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Trainee Shame-Proneness and the Supervisory Process

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Abstract

This study examined the influence of trainee shame-proneness on the supervisory process. A longitudinal design was employed to measure alliance ratings and perceived session impact of 43 counselor trainees undergoing a 5-session supervision process. Analysis of covariance revealed a significant relationship between supervisee shame-proneness and supervisory working alliance $F(4, 126) = 3.38, p = .0116$. Independent samples t-tests revealed high shame-prone supervisees rated significantly lower impact $t(41) = 2.53, p = .02, d = 1.1$. Implications for the practice of supervision are discussed.

Keywords

Shame, Supervision, Supervisory Alliance, Supervisory Process, Counselor Development

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This study examined the influence of trainee shame-proneness on the supervisory process. A longitudinal design was employed to measure alliance ratings and perceived session impact of 43 counselor trainees undergoing a 5-session supervision process. Analysis of covariance revealed a significant relationship between supervisee shame-proneness and supervisory working alliance $F(4, 126) = 3.38, p = .0116$. Independent samples *t*-tests revealed high shame-prone supervisees rated significantly lower impact $t(41) = 2.53, p = .02, d = 1.1$. Implications for the practice of supervision are discussed.

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Shame is as an internal, panic-like reaction encompassing feelings of helplessness, anxiety and the wish to hide or disappear (Graff, 2008; Morrison, 1994). It is thought to stem from the humiliation of personal failure or threat of failure and the fear of rejection (Hahn, 2001; Talbot, 1995; Zupancic & Kreidler, 1999). Research has linked shame-proneness to problematic relationships (Covert, Tangney, Maddux, & Heleno, 2003) and to fear of intimacy (Lutwak, Panish, & Ferrari, 2003) in community samples, suggesting shame-prone individuals may struggle in the development and maintenance of meaningful relationships. Furthermore, studies using experimental paradigms have linked state-induced shame to passive avoidance in social relationships (Chao, Cheng, & Chiou, 2011).

In the process of counseling supervision, shame inevitably arises as counseling trainees are required to expose their personal and professional lacunas to their supervisors (Buechler, 2008; Hahn, 2001). This is thought to be an important part of the learning process and relies on the

development of a strong relationship between supervisor and supervisee (Ladany, Ellis & Friedlander, 1999). Because shame-prone individuals are known to experience difficulties in interpersonal relationships, they are thought to experience supervision as problematic and to struggle within the supervisory hour (Graff, 2008). The mere threat of experiencing shame is thought to trigger a host of avoidant and resistant behaviors interfering in the process of supervision for trainees who are shame-prone (Farber, 2003; Hahn, 2001; Yourman, 2003). There is, however, little empirical evidence in support of these theoretical assumptions. Only three empirical studies discussing the impacts of shame and shame-proneness on the process of supervision could be found. These studies linked psychotherapy trainee shame-proneness to overall less satisfactory experiences of supervision (Doherty, 2005) and psychotherapy trainee non-disclosure to shame-related avoidance (Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996). Although these studies have provided some preliminary evidence for the

negative effects of shame and trainee shame-proneness in supervision, methodological limitations threaten the validity of these findings. Indeed, research in supervision has been criticized for its sparseness, lack of psychometric rigor, and for its excessive reliance on cross-sectional and retrospective studies (Ellis, D'Iuso & Ladany, 2008; Ellis & Ladany, 1997; Watkins, 2011). Unfortunately, the research investigating shame in supervision is of no exception. Only the study by Doherty (2005) actually measured trainee shame-proneness using a psychometric instrument with evidence of validity and reliability. The two other studies were based on self-report descriptions and researcher interpretations. Furthermore, all of these studies have relied on retrospective data. The temporal nature of the supervisory alliance has yet to be measured.

To summarize, most of the literature concerning trainee shame-proneness and its effects in supervision is theoretical and remains largely unsupported empirically. It remains unclear whether shame-prone trainees actually perceive their supervisory experiences differently than their counterparts and whether the supervision process is affected by this factor. Examining the possible influence of trainee shame-proneness on the supervision relationship could hold valuable implications for the practice of supervision, in providing empirical support for the theoretical and clinical literature and suggesting that trainee shame-proneness could influence the counseling supervision process. Furthermore, exploring supervisee shame-proneness would expand the existing knowledge of counselor education and supervision by providing insight into trainee-experienced shame, a critical experiential variable to consider in the effort to enhance the quality of training and supervision.

Shame-proneness and the Supervisory Working Alliance

The supervisory working alliance is the process variable of supervision that refers to the collaboration between supervisor and supervisee based on mutual agreement concerning the goals and tasks of supervision, as well as a strong emotional bond (Bordin, 1994). The supervisory working alliance has been identified as a key element to effective supervision (Ladany, Ellis & Friedlander, 1999). Moreover, the quality of the supervisory working alliance is thought to be reflective of the strength of the overall supervisory relationship (Sterner, 2009). According to Patton and Kivlighan (1997), the working alliance is most directly affected by the dispositional characteristics of the participants. Exploring trainee shame-proneness as a variable that influences the supervisory alliance is important for understanding the mediating factors in the process of supervision affecting the development of optimal supervisory practice and training.

Shame-proneness and Session Impact

Session impact refers to a participant's internal reactions to sessions. More specifically, session impact refers to a session's immediate effects on participants and their post-session affective state (Stiles, 1980). Stiles and Snow (1984) suggest session impact ratings mediate between process and outcome. In therapeutic settings, research has linked session impact to client improvement (Stiles, Shapiro, & Firth-Cozens, 1988, 1990) and has found session impact ratings to significantly predict termination (Mallinckrodt, 1993). Only one study has been conducted in a supervisory setting (Martin, Goodyear, & Newton, 1987). In that study, session impact was

found to vary more for supervisees than for supervisors. Investigating the influence of trainee shame-proneness on their internal reactions to sessions over the course of a supervisory process may provide important information on the perceived experience and effectiveness of supervision.

Purpose of the Study

The purpose of this study is to examine the influence of trainee shame-proneness on the supervisory process. In a previous study, we looked at whether alliance ratings would differ based on level of shame-proneness and found no significant differences between the high and low shame-prone groups (Bilodeau, Savard & Lecomte, 2010). However based on the literature, which suggests that shame-proneness would significantly influence the supervisory process, we further investigated the role of trainee shame-proneness as a continuous variable influencing the supervisory alliance. We also chose to include another measure of process: session impact. Two hypotheses were made:

- There is a significant relationship between trainee shame-proneness and the perceived strength of their supervisory working alliance;
- Trainees scoring high on shame-proneness perceive significantly less positive supervisory session impact than lower-scoring supervisees.

Method

Design and Participants

The sample for this study was comprised of 43 first year master's level counseling students enrolled in a career counseling course. The trainees attended

approximately fifteen hours of lecture. The lecture content included an overview of career counseling models, the counseling process, the counseling alliance, theories of transition and change, reactions to loss of employment and the process of disintegration. As part of the course requirements, trainees met with one client currently experiencing difficulty integrating the employment market or making a career decision in a five-to-ten session counseling process. Simultaneously, trainees also engaged in an individual five-session supervisory process with a supervisor throughout their counseling sessions. The attrition rate for our sample from the first to the fifth supervision session was 37%. The modalities used in supervision were videotapes of each of their trainees' sessions with their client and trainee process notes. Trainees were asked to complete questionnaires immediately following each of the supervisory sessions. Participating trainees consisted of 36 females and 7 males. The average age was 30.1 years with a standard deviation of 8.6. They averaged 6.8 years of post-secondary education with a standard deviation of 1.5.

Measures

Impact

A French version of The Session Evaluation Questionnaire Form 5 (SEQ) was used as a measure of session impact. The SEQ developed by Stiles (1980) was initially aimed at measuring dimensions of immediate impacts of a counseling session and later was used to measure immediate impacts of a supervision session (Burke, Goodyear, & Guzzard, 1998; Kivlighan, Angelone & Swafford, 1991; Lichtenberg & Goodyear, 2000; Martin et al., 1987). The SEQ is composed of 21 bipolar adjectives normally rated on a 7-point scale allowing

participants to rate how they evaluate their session and how they feel concerning the supervision session. The items of the SEQ are divided into 2 sections: Session evaluation and post-session mood. The respondents are instructed to circle the appropriate number to show how they feel about the session. Each section yields two dimensions: two independent evaluative dimensions of participants' perceptions of their sessions, called Depth and Smoothness, and two dimensions of their post-session mood, called Positivity and Arousal. Depth refers to a session being perceived as powerful, valuable and deep as opposed to weak, ordinary and shallow. Smoothness refers to a session's comfort, relaxation, and pleasantness. Positivity refers to feelings of confidence and clarity as well as happiness and the absence of fear or anger, whereas Arousal refers to feeling active and excited as opposed to quiet and calm (Stiles & Snow, 1984). Friedlander, Bernardi and Lee (2010) reported a total SEQ alpha of .85 and Stiles, Reynolds, Hardy, Rees, Barkham and Shapiro (1994) reported alpha coefficients of .90 for Depth, .92 for Smoothness, .90 for Positivity and .80 for Arousal. Alpha coefficients in our study were .93 for total SEQ, .89 for Depth, .89 for Smoothness, .88 for Positivity, and .71 for Arousal. Stiles et al. (1994) also provided evidence for convergent validity with the Session Impact Scale yielding significant correlations ranging between .06 and .72. The alpha coefficient for the total SEQ in our study was .93.

Alliance

A French version of the Supervisory Working Alliance Inventory-Trainee version (SWAI-T) was used as a measure of supervisory working alliance. The SWAI-T was developed by Efstation, Patton, and Kardash (1990) and was designed to

measure the trainee-supervisor relationship in counselor supervision. The measure was based conceptually on the works of Greenson (1967), Pepinsky and Patton (1971), and Bordin (1983). The trainee scale contains 19 items in two subscales: Rapport and Client Focus. Rapport refers to the trainee's perception of support from the supervisor. Client Focus refers to the trainee's perception of the emphasis the supervisor placed on promoting understanding of the client. The items were rated on a 7-point Likert scale ranging from 1 (almost never) to 7 (almost always). SWAI scale scores have been reported by Efstation et al. (1990) to have acceptable estimates of reliability. Reliability coefficients of internal consistency ranged from .77 to .90 for the trainee scales. Alpha coefficients were .86 for the total SWAI-T. Subscales alphas were reported as .90 for Rapport and .77 for Client Focus. Convergent Validity was established with the Supervisory Styles Inventory (SSI). Modest yet significant correlations ranged between .23 and .26. Reliability coefficient for the SWAI-T in our study was .87. In our study, alpha coefficients were .86 for the total measure, .88 for Rapport and .81 for Client Focus.

Shame-proneness

A French version of The Internalized Shame Scale (ISS) was used as a measure of shame-proneness. Designed by Cook (1989) this scale is informed by the theoretical conceptions of authors such as Kaufman (1989), Lewis (1971) and Tomkins (1987). The most recent version of the scale published in 2001 and the one used in our study consists of 24 items describing feelings or experiences with 6 items from the Rosenberg Self-Esteem Scale as fillers. Participants responded on a 5-point scale indicating how often they feel this way. A Reliability coefficient of internal

consistency of .95 was reported by Cook (2001). The alpha coefficient in our study was .91.

Procedures

The researchers met with the trainee participants during the second class lecture prior to the start of supervision and trainees were invited to participate in the research on a volunteer basis. Refusal to participate did not bear any impact on their role as students in the class. All participants were informed of their right to retract themselves from the study at any time and confidentiality was assured for all participants. Consent forms were signed and sealed envelopes identified by numerical code containing the questionnaires were handed out. Trainees were instructed to complete the ISS and demographic questionnaire prior to starting their supervision sessions. The ISS was also completed after the final supervision session. All trainees were asked to complete the SEQ and the SWAI-T immediately following each of their five supervision sessions. All completed forms were returned in sealed envelopes to the researcher and all participants were informed that their responses were confidential and that their supervisor would not see the results.

Results

Preliminary Analysis

Prior to the start of analysis, we attempted to verify the stability of reported shame-proneness scores. A paired samples *t*-test revealed no significant differences in shame-proneness reported by trainees prior to the start of supervision sessions and after the last supervision session $t(26) = .92, p = .36$. According to Cook (2001); “Scores of 50 or higher are indicative of painful, possibly problematic levels of internalized

shame” (p.12). Six of the 43 supervisee participants had scores of 50 or higher on the first administration of the ISS and were thus classified in the “high shame-proneness group”. The other 37 supervisees were classified in the “moderate shame-proneness group”.

Major Analysis (Hypothesis testing)

To test our first hypothesis, which predicted a significant relationship between trainee shame-proneness and reported strength of the supervisory working alliance across the five supervision sessions, we conducted repeated measures analysis of covariance (ANCOVA) with shame-proneness as a covariate in the model and time as a within subjects effects. Data from each subject was used even if it was only partial due to attrition along the way. There were 118 missing observations of the 295 observation included in the analysis resulting in a missing data rate of 40%. Results are summarized in Tables 1 and 2.

The results indicated that the relationship between trainee shame-proneness and their perceived alliance varied significantly over time $F(4, 126) = 3.38, p = .0116$. Upon further investigation, however, we found no significant variations between each individual consecutive session. Therefore, our conclusions must be cautionary. We can only express a tendency in the beginning (Session 1) for the relationship to be positive and in the end (Session 5) for the relationship to be negative. That is, after the first supervision session there was a tendency that the higher the reported trainee shame-proneness, the higher their reported strength of supervisory working alliance. In the end, this tendency had changed and the higher the reported trainee shame-proneness, the lower their reported strength of supervisory working alliance.

Results concerning the SWAI-T subscales indicated no significant relationship between the subscale client focus and trainee shame-proneness over the course of the five supervisions $F(4, 126) = 2.08, p = .09$. However, we did find that the relationship between the subscale rapport and trainee shame-proneness varied significantly over the course of the five supervision sessions $F(4, 126) = 3.72, p = .007$. Upon further investigations we found no significant variations between each individual consecutive session. Therefore, our conclusions must again be cautionary. We can only express a tendency in the beginning (Session 1) for the relationship to be positive and in the end (Session 5) for the relationship to be negative. That is, following the first supervision session, there was a tendency that the higher the reported trainee shame-proneness, the higher the reported rapport. However, by the end of the fifth supervision session, this tendency had changed and the higher the reported trainee shame-proneness, the lower the reported rapport.

Table 1
Summary of analysis of covariance between supervisee reported supervisory working alliance and supervisee shame-proneness over the course of the 5-session supervisory process

Alliance	Df	F	p
SWAI-T total	126	3.38	.011*
SWAI-T Rapport	126	3.72	.007*
SWAI-T Client focus	126	2.08	.09

Note. *Indicates significant result

Our first hypothesis therefore was confirmed. We found a significant

relationship between trainee shame-proneness and their perceived strength of the supervisory working alliance. We also found that this relationship varied over time. However, the variations from session to session were not significant and the relationship did not always vary in the same direction.

To test our second hypothesis, which predicted high shame-prone trainees would perceive significantly less supervisory impact than more moderately shame-prone trainees, independent sample *t*-tests were conducted on the mean scores of all five supervision sessions for each participant. Results are summarized in Table 3. The independent sample *t*-tests revealed significant differences between perceived session impact of high and moderately shame-prone trainees $t(41) = 2.53, p = .02, d = 1.1$. More specifically, high shame-prone trainees perceived significantly less overall impact than moderate shame-prone trainees. In the session-evaluation section, high shame-prone trainees reported significantly lower scores $t(41) = 3.02, p = .004, d = 1.32$ on the smoothness yet there was no significant difference on the depth scale $t(41) = -0.14, p = .89, d = .06$. Concerning post-session mood, both the sub-scale positivity and the sub-scale arousal revealed significantly lower scores for high shame-prone trainees than for moderately shame-prone trainees $t(41) = 2.03, p = .05, d = .89$ and $t(41) = 2.92, p = .006, d = 1.28$ respectively.

Our second hypothesis therefore was confirmed. Significant differences between high and moderate shame-prone supervisees and perceived impact were found.

Time	n	Estimate	df	t	SE	p
Total alliance strength						
1	43	.27	126	1.58	.17	.12
2	40	.06	126	.33	.17	.74
3	37	.08	126	.50	.17	.62
4	31	-.23	126	-1.28	.18	.20
5	27	-.15	126	-.82	.19	.42
Rapport sub-scale						
1	43	.19	126	1.58	1.67	.10
2	40	.05	126	.41	.11	.68
3	37	.07	126	.57	.12	.57
4	31	-.17	126	-1.38	.12	.17
5	27	-.09	126	-.68	.12	.50

Session impact	Moderate shame-prone		High shame-prone		T	p	Cohen's d
	n	M(SD)	n	M(SD)			
Total	37	7.71(.89)	6	6.77(.48)	2.53	.02*	1.1
Depth	37	8.14(.85)	6	8.19(.69)	-0.14	.89	.06
Smoothness	37	7.56(1.20)	6	6.03(.61)	3.02	.004*	1.32
Positivity	37	7.93(1.15)	6	6.93(.80)	2.03	.05*	.89
Arousal	37	7.22(1.02)	6	5.92(1.03)	2.92	.006*	1.28

Note. * indicates significant results

Discussion

Results from this repeated measures study over five supervision sessions suggests that trainee shame-proneness does influence the supervisory process. A significant relationship was found between trainee reported strength of supervisory working alliance and trainee shame-proneness. It is worthwhile to note however, that only the rapport subscale fluctuated, so much so as to influence the total alliance score. Rapport refers to the trainee's perception of support from the supervisor.

These results provide an explanatory factor for previous research by Yourman and Farber (1996) and Ladany et al. (1996), who reported shame was often cited as reasons trainees kept secrets from their supervisors. That is, the support trainees perceive from their supervisors may be of particular importance in diminishing or increasing the negative effects of shame and promoting a trusting environment conducive to learning.

Also important to note is the fact that this relationship was not linear. In the beginning there was a positive relationship between rapport and shame-proneness. This

relationship changed gradually over time and was inverted by the end of the supervisory process. We observed in the first session that the higher the trainee's proneness to experiencing shame was, the higher they rated the strength of their supervisory working alliance. However, by the last session we found that the higher the trainee's shame-proneness was, the lower they reported the strength of their supervisory working alliance. Although these findings only indicated a trend, they are relevant to clinical practice in light of discussions by Hahn (2001) and Buechler (2008) who suggest that shame is an inevitable consequence of the demands of exposure in supervision. There is an element of self-scrutiny that trainees enter into as they are being evaluated by persons whose opinion deeply matter to them. According to Buechler, this self-scrutiny naturally leads to shame. As a defense mechanism, trainees may idealize their supervisors to protect themselves from their shame experiences (Hahn, 2001). Hahn suggests that trainee's inhibited sense of emotional awareness early on in the supervisory relationship can cause supervisees to view their supervisors as possessing unrealistic insights into relationships but that this usually attenuates over time.

The trainees in our study were first-year counseling students with little counseling and supervision experience. Shame related to exposure and pressure to be seen in a positive light in the wake of the first session without yet knowing their supervisors could explain the early positive alliance ratings from the higher shame-prone supervisees. The trainee's higher ratings of the supervisory alliance in the first sessions may have been reflective of their attempt to align themselves positively with their "idealized" supervisors to diminish the intensity of their shame experience. As the supervision sessions progressed, however,

higher shame-prone trainees and their supervisors may have simply not been able to develop the supervisory alliance optimally enough to attenuate the experienced shame, hence explaining the inverse relationship observed at the end of the supervisory process.

Our findings that trainee shame-proneness is inversely related to their alliance rapport strength by the final and fifth supervision session is aligned with previous shame research (Covert, Tangney, Maddux, & Heleno, 2003; Lutwak, Panish, & Ferrari, 2003) and indicate that higher levels of shame-proneness could hinder the development of strong supervisory working alliances. As well, the learning and change process of the trainee could be hindered through defense maneuvers that Hahn (2001) describes as passive withdrawal. That is, particularly high shame-prone supervisees may avoid emotionally engaging with their supervisors to avoid exposure to the humiliation associated with shame. Supervisor and trainee dyads unable to address the shame or establish a secure base may have more difficulty feeling safe in the supervisory setting as the supervision progresses. There is then a risk for the supervision to develop into a dysfunctional process where an atmosphere conducive to emotional awareness and self-reflection is thwarted (Hahn, 2001). Greater attention and emphasis on establishing a safe and trusting learning environment may be necessary for the positive evolution of all supervisory processes.

The results concerning session impact also shed important light on the influence of shame-proneness in supervision. Although overall perceived session impact was reported as significantly lower for higher shame-prone trainees, results from each subscale varied. High shame-prone trainees reported significantly

lower scores on all of the subscales except Depth. Depth refers to a session being perceived as powerful, valuable, and deep. Although no studies in supervision could be found to explain these findings, studies from the counseling research provide a basis for interpreting these results. Previous research by Stiles et al. (1988, 1990) found that therapist-rated depth was related to client improvement. Also in the same line, Tryon (1990) linked client and counselor perceptions of depth in a first session to initial engagement and the client's return for a subsequent session. This seems to suggest that although the emotional experience of the supervisory process is experienced as more difficult for high shame-prone supervisees, they are not actually less engaged in the process and do not perceive themselves as having learned or improved any less than their counterparts. Particularly high shame-prone supervisees may view themselves as equally engaged and as having learned as much as their peers in an attempt to protect themselves from the shameful experience of admitting otherwise, even to themselves (Hahn, 2001).

These results should be interpreted in light of their limitations. Our study was conducted in the context of only one university counseling course and trainees met with clients experiencing similar career-related difficulties. Essentially, this is a first step to empirically looking at shame-proneness in the process of supervision and replication of these findings with larger and more diverse samples is necessary to establishing sound empirical support for the theoretical literature. The quasi-experimental design of our study did not allow for an equivalent randomly assigned non-experimental group. Without random assignment, it is difficult to rule out threats to internal validity. Furthermore, 13 of the 43 trainees shared the same supervisor limiting the generalizability of the results.

Other limitations of the study include the moderate attrition rate, the presence of unknown mediating factors such as feedback from peers or professors, and threats to internal validity inherent in post-facto and self-report studies.

Despite these limitations, this study has important implications for counselor training and for the practice of supervision. As an important step towards providing empirical support for the theoretical literature, this study suggests shame is an important factor to consider in the training and supervision of counselors. Our results suggest trainee shame-proneness alters how supervision is perceived and experienced and highlights the importance of a strong supervisory alliance in mediating the negative effects of trainee shame-proneness in supervision. Supervisors may benefit from focusing on developing the emotional bond aspect of the supervisory alliance. In doing so, supervisors facilitate a safe and trusting environment for trainees to learn about and address shame-related issues. In the same sense, they also act as models for their trainees in teaching them how to manage similar shame issues that may arise in the counseling relationship. This contributes to both the personal and professional development of counselor trainees leading to increased quality of services provided to their own clients. Future research in the field of shame and supervision would benefit from replicating these findings with larger and more diverse samples. It would also be valuable to measure aspects of the supervisory process and shame without relying on self-report instruments, perhaps through more objective measures such as observation.

References

- Bilodeau, C., Savard, R., & Lecomte, C. (2010). Examining supervisor and supervisee agreement on alliance: Is shame a factor? *Canadian Journal of Counselling and Psychotherapy*, 44(3), 272-282. Retrieved from <http://cjc-cc.ucalgary.ca/cjc/index.php/rcc/article/view/943/784>
- Bordin, E. S. (1983). Supervision in counseling: II. Contemporary models of supervision: A working alliance based model of supervision. *Counseling Psychologist*, 11, 35- 42. doi: 10.1177/0011000083111007
- Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O. Hovarth & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp.13-37). Oxford, England: John Wiley & Sons.
- Buechler, S. (2008). Shaming psychoanalytic candidates. *Psychoanalytic Inquiry*, 28, 361-372. doi: 10.1080/07351690801962430
- Burke, W. R., Goodyear, R. K., & Guzzard, C. R. (1998). Weakenings and repairs in supervisory alliances. A multiple case study. *American Journal of Psychotherapy*, 52, 450-462. Retrieved from <http://www.ajp.org>.
- Chao, Y. H., Cheng, Y. Y., & Chiou, W. B. (2011). The psychological consequence of experiencing shame: Self-sufficiency and mood-repair. *Motivation and Emotion*, 35, 202-210. doi: 10.1007/s11031-011-9208-y
- Cook, D. R. (1989). *Internalized Shame Scale (ISS)*. University of Wisconsin, Stout.
- Cook, D. R. (2001). *Internalized Shame Scale: Technical manual*. Toronto, Ontario: Mutli-Health Systems inc.
- Covert, M. V., Tangney, J. P., Maddux, J. E., & Heleno, N. M. (2003). Shame-proneness, guilt-proneness, and interpersonal problem solving: A social cognitive analysis. *Journal of Social and Clinical Psychology*, 22, 1-12. doi: 0.1521/jscp.22.1.1.22765
- Doherty, E. J. (2005). The role of internalized shame in clinical supervision (Doctoral dissertation, Fielding Graduate University, 2005). *Dissertation Abstracts International*, 67, 538.
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37, 322-329. doi: 10.1037/0022-0167.37.3.322
- Ellis, M. V., D'uso, N., & Ladany, N. (2008). State of the art in the assessment, measurement, and evaluation of clinical supervision. In A.K., Hess, & T. H. Hess (Eds.), *Psychotherapy supervision: Theory, research, and practice* (2nd ed., pp 473-499). Hoboken, NJ: Wiley.
- Ellis, M. V., & Ladany, N. (1997). Inferences concerning supervisees and clients in clinical supervision : An integrative review. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 447-507). New York: Wiley.
- Farber, B. A. (2003). Self-Disclosure in psychotherapy practice and supervision: An introduction. *Journal of Clinical Psychology*, 59, 525-528. doi: 10.1002/jclp.10156
- Friedlander. M. L., Bernardi, S., & Lee, H. H. (2010). Better versus worse family therapy sessions as reflected in clients' alliance-related behaviour. *Journal of Counseling Psychology*, 57(2), 198-204. doi: 10.1037/a0019088

- Graff, G. (2008). Shame in supervision. *Issues In Psychoanalytic Psychology, 30*, 79-94. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=psych&AN=2008-14517-006&lang=fr&site=ehost-live&scope=site>
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis*. New York: International Universities Press, Inc.
- Hahn, W. K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy, 38*, 272-282. doi: 10.1037/0033-3204.38.3.272
- Kaufman, G. (1989). *The psychology of shame*. New York : Springer Publishing Company.
- Kivlighan, D. M., Angelone, E. O., & Swafford, K. G. (1991). Live supervision in individual psychotherapy: Effects of therapists' use and clients' evaluation of session effect and working alliance. *Professional Psychology: Research and Practice, 22*, 489-495. doi: 10.1037/0735-7028.22.6.489
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling and Development, 77*(4), 447-455. Retrieved from <http://www.counseling.org>
- Ladany, N., Hill, C. E., & Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*, 10-24. doi: 10.1037/0022-0167.43.1.10
- Lewis, H. B. (1971). *Shame and Guilt in Neurosis*. New York : International Universities Press.
- Lichtenberg, J. W., & Goodyear, R. K. (2000). The structure of supervisor-supervisee interactions. *The Clinical Supervisor, 19*, 1- 24. doi: 10.1300/J001v19n02
- Lutwak, N., Panish, J., & Ferrari, J. (2003). Shame and guilt: Characterological vs behavioral self-blame and their relationship to fear of intimacy. *Personality and Individual Differences, 35*(4), 909-916. doi: 10.1016/S0191-8869(02)00307-0
- Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcome in brief counseling. *Journal of Counseling Psychology, 40*, 25-32. doi: 10.1037/0022-0167.38.2.133
- Martin, J. S., & Goodyear, R. K., & Newton, F. B. (1987). Clinical supervision: an intensive case study. *Professional Psychology: Research and Practice, 18*, 225-235. doi: 10.1037/0735-7028.18.3.225
- Morrison, A. P. (1994). The breadth and boundaries of a self-psychological immersion in shame: A one-and-a-half person perspective. *Psychoanalytic dialogues, 4*(1), 19-35. Retrieved from <http://www.tandf.co.uk>
- 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*, 108-115. doi: 10.1037/0022-0167.44.1.108
- Pepinsky, H. B., & Patton, M. J. (1971). *The psychological experiment: A practical accomplishment*. New York: Pergamon.
- Stern, W. R. (2009). Influence of the supervisory working alliance on supervisee work satisfaction and work-related stress. *Journal of Mental Health Counseling, 31*, 249-263. Retrieved from <http://amhca.metapress.com>
- Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. *Journal of Counseling and Clinical Psychology, 48*, 176-185. doi: 10.1037/0022-006X.48.2.176
- Stiles, W. B., Reynolds, S., Hardy, G. E., Rees, A., Barkham, M., & Shapiro, D. A. (1994). Evaluation and description of psychotherapy sessions by clients using the Session

- Evaluation Questionnaire and the Session Impacts Scale. *Journal of Counseling Psychology*, 41, 175-185. doi: 10.1037/0022-0167.41.2.175
- Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1988). Do sessions of different treatments have different impacts? *Journal of Counseling Psychology*, 35, 391-396. doi: 10.1037/0022-0167.35.4.391
- Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1990). Correlations of session evaluations with treatment outcome. *British Journal of Clinical Psychology*, 29, 13-21. Retrieved from <http://ezproxy.usherbrooke.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1990-17870-001&lang=fr&site=ehost-live&scope=site>
- Stiles, W. B., & Snow, J. S. (1984). Counseling session impact as viewed by novice counselors and their clients. *Journal of Counseling Psychology*, 31, 3-12. doi: 10.1037/0022-0167.31.1.3
- Talbot, N. L. (1995). Unearthing shame in the supervisory experience. *American Journal of Psychotherapy*, 49(3), 338-349. Retrieved from <http://www.ajp.org>.
- Tomkins, S. S. (1987). Shame. In Nathanson, D. L. (Ed.), *The many faces of shame* (pp. 133-161). New York, NY: Guilford Press.
- Tryon, G. S. (1990). Session depth and smoothness in relations to the concept of engagement in counseling. *Journal of Counseling Psychology*, 37, 248-253. doi: 10.1037/a0014338
- Yourman, D. B., & Farber, B. A. (1996). Nondisclosure and distortion in psychotherapy supervision. *Psychotherapy*, 33, 567-575. doi: 10.1037/0033-3204.33.4.567
- Yourman, D. B. (2003). Trainee disclosure in psychotherapy supervision: The impact of shame. *Journal of Clinical Psychology*, 59(5), 601-609. doi: 10.1037/0033-3204.33.4.567
- Watkins, C. E. (2011). Toward a tripartite vision of supervision for psychoanalysis and psychoanalytic psychotherapies: Alliance, transference-countertransference configuration, and real relationships. *Psychoanalytic Review*, 98(4), 557-588.
- Zupancic, M. K., & Kreidler, M. C. (1999). Shame and the fear of feeling. *Perspectives in Psychiatric Care*, 34(3), 29-34. Retrieved from <http://www.wiley.com>

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