3. Word cloud, four-letter words or more, generated by NVIVO 12

Figure A4. Word cloud, five-letter words or more generate by NVIVO 12

	change
	client
	confident
	differently
	ethics
	expect
	experience
	feel
	good
	great
	guess
	help
	hope
	hypothesizing
	idea
	importance
	information
	intent
	intuition
	know
	like
	likelihood
	maybe
	means
	might
	mindset
	need
	obligation

Summary	Reference			
File Name	∧	In Folder	References	Coverage
CLIENT INTERVIEWS		Files	55	0.30%
STUDENT & SUPERVIS...		Files	79	0.34%
STUDENT AND CLIENT...		Files	124	0.59%
STUDENT INTERVIEWS		Files	68	0.25%
SUPERVISOR INTERVIE...		Files	27	0.16%

SEARCH › Query Results › feel

Figure A5. Screenshot image of text search query from NVIVO 12
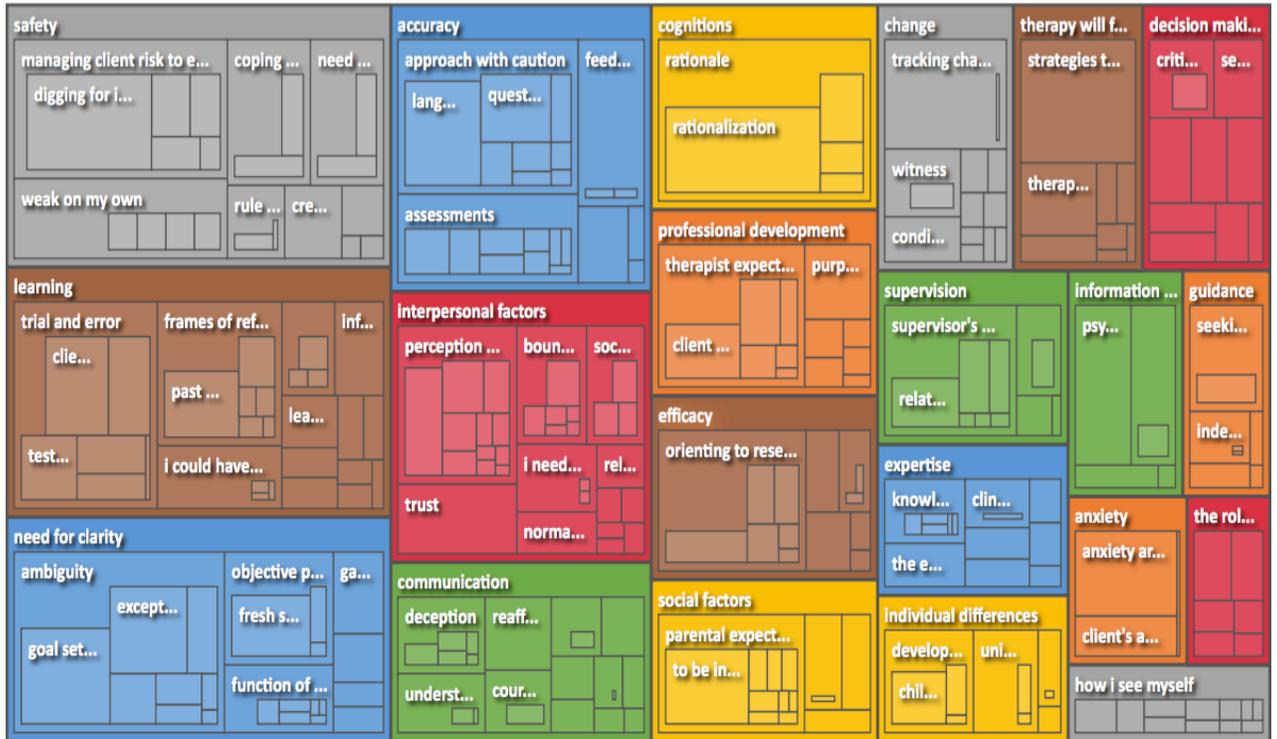
Figure A6. Hierarchy chart generated from NVIVO 12 software

Appendix B: Cross-Tab Comparison Charts

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
safety	0	0	0	0	0	0	0	0
a way out	0	0	0	0	5	0	0	5
coping strategies	1	5	0	4	18	1	0	29
Christmas	0	3	0	2	6	0	0	11
self-talk	0	2	0	7	0	0	0	9
creating safety	1	0	0	0	2	0	7	10
managing client risk to ensure safety	0	0	0	0	0	1	1	2
be mindful	1	0	0	0	0	2	6	9
digging for information	4	0	0	0	0	3	3	10
countertransference	4	0	10	0	0	6	7	27
clinical decisions based on feelings	1	1	3	0	0	0	0	5
behaviour based on feelings	0	1	0	2	0	0	0	3
challenging the client	0	1	3	0	0	0	0	4
liking the client	0	0	1	0	0	0	0	1
my judgemental part	1	0	1	0	0	0	0	2
natural tendency	2	0	0	0	0	2	0	4
opening up a can of worms	0	0	0	0	0	0	4	4
unfinished business	1	0	2	0	0	4	6	13
healthy risk taking	0	0	0	0	0	1	3	4
informing	0	0	0	0	0	0	1	1
respect people who take risks	0	0	0	0	0	0	2	2
non clinical range	13	0	0	0	0	16	0	29
vulnerability	0	0	0	0	0	0	2	2
need safety	0	0	1	5	7	0	1	14
protective parenting	1	0	0	0	0	0	0	1
reassurance	0	0	0	1	0	0	0	1
rule of law	0	0	0	3	2	0	0	5
kids can't do whatever they want	0	1	0	1	3	0	0	5
need to be respected	0	0	0	0	0	1	0	1
weak on my own	0	0	0	6	11	1	0	18
alone	0	2	0	2	1	0	0	5
i believe in systems	0	0	8	1	0	0	0	9
sober second voice	0	0	0	0	6	0	0	6
team	0	0	0	3	2	0	0	5
Total	30	16	29	37	63	38	43	256

Figure B1. Snapshot image. Subtheme a. (Safety) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
anxiety	0	0	0	0	0	0	0	0
anxiety about intakes	0	0	1	0	0	0	0	1
anxiety around closing	27	0	3	0	0	17	0	47
client's anxiety	0	1	0	4	7	0	0	12
avoiding anger	0	3	0	6	0	0	0	9
Total	27	4	4	10	7	17	0	69

Figure B2. Snapshot image. Subtheme b. (Anxiety) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
need for clarity	0	0	0	0	0	0	0	0
ambiguity	7	0	3	0	0	13	5	28
ambivalence	6	1	1	0	0	3	1	12
curiousity	0	0	2	0	0	1	0	3
exceptions	1	1	0	0	3	3	1	9
contradictory information	9	0	2	0	0	9	3	23
making connections	1	0	0	0	0	3	6	10
fear of the unknown	7	1	1	0	0	0	0	9
flying by the seat of our pants	1	0	0	0	0	0	0	1
goal setting	2	4	17	0	0	3	1	27
need clear goals	0	0	5	0	0	0	0	5
need concrete goals	0	0	1	0	0	0	0	1
i like my work with kids better	1	0	4	0	0	0	0	5
tip of the iceberg	0	1	0	0	0	0	1	2
never fully informed	1	0	0	0	0	2	0	3
clarity is important	0	0	0	0	0	0	3	3
confusion	0	2	1	0	0	0	4	7
function of reflection	0	0	0	0	0	0	5	5
bring into awareness	1	0	0	0	0	1	1	3
deepen understanding	0	0	0	0	0	0	1	1
increased capacity for empathy	0	0	0	0	0	0	1	1
like a mirror	0	0	1	0	0	0	0	1
reflecting student's feelings	1	0	0	0	0	1	1	3
self-reflection	0	0	1	0	0	1	2	4
gain understanding	0	0	1	3	0	1	4	9
limited resources	1	0	2	0	0	0	0	3
objective perspective	0	0	0	0	3	0	0	3
fresh set of eyes	1	0	4	0	16	1	2	24
impartial advice	0	0	0	0	1	0	0	1
people are too close to their situation	0	0	0	0	3	0	1	4
Total	40	10	46	3	26	42	43	210

Figure B3. Snapshot image. Subtheme c. (Need for Clarity) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
learning	0	0	0	0	0	0	0	0
avoiding the problem	0	0	0	1	1	0	0	2
avoidance of darkness	0	0	0	0	2	0	0	2
avoiding conflict	0	2	2	3	1	0	0	8
avoiding fears to function	0	0	0	2	0	0	0	2
be open to questioning	0	0	0	0	0	0	3	3
different interpretations	0	0	0	0	0	1	3	4
different schools of thought	0	0	0	0	0	1	1	2
frames of reference	0	3	2	3	2	0	1	11
difficult to identify source	0	0	2	0	0	0	0	2
do what i've seen	0	0	1	0	3	0	0	4
first impressions	0	0	1	0	0	0	0	1
past experiences with counselling	0	0	2	0	9	0	1	12
bring up painful memories	0	0	1	0	5	0	0	6
dwelling on pain	4	0	1	0	0	4	0	9
i felt judged	0	0	0	1	1	0	0	2
need breaks to recover	0	0	2	0	0	0	0	2
nothing to offer	0	0	0	0	2	0	0	2
thoughts about childhood	0	0	4	4	1	0	0	9
thoughts on life	0	1	0	0	1	0	0	2
i could have done things differently	0	0	3	0	0	0	12	15
i need to be conscious	0	0	0	0	0	0	2	2
i should focus more on strengths	0	0	0	0	0	0	1	1
i should let adult clients talk more	0	0	1	0	0	0	0	1
influence	0	0	4	0	2	0	6	12
learning in supervision	1	0	6	0	0	0	1	8
learning something new	0	0	1	0	3	0	0	4
lessons learned	0	0	1	0	0	0	1	2
look beyond the behaviour	0	0	4	0	1	0	1	6
many resources	0	0	0	0	0	0	1	1
trial and error	0	4	3	2	3	0	1	13
client conceptualization	7	3	7	0	0	3	4	24
exploration	1	0	0	0	1	0	3	5
explore additional information	1	0	0	0	0	2	0	3
exploring feelings	0	6	1	0	0	0	0	7
exploring the shoulds	0	1	0	0	0	0	0	1
hypotheses	4	0	1	0	0	3	4	12
luck	0	1	7	0	0	0	0	8
probability	0	0	0	0	0	0	1	1
testing thinking	0	0	1	0	3	0	5	9
Total	18	21	58	16	41	14	52	220

Figure B4. Snapshot image. Subtheme d. (Learning) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
change	0	0	0	0	0	0	0	0
agents of change	0	0	0	0	0	0	1	1
change can be a good thing	0	0	0	1	0	0	0	1
change dependent on behaviour	0	0	0	2	0	0	0	2
change is hard	0	1	4	0	0	0	0	5
change takes time	0	1	0	0	0	0	0	1
changes need to happen	0	0	0	1	0	0	0	1
conditions for change	0	1	4	2	0	0	1	8
conditions for success	1	0	0	0	0	1	0	2
fear change	0	1	1	2	3	0	0	7
tracking changes	0	3	4	7	26	0	0	40
made me a different person	0	0	0	0	1	0	0	1
witness	0	1	2	0	0	0	2	5
in vivo	0	0	13	0	0	1	2	16
Total	1	8	28	15	30	2	6	90

Figure B5. Snapshot image. Subtheme e. (Change) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
the role of empathy	0	0	0	0	0	0	0	0
empathic parent	1	0	8	0	0	0	0	9
empathizing is respectful	1	3	1	0	0	0	0	5
empathy a way of being	1	0	0	0	0	1	1	3
empathy is useful	3	0	11	0	0	1	0	15
helps me connect	2	1	1	1	0	1	2	8
i'm truly empathic	1	0	2	0	0	0	0	3
Total	9	4	23	1	0	3	3	43

Figure B6. Snapshot image. Subtheme f. (the role of empathy) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
interpersonal factors	0	0	0	0	0	0	0	0
appreciation is important	0	0	1	0	0	0	0	1
boundaries	0	0	3	0	0	0	2	5
cannot force people	0	0	3	0	0	0	0	3
i need boundaries	0	0	0	1	0	0	0	1
know your limits	0	0	1	0	0	0	0	1
people need boundaries	0	0	2	0	1	0	0	3
professional boundaries	2	0	2	0	0	0	4	8
sacrifice	0	0	0	0	1	0	0	1
i need to feel connected to others	0	4	1	10	3	0	0	18
competing	0	2	0	2	0	0	0	4
many ways people connect	0	0	1	0	0	0	0	1
normalize	0	0	6	0	1	1	3	11
openness	0	1	1	0	0	0	0	2
perception of therapist	2	0	0	0	0	2	0	4
she cares about me	0	0	0	0	9	0	0	9
she gives options	0	0	0	0	1	0	0	1
she helps me feel good about myself	0	0	0	0	6	0	0	6
she makes me a priority	0	0	0	0	1	0	0	1
she notices me	0	0	0	0	2	0	0	2
she recognizes my efforts	0	0	0	0	1	0	0	1
she tries hard to show me my progress	0	0	0	0	2	0	0	2
she understands me	0	0	0	0	5	0	0	5
she's not pushy	0	0	0	0	5	0	0	5
she's relatable	0	0	0	0	4	0	0	4
way of being	0	0	0	0	13	0	0	13
student attributes	1	0	0	0	0	0	4	5
wilingness to share	0	0	0	0	0	0	1	1
Total	5	7	21	13	55	3	14	118

Figure B7. Snapshot image. Subtheme g. (interpersonal factors) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
social factors	0	0	0	0	0	0	0	0
collectivistic culture	0	0	15	0	0	0	0	15
close to extended family	0	0	3	0	0	0	0	3
parental expectations	0	0	0	0	0	0	0	0
create a safe space	2	0	0	0	0	1	0	3
help develop skills	8	0	2	0	0	9	0	19
need to adapt	0	0	2	0	0	0	0	2
parents lack insight	1	0	2	0	0	0	0	3
set the tone	0	0	0	1	0	0	0	1
the parent is the problem	2	0	2	0	0	0	0	4
sadness	5	0	0	0	0	5	0	10
to be involved	9	2	9	2	0	9	0	31
challenges	1	0	0	0	0	0	0	1
embarrassed parents	2	0	1	0	0	0	0	3
no one is doing anything	1	0	0	0	0	0	0	1
putting in effort	1	1	1	0	0	0	0	3
to provide guidance	1	2	0	0	0	0	0	3
to support and love	0	2	1	0	0	0	0	3
social expectations	0	0	3	2	5	0	0	10
the role of gender	0	1	0	0	3	0	0	4
Total	33	8	41	5	8	24	0	119

Figure B8. Snapshot image. Subtheme h. (social factors) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
individual differences	0	0	0	0	0	0	0	0
depression	4	0	4	0	0	4	0	12
no connections	0	0	2	0	0	0	0	2
developmental stage	3	0	0	0	0	4	0	7
adult capabilities	0	0	7	0	0	0	1	8
child's developmental capacity	4	0	10	4	1	7	0	26
therapist's developmental stage	0	0	0	0	0	0	1	1
different family dynamics	0	0	0	2	0	0	0	2
unique person	2	0	8	5	0	3	0	18
unique experience	1	0	3	0	0	1	0	5
we need a million more counsellors like her	0	0	0	0	1	0	0	1
Total	14	0	34	11	2	19	2	82

Figure B9. Snapshot image. Subtheme i. (individual differences) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
accuracy	0	0	0	0	0	0	0	0
approach with caution	1	0	0	0	0	3	0	4
careful interpretation	8	0	0	0	0	7	0	15
client scores	0	3	0	2	2	2	0	9
healthy dose of skepticism	1	0	0	0	0	2	1	4
language	26	1	1	0	2	29	14	73
questioning assessments	0	0	1	0	0	0	0	1
questioning validity of measure	2	0	11	1	1	6	1	22
tentative	3	0	0	0	0	3	2	8
with children it's different	2	0	0	0	0	0	0	2
assessments	0	0	0	0	0	0	0	0
assessing what the client needs	9	0	0	0	0	2	1	12
assessments guide our work	1	0	1	0	0	3	2	7
belief in measures	1	0	1	0	0	0	2	4
complex assessments	9	0	0	0	0	4	0	13
controversial test	0	0	1	0	0	0	0	1
discomfort around questioning an assessment	6	0	0	0	0	4	0	10
proper use of instrument	0	0	3	0	0	0	4	7
session rating scale	0	0	1	0	0	0	1	2
tangible pieces	0	0	1	0	0	0	1	2
capturing the experience	0	0	0	0	0	0	9	9
feedback	0	2	8	1	1	0	15	27
automatic responses	0	0	1	0	0	0	0	1
reflection of reality	0	0	0	0	0	0	1	1
is important	0	0	0	0	0	0	1	1
managing performance	1	0	0	0	0	3	0	4
Total	70	6	30	4	6	68	55	239

Figure B10. Snapshot image. Subtheme j. (accuracy) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
cognitions	0	0	0	0	0	0	0	0
rationale	3	0	3	1	3	11	5	26
he makes me think	0	0	2	0	0	0	1	3
made them think	0	0	2	0	0	0	0	2
shifting perspectives	0	0	0	0	0	0	1	1
rationalization	2	1	0	8	9	1	0	21
different things you gotta think about	0	0	0	1	0	0	0	1
positive thoughts	1	6	2	3	13	1	1	27
positive thoughts won't solve your problem	0	1	0	0	0	0	0	1
recognizing black and white thinking	0	1	0	0	0	0	0	1
good and bad people	0	0	0	0	1	0	0	1
more than sum of two parts	1	2	3	0	0	2	0	8
unequivocal statement	0	0	0	0	0	2	2	4
relevance	0	0	0	0	1	0	2	3
theoretical rationale	2	0	4	0	0	1	3	10
the role of theory	0	0	4	0	0	0	0	4
theory alignment	0	0	3	0	0	0	0	3
Total	9	11	23	13	27	18	15	116

Figure B11. Snapshot image. Subtheme k. (cognitions) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
decision making	0	0	0	0	0	0	0	0
contextual factors	0	0	0	0	0	0	2	2
critical thinking	0	0	2	0	0	0	2	4
great questions	0	0	0	0	0	9	0	9
dilemmas	2	0	1	0	0	4	0	7
ethical dilemma	9	0	4	0	0	8	0	21
ethical struggle	1	0	0	0	0	0	0	1
informed decisions	2	0	1	0	0	1	2	6
questioning decisions	4	0	6	0	0	2	0	12
reengage in decision making	12	0	1	0	0	9	1	23
resources	2	2	3	0	0	4	1	12
self-awareness	3	1	0	1	0	5	4	14
Total	35	3	18	1	0	42	12	111

Figure B12. Snapshot image. Subtheme l. (decision-making) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
communication	0	0	0	0	0	0	0	0
being directive	0	0	8	0	0	0	1	9
children and communication	0	0	1	0	0	0	0	1
communicate through behaviour	0	1	4	0	0	0	1	6
compatible	0	0	3	0	0	0	1	4
like minded thinkers	0	0	0	1	6	1	0	8
courage to share	0	0	2	0	0	0	0	2
self-disclosure	0	0	7	0	0	0	3	10
deception	2	0	0	0	1	0	0	3
children's honesty	0	0	2	0	0	0	0	2
comfortable with children	0	0	1	0	0	0	0	1
i can be honest with kids	0	0	2	0	0	0	0	2
clients are capable of manipulation	0	0	1	0	0	1	0	2
i was manipulated	0	0	0	0	1	0	0	1
masking things	1	1	1	0	0	0	0	3
therapist mask	3	0	2	0	0	0	0	5
engaging a client	1	0	1	0	0	1	0	3
if i show interest	0	0	0	0	2	0	0	2
genuineness is important	5	0	0	0	0	5	0	10
reaffirmation	0	1	2	0	7	1	2	13
recognizing nonverbal and verbal cues	0	0	0	0	0	0	5	5
talk out the situation	0	0	0	1	2	0	0	3
understanding	1	1	1	1	5	0	0	9
making connections to personal experiences	0	0	1	0	0	0	4	5
understanding behaviours	0	0	0	1	0	0	0	1
Total	13	4	39	4	24	9	17	110

Figure B13. Snapshot image. Subtheme m. (communication) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
expertise	0	0	0	0	0	0	0	0
clinical intuition	0	0	0	0	0	0	3	3
counterintuitive	1	0	0	0	0	2	0	3
perception mismatch	0	0	0	0	0	0	1	1
clinical psychology background	0	0	3	0	0	0	0	3
theoretical background	0	0	0	0	0	1	3	4
Maslow	0	0	0	0	0	0	1	1
adlerian theory	0	0	3	0	0	0	0	3
supervisor's theoretical standpoint	0	0	0	0	0	0	1	1
confidence in my perspectives	0	0	0	0	0	0	2	2
egocentrism	1	0	2	0	0	0	2	5
knowledge	0	0	1	1	0	0	1	3
communicating what you know	0	0	0	0	1	0	3	4
competency	0	0	2	0	0	0	2	4
i know things	0	0	3	0	0	0	0	3
kids are very smart	0	0	1	0	0	0	0	1
life experiences	0	0	0	0	0	0	1	1
recognizing limitations	0	0	7	0	0	0	1	8
personal triggers	0	0	3	0	0	0	0	3
the experienced therapist	3	0	4	0	7	3	3	20
training	1	0	3	0	0	1	1	6
Total	6	0	32	1	8	7	25	79

Figure B14. Snapshot image. Subtheme n. (expertise) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
information giving	0	0	0	0	0	0	0	
informing parents	0	0	0	0	0	0	1	
making assumptions	0	0	0	0	0	0	3	
kids are scared	0	1	0	0	0	0	0	
levels of emotion	0	1	0	0	0	0	0	
psychoeducation	1	14	7	5	8	4	0	3
the brain	0	5	0	2	9	0	0	1
traumatic experiences	1	5	0	3	2	0	0	1
Total	2	26	7	10	19	4	4	7

Figure B15. Snapshot image. Subtheme o. (information giving) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
professional development	0	0	0	0	0	0	0	0
building skills	0	0	1	0	0	0	0	1
helping parents	0	0	0	0	0	0	1	1
maintain professionalism	0	0	3	0	0	0	0	3
making comparisons	1	0	0	0	0	1	0	2
preventing professional conflict	1	0	4	0	0	0	0	5
professional expectations of others	2	0	1	0	0	2	1	6
purpose of reports	0	1	2	0	0	1	9	13
therapist expectations	2	0	5	0	0	3	8	18
advocate	0	0	4	0	0	1	0	5
client centered	1	1	8	0	0	0	0	10
client the expert	1	1	1	0	1	0	1	5
respect what the client wants	0	0	3	0	0	0	0	3
i care about my clients	2	0	10	0	0	1	0	13
protect the client	0	0	2	0	0	0	0	2
support the client	0	0	0	0	0	0	3	3
the client is my priority	0	0	4	0	0	0	0	4
parents have expectations of me	0	0	2	0	0	0	0	2
parents seek safety	0	0	0	0	0	0	0	0
parents' goals	0	0	1	0	0	0	0	1
providing parents with information	0	0	0	0	0	0	1	1
the work you do is a reflection of me	0	0	0	0	0	0	1	1
very intense work	0	0	0	0	0	0	1	1
we like intensity and intimacy	0	0	0	0	0	0	1	1
Total	10	3	51	0	1	9	27	101

Figure B16. Snapshot image. Subtheme p. (professional development) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
supervision	0	0	0	0	0	0	0	0
healthy exploration	0	0	1	0	0	1	2	4
supervision is important	1	0	3	0	0	0	0	4
applying suggestions	1	0	8	0	0	0	1	10
supervisor's role	0	0	0	0	0	0	12	12
acknowledgement	0	0	0	0	0	0	1	1
encouraging independence	0	0	0	0	0	0	1	1
hard time staying fully present	0	0	0	0	0	0	1	1
relational safety	3	0	1	0	0	3	8	15
relating to the client	1	0	2	0	0	0	0	3
resistance	0	0	1	0	0	0	0	1
struggle through it	0	0	2	0	0	1	3	6
supervisor's strategy	0	0	7	0	0	0	2	9
interesting questions	0	0	4	0	0	0	0	4
work through countertransference	0	0	1	0	0	0	0	1
Total	6	0	30	0	0	5	31	72

Figure B17. Snapshot image. Subtheme q. (supervision) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
how i see myself	0	0	0	0	0	0	0	0
feeling accomplished	1	1	0	1	0	0	0	3
bucket list	0	0	0	3	0	0	0	3
feelings based on context	0	1	0	0	1	0	0	2
i am a survivor	0	0	0	1	0	0	0	1
i could be a comedian	0	0	0	1	3	0	0	4
i have feminine qualities	0	0	0	2	0	0	0	2
i'm a very open person	0	0	1	0	1	0	0	2
i'm sarcastic	0	0	0	1	0	0	0	1
i'm scientific and analytical	0	0	0	0	1	0	2	3
need for purpose	0	0	0	1	0	0	0	1
powerless	0	0	0	1	0	0	0	1
proactive	0	0	0	0	5	0	0	5
Total	1	2	1	11	11	0	2	28

Figure B18. Snapshot image. Subtheme r. (how I see myself) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
efficacy	0	0	0	0	0	0	0	0
clear professional expectations	0	0	3	0	0	0	1	4
feeling stuck	4	0	3	0	0	3	0	10
how effective am I	1	0	2	0	0	0	0	3
I want them to move forward	0	0	0	0	0	0	2	2
they come to play	2	0	0	0	0	0	0	2
i am knowledgeable	0	0	1	0	0	0	0	1
orienting to research	10	1	9	0	0	7	10	37
ORS	11	0	3	0	0	11	2	27
Ross Greene	0	0	2	0	0	0	0	2
Scott Miller	3	0	0	0	0	3	3	9
filial therapy	3	0	7	0	0	2	0	12
need for evidence	3	0	4	0	0	2	1	10
what resonates with me	0	0	0	0	0	0	2	2
preparation	1	0	5	0	0	0	0	6
Total	38	1	39	0	0	28	21	127

Figure B19. Snapshot image. Subtheme s. (efficacy) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
guidance	0	0	0	0	0	0	0	0
i prefer to follow	0	0	0	0	1	0	0	1
implementing suggestions	0	0	0	0	3	0	0	3
independence	2	0	0	0	0	0	5	7
independence learned from mom	1	0	0	0	0	0	0	1
independent decision	0	0	0	0	1	0	0	1
seeking approval	0	0	0	0	4	0	0	4
seeking direction	1	1	3	0	6	0	0	11
i need a smart woman	0	0	0	0	7	0	0	7
Total	4	1	3	0	22	0	5	35

Figure B20. Snapshot image. Subtheme t. (guidance) cross-tab chart

Nodes	GINA	GINA (2)	GINA (3)	MARTIN	MARTIN (2)	ZACK	ZACK (2)	Total
therapy will fix my life	0	0	0	0	0	0	0	0
building confidence	0	0	0	0	1	0	0	1
i can open up and fix the problems	0	0	0	2	0	0	0	2
some things don't need to be fixed	0	0	1	0	1	0	0	2
strategies to help fix my life	1	2	4	4	28	0	0	39
therapy helps me	0	0	3	6	6	1	0	16
there's something wrong with me	0	0	0	0	1	0	0	1
to be a better person	0	1	0	0	2	0	0	3
why people see counsellors	0	0	0	1	1	0	0	2
i needed help	0	0	0	1	2	0	0	3
Total	1	3	8	14	42	1	0	69

Figure B21. Snapshot image. Subtheme u. (therapy will fix my life) cross-tab chart

Appendix C: Memos

ACCURACY category

thought: accuracy is important so that we can be more effective in our work

link this node to the use of language; supervisor emphasizes the need for therapists to focus on how they use language

also link this node to "getting clarity" and an "accurate reflection of reality"

it's almost like taking a snapshot, capturing the experience, but also ensuring that what is captured is described as accurately as possible

thought: supervisor describes himself as a "skeptic"

As I'm coding for language I can't help but notice that the client's use of language at times is clinical, almost as if he's internalized what's been said in individual and group therapy. Could it be that that adopting this type of language is a way that he seeks approval from his therapist? To be liked by others--how does this motivating factor impede or promote learning? How far do we take this desire "to be liked"

The supervisor places a major emphasis on the role of language in therapy. The role of language is connected in some way to his view on accuracy. This language node is also linked to the "different ways" node. Since there are many ways to look at things, multiple meanings, etc. from his perspective it's essential that the language used is a reflection of the specific reality one is referring to language is also connected to clarity and feelings of certainty...the unequivocalness of a statement, how we express ourselves is very important to zack. If one is not certain of something, then it's important that the language one uses reflects this.

language and they way we use it plays out in a supervison session when the supervisor describes a client's case as "ambiguous" and the student corrects him, asserting that she feels it to be "uniqueness". So, from her perspective, ambiguity is not related to being unique?

this word, tentative, or tentativeness, is used by the supervisor and is linked to caution and language. The expectation is that we should proceed with caution when making decisions and use tentative language when describing a situation because we never really have all the information because of the ambiguity associated with our work.

measures, assessment tools and their importance is highlighted in interviews and videos. Yes, the value associated with measures is stressed but the supervisor suggests that when there is contradictory information presented across measures, one must proceed with caution; once again alluding to the fact that there are exceptions. Are exceptions assumptions associated with therapy? Therapists and supervisors assume the potential for exceptions exists? Is this strong belief associated with their work and if so, how is their learning affected? If you are expecting something to happen based on past experiences, how open will you really be?

Anxiety Category

In this segment, the therapist says that she doesn't like conflict and how it affects her physically. Later in a session with her client, she describes his situation similiarly, stating that he avoids conflict because it "doesn't sit well with his own body"---this is interesting to me. It seems like talking about a topic such as conflict triggers her; her immediate inclination is to relate the experience to her very own. Yet, it doesn't seem that she is aware this is happening.

Change Category

thoughts on change are initially expressed by the therapist and confirmed by the client. At one

point the client takes about a change in environment and it sounds like he's looking forward to it.

Is he the one who's really afraid of change?

tracking changes or tracking progress---there were a few occasions when the client said that he

didn't feel like he was making any changes but the therapist would affirm that he was making

progress. The client asserts that he is unable to recognize the changes he's made on his own

without the therapist's input

the client appears to be conflicted about whether he is making changes in his life or not

link this to "she tries hard to show me my progress" is it that she tries hard to convince him that

he is making progress? Is she trying to convince herself because she seeks proof of efficacy? Is

the validation she receives from the client an honest reflection of what he is really feeling or is

this an example of the social desirability factor?

in an interview the client stated that sometimes he has to stop and think about what he's been

"trained" and what he's been "told"---is this indicative of him following advice from the "expert"

therapist

what about the value he places on hierarchical relationships? the client stresses the significance

of these types of relationships and appears to be frustrated when a social hierarchy is not

respected. Does he perceive the therapeutic relationship to be hierarchical? What is his role as

the "subordinate" in this therapeutic relationship?

Cognitions Category

he makes me think so i make my clients think too: therapist alludes to this

As I'm reading through Martin's data it's almost like he hides or avoids his problems with

negative feelings, feelings that he consciously avoids by focusing on the positives. How does this

prevent him from connecting to himself on a deeper level? It's almost as if he's afraid to be vulnerable. What does vulnerability mean to him? If one isn't capable of vulnerability are they really able to learn at a transformative level?

The therapist tends to align most with theories that encourage emotional expression or exploration around emotions. Her statement contrasts the positive thoughts node most associated with her client. Is this a mismatch? Her client appears to fear emotional expression but here she implied that cognitions are not necessarily useful if you don't act on them (communicating his needs to others rather than just thinking about communicating his needs). Yet, she also doesn't challenge her client in this area.

Communication Category

client asserts that he and his therapist get along because they are both right-brain thinkers. This notion of the "right-brain" thinker, where did he get it from?

thought: are we more likely to connect with/support those who remind us of ourselves?

therapist acknowledges that she also wears a mask at times

Decision Making Category

a relationship exists between critical thinking and asking good questions. People who ask "good questions" are they critical thinkers? What really defines a "good question?"

Efficacy Category

As I'm coding for anxiety, I can't help but think that this node is somehow connected to the efficacy node/preparation. The therapist places a strong emphasis on preparation; perhaps this is her way of easing anxiety

Therapist: suggests that she is more likely to take risks she feels stuck with her clients. when we feel stuck are we more likely to take risks? If this happens, how does it affect the client?

Therapist: they come to play and I need to feel like I'm being effective. How can I measure how effective I'm being if all I'm doing is playing with the kids?

although the therapist often talks about orienting to research, she acknowledges that she's come across discrepancies in her work and between what the research says and how the client presents

thought: therapist expresses her liking of filial therapy because you can *see* changes happening. What happens when she is unable to witness the changes?

she also states that in her past experiences with assessments and diagnoses there was more clarity, clear guidelines of what should happen next. Discomfort around ambiguity?

i need evidence-based therapeutic approaches to help guide the work that I do

the therapist values preparation but also acknowledges that there are times when she is required to be spontaneous. Link this information to "flying by the seat of our pants" as expressed by the supervisor

Expertise Category

As I'm coding for the expertise node I notice that there's value placed on personal and professional expertise. The roles of both work experience and past experience and how this expertise helps individuals connect with others

I also wanted to note that although expertise is valued, the supervisor also acknowledges that "seasoned therapists" need reminders sometimes.

Clinical intuition: our first instinct, our default, our hunch?

Guidance Category

link the guidance node to the "weak on my own" node. The client doesn't have confidence in his own decision so he relies on his therapist for guidance. Would it have been helpful for the therapist to encourage independence rather than to consistently offer suggestions? What happens when the therapist is no longer in the client's life? Would it have been more helpful for the therapist to empower the client?

note that the therapist does acknowledge that the client values the opinions of professionals and says that she is trying to work through his own history to overcome this

independence and trust...the more trust Zack has in his interns, the more he encourages independence. Trust in their judgements? Their decision-making process? Trust is a concept that often comes up in his interviews.

client expresses his need for a smart woman to give him guidance. He sees Gina as that smart woman and articulates this numerous times

How I see Myself Category

thought: what the client wants to believe about himself vs. what he actually believes about himself

the client perceives therapy positively; he completes assessments based on how he feels in therapy rather than how he feels outside of therapy

the client acknowledges that he is someone who seeks long-term solutions, rather than short-term, in the moment solutions.

Individual Differences Category

thought: in a conversation Gina was having with her supervisor, she appeared to focus on the client's experiences with depression and how it might affect his mood from one week to the next.

I can't help but think if her first instinct is to address the symptoms based on her past experiences with diagnoses? She does provide psychoeducation on the topic of depression with her client thought: how does Gina's perception of the client's developmental stage influence the way in which she works with the client? Gina seems to acknowledge the role she plays in encouraging or discouraging independence when working with children but she appears to lack this insight when working with her adult client. Is it possible that this is her blind spot? Children are not the only demographic that display dependent qualities. Adults can also be exhibit dependent-like qualities. Some adults may not have fully developed their independence.

Information giving Category

note: therapist says that therapy also includes psychoeducation. To what degree is her therapy therapeutic? Is she providing more education rather than therapy?

Interpersonal Factors Category

thought: the client places a stronger emphasis on who his therapist is rather than what she does in therapy. ****

The therapist appears to really value what she does/what actions she takes rather than focusing on who the client is******

What are the blind spots here? What is she missing?

Are her "stuck" moments representations of her unexamined blind spots?

social desirability. Link this to "being liked" and "kindness will get you want you want".....could be motivating factors for behaviour

social desirability node linked to the ambiguity node. The therapist questions whether adult clients are telling her the truth. She admits that she prefers working with children because they are more likely to be honest

social desirability node could also be linked to deception

this node should also be linked to the "weak on my own" node as the client expresses that he

doesn't trust himself and needs guidance from others

both the client and supervisor express their confidence in the therapist

Learning Category

thought: is it easier to accept that the idea that we could have done things differently if we

consistently tell ourselves that there are many ways that we can look at things?

the supervisor acknowledges that the degree of his influence varies, depending on the context.

He also emphasizes that he tries to exert minimal influence during supervision, encouraging the

student to formulate her own thoughts and decisions

if this is true: why does the student acknowledge that she often takes his suggestions and even

internalizes them without realizing it?

thought: Gina offers suggestions to the client, like, "what do you think about that"

This is one way she learns about the client; putting things on the table to see if anything

resonates with the client or not

trial and error--link this to strategies. Gina often gives options to the client, different thing he can

try. She often offers suggestions or strategies to him to see if anything will resonate. How much

of this is advice giving? How much of this is therapeutic? Is the client really doing his own work

if the therapist is consistently offering strategies? Does offering strategies only reinforce the

client's perception that he is "weak on his own" and needs support?

Need for Clarity Category

How does the supervisor's strong focus on ambiguity affect the way in which the therapist works with her client? Is it possible that his emphasis on this concept only increases her anxiety and narrows her focus on this idea?

the therapist has some mixed feelings about being directive in her work with children; some kids just want to play and she feels the need to have more of an agenda for sessions.

She experienced a directive approach to therapy in her own personal experience and for her this wasn't positively received

Gina put an emphasis on goal setting. She implies in her comments that goal setting helps to reduce the ambiguity associated with therapy. It's one way to reduce the "unknown".

does she like her work with children better because it supports her feelings of self-efficacy?

From her perspective, children are more genuine; there's less ambiguity. Less of the "unknown". With adults there are more feelings of uncertainty.

link this node to goal setting--the therapist values the use of time and maybe this is why she places an emphasis on goal setting to help her stay on track

thought: the therapist acknowledges that in her own experiences with counselling, her therapist offered her perspectives that she had not yet considered.

thought: although the client acknowledges that Gina often points out things to him that he hadn't considered, he also says that it doesn't happen "all the time"

Safety Category

I'm thinking this node can be linked to conditions for change. If the client feels unsafe is change possible?

As I'm coding I'm asking myself: what has the client learned from his therapist? He admits he wants to "see more" to feel like things are changing. He alludes to the fact that he's a survivor.

He's survived up until this point because he's learned how to cope with life's stressors on his own. He's learned that he needs strategies to survive. What he's getting from therapy is a new survival guide? Is this is what he's looking for? Does she deliver? He acknowledges that she provides strategies but he also suggests that he's diverted from her suggestions because he's looking for more. He doesn't want to discount what she provides because he wants to be liked by her?

the students admits she sometimes makes clinical decisions based on feelings yet she's hesitant to make clinical decisions based on assessment tools?

interestingly, the client admits that he acts in accordance with the way that he feels

What's going on here?

this node is linked to "digging for information" and "unfinished business"--the unfinished business that we all have and the risk associated with digging into that business. The expectation put for by the supervisor is that you trust in the information presented in the assessment tool and you only question the information if there are contradictory pieces. The supervisor emphasizes the need to focus on the evidence that presented in front of you.

The other thing that I want to mention is in regards to the thoughts around risk. The supervisor at one point alludes to the fact that he encourages and supports healthy risk taking but once again he also alludes to the fact that there are exceptions to this as well.

my happy place; client emphasizes his need for safety. Has he found his "happy place" in therapy?

This node can be also coded as helplessness.

i can trust others but I can't trust myself

thought : the supervisor was describing a situation he had with one of his own clients where the client was attributing her success more to him rather than what she was doing on her own. It's interesting that the client in this situation is doing much of the same. He really gives more credit to Gina than he does to himself and he's expressed his feelings of poor self-confidence time and time again. Therapy that focuses on building his self-confidence may have helped the client feel like he was capable of taking care of matters on his own. Is this a blind spot that the therapist may have missed?

I'm weak on my own but even with people around me I still feel alone. Why is this? What's missing in this picture?

So, could this also apply to counselling? In a sense he feels more supported knowing that people are keeping an eye out but does he still feel misunderstood/neglected/unsupported/disconnected in some way?

Social Factors Category

Gina spoke about her beliefs around systems and how people are never alone. Martin often spoke of his fear around loneliness. Perhaps these two connected around this core belief system. G reinforced M's beliefs and provided him with a sense of safety

if the parent is perceived as the problem, then does her sadness and anxiety with letting kids go revolve around this? Is she sad to let them go because she thinks she's putting them back into a negative situation?

i need the parent to be engaged so that I can be effective in my work with the child. This is a professional expectation. A connection between self-efficacy and parental engagement and therapist expectations

thought: Gina appears to perceive her client positively because he shows that he wants to be involved; he wants to be an active participant in the process. Does this likeability factor influence the ways in which she engages with her client?

from the client's perspective, hierarchies exist in society for a reason as they serve a purpose. Is this purpose control? obedience? structure? does he need structure to feel more safe?

the client states that men "should be strong and confident"---where did this belief originate and how does this social expectation influence the ways he sees himself? Some of the statements he makes in his interactions suggest that he struggles with feelings of self-confidence

This node is in some way connected to that of the client's need for safety and guidance. It appears that he believes that a knowledgeable person is more capable of providing safety than one that is not knowledgeable

Martin often describes Gina as smart---would be interesting to know where this belief came from. Are all women smart? Is/was there a woman in his life who provided this sense of safety and this now serves as a reference point for him in his interactions with women?

In one interview, the client stated that Gina is so "on top of things" referring to a conversation she had about his assessment scores. This discussion with him was encouraged and offered as a suggestion by her supervisor. The client perceives Gina to be "all knowing" but lacks insight into where she might be getting her information. He doesn't seem to acknowledge that her intelligence may be a result of multiple factors rather than some inherent attributes unique to her

Supervision Category

the supervisor hopes for a healthy exploration of his suggestions admitting that his perspective might be flawed. The student describes herself "internalizing" his suggestions sometimes. The

implication here is that she integrates the suggestion he's made without discussing the suggestion in full beforehand.

the supervisor emphasizes this concept in his responses. he acknowledges that creating relational safety is his responsibility as a supervisor--link to supervisor's role

interesting questions: this node is linked to the supervisor's strategy. The student seems to appreciate the interesting questions that the supervisor poses

The Role of Empathy Category

using empathy, or the role of empathy, two differences in opinion between the supervisor and the student. The student describes empathy as a technique while the supervisor describes empathy as a "way of being". Interestingly, the supervisor acknowledges that more exploration could have been done on this subject, looking back after watching the video. An implication here is that supervisors record their supervision sessions to identify areas for further exploration or improvement

thought: in an interview, the client stated that "at least I can empathize now"---did Gina's expression of empathy influence the client? Did he learn something here?

Therapy Will Fix My Life Category

thoughts: the client strongly believes in the value of therapy. He shows that the more you believe in something, the more likely you are to be committed to the process. His therapist also acknowledges his level of commitment and engagement

but is it the therapy that he really values or does being in therapy reinforce his belief that he is weak on his own? Is his level of engagement related to the social desirability factor?

Appendix D: Reflexive Journal

May 2014:

I browsed through "Academic Search Complete" through EBSCOhost where I found most of my articles so far. I've searched key words like "counselling graduates" and "supervision" and "practicum." I tried to mix up the searches by using some terms together like "supervision" and "practicum" but I found that the search often came up broad and not quite what I was looking for. There seems to be a need to differentiate between "clinical counselling graduates" and "counselling graduates." I wonder if the "clinical" term stems from American literature.

I am feeling frustrated right now because I searched the following words: counselling graduates, supervision, and practicum only to find an article that describes the relationship between an advisor and a counselling graduate. An advisor helps guide a student from the beginning of his/her program. I am specifically looking for supervision in practicum settings. Still no luck. When reading through several articles I came across others that were cited. I was interested in learning more so I checked the reference list in the article so that I could search for the article on my own. To my dismay all of the articles I wanted were by purchase only! How frustrating, especially for a student.

I did find some articles through "Google Scholar" although many of the articles I wanted to explore further were only available by purchase.

Currently looking through the PsycARTICLES database and I am pleased to have found some articles that are related to my thesis topic. To be honest, I was starting to become quite disheartened especially since many of the articles discussed supervision in relation to the developmental model proposed by Stoltenberg et al.

As I am reading the literature, I can't help but wonder about something. I remember a conversation I had with my practicum supervisor regarding the context of the therapist-client relationship and the expectations that are inherently embedded in a therapist's office. For instance, clients might feel that it is necessary to walk into a therapist's office, sit down, and disclose their problems. What about the context of a supervisor's office? Does it make a difference how supervision is facilitated? Are supervisor's willing to change their practice if they discover that something isn't working? What changes can take place then?

I'm starting to notice some common themes as I sort through the literature. Firstly, the experiences of practicum supervision are often conveyed by the supervisees. Yes, "good" and "bad" experiences exist. I realized this was the case when comparing my practicum experience with my peers. What's interesting is that the literature seems to focus on what the supervisor does or does not do during supervision or what personal attributes he/she possess to make supervision successful (i.e., empathetic, provides feedback, encouraging, etc). What about what the supervisee brings to the table? After all, isn't supervision a two-way process and not only supervisees' responsibility?

Also, although some articles mentioned the means by which supervision is facilitated (i.e., video, audio, direct observation, etc) the details of these supervision practices are not discussed. I'm interested to know what supervision looks like. If I was to sit in on a session, what would I see, hear, experience?

Brainstorming some possible research questions and others:
What is your role as a supervisor/supervisee?
Supervision practices, supervision interventions

How does the context of practicum supervision influence practice and interventions employed?

June 2014

This week I completed a powerpoint presentation of my literature review summary online to obtain feedback from my peers. So far I've received some great feedback which encouraged me to reflect on how I can make the purpose of my study clearer. I realize that I must take my current research question, "How can supervision improve" and tighten it up as I realize that it's too broad. I'm currently in the process of brainstorming some research questions so hopefully I will come up with one that works.
Thoughts:
What would supervision look like if supervisors and supervisees...
How does a supervisor's approach influence a supervisee's willingness...
How does one's approach to supervision influence/promote/encourage/support professional development?
 Influence how well professionals work with each other and with their clients.
Increase one's awareness of self and others?
Hinder or encourage personal and professional development
How does one know when an approach to supervision is not helpful and requires change in order to be most effective?

Some additional feedback I received is that my review, although relevant, is broad and that I must narrow down my focus. After some thought, I realize that I am interested in the approaches to supervision—not just evaluative components, but the approach as well.
I looked through PsycARTICLES again and searched the following terms: "Approaches to Supervision"
I was surprised to find some additional articles that should enhance my review. I think I am starting to see the light at the end of the tunnel...it's starting to make some more sense now.

June 10, 2014

I find myself still struggling with the research question. Going through the research I noticed the following:
-there is an emphasis on competency training
-perspective of supervision is usually from the supervisee
-there is a lack of creative approaches to supervision (i.e., sandtray, reflective practice, etc)
-the evaluative component is most prominent
-what would supervision look like if supervisees weren't being evaluated?
-self-disclosure, modelling...
Possible question: "How does a supervisor's approach to supervision influence a supervisee's work with clients?"
In practicum settings, how does a supervisor's and supervisee's approach to supervision determine how effective supervisees will be when working with their clients?
The poor experiences that supervisees have, how do these affect their work with their clients?
How do supervisees' positive experiences influence their work with clients?

June 10, 2014

I began writing my literature review today. Since I created a research question that is more clear and concise, I find that it is easier for me to determine which articles will best support my research.

I've created the following question: *How does an experiential approach to supervision influence a supervisee's work with clients?*

I've refined the scope of my topic—I didn't realize how broad my original question was until now: "How can practicum supervision improve?"

I still have a long way to go but I'm getting there. A few pages at a time each day. I hope to get to 20 pages by Sunday or Monday.

September 2014

The months of July and August were spent refining my thesis. After completing a proposal and a mock defense, I felt like I was beginning to get on the right track. After speaking with Jeff, he suggested that the term "experiential" be refined, more focused. After giving this some thought I figured, yes, most of the practicum could be considered a "doing" process. My definition was not as concrete as I had hoped. Also, he reminded me of my time frame and the practicality of what I was hoping to accomplish. So I began to brainstorm: Collaborative learning, a hybrid-heuristic approach to supervision, reflective learning....what was I hoping to accomplish?

I want to know how practicum students learn—which approaches help create the most ideal environment from which students learn about themselves and others? What do I want them to learn?

-An increase in self-awareness?

-enabling a person to learn or discover something about themselves?

-something between a supervisor and supervisory dyad?

-what it is not: not instructional, not telling of information or teaching

-emotional

-something that the supervisor does that is impactful

Process: Recruit 3 dyads, ask them to videotape 3 supervision session that I can examine at a later time while interviewing

- How do supervisor co-construct moments that supervisees find impactful?

- What is the interaction, what is the technique that supervisors use to do this?

Jeff suggested the following research question: How do **co-constructed outcomes** between a practicum supervisor, student, and client relate to transformative learning?

He also encouraged me to focus on one aspect of transformative learning.

So I came up with the following research questions: *During practicum supervision, what processes occur between the trigger event and personal transformation that relate to, or transcend, transformative learning theory?*

My thought process relating to this is described below:

I spent the last week thinking about how I can make my topic more specific and what it was exactly that I hoped to investigate through this research project. I realized that it wasn't the "experiential" approach in particular that I wanted to explore. It was the underlying process.

During our last conversation you encouraged me to think about the "heart" of my topic. I agreed with you that I want to explore a process that is in some way "impactful," "reflective," evokes "self-awareness," and is "emotional."

At the core of my own experience was my personal transformation. Who I was at the beginning of my practicum was different from who I was when I left. I felt empowered, confident, increasingly self-aware, and my perspectives of client change and theory shifted. I can't help but ask myself, what processes were responsible for my professional and personal development?

So, I did my reading and came across **Transformative Learning Theory**, which specifically tackles the multifaceted scope of adult learning. Although this theory has evolved over the years, many of the underlying tenets remain the same. What's interesting is that many of this theory's concepts are what I was trying to articulate in the last few months.

How students learn during their practicum experience is important to explore since the information they acquire will be applied in some way to their work with their clients. Additionally, examining how supervisors facilitate learning is also important. Most approaches employed by a supervisor intend to promote learning in some way. The methods I discussed in my thesis thus far (feedback, self-disclosure, sand-tray, etc.) all encourage students to reflect upon their work to some degree. Whichever method the supervisor introduces during supervision offers a new perspective that the student can reflect upon. Transformative learning strategies include discussions, group projects, role-play, simulations, and journal writing (Mezirow, 1997), in addition to "constructing consciousness-raising experiences, learning experientially, and introducing critical incidents" (Cranton, 1994, p. 111).

Core elements of transformative learning include: critical self-reflection, exploring frames of reference that may be hindering a student in some way, developing alternative perspectives, and acting upon them at a later time (Cranton, 1994). The process involves "examining, questioning, validating, and revising perceptions" (Cranton, 1994, p. 26). Before the practicum starts, some students already have their minds made up when it comes to their preferred theoretical approach. Why is this? Why are they drawn to some and not others? What happens when their theory does not support a client's needs? On the other hand, some supervisors have preconceived notions about what a student needs at certain stages in their professional development. Failing to account for individual differences (like adhering to development models of supervision) may in fact limit a student's potential for personal and professional growth.

One underlying premise of transformative learning theory is that individuals have some distorted assumptions which limit their potential for personal growth and development (Cranton, 1994). These distorted assumptions come in many forms, including beliefs, values, and expectations. Mezirow (2009) defined transformative learning as "learning that transforms problematic frames of reference to make them more inclusive, discriminatory, reflective, open, and emotionally able to change" (p. 22). Graduate programs encourage self-reflection during coursework, however, it is one thing to say that you are open to cultural differences and quite another to act in a way that supports your assertions. The practicum experience provides an opportunity for students to "experiment" so to speak, with their assumptions about what clients need and want (based on theory) and how they change, resist, or challenge the person who sits in front of them. The

transformative learning process may help highlight discrepancies between what students think they already know and what is actually happening in front of them with their clients (Cranton, 1994).

Assumptions are defined in transformative learning as *epistemic*, *sociolinguistic*, and *psychological* (Cranton, 1994). Graduate students have epistemic assumptions upon entering their practicum site from the knowledge they acquired through course readings and discussions with peers. However, some of their beliefs and expectations may be challenged when working with clients whose lives do not align with a preferred theoretical framework. Sociolinguistic assumptions may include perceived power dynamics between the roles of a supervisor-student and therapist-client, while psychological assumptions are described in relation to self-concept, anxieties, and preferences.

Essentially, transformative learning is about personal transformation and growth (Taylor, 2009). Learners move through a series of phases; this is not a linear process and the phases can potentially overlap (Brookfield, 1987 as cited in Cranton, 2004). It is important to note that I have yet to determine what stages of change I will utilize, if any. These stages below are just an example of how transformative learning could take place.

1) A trigger event occurs which arouses confusion or feelings of anxiety for the student.
2) The student engages in self-examination and may ask, "What is going on here?"
3) Exploration. Student may try to explain the discrepancies or may search for new ways of doing things.
4) Developing alternate perspectives includes trying out new ways of thinking or acting.
5) Integration: The student assesses the validity of new found perspectives and begins to integrate the concepts into his or her life.

Creating a research question was a challenging process. But now that I have narrowed my topic of interest further, I was able to file for ethics approval for November.

November-January

Two months of revisions! Gaining ethics approval was much more difficult than I thought it would be. Given the nature of my research and the fact that I am working with human participants are two reasons (among others I'm sure), why this process took so long. I can't help but feel frustrated. After all, I have a timeline and I'm worried that if the ethics process takes any longer, potential participants may no longer be available to participate. I completely understand the salience of acquiring ethics approval. However, I had no idea that it would be such a grueling process.

January: Ethics Approved! Yay! A sense of accomplishment.

At this point, I am ready to start interviewing my participants. But, I'm still unsure about the questions I will ask them so I really should touch base with Jeff. Jeff encouraged me to revisit my questions and think about how they relate to my research question. He expressed some concerns, stating that using the questions I had may only create irrelevant data.

So, I thought about it. The core of transformative learning theory is examining underlying beliefs, assumptions, values, and expectations. This will be the focal point of my research, the

"unit of analysis" in this case study. I will use an unstructured questioning format in the hopes of getting responses that expose some or all of these elements.

How do beliefs, expectations, values, and assumptions influence learning and client outcomes

Appendix E: Interview Questions Guideline

Interview Questions: Practicum Student

What have you learned about yourself since the beginning of your practicum? How have you applied what you learned to other areas of your life?

Describe an experience, that when reflected upon, has contradicted your core beliefs and intuitions such that you feel a change in identity.

Describe an experience when you felt most vulnerable. What happened? Why do you think you felt this way?

How do you know when you have learned something new?

How do you think your practicum experience contributes to your personal development?

What do you expect from your practicum? How will you know when your expectations are/are not met?

What do you believe about the role of a practicum student? What do you believe about the role of a practicum supervisor? What do you believe about the role of the client? Where did these beliefs come from? How are these beliefs reinforced in your interactions with your supervisor and your client?

What do you learn from your interactions with your supervisor? What do you learn from your interactions with your client? How did you know that learning took place?

Besides completing a graduate requirement, why do you think completing a practicum is useful?

After completing your practicum, how have your beliefs about the role of a practicum student/supervisor/client changed?

How has your view on counselling changed since you began your practicum?

Describe a time when you applied what you learned in supervision to your work with a client.

What do you find most helpful/unhelpful about supervision? Why?

Describe a situation when you tried something different. What was the outcome? How did the outcome change your beliefs if at all?

What was your most challenging experience during your practicum? Why? How did this experience change the way you think about X? How did this experience change how you behave in respect to X?

Interview Questions: Practicum Supervisor

What have you learned about yourself since you started supervising practicum students? How have you applied what you learned to other areas of your life?

Describe an experience, that when reflected upon, has contradicted your core beliefs and intuitions such that you feel a change in identity.

Describe an experience when you felt most vulnerable. What happened? Why do you think you felt this way?

How do you know when you have learned something new?

How do you think your role as a supervisor contributes to your personal development?

What do you expect from supervising others? How will you know when your expectations are/are not met?

What do you believe about the role of a practicum student? What do you believe about the role of a practicum supervisor? What do you believe about the role of the client? Where did these beliefs come from? How are these beliefs reinforced in your interactions with your student?

What do you learn from your interactions with your student? How did you know that learning took place?

Why do you think completing a practicum is useful?

How have your beliefs about the role of a practicum student/supervisor/client changed overtime?

How has your view on supervision changed since you began supervising graduate students?

Describe a time when a student applied what he/she learned in supervision to his/her work with a client. How do you know this?

What do you find most helpful/unhelpful about supervision? Why?

Describe a situation when you tried something different. What was the outcome? How did the outcome change your beliefs if at all?

What was your most challenging experience during your supervision? Why? How did this experience change the way you think about X? How did this experience change how you behave in respect to X?

Interview Questions: Client

What have you learned about yourself since you started seeing your intern therapist? How have you applied what you learned to other areas of your life?

Describe an experience, that when reflected upon, has contradicted your core beliefs and intuitions such that you feel a change in identity.

Describe an experience when you felt most vulnerable. What happened? Why do you think you felt this way?

How do you know when you have learned something new?

How do you think counselling contributes to your personal development?

What do you expect from your intern therapist? How will you know when your expectations are/are not met?

What do you believe about the role of an intern therapist? What do you believe about the role of the client? Where did these beliefs come from? How are these beliefs reinforced in your interactions with your intern therapist?

What do you learn from your interactions with intern therapist? How did you know that learning took place?

Why do you think seeing an intern therapist useful?

After completing X number of counselling sessions, how have your beliefs about the role of a intern therapist/client changed?

How has your view on counselling changed since you began your sessions?

Describe a time when you applied what you learned in counselling to other areas of your life.

What do you find most helpful/unhelpful about counselling? Why?

Describe a situation when you tried something different. What was the outcome? How did the outcome change your beliefs if at all?

What was your most challenging experience during counselling? Why? How did this experience change the way you think about X? How did this experience change how you behave in respect to X?

Appendix F: Certification of Ethical Approval

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **21623**

Principal Investigator:
Ms. Violetta Przeworski, Graduate Student
Faculty of Health Disciplines\Graduate Centre for Applied Psychology

Supervisor:
Dr. Jeff Chang (Supervisor)

Project Title:
Practicum Supervision: A Transformational Process?

Effective Date: January 08, 2015　　　　　　**Expiry Date**:　January 07, 2016

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by:　　　　　　　　　　　　　　　　　**Date: May 04, 2020**

Simon Nuttgens, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

---

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada   T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718