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ABSTRACT

Eighteen clinical supervisors participated in focus groups or an individual interview designed to investigate their personal experiences with value conflicts in supervision. Participants described the types of value conflicts they had experiences and their personal impact, effective and ineffective approaches for addressing these issues, resources for addressing value conflicts, actual and recommended training regarding value conflicts, and distinctions between value conflicts and ethics and countertransference. Using an inductive analysis process several themes were extracted. These themes are described and practice and research recommendations are given. (Contains 24 references and 2 tables.) (Author)

Running Head: SUPERVISOR VALUE CONFLICTS

A Qualitative Investigation of Clinical Supervisor Value Conflicts

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Abstract

Eighteen clinical supervisors participated either in focus groups (n = 17) or an individual interview (n = 1) designed to investigate their personal experiences with value conflicts in supervision. Participants described the types of value conflicts they had experienced and their personal impact, effective and ineffective approaches for addressing these issues, resources for addressing value conflicts, actual and recommended training regarding value conflicts, and distinctions between value conflicts and ethics and countertransference. Using an inductive analysis process several themes were extracted. These themes are described and practice and research recommendations are given.

A Qualitative Investigation of Clinical Supervisor Value Conflicts

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Values are an inherent part of helping relationships, intertwined with world views, life experiences, goals, and interventions. As such, professional ethical guidelines mandate that counselors monitor their value-laden reactions in clinical practice and determine whether they can work within a given client's value system (Corey, Corey, & Callanan, 1998). The term *values* is defined variously as beliefs and attitudes that provide direction for everyday living (Corey et al., 1998), and as a set of practical criteria for making decisions (Egan, 1990). Brown and Brooks (1991) define values as, "The basic beliefs of people, the beliefs they hold most sacred" (p. 99). Values constitute a core aspect of personality (Peterson, Sampson, & Reardon, 1991). They are a source of motivation and personal performance standards and help to determine choices.

Although values are a well-explored topic within the counseling relationship, they are less apparent in research on supervision relationships. This is surprising because effective supervision likely requires that supervisors recognize and manage their value conflicts. For instance, unacknowledged and unresolved value conflicts might negatively affect the supervision relationship, supervisee development, and/or supervisee service provision.

Perhaps supervisor values have been subsumed by other constructs in studies of supervision. Many investigators have acknowledged that supervision is an interpersonal influence process in which personal variables play a role (Kurland & Salom, 1992; Ridley, 1996); several discuss the impact of interrelational conflict on supervisors and supervisees (Gray, Landany, Walker &Ancis, 2001; Moskowitz & Rupert, 1983; Nelson & Friedlander, 2001); and others describe how cultural diversity may pose challenges in supervision (e.g., Long, 1996). For example, Moskowitz and Rupert surveyed graduate students who identified personality/personal issues as a major type of supervisor-supervisee conflict. The researchers

concluded that personal issues were the most difficult to resolve and that they were the least likely type of conflict to be discussed in supervision. Some personal issues probably involve supervisee/supervisor value conflicts.

Supervisor value conflicts might be precipitated by unequal status and power within the supervision relationship and by the challenge of simultaneously evaluating supervisee performance and promoting supervisee development while ensuring a standard of client care. In addition, some authors have speculated that certain client characteristics and presenting concerns may be challenging for supervisors. These include: cultural, religious, sexual beliefs, physical or sexual abuse, rape, marital violence, and politics (Long, 1996; Ridley, 1996); *urban* issues including AIDS, gangs, drug abuse, teen pregnancy, school drop-out, and child welfare systems (Kurland & Salmon, 1992); psychotic patients (Itzhaky, Karin, & Ribner, 2001); homicide perpetrators (Chernus & Livingston, 1993); eating disorders (DeLucia-Waack, 1999); terminal illness (Corey, Corey, & Callanan, 1998; Ringel, 2001; Sormanti 1994); suicide (Sherry, 1991); and racial issues (Corey et al., 1998).

Only three published articles, two conceptual and one empirical, directly connect values and supervision. Nadelson and Notman (1977) describe supervision as a venue for examining both therapist and client and therapist and supervisor value differences. The authors argue that therapist and supervisor values "serve as a filter in the therapist's intervention" (p. 276). They contend that evaluations of the appropriateness of a client's goals vary according to supervisee and supervisor personal values and further note that the supervisory position can be difficult when supervisors with a particular bias are asked by their supervisees to view a situation from a different vantage point. Although Nadelson and Notman's arguments specifically address the gender issues prominent in the mid-70s, they appear to be applicable to a variety of supervisor value conflicts.

Based on 28 years of experience as a social worker and 12 years supervising sexuality and relationship therapists, Ridley (1996) suggests that setting, population and presenting issues influence the supervision process. She explicitly notes the possibility of conflicts arising between supervisors' personal belief systems and their professional interventions. She offer an example of a supervisor who holds conservative Christian values working with issues of homosexuality. Ridley questions whether the supervisor could be sufficiently nonjudgmental to work effectively. Conversely, she questions whether a supervisor would view a trainee's biased attitudes as evidence of impairment or as a developmental task to be worked through.

Guest and Beutler (1988) conducted a longitudinal investigation of supervisor impact on advanced trainees' theoretical orientation and values. Although they administered values inventories to both supervisors and supervisees, they neglected to explicitly report any findings concerning these measures. This represents a considerable omission given their conclusion that supervisor theoretical orientation exerted a reliable influence on supervisee orientation three to five years after the conclusion of the training experience.

Research explicitly addressing supervisor values is limited. In particular, the supervisor's perspective has been virtually overlooked. Accordingly, we designed a qualitative study to develop an initial understanding of clinical supervisors' personal experiences of value conflicts. Qualitative methods comprise an appropriate means of developing foundational information in a little-studied area (Patton, 1990). We collected data primarily using focus groups, a method that promotes exchange of ideas among participants (Krueger, 2000), and we used an inductive analysis approach to explore the major themes in supervisor responses.

We investigated six major research questions: (1) What types of value conflicts arise in supervision? (2) What personal impact do they have on the supervisor? (3) How are they

addressed? What methods are effective? Ineffective? (4) What resources do supervisors use to address their value conflicts? (5) What types of training have supervisors received on this topic, and what training would they recommend? and (6) How do value conflicts differ from countertransference and from ethical issues? The last question arose from our belief that these constructs are related, but that they have distinct features.

In the present study we defined values as prized personal beliefs which direct goals and motivate behavior. Values represent internal constructs which are stable and enduring, develop relatively early, and are central to an individual's personality. Value conflicts arise when external stimuli are perceived as contrary to or threatening these prized beliefs, creating dissonance and/or an emotional reaction within the individual.

Method

Participants and Procedures

In order to obtain individuals with a rich experiential base and enough common experiences to facilitate discussion (Krueger, 2000), we targeted licensed professionals who were providing clinical supervision at the time of the study. We used a purposeful sampling method (Patton, 1990) to identify 103 counseling agencies within a major mid-western metropolitan area. A purposeful sampling method is not intended to generate a representative sample, rather a credible sample that has the experiences that the researchers wish to investigate (Krueger, 2000; Patton, 1990). Agency names and addresses were obtained either from telephone directories or from a mental health services publication. We mailed a letter to each agency director describing our research as a study of supervisor value conflicts and asking them to distribute invitation letters to staff (including themselves) who met participation criteria (i.e., licensed and currently providing clinical supervision). Each director received five letters of invitation to distribute to eligible staff. Five mailings to

directors were returned due to incorrect addresses, and another 10 directors declined to participate.

Thirty-seven clinical supervisors responded to our letter of invitation. Of these, 8 declined to participate; 18 indicated a willingness to participate, and 11 expressed interest but reported being unavailable during the data collection period. The final sample consisted of 18 participants; 17 attended one of three focus groups ($n = 7$, 5, 5, respectively); and, due to scheduling conflicts, 1 individual volunteered to be interviewed individually. Each supervisor received a $35.00 gift certificate to a bookstore for her/his participation.

As shown in Table 1, there were 13 female and 5 male participants. The majority were Caucasian. Seventeen were licensed and one was license-eligible. Work settings were varied and included community agencies, college counseling centers, and private practice. Supervision experience ranged from 6 months to 23 years (median = 6 years), and the total number of individuals supervised ranged from 1 to 100 (median = 10). The types of individuals supervised include practica and internship students, other professional staff members, and paraprofessionals.

Data Collection

Focus groups. We used a semi-structured focus-group interview format. We developed 10 open-ended questions, following recommendations for question construction by Krueger (2000). These questions address the nature of value conflicts in supervision; their personal impact on the supervisor; how the supervisor addresses these issues, including effective and ineffective approaches; resources used to address value conflicts; the nature of training regarding value conflicts in supervision and recommended training; and how value conflicts differ from countertransference and from ethical issues. We piloted our focus group questions on 3 doctoral students who were clinical supervisors and used their feedback to develop the final version.

We conducted three focus groups on the same day. Krueger (2000) indicates that three groups typically are sufficient for achieving saturation (redundancy) of the data. Each group met for 2 hours in a private setting. Two of the groups were moderated by a member of the research team who is a licensed psychologist with experience conducting focus-groups; and one group was moderated by a research team member, a doctoral student in counseling psychology who has group facilitation experience. All were co-moderated by a counseling psychology doctoral student research team member. Each focus group discussion was audiotaped and later transcribed. In order to supplement the audiotapes, each co-moderator took comprehensive notes concerning non-verbal communication, participant interactions, and prevalent themes.

Individual interview. The individual semi-structured interview, conducted by a student research team member, consisted of the same 10 focus group questions. The interview was conducted at the participant's office and was 45 minutes long. It was audio-taped and later transcribed.

Data Analysis

We used an inductive analytic process (Patton, 1990), incorporating many of the procedures described in Consensual Qualitative Research (CQR; Hill, Thompson, & Nutt-Williams, 1997) to extract themes without imposing preexisting expectations on the data. We used a cross-case analysis method (Patton). In this approach, the interview questions provide the framework for analysis. Each of the questions is studied separately, and comparisons are made across cases. In the present study, each focus group and the individual interview comprised one case. Three members of the research team (the licensed psychologist and two students), first independently and then by consensus, developed domains (rationally derived topic areas), core ideas (summaries of participant responses), and categories (more specific situations within each domain) for questions concerning type of value conflict, impact,

approaches to these conflicts, and training experiences and recommendations. General themes were extracted for effective and ineffective approaches and for distinctions between value conflicts and ethics and countertransference. All categorizations were checked by auditors, the other 2 team members, who independently rated the data and came to a consensus with the research team.

Results

Types of Value Conflicts

After reading the definitions of values and value conflicts used in this study, each of the participants described value conflicts that they had experienced as clinical supervisors. As shown in Table II, eight domains were extracted from their descriptions: Cultural Differences; Power Differentials; Feeling Caught in the Middle; Clinical versus Administrative Supervision; Stylistic Differences; Threatened Professional Standards; Ensuring Supervisee and Client Welfare; and Boundary Violations. Definitions, categories, and illustrative quotes for each domain are presented next.

Cultural Differences involve personal and professional background differences between supervisor and supervisee, supervisee and client, and, to a lesser extent, supervisor and client. One prevalent category involves differences in religious/faith beliefs regarding sexual orientation, abortion, and human nature. Other categories include different perspectives regarding age, gender, time orientation, use of confrontation, appropriate professional boundaries, ethics, and acceptable family values for clients.

- What I've noticed is that the further away the person I supervise is from my own kind of upbringing, the chance there is for value conflict...
- ...working with people [supervisees] who are seeing clients around abortion issues, and they have religious beliefs that are counter to that...

- ...it was my opinion that he [supervisee] did not listen closely enough to people who may be questioning their homosexuality. Whereas it might be argued that I listen too carefully for that, I don't think he listened to it at all. His primary goal as a therapist was to endorse and encourage and support the homosexual lifestyle. So, it was hard for me to challenge him to think with what I believe was a more complex *listening ear* to those clients who may be struggling with their identity. That cuts across levels of morality and faith that are central to who I am as a person.
- ...where it gets tricky for me are where those value differences are culturally-based....one of the things that was challenging about the work was that I felt like, in trying to teach her [supervisee] how to do therapy the way I think therapy is supposed to be done, I was also asking her, at least, temporarily to relinquish some very central cultural values.

Power Differentials include supervisor discomfort with *pulling rank* or exerting power over the supervisee, the incompatibility of the therapist and supervisor roles, and the recognition that power differentials are an inherent part of the supervision relationship. It also includes challenges posed when one's supervisees are peers with respect to clinical experience and/or degree.

- ...Her old supervisor didn't make her do things I wanted her to do, so power got to be a value problem, where I don't want to have power over someone, but I had power over her...Then I would start to try to confront...the defense would come up that I wanted her to be like me.
- ...the role of therapist is different than the role of supervisor, the values inherent. As therapists we have to have this type of relativism...But then as a supervisor...is this my opinion, or do I have to be open to your opinion? We're trained to be very open to all kinds of possibilities as a therapist, and that's often our core experience. And then it's

different...then you [supervisor] have to say, 'No.' And it goes back to that piece about power. The power is different.

- ...I'm aware that I don't relate to my supervisees [who are peers] as I would, say, if I were supervising a student...Because I see myself as a peer, because I don't want to presume that I'm better than they are or know more...

Feeling Caught in the Middle pertains to situations in which supervisors feel as if they have been placed amid conflicts between the supervisee and another supervisor, between the supervisee and other professionals, between two supervisees, and between supervisees and their own ethnic community. These conflicts involve questions about *how* to respond, rather than *whether* to respond.

- ...the student comes and brings a conflict with their supervisor on site, and there is a continuum...where a person is uncomfortable, but there's nothing really wrong...then there's the extreme where the site supervisor may be doing something unethical...It may not be unethical, but it may not be the best supervision or good practice...The conflict is that it's not either/or, it's gray, and how do I navigate that gray, so the student learns, I don't undermine the supervisor, and I still provide good supervision?
- ...It is just as likely that a conflict will arise between the therapist [supervisee] and the probation officer as it is between the therapist and the client. Actually, it's much more difficult between the therapist and the probation officer because you [supervisor] have to placate both.
- A supervisee brought to me some issues that were going on with other interns in the agency. My value is that you work these things through...she didn't want to do anything...
- ...as a therapist and supervisor, when you're in that middle road, how you're perceived by your [ethnic minority] community as a mandated reporter, and then to serve the

client, and also train staff to do that [mandated reporting]...trying to get through, especially to someone who is a paraprofessional, it's like, 'You're a sell-out...'

Clinical versus Administration Supervision refers to incompatible roles such as the supervisor providing clinical supervision while also conducting performance reviews; questions of whether to maintain confidentiality when value conflicts arise; and how to balance clinical and administrative supervision. This domain also includes supervisor conflicts with agency administrators (e.g., supervision is minimized or is not valued; disagreement about limiting counseling sessions; disagreement over staff/student retention).

- ...when I think about my staff, I am constantly worried about performance issues. Are they getting their paperwork done? Are they doing their direct service quota?...I also know that we need to bring in the money...Being in that [administrative] mode a lot of the time, how does that affect my clinical supervision? It's a role conflict because those are two very different roles...
- ...my biggest value conflicts over the years have come with administration, and just how valuable is supervision, and how can we do it?
- [Re: session limits]...the director might lay down some rules that are against my values. Then how do I support them? I feel like the unsupportive parent...Where my values conflict with the agency policies, I have to inform a student, teach them things I may not necessarily believe...

Stylistic Differences concerns conflicts over whether certain approaches, rules, or policies are clearly *right or wrong* or whether they represent *two rights* or equally valid personal preferences. This domain also includes theoretical orientation differences and philosophical differences regarding behavior change.

- ...I've had a couple of folks under me whose style I don't understand very well. It seemed very different. I'm not sure it's ok. At least with one of them I've addressed it,

and it turns out that she's severely depressed...That turned out very well, but you have to balance how much you address those kinds of style differences. That may be a value [difference], but a *no harm* kind of thing.

- ...When you run across other people's belief systems...[supervisee] says, 'It's all about the therapeutic relationship. I can't believe you're talking to me about something like whether I've got phone calls or case notes!'...
- ...I can be direct at times, but her [supervisee] style is always extremely direct...with the parents...I don't know if that's the right approach...It's hard to know how to respond with that.
- ...Occasionally, I run into conflicts with supervisees around my perception of a potential diagnosis...If they don't want to perceive a client as having mental health issues and one develops...we may disagree about that...
- Sometimes a supervisee has their theory, and that's what they operate from every time. I feel aggravated by their lack of...they're working from inside themselves, rather than from the perspective of the client. That's been very difficult water to navigate sometimes.

Threatened Professional Standards concerns questionable supervisee attitudes and behaviors (e.g., lack of punctuality, use of pejorative language with clients, supervisee cynicism and/or unrealistic expectations, and use of supervisees as translators when they may do so selectively). This domain also concerns questions about appropriate supervisor responses in these situations. Participants questioned whether it is their responsibility to re-educate/change supervisee biases and prejudices; to what extent student supervisees have to be socialized to *embrace* the profession's values; and how to intervene without any misinterpretation (e.g., when female supervisees dress in a provocative manner).

- ...there is dealing with students who are cynical, like, 'Oh, God, this person!"

- ...if I view a particular client's capacity to be different from their stated goal, for example, someone with the diagnosis of paranoid schizophrenic says that one of their occupational goals is that they want to become a CEO of a major corporation...the supervisee may not be as clear about that...the dilemma is supporting the supervisee's optimism, which will influence the client, versus being realistic, and how that gets managed.
- ...Just thinking about how much a process of socialization that goes on...if you think about practica and internships as, in some ways, initiation rituals into a culture or collective, the thing that I struggle with is to what extent do people have to adopt those values in order to be a *good* therapis*t* or at least a decent therapist who's not going to do harm to his or her clients.
- ...Would I feel a responsibility to impart the knowledge that I know as a teacher, as a supervisor of this person? Then they can do what they want with it. They can rip it up and throw it in the garbage or keep the same beliefs. But is that my responsibility?...

Ensuring Supervisee and Client Welfare pertains to questions of how much and how quickly to *push* supervisees; dilemmas regarding whose needs (client or supervisee) take precedence; and whether and how to address supervisee impression management. The participants emphasized that neither client care nor supervisee development should be compromised, but they also described the difficulty they sometimes experienced in trying to balance these two priorities.

- ...[Supervisee] presents as extremely timid and passive. She's willing to look at that, on the one hand, but on the other, I don't think she pushes herself as hard to explore new ways of being with her clients...I point things out to her very gently, sometimes too gently, and that's my own conflict. On the one hand, I want her to grow and to

learn, but on the other hand, I don't want to traumatize her...Maybe she's not as effective as she can be...

- [Re: A supervisee who stated that homosexuality is evil and whose client was just coming out]...I started listening and really gave serious thought to saying, 'Well, then, you can't work with this guy, period! I've got to take client needs first.' But I let him have one session, and it didn't sound too awful. By the second or third session he [supervisee had progressed]...That was the toughest experience I've ever had as a supervisor. I went home for an entire week thinking, 'Am I going to be the cause of this guy being destructive towards this client?'...
- ..they [supervisees] don't necessarily bring to the supervisory meeting the things that are really the issue because they don't want to look bad, or they don't want to reveal stuff...Trying to figure out how to lead them down the path so that they can come out with it and save face, and then we can deal with it...I don't think they get the best benefit out of supervision if they can't be a little more honest about stuff...

Boundary Violations includes concerns about possible supervisee behaviors (e.g., supervisees over-extending themselves with clients, or getting too close to another supervisor) as well as supervisor self-disclosure (e.g., how much to self-disclose in order to correct supervisee misperceptions about you; whether to tell supervisees what you would do when they ask, as this may inhibit their own style development).

- [Re: ethnic minority supervisee and her white supervisor]... the student...had no close relationships with any white people in her life. She and the supervisor were becoming very close friends. This was a very powerful experience for her personally to realize that she could be friends with someone who was white...At the same time, I didn't feel her site supervisor was going to be able to evaluate her work as a therapist

very objectively...my value was, "Boundaries, boundaries, boundaries!" and that was a real struggle to try to impose that on her...

- ...I had one [supervisee] who had a whole set of beliefs about me, who she assumed I was, and that therefore I had some thoughts about her. What it was is that there was much more of a parallel in my life than she assumed there was. I finally said, 'I need to let you know these things [about me]...

Impact of Value Conflicts on Clinical Supervisors

Participants stated that although value conflicts occur infrequently, when they do happen they usually have a strong personal impact. Value conflicts were described as *gut wrenching*, evoking intense supervisor conflict and self-reflection. Four domains were extracted: Emotional Impact (n = 3 groups; individual interview); Uncertainty (n = 3 groups; individual interview); Prompts Self-Evaluation (n = 1 group); and Miscellaneous (n = 3 groups).

Emotional Impact refers to intense reactions that include distress and anxiety, frustration, fear and torment, and to a lesser extent, joy (due to successfully recognizing and addressing the conflict).

- If I am seeing it and they're not, and I'm gently challenging, and they're continuing not to see it, I get frustrated...I think their job is to be aware, and it's my job to help them be aware...
- [Re: male clients from another culture who believe their therapists should advocate against women's rights] I just want to go home and cry. What can I do? I'm not going to be able to change this attitude. I'm not going to be able to change this belief. But how do you work with it? How can I even advise my staff?...I've been feeling somewhat hopeless, that no matter how much I learn and how much I try, I'm never going to fully understand the culture...

Uncertainty involves questions about whether the supervisor is wrong and/or whether the conflict represents the supervisor's *issue*; whether the supervisor would be misinterpreted by the supervisee; uncertainty about how to supervise regarding the value conflict; and uncertainty about whether the supervisee's stance might be harmful to clients.

- ...Do you just sit with your own values and keep them quiet?...If it is a time when you have to do something about it, how hard do you hit?...Is this a prejudice versus a value conflict? Do I have the capacity to describe it in a way that clearly denotes it as a value conflict versus a prejudice? I have constant worry about being heard differently than I intend to come across.
- I've had to confront that [lack of punctuality] a couple of times with my supervisee. I have an issue with it, so is it my thing, or is it something I need to teach them? Every time I've had to wrestle with it for awhile and have three or four instances where it happened, to feel confident enough to bring it up in session...

Self-Evaluation refers to examining one's viewpoint, clarifying one's personal beliefs, and increasing one's self-awareness as a result of the value conflict.

- It's forcing myself to be real clear about what I believe and to be open to taking a look at that...
- I got a sense from that experience [value conflict] about how entrenched you can get in your own judgment, and you have to be open also. Just because you're the supervisor and you've been there longer doesn't mean you know it all, and being sure that you're keeping that in mind.

Miscellaneous comments included statements that value conflicts are very challenging; value conflicts raise moral dilemmas; and it is difficult to accurately evaluate supervisee skills when value conflicts arise.

Supervisor Approaches for Addressing Value Conflicts

Participants were asked to describe their general approaches to value conflicts. Most of their responses concerned value conflicts with supervises, and these were categorized into two domains: Self-Scrutiny (n = 3 groups; individual interview), and Structuring the Supervision Relationship (n = 3 groups; individual interview). *Self-Scrutiny* includes knowing one's own values and biases and questioning whether an issue is legitimate one or whether it involves a personal prejudice. For instance, "...asking myself, am I bringing something to the table that I should look at?...Is this really a legitimate clinical need, or am I imposing my value on someone?..."

Structuring the Supervision Relationship includes stating one's values at the outset of the relationship, setting boundaries around one's self-disclosure to supervisees, and clarifying requirements and expectations at the beginning of the relationship. For example, "I make a commitment to them to be so open with them that nothing is going to surprise them...if there's a baseline of safety, then people can talk about their awareness of things, and I will not evaluate what their values are, but how well they do in talking about their awareness of those." Another participant similarly said, "...I'm very clear with people that I'm not going to evaluate their values, but I'm going to evaluate the awareness they have of their values."

Participants were asked to identify effective approaches, and these included being direct and timely and sticking to their point once they are sure that it is valid: "...when I do it, and I do it well, it's when I believe I have enough information that I can make a solid stand...what works well is naming it, saying 'Here's the deal'." Some participants described a step-by-step process: 1) acknowledging the difference; 2) describing what the supervisee is doing; 3) pointing out the clinical efficacy/ramifications of the supervisee's behavior; 4) setting boundaries; 5) having the supervisee develop a plan to resolve the issue rather than imposing a plan; and 6) validating the supervisee's attempts to change.

One participant mentioned the importance of: "...identifying overtly with people that not all values are about morals, that some values are morals and some values are preferences, and that it's important to separate out those two when you're dealing with other people's lives. In some way you almost have to come on strong about the values that are morals - 'No, it's not ok to rape that person'...But when it comes to preferences, to be able to step back and say, 'This is who I am, and who you are is equally good." With respect to theoretical/approach differences, one participant stated, "...whenever I notice I'm rubbing up against different approaches, I go back to utility. Is there a plan in place? Can we measure some sort of result together...? '[I say] 'You're doing something that I wouldn't do. That's great. That's your job. So, is it working?' "

Ineffective approaches include avoiding the issue by not confronting the supervisee and confronting indirectly: "If I hem and haw and try to protect the supervisee from learning what I need to say, it doesn't go as well...it's better being direct." Other ineffective approaches are confronting mistakenly, and challenging core supervisee beliefs: "When someone comes at me with a particular value--they're made choices in their lives, for example, not believing in homosexuality. No amount of fact generally can persuade someone. It's an assumptive position, so I'm very careful about that...[I] point out the functional limitations of taking that particular position."

Supervisor Resources

Participant resources for addressing their value conflicts were categorized into five domains. The most prevalent, *Seeking Supervision/Consultation* (n = 3 groups), includes peer supervision, consultation with colleagues and/or one's own supervisor, spiritual director, peers, lawyer, and human resource persons. *Self-reliance* (n = 2 groups) is the second domain, and it includes drawing upon past experience, introspection, mental role playing, and putting one's self in the supervisee's place to determine what the supervisee might need. *Education* (n = 2

groups) pertains to attending conferences and other types of continuing education, books, and the Internet. *Role Models* (n = 2 groups) includes observing a mentor, emulating one's own supervisor, and thinking about a previous supervisor and how s/he would handle it. *Miscellaneous* (n = 1 group; individual interview) includes personal therapy, trial and error, and a desire for resources.

Supervisor Training Vis a Vis Value Conflicts

Actual training. Participant descriptions of their actual training were categorized into three domains: *Formal Training* (n = 2 groups), *Informal Training* (n = 3 groups), and *No Training* (n = 1 group; individual interview). Formal Training includes graduate coursework in supervision, applied training in supervision practica and internships, and discussion with colleagues. The participants reported limited formal training with respect to value conflicts in supervision. Informal Training includes one's experiences as a supervisee (e.g., in one case, a value conflict that arose as a supervisee); in-vivo learning (i. e., learning from one's experience as a supervisor/consultant); and training due to one's own personal therapy and from good professional and familial role models. Some participants indicated that they had No Training on this topic.

Recommended training. Participant recommendations were categorized into three domains. Most prevalent was *Formal Theoretical and Applied Supervision Training* (n = 3 groups; individual interview). This domain refers to theoretical and applied courses in supervision; classroom activities (including role plays and discussions of hypothetical value conflict scenarios); and internships and supervised, supervision experiences. The second domain, *Continuing Education* (n = 3 groups), includes books, participation in on-going supervision, on-going training, and training in specific skills (assertiveness training; management training- especially values clarification; conflict management skills; and further development of one's therapy skills). The third domain, *Self-Awareness/Self-Reflective*

Activities (n = 3 groups), pertains to learning one's own values/knowing one's self, learning from value conflicts in one's own life, recognizing the power issues in supervision, and learning that value conflicts have a strong emotional component.

Distinctions Between Value Conflicts and Ethics and Countertransference

Ethics. Participants generally agreed that although value conflicts are related to ethical issues, values involve personal feelings while ethical issues involve rules that provide mandates for how to behave: "I almost think that values are what I believe, and ethics are what I believe everyone should be doing because ethics say that is what everybody should be doing..." One participant stated that when there is a question of harm to clients, it is an ethical issue: "If you have a values conflict, so what's the impact? If there's real harm to the client, or it gets into ethical questions, then it seems more something that has to be intervened upon...If the outcome of the value conflict is not the way I would do it, but 'So what?'...then it seems outside of ethics, somehow. If it doesn't engage those ethical issues, then maybe it's more just a difference of opinion, something to agree or disagree on."

Countertransference. With the exception of 2 individuals, who stated that they are the same, participants described value conflicts and countertransference as related constructs, but with some important differences. One participant described value conflicts as issues about *outcome* (content), while countertransference concerns the *process*. Values pertain to one's identity, while countertransference pertains to the process between the supervisor and supervisee: "Values are, maybe not static, but defining characteristics of who you are....countertransference is what happens to those characteristics in interactions." Several participants described countertransference as less conscious while value conflicts are more conscious: "Countertransference is when the blinders are on, and value conflicts are when the blinders are off..."

Discussion

The objectives of the present study were to begin to describe the scope of value conflicts that clinical supervisors encounter in their practice, to identify how they address these value conflicts, and to investigate how they differentiate value conflicts from ethical issues and from countertransference. The results revealed a number of themes.

Nature and Impact of Value Conflicts

The participants described eight different types of value conflicts. The nature of these value conflicts suggests that they can arise in from many aspects of a supervisor's roles and responsibilities. Participants reported experiencing conflicts with supervisees, with administrators, and with other professionals. Most prevalent were conflicts with supervisees. There were relatively few reports of value conflicts between supervisors and their supervisees' clients. As one participant noted, "In some ways, being a supervisor keeps you away from those kinds of conflicts with the client...Value conflicts with the supervisee's client seem more black and white...difficulties with the supervisee are much more salient."

Some of the value conflicts reflect those hypothesized by others (e.g., Long, 1996; Ridley, 1996) to pose challenges to supervisor personal belief systems, particularly cultural, religious, and sexual beliefs. Other value conflicts appear to be precipitated by the inherent nature of clinical supervision, for instance, the incompatibility of clinical and administrative supervision, power differences between supervisors and supervisees, and the simultaneous responsibilities of ensuring client care and supervisee development (Bernard & Goodyear, 1998). Additionally, several of the value conflicts concerned supervisee attitudes and/or behaviors that seemed to be *at odds* with those endorsed by their profession.

Cultural Differences, one of the most prevalent domains, was mentioned in all three focus groups and in the individual interview. The prevalence of culturally-based value conflicts in the present study provides further empirical evidence that cultural diversity is a powerful dynamic in supervision relationships. A common concern expressed by participants

was that a particular value (e.g., a religious value) might "override the basic respect for individual differences" regarding matters such as sexual orientation and abortion. The participants seemed very cognizant of their responsibility to ensure that this did not occur. Another major concern was the extent to which participants could and should impose a certain set of values (their own; those of their profession) on supervisees. This dilemma (which also arose in the domain of Threatened Professional Standards) was particularly heightened when the value conflicts were due to differences in cultural backgrounds. Bernard and Goodyear (1998) argue that clinical supervisors have a responsibility to *socialize* supervisees into the profession. Perhaps value conflicts arise because supervisors must decide which values are *crucial* components of this socialization process, and which are *peripheral*.

Another prevalent domain was Power Differentials. This domain reflects the discomfort many participants experienced because of the power inherent in the supervisor role as well as discomfort with having to exercise that power. Some participants questioned the legitimacy of their power and/or how to most effectively use it when conflicts arise. The lack of formal training in supervision for some participants suggests that they received limited *anticipatory preparation* for the supervisor role. Perhaps lack of formal training heightens their uneasiness with power differences. In addition to general discomfort with power, some participants wondered about the appropriateness of exerting their power when the supervisee was a peer (i.e., held a similar degree and/or had equivalent clinical experience).

Across the eight domains, the vast majority of value conflicts were intense experiences, evoking strong supervisor emotions and serious self-reflection. Uncertainty was a prevalent supervisor reaction and involved questions about *whether* the issue should be addressed (mentioned in all but one domain -- Feeling Caught in the Middle) and questions about *how* to address the issue (mentioned in all of the domains). For instance, several participants described agonizing over whether certain value conflicts were *their own thing* or

something that would negatively impact client or supervisee welfare. Their uncertainty appeared to be exacerbated when supervisees failed to disclose fully and/or accused supervisors of being dogmatic, as well as when there was a lack of documented clinical impact regarding supervisee behavior.

Reponses to Value Conflicts

The participants generally agreed that value conflicts cannot be ignored; they must be approached directly. An important criterion for when and how to address value conflicts was likelihood of negative impact on clients. Many participants indicated that the ultimate test of the validity of an attitude or behavior is its impact on clinical services. Effective interventions require supervisors to engage in rigorous self-scrutiny in order to accurately identify the conflict, and then to respond sensitively and in a timely manner.

Participants draw upon a number of resources for addressing value conflicts, primarily supervision/consultation with a supervisor, colleagues, or other professionals. This raises a question about limits to confidentiality within supervision. Hopefully, supervisors inform supervisees about the circumstances in which they might discuss their supervision relationship with others.

Study Strengths and Limitations

This is the first study that provides a comprehensive and in-depth exploration of an important supervision topic -- supervisor value conflicts. Strengths of the present study include the nature of the sample, that is, clinical supervisors from a variety of clinical settings and professional backgrounds and who had supervised a variety of supervisees. Other strengths include rigorous data collection and analysis methods. Saturation (redundancy) of the data was achieved, and the similarity of the individual interview results with those obtained from the focus groups suggests some triangulation of the findings.

Study limitations include participants who were drawn from one geographic region and who were primarily Caucasian. Generalizability may be further limited by the qualitative nature of the study. Because qualitative findings are not intended to be generalized to the population of interest, additional research should be conducted to establish the external validity of the present results. It also should be noted that in focus group research, *prevalence* of themes cannot be equated with *importance* (Krueger, 1994). Quantitative research with larger samples is needed in order to assess the importance of the present results as well as to determine whether additional themes would be obtained.

Research Recommendations

The present results suggest several directions for future research. In order to more completely understand the nature and impact of value conflicts in supervision and how these conflicts can be resolved, both supervisee and supervisor perspectives should be investigated. For instance, Gray, Ladany, Walker, and Ancis (2001) found that most of the supervisees they interviewed did not disclose counterproductive supervision events to their supervisors. These results suggest that supervisee and supervisor perceptions of and responses to value conflicts might be quite disparate.

The present participants described several approaches for addressing value conflicts. These approaches should be studied in vivo in order to determine their efficacy. The participants also drew important distinctions between value conflicts and ethical issues and countertransference. Additional research is needed to further differentiate these constructs as well as to determine the roles that ethics and countertransference play in supervision value conflicts and their resolution. Finally, the present sample was too small to allow for investigation of differences due to supervisor and supervisee characteristics. Studies that assess experience, training in supervision, and other personal dimensions are recommended.

Training and Practice Implications

Given the variety of value conflicts described in this study and the intensity of their impact on supervisors (and, in at least some cases, supervisees), we recommend including supervisor value conflicts as a topic in graduate curricula. Specifically, training programs should provide didactic experiences that help students to identify their own values and anticipate how, as supervisors, their values might come into conflict with those of their supervisees, administrators, and their supervisees' clients. Discussions and role plays of hypothetical scenarios based on the themes identified in the present research are recommended. Supervised practica and participation in post-degree peer supervision may facilitate supervisors' awareness of value conflicts and help them to monitor their responses to value conflicts. Discussion of how value conflicts will be addressed if they occur should be part of the clinical supervision informed consent process (McCarthy Veach, 2001). Finally, further conversations in the profession are needed to determine practice standards when supervisors experience value conflicts, particularly those that involve deeply held personal beliefs.

References

Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd ed.). Boston, MA: Allyn and Bacon.

Brown, D. & Brooks, D. (1991). *Career counseling techniques*. Needham Heights, MA: Simon & Schuster, Inc.

Chernus, L. A., & Livingston, P. (1993). Clinical supervision: Its role in "containing" countertransference responses to a filicidal patient. *Clinical Social Work Journal, 21*, 349-364.

Corey, G., Corey, M.S. & Callahan, P. (1998). *Issues and ethics in the helping professions* (5th ed). Pacific Grove, CA: Brooks/Cole Publishing Co.

DeLucia-Waack, J.L. (1999) Supervision for counselors working with eating disorder groups: Countertransference issues related to body image, food, and weight. *Journal of Counseling and Development, 77,* 379-388.

Egan, G., (1990). *The skilled helper: A systematic approach to effective he*lping (4th ed.). Pacific Grove, CA, US: Brooks/Cole Publishing Co.

Guest P. & Beutler, L. (1988). Impact of psychotherapy supervision on therapist orientation and values. *Journal of Counseling and Clinical Psychology, 56*, 653-658.

Gray, L.A., Ladany, N., Walker, J. A., & Ancis, J.R. (2001). Psychotherapy trainees' experiences of counterproductive events in supervision. *Counseling Psychology, 48*, 371-383.

Hill, C.E., Thompson, B.J. & Williams, E.N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25,* 517-572.

Itzhaky, H., Karin, N., & Ribner, D.S. (2001). Supervision with patients diagnosed as psychotic. *Clinical Social Work Journal, 29,* 147-158.

Krueger, R. A. (2000). *Focus groups: A practical guide for applied research.* (2nd ed). Newbury Park, CA: Sage Publications, Inc.

Kurland, R., & Salmon, R. (1992). When problems seem overwhelming: Emphasis in teaching, supervision, and consultation. *Social Work, 37,* 1992, 240-244.

Long, J.K. (1996). Working with lesbians, gays and bisexuals: Addressing heterosexism in supervision. *Family Process, 35,* 377-388.

McCarthy Veach, P. (2001). Conflict and counterproductivity in supervision--When relationships are less than ideal: Comment on Nelson and Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology, 48,* 396-400.

Moskowitz, S.A., & Rupert, P.A. (1983). Conflict resolution within the supervisory relationship. *Professional Psychology: Research and Practice, 14,* 632-641.

Nadelson, C., & Notman, M. (1977). Psychotherapy supervision: The problem of conflicting values. *American Journal of Psychotherapy, 31,* 275-283.

Nelson, L.N. & Friedlander, M.L. (2000). A close look at conflictual supervisory relationships: The trainees' perspective. *Counseling Psychology, 48,* 384-895.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park. CA: Sage Publications.

Peterson, G.W., Sampson, J.P., & Reardon, R.C. (1991). *Career development and services: A cognitive approach.* Brooks/Cole: Pacific Grove, CA.

Ringel, S. (2001). In the shadow of death: Relational paradigms in clinical supervision. *Clinical Social Work Journal, 29,* 171-179.

Ridley, J. (1996). Some thought on supervision. *Sexual and Marital Therapy, 11,* 77-88.

Rokeach, M. (1979) *Understanding human values.* New York: Free Press.

Sherry, P. (1991). Ethical issues in the conduct of supervision. *The Counseling Psychologist, 19,* 566-584.

Sormanti, M. (1994). Fieldwork instruction in oncology social work: Supervisory issues. *Journal of Psychosocial Oncology, 12,* 73-87.

Table 1. Supervisor Demographics[a]

Variable	n	%	Mean	S.D.
Gender				
Female	13	72.2		
Male	5	27.8		
Ethnicity				
Caucasian	14	77.8		
Ethnic Minority	2	11.1		
Jewish	2	11.1		
Age	18	----	45.7	8.6
License				
L.P.	11	61.1		
LSW	5	27.8		
LMFT	1	5.6		
Eligible	1	5.6		
Work Setting[b]				
Univ/College Counseling	5	23.8		
Community Agency	12	57.1		
Private Practice	2	9.5		
University/College faculty	2	9.5		
Yrs. Supervision Experience	18	----	8.0	7.3
Total No. Supervisees	17	----	24.6	26.3

Note. [a]To preserve anonymity, our Institutional Review Board advised against data collection for participant degree, years of clinical experience, and types of clients/presenting problems for which they provide clinical supervision. [b]Percentages total > 100% due to 3 participants reporting more than one work setting.

Table 2. Domains, Categories, and Frequencies of Supervisor Value Conflicts

Domain and Category	Prevalence
Cultural Differences	3 groups; individual interview
Religious/faith beliefs	
Sexual orientation beliefs	
Abortion beliefs	
Human nature beliefs	
Time orientation	
Gender	
Age	
Confrontation	
How much to impose values	
Power Differentials	3 groups; individual interview
Discomfort with enforcing power	
Inherent power differences	
Therapist training incompatible with supervisor role	
Challenging to supervise peers	
Feeling Caught in the Middle	3 groups
Between supervisee and other supervisor	
Between supervisee and other professionals	
Between supervisee and one's ethnic community	
Between supervisees	
Clinical versus Administrative Supervision	3 groups
Supervisor role conflicts	
Conflicts with administrators	

Table 2 (Continued)

Domain and Category	*n*
Stylistic Differences	3 groups
Right vs. wrong or *two rights*?	
Theoretical orientation/approach differences	
Differences in views of behavior change	
Threatened Professional Standards	3 groups
Questionable supervisee attitudes/behaviors	
What is an appropriate supervisor response?	
Ensuring Supervisee and Client Welfare	3 groups
How much to *push* supervisees	
Whose needs take precedence?	
Whether/how to address supervisee impression management	
Boundary Violations	1 group
Possible supervisee violations	
Possible supervisor violations	

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