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Supervisor-Supervisee Interactions: The Importance of the Supervisory Working Alliance

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Abstract

Clinical supervision is central to the training of health service psychologists. As the field of health service psychology grows, the profession must continue refining its understanding of how supervision affects the professional development of psychologists-in-training. The supervisory working alliance (SWA), which is analogous to the therapeutic alliance, forms the foundation upon which the supervisory process occurs. However, supervisor-supervisee interactions can positively and negatively affect the SWA. A weak supervisory alliance may adversely affect the supervision process and therefore trainee growth. In this paper, we present three case vignettes from composites of experiences from multiple trainees across multiple training environments. Each vignette highlights specific supervisor behaviors that may influence the supervisory experience. The first vignette discusses how developmental approaches to supervision can foster growth in trainees. The second vignette outlines potential consequences of overgeneralizing trainees' behaviors. The final vignette highlights how collaborative problem-solving can foster professional development in trainees. Following each vignette, we discuss relevant literature and explore the impact of these behaviors on trainee growth within the context of the SWA. We conclude by providing practical recommendations for supervisors and supervisees to prevent problems in their working alliance and maintain good practices.

Keywords: Clinical psychology, supervision, working alliance, training, case study

Public Significance: Interactions between supervisors and supervisees can impact the supervisory working alliance and trainee development. Trainees' perspectives on these interactions can help inform best practices. Developmental models of supervision, supervision contracts, responsive feedback, collaborative problem-solving, and obtaining administrative support may promote more productive interactions during supervision for all parties.

Introduction

Scholars describe clinical supervision as a ubiquitous component of training in the field of health service psychology (Watkins & Scaturro, 2013). During supervision, trainees learn and refine clinical skills and engage in professional development. Simultaneously, supervisors monitor the quality of interventions that trainees deliver and act as gatekeepers to the mental health profession (Bernard & Goodyear, 2009). If supervisors understand factors affecting supervision, they can engage in practices that will yield the best outcomes for trainees.

The supervisory working alliance (SWA), a core component of the supervision process, is hypothesized to transcend theoretical models (Watkins, 2014). Bordin (1983) defines the SWA as the degree to which the supervisor and trainee agree on (1) the goals of supervision, (2) what needs to be done to reach those goals (i.e., tasks), and (3) trust that the tasks will help the trainee reach their goals. In this way, it is analogous to the therapeutic alliance (Bordin, 1979). Just as the therapeutic alliance is central to success in therapy (Krupnick et al., 1996), the SWA is the foundation of the supervisory process (Watkins, 2014). A strong SWA promotes trainee self-efficacy (Morrison & Lent, 2018), clinical care (Patton & Kivlighan, 1997), and increased trainee satisfaction with supervision (Ladany, Ellis, & Friedlander, 2011). Therefore, it is important to understand what factors influence the supervisory alliance.

Supervisor-supervisee interactions are an important predictor of the SWA, and negative interactions can weaken the alliance (Ramos-Sanchez et al., 2002). However, supervisees frequently do not disclose counterproductive events to their supervisors (Gray, Ladany, Walker, & Ancis, 2001). Therefore, understanding how trainees perceive supervisory interactions may help supervisors utilize strategies that promote a strong SWA.

This paper aims to describe supervisor-supervisee interactions from the perspective of supervisees. We prepared three vignettes to illustrate common supervision interactions. The vignettes are real scenarios experienced by the co-authors. To promote anonymity, we combined details from shared experiences into composite vignettes. Following these vignettes, we describe the impact on trainee professional development and discuss the relevant literature. We conclude with recommendations for fostering a strong SWA.

Supervisor-Supervisee Vignettes

Vignette 1: Developmental Mismatch

Scenario. Janna, an advanced practicum doctoral psychology student, is scheduled to see a new patient with trichotillomania, a condition she has never treated. Janna reviews the patient's chart and completes a brief literature search on evidence-based treatments. She then develops a plan for the intake evaluation and treatment. During supervision, she briefly describes the patient's presenting problem of trichotillomania. Without asking Janna about her plans, her supervisor, Dr. Gregg, tells her how to conduct the intake, listing questions she should ask and points she should consider. Dr. Gregg then outlines the course of treatment for trichotillomania, and prompts Janna to talk about her next case.

Impact on Professional Development. The developmental model of supervision recommends that the supervisory environment match trainees' characteristics (Hogan, 1964; Hunt, 1971; Stoltenberg, 1981). One relevant characteristic is the trainee's developmental level. The American Psychological Association recommends that supervisors adjust their feedback to trainees' developmental level (APA, 2014). Advanced practicum students are likely functioning at Level II of the integrative developmental model of supervision (Stoltenberg, Bailey, Cruzan, Hart, & Ukuku, 2014), characterized by a struggle between autonomy and dependence (Milne &

Watkins, 2014). Supervisors of Level II trainees should encourage trainees to expand their resources, complete independent literature reviews, and make more decisions about the course of treatment. Supervisors should be less directive, only providing instructions when trainees reach the limits of their competencies. The integrative developmental model further recommended that supervisors monitor how supervisory interactions impact the trainee's sense of autonomy and competence.

In the current vignette, Janna is an advanced graduate student, presumably with foundational clinical skills. Instead of asking Janna about her thoughts, her supervisor used a directive approach, more appropriate for novice or Level I clinical trainees (Stoltenberg et al, 2014). Dr. Gregg failed to match his supervisory style to Janna's developmental level and preparation with this case. This may adversely affect Janna's professional development in several ways. One of the most significant consequences may be the negative impact on the goals, tasks, and bonds that make up the SWA. A mismatch between supervisory styles and trainee developmental level can hurt the SWA (Farnan, Johnson, Meltzer, Humphrey, & Arora, 2009). Because the SWA forms the foundation of the supervision process (Watkins & Scaturro, 2013), ruptures may decrease the effectiveness of supervision. Furthermore, the directive approach did not facilitate growth in case conceptualization and critical thinking skills, which is a disconnect in the goals of supervision. Applying current knowledge to unfamiliar clinical situations is an important skill, but one that may stretch trainees' current skillset. This skill may fall into Janna's Zone of Proximal Development (Chaiklin, 2003), and would make an ideal supervision goal. Finally, Dr. Gregg missed the opportunity to provide Janna with positive feedback on her initiative and skills in preparing for this case. Since trainees are often balancing numerous time

demands, Janna may prioritize other activities over independently researching new cases in the future because her initiative was not reinforced.

Vignette 2: Ignoring Context and Over-Generalization

Scenario. Maggie, a doctoral intern at a children's hospital, had been successfully meeting expectations and receiving positive feedback regarding her patient care. However, over the past few weeks Maggie experienced several stressful life events related to her family. Maggie began missing deadlines, failed to attend an important meeting, and did not adequately prepare for a patient visit. Maggie's supervisor, Dr. Spruce, focused supervision on her recent performance and shared his concerns with the training team. With Dr. Spruce's help, Maggie worked diligently to catch up and better manage her time. She returned to her previous performance level within two weeks. However, with Dr. Spruce's focus on time management, Maggie felt that her disclosure was not acknowledged or addressed. Maggie had hoped for a discussion of how to best manage the impact of contextual factors on her clinical skills.

In addition, despite the improvements in Maggie's performance, she found that her other supervisors continued to focus on timeliness and attention to detail during supervision, adding this as an ongoing goal in her performance evaluations. After her temporary lapse in performance, she felt that she had developed a reputation as being sloppy with details. This further eroded her SWA with her supervisors.

Impact on Professional Development. A large majority of psychology trainees report that stressful events affect their clinical performance at some time during their training (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). Two important competencies for trainees include self-care (Callahan & Watkins, 2018) and recognition of and appropriate response to the impact of contextual factors on competency (APA, 2017).

Maggie's vignette demonstrates how even well intended feedback can have an adverse impact. In this scenario, Maggie disclosed life stressors that affected her clinical performance; however, supervisors focused feedback on time management. This mismatch between goals may damage the SWA. Moreover, she continued to receive feedback about time management after her performance improved. Consequently, Maggie may have felt that her supervisors were (1) ignoring the contextual factors contributing to her drop in performance and (2) overgeneralizing her mistakes. These actions can adversely affect professional development in several ways.

Dr. Spruce missed an opportunity for professional development discussing both effective coping and self-care in the face of life stressors, and how to assess and respond to events that impact performance, leaving Maggie vulnerable to similar problems in the future. In addition, Maggie's supervisors may have invalidated her feelings and weakened the SWA when they did not acknowledge the context of her reduced performance (Gray et al., 2001).

Supervisees should also receive feedback that is responsive to improvements in performance (APA, 2014). When feedback is dynamic, it ensures that the supervisors and supervisees agree upon the goals of supervision, which is critical to the SWA (Bordin, 1983). However, supervisors, and training teams in particular, may be at risk for overgeneralizing positive and negative performance for several reasons. Due to the halo effect (Nisbett & Wilson, 1977), supervisors may only bring up problems, even minor ones, which may inadvertently cause other supervisors to assume that trainees are constantly struggling. Also, supervisors may be less likely to speak up if they have dissenting views, which is a commonly observed phenomenon among groups (Turner & Pratkanis, 1997). Maggie continued receiving feedback on time management long after her organization an improved. As a result, she may have experienced

decreases in self-efficacy, or her alliance with her supervisors may have been damaged because she felt that they were not attentive to her improvements (Gray et al., 2001).

Vignette 3: Pairing Negative Feedback with Collaborative Problem-Solving

Scenario. During his postdoctoral fellowship, Phillip performed well in his clinical duties, but had difficulty completing paperwork in a timely manner, causing him to rush and make errors. Although his difficulty with efficiency and organization was ongoing, his supervisor, Dr. Alston, limited direct correction and negative feedback. Instead, she continued to provide positive feedback for his clinical skills and high motivation. She paired this positive feedback with collaboration to problem-solve strategies to improve his weaknesses. Dr. Alston helped Phillip identify concrete goals and scheduled time during supervision to work on these goals. Not only was Phillip able to show improvement, but his motivation, self-efficacy, and professionalism increased.

Impact on Professional Development. Supervisors promote a positive and secure SWA when they recognize trainee strengths (Ellis et al., 2014). Guidelines emphasize the importance of balancing positive feedback with constructive feedback to build confidence and autonomy (Bagnall & Sloan, 2014). Phillip's supervisor did an excellent job working with Phillip to address his weaknesses without overlooking his strengths. This will likely bolster the SWA between Phillip and his supervisor and increase the utility of supervision.

The Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014) recommend that supervisors provide feedback that is “direct, clear, and timely, behaviorally-anchored, responsive to supervisees’ reactions, and mindful of the impact on the supervisory relationship” (p. 21). Dr. Alston used an approach consistent with these guidelines by engaging in effective problem-solving strategies in an encouraging and supportive manner. This type of

approach can help trainees experience adequate and supportive supervision (Ellis et al., 2014), thus strengthening the SWA. Unclear or unconstructive feedback (e.g., simply reminding Phillip of errors) can be detrimental to the SWA (Gray et al., 2001), which could lead to poor trainee (Ladany et al., 2011) and client outcomes (Patton & Kivlighan, 1997). Collaborative problem-solving can help supply trainees with tools to improve their performance while also minimizing feelings of criticism, which promotes trainee self-efficacy and the strength of the SWA.

Discussion

This article addresses the importance of the SWA and the impact of supervisor-supervisee interactions on this relationship. The first two vignettes highlight supervisory actions that weaken the SWA, and the last vignette highlights actions that foster a strong working alliance. The lessons learned from these interactions (Table 1) can help foster a constructive and rewarding supervisory experience for both supervisors and supervisees.

Recommendations for Supervisors

In the first vignette, Janna's supervisor did not recognize her ability to prepare for working with a new diagnosis, providing her with instruction instead of asking her what she thought. Supervisors are encouraged to stay aware of trainee's developmental level (Stoltenberg, 1981) and appropriately modify their feedback (Farnan et al., 2009; Gray et al., 2001). Supervisors can evaluate trainee competence and maintain a strong SWA by using an "ask vs. tell" approach. For example, supervisors can ask questions such as, "What do you think about this case?" or "What are your plans so far?" This can strengthen the SWA by ensuring that the goals of supervision are mutually understood and that the supervision tasks are tailored to trainees' developmental levels (Bordin, 1983; Farnan et al., 2009). This "ask vs. tell" approach offers many distinct advantages in working with advanced trainees. First, it fosters a supportive

supervisory environment in which trainees can stretch and demonstrate their knowledge. Trainees will learn more when they function in their zone of proximal development (Chaiklin, 2003). They will also learn to recognize limits of their competence and when to seek consultation; a vital skill for ethical clinicians (APA, 2017). Second, it provides supervisors with information about trainees' development during every supervisory session. A dynamic understanding of supervisee development can strengthen the SWA, and is recommended by scholars (O'donovan, Halford, & Walters, 2011).

The second vignette addressed a trainee whose performance was temporarily affected by life events. This highlights two important supervision practices: (1) addressing contextual factors that affect trainee performance, and (2) ensuring feedback is responsive to trainee improvement, thereby avoiding overgeneralization of negative feedback. As recommended by the APA (2014) supervisors should use supervision contracts with plans for re-assessment following declines in trainee performance to ensure that progress is measured and supervision is modified accordingly. Supervisors can address life events that affect trainee performance by focusing on self-care and effective coping, helping trainees identify barriers to effective coping and help them overcome these barriers (El-Ghoroury et al., 2012). This vignette also highlighted the potential for training teams to overgeneralize negative feedback. Supervisors and training teams may wish to adopt practices that combat groupthink and the halo effect (Fernandez, 2007; Nisbett & Wilson, 1977). Training teams can provide more complete and balanced pictures of trainee performance by facilitating the expression of dissenting opinions of trainee performance (Nemeth, Brown, & Rogers, 2001).

Finally, the last vignette discussed a supervisor who focused on trainee strengths, while working collaboratively to address weaknesses. This vignette illustrated how supervisors can

collaborate with their supervisees to develop plans to address problem areas. Unfortunately, collaborative problem-solving is more time consuming than directive feedback. Supervisors frequently balance many responsibilities (e.g., patient care, research, and administrative) that may inhibit ideal supervision. To ensure that the trainees are receiving optimal training experiences, and that the quality of care is being maintained, administrators should consider appropriate productivity offsets (e.g., reduced billing requirements) for faculty who also serve as supervisors. Indeed, across many studies, institutional support for supervision is considered crucial to adequate supervision (Milne, Aylott, Fitzpatrick, & Ellis, 2008). However, supervisors should also be aware that they may need to advocate and negotiate for their needs.

Recommendations for Trainees

These vignettes also highlight important recommendations for trainees. Supervisees may wish to meet with their supervisor at the outset of supervision to (1) collaboratively identify training goals and (2) develop a plan about how to communicate and resolve problems with their supervisors. Collaborative training goals can help supervisors learn areas in which supervisees feel competent, and identify growth areas, which can promote a strong SWA through shared supervision goals and tasks. Developing a plan to communicate and resolve problems can facilitate disclosure by trainees and problem-solving, which can strengthen the bond of the SWA.

Overall, the SWA is the foundation of supervision (Bordin, 1983; Watkins, 2014). The insights and strategies highlighted through the vignettes can help supervisors and trainees to maintain a SWA that supports effective clinical training. Supervisors can balance positive and constructive feedback, and keep the trainee's developmental level in mind. Systems for creating and measuring supervision goals can ensure responsive feedback, and facilitate communication about problems that arise during supervision.

References

- American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from: <http://apa.org/about/policy/guidelines-supervision.pdf>
- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Washington, DC: Author.
- Bagnall, G., & Sloan, G. (2014). A qualitative approach for measuring competence in clinical supervision. In C. E. Watkins Jr & D. L. Milne (Eds.). *The Wiley International Handbook of Clinical Supervision*, (1st ed.) 282-307. Oxford: John Wiley & Sons, Ltd., 431-444.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamental of clinical supervision* (4th ed.). Upper Saddle River, NJ: Merrill.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252-260. doi:10.1037/h0085885
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist*, 11(1), 35-42. doi:10.1177/0011000083111007
- Callahan, J. L., & Watkins Jr, C. E. (2018). The science of training III: Supervision, competency, and internship training. *Training and Education in Professional Psychology*, 12(4), 245-261. doi:10.1037/tep0000208
- Chaiklin, S. (2003). The zone of proximal development in Vygotsky's analysis of learning and instruction. In Kozulin, A., Gindis, B., Ageyev, V. & Miller, S. (Eds). *Vygotsky's educational theory in cultural context*, 39-64. Cambridge: Cambridge University Press.

- El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6*(2), 122-134. doi:10.1037/a0028768
- Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist, 42*(4), 434-472. doi:10.1177/0011000013508656
- Farnan, J. M., Johnson, J. K., Meltzer, D. O., Humphrey, H. J., & Arora, V. M. (2009). On-call supervision and resident autonomy: from micromanager to absentee attending. *The American Journal of Medicine, 122*(8), 784-788. doi:10.1016/j.amjmed.2009.04.011
- Fernandez, C. P. (2007). Creating thought diversity: the antidote to group think. *Journal of Public Health Management and Practice, 13*(6), 670-671. doi:10.1097/01.PHH.0000296146.09918.30
- Gray, L. A., Ladany, N., Walker, J. A., Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*(4), 371-383. doi:10.1037/0022-0167.48.4.371
- Hogan, R. A. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research & Practice, 1*(3), 139-141. doi:10.1037/h0088589
- Hunt, D. E. (1971). Matching models in education: The coordination of teaching methods with student characteristics. *Ontario Institute for Studies in Education, Monograph*.
- Krupnick, J. L., Sotsky, S. M., Simmens, S., Moyer, J., Elkin, I., & Pilkonis, P. A. (1996). The role of the therapeutic alliance in psychotherapy and pharmacotherapy outcome: Findings in the National Institute of Mental Health Treatment of Depression Collaborative

- Research Program. *Journal of Consulting and Clinical Psychology*, 64(3), 532-539.
doi:10.1176/foc.4.2.269
- Ladany, N., Ellis, M. V., Friedlander, M. L. (2011). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development*, 77(4), 447-455.
doi:10.1002/j.1556-6676.1999.tb02472.x
- Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V. (2008). How does clinical supervision work? Using a "best evidence synthesis" approach to construct a basic model of supervision. *The Clinical Supervisor*, 27(2). 170-190. doi:10.1080/07325220802487915
- Milne, D., & Watkins Jr, C. E. (2014). Defining and understanding clinical supervision: A functional approach. In C. E. Watkins Jr & D. L. Milne (Eds.). *The Wiley International Handbook of Clinical Supervision*, (1st ed.) 282-307. Oxford: John Wiley & Sons, Ltd., 3-19.
- Morrison, M. A., & Lent, R. W. (2018). The working alliance, beliefs about the supervisor, and counseling self-efficacy: Applying the relational efficacy model to counselor supervision. *Journal of Counseling Psychology*, 65(4), 512-522. doi:10.1037/cou0000267
- Nemeth, C., Brown, K., & Rogers, J. (2001). Devil's advocate versus authentic dissent: Stimulating quantity and quality. *European Journal of Social Psychology*, 31(6), 707-720. doi:10.1002/ejsp.58
- Nisbett, R. E., & Wilson, T. D. (1977). The halo effect: evidence for unconscious alteration of judgments. *Journal of Personality and Social Psychology*, 35(4), 250-256.
doi:10.1037/0022-3514.35.4.250

- O'donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist, 46*(2), 101-112.
doi:10.1111/j.1742-9544.2011.00033.x
- Patton, M. J., & Kivlighan, D. M., (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology, 44*(1), 108-115. doi:10.1037/0022-0167.44.1.108
- Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., ... & Rodolfa, E. (2002). Negative supervisory events: Effects on supervision and supervisory alliance. *Professional Psychology: Research and Practice, 33*(2), 197-202.
doi:10.1037//0735-7028.33.2.197
- Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59-65.
doi:10.1037/0022-0167.28.1.59
- Turner, M. E., & Pratkanis, A. R. (1998). Twenty-five years of groupthink theory and research: Lessons from the evaluation of a theory. *Organizational Behavior and Human Decision Processes, 73*(2-3), 105-115. doi:10.1006/obhd.1998.2756
- Watkins, C. E., Jr., & Scaturro, D. J. (2013). Toward an integrative, learning-based model of psychotherapy supervision: Supervisory alliance, educational interventions, and supervisee learning/relearning. *Journal of Psychotherapy Integration, 23*(1), 75.
doi:10.1037/a0031330
- Watkins, C. E., Jr. (2014). The supervisory alliance as quintessential integrative variable. *Journal of Contemporary Psychotherapy, 44*(3), 151-161. doi:10.1007/s10879-103-9252-x

Table 1

Recommendations to Promote a Strong Supervisor-Supervisee Working Alliance

Situations that often impact the SWA	Recommendations for supervisors	Recommendations for supervisees
Mismatch between supervision style and developmental level	<ul style="list-style-type: none"> • Keep in mind the supervisee's developmental levels across professional domains (e.g. assessment, conceptualization, intervention) • Adjust the focus of supervision as the supervisee becomes more independent. • Create a plan with your supervisee about how you will talk about goals and issues that arise during supervision. • Use an “ask vs. tell” approach – ask what the trainee thinks before telling them what to do. 	<ul style="list-style-type: none"> • Collaborate with supervisors to create short- and long-term training goals. • Be honest about your previous experiences, it can make supervision more productive. • Create a plan with your supervisor ahead of time about how you will talk about goals and issues that may arise during supervision.
Contextual factors impacting supervisee work performance	<ul style="list-style-type: none"> • When there are unexpected changes in performance, ask about contextual factors (e.g., other academic or life stressors) • During supervision, address contextual factors that affect trainee performance. • Provide professional development on how to balance stressors with work. • Collaborate with trainee to determine if workload reduction is needed. • Focus on self-care and effective coping, helping trainees identify and overcome barriers to effective coping. 	<ul style="list-style-type: none"> • If you feel that your performance is consistently slipping, talk to your supervisor first. • Approach your supervisor when overwhelmed (e.g., doctoral candidacy exams, dissertations, life-stressors) and ask for advice on stress and time management. • Regularly check in with your supervisor and provide relevant updates if there are have been changes in your situation or stress levels.
Unconstructive or unresponsive feedback	<ul style="list-style-type: none"> • Be sure to provide positive feedback about what trainees are doing well. • Work collaboratively with trainees to improve areas of weakness. • Ensure feedback is responsive to trainee improvement. Recognize and praise improvements. • Use supervision contracts with plans for re-assessment following declines in trainee performance to ensure that progress is measured and supervision is modified accordingly. • Supervisors and training teams can adopt practices that combat groupthink and the halo effect, such as encouraging or soliciting dissenting opinions from other training faculty. 	<ul style="list-style-type: none"> • When given negative feedback, ask for advice on specific steps to take to improve. • Develop a plan about how to communicate and resolve problems with your supervisors. • If feedback is unclear or seems off target, ask for examples or clarification. • Ask to create a supervision contract with your supervisor, and set a time for the two of you to meet and review your progress.