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Article 29

## **Counseling Supervision: Exploring the Impact of Temperament on Supervisee Satisfaction**

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The purpose of this quantitative study was to investigate the possible relationship between supervisor and supervisee temperaments and satisfaction with counseling supervision. The sample included doctoral student supervisors and master's student supervisees at a CACREP accredited university in the Southeastern United States. The Myers Briggs Type Indicator (Myers, McCaulley, Quenk, & Hammer, 1998), the Rapport scale of the Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990), and the Supervision Assessment Scale (developed for use in this study) were utilized in data collection.

Counselor supervision has received much attention in recent years, with various models informing its practice. One recent trend has been the acknowledgement of the importance of a strong, collaborative relationship in generating positive supervision outcomes (Ellis, 2001; Falender, 2010; Lizzio, Wilson, & Que, 2009; Pearson, 2000; Trepal, Bailie, & Leeth, 2010). Despite this trend, there is scant literature examining specific relational processes and the influence of personality differences on the quality of supervision relationships (Lochner & Melchert, 1997; Swanson & O'Saben, 1993). This gap suggests an important area for development in supervision research and practice. As personality variables are pivotal to successful therapeutic relationships and outcomes, so too could perceptions of the quality of the supervisory relationship be influenced by supervisor and supervisee personality preferences (Lochner & Melchert, 1997; Schacht, Howe, & Berman, 1989).

## **Literature Review**

### **Supervision Relationships**

Research in the field of clinical supervision has often focused on the importance of the relationship between supervisor and supervisee (Bernard & Goodyear, 2009; Ellis, 2001; Falender, 2010; Gray, Ladany, Walker, & Ancis, 2001; Hart & Nance, 2003; Nelson & Friedlander, 2001; Pearson, 2000). Specifically, the perceived quality of the relationship has been linked with improved supervision outcomes, higher satisfaction with supervision, increased self-disclosure in supervision, and increased use of clinically appropriate counseling behaviors (Ellis, 2001; Falender, 2010; Mehr, Ladany, & Caskie, 2010; Nelson & Friedlander, 2001; Protivnak & Davis, 2008). Additionally, recent studies have suggested that regardless of the model or theoretical approach used in supervision, the quality of the relationship still has the greatest impact on outcomes (Aponte & Carlsen, 2009; Lizzio et al., 2009; Milne, Aylott, Fitzpatrick, & Ellis, 2008). These findings suggest the potential value in looking more closely at specific factors that may affect perceptions of relationship quality in supervision.

### **Personality Type in Relationships**

Various factors influence the supervision relationship, including supervisory style, rapport, role clarity, developmental level, conflict, negative events, and multicultural competence (Doughty & Leddick, 2007; Fernando & Hulse-Killacky 2005; Inman, 2006; Ladany & Friedlander, 1995; Nelson & Friedlander, 2001; Ramos-Sanchez et al., 2002; Stoltenberg, 1981). Ellis and Ladany (1997) suggested that additional variables, such as cognitive style, gender, race, ethnicity, and personality characteristics might also impact supervision. These indicators are consistent with suggestions by other researchers that personality variables may indeed have some influence on the supervisory relationship (Carey & Williams, 1986; Handley, 1982; Kitzrow, 2001; Lochner & Melchert, 1997; Schacht et al., 1989; Swanson & O'Saben, 1993).

Personality can be measured using a variety of different instruments. The Myers-Briggs Type Indicator (MBTI; Myers, McCaulley, Quenk, & Hammer, 1998) is a widely used assessment based upon Carl Jung's theory of personality type patterns. The instrument has been normed on multiple populations, and has been found to be sufficiently reliable and valid across studies (Moore, Dettlaff, & Dietz, 2004; Myers et

al., 1998; Schaubhut, Herk, & Thompson, 2009). Originally developed by Katharine Briggs and Isabel Myers, the instrument measures personality preferences on four dichotomous scales, generating a four-letter type code (e.g., INFJ). The four scales include Extraversion-Introversion (E or I), Sensing-Intuition (S or N), Thinking-Feeling (T or F), and Judging-Perceiving (J or P; Myers et al., 1998).

Temperament type, used in the context of the MBTI, offers an efficient method for estimating traits and styles of others by describing four categories that correspond to the 16 types generated by the MBTI (Berens, 1986, 2006). The construct of temperament has been characterized as a pattern of behavior rooted in the core, psychological driving forces within a person, manifested as behaviors designed to meet those needs and values (Berens, 2006; Kiersey, 1998; Smith & Rogers, 2009). External behaviors and communication patterns, observable by others, are seen as indicators of a person's will or intentions, and the temperament model is said to offer insight into problem-solving approaches, creativity, and ease of interpersonal communication (Berens, 2006). The four temperament type patterns include Catalyst (MBTI types that include N and F), Stabilizer (MBTI types that include S and J), Theorist (MBTI types that include N and T), and Improviser (MBTI types that include S and P; Berens, 2006; Smith & Rogers, 2009).

Research has been conducted using the MBTI to evaluate the impact of psychological type in work teams, romantic relationships, and training of helping professionals (Berens, 2006; Bernard, Clingerman, & Gilbride 2011; Moore et al., 2004). The tool offers a method of classifying individuals within specific types based on where they fall along the four dichotomous variables. Schacht and colleagues (1989) found that supervisees who scored more towards the Feeling end of the Thinking/Feeling dichotomy preferred supervisors who were strong in the facilitative conditions of empathy and positive regard. Further, Handley (1982) found that supervisees and supervisors who were matched on the variable of either Sensing or Intuition reported significantly higher levels of satisfaction with supervision, supervisor ratings, and positive beliefs about supervisors' regard for the supervisee. These findings suggest that personality variables may indeed have a significant impact on the perceived quality of the supervision relationship. Further, these same variables may impact preferences for supervision interventions.

Research has also offered strategies for supervisors to use when working with supervisees of various types as measured by the MBTI. Kitzrow (2001) developed the Model of Supervisory Style Based on Psychological Type, which is used to promote supervisee development by assessing strengths and weaknesses related to MBTI preferences. Kitzrow argued that as supervisors become more knowledgeable about personality type, they become better equipped to choose effective supervision interventions for individual supervisees. Moore and colleagues (2004) reported learning preferences for each psychological type and offered suggestions to maximize supervisee development for all personality types. However, Bernard and colleagues (2011) found no direct support for these assumptions. Bernard et al. also found supervisor personality type did not influence choice of supervision interventions. Research is lacking regarding the impact of supervisee personality type on supervision intervention preferences. It appears that the field of counselor education is still researching possible links between personality type and relationship development in supervision.

## **Purpose**

Despite previous explorations of potential influences of personality type on supervision, conclusive empirical evidence seems to be lacking. Thus, the purpose of this study was to explore interactions among the constructs of personality, perceptions of the relationship quality, and the degree to which desired supervision interventions were actually delivered in clinical supervision relationships. Temperament type was selected over psychological type as a measure of personality in order to reduce the data into four groups, rather than attempting to measure relational influences across the 16 personality types. The Rapport sub-scale of the SWAI was selected as a measure of perceived relationship quality because it was specifically designed to examine efforts among supervisors and supervisees to build a bond or relationship (Efstation, Patton, & Kardash, 1990). The degree to which desired supervision interventions matched delivered interventions was measured by the Supervision Assessment Scale (Appendix A), which the authors developed for use in this study. Accordingly, the following research questions guided the study:

1. To what extent are there significant differences between temperament type and perceptions of relationship quality for supervisors and supervisees?
2. To what extent are there significant differences between temperament type and matched wants and needs for supervisees?
3. To what extent are there significant differences between supervisors' and supervisees' scores on the Rapport subscale of the SWAI that may indicate relationship strength?

## **Method**

### **Participants**

The participants included counselor education doctoral student supervisors and master's student supervisees of clinical mental health, college, and school counseling tracks at one university. Data collection took place across three semesters. Any student who was currently enrolled in supervision during the three semesters was qualified to participate in the study. Of the eligible 62 supervisors and 107 supervisees, 15 doctoral-level supervisors and 45 master's-level supervisees participated in the study. There were 45 females, 5 males, and 10 participants who declined to report their gender. The participants' mean age was 30.9 years ( $SD = 9.0$ ), and their selected ethnicity was White (53%), African American (13%), Bi-racial (5%), Asian (3%), and Hispanic (3%). Additionally, two participants selected "Other" for ethnicity and 19% declined to answer. Reported counseling interest areas included mental health (43%), school (30%), college (7%), and 20% declined to answer. Descriptive data showed that participants ranked Brief/Solution focused (43%) and Cognitive (30%) as their preferred clinical theoretical orientations. Supervisors reportedly utilized Cognitive-Behavioral (20%) and Integrated Developmental Models of supervision (20%) more often than Psychodynamic, Constructivist, and Discrimination supervision models.

## **Instrumentation**

The following instruments were used for data collection:

- *Myers Briggs Type Indicator – Form M* (Myers et al., 1998). Based on the work of Carl Jung, this instrument yields a 4-letter type code, e.g., INFJ, from which a 2-letter temperament type was determined, e.g., NF, SJ, NT, and SP.
- *Supervisory Working Alliance Inventory – Rapport Sub-Scale* (Efstation et al., 1990). The supervisor version includes seven items; the supervisee version includes 13 items. Items utilized for analysis were from the Rapport sub-scale, including 7 items for supervisors and 12 items for supervisees.
- *Supervision Assessment Scale*. Provided a format for participants to record and rate interventions throughout the semester (Appendix A).
- *Demographics Sheet*. This form includes MBTI type, along with other descriptive information.

The Myers-Briggs Type Indicator – Form M (MBTI; Myers et al., 1998) was administered to all participants prior to the research study as part of a course requirement in the advanced counseling supervision course (for supervisors) and in the advanced counseling and psychotherapy techniques course (for supervisees). The MBTI is a self-report, forced-choice questionnaire in which participants select between dichotomous options, indicating preferences along four scales. Internal consistency reliability coefficients are .82 to .86 and construct validity estimates range from .4-.75 (Myers et al., 1998). To honor ethical standards in testing and assessment, each person who took the inventory was given both the results (their four-letter type code, e.g., INFJ), along with summary descriptions of each of the 16 Types for their use in personal and professional development. Temperament types (“NF”-Catalyst, “SJ”-Stabilizer, “NT”-Theorist, and “SP”- Improviser; Berens, 2006) were gleaned from the results on the MBTI and recorded separately according to a randomly assigned participant code.

The Supervisory Working Alliance Inventory (SWAI) was designed to measure properties of the relationship between supervisor and supervisee in counselor supervision (Efstation et al., 1990). The SWAI consists of three supervisor subscales (Client Focus, Rapport, and Identification) and two trainee subscales (Rapport and Client Focus). Both versions are scored on a 7-point Likert scale from 1, almost never, to 7, almost always. This study focused on the relationship between the supervisor and supervisee, and the subscale of Rapport was used to measure this construct. There are seven questions for supervisors, and 13 questions for supervisees in the Rapport subscale. Factor stability exists across studies (Efstation et al., 1990; Patton, Meara, & Robbins, 1992) and valid interpretations may be drawn from the perceptions of supervisors and supervisees with varying experience levels (Patton et al., 1992). The Rapport sub-scales offer internal consistency reliability alphas of .73 for the supervisor version and .90 for the supervisee version (Patton et al., 1992).

The Supervision Assessment Scale consisted of 22 supervision interventions with columns marked “wanted” and “provided.” Participants completed this form twice during the semester to indicate which supervision interventions they thought would be helpful, and which interventions were actually provided. The purpose was to determine the

matched percentage of interventions given (by supervisor) and interventions desired (by supervisee). The list of interventions was initially developed by two members of the research team, and subsequently reviewed by other research team members as well as by counseling faculty members.

All participants were invited to complete a demographics form, including: MBTI type (from which temperament type was drawn), ethnicity, age, gender, specialty area (school, mental health, college), preferred clinical theoretical orientation, and preferred model of supervision (supervisors only).

### **Data Collection and Analysis**

Informed Consent, Demographics Forms, and Temperament type were collected from both supervisors and supervisees at the beginning of each semester. Participants completed the Supervision Assessment Scale twice during each semester, and the SWAI was administered at the end of the semester. All participant data was stored anonymously using a participant code, and only the primary researcher had access to personally identifying information.

Univariate analysis of variance (ANOVA) was conducted to determine group differences between temperament, which included four levels (1=NF, 2= SJ, 3= NT, 4= SP), and the dependent variable of Rapport. At the conclusion of this analysis it was discovered that only three participants possessed the SP temperament type. Therefore, all SP participants were removed and an additional ANOVA was conducted to determine any between-group differences among the remaining three temperament groups.

Another ANOVA was conducted to determine group differences between temperament and the second dependent variable of matched interventions. This variable was computed by taking the *wanted* and *provided* columns of the intervention checklist and assigning “one point” if the columns matched. The percentage of matched selections was then computed. After the analysis, data indicated fewer than five participants in two of the several temperament groups; therefore, temperament types 2 (SJ), 3 (NT), and 4 (SP) were combined ( $n = 13$ ) and compared to temperament type 1 (NF;  $n = 19$ ). Following the grouping, a subsequent ANOVA was executed to assess group differences between temperament type (NF vs. all others) and percentage of matched interventions.

Finally, an independent t-test was conducted to determine if there were significant differences between supervisors’ and supervisees’ mean scores on the Rapport subscale of the SWAI. Additionally, descriptive statistics were calculated on demographic variables.

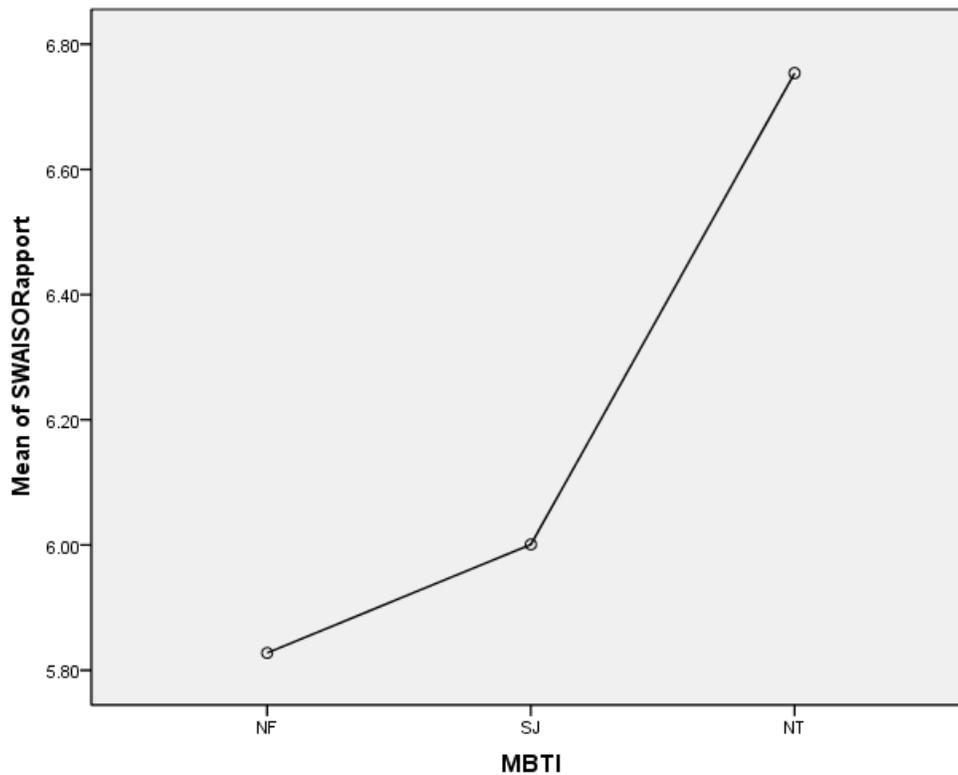
## **Results**

### **Research Question 1**

*Are there significant differences between type of temperament and Rapport for both supervisors and supervisees?*

Research question one was addressed by examining group differences between the reported subscale of Rapport and three levels of temperament type. ANOVA results indicate there was not a significant difference between type of temperament and Rapport  $F(2, 46) = 2.27, p = .115$  (see Figure 1). Univariate statistics are reported in Table 1.

Figure 1  
*Rapport by Temperament type*



### Research Question 2

*Are there significant differences between type of temperament and matched wants and needs for supervisees?*

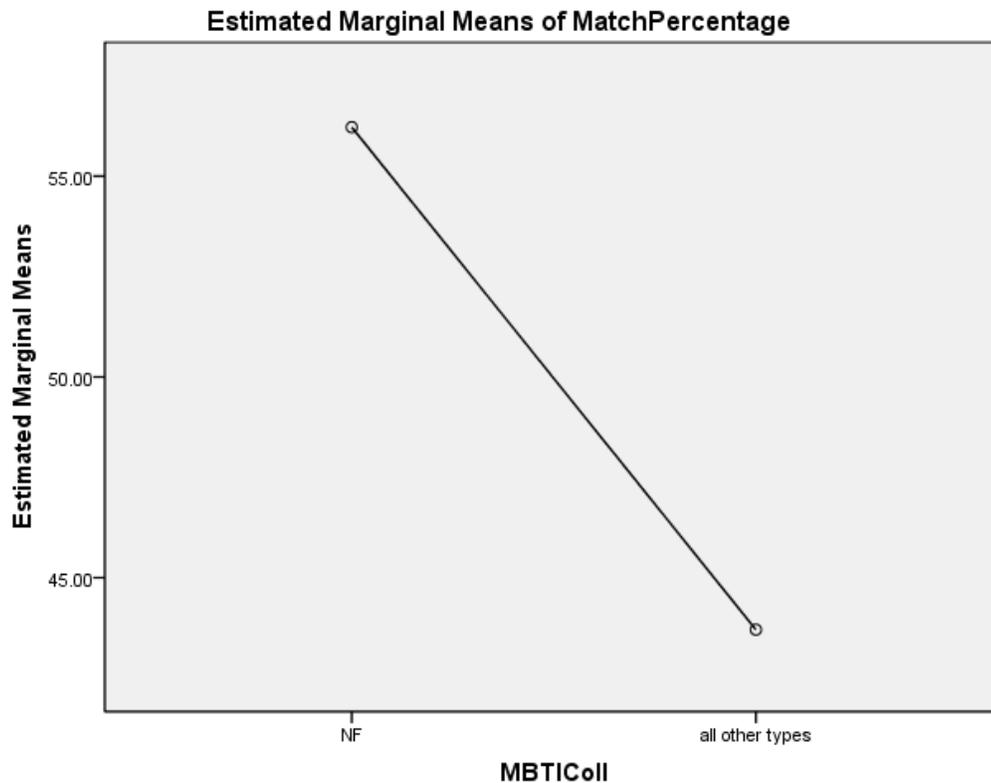
Univariate analysis of variance (ANOVA) was conducted to determine if significant differences existed between the dependent variable of matched interventions, as reported by supervisees, and temperament type. ANOVA results indicate that matched intervention percentage scores do not significantly differ between temperament type NF and all other types  $F(1, 30) = 1.16, p = .290$ . Univariate statistics are reported in Table 2.

### Research Question 3

*Are there significant differences between supervisors' and supervisees' scores on the Rapport subscale?*

An independent t-test was conducted to determine if any significant differences existed between supervisors and supervisees as measured by the Rapport subscale. T-test results indicate that there are no significant mean differences between supervisors ( $M=6.11, SD=.589$ ) and supervisees ( $M=5.95, SD=.971$ ),  $t(50) = .49, p = .63$ .

Figure 2  
*Temperament and Matched interventions*



### Discussion

Results from this study suggest that temperament alone does not significantly impact the supervisory relationship. There were no significant differences in rapport between supervisors and supervisees of various temperaments. Results also suggest that supervisees and supervisors did not significantly differ on their perceptions of rapport in their relationship. These findings are contrary to Handley's (1982) assertion that individuals of certain temperaments report significantly higher levels of satisfaction with supervision. Results may have been limited by the disproportionately high number of NF temperaments compared to participants of other temperament types in this study. A more restricted range of temperament groups may thus have reduced the potential for expressed differences among temperaments.

Findings indicate that individual temperament did not influence the type of supervision interventions each supervisee wanted or received. These results appear to contradict the findings of Moore and colleagues (2004) that there are specific strategies best designed for supervisees of each type. One possible explanation for these results could echo Kitzrow's (2001) suggestion that experienced supervisors may recognize their own biases and thus choose interventions based on the supervisee's temperament and clinical strengths. Supervisors in this study were provided with information about their personality type and temperament, which may have influenced them to be more aware of

their supervisee's personality type and to utilize supervision interventions based on this information. Again, lack of conclusive results may be explained in part by the large number of NF participants as both supervisees and supervisors. Participants may have experienced high satisfaction with the relationship and the utilized interventions due to shared temperaments. A more diverse sample could confirm the lack of correlation found in this study, or expose more subtle differences between temperaments. However, Corbin (2011) investigated Introversion and Extraversion as related to supervisory working alliance, and also found no statistically significant results.

### **Future Research**

Results of this study, combined with other research (Bernard et al., 2011; Corbin, 2011), suggest the possible benefit for future studies to examine all 16 personality types, to better investigate potential impact of personality differences on perceptions of relationship quality and preferred interventions in supervision. Future research may also examine other potential influences on supervisory satisfaction and preferences. Since this study did not assess components of the supervision process other than selected interventions and temperament, it is unknown if other variables, such as power differentials, competency levels, or training components, impacted the quality of the relationship. Furthermore, though it may seem intuitive to assume a connection between personality and relationship quality, future research may confirm that such a connection does not exist. In this case, poor relationship satisfaction among supervisors and supervisees could be based less on intrinsic qualities and more on external or situational factors. If true, strategies for adjustment in style and communication, rather than viewing conflictual issues as simply the result of incompatible personalities, may help repair ruptures in the supervisory relationship.

### **Limitations**

Generalizability of results is limited by the sample being taken from one university. Also, supervisors in this study received training in the MBTI and personality types, which may have influenced their intervention selections. Additionally, the majority of the participants reported an NF temperament, which prevented a complete analysis of all four temperament types. The disproportion of one temperament above others may be indicative of the personalities of individuals drawn to the counseling profession, which is likely to complicate future research in this area as well. Finally, this study attempted to isolate the impact of temperament on supervision without controlling for other factors that may influence the relationship and selected interventions, including but not limited to supervisory style, developmental level, or multicultural competence.

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**APPENDIX A: SUPERVISION ASSESSMENT SCALE**  
**Supervision Assessment Scale- Supervisee**

Participant Code: \_\_\_\_\_

Date: \_\_\_\_\_

Considering your supervision sessions this semester, please rate these aspects of the supervision process on a scale from 1 to 6, with “1” being low and “6” being high.

1. How satisfied were you with your supervision sessions? (please circle one)

1                      2                      3                      4                      5                      6

2. How satisfied are you that your supervisor met your individual needs?

1                      2                      3                      4                      5                      6

*For each intervention listed in the following chart, please check “Wanted” if this would have been helpful to you. Regardless of the intervention being desired, please check “YES” if it was provided. You may end up checking neither, one, or both boxes.*

	<b>INTERVENTION</b>	<b>Wanted</b>	<b>Provided</b>
1	We reviewed a tape together		
2	I prepared a portion of the tape for us to review prior to our meeting		
3	My supervisor reviewed the tape prior to our meeting		
4	We practiced counseling skills by doing a role play		
5	I presented a case and demonstrated my treatment plan and rationale		
6	We reviewed a transcript of a counseling session		
7	I reviewed the transcript prior to supervision and came in with questions		
8	My supervisor reviewed the transcript prior to supervision		
9	We talked about specific techniques/strategies in counseling practice		
10	We talked about how to utilize a theoretical approach in practice		
11	We reviewed paperwork and documentation		
12	We conducted a formal evaluation (i.e., the competency rating scale)		
13	My supervisor offered informal feedback regarding my progress		
14	My supervisor provided affirmation and encouragement to me		
15	My supervisor helped point out errors that I was making		
16	We discussed “parallel process”*		
17	We discussed transference and countertransference*		
18	My supervisor shared personal counseling experiences similar to the experiences I am having with my current clients		
19	We utilized Interpersonal Process Recall*		
20	We met with another supervisee for triadic supervision*		
21	We discussed my professional development/career issues		
22	We worked on administrative tasks		

Any additional comments about your supervision sessions?

### **\*Supervision Research Project – Definitions**

*Please use these operational definitions when completing the Supervision Assessment Scale.*

**Parallel Process**—something is triggered by the client, or the client-counselor/supervisee relationship, in the supervisee that is duplicated in the supervisee-supervisor relationship, i.e., client is resistant to taking action and counselor/supervisee is resistant to doing anything different in supervision.

**Transference**—Occurs when a client projects feelings toward a counselor that s/he originally felt about another person, usually a member of their family of origin. This involves the complex feelings a client has toward a counselor.

**Countertransference**—Occurs when a counselor's own feelings, often about a member of their family of origin, surface as a result of working with a client. This involves the complex feelings a counselor has toward a client.

**Interpersonal Process Recall (IPR)**—Supervisor and Supervisee viewing a segment of a counseling tape together, with either of them stopping the tape to inquire about/discuss important reactions of the supervisee, especially reactions not mentioned in the actual counseling session. Like an "in-vivo" verbatim transcript.

**Triadic Supervision**—One supervisor working with two supervisees together in one session. Supervisees may “take turns” staffing one client each, or showing one tape each, or the session may focus on one supervisee, with subsequent sessions focused on the other supervisee. Designed to help supervisees learn from each other in addition to learning from the supervisor.

### Supervision Assessment Scale- Supervisor

Participant Code: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisee Initials: \_\_\_\_\_

Considering your supervision with this supervisee over the last semester, please rate these aspects of the supervision process on a scale from 1 to 6, with “1” being low and “6” being high.

1. How satisfied are you with your supervision sessions? (please circle one)

1                      2                      3                      4                      5                      6

2. How satisfied are you that you are met your supervisee’s individual needs?

1                      2                      3                      4                      5                      6

*For each supervisory intervention listed in the following chart, please check “Wanted” if you think this would have been helpful to your supervision process. Regardless of the intervention being desired, please check “YES” if you have provided it. You may end up checking neither, one, or both boxes.*

	<b>INTERVENTION</b>	<b>Wanted</b>	<b>Provided</b>
1	We reviewed a tape together		
2	My supervisee prepared a portion of the tape for us to review prior to our meeting		
3	I reviewed the tape prior to our meeting		
4	We practiced counseling skills by doing a role play		
5	My supervisee presented a case and demonstrated their treatment plan and rationale		
6	We reviewed a transcript of a counseling session		
7	My supervisee reviewed the transcript prior to supervision and came in with questions		
8	I reviewed the transcript prior to supervision		
9	We talked about specific techniques/strategies in counseling practice		
10	We talked about how to utilize a theoretical approach in practice		
11	We reviewed paperwork and documentation		
12	We conducted a formal evaluation (i.e., the competency rating scale)		
13	I offered informal feedback regarding my progress		
14	I provided affirmation and encouragement to my supervisee		
15	I helped point out errors that my supervisee was making		
16	We discussed “parallel process”*		
17	We discussed transference and countertransference*		
18	I shared personal counseling experiences similar to the experiences my supervisee is having with my current clients		
19	We utilized Interpersonal Process Recall*		
20	We met with another supervisee for triadic supervision*		
21	We discussed my supervisee’s professional development/career issues		
22	We worked on administrative tasks		

Any additional comments about your supervision sessions?

**\*Supervision Research Project – Definitions**

*The same definitions were used for both versions of the Supervision Assessment Scale*