



RESEARCH PAPER

A Comments-Based Qualitative Study of Clinical Supervision in Clinical Psychology Internship in Universities of Pakistan

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ABSTRACT

The current study aims to examine the challenges associated with clinical supervision during a traineeship in clinical psychology. In Pakistan's clinical psychology training history, This is the first-ever comments-based qualitative study. A total of 175 participants, comprising 41 clinical supervisors and 134 current clinical psychology students enrolled in an advanced diploma or master's degree programs. Interviews were conducted to gather the data, which was then analyzed in Nvivo. Four main themes, the experience of learning, learning barriers, experience of applying, and relational aspects along with their subthemes emerged The findings of the present study will be helpful in improving the learning environment in clinical supervision for the clinical psychology training programs. To improve the enduring learning possibilities for the concerned as described above, the identified learning barriers must be removed.

Keywords: Clinical Supervision, Internship, Learning Barriers, Pakistan

Introduction

Clinical supervision is a fundamental component of clinical training for supervisors and supervisees to develop and maintain a productive working relationship. Considering the Pakistani context, the supervisor-supervisee connection is a prerequisite for clinical supervision that, in addition to having a certain effective influence, also provides a learning experience in the supervising process. The relationship between a supervisor and a supervisee is essential to getting real information, getting hands-on experience, and building self-efficacy.

In order to provide practical experience, clinical psychology students are distinctively involved during their studies through an internship program. The clinical supervisor is expected to work together in the capacity of a mentor and, as an educator, shall be a workplace supervisor. In the clinical supervision process, the supervisees are usually anticipated to be familiar with the client's circumstances, conditions, and environment. However, since, prior to that, supervisees do not have the experience to address the ethical issues, ultimately, in order to address them, they require consultation with experts in the relevant field (Dodd, 2007).

Thus, the supervisor comes across not only as an educator but also as a mentor who maintains and develops a working alliance with the supervisee. This situation helps to establish the clinical supervisory relationship in a lively manner during clinical training, which is directly linked to the overall quality of the clinical training experience (Bordin, 1983; Holloway, 1995). Quick learning and getting high scores on the part of the supervisee is a crucial form of learning in the perspective of rapport building and client focus subscales. This learning has been found to be a significant predictor of supervisees' sense of self-

proficiency in executing clinical supervision tasks and treatment in the context of attachment (Efstation et al., 1990).

Literature Review

Attachment and supervision are usually connected with each other. Attachment styles help to explain the relationship between the supervisor and supervisee (Neswald-McCalip 2001). The more secure the supervisee, the better the learning environment. Initially, the supervisor provides the baseline for the insecure supervisee to maintain rapport and a relationship to secure a base. Inversely, the emotions of the supervisor are also connected to his attachment experience (Shemmings, 2006). If a supervisor is not demonstrating a secure attachment style, he cannot provide a secure base to supervisees.

Similarly, White and Queener (2003) found that the attachment style of the supervisee is very crucial and found that the attachment style projects the relationship of working alliance between supervisor and supervisee. However, the attachment style of the supervisor has been found to be significant and influential compared with the supervisee's style during the clinical training process. One limitation of such studies is that they only investigate the underhand phenomena from the supervisee's perspective, whereas the supervisor's viewpoint is predominantly missing. Though such studies are very informative, the true picture of both supervisors and supervisees' attachment styles and working alliances is missing (Riggs & Bretz' 2006; White & Queener, 2003).

The above literature shows that clinical supervision is a less explored area. The clinical training courses' duration, content, and range are far behind established international standards. In addition, the prior research studies focused on the supervisee's context. There is very little literature on both the supervisors' and supervisees' viewpoints about the clinical psychology training process. It would be better if the studies were conducted from both perspectives to draw a holistic picture. Therefore, this study is designed to explore the factors involved in better learning of clinical supervision internships, the working alliance between supervisor and supervisees, and issues surrounding better learning in a qualitative manner.

Clinical supervisory training courses are prerequisite qualifications for counsellors and psychotherapists in Pakistan. Although these courses have increased in recent years, their range is unclear, confusing and also not recognisable in terms of standards for supervisory practice. Further, clinical supervision is an understudied area and less focused, especially from the supervisor and supervisee perspective. Therefore, this study is designed to thoroughly explore these phenomena qualitatively from the perspective of attachment theory. Researchers have begun to explore the use and effectiveness of attachment theory in the clinical supervisory process. However, this research primarily focused on the viewpoint of clinical supervisees rather than their supervisors. The present study intends to consider the perspectives of the supervisor and supervisees, the barriers that occurred in this process, the learning and applying experience of the supervisee, and their relationship evaluations of this supervisory alliance.

Material and Methods

This study is part of a larger study in which data was collected through a survey from 175 participants at five major universities in Pakistan offering clinical psychology education. There are two open-ended questions in the survey questionnaire: (i) what is your opinion about clinical supervision in the learning process and (ii) barriers encountered during this process. The participants consisted of 134 current clinical psychology students in masters /advanced diploma programs and 41 clinical supervisors. Data were collected from the participants of (i) Department of Psychology, University of Peshawar, (ii) Centre

for Clinical Psychology, University of Punjab Lahore, and (iii) Institute of Clinical Psychology, University of Karachi, Pakistan.

Data Analysis

The data was analysed qualitatively with the help of Nvivo software (version 12 plus). Nvivo is one of the world's top software packages for qualitative data analysis. All comments were typed in an MS Word file. This file was imported into Nvivo software. In the first stage, an open coding scheme was used. After completing the coding process, the relevant nodes (themes) are merged under their parent nodes. The reliability and validity of the coding were ensured by repeating the coding process three times. For the purpose of ensuring its reliability, this process was thoroughly repeated. Finally, four major parent nodes emerged from the data.

Ethical Consideration

The approval for this study was obtained from the institution's ethical review board. Further, during data collection, written informed consent was obtained from the respondents. Meanwhile, the confidentiality and privacy of the respondents were ensured.

Demographic Information of Participants

Demographic data were divided into two groups, as shown in Table 1. It shows that 134 (76.57%) supervisees and 41 (23.43%) supervisors participated in this study. The average age of supervisors was 34 years, whereas the average age of supervisees was 25 years. This indicates that there was nearly a 1:5 supervisor-to-supervisee ratio. With regard to qualification, there were 13 PhD (31.71%) and 28 M.Phil. (68.29%) supervisors, while 51 (38.06) supervisees were diploma holders and 83 (61.94) were in M.Phil./MS.

Results and Discussion

From the data, four major themes regarding clinical supervision emerged, i.e., learning experience, barriers, the experience of applying and relational aspects, followed by subthemes under each main theme (Figure 1).

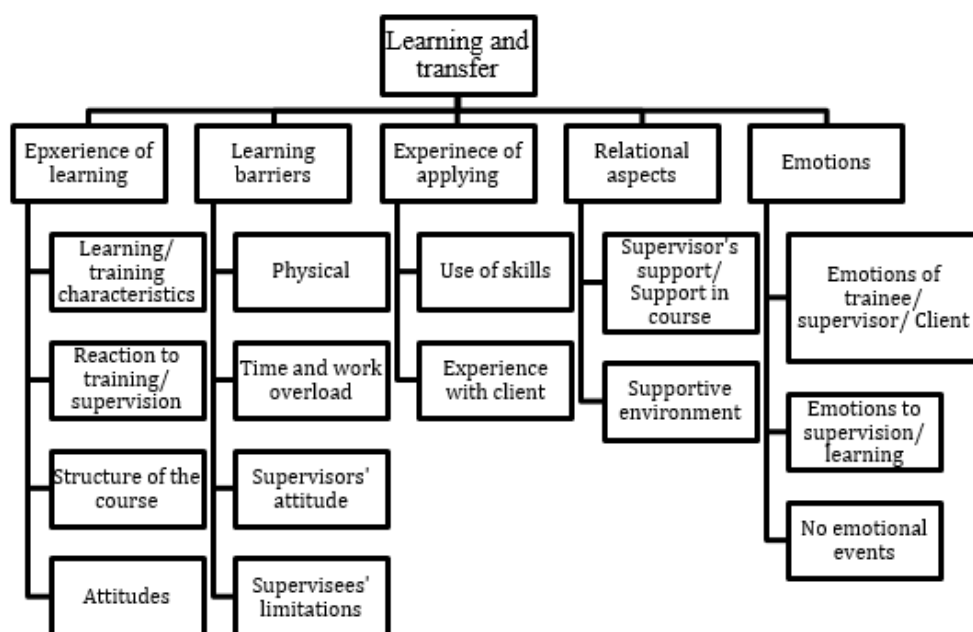


Figure 1

Experience of Learning

The experience of learning was the top theme that emerged from the data. The sub-themes under experience of learning are learning characteristics, reaction to training, and the structure of the course.

Training/ Learning Characteristics

While learning and training, the participants, on the basis of their experience, informed various characteristics, which include cooperation, sociability, presentation, supportive environment, communication skills, motivation, and empathy. In Box 1, some selected responses highlight this fact.

Box 1. Experience of Learning: Training/ Learning Characteristics

#P12 *"Supervised session gives the opportunity of learning to trainee in developing their professional skill which helped them in polishing their clinical expertise in dealing with clients with diversity from counseling"*

#P5 *"Presentation of cases by supervisees with demonstration technique on a weekly basis in front of team with the help supervisors has improved both supervision and training of supervisees respectively."*

#P41 *"In order to enhance learning, it would be beneficial to provide cooperative environment to the participants"*

#P142 *"The environment promotes learning support and encouragement which gives an opportunity to perform and practice"*

#P111 *"Supervisory session of training by supervisor himself, gives the ideas/told the trainee about their mistakes/errors and motivate them accordingly."*

#P170 *"Providing guidelines to the trainees not only support them in learning process but also gives them a sense of respect during this process"*

#P161 *"Good communication skills and frequent contact with supervisor improve the learning"*

#P72 *"Supervisor should understand the strength and limitations of his students during supervision and provide appropriate guidance accordingly so that they may not be fearful during meeting"*

#P145 *"A supervisor must be empathetic."*

#P122 *"Sharing of own client's experiences and giving more knowledge concerning therapies"*

#P175 *"Training provided by my supervisor was excellent and she put her best efforts, which enabled us in many things of clinical setting"*

Reaction to Training during Supervision

There are several comments and reflections described by the participants about their training and supervision. The majority of them informed that overall activities were suitable and about learning opportunities; one of the #P150 said, *"It is a good learning*

opportunity for developing clinical skills". Similarly, #P167 said, "Learning was an extremely helpful experience". Some other relevant comments are presented below in Box 2.

Box 2. Experience of Learning: Reaction to Training during Supervision

#P157 "Compatible environment with supervised session, useful and supportive training are helpful in learning a lot of new techniques and therapies"

#P39 "Training is an essential part of clinical environment which effectively improve the learning session environment"

#P52 "I guess everything was the best, we have learned a lot and got great exposure"

#P66 "It was extremely a good learning experience which helped me in increasing my knowledge and skills during training sessions"

#P61 "Clinical training has proved to be a great deal of learning and experience. It has not only broaden my mind but also given me an opportunity to learn better ways to deal with the clients"

#P112 "I would say that there were very good learning supervision sessions which taught us how to deal with a difficult client by applying new techniques" etc.

However, few participants highlighted their reservations, but overall, participants marked it a good experience as #P124 said, "It has provided me a good learning experience with a lot of knowledge. However, it had some cons in maintaining a stress-free relationship, he added". Likewise, #P55 said that, "My clinical supervisory sessions were supportive, but not very knowledgeable, but overall it was a good experience".

Structure of the Course

The study participants have shared their viewpoint about the structure of the courses and gave some suggestions and recommendations, and raised some objections on the current course of clinical psychology supervision. Improvement in the course of clinical supervision training was suggested for better results. Relevant themes indicate this fact that are stated in box 3.

Box 3. Experience of Learning: Structure of the Course

#P1 "It is like the developmental process as near completion of training, supervisees expect more independent in applying techniques"

#P40 "In order to observe/judge the effectiveness of the course, weekly case presentation by each supervisee & viva voce examination will help the supervisor to include/exclude the contents of the course"

#P47 "If the supervisory session starts from the first day of the year, it will work the best"

#P128 "Supervisors play a key role to the success of supervisee by teaching and guiding them new techniques"

Some participants highlighted their reservation about this process by saying that #P3, *"Due to our cultural and environmental factors, our standards cannot compete at the international level"*. Similarly, #P42 said, *"Due to fewer activities, sessions understanding was not very effective"*. Likewise, #P134 said, *"Due to lack of expertise, experience and non-updation of knowledge and techniques by the supervisors, trainees are bound to use old techniques"*. Equally, #P96 have a view, *"The bookish or theoretical teaching cannot be applied to daily living. The techniques need to be tailored"*. #P164 and #P165 also said, *"Our training in clinical psychology is not meeting with the international standards"* and *"I would like to say that clinical practice should meet the international standards by proper testing and for exposure purposes, therapies should be practiced in the practical field"*.

Learning Barriers

The second major theme that emerged from the data was "learning barriers". Its sub-themes are time constraints and workload, attitudes of supervisors and supervisees, lack of resources and environmental issues, and supervisees' limitations, respectively.

Time constraints and Workload

Time constraints and workload on both sides of participants, i.e., supervisor and supervisee, are leading to various obstacles in optimum learning. The attachment of large numbers of supervisees has diminished the individual attention of supervisors in appropriate learning, guidance and overall supervision. Following responses in box 4, highlight this context.

Box 4. Learning Barriers: *Time Constrains and Workload*

#P160 *"My training supervision sessions were not good. My supervisor did not give me enough time. She was not competent enough. Although the learning environment was favorable but there was not adequate supervision"*

#P137 *"Due to unavailability of client and increased dropout rate, students were unable to complete their degrees within the given tenure"*

#P94 *"During of the learning was short"*

#P38 *"Since, we have to work at a time both with the clients and supervisors, therefore, time restraint was severely observed during the learning period. Thus this issue was the main hurdle in time management"*

#P73 *"Shortage of time for meeting with supervisor"*

#P51 *"My supervisor never takes sessions with me and, as such, did not give me proper time."*

#P97 *"Due to busy schedule of my supervisor, I was helpless in getting benefits of her expertise."*

#P167 *"Based on my current experience, I would say that the number of trainees allotted to each supervisor should be reduced."*

Attitude Issues

Several participants have given their optimistic viewpoint regarding the attitudes of different persons involved in clinical training process; as #P128 said, *"My supervisor*

supported me in her best way and given me a chance to learn many things/technique problems in an excellent way". Similarly, #P122 said, "I have had a very supportive relationship with my supervisor so far". Another participant, #P82 said, "My supervisor's attitude was friendly and helpful. She had the knowledge and knowhow to deliver it practically". Likewise, #P157, and #P75 stated, "The environment was friendly and the positive attitude of my supervisor helped me to learn a lot" and "Supportive attitude of supervisor and my interest in patient helped me to apply and learn skill" respectively.

However, many supervisees described the supervisor's negative attitude towards them. The supervisees believe this is a significant barrier to effective learning. Some other relevant responses which highlighted this situation are stated in box 5.

Box 5. Learning Barriers: Attitude Issues

#P117 "Supervisors' attitude was so cooperative but little bit taunting behavior"

#P42 "Sometimes, the supervisee did not give response to our questions P42

Although the learning environment was favourable for one reason or another, we lacked adequate supervision."

#P147 "I feel difficulty applying knowledge and skills with the client as my supervisor did not provide me any fruitful understanding of those skills".

#P80 "Evaluative attitude of supervisor during the session was a barrier to trainees' effective learning."

#P105 "During training sessions it was observed that supervisor did not give proper time, and as such we were left behind in getting her required support."

#P100 "During training, I got very little assistance from my supervisor which put me in disappointing situation, for the time being, demotivated, a sense of incompetence and failure. However, to meet the training requirements, I came together and got assistance from books and tutorials"

#P70 "During sessions, I observed that supervisor had a limited and outdated knowledge besides her nonchalant attitude."

#P93 "During this activity I observed that there was a communication gap between supervisor and supervisee."

#P114 "My supervisor never discussed any cases with me, and even on the matter of my client's, I could not get any conceptual advice on its management."

Lack of Resources and Environmental Issues

Some participants observed the key issues during the internship were the lack of resources, facilities; equipment, physical space and environmental issues. They have a view that these barriers are creating hurdles in their learning and development. The following texts in box 6 indicate this fact.

Box 6. Learning Barriers: Lack of Resources and Environmental Issues

#P14 "Limitation regarding availability of clinical material and tests, etc."

#P144 *"Most clinical settings lacked supervision guidance specifically designed for the trainees."*

#P56 *"Since there was a shortage of space in hospitals, it was difficult to take sessions properly."*

#P64 *"Beside others, environmental barriers like space for conducting proper sessions were limited in hospital settings."*

#P73 *"Stressful environment, trainee and placement barrier."*

#P100 *"No proper place for conduction sessions."*

#P107 *"It was observed that professionally highly equipped lab and cabins was not properly managed."*

#P17 *"To have a proper learning environment, session/classroom should have adequate space."*

Supervisee's limitations

Various limitations identified on the supervisee's part say that lessening the learning opportunities like motivational issues, inadequate theoretical knowledge and sluggishness are instances of this barrier as #P149 said, *"there was too much pressure of other tasks like assignments, quizzes etc."*. #P64 raised a similar issue and said, *"I would not have been torn between numbers of academic tasks"*. Similarly, #P13 stated, *"Lack of experience is the only thing that was hindered in the workplace"*. #P170 said, *"Sometimes my lack of planning or striving for perfection"*. #P126 stated, *"Our motivation appears an issue during internship"*. One participant #P49 said, *"Personal problems lower my self-esteem along with lacking theoretical knowledge"*.

Experience of Applying

This third central theme emerged from the data, particularly from the supervisee's perspective. The supervisees narrated their insight while applying their skills during this learning/training process. Sub-themes like skills usage and clientele experience were observed.

Skills Usage

Supervisees expressed experiences related to the use of skills, and various positive and negative experiences were reported. The participants' positive perception said, *"I feel confident in applying my theoretical knowledge in clinical session"* #P144. Similarly, #P97 said, *"Now I am trained to take independently and apply therapeutic treatment process"*. #P101 stated, *"It is easy to apply intervention under supervision"*. Similarly, #P160 stated, *"I feel difficulty in the application of knowledge and skills with the client as my supervisor did not provide any fruitful understanding of those skills"*. Likewise, #P91, #P77 and #P141 have a similar viewpoint and said that, *"Almost all techniques taught by my supervisor are effective and easily applicable and understandable"*. #P58 said, *"The knowledge is easily applicable; the feedback helps me to improve"*.

Few participants stated negative versions during the application of skills, abilities and knowledge as #P79 said, *"Most of the time, I successfully apply the knowledge and skills but sometimes it becomes quite difficult"*. #P87 said, *"I faced some difficulties in application, but the training was very important for proper guidance"*. Similarly, #P140 stated, *"I am still*

not fully expert in applying skills". #P121 said, "The skills I learned during my training though helped me in work places but I believe that I can learn more and better".

Clientele Experience

The supervisees described that applying knowledge and skills to clients for treatment is a different experience. Sometimes positive and sometime negative experience with clients was observed. The supervisee observed that sometimes clients get emotional, have outbursts, and are uncontrollable, while some take time to emotionally bond with the supervisee to inform them about their problems. Relevant texts that highlights this fact are below in box 7.

Box 7. Experience of Applying: Clientele Experience

#P155, "Successful session with clients and intake rate increased; more bilateral termination seems to improve the success."

#P153 "Sometimes clients become emotional and start outbursts (Crying) during counselling."

#P118 "The skills learned from sessions have not only facilitated me but have also been helpful to the clients."

#P115 "How he/she will respond to any technique varies from client to client. Skills learnt from sessions can be helpful if adopted/applied properly."

#P116 "Skills and techniques discussed in sessions have been proved helpful if applied to clients properly. These also provide an idea of how to develop better client treatment plans."

#P145 "On certain occasions, it has been observed that since clients misunderstand the particular treatment, sometimes it might cause hurdles in applying those techniques."

#P130 "Nothing except the cultural violation of rules and morality, ethics etc."

#P119 "During treatment, it was noted that some client starts crying or gets emotional or sad."

Relational Aspects

The participants identified that positive, academic, and supportive relations between supervisor and supervisees are key to maximising the learning process. The sub-themes' support and guidance of supervisor" and "supportive environment" emerged from the data.

Supervisor's Support

The supervisee observed that a supportive attitude from the supervisor during the internship is a fundamental element for developing and learning professional and concrete skills. The cooperation and support in this learning process, even from the department/organization, is useful for superior outcomes during this learning process. The relevant texts in box 8 highlight this fact by saying that:

Box 8. Relational Aspects: Supervisor's Support

#P26 *"Support from management and coordinator and motivation of internees"*

#P8 *"Giving listening ear to trainees"*

#P105 *"Her way of understanding our problems and guiding us how to deal with such problems and phenomenal issues particularly."*

#P119 *"It helps a lot to do sessions more carefully and reliably with the help of the supervisor. I think it builds trust in the trainees to treat the clients with much understanding and care."*

#P116 *"Skills and techniques discussed in sessions have been proved helpful if applied to clients properly. These also provide an idea of how to develop better client treatment plans."*

#P48, *"The supervisor, was very cooperative and had a learned personality."*

#P42 *"Our supervisor was very supportive and motivated us how to deal with a client in an effective manner."*

#P172 *"The training was helpful and supportive for me because my supervisor guided me in any problem."*

#P137 *"I find it easy because supervisor has trained me how to understand the problematic behavior."*

Supportive Environment

A learning, cooperative, and appropriate environment is required for the best learning and application of clinical skills on clients for treatment purposes. Majority of the supervisees were satisfied with the supportive environment during their internship. The following texts in box 9 indicate this truth.

Box 9. Relational Aspects: Supportive Environment

#P166 *"The learning environment was good, and I had a lifelong experience."*

#P175 *"Training was very interesting; there was a lot to learn"*

#P53 *"Clinical supervision session was helpful in sorting out problems and ambiguity about the intervention or technique related to client."*

#P67 *"Interactive, supportive and cooperative, the learning environment was so good."*

#P61 *"This internship has enhanced my academic as well as clinical skills."*

#P133 *"The environment was conducive and renders learning."*

#P94 *"Open to sharing our problems, cooperative and accepting of our mistakes, comfortable environment."*

#P64 *"I think it was a wonderful experience that has enhanced and nourished my clinical skills."*

#P169 *"Clinical training has proved to be great learning and experience. It has broadened my mind and allowed me to learn better ways to deal with the clients."*

#P46 *"A friendly atmosphere and direct communication between the trainee and supervisor."*

Discussion

This research study was designed to investigate the features involved in better learning of the clinical supervision process. Qualitative analysis identified four major themes: learning experience, barriers during learning, experience applying knowledge/skills, and relational elements. The first is a learning experience comprising vital learning characteristics, reaction to training/supervision and the structure of the course. The supervisor-supervisee engagement in the supervision process requires specific characteristics for better learning during the training process. These characteristics comprise sociability, cooperation, a supportive environment, motivation, communication skills, and empathy. The study's findings are consistent with previous research that identified specific skill sets as prerequisites for training and learning (Goldstein, 1993; Kraiger et al., 1993; Baldwin & Ford, 1988). According to Goldstein (1993), training is a scientific learning process connected with acquiring new skills, directions, and capabilities.

Similarly, training is explained as applying skills, abilities, and theoretical knowledge for sustainable purposes (Baldwin & Ford, 1988). Many participants reacted during the training and supervision processes. Most participants highlighted this process as a significant learning opportunity and lifelong learning practice. However, a few participants raised some issues like stress during this learning process, and some highlighted a lack of the latest knowledge on the subject matter of their supervisor. Similarly, supervisors highlighted the limitations of supervisees but, overall, found that this process is a good learning experience, which further demands an increase in the number of supervisors. The structure, of course, has a certain impact on working alliances. As revealed from qualitative analysis, the informal structure, fuzzy environment, non-standardized content, and further mismatching of systems are the factors that result in dissatisfaction among supervisees. Earlier research also explains that supervisees who don't establish trustful agreement on the purposes (goals and tasks) of supervision may cause mistrust in the relationship of working alliance (Ramos-Sanchez et al. 2002; White and Queener 2003).

Clinical supervision is surrounded by certain barriers like time constraints, workload, behavioural issues, environmental and space issues, lack of resources, and supervisees' limitations. These barriers require immediate attention from the relevant authorities to make this learning process more productive. Many supervisees associated with one supervisor are decreasing the availability of time for individual attention for each supervisee. Because of the overburden, supervisors cannot give their supervisees proper time. Proper communication is important for positive working alliances, which impacts supervisory relationships (Trotter-Math et al., 2011; Campbell, 2011). This is the reason why many supervisees highlighted the negative attitude towards their supervisor as one of the major barriers to effective learning because the supervisor is associated with many learners along with their patients. This barrier can be reduced by increasing the number of supervisors and setting criteria for sending a small number of supervisees to a supervisor. This strategy improves learning and increases learners' motivation; the experience of applying skills, knowledge, and expertise will ultimately nourish and polish them. The supervisees will be in a better position to deal with the clients and learn and get their respective supervisor's support and guidance during the learning process, which will be a fundamental factor in developing/nourishing their professional skills. A learning, accommodative, and cooperative environment under a scholarly supervisor emerged as a prerequisite for optimum learning during clinical supervision training.

Conclusion

Clinical supervision is an integral part of clinical psychology education in Pakistan. Although critical, the level of internship/opportunities provided for the supervisee is not up to the mark. The findings indicate that we are far behind with quality learning opportunities as per international standards. We need to figure out the barriers confronted by the supervisor-supervisee during clinical psychology internship by increasing the number of supervisors providing better opportunities, equipment, and resources. These elements will create more opportunities as well as more resources to be used while the number of supervisors increases. The supervisee itself needs to be self-motivated to learn better and serve with expertise in society. The quality of the internship will ultimately increase if the workload is decreased, time constraints are overcome, supervisees' limitations controlled with motivation, and better physical, equipment, and other facilities are provided.

Limitations

This study is part of a larger study in which findings emerged from the data collected through a survey questionnaire. The study is further limited to only three major public-sector universities offering clinical psychology education in Pakistan.

Recommendations

Qualitative data derived from interviews of supervisees and supervisors was combined analyzed, it is recommended for future studies to analyze the data of supervisors and supervisees separately in order to have a better understanding of challenges during supervision on both ends.

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