Received 12/27/18
Revised 05/07/19
Accepted 05/10/19
DOI: 10.1002/ceas.12167

Supervision

A Comparison of Beginning and Expert Supervisors' Supervision Cognitions

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Beginning and expert supervisors' cognitions and cognitive structures were compared via concept mapping, a mixed methods design. Both beginning and expert supervisors reported a variety of cognitions representing developmental characteristics in 3 areas: assessment of supervisees, conceptualization and management of supervision, and supervisory relationship.

Keywords: clinical supervision, beginning supervisor, expert supervisor, concept mapping, supervision framework

There have been advancements in the field of clinical supervision over the last decade (e.g., supervision training requirements in counseling doctoral programs and for supervisors of counselor licensure applicants). As a result, there are a growing number of supervisors who not only are knowledgeable about the fundamental aspects of supervision (e.g., models, interventions), but also are equipped with supervised supervision experiences, primarily as part of their doctoral studies. Once novices to supervision work, some supervisors have been developing depth and expertise through supervising counselors and supervisors, teaching supervision, and researching supervision. Although the word *expert* is often associated with scholars, expertise in clinical supervision can be described differently in various settings (e.g., academe, site). Clinical supervision experts can be educators, researchers, and/or practitioners with complex and high-level thought processes; nuanced, individualized, and flexible practices; and the ability to continuously self-monitor their skills (Glaser & Chi, 1988). They also perform the best practices of supervision (e.g., Borders et al., 2014). Consequently, increasing numbers of supervisors from various points of the developmental spectrum offer an opportunity to study processes of supervisor development to address the need for data-driven models for clinical supervision.

Supervisor development models published in the early 1980s through late 1990s were descriptive frameworks developed mainly for beginning supervisors, with scarce descriptions of advanced supervisors. Two of these models (Stoltenberg, 1981; Watkins, 1993) assumed that supervisors received

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training in supervision and detailed the characteristics of beginning and expert supervisors.

In the supervision complexity model (SCM), Watkins (1993) associated beginning supervisors as having low confidence, questioning their own abilities as a supervisor, and depending on others for help and guidance. Beginning supervisors were described as feeling overwhelmed and unprepared, and as having little awareness of their supervisory strengths, styles, and motivations or their impact on supervisees. During supervision, beginning supervisors demonstrated concrete structuring of supervision sessions, little tolerance for ambiguity, and minimal attendance to the process. Expert supervisors, on the other hand, were described as having effective, competent, and professional performance. Experts' practices were also associated with meaningful, useful, and well-integrated supervisory styles informing their work, and the ability to recognize mistakes as part of being human (Watkins, 1993).

In the integrated developmental model (IDM), Stoltenberg and McNeill (2010) also described beginning supervisors as highly anxious or naive, uncomfortable with providing feedback, and more focused on themselves and their own reactions than on their supervisees. Beginning supervisors focused more on doing the right things in supervision, rather than on the process, and needed structure (e.g., evaluation forms or checklists). In the IDM, expert supervisors were described as comfortable working with any supervisee or supervisor profiles, able to integrate ideas and skills from both counseling and supervision domains, and able to shift fluidly across domains (e.g., client conceptualization, interventions skills, and individual differences) and supervisory relationships with different supervisees.

These models primarily offer professional identity development characteristics, ranging from being confused, anxious, and insecure as a beginning supervisor to confident, secure, and competent as an expert supervisor, rather than providing information on supervisors' cognitions and cognitive processes, which are an essential component in influencing how supervisors develop from the beginning to the expert role (Borders, 1992; Borders, 2011).

To offer more data-driven understandings of how expert supervisors develop their practices, researchers have examined exceptional supervisors in the specific domain of clinical supervision using nominations, peer identification, and academic criteria. In several studies, researchers (e.g., Grant, Schofield, & Crawford, 2012; Kemer, Borders, & Yel, 2017; Nelson, Barnes, Evans, & Triggiano, 2008) found that expert supervisors paid acute attention to the supervisory relationship and were willing to be direct and to confront when necessary, even if they were uncomfortable doing so. Expert supervisors increased their efforts to gather data and understand their supervisees' dilemmas, had ongoing reflections on their work both during and between supervision sessions, and critically examined their current approaches to supervision.

In two separate studies (Kemer, Borders, & Willse, 2014; Kemer, Pope, & Neuer Colburn, 2017) examining the scope of expert supervisors' thoughts informing their supervision practices, supervision experts in academic and

site/field settings generated a wide variety of thoughts on supervision and summarized those into categories that were grouped into specific areas of supervision practice, such as assessment of the supervisee and his or her work, supervisory relationship, and supervisor's self-assessment and reflection. Findings showed the ability experts have to perceive large, meaningful patterns and to represent a problem at a more principled level (Glaser & Chi, 1988), highlighting the importance of cognitive deliberation in expert-level practice.

Despite contributing to researchers' knowledge of the cognitions influencing supervisor development, these studies (Kemer et al., 2014; Kemer, Pope, & Neuer Colburn, 2017) did not offer a comparison of beginning- and expert-level supervisors. Ericsson and Smith (1991) highlighted the necessity of examining differences between experts and less experienced individuals to understand what expertise entails in a specific area. Anderson (1983) highlighted two specific types of knowledge, declarative and procedural, as critical to distinguishing experts from novices. *Declarative knowledge* is factual and stored in propositions (e.g., beginning counselors/ supervisees demonstrate anxiety and self-doubt about their practices), whereas *procedural knowledge* is functionally organized into *if-then* statements (e.g., "If my supervisees have anxiety and self-doubt about their practices, then I can focus on the moments they do not show anxiety and self-doubt, and process the difference"). In other words, procedural knowledge is a converted and integrated version of declarative knowledge accumulated through years of experience, study, and reflection. In a problem situation, novices are more inclined to engage their declarative knowledge, whereas experts use more procedural knowledge. However, studying these processes in ill-defined fields (e.g., counseling, supervision) is difficult (Tracey, Wampold, Lichtenberg, & Goodyear, 2014), especially because knowledge of supervisor development is based primarily on general descriptions of professional identity development characteristics, rather than on empirical research findings about supervisors' cognitive processes across the spectrum of beginner to expert.

To further supervision researchers' and training programs' data-driven understanding of cognitions and cognitive structures of different developmental levels and to inform how to facilitate supervisory development, we need further studies comparing beginning and expert supervisors' thinking that present in their performances (Goodyear et al., 2016). In this study, I examined beginning and expert clinical supervisors' supervision cognitions/ thoughts as well as cognitive structures. A mixed-methods design, concept mapping (CM; Kane & Trochim, 2007), was used to obtain a comprehensive understanding of both groups of supervisors' cognitions. With its constructive nature, CM was ideal to answer the overarching research question: What are beginning and expert supervisors' cognitions/thoughts in planning for, conducting, and evaluating their supervision sessions?

Method

As a sequential mixed-methods design (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005), CM (Kane & Trochim, 2007) offers researchers

structured processes for exploring and understanding complex abstract constructs and furthering their theoretical knowledge by developing conceptual frameworks. Using both qualitative and quantitative procedures, CM is a way to examine nuanced and idiosyncratic concepts, such as supervisor cognitions and cognitive structures. Following the CM procedures, data were collected in three rounds involving various steps (i.e., preparation, generation of participant statements, structuring of participant statements, representation of participant statements, and interpretation of participant statements; Kane & Trochim, 2007). A research team of two, consisting of one doctoral student and one counseling faculty member (the author), handled data collection in all three rounds and consulted with an auditor, who was another counseling faculty member, in finalizing the first-round data.

Round 1

Preparation. This step involved determining selection criteria and recruiting participants (Kane & Trochim, 2007) as well as selecting the participants purposefully. M. T. H. Chi (personal communication, October 15, 2012) suggested that beginning supervisors should be new to supervision work, yet have adequate knowledge of and practical experience in clinical supervision. For the purposes of the current study, a beginning supervisor was defined as a doctoral student who (a) was enrolled in either a counselor education or counseling psychology program; (b) had not had clinical supervision training or practice before doctoral studies; (c) had taken a didactic supervision course during doctoral studies; and (d) had provided at least one semester of supervised supervision beyond the didactic course. To engage beginning supervisors, we announced the study on professional email lists (e.g., Counselor Education and Supervision Network Listserv) and on several doctoral-program student email lists through program directors. An invitation letter in the recruitment email specified study goals and procedures and provided a link to an online survey for the first round of data collection. To ensure beginner status, only beginning supervisors with a range of one to four semesters of supervised supervision experience could participate.

The research team used Kemer et al.'s (2014) criteria for expert supervisors of academe: (a) a doctoral degree in either counselor education or counseling psychology, (b) experience in teaching and supervising student counselors and/or supervisors, (c) extensive involvement in scholarly activities in supervision, and/or (d) nominations and/or recognitions for being a distinguished mentor, clinical supervisor, or other expert. Kemer et al. (2014) created a master list of 44 expert supervisors of academe following specific procedures: (a) building a list through the examination of supervision literature, national and international supervision-related conferences, experience in training counselors and supervisors, and involvement in supervision projects (e.g., Borders, 2011; Borders et al., 2014) and (b) reviewing personal and professional websites as well as curricula vitae to confirm that people met the specific criteria (i.e., a, b, and c).

To examine a different group of participants in the current study, we invited only experts who had not participated in Kemer et al.'s (2014) study.

Using a different process than we used to recruit beginning supervisors, we sent a personal invitation to each of the expert supervisors explaining the goals and procedures of the study and providing a link to an online survey for the first round of data collection. From a master list of 44, we targeted 26 expert supervisors who were known for their scholarly activities in the field of counseling supervision.

Per CM procedures, a minimum of 10 participants is adequate for the validity of the results (Kane & Trochim, 2007). Thus, we aimed to involve at least 10 beginning supervisors and 10 expert supervisors to obtain robust results. A total of 23 beginning and expert supervisors participated in the current study. Beginning supervisors were 12 female doctoral students with an average age of 32.50 years ($SD = 5.68$), eight of whom identified as Caucasian, whereas the other four identified as African American, Black, Asian/Pacific Islander, or Middle Eastern. All had taken a graduate-level supervision theory course and completed supervised supervision practicum with a range of one to four semesters ($M = 2.50$, $SD = 0.90$, mode = 3); none reported any supervision training or supervised supervision prior to their doctoral studies. Nine were pursuing their degrees in counselor education and, three were in counseling psychology programs.

The 11 expert supervisors consisted of six female (54.5%) and five male (46.5%) university supervisors, eight of whom were Caucasian (72.7%) and three of whom were African American (27.3%), with a mean age of 55.91 years ($SD = 10.75$). Out of these 11, five had doctoral degrees in counseling psychology; four in counselor education; one in counseling and human development; and one in education, multicultural and social justice. Eight were full (72.7%) and three were associate (27.3%) professors. Some experts reported multiple credentials: five were national certified counselors (45.5%), five were licensed professional counselors (45.5%), four were licensed psychologists (36.4%), and three (27.3%) were approved clinical supervisors, which is a credential offered by the National Board for Certified Counselors.

All reported training (coursework/workshops) in supervision, eight reported taking a graduate course, four reported attending workshops, and seven said they had received supervised supervision. Experts' supervision practice ranged from 8 to 40 years, with an average of 25.63 years ($SD = 9.30$). In terms of supervisee profiles, 10 experts reported that they typically supervised master's- and doctoral-level practicum or internship students; one supervisor mentioned supervising supervision of doctoral students; and three indicated supervising field practitioners who were seeking licensure.

The 11 experts had published 23 books (not counting each edition of a book), 89 book chapters ($M = 7.42$, $SD = 8.95$), and 242 peer-reviewed journal articles ($M = 20.17$, $SD = 10.79$) on counselor/therapist training and supervision; they had made 423 professional presentations ($M = 35.25$, $SD = 25.26$), conducted 84 workshops ($M = 7$, $SD = 10.46$), and received 113 award nominations/recognitions for supervision or mentoring ($M = 9.42$, $SD = 8.48$).

Generation of statements. To obtain a comprehensive understanding of beginning and expert supervisors' supervision cognitions, we developed a focus

statement and a brainstorming prompt per CM procedures. Addressing the research question of concern, the focus statement and brainstorming prompt inquired about supervisors' thoughts while planning, conducting, and evaluating their individual supervision sessions. We invited both supervisor groups (i.e., beginning and expert) to respond to an online survey that included a consent statement, demographic information form, and directions for generating statements regarding their supervision thoughts. Sample instructions, focus statement, and brainstorming prompt include the following: "Please attempt to generate short phrases or sentences that describe the factors you take into consideration," "In the box below, please fill in the blank of the following prompt with as many statements as possible," and "One specific thing I think about in planning for, conducting, and evaluating my supervision is [blank for participant's response]." We set the maximum number of participant statements that could be entered in the survey to 100 per participant and asked participants to contact us if they had more statements to offer.

In this first round of the data collection, 11 of the 12 beginning supervisors generated a total of 204 statements with a range of 4 to 39 statements (M = 17.73, SD = 9.95). First, we engaged in a conversation of how to complete this part of data collection (e.g., maintaining the meaning and content of each statement, minimizing researcher influence). Then, we worked on editing and synthesizing the statements by eliminating duplicate statements, conceptually similar statements, and statements for different modalities (e.g., group) than individual supervision. After distilling the original list of 204 statements into a preliminary list of statements, the auditor reviewed the list and offered suggestions. Revisions based on these suggestions yielded a final list of 159 statements.

Following the same procedures, 11 expert supervisors produced 293 statements, ranging from six to 70 (M = 26.64, SD = 19.02) statements each. After editing and auditor review, we obtained a final list of 209 expert supervisors' statements.

Although Kane and Trochim (2007) suggested a practical number of 100 final statements in a CM study, we included the large number of statements in both groups of supervisors to maintain the nuanced and idiosyncratic nature of the data and to retain the full scope of beginning and expert supervisors' supervision cognitions. This was critical for observing the differences in thinking between the beginning and expert supervisors.

Round 2

In the second round, we followed two complementary procedures to examine underlying structures of beginning and expert supervisors: (a) structuring the statements via a sorting task and (b) representation of the statements.

Structuring the statements. We printed the final list of statements for both groups on small cards and mailed them to the respective participants along with a stack of empty envelopes for a sorting task. We asked participants to sort the statements into piles based on their conceptual similarity and provided specific directions (e.g., "Each statement must belong to only one pile; if a

statement seems to fit several piles, then you must select the one pile into which the statement best fits") to complete the sorting task in a consistent manner (Kane & Trochim, 2007). Eight of the beginning supervisors from the first round volunteered to sort 159 statements, providing seven to 28 piles with a mean of 16.25 ($SD = 6.71$) piles. Seven of the 11 experts opted in and sorted 209 statements into seven to 26 piles with a mean of 14.14 ($SD = 7.42$) piles.

Representation of the statements. We used the data obtained from the sorting task to create preliminary representations of supervisors' cognitive structures. Using the statistical program R (R Development Core Team, 2013), we aggregated the sorted data to create a group similarity matrix (GSM) as input to perform two-dimensional, nonmetric multidimensional scaling (MDS) for each of the supervisor groups (i.e., beginning and expert), resulting in a point map. For the two-dimensional MDS solution fit, stress values for each of supervisor group (0.314 and 0.351 for beginning and expert, respectively) were slightly over the suggested value of 0.313 but within the range of obtained values in nearly 95% of CM studies (i.e., 0.205–0.365; Kane & Trochim, 2007). Sturrock and Rocha (2000) suggested that two-dimensional MDS solutions with a stress value below 0.396 should have robust structure, especially in one-, two-, and three-dimensional solutions with an upper limit as high as 100 statements.

Despite our having involved more than 100 statements in each data set, the two-dimensional fit was robust in both MDS results. Finally, we used the coordinate values for the statements from the MDS solutions to conduct a hierarchical cluster analysis, yielding a dendrogram representing a cluster of statements. The point maps and the dendrograms were used to create statistically driven and conceptually meaningful preliminary clusters and maps for each of the data sets. As a result, beginning supervisors' sorting data revealed 16 preliminary clusters, whereas expert supervisors' data yielded 26 preliminary clusters.

Round 3

Interpretation of the maps. In the final round, we invited participants to attend 90-minute focus groups to examine and finalize the clusters. Per CM procedures, there is no limit on the number of participants in the focus group (Kane & Trochim, 2007). Three out of 12 beginning supervisors and five out of 11 expert supervisors volunteered to work on their respective preliminary clusters and their representations on the point maps. Prior to the focus groups, we emailed the preliminary clusters and maps to the participants. Offering standard instructions to each supervisor group, we asked participants to (a) engage in dialogue on the reasonableness of statements in each of the preliminary clusters, (b) discuss the appropriateness of the labeling of each cluster, and (c) view all clusters and their locations on the map to look for areas of conceptually meaningful groups of clusters. Both research team members were present at the online focus group session with the beginning supervisors, whereas only the faculty research team member (the author) was present at the in-person focus group session with expert

supervisors at the faculty member's institution. The beginning supervisors' focus group determined 17 clusters representing three areas (Regions 1, 2, and 3; see Figure 1), whereas the expert supervisors' focus group finalized 27 clusters grouped into three areas (Regions 1, 2, and 3; see Figure 2).

Validity. To build *testimonial validity* (Bedi, 2006), CM procedures involve participants in data collection and analyses (i.e., generation and structuring of the data, finalizing the results). Thus, the researchers' potential influence on the data and results was minimized.

Results

Beginning and expert supervisors generated two separate cognitive frameworks for their thinking in the processes of preparing for, conducting, and evaluating their supervision sessions.

Beginning Supervisors

Beginning supervisors' supervision cognitions/thoughts involved 159 statements represented in 17 clusters (i.e., cognitive categories) grouped into three areas (or regions): assessment of the supervisee, planning and assessment of supervision, and supervisory relationship (see Table 1). Figure 1 represents the visual representation of beginning supervisors' cognitive categories and their areas. On this map, right quadrants were characterized by the assessment of the supervisee area, which included the clusters of supervisee's personal background, supervisee's professional developmental level, supervisee's conceptual and intervention skills, supervisee's ethical and multicultural competencies, supervisee/counselor-client dynamics, supervisee's counseling work and boundaries, supervisee's assessment skills, supervisee's self-care and wellness, and supervisee's goals and needs. The supervisee's goals and needs cluster appeared to be a transition cluster from this area to the planning and assessment of supervision area.

Appearing in the upper left quadrant of the map (see Figure 1), the planning and assessment of supervision area included the clusters of supervisor's advice to the beginning counselor/supervisee, conceptualization and management of supervision, evaluating supervisee's work, supervisor's assessment of his/her supervision model and supervisory roles/responsibilities, and supervisor's self-assessment and reflective process. The by itself cluster of organizational factors (i.e., site setting) was in the bottom left quadrant as a transition between this area and the supervisory relationship area. Spreading out to the bottom quadrants, the supervisory relationship area was represented by clusters of supervisors' assessments of the supervisory relationship and supervisees' responsiveness and receptivity in supervision.

Expert Supervisors

Experts' supervision cognitions/thoughts included 209 statements summarized into 27 clusters representing three areas: assessment of the supervisee and his or her work, conceptualization of supervision process and interventions, and supervisory relationship (see Table 2).

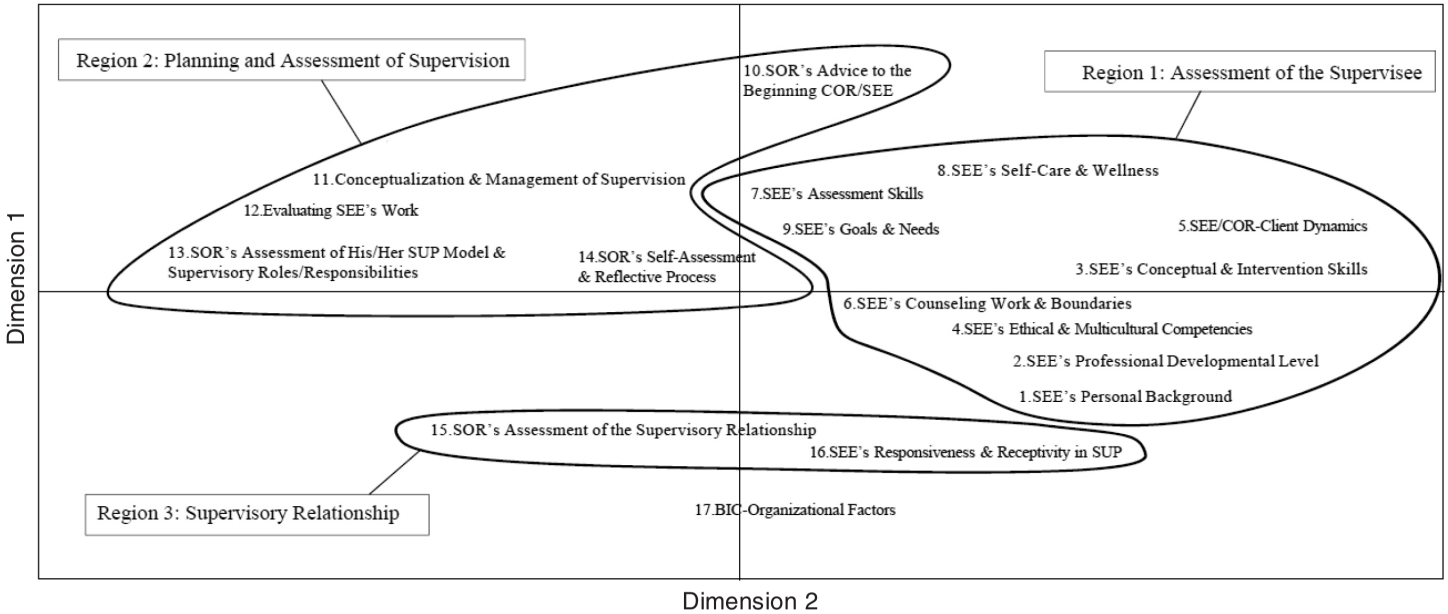

FIGURE 1

Beginning Supervisors' Cognitive Categories: Final Cluster Map

Note. SEE = supervisee; SOR = supervisor; COR = counselor; SUP = supervision; BIC = by itself cluster.

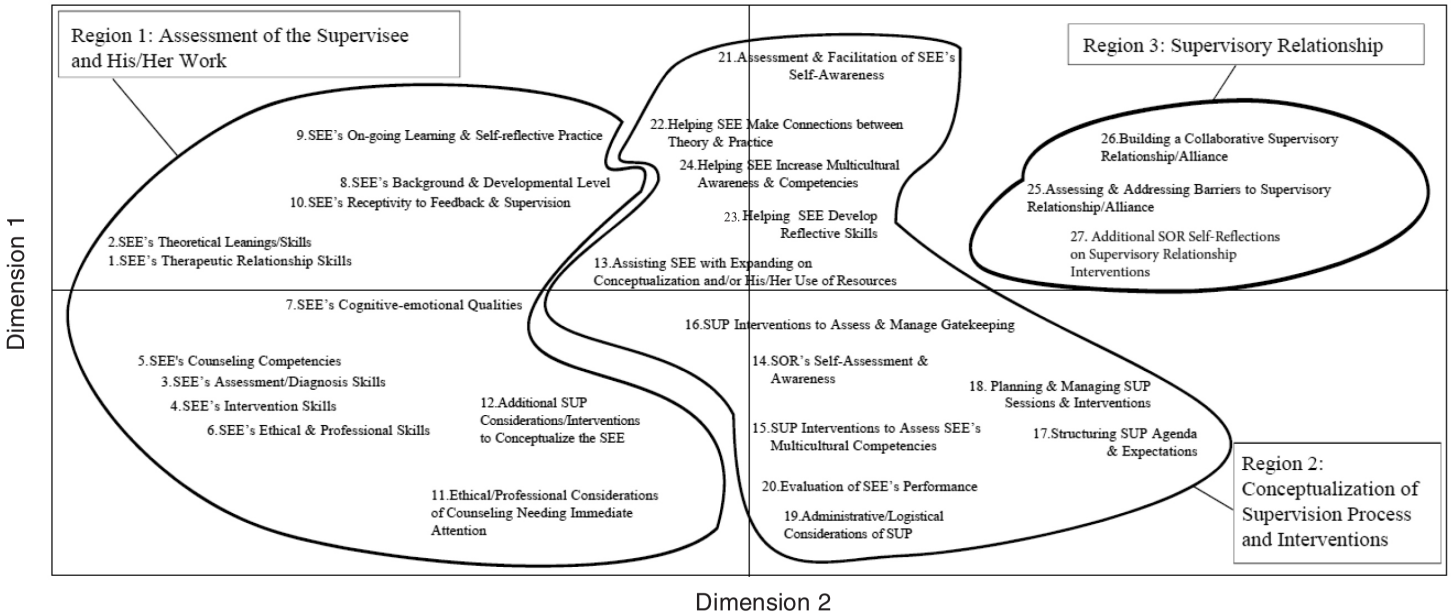

FIGURE 2

Expert Supervisors' Cognitive Categories: Final Cluster Map

Note. SEE = supervisee; SOR = supervisor; SUP = supervision.

TABLE 1

Descriptions of Beginning Supervisors' Cognitive Categories: Final Cluster List

Cluster	Cognitions/Thoughts Regarding
Area 1: Assessment of the Supervisee	
1. SEE's personal background	SEE's personal information, such as age, culture, spirituality, and values.
2. SEE's professional developmental level	SEE's professional strengths, growth edges, goals, and identity.
3. SEE's conceptual and intervention skills	SEE's theoretical inclinations, understanding of the client issues, treatment planning, intervention skills, and knowledge of other resources/referrals.
4. SEE's ethical and multicultural competencies	SEE's understanding of ethical policies and codes, ethical practice, and multicultural competencies in counseling (e.g., ASERVIC) and supervision.
5. SEE/counselor-client dynamics	Working alliance, power differentials, and multicultural factors in SEE's counseling sessions, and client's needs, safety, and progress.
6. SEE's counseling work and boundaries	Ability to relate to clients, respond to emotion in counseling sessions, and set professional boundaries, as well as themes of SEE's experience of and work with the clients.
7. SEE's assessment skills	SEE's ability to make diagnostic and suicide assessment.
8. SEE's self-care and wellness	SEE's ability to take care of self and wellness.
9. SEE's goals and needs	SEE's goals/objectives in supervision, unique learning style, past experiences with supervision, and developmental needs.
Area 2: Planning and Assessment of Supervision	
10. SOR's advice to the beginning counselor/SEE	Validating, normalizing, and teaching SEE (e.g., silence is OK, there is no perfect counselor, spirituality and religion are not the same thing).
11. Conceptualization and management of supervision	SOR's knowledge, resources, and reflections to shape and practice supervision to facilitate and encourage SEE growth in supervision sessions.
12. Evaluating SEE's work	Why and how to deliver evaluation.
Area 3: Supervisory Relationship	
13. SOR's assessment of his or her supervision model and supervisory roles/responsibilities	SOR's assessment of using appropriate supervision models as well as meeting departmental/professional standards (e.g., gatekeeping, documenting supervision).
14. SOR's self-assessment and reflective process	What and how questions to make supervision more efficient (e.g., stretching the SEE, addressing multicultural considerations, reflecting on own values, integrating experiential interventions into supervision).
15. SOR's assessment of the supervisory relationship	SOR's assessment of the relationship dynamics, such as SOR's presence, openness, and acceptance, multicultural factors, emotional boundaries, and power differentials in supervision.
16. SEE's responsiveness and receptivity in supervision	SEE's approach, preparedness, and awareness in supervision.
17. By itself cluster—Organizational factors (i.e., site setting)	

Note. SEE = supervisee; SOR = supervisor; ASERVIC = Association for Spiritual, Ethical, and Religious Values in Counseling.

TABLE 2

Descriptions of Expert Supervisors' Cognitive Categories: Final Cluster List

Cluster	Description
Area 1: Assessment of the Supervisee and His or Her Work	
1. SEE's therapeutic relationship skills	SEE's therapeutic attitude, effectiveness in creating a safe space for clients, and quality of working alliance with clients.
2. SEE's theoretical leanings/skills	SEE's theoretical development and inclinations.
3. SEE's assessment/diagnosis skills	SEE's assessment and conceptualization of the clients, and treatment-planning skills.
4. SEEs intervention skills	SEE's ability to match client needs with treatment goals and strategies.
5. SEE's counseling competencies	SEE's ability to listen, personalize, and empathize as well as build rapport with the client, stay in the here and now, and convey multicultural and advocacy competencies.
6. SEE's ethical and professional skills	SEE's ability to attend risk issues and referral necessities, as well as preparation, attendance, and professionalism in supervision.
7. SEE's cognitive-emotional qualities	SEE's motivation, affective attunement, and resiliency.
8. SEE's background and developmental level	SEE's academic background (e.g., grades, scholarship) and counselor identity as well as maturity level, cultural makeup, and attachment history.
9. SEE's ongoing learning and self-reflective practice	SEE's ability and willingness to engage in self-examination and reflection as well as ongoing learning.
Area 2: Conceptualization of Supervision Process and Interventions	
10. SEE's receptivity to feedback and supervision	SEE's ability and openness to receive and respond to feedback and discuss supervisory relationship.
11. Ethical/professional considerations of counseling needing immediate attention	Informed consent, confidentiality, dual relationship, and duty-to-warn issues in counseling.
12. Additional supervision considerations/ interventions to conceptualize the SEE	SEE's remediation history, metacompetence, satisfaction with me and on-site supervision, and perceptions of me as the SOR.
13. Assisting SEE with expanding on conceptualization and/or use of resources	SOR's strategies to enhance SEE's critical thinking and cognitive complexity in regard to conceptualization (e.g., client strengths and goals, parallel process).
14. SOR's self-assessment and awareness	SOR's reflections on conceptualization and treatment knowledge; strategies to stay current and effectiveness with supervision practice; and own biases, blind spots, and cultural identity (e.g., privilege and power).
15. Supervision interventions to assess SEE's multicultural competencies	SOR's strategies to assess and intervene with SEE's multicultural counseling competencies.
16. Supervision interventions to assess and manage gatekeeping	SOR's efforts to assess and broach remediation as well as gatekeeping processes, if needed.
17. Structuring supervision agenda and expectations	SOR's introduction to the SEE of roles, responsibilities, expectations, boundaries, documentation, and crisis/ emergency procedures as well as a typical supervision session.
18. Planning and managing supervision sessions and interventions	SOR's intentional supervision planning and practice (e.g., creating continuation in-between supervision sessions, utilizing developmentally and culturally appropriate interventions) to facilitate SEE's professional development (e.g., cognitive counseling skills, self-awareness, cultural competence, overall professional behaviors).

(Continued)

TABLE 2 (*Continued*)

Descriptions of Expert Supervisors' Cognitive Categories: Final Cluster List

Cluster	Description
Area 2: Conceptualization of Supervision Process and Intervention (*Continued*)	
19. Administrative/logistical considerations of supervision	SOR's periodic check-ins with SEE's record keeping and documentation, reflections on used supervision interventions (e.g., self-report, audio/video) and supervision session recordings, and staying in touch with the site SORs and their practices as well as documentation.
20. Evaluation of SEE's performance	SOR's attention to pre-, midpoint, and post-evaluation processes, as well as using valid and reliable measures of evaluation.
21. Assessment and facilitation of SEE's self-awareness	SOR's intentional focus on SEE's anxiety, interpersonal struggles, and challenges with staying present in counseling and supervision.
22. Helping SEE make connections between theory and practice	SOR's strategies to help SEE connect research, theory to what is practiced in counseling.
23. Helping SEE develop reflective skills	SOR's strategies to help SEE reflect on unhelpful/helpful counseling and supervision experiences to foster self- and peer supervision.
24. Helping SEE increase multicultural awareness and competencies	SOR's strategies to help SEEs become aware of their own cultural context on multiple levels and increase multicultural competence as they work with diverse clients.
Area 3: Supervisory Relationship	
25. Assessing and addressing barriers to supervisory relationship/alliance	SOR's assessment and efforts to address barriers to supervisory relationship (e.g., resistance, parallel process, power differential) to create a safe and trusting alliance.
26. Building a collaborative supervisory relationship/alliance	SOR's reflections on effective strategies (e.g., sharing power, facilitating mindfulness) to create a collaborative learning environment.
27. Additional SOR self-reflections on supervisory relationship interventions	Other SOR reflections on interventions to enhance supervisory relationship (e.g., modeling, staying calm and reassuring, giving SEE a voice, not putting self in the expert chair, paying attention to here and now in supervision).

Note. SEE = supervisee; SOR = supervisor.

Left quadrants of the expert supervisors' map (Figure 2) were represented by the assessment of the supervisee and his or her work. This area involved the clusters of supervisee's therapeutic relationship skills, supervisee's theoretical leanings/skills, supervisee's assessment/diagnosis skills, supervisee's intervention skills, supervisee's counseling competencies, supervisee's ethical and professional skills, supervisee's cognitive-emotional qualities, supervisee's background and developmental level, supervisee's ongoing learning and self-reflective practice, supervisee's receptivity to feedback and supervision, ethical/professional considerations of counseling needing immediate attention, and additional supervision considerations/interventions to conceptualize the supervisee.

The area of conceptualization of supervision process and interventions was located in the upper and lower left quadrants of the map. The clusters involved in this area were assisting supervisee with expanding on conceptualization and/or use of resources, supervisor's self-assessment and awareness, supervision interventions to assess supervisee's multicultural competencies, supervision interventions to assess and manage gatekeeping, structuring supervision agenda and expectations, planning and managing supervision sessions and interventions, administrative/ logistical considerations of supervision, evaluation of supervisee's performance, assessment and facilitation of supervisee's self-awareness, helping supervisee make connections between theory and practice, helping supervisee develop reflective skills, and helping supervisee increase multicultural awareness and competencies.

The last two clusters appeared as the transition clusters from this area to the supervisory relationship area located in the upper right quadrant of the map. The clusters included in this area were assessing and addressing barriers to supervisory relationship/alliance, building a collaborative supervisory relationship/alliance, and additional supervisor self-reflections on supervisory relationship interventions.

Discussion

Results of this study revealed a variety of supervision considerations, such as supervisees' skills, supervision interventions, and supervisory relationship, from two separate supervisor groups (i.e., beginning and expert supervisors). In a framework of three areas similar to that of their beginning counterparts, expert supervisors had more categories showing comprehensiveness and depth as well as qualitative and nuanced differences seeming to point to their developmental characteristics.

Similarities and Differences Between Beginning and Expert Supervisors' Concept Maps

Both beginning and expert supervisors' concept maps revealed three main areas involving similar and different content. In the area of assessment of supervisees and their work, supervisors reported a wide variety of thoughts regarding supervisees' competencies (e.g., assessment/diagnostic and intervention) and personal characteristics (e.g., cultural background). This area showed similarities with the eight domains of supervisee functions from the IDM (Stoltenberg & McNeill, 2010). In the conceptualization, planning, and management of supervision area, expert supervisors presented an extensive number of thoughts on assessment and intervention planning and management within supervision. In the last area (i.e., supervisory relationship), supervisors appeared to give intentional attention to creating a safe, trusting, and collaborative space for their supervisees within their supervisory relationship.

Supporting research conducted in different fields (e.g., Glaser & Chi, 1988; Patel, Glaser, & Arocha, 2000), a general overview of these areas revealed that beginning supervisors' supervision cognitions involved more concrete

and obvious knowledge statements (i.e., declarative knowledge), whereas expert supervisors' statements were more practical and/or procedural/reasoning-based (i.e., procedural knowledge; Anderson, 1983). Beginning supervisors presented two unique categories within the planning and assessment of supervision area. The first of these categories, supervisor's assessment of his/her supervision model and supervisory roles/responsibilities, appeared to be indicative of beginning supervisors' more concrete and knowledge-based thinking. Despite not being directly named after a specific supervision model, this category involved several statements that could be attributed to the discrimination model (Bernard, 1979) and its components, pointing to a need for a framework among beginning supervisors' supervision conceptualization and practices.

The second unique category in the beginning supervisors' list, supervisor's advice to the beginning counselor/supervisee, involved direct quotes teaching supervisees basics of counseling (e.g., silence is OK, clients are the experts of their lives, counselors do not fix), while normalizing and validating their anxieties and concerns. These statements may have also served as reassuring self-talk statements for the beginning supervisors. However, it is also necessary to highlight that beginning supervisors likely supervised beginning-level counselor trainees and such a category may be related more to their supervisee profile than to their beginning status. Both of these unique categories showed alignment with beginning supervisors' descriptions from supervisor development models (i.e., Stoltenberg & McNeill, 2010; Watkins, 1993), particularly highlighting the need that beginning supervisors have for structure and their tendency to take an "expert" role to teach the basics of counseling to their supervisees.

Expert supervisors, on the other hand, generated more statements and cognitive categories when compared with their beginning counterparts, an indication of their mastery in the clinical supervision domain (Glaser & Chi, 1988). Experts' cognitions and cognitive structures across three areas also indicated procedural knowledge (Anderson, 1983) and deliberate thinking (Ericsson, 2008). For example, conceptualization of supervision process and interventions and supervisory relationship areas involved comprehensive and in-depth lists of statements not only about what to assess regarding supervisees and supervision processes, but also about how to intervene in an intentional manner. An example statement suggesting deliberation could be from the supervisor's self-assessment and awareness cognitive category: "Establishing and implementing ways to monitor my supervisory effectiveness, including how I am managing supervisory relationship dynamics, my own reactions to the supervisee, and possible parallel process and countertransference." Supporting previous literature (e.g., Glaser & Chi, 1988; Kemer et al., 2014), this category also demonstrated experts' strong self-monitoring skills.

Similarly, experts' deliberate thinking showed stretching of supervisee's knowledge, perspectives, and awareness through various cognitive categories (e.g., helping supervisee make connections between theory and practice, helping supervisee develop reflective skills, helping supervisee increase

multicultural awareness and competencies), and intervening through attending to in-session choice points (i.e., ethical/professional considerations of counseling needing immediate attention). In other words, compared with beginners, experts emphasized using the process and here-and-now in supervision. These results were similar to findings in previous studies of expert supervisors in academe (Kemer et al., 2014) and site/field settings (Kemer, Pope, & Neuer Colburn, 2017) as well as of advanced supervisors described in developmental models (Stoltenberg & McNeill, 2010; Watkins, 1993).

Overall, our results indicated that beginning supervisors' clusters highlighted the need for specificity and structure when compared with experts' emphasis on deliberate practice with process orientation. Despite being represented in the same areas with expert supervisors, beginning supervisors' clusters appeared to lack depth and comprehensiveness. Showing parallels with counselor development (Level 1 in IDM; Stoltenberg & McNeill, 2010), beginning supervisors' thinking did not indicate much process commentary or immediacy. On the other hand, as Stoltenberg and McNeill (2010) also described, experts' thinking involved more integrated ideas and skills from both counseling and supervision processes, and planned focus on domains of supervisee functions, while considering differing supervision conceptualization, interventions, and relationships in an intentional manner.

Emergence of a Data-Driven Framework for Clinical Supervision

The results from beginning and expert supervisors' concept maps had substantial similarities with the concept maps obtained in the previous research studies with expert supervisors of academe (Kemer et al., 2014) and site/field (Kemer, Pope, & Neuer Colburn, 2017). When these similarities are taken into consideration, three different groups of expert supervisors and a group of beginning supervisors appeared to use a similar framework when planning for, conducting, and evaluating their supervision practices. In an overview of the results from these studies, such a conceptual framework seemed to involve five essential and interrelated areas of supervisors' thinking and practice: (a) assessment of the supervisee presented a wide range of personal (e.g., cultural background) and professional (e.g., counseling, assessment/conceptual/diagnostic, and intervention skills) characteristics of supervisees that informed supervisors' supervision practices; (b) supervisory relationship included a number of relationship and working alliance considerations (e.g., safety, trust, collaboration, supervisee's responsiveness) that could influence supervisors' supervision work and supervisory process; (c) conceptualization and interventions of supervision represented supervisors' conceptualization and structuring of supervisory process (e.g., goal-, agenda-, and expectation-setting in supervision, parameters of evaluation) as well as intervention planning and management (e.g., helping supervisees develop and stretch in their knowledge, skills, and perspectives, balancing support and challenge); (d) supervisor's self-assessment and reflection involved supervisors' reflection on not only their work with supervisees (e.g., "What did/do I do?" and "How did/do I do?"), but also about their own aware-

ness (e.g., biases, subjective/internal reactions); and (e) administrative and logistic aspects of supervision focused on record keeping, documentation, and ongoing communication with the site/university supervisor and more.

Limitations

There are limitations that should be taken into consideration when reviewing these results. First, the generalizability of results is limited to the demographics of beginning and expert supervisors who participated in this study. For example, experts were selected on the basis of their academic criteria, including indicators of academic performance expertise (e.g., scholarship, mentoring awards) rather than an assessment of their actual supervision practices. Similarly, beginning supervisors were selected on the basis of their supervision training background (i.e., no supervision training prior to the doctoral program, one to four semesters of supervised supervision practice). All beginning supervisors were women. Second, variables that were not included in this study (e.g., years of supervisory experience, type of supervision training, focus of the participants' primary research agenda) may have influenced the range of our expert supervisors' thoughts. Another group of expert supervisors may produce a distinct set of supervision thoughts. Likewise, depending on the intensity of supervisor training at their respective doctoral programs and whether they were engaged in supervision research, another group of beginning supervisors might generate a different set of supervision thoughts. Finally, even though CM procedures involve testimonial validity, another group of researchers may have observed different sets of preliminary clusters from the beginning and expert supervisors' statements. Therefore, researchers' observation of the data must be taken into consideration in reviewing the results and emerging supervision framework.

Implications for Research and Practice

The current study results could inform both future research efforts and supervisor training programs as well as informing supervisors on any point of the developmental spectrum. First, to further the understanding of similar and different developmental characteristics, comparisons of beginning and expert supervisors' supervision performances must be examined. Specifically, cross-sectional and longitudinal case studies could be used to explore what beginning and expert supervisors do in supervision, how they do what they do, and what their cognitive/thought processes are during those practices. Second, cross-sectional and longitudinal case studies could be used to examine supervisees' process and outcome experiences (e.g., self-disclosure, goal-achievement/skill development) with beginning and expert supervisors. Finally, the data sets showing the emerging conceptual framework of clinical supervision must be reviewed and discussed in detail in a future manuscript.

By assessing the cognitive content and processes of beginning and expert supervisors, the counseling profession can start to understand how to support beginning supervisors' development toward becoming an advanced supervi-

sor. Supervisor training programs may utilize the three areas of beginning and expert supervisors' thinking to help supervisor trainees conceptualize their supervision practices and to construct interventions to reduce their anxiety and enhance cognitive complexity. Programs may be designed to address beginning supervisors' developmental need for structure by fostering adoption of one or two specific supervision models. Furthermore, supervisors may work with their supervisor trainees on processing declarative knowledge and to shape which into procedural knowledge and deliberate practice. For example, structured case presentations along with observations of video segments from beginning supervisors' sessions could offer such opportunities for self-reflection and processing, including identifying how to incorporate process-oriented, here-and-now interventions into supervision. Similarly, regardless of their developmental level, supervision practitioners may consider increasing self-reflective practice through deliberate thinking, while focusing on assessment of their supervisees, conceptualization of their supervision practices and interventions, and their supervisory relationship.

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