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ACCEPTANCE

This dissertation, THE RELATIONSHIP BETWEEN COUNSELOR TRAINEE PERFECTIONISM AND WORKING ALLIANCE WITH SUPERVISOR AND CLIENT by KATHRYN HOLLINGSWORTH GANSKE, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

THE RELATIONSHIP BETWEEN COUNSELOR TRAINEE PERFECTIONISM AND WORKING ALLIANCE WITH SUPERVISOR AND CLIENT

by
Kathryn H. Ganske

Perfectionism in the counselor trainee has the potential to undermine counseling self-efficacy and relationships with client and supervisor (Arkowitz, 1990). Perfectionism is defined as "a predilection for setting extremely high standards and being displeased with anything less" (Webster's II New College Dictionary, 1995, p. 816). In this study, 143 counselor trainees and 46 supervisors (46 supervisor-trainee dyads) completed surveys designed to assess the relationships between adaptive and maladaptive perfectionism and counseling self-efficacy, the working alliance between supervisor and trainee, as well as the working alliance between trainee and client. Trainee participants completed the Almost Perfect Scale – Revised (Slaney, Rice, Mobley, Trippi, & Ashby, 2001), the Self-Efficacy Inventory (Friedlander & Snyder, 1983), the Supervisory Working Alliance Inventory – Trainee Version (Efstation, Patton & Kardash, 1990) and the Working Alliance Inventory – Short Form Therapist Version (Horvath, 1991). Supervisor participants completed the Supervisory Working Alliance Inventory – Supervisor Version (Efstation, Patton & Kardash, 1990). Results indicated that maladaptive perfectionism was positively correlated with working alliance between trainee and client ($r = -.261$, $p = .002$) and positively correlated with the working alliance between supervisor and trainee (from the perspective of the supervisor, $r = -.345$, $p = .019$). Results also demonstrated evidence for counseling

self-efficacy as a significant moderator between adaptive perfectionism and the supervisory working alliance (from the perspective of the trainee) and between maladaptive perfectionism and the supervisory working alliance (from the perspective of the supervisor). Supervisors should consider perfectionism in counselor trainees as this may affect counseling self-efficacy and working alliances between supervisor and trainee as well as between trainee and client.

THE RELATIONSHIP BETWEEN COUNSELOR TRAINEE PERFECTIONISM AND WORKING ALLIANCE WITH SUPERVISOR AND CLIENT

by
Kathryn H. Ganske

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CHAPTER 1

PERFECTIONISM IN THE SUPERVISEE: IMPLICATIONS FOR WORKING ALLIANCE WITH SUPERVISOR AND CLIENT

What is the therapist's most valuable instrument? . . . The therapist's own self.

*(*Irvin Yalom, The Gift of Therapy, 2002, p. 40*).*

A number of authors have emphasized the centrality of the person of the counselor in the therapeutic process (e.g., Kottler, 2004; Yalom, 2002) . Researchers and practitioners alike are interested in determining what characteristics of the self impact counselor trainees' clinical work. The impact of personality characteristics on the work of counseling may be observed in colleagues and acquaintances who are counselors. Imagine your colleague who is prone to pessimism sitting in a room with a client. Do you imagine that his or her pessimism may affect the strength of the counseling relationship, conceptualization of the client, choice of interventions, or the nature of self-disclosure? Similarly, imagine what consultation would be like for a counselor who is very introverted. Finally, picture a trainee who is perfectionistic, who has a "propensity for being displeased with anything that is not perfect or does not meet extremely high standards" (Pickett et al., 2000). Imagine how this personality trait might influence the supervision and counseling processes. Whether the personality trait is optimism, introversion or, for the sake of this paper, perfectionism, it is clear that counselor personality affects counselors' clinical work and training.

In his article, “Perfectionism and the Supervisee,” Arkowitz (1990) suggested a number of ways that perfectionism could be detrimental for the supervision process as well as for trainees’ relationships with clients. He argued that perfectionists’ low self-esteem, inflexibility and tendency to guard against criticism would interfere with their ability to maintain working alliances with supervisors and clients alike. While there are no empirical investigations of perfectionism in counselors, research studying clients who are perfectionists has shown that these individuals have difficulty developing therapeutic alliances (Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Zuroff et al., 2000). Though these studies focused on perfectionism in the client, it is probable that perfectionism could also affect the therapeutic relationship when present in the therapist.

While perfectionism has historically been viewed as neurotic and negative (e.g., Burns, 1980; Hollender, 1965; Pacht, 1984), more recent conceptualizations have suggested additional complexity in this construct. For instance, Slaney and colleagues (e.g., Slaney, Rice, Mobley, Trippi, & Ashby, 2001) have conceptualized perfectionism as categorical, incorporating positive (adaptive) as well as negative (maladaptive) components, and there is a growing body of literature that supports this multidimensional understanding of perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Rice, Ashby, & Slaney, 1998; Rice & Slaney, 2002; Slaney, Ashby, & Trippi, 1995). Perfectionism is a combination of high standards and distress resulting from the perceived discrepancy between those standards and performance. Those individuals who have high standards and high discrepancy are maladaptive perfectionists. They set lofty goals for performance but tend to view their behavior as falling short of their goals. Picture the high school valedictorian who obsesses over a half point missed on a math

quiz, punishing him or herself for not getting every point. These individuals are "plagued by intense self-scrutiny, self-doubt, and self-criticism" (Blatt, 1995, p. 1005). Adaptive perfectionism consists of high standards and low discrepancy. These people set high standards but are less concerned if they do not meet their goals (Ashby & Kottman, 1996; Rice et al., 1998).

Slaney and colleagues have maintained that the possession of high standards is not in itself pathological; it is how one deals with the discrepancy between one's standards and performance that is associated with negative consequences. When the attainment of high standards is a requirement for an individual's sense of self worth, and the pursuit of goals is driven by feelings of inferiority, then perfectionism is maladaptive (Ashby & Kottman, 1996; Gilman & Ashby, 2003). Adopting a self-critical posture when confronted with a gap between performance and goals (high discrepancy) has been shown to correlate with a range of negative states/traits such as increased depression (Frost, Benton, & Dowrick, 1990; Hewitt & Dyck, 1986; Rice et al., 1998), anxiety (Flett, Hewitt, & Dyck, 1989), self-doubt and self-criticism (Flett, Hewitt, Blankstein, & Mosher, 1991; Frost, Lahart, & Rosenblate, 1991). Maladaptive perfectionists are prone to all-or-nothing thinking (Burns, 1980) and have been described as caught in a "God/ scum phenomenon . . . [where] despite their striving they find it impossible to be perfect and, as a result, spend a lot of time wallowing at the low end of the continuum" (Pacht, 1984, p. 387). These individuals are never satisfied with their performance, or with themselves (Hill, McIntire, & Bacharach, 1997; Nugent, 2000).

In contrast, adaptive perfectionists are able to accept that their standards may not be met consistently. Like their maladaptive peers, they set very high standards for

performance. However, in these individuals, striving towards goals brings a sense of accomplishment and pleasure (Hamachek, 1978). Adler (as cited in Ansbacher & Ansbacher, 1956) viewed the adaptive pursuit of perfection as a healthy way individuals find belonging and significance in life. Adaptive perfectionism is associated with positive states/traits such as positive stress coping (Rice & Lapsley, 2001), positive affect (Frost et al., 1993), decreased levels of depression (Rice et al., 1998), higher self-esteem (Ashby & Rice, 2002; Flett, Hewitt, Blankstein, & O'Brien, 1991) and greater self-efficacy (LoCicero & Ashby, 2000). These individuals are more flexible and less self-critical than maladaptive perfectionists (Martin & Ashby, 2004). A growing number of studies continue to provide support for a multidimensional conceptualization of perfectionism (e.g., Rice & Ashby, 2007; Rice et al., 1998).

One of the ways that Arkowitz (1990) suggested that trainee perfectionism might hinder clinical work is by adversely affecting the working alliance between trainee and client and between trainee and supervisor. The working alliance between therapist and client is consistently associated with client outcome (Messer & Wampold, 2002; Mallinckrodt, 1993) and anything that affects this relationship (such as trainee perfectionism) will, by association, presumably affect counseling outcome. Bordin (1979) defined working alliance as the counselor and client's bond as well as their agreement on the goals and tasks of therapy. The working alliance between trainee and client has been empirically studied and there is a large body of evidence attesting to its importance in counseling process and outcome (e.g., Horvath & Greenberg, 1989; Safran & Wallner, 1991). The concept of working alliance has also been applied to the relationship between supervisor and trainee, and there is empirical support for this construct as well (Bordin,

1983; Efstation, Patton & Kardash, 1990). The strength of the supervisor-trainee working alliance has been shown to correlate with positive outcome in that trainee's work with clients (Bambling, King, & Raue, 2006).

Maladaptive Perfectionism and the Working Alliance between Trainee and Client

Maladaptive perfectionists have an extreme fear of failure (Rice & Ashby, 2007) and tend to overreact to perceived mistakes (Burns, 1980). They believe that others hold them to extremely high standards and that they must meet these standards to be accepted (Hewitt & Flett, 1991). These trainees may not only focus on the ways they fail to meet their own expectations as counselors, but also on their perception of expectations clients have of them. Counselor trainees who are maladaptive perfectionists may experience what has been described as a "haunting self-doubt" (Hollender, 1965, p. 99). They may never feel sure of their clinical skills and might leave sessions ruminating on what "they could—and should—do better" (Hamachek, 1978, p. 27) next time. This type of rumination may cause trainees to present as stilted or overly self-focused in session. These individuals may never feel proud of their therapeutic work. Maladaptive perfectionists are "unable to feel satisfaction because in their own eyes they never seem to do things good enough to warrant that feeling" (Hamachek, 1978, p. 27).

Maladaptive perfectionists' rigidity (Ferrari & Mautz, 1997) may also lead them to focus solely on the perfect execution of counseling skills learned in classes. Trainees' high standards for their work may cause them to experience "freezing" in session as they mentally reject ideas as not good enough (Arkowitz, 1990). Imagine a counselor so focused on how he or she phrased a particular intervention that the client's response to the intervention is all but ignored. In addition, maladaptives are more likely to have an

external locus of control than adaptive perfectionists (Periasamy & Ashby, 2002). Trainees with external loci of control may feel that changes in the working alliance are a result of good or bad luck; as a result these trainees may be less likely to work for change in these relationships.

Maladaptive perfectionists often have very high standards for others (Hewitt & Flett, 1991) and may have difficulty accepting perceived shortcomings in their clients. They may feel as though they must fix everything (Arkowitz, 1990) and may become overwhelmed by clients' presenting issues. As therapy progresses, maladaptive perfectionists may focus solely on the discrepancy between goals and the slow work of therapy, to the detriment of their relationship with the client. Maladaptive perfectionists often also struggle with procrastination (Frost, Marten, Lahart, & Rosenblate, 1990). Imagine a trainee whose procrastination caused him or her to run out of time each session. Goals for that day's work would not be met and procrastination could lead to further delays as therapy progressed. Procrastination may also cause maladaptive perfectionist trainees to run behind in paperwork, arrive late to sessions, or avoid addressing important issues.

Maladaptive Perfectionism and the Supervisor-Trainee Working Alliance

Bordin (1983) maintained that the working alliance between trainee and supervisor is comprised similarly to the working alliance between counselor and client. Arkowitz (1990) suggested that the inherent vulnerability of the trainee in supervision might be difficult for perfectionistic trainees to manage. He also theorized that the transitional nature of the trainee's role – between student and professional – could create insecurity within supervision. Trainees vary in their degree of comfort with self-

disclosure in supervision (Webb & Wheeler, 1998), and maladaptive perfectionists may only disclose certain information in order to appear perfect or hide perceived imperfections in supervision sessions. Cohen (1996) found that maladaptive perfectionist high school students would not turn in assignments unless they were sure their responses were correct. Maladaptive perfectionist trainees may have the same approach to evaluation in supervision.

Alternatively, maladaptive perfectionists may focus solely on their perceived shortcomings and have difficulty seeing their successes or accepting positive feedback in supervision. Maladaptive perfectionists are more likely to have an external locus of control (Periasamy & Ashby, 2002) and may find it difficult to accept responsibility for any therapeutic successes. They may also believe that those who offer positive feedback have been duped or are insincere (Hollender, 1965). Maladaptive perfectionists' excessive sensitivity to criticism (Burns, 1980) may make giving feedback of any kind challenging. Maladaptives' focus on discrepancy between performance and standards could cause trainees to feel they are not making acceptable progress in supervision. Horney (1950) stated that perfectionists neurotically mold themselves to an impossibly idealized image. Maladaptive perfectionist trainees may be frustrated by feeling inferior to their supervisor (Arkowitz, 1990) and excessively concerned about living up to their expectations (Rice & Ashby, 2007). Maladaptive perfectionists also have a greater need for approval than adaptive perfectionists (Ashby & Rice, 2002). This need could be difficult to manage in an evaluative relationship such as supervision.

Maladaptive perfectionists' behaviors in supervision could affect the bond they are able to form with their supervisor. Research on perfectionists in relationships shows

that maladaptives' relationships are marked by interpersonal distrust (Ashby, Kottman & Schoen, 1998), decreased social connection (Rice, Leever, Christopher & Porter, 2006) fear of intimacy (Martin & Ashby, 2004), insecure attachment (Wei, Mallinckrodt, Russell, & Abraham, 2004), and need for approval (Ashby & Rice, 2002). These individuals tend to be interpersonally hostile and critical (Hill, Zrull, & Turlington, 1997). Burns (1980) noted that maladaptive perfectionists tend to respond defensively to criticism and withdraw so their imperfections are never disclosed. These relationship factors may significantly undermine the ability of the maladaptive perfectionist trainee and supervisor to form an effective working alliance.

Adaptive Perfectionism and the Working Alliance between Trainee and Client

In contrast to the problems of maladaptive perfectionism, it is possible that adaptive perfectionism could be advantageous to counselor trainees. Adaptive perfectionists have high standards but are not always focused on the ways they fail to meet these goals, like their maladaptive counterparts. These trainees would be likely to set admirable goals for counseling, but be more able to accept the discrepancy that might occur between initial goals and reality. Hamachek (1978) noted that "normal" perfectionists demonstrate a more relaxed attitude when thinking about work to be done. These individuals are likely to report feeling "excited, clear about what needs to be done, and emotionally charged" (Hamachek, 1978, p. 28). Adaptive perfectionists' constructive striving for achievement (Blatt, 1995) would help them to pursue positive change in their work with clients. These trainees are likely to be highly conscientious and organized (Burns & Fedewa, 2005; Slaney et al., 2001) and more flexible (Ferrari & Mautz, 1997)

than their maladaptive peers. These traits might facilitate the development of the working alliance between adaptive perfectionists and their clients.

Adaptive perfectionists possess greater positive affect (Frost et al., 1993) and decreased levels of depression (Rice et al., 1998) than maladaptives. In addition, these individuals have more positive stress coping (Rice & Lapsley, 2001). They have higher self-esteem (Ashby & Rice, 2002; Flett, Hewitt, Blankstein, & O'Brien, 1991) and greater self-efficacy (LoCicero & Ashby, 2000) than maladaptive perfectionists. In general, these trainees are more psychologically healthy and self-accepting. When confronted with inevitable clinical failures, they might adopt an attitude similar to an example given by Hamachek (1978): "[e]ven when the performance isn't quite right, the me that was involved in it still is" (p. 30) allowing them to persevere in clinical work where maladaptive perfectionists might be hindered.

Adaptive Perfectionism and the Supervisor-Trainee Working Alliance

Arkowitz (1990) suggested that the possession of high standards might lead perfectionistic trainees to increased mastery of basic skills. These individuals may find that they achieve the goals set out in supervision and are able to tolerate those instances when they don't meet their high standards. Adaptive perfectionists are highly conscientious and organized (Burns & Fedewa, 2005; Slaney et al., 2001) and would likely engage in facilitative behaviors such as keeping paperwork up to date and making thorough and organized case presentations.

Adaptive perfectionists may be better suited to the interpersonal nature of clinical supervision. These individuals function better in relationships than maladaptive perfectionists. They exhibit less interpersonal distrust (Ashby et al., 1998), greater social

connection (Rice et al., 2006), more secure attachment (Wei et al., 2004) and less need for approval (Ashby & Rice, 2002) than their maladaptive peers. As a result, adaptive perfectionists may be more able to profit from supervision because they are unhindered by insecure searching for approval, have greater ability to trust their supervisors, and greater openness to appropriate self-examination

Trainee Perfectionism and Counseling Outcome

Despite the implications of both adaptive and maladaptive perfectionism for working alliances between trainee and client and between supervisor and trainee, the relationship between working alliance and trainee perfectionism has yet to be empirically studied. Given that the relationship between counselor and client is often understood as the key instrument of change in counseling (e.g., Messer & Wampold, 2002), an understanding of what trainee personality traits affect this relationship could lead to greater understanding of counseling outcome. Similarly, the strength of the supervisor-trainee working alliance has been associated with positive client outcome (Bambling et al., 2006); personality traits that affect this working alliance are also important to the progress of therapy. The more we understand about the "therapist's own self", and perfectionism specifically, the more we will be able to understand about working alliances. This knowledge will allow us to better predict counseling outcome.

Self-Efficacy, Perfectionism, and Working Alliances

To add additional complexity to this area of inquiry, it is also possible that perfectionism has an effect on working alliances via other mediating and moderating factors. One likely factor is trainee self-efficacy. Research has demonstrated that perfectionism is associated with self-efficacy. Adaptive perfectionists have higher levels

and maladaptive perfectionists lower levels (LoCicero & Ashby, 2000). Individuals with high self-oriented or other-oriented perfectionism also have low self-efficacy; whereas those with high levels of socially-prescribed perfectionism have higher self-efficacy (Hart, Gilner, Handal & Gfeller, 1998). Problems with self-efficacy could be detrimental to working alliances; however, it is also possible a trainee's adaptive perfectionism could increase counseling self-efficacy (a trainee's belief in his or her ability to effectively counsel clients, Larson & Daniels, 1998) and lead to stronger working alliances.

Barnes (2004) highlighted the importance of counseling self-efficacy (CSE) noting that:

> (a) CSE is the primary mechanism through which effective counseling occurs, (b) strong CSE beliefs result in enhanced counselor trainee perseverance in the face of difficult counselor tasks, and (c) counselor trainees who experience strong CSE are better able to receive and incorporate evaluative feedback into their learning experiences than are trainees who do not possess robust CSE beliefs. (p. 56-57).

Counseling self-efficacy theory is based on Larson's (1998) social cognitive model of counselor training and Bandura's social cognitive theory (Bandura, 1986, 1997). Empirical work on counseling self-efficacy has produced mixed results (Heppner, Multon, Gysbers, Ellis, & Zook, 1998; Iannelli, 2001) and it is as yet unclear what effect counseling self-efficacy might have on working alliances.

Counseling Self-Efficacy and Working Alliances

Counseling self-efficacy might affect all three of Bordin's hypothesized elements of the working alliance (tasks, goals and bond) between trainee and client and between supervisor and trainee. For instance, trainees who are confident in their work are likely to

persevere with difficult counseling tasks (Barnes, 2004). Trainees with high counseling self-efficacy are likely to believe they are effective at solving problems (Larson et al., 1992) and have positive expectations of counseling outcome (Sipps, Sugden, & Faiver, 1988). In supervision, trainees who have high counseling self-efficacy would be more able to incorporate suggested changes (Barnes, 2004).

Counseling self-efficacy is negatively correlated with counselor anxiety (Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992; Urbani, Smith, & Maddux 2002). Urbani and colleagues (2002) note the importance of increasing counseling self-efficacy, as they believe this will decrease trainee anxiety which could impede judgment and performance. Trainees with greater counseling self-efficacy also demonstrate greater emotional intelligence (Martin, Jr., Easton, Wilson, Takemoto, & Sullivan, 2004), a trait that is positively associated with relationship quality in romantic couples (Brackett, Warner & Bosco, 2005). Trainees with greater emotional intelligence may form higher quality relationships with their supervisors and clients than would trainees with lower counseling self-efficacy and emotional intelligence.

Self-Efficacy, Perfectionism and Working Alliances

Existing research suggests the importance of self-efficacy and perfectionism to the development of working alliances between supervisor and client. Perfectionistic traits may affect self-efficacy beliefs, which in turn affect working alliances. Research has demonstrated that maladaptive perfectionists are more likely to experience decreased self-efficacy and self-esteem (Hart et al., 1998; LoCicero & Ashby, 2000). In contrast, adaptive perfectionists are more likely to experience increased self-efficacy and self-

esteem (Ashby & Rice, 2002; Flett, Hewitt, Blankstein, & O'Brien, 1991; LoCicero & Ashby, 2000).

Imagine a trainee who, after a difficult supervision session, ruminates on the many ways he has fallen short of his goals in supervision. Thinking this way is likely to undermine his counseling self-efficacy, and the trainee may well return to supervision the following session feeling demoralized. He may distance himself from his supervisor, and the positive affect between them may be diminished. Alternatively, a trainee whose pursuit of high standards is rewarding to her may find that her counseling self-efficacy is improved. She feels confident in the outcome of counseling sessions, is willing to persevere through difficulties and readily incorporates suggestions from her supervisors. For this trainee, perfectionism is adaptive and she is better equipped with counseling self-efficacy, the "primary mechanism through which effective counseling occurs" (Barnes, 2004, p. 56).

Implications for Supervision

It is important for supervisors to be aware that trainee personality factors, the "therapist's own self," will have an effect on a trainee's clinical experiences. Supervisors should consider perfectionism and should be aware of the potential impact of both maladaptive and adaptive perfectionism on a variety of factors affecting trainees' supervision and clinical work . Understanding the high standards a trainee sets for his or her performance in counseling sessions, or in supervision, may provide useful insight into trainees' experiences. Supervisors should be advised not to view all perfectionistic traits as negative. Supervisors would not want to eliminate high standards in their trainees – the possession of high standards is an adaptive element of perfectionism. Rather, supervisors

may wish to address the self-critical nature of trainees' maladaptive perfectionism and the distress they experience when they inevitably fail to meet all of their goals.

For those trainees who are maladaptive perfectionists, Arkowitz (1990) argued that supervisors should model vulnerability in session. Supervisors may find that self-disclosure regarding their own struggles (perceived counseling failures, experienced feelings of inadequacy, etc.) may assist trainees in accepting their own perceived shortcomings. Arkowitz also stated that placing overt emphasis on process over product may prove helpful with trainees who rigidly focus on high standards for themselves and their clients. Trainees need to understand that perfection forever eludes us. Brightman (1984) refers to a professional mourning process that occurs when trainees realize that they cannot be omniscient/omnipotent. Supervisors must help perfectionistic trainees through this mourning process which may be heightened for them given their predisposition to strive for perfection. In session with their perfectionistic supervisees, supervisors may want to develop a structure of candidly reviewing perceived failures; this attitude demonstrates an expectation of imperfection in both the trainee and the supervisor. Supervisors may choose to review their own empathic failures that take place within the supervisory relationship. This will create an atmosphere where imperfection is expected and may help the trainee to manage the maladaptive aspects of perfectionism.

Trainees' counseling self-efficacy should also be a consideration in supervision. Counselor trainees must deal with learning new skills, exploring their own personal issues, as well as negotiating the role of counselor and of supervisee. The "imposter phenomenon" is common in counseling training experiences (Henning, Ey & Shaw, 1998). With their clients, trainees may feel as though they are "faking it"; that they don't

have the necessary skills or expertise and that this is obvious to clients. Specifically within supervision, trainees experience high levels of vulnerability (Arkowitz, 1990). Evaluation is a core component of supervision (Association for Counselor Education and Supervision, 1995), and awareness of this may trigger trainees' perfectionism. In addition, counselor trainees are also typically aware that they are being evaluated by their clients. Wanting to appear competent in both of these settings may stimulate feelings of decreased self-efficacy as well as perfectionistic strivings in counselor trainees. Given that both maladaptive and adaptive perfectionism have been shown to correlate with self-efficacy (positive and negative correlations, respectively), supervisors may wish to address trainee's maladaptive perfectionism as a way of improving counseling self efficacy.

Though research has demonstrated that self-efficacy naturally increases with counseling experience (Melchert, Hays, Wiljanen & Kolocek, 1996; Tang et al., 2004), this is not always the case. Barnes (2004) stated that trainee self-efficacy was lower after sessions the trainee viewed us unsuccessful. This suggests that maladaptive perfectionists may be particularly vulnerable to threats to self-efficacy as they are likely to view a higher percentage of their sessions as unsuccessful, when compared to their adaptive and non perfectionist peers. It may be important to address discrepancy overtly in supervision so that the trainee learns to view his or her experiences in a more positive way and thus increase counseling self-efficacy. Generally, supervision has a positive effect on trainee self-efficacy (Cashwell & Dooley, 2001) particularly when trainees receive positive feedback (Daniels & Larson, 2001). Supervisors may find that their trainees benefit from

praise and acknowledgement of even minor successes. This should of course be tempered with the need for realistic evaluation and constructive criticism of trainees' performance.

Supervisors should be aware of the working alliances their trainee develops with clients. Perfectionistic trainees may struggle in these relationships. In supervision sessions, supervisors should attend to the three elements of Bordin's working alliance. Do the trainee and client agree on the in session tasks of therapy? Does the client view these tasks as worthwhile? Similarly, has the trainee worked with the client to establish reasonable goals for therapy? With goals in particular, supervisors should be aware of the ways that trainee maladaptive perfectionism might affect goal setting. Are trainees setting rigid and exacting standards for themselves? Trainee self-efficacy might also affect the way he or she feels about achieving these goals. Finally, supervisors will naturally want to understand the bond the trainee is developing with her clients. Does the trainee seem to have developed positive attachment, trust and acceptance with the client? In reviewing these areas of the working alliance, supervisors may find the supervision process benefits from discussion of trainee personality traits, such as perfectionism and self-efficacy.

This type of analysis of the working alliance can be applied to the supervisor-trainee working alliance as well. Supervisors may find it useful to develop a climate in supervision where the relationship between supervisor and trainee can be processed. In introducing trainees to the concept of working alliance with their clients, supervisors could use the supervisory relationship as an example. Trainees may come to a clearer understanding of the importance of agreement on tasks and goals when they consider their relationship with their own supervisor. Supervisors may later take time to point out specific ways that trainee personality (as well as supervisor personality) has affected the

development of the supervisor-trainee working alliance, positively or negatively. Trainees with perfectionistic traits would benefit from this type of supervision and pass on the benefit in their work with clients.

Conclusion

Arkowitz's 1990 article suggested important implications of trainee perfectionism, particularly for the supervisory working alliance and alliance between trainee and clients. However, he conceptualized perfectionism as a unidimensional, negative personality trait, whereas more recent research has found evidence for an adaptive form of perfectionism as well (Frost et al., 1993; Rice et al., 1998; Rice & Slaney, 2002; Slaney et al., 1995). Existing conceptual and empirical research on adaptive and maladaptive perfectionism point to several possible relationships with working alliances between trainee and client and between supervisor and trainee. In addition to the suggested direct relationship between perfectionism and working alliances, there is also evidence that points to a mediating relationship between perfectionism, self-efficacy and working alliances. Supervisors should consider these proposed relationships in their work with trainees, and researchers should begin the process of explicating the specific relationships among these constructs that are suggested by previous findings.

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THE RELATIONSHIP BETWEEN COUNSELOR TRAINEE PERFECTIONISM AND WORKING ALLIANCE WITH SUPERVISOR AND CLIENT

Researchers and practitioners alike are interested in determining the characteristics which affect counselor trainees' ability to complete the tasks of training. Haverkamp (1994) argued that while progress has been made in determining what skills are necessary for successful counseling, too little attention has been devoted to personality characteristics that might influence supervision and counseling effectiveness. Arkowitz (1990) suggested that counselor trainee perfectionism is one personality trait that could affect counseling and supervision. According to Arkowitz, perfectionism, "a predilection for setting extremely high standards and being displeased with anything less" (*Webster's II New College Dictionary,* 1995, p. 816) has the potential to undermine counseling self-efficacy and relationships with client and supervisor. While perfectionism has been studied in college students and clinical samples (e.g., Johnson & Slaney, 1996; Rice & Ashby, 2007) it has yet to be the focus of research using counselor trainees. In addition, while perfectionism has been historically defined as purely negative and pathological (Blatt, 1995; Burns, 1980; Pacht, 1984; Sorotzkin, 1985), there is a growing body of literature which suggests that there is also an adaptive form (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Hamachek, 1978; Rice, Ashby & Slaney, 1998; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). In the current study, the impact of trainee perfectionism on counseling self-efficacy, supervision and clinical work was explored.

In an article entitled “Perfectionism and the Supervisee”, Arkowitz (1990) theorized numerous negative implications of perfectionism for trainees’ relationships with supervisors and clients, such as decreased self-esteem, inflexibility and the tendency to guard against criticism. He suggested that the transitional nature of the trainee’s role, being part student and part professional, triggers insecurity which may exacerbate negative perfectionistic tendencies. In their textbook on supervision, Haynes, Corey and Moulton (2003) list several common fears of trainees. Two of these fears seem reflective of problematic perfectionism, which Ashby, Rice, and Martin (2006) describe as “the distress one feels when perceived performance fails to meet perfectionistic standards” (p. 149). These fears include: “I am quite critical of myself and tend to demand perfection. No matter how well I do, there is still a nagging voice that tells me I could have done better.” And “[t]oo often I compare my performance with others and tell myself that I just do not measure up” (Haynes et al., p. 69).

Counselor trainees who are maladaptive perfectionists may also experience negative psychological states associated with maladaptive perfectionism that may interfere with supervision and clinical work. These include depression (Blatt, 1995; Burns, 1980), anxiety (Flett, Greene & Hewitt, 2004; Flett, Hewitt & Dyck, 1989), personality disorders (Hewitt, Flett & Turnbull, 1992), procrastination (Flett, Blankstein, Hewitt & Koledin, 1992; Hamachek, 1978; Sorotzkin, 1985) decreased self-efficacy (Burns, 1980; Hart, Gilner, Handal & Gfeller, 1998; LoCicero & Ashby, 2000), decreased social connection (Rice, Leever, Christopher & Porter, 2006), fear of intimacy (Martin & Ashby, 2004), insecure attachment (Wei, Mallinckrodt, Russell, & Abraham, 2004) and need for approval (Ashby & Rice, 2002).

Hamachek (1978) noted that "neurotic" perfectionists "stew endlessly in emotional juices of their own brewing about whether what they're doing is right" (p. 27). Trainees who are maladaptive perfectionists may have difficulty focusing in session with their clients as they ruminate about the "right" or "perfect" intervention. The inherent ambiguity in counseling and the reality that there is no perfect way to execute therapeutic interventions (see Cozolino, 2004) might be very difficult for a maladaptive perfectionist to tolerate. These individuals tend to view the world in black and white (Burns, 1980) and might evaluate their performance in sessions as pure successes or pure failures. According to Blatt (1995), maladaptive perfectionists are "plagued by intense self-scrutiny, self-doubt, and self-criticism" (p. 1005), as a result they may find themselves mentally re-doing interventions they perceive to have failed. This constant analysis of every utterance could undermine trainees' self-confidence and ability to connect with clients. In addition, their focus on minor perceived failures may rob them of satisfaction in a job otherwise well done (Hollender, 1965).

In supervision, maladaptive perfectionists may have particular difficulty. These individuals often base their self-worth on their accomplishments (Burns, 1980) and are extremely fearful of failure (Blatt, 1995). The inherently evaluative nature of supervision (Association for Counselor Education and Supervision, 1995) would be particularly challenging as maladaptive perfectionists are "unwilling to be judged" (Pacht, 1984, p. 388). They are "constantly trying to prove themselves, are always on trial, feel vulnerable to any possible implication of failure or criticism, and often are unable to turn to others" (Blatt, 1995, p. 1005). As counselors and as supervisees, maladaptive perfectionists might experience each session as an opportunity for failure. They may be unable to go to their

supervisors for support and may suffer in silence, ruminating on the many ways they have disappointed themselves, their clients, and their supervisor. Hamachek (1978) noted that perfectionists' fear of failure leads to avoidance and constant vigilance. Trainees may feel the need to vigilantly guard against feedback and evaluation, two of the core components of effective supervision (Association for Counselor Education and Supervision, 1995). When given feedback, maladaptive perfectionist trainees may respond defensively, which may alienate their supervisors (Burns, 1980).

In addition to avoiding criticism, these trainees may have difficulty accepting positive feedback offered by their supervisors. They may feel that those who offer praise are uncritical or insincere (Hollender, 1965). Whereas most trainees benefit from supervision and experience a corresponding increase in counseling self-efficacy (Cashwell & Dooley, 2001), maladaptive perfectionists' experience in supervision may lead to feelings of inadequacy and decreased self-efficacy.

In "Perfectionism and the Supervisee", Arkowitz (1990) focused on the negative implications of perfectionism. However, he also noted that some aspects of perfectionism may be adaptive in supervision and counseling, contributing to mastery of skills. This is consistent with a growing body of literature that demonstrates the potentially adaptive nature of perfectionism. Perfectionism has been historically viewed as pathological and neurotic; however, some research has demonstrated the presence of adaptive components of perfectionism (e.g., Frost et al., 1993; Rice et al., 1998; Slaney et al., 2001). Adaptive perfectionists have high standards like their maladaptive counterparts; however, these individuals are able to "be less precise when the situation permits" (Hamachek, 1978, p. 27). They are not as focused on the discrepancy between their performance and their

standards. Counselor trainees who are adaptive perfectionists would be able to accept their inevitable foibles and move on, while their maladaptive peer would be "stuck. . . .trapped by nonproductive, self-critical ruminations" (Burns, 1980, p. 38). These individuals would work very hard pursuing counseling goals and be able to take pleasure in accomplishments, be happy with the results of their efforts, and rejoice in their increased mastery of skills (Hollender, 1965). An adaptive perfectionist trainee would be able to take pride in the therapeutic successes to which he or she contributed.

Adaptive perfectionists may be more successful in using clinical supervision than maladaptive perfectionists. Where maladaptive perfectionists "worry about their deficiencies and concentrate on how to avoid doing things wrong, [adaptive perfectionists] focus on their strengths and concentrate on how to do things right" (Hamachek, 1978, p. 28). Adaptive perfectionists might see supervision as a place to learn new techniques and develop existing skills. Their more realistic expectations would allow them to enjoy their strengths and become more emotionally invested (Flett, Hewitt, Blankstein, & Mosher, 1991) in the process.

In addition to the conceptual literature on perfectionism, there is evidence from empirical studies supporting a positive association between adaptive perfectionism and several favorable constructs that may impact clinical work. Adaptive perfectionism has been associated with constructive striving for achievement (Blatt, 1995), positive affect (Frost et al., 1993), positive stress coping (Rice & Lapsley, 2001), decreased levels of depression (Rice et al., 1998), internal locus of control (Periasamy & Ashby, 2002), higher self-esteem (Ashby & Rice, 2002; Flett, Hewitt, Blankstein, & O'Brien, 1991) and greater self-efficacy (LoCicero & Ashby, 2000). There is also a small body of research

which shows that personality traits that co-occur with perfectionism are also associated with counseling skills. For example, external locus of control, a trait associated with maladaptive perfectionists (Periasamy & Ashby, 2002), correlates inversely with skill in facilitative responding (Carlozzi, Campbell, & Ward, 1982). One study found a relationship between perfectionism and dogmatism (Frederickson, 1998), another construct that is inversely correlated with facilitative responding (Carlozzi et al., 1982).

Adaptive and maladaptive perfectionism are likely to affect trainees' ability to work with their clients and supervisors. Put another way, perfectionism may impact trainees' ability to build and sustain working alliances. The working alliance is a construct developed by Bordin (1983) that has garnered considerable empirical support (e.g., Bambling, King and Raue, 2006; Horvath & Greenberg, 1989). Bordin (1983) conceptualized the working alliance as consisting of the bond between therapist and client, as well as agreement on the goals and tasks of therapy. The concept of working alliance has also been applied to the relationship between supervisor and trainee (Efstation, Patton & Kardash, 1990).

In addition to a direct effect on these alliances, trainee perfectionism could affect working alliances through self-efficacy. Hamachek (1978) stated that "normal perfectionists tend to enhance their self-esteem, rejoice in their skills, and appreciate a job well-done" (p. 27). As noted previously, research has demonstrated that "neurotic", or maladaptive perfectionism, is associated with decreased self-efficacy (Burns, 1980; Hart et al., 1998; LoCicero & Ashby, 2000). However, in line with Hamachek's hypothesis, "normal" or adaptive perfectionism correlates with higher self-esteem and self-efficacy (Ashby & Rice, 2002; Flett, Hewitt, Blankstein & O'Brien, 199; LoCicero & Ashby,

2000). Together self-efficacy and perfectionism may represent some of the personality traits that researchers have argued are important to supervision and clinical work (Arkowitz, 1990; Lampropoulos, 2002; Watkins, 1995).

This study was designed to determine if and to what extent trainee perfectionism predicts working alliances with clients and supervisors. And, if so, whether this relationship is mediated or moderated by counseling self-efficacy. The specific research questions for this study were as follows:

(1) Will maladaptive perfectionism be significantly inversely correlated with trainee-client working alliance?

(2) Will maladaptive perfectionism be significantly inversely correlated with supervisor-trainee working alliance?

(3) Will adaptive perfectionism be positively correlated with trainee-client working alliance?

(4) Will adaptive perfectionism be positively correlated with supervisor-trainee working alliance?

(5) Will maladaptive and adaptive perfectionism be correlated with counseling self-efficacy?

(6) Will counseling self-efficacy mediate the relationships between perfectionism and trainee-client working alliance and supervisor-trainee working alliance?

(7) Will counseling self-efficacy moderate the relationships between perfectionism and trainee-client working alliance and supervisor-trainee working alliance?

Method

Participants

One hundred forty-three counselor trainees and 46 supervisors of counselor trainees participated in the study. Data were matched between supervisors and trainees, creating 46 supervisor-trainee dyads. Participation in the study was voluntary and all participants completed an informed consent before beginning the study (See Appendix A and B for copies of the informed consents). All participants were informed that two dollars would be donated to the American Cancer Society for each survey that was completed.

Trainee participants.

The trainee sample included 125 females (87.4%) and 18 males (12.6%). The sample was majority White/Caucasian (118 participants, 82.5%); however, participants identifying as Black/African Descent (10 participants, 7%), Asian/Pacific Islander (7 participants, 5%), Latino/Hispanic (3 participants, 2%), Multiracial (2 participants, 2%), Other (2 participants, 2%) and Native American/American Indian (1 participant) also participated. One hundred twenty-five participants identified themselves as Heterosexual (87.4%), 9 Bisexual (6.3%), 6 Homosexual (4.2%), 2 Other (1.4%), and one person endorsed "Decline to Answer." The mean age of trainee participants was 28.5 years (*SD* = 6.2).

Trainees chose one theoretical orientation from six options: Integrative (55 participants, 38.5%), Cognitive Behavioral (28 participants, 19.6%), Interpersonal (25 participants, 17.5%), Humanistic/Existential Systems (21 participants, 14.7%) Psychodynamic/ Psychoanalytic (11 participants, 7.7%), and Behavioral (3 participants, 2.1%). They also reported the type of graduate program in which they were enrolled. The

majority of trainees were enrolled in either Master's in Counseling (64 participants, 44.8%) or Counseling Psychology Ph.D. programs (54 participants, 37.8%). Trainees from Clinical Psychology Psy.D. (7 participants, 4.9%), Clinical Psychology Ph.D. (6 participants, 4.2%), Pre-Doctoral Internship (6 participants, 4.2%), Clinical Psychology Master's (3 participants, 2.1%), Counseling Psy.D. (2 participants, 1.4%) and Post-Doctoral Fellow (1 participant, .7%) programs were also represented. Trainees reported a mean of 4.23 semesters of counseling experience (*SD* = 3.1).

Trainees reported they had had a mean of 13 supervision sessions with their individual supervisor (*SD* = 9.98). Ninety-two trainees (64.3%) indicated that their individual supervisor was also the leader for their group supervision.

Supervisor participants.

The supervisor sample included 31 females (67.4%) and 15 males (32.6%). The sample was majority White/Caucasian (39 participants, 84.8%); the remainder of the sample was Multiracial (4 participants, 8.7%), Asian/Pacific Islander (2 participants, 4.3%) and Black/African Descent (1 participant). Thirty-nine of the supervisor participants (86.7%) identified themselves as Heterosexual, two Homosexual (4.4%), two Other (4.4%), one Bisexual and one Decline to Answer. The mean age of supervisor participants was 40 years (*SD* = 9.78).

Supervisors chose one theoretical orientation from six options: Cognitive Behavioral (14 participants, 31.1%), Interpersonal (13 participants, 28.9%), Integrative (10 participants, 22.2%), Humanistic/Existential Systems (4 participants, 8.9%), Psychodynamic/Psychoanalytic (4 participants, 8.9%), and Behavioral (0 participants). They also reported their field of study and degree type. Supervisors came from seven

different fields of study: Counseling Psychology (29 participants, 63.0%), Clinical Psychology (8 participants, 17.4%), Counselor Education (3 participants, 6.5%), Other Counseling (3 participants, 6.5%), Other Psychology (2 participants, 4.3%) and Social Work (1 participant, 2.2%). Supervisors were predominantly Ph.D.'s (32 participants, 69.6%). Master's Degree (7 participants, 15.2%), Psy.D. (6 participants, 13.0%), and Ed.S. (1 participant, 2.2%) supervisors were also represented. Supervisors indicated a mean of 12.5 years of counseling experience (SD = 7.94) and 7.9 years of supervision experience (SD = 7.00).

Procedure

Recruitment emails (see Appendix C) were sent to training directors of counseling psychology programs, as well as several email listservs that included university program directors, training directors and university counseling center training directors. Recruitment emails included a link to a webpage where trainees could complete the survey. Faculty members were asked to forward the recruitment emails to their student trainees. Recruitment emails were also sent directly to trainees at one urban college counseling center and two large urban universities with Master's Degree and Ph.D. programs in Counseling and Counseling Psychology.

The first page of the web survey included the informed consent as well as a section called Supervisor-Trainee Matching Information. In this section trainees were asked to enter their names and the names of their individual supervisors as well as their supervisors' email address. They were informed that this information would be kept separate from their questionnaire data and would not affect the confidentiality of their answers.

Only data from trainee participants who completed the entire survey were included. Upon receipt of the trainee data, recruitment emails were sent to all participating trainees' supervisors. Supervisors were sent a link to the web survey and asked to complete the survey based on their trainee who had completed the survey (See Appendix C). In some cases (30), trainees listed a supervisor who was also listed by another participating trainee; in these instances, a random number generator was used to select one trainee per supervisor. The recruitment email for these 13 supervisors included the name of the one randomly selected trainee.

In addition to the supervisors recruited via the email address entered by their trainee, a small number of supervisors (three) were recruited directly. These supervisors were asked to complete the supervisor survey and forward a recruitment email to the trainee "with whom [they] had the next scheduled supervision session." This was done to help randomize the selection of trainees.

Trainee survey.

In addition to the Supervisor-Trainee Matching Information, trainees completed a demographic questionnaire, the Working Alliance Inventory – Short Form Therapist Version (WAI-ST; Horvath, 1991), the Almost Perfect Scale – Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001), the Self-Efficacy Inventory (S-EI; Friedlander & Snyder, 1983) and the Supervisory Working Alliance Inventory – Trainee Version (SWAI-T; Efstation, Patton & Kardash, 1990). Trainees were asked to complete the WAI-ST based on the client "with whom [they had] the next scheduled session." This was done to help randomize the selection of clients.

Supervisor survey.

The supervisors' version of the web survey included a demographic questionnaire as well as the Supervisory Working Alliance Inventory – Supervisor Version (SWAI-S; Efstation, Patton & Kardash, 1990).

Measures.

The Working Alliance Inventory Short Form (WAI-S; Horvath, 1991) was derived from the Working Alliance Inventory (Horvath & Greenberg, 1989). In this study the therapist version of the WAI-S (WAI-ST; Working Alliance Inventory Short Form Therapist Version) was used. The WAI and WAI-ST are based on Bordin's (1983) formulation of the working alliance as consisting of three components: bond, agreement on goals, and agreement on tasks. These three components are the subscales of both the WAI and WAI-ST. The WAI-ST was developed by taking the four items from the original WAI with the highest factor loadings for each subscale.

The WAI-ST is a 12-item scale designed to measure the therapeutic alliance between therapist and client. Participants respond to items on a 7-point Likert scale ranging from 1 = *Never* to 7 = *Always*. Items include statements such as "I have doubts about what we are trying to accomplish in therapy" (reverse scored) and "We are working towards mutually agreed upon goals". Interrcorrelations among WAI and WAI-ST subscales are high, indicating a substantial degree of shared variance among the subscales; for this reason previous researchers have elected to use only the total score (Busseri & Tyler, 2003). Only the total score from the WAI-ST was used in the current study. Internal consistency reliability of the total score on the WAI-ST has been reported as .95 (Tracey & Kokotovic, 1989); alpha for this sample was .88. The WAI is very widely used and several meta-analytic studies report strong content and predictive

validity (Horvath, 1994; Horvath & Symonds, 1991). Busseri and Tyler (2003) found that the WAI and WAI-ST had similar predictive validity.

The APS-R (Slaney et al., 2001) is a 23-item scale designed to assess adaptive and maladaptive components of perfectionism. Participants respond to the items on a 7-point Likert scale from 1 = *Strongly Disagree* to 7 = *Strongly Agree*. Items include statements such as “I rarely live up to my high standards,” (reverse scored) and, “I expect the best from myself.” The APS-R has three subscales: Discrepancy (12 items measuring the distress caused by the discrepancy between performance and standards), High Standards (7 items measuring personal standards) and Order (4 items measuring organization and need for order). The Order subscale is not used in the classification of perfectionists as maladaptive or adaptive (Rice & Ashby, 2007). Because this study was focused on determining the impact of maladaptive and adaptive aspects of perfectionism, the Order subscale was not used. Results from research using the APS-R have demonstrated strong support for its psychometric integrity. Internal consistency coefficients for the APS–R range from .85 to .92 (Slaney et al., 2001). For this sample, Cronbach’s alphas were .95 and .82 for Discrepancy and Standards, respectively. Concurrent validity has been demonstrated by correlations between the APS-R and other measures of perfectionism and theoretically related constructs such as self-esteem, depression, anxiety and shame (Ashby et al., 2006; Ashby & Rice, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001).

The Self-Efficacy Inventory (S-EI; Friedlander & Snyder, 1983) is a 21-item scale designed to assess trainees’ confidence in their ability to perform tasks in five domains of counseling: Assessment, Case Management, Individual, Group, and Family Intervention.

Participants respond to the items on a 10-point Likert scale ranging from 0 = *Not Confident* to 9 = *Completely Confident*. Items include statements such as "How confident are you in your ability to conceptualize or assess a case using standard interest inventories" and "How confident are you in your ability to do individual counseling or therapy with individuals having adjustment reactions." Internal consistency reliability has been reported at .93 (Friedlander & Snyder, 1983). Cronbach's alpha for this sample was .90. The S-EI also has high content and face validity (Tang et al., 2004) and is positively correlated with trainee experience level (r = .55; Friedlander & Snyder, 1983).

The SWAI-T (Efstation et al., 1990) is a 19-item scale designed to measure trainees' perceptions of the factors necessary to maintain an effective working relationship with their supervisor. Participants respond to the items on a 7-point Likert scale from 1 = *Almost Never* to 7 = *Almost Always*. Items include statements such as "I feel comfortable working with my supervisor," and, "My supervisor helps me work within a specific treatment plan with my clients." The SWAI-T has two subscales: Rapport (12 items measuring the effectiveness of the supervisor in developing rapport with the trainee) and Client Focus (7 items measuring the emphasis supervisors place on client issues). A number of researchers have found that the two subscales are highly correlated (e.g., Patton & Kivlighan, 1997; Wester, Vogel & Archer, 2004; White & Queener, 2003); for this reason the subscales have been combined in previous research (e.g., White & Queener, 2003) and were combined in the current study. The SWAI-T overall score has demonstrated high reliability (α = .95; Wester et al., 2004). Cronbach's alpha for this sample was .95. Concurrent validity has been demonstrated by correlations

between the SWAI and other theoretically related constructs such as supervisory style and counseling self-efficacy (Efstation et al, 1990; Holloway & Wampold, 1983).

The SWAI-S (Efstation et al., 1990) is a 23-item scale designed to assess the working alliance from the supervisor's perspective. Participants respond to the items on a 7-point Likert scale from 1 = *Almost Never* to 7 = *Almost Always*. Items include statements such as "I encourage my trainee to formulate his/her own interventions with his/her clients" and, "My trainee appears to be comfortable working with me." The SWAI-S has three subscales: Rapport (7 items measuring the supervisors' efforts to build rapport with the trainees by supporting and encouraging them), Client Focus (9 items measuring the emphasis supervisors place on promoting the trainee's understanding of the client) and Identification (7 items measuring the supervisors' perception of the trainee's identification with the supervisor). As with the SWAI-T, researchers have combined the subscales of the SWAI-S due to the high intercorrelation of the scales (White & Queener, 2003); only the total score was used in the current study. Internal consistency reliability for the SWAI-S total score has been reported as .89 (White & Queener, 2003). Cronbach's alpha for this sample was .87.

Results

Descriptive statistics for the measures (means, standard deviations, and coefficient alphas) are displayed in Table 1. Cronbach's coefficient alphas ranged from .82 to .95 for the measures in this sample.

Analyses of variance for demographic variables and outcome measures revealed few significant mean differences. There were no overall mean differences for trainee variables of race/ethnicity, sexual orientation, and theoretical orientation for any of the

outcome measures (S-EI, WAI-ST, SWAI-T, & SWAI-S). Whether a trainee's individual supervisor was also his or her group supervisor was also unrelated to outcome measures.

Table 1

Descriptive Statistics and Measurement Reliability

Variable	*M*	*SD*	*α*
APS-R Discrepancy	35.81	15.29	.95
APS-R Standards	42.90	4.74	.82
S-EI	130.89	21.16	.90
WAI-ST	63.71	8.36	.88
SWAI-T	108.17	17.51	.95
SWAI-S	124.54	13.12	.87

Note: APS-R = Almost Perfect Scale Revised; S-EI = Self-Efficacy Inventory; WAI-ST = Working Alliance Inventory Short Form Therapist Version; SWAI-T = Supervisory Working Alliance Inventory Trainee Version; SWAI-S = Supervisory Working Alliance Inventory Supervisor Version

There were no mean differences for supervisor gender, race/ethnicity, degree type, theoretical orientation, and years for any outcome measures.

However, there was a significant mean difference for men and women on the counseling self-efficacy measure (S-EI), $t(141) = 2.11$, $p < .05$, $d = .52$, with men scoring higher. There was also a significant mean difference on this measure for master's and doctoral students, $t(141) = -2.35$, $p < .05$, $d = .39$, with doctoral students scoring higher. Bivariate correlations among the continuous demographic variables and outcome variables produced few significant relationships. Number of supervision sessions, supervisor's years of counseling experience, and supervisor's years of supervision experience were uncorrelated with outcome variables. However, significant correlations were found between trainee age and counseling self-efficacy ($r = .274$, $p < .001$) and

trainee semesters of counseling experience and counseling self-efficacy (r = .390, p < .001).

Bivariate correlations among the six measures in this study revealed several significant relationships. Maladaptive perfectionism (Discrepancy) was inversely correlated with working alliance between trainee and client (WAI-ST; r = -.261, p = .002) (Research Question 1). Maladaptive perfectionism was inversely correlated with the working alliance between supervisor and trainee (from the perspective of the supervisor, SWAI-S; r = -.345, p = .019) (Research Question 2). Adaptive perfectionism (Standards) was not significantly correlated with trainee-client working alliance (Research Question 3) or with the supervisor trainee working alliance (Research Question 4). Perfectionism (Standards and Discrepancy) were not significantly correlated with counseling self-efficacy (Research Question 5). Correlation coefficients among all the instruments are displayed in Table 2.

Table 2

Correlations among Measures

	Maladapt.	Adaptive	CSE	WAI-ST	SWAI-T	SWAI-S
Maladapt.		.130	-.115	-.261**	-.123	-.345*
Adaptive	.130		-.070	-.024	-.016	.009
CSE	-.115	-.070		.280**	.170*	-.106
WAI-ST	-.261**	-.024	.280**		.177*	.000
SWAI-T	-.123	-.016	.170*	.177*		.285
SWAI-S	-.345*	.009	-.106	.000	.285	

Note. Maladapt. = Maladaptive Perfectionism (Almost Perfect Scale Revised Discrepancy Subscale); Adaptive = Adaptive Perfectionism (Almost Perfect Scale Revised Standards Subscale); CSE = Counseling Self-Efficacy (Self-Efficacy Inventory); WAI-ST = Working Alliance Inventory Short Form Therapist Version; SWAI-T = Supervisory Working Alliance Inventory Trainee Version; SWAI-S = Supervisory Working Alliance Inventory Supervisor Version. Scores with two asterisks (**) are significant at p < .01, scores with one asterisk (*) is significant at p < .05.

Moderation and Mediation

The concepts of mediation and moderation are often confused in social science research (Baron & Kenny, 1986). Conceptual third variables may serve as both mediators and moderators between predictor (independent) and outcome (dependent) variables. Baron and Kenny (1986), in an article devoted to clarifying these concepts, state "Whereas moderator variables specify when certain effects will hold, mediators speak to how or why such effects occur" (p. 1176). Mediating and moderating variables answer different research questions. "The mediation question concerns the processes that produce a treatment effect. The moderation question concerns factors that affect the magnitude of that effect" (Judd, Kenny, & McClelland, 2001, p. 115).

Variables that mediate account for a significant amount of the shared variance between predictor and outcome variables. For example, the relationship between adaptive perfectionism and working alliance may be through counseling self-efficacy. In other words, counseling self-efficacy accounts for the shared variance in the predictor (adaptive perfectionism) and outcome (working alliance) variables. One example of this mediation could be: trainees with high standards have higher self-efficacy and this higher self-efficacy accounts for their relatively stronger working alliances.

Variables that moderate affect the direction or strength of association between predictor and outcome. For example, the relationship between maladaptive perfectionism and working alliance may differ at different levels of counseling self-efficacy. In other words, maladaptive perfectionism may have a greater effect on working alliance in trainees with low counseling self-efficacy than in those with higher counseling self-efficacy.

Tests of Mediation

According to Baron and Kenny (1986) tests of mediation require the statistical demonstration of several effects. In the analyses to test these effects, I followed the strategy of Baron and Kenny (1986) and Holmbeck (1997). The first effect is a significant association between the predictors (i.e., maladaptive and adaptive perfectionism) and the “outcome” variables (i.e., working alliance measures: SWAI-S, SWAI-T, and WAI-ST). In the next step, the hypothesized mediating variable (i.e., counseling self-efficacy) must be significantly associated with the outcome variables. Third, the predictor variables must be significantly associated with the mediating variable. Finally, the strength of the association between the predictor variables (maladaptive and adaptive perfectionism) and the outcome variables (SWAI-S, SWAI-T, and WAI-ST) must be less after controlling for the mediating variable (counseling self-efficacy).

The first analysis, in which WAI-ST was regressed on maladaptive and adaptive perfectionism, revealed a significant association between the scores, $R^2 = .06$, F (2, 139) = 5.08, $p < .01$. However, only maladaptive perfectionism was a significant predictor of WAI-ST ($B = -.26$, $p < .005$). As a result, adaptive perfectionism was dropped from further analyses predicting WAI-ST. The second step confirmed a significant association between counseling self-efficacy and WAI-ST, $R^2 = .07$, F (1, 141) = 11.96, $p < .001$ ($B = .28$). The third step tested the relationship between the predictor variable maladaptive perfectionism and the hypothesized mediating variable counseling self-efficacy. Results of the analysis found no significant association between the two variables and therefore did not provide support for the mediational model.

The same data analysis strategy was conducted for the prediction of SWAI-S (the supervisory working alliance from the perspective of the supervisor). The first step revealed a significant association between perfectionism and SWAI-S, $R^2 = .08$, $F(2, 43) = 2.97$, $p = .062$. However, only maladaptive perfectionism was a significant predictor of SWAI-S ($B = -.35$, $p < .05$). Adaptive perfectionism was thus dropped from further analyses. The second step to test a relationship between counseling self-efficacy and SWAI-S failed to demonstrate a significant relationship ($R^2 = -.01$, $F\,(1, 44) = .50$, $p = .48$ ($B = -.11$) offering no support for a mediational model.

The same test of mediation was applied to the prediction of SWAI-T (the supervisory working alliance from the perspective of the trainee). In this analysis, the first step failed to reveal a significant association between the predictor variables (adaptive and maladaptive perfectionism) and the outcome variable (SWAI-T), $R^2 = .00$, $F(2, 139) = 1.07$, $p = .35$.Thus tests of counseling self-efficacy as a hypothesized mediating variable between perfectionism and working alliances failed for all three outcome variables (WAI-ST, SWAI-T, & SWAI-S).

Tests of Moderation

According to Baron and Kenny (1986), to test linear moderation between continuous variables, the product of the moderator and the independent variable is added to the regression equation. Moderator effects are indicated by a significant effect of this interaction variable when the effect of the independent variable and the moderator are controlled. To test whether counseling self-efficacy served as a moderating variable, separate hierarchical regression analyses were conducted in which the main effects for the predictors (adaptive or maladaptive perfectionism) and hypothesized moderating

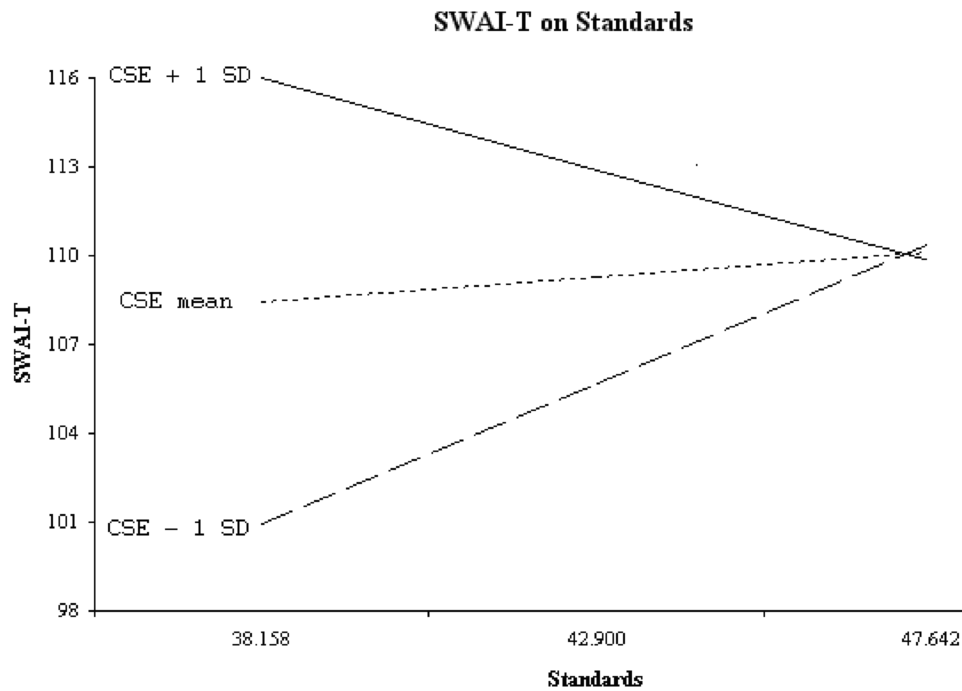
variable (counseling self-efficacy) were entered in an initial block. The interaction terms (adaptive perfectionism x counseling self-efficacy or maladaptive perfectionism x counseling self-efficacy) were entered in the second step of the regression model. The next step was to control for the main effects of predictors (adaptive perfectionism or maladaptive perfectionism) as well as the main effect of hypothesized moderating variable (counseling self-efficacy) and to determine whether the interaction accounted for significant variation in the outcome variables (WAI-ST, SWAI-T, and SWAI-S).

The interactions between adaptive perfectionism and counseling self-efficacy ($\Delta R^2 = .012$, $F(3, 142) = 1.18$, $p = 18$) and between maladaptive perfectionism and counseling self-efficacy in predicting WAI-ST were not significant, $\Delta R^2 = .009$, $F(3, 141) = 1.46$, $p = .23$. However, moderation was evident in both the prediction of SWAI-T and SWAI-S. The interaction between adaptive perfectionism and counseling self-efficacy was significant in predicting SWAI-T, $\Delta R^2 = .038$, $F(3, 142) = 5.62$, $p < .05$, and the interaction between maladaptive perfectionism and counseling self-efficacy was significant in the prediction of SWAI-S, $\Delta R^2 = .090$, $F(3, 45) = 4.92$, $p < .032$. Both of these significant regression equations were further analyzed using procedures suggested by Aiken and West (1991). The equations were used to plot predicted values of the outcome variables (SWAI-T or SWAI-S) for high, average and low scores of counseling self-efficacy (on the basis of plus or minus one SD). These graphs are included as Figure 1 and Figure 2.

The results indicated that for trainees with low or average counseling self-efficacy, as adaptive perfectionism increased, so did scores on SWAI-T (this relationship was stronger for trainees with low counseling self-efficacy than it was for those with

Figure 1

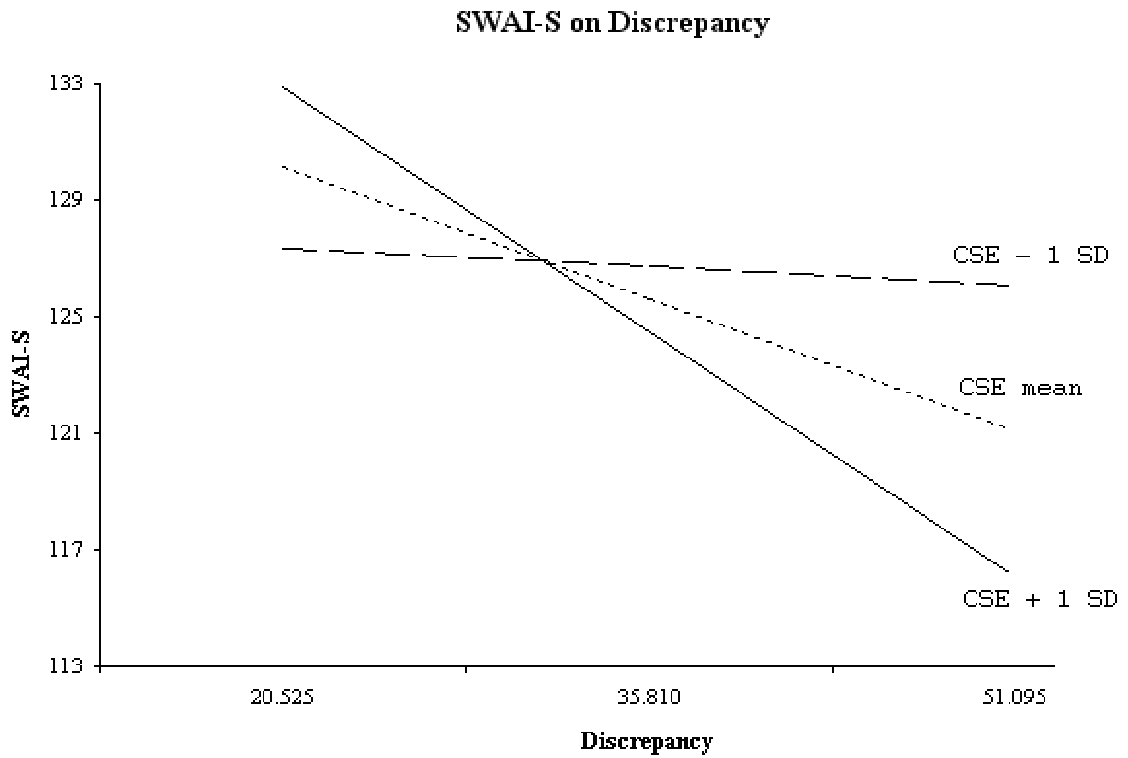
Counseling Self-Efficacy as Moderator between Standards and SWAI-T



Note. CSE = Counseling Self-Efficacy; SWAI-S = Supervisory Working Alliance Inventory – Supervisor Version.

Figure 2

Counseling Self-Efficacy as Moderator between Discrepancy and SWAI-S



Note. CSE = Counseling Self-Efficacy; SWAI-S = Supervisory Working Alliance Inventory – Supervisor Version.

average scores). However, for those trainees with high counseling self-efficacy, higher adaptive perfectionism corresponded with slightly lower scores on the SWAI-T. At high levels of standards (i.e., high adaptive perfectionism), the difference between students with high and low counseling self-efficacy was less than three one hundredths of a standard deviation (*Ms* = 109.82 and 110.41, respectively). However, at low levels of adaptive perfectionism, the predicted SWAI-T score revealed a difference between these groups of approximately seven tenths of one standard deviation (*Ms* = 115.99 and 100.93, respectively).

Another moderation effect was found in the prediction of SWAI-S. For trainees with low counseling self-efficacy, there appeared to be no relationship between maladaptive perfectionism and SWAI-S (See Figure 2). However, for trainees with average or high counseling self-efficacy (the effect was stronger in trainees with high counseling self-efficacy) as maladaptive perfectionism scores increased, scores on SWAI-S decreased. At high levels of maladaptive perfectionism, the predicted SWAI-S score revealed a difference of approximately one half a standard deviation between students with high and low counseling self-efficacy (*Ms* = 116.06 and 126.05, respectively). At low levels of maladaptive perfectionism, the predicted SWAI-S score revealed a difference of approximately one quarter of a standard deviation between students with high and low counseling self-efficacy (*Ms* = 132.89 and 127.36, respectively).

Discussion

This study was designed to determine if, and to what extent, trainee perfectionism had an effect on working alliances with clients and supervisors. Consistent with

theoretical literature associating perfectionism with difficulties in counseling and supervision relationships (Arkowitz, 1990) and empirical research documenting problems in maladaptive perfectionists' relationships (Rice, Lopez, & Vergara, 2005; Rice et al., 2006; Wei et al., 2004), the results indicated that counselor trainee maladaptive perfectionism (Discrepancy) was significantly inversely correlated with both working alliance with clients and working alliance with supervisors (Research Questions 1 and 2). Adaptive perfectionism (Standards) was not significantly positively associated with working alliances (Research Questions 3 and 4). In addition, the study investigated the relationship of counseling self-efficacy to trainee perfectionism and working alliances. Counseling self-efficacy did not correlate significantly with perfectionism (Research Question 5). No support was found for counseling self-efficacy as a mediator between trainee perfectionism and working alliances (Research Question 6). However, tests of moderation revealed two significant moderation effects (Research Question 7). Counseling self-efficacy moderated the relationship between adaptive perfectionism (Standards) and the supervisory working alliance from the perspective of the trainee (SWAI-T). Counseling self-efficacy also moderated the relationship between maladaptive perfectionism (Discrepancy) and the supervisory working alliance from the perspective of the supervisor (SWAI-S).

This study shows that trainee perfectionism has a significant relationship with trainees' ability to form relationships with clients and supervisors. However, only maladaptive perfectionism was significantly correlated with working alliance with supervisor or client. In this study, trainees' adaptive perfectionism was not significantly associated with any of the other measures (with the exception of an unexpected

moderation effect between adaptive perfectionism and SWAI-T which will be discussed later). Maladaptive perfectionism, however, was associated with both trainee-client working alliance and supervisor-trainee working alliance. For counselor trainees, it appears that the maladaptive aspects of perfectionism, such as intense self-scrutiny, rumination over failures, and fear of intimacy, may be more salient to the training experience than are the positive elements of perfectionism.

As Arkowitz (1990) maintained, maladaptive perfectionism was associated with poorer working alliances with clients. Maladaptive perfectionism correlated with trainees' perceptions of the working alliance between themselves and an individual client. The results of this study suggest that trainees with high levels of maladaptive perfectionism, those who focus on the ways they fail to meet their high standards, are likely to be less successful in forming working alliances with clients. These trainees may concentrate on the perfect execution of counseling skills and may not be able to attend to client information. A trainee's maladaptive perfectionism could lead him or her to ruminate over perceived failures in the counseling session. It may be that traits such as fear of intimacy, withdrawal, and insecure attachment, which co-occur with maladaptive perfectionism (Rice et al., 2006; Rice et al., 2005; Wei et al., 2004), lead to diminished working alliances with clients.

Maladaptive perfectionism is not only detrimental to trainees' working alliance with clients. Results from this study showed that trainee maladaptive perfectionism was inversely related to the supervisory working alliance. However, this relationship was only evident in the supervisor's assessment of the supervisory working alliance (SWAI-S). Maladaptive perfectionism was not significantly associated with the trainee's perspective

of the supervisory working alliance (SWAI-T). This mixed result suggests that trainee perfectionism has an impact on the supervisory working alliance that is evident only in the supervisor's assessment, something that is not assessed by the trainee version of the measure.

Counselor trainees who are maladaptive perfectionists may experience difficulty managing the vulnerability associated with evaluation in supervision (Arkowitz, 1990). Maladaptive perfectionists may be rigid or withdrawn (Burns, 1980). They may focus on perceived failures or attempt to conceal perceived failures from the supervisor. All of these behaviors could have a negative impact on the supervisors' perception of the supervisory working alliance, but in this study, these behaviors were not associated with the trainees' perception of the supervisory working alliance.

There is relatively limited research using the supervisor form of the SWAI, and these results indicate that the supervisor and trainee versions measure different constructs. It may be that trainees and supervisors perceive the relationship differently or that the two versions of the measure are assessing different constructs. Results from this study demonstrated several differing effects for the two versions of the SWAI. In this sample, the two halves of the measure were unrelated to each other. As noted above, discrepancy was associated with the SWAI-S but not the SWAI-T. In addition, as will be discussed later, counseling self-efficacy was only predictive of the trainees' perception of the supervisory working alliance (and not the supervisors'). Previous research using the WAI and SWAI has found significant relationships between these inventories (Patton & Kivlighan, 1997). In this study, trainees' perceptions of their working alliance with a

client (WA) were associated with their own perception of the supervisor-trainee working alliance but not with their supervisors'.

Previous research has shown that counseling self-efficacy increases with experience (Melchert, Hays, Wiljanen & Kolocek, 1996; Tang et al., 2004), an effect that was found in the current study. Higher ratings of the supervisory working alliance have been shown to relate to higher ratings of counseling self-efficacy (Efstation et al., 1990; Nilsson & Anderson, 2004) a finding that was also replicated in the current study. As noted earlier, trainee counseling self-efficacy was a significant predictor only of the supervisory working alliance from the trainee's perspective (SWAI-T) and not of SWAI-S. Though trainees' appraisals of their counseling self-efficacy are associated with their view of the supervisor trainee working alliance, this relationship does not extend to their supervisors' estimation of the supervisor trainee working alliance. Trainees who feel confident in their ability to execute counseling skills are more likely to also appraise their relationship with their clients as positive. The current study demonstrates that trainees with lower counseling self-efficacy are likely to perceive poorer working relationships with their clients and that higher counseling self-efficacy is associated with stronger working relationships. These results seem to support Barnes' (2004) assertion that counseling self-efficacy is "the primary mechanism through which effective counseling occurs" (p. 56).

It is particularly noteworthy that in this study perfectionism (adaptive and maladaptive) and counseling self-efficacy were not significantly correlated. This result stands in contrast to literature documenting a relationship between perfectionism and self-efficacy (Burns, 1980; Hart et al., 1998; LoCicero & Ashby, 2000). There are several

reasons that results in the current study may have been unique. The measure used to evaluate counseling self-efficacy, the Self-Efficacy Inventory (Friedlander & Snyder, 1983), is specific to counseling skills. Participants are asked to rate their confidence in completing a variety of counseling-specific tasks. Previous research on perfectionism and self-efficacy has typically employed measures of general self-efficacy such as the Self-Efficacy Scale (Sherer, et al., 1982) or the Generalized Self-Efficacy Scale (Tipton & Worthington, 1984). While perfectionism has been associated with general self-efficacy, it may be that perfectionism does not relate to self-efficacy for the very specific tasks of counseling. In discussing why correlations with counseling self-efficacy were weaker than those found with general self-efficacy, Larson et al. (1992) stated "counseling is a much more diffuse and complex behavior than such behaviors as successive approximations to touching a snake (Kazdin, 1978)" (p. 117). Further research studying counseling self-efficacy and perfectionism is needed explore the relationship between the constructs of perfectionism and counseling self-efficacy in greater depth.

Results from this study found no support for counseling self-efficacy as a mediator between perfectionism and working alliances. It appears that the effect of discrepancy on the working alliance with clients or supervisor is not through trainee's self-efficacy. However, tests of moderation were significant.

Moderation Results

Analyses showed that the effect of perfectionism on the supervisory working alliance was different for trainees with different levels of counseling self-efficacy. Counseling self-efficacy moderated the relationship between maladaptive perfectionism and the supervisory working alliance (from the supervisor's perspective). In trainees with

low counseling self-efficacy, there was no relationship between maladaptive perfectionism and the supervisory working alliance. Only in trainees with high counseling self-efficacy was there a strong negative relationship between maladaptive perfectionism and the supervisory working alliance. It seems that the combination of maladaptive perfectionism and confidence in one's ability to execute specific counseling tasks constitutes a specific vulnerability for counselor trainees. These individuals may feel that they should be good at various counseling skills; they feel efficacious in these skills, and yet, they are "plagued by intense self-scrutiny" (Blatt, 1995, p. 1005). In these individuals, the combination of high discrepancy and high counseling self-efficacy results in poorer supervisory working alliances from the supervisor's perspective. Supervisors may have a particularly hard time in relationship with these individuals who are highly critical even though they believe themselves to possess good counseling skills. In contrast, in trainees who do not believe they possess strong counseling skills (low counseling self-efficacy), maladaptive perfectionism does not impact the supervisory working alliance. These trainees may be less impacted by their maladaptive perfectionism because they did not see themselves as being able to accomplish counseling tasks in the first place; they have lower expectations and as such, maladaptive perfectionism presents less of a problem. Trainees with high counseling self-efficacy and high maladaptive perfectionism are likely to be much more disappointed in perceived poor performance given that they believed they would be able to accomplish counseling tasks.

In trainees with high counseling self-efficacy, adaptive perfectionism was negatively associated with the supervisory working alliance (from the trainee's perspective). In trainees with low counseling self-efficacy, the relationship between

adaptive perfectionism and the supervisory working alliance was positive. The negative relationship between adaptive perfectionism and the supervisory working alliance in trainees with high counseling self-efficacy appears inconsistent with previous research using the APS-R (Slaney et al., 2001) which has consistently found correlations between high standards and positive constructs (e.g., increased self-efficacy, Periasamy & Ashby, 2002). It may be that the inherently ambiguous setting of supervision (Cozolino, 2004) makes it difficult for counselor trainees with high standards and high counseling self-efficacy to judge their own performance. This difficulty may undermine the supervisory working alliance.

Limitations and Future Research

The current study has a number of limitations that may impact interpretation of the results. It is possible that trainees in this convenience sample differ in some consistent way from those trainees who did not volunteer. Number of supervision sessions was not controlled for and this could have an impact on trainee and supervisors' appraisals of the supervisor trainee working alliance. Data was gathered online and participants may represent technologically-savvy trainees and supervisors who may differ from those not willing to participate online. Participants were also informed that two dollars would be donated to the American Cancer Society for each completed survey; this may have affected the sampling process. In terms of demographics, the sample was predominately female (87% of trainees, 67% of supervisors) and Caucasian (83% of trainees, 85% of supervisors) which may affect generalizability of results. Finally, though causal inferences can be made via the analyses conducted, the design of the study was correlational. However, though the design of the study does not allow for causal

inferences, it is logical to assume that trainee perfectionism affects working alliances and not vice versa. Perfectionism is viewed as a personality trait (Slaney et al., 2001) and it is very unlikely that short term relationships with clients and supervisors could create this personality trait in a trainee.

Future research using instruments other than self-report measures could address any bias introduced by the use of such measures. Longitudinal research could also prove informative in understanding causal relationships between the constructs of perfectionism, counseling self-efficacy and working alliances. Changes in working alliances over time could also be explored. Future research could further explore the role of counseling self-efficacy as a moderator between adaptive perfectionism and the supervisory working alliance. As stated previously, this finding appears inconsistent with previous research which has associated adaptive perfectionism with positive constructs. It is possible that qualitative methods could be used to understand how the possession of high standards and high counseling self-efficacy may affect the supervisory working alliance.

One potentially informative area for further study is possible gender differences in perfectionism, counseling self-efficacy, and working alliances. In the current study, the trainee sample of men was so small (18) that meaningful gender differences were difficult to ascertain. A significant difference was found between men and women trainees on counseling self-efficacy (men tended to have higher counseling self-efficacy). Relationships among the constructs were also different for men and women. For example, for men standards correlated with counseling self-efficacy; suggesting that in male

trainees the possession of high standards may lead to improved self-efficacy. Future research could determine if these differences existed in a larger sample.

Implications

Despite limitations, findings from this study suggest several implications for training. Supervisors may want to assess trainees, distinguishing between maladaptive perfectionists, adaptive perfectionists and non-perfectionists. Supervisors may find it useful to look out for those trainees who appear “plagued by intense self-scrutiny, self-doubt, and self-criticism” (Blatt, 1995, p. 1005). Supervisors may wish to educate their trainees’ about the concept of discrepancy, “the distress one feels when perceived performance fails to meet perfectionistic standards” (Ashby et al., 2006, p. 149) and the psychological difficulties that may be associated with high levels of discrepancy (i.e., high levels of maladaptive perfectionism) . For those trainees who have high levels of maladaptive perfectionism, supervisors may find it useful to assess trainees’ perceptions of the trainee-client working alliance and supervisor-trainee working alliance, as results from the current study suggest these alliances will be affected by maladaptive perfectionism. In addition, supervisors may find it useful to assess potential differences in appraisals of the supervisor-trainee working alliance they and their trainees may have.

Given the relationships between trainees’ counseling self-efficacy and trainees’ perceptions of both the trainee-client working alliance and supervisor-trainee working alliance, supervisors may need to develop interventions aimed at improving counseling self-efficacy. Results from the current study suggest that improvements in counseling self-efficacy will be accompanied by improvements in appraisals of the trainee-client working alliance and supervisor-trainee working alliance.

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APPENDIXES

APPENDIX A

Georgia State University
Department of Counseling and Psychological Services
Informed Consent Form

Title: The Relationship between Counselor Trainee Perfectionism and Working Alliance with Supervisor and Client
Principal Investigator: Jeffrey S. Ashby, Ph.D.
Student Principal Investigator: Kathryn H. Ganske, M.A.

Introduction/Background/Purpose:
You are being asked to participate in our study of perfectionism and supervision. We are investigating this topic to learn about personality factors and the supervision process. Your participation in the research study is voluntary. Before agreeing to be part of this study, please read the following information carefully.

Procedures:
If you participate in this study, you will be asked to complete one online survey. The survey will take approximately 20 minutes to complete.

Risks:
There are no risks to participating in this study.

Benefits:
For each survey that is completed, $2 will be donated to the American Cancer Society.

In addition, you may benefit from thinking about your personality and your relationship with clients and supervisors. Finally, what we learn from the study may help us to better understand personality factors, supervision and counseling.

Voluntary Participation and Withdrawal:
Participation in research is entirely voluntary. You have the right to refuse to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may discontinue participation at any time.

Confidentiality:

We will keep your records private to the extent allowed by law. Before you begin the study you will enter your name to sign this informed consent and to provide information for us to match your data with your supervisor. This information will be kept entirely separate from the rest of the study. It will be saved in a separate file and your name will not be associated with your answers to the survey questions. Your name and other facts that might point to you will not appear when we present this study or publish its results.
Contact Persons:
Contact Jeff Ashby, Ph.D. or Katie Ganske, M.A. at (404) 651-2550 if you have questions about this study.
If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB) which oversees the protection of human research participants. Susan Vogtner in the office of research compliance can be reached at 404-463-0674.

Please print a copy of this consent form to keep for your records.

If you are willing to volunteer for this research, please enter your name and the date to indicate that you have read and understand this form.

Jeffrey S. Ashby, Ph.D.
Principal Investigator

Kathryn H. Ganske, M.A.
Student Principal Investigator

APPENDIX B

Georgia State University
Department of Counseling and Psychological Services
Informed Consent Form

Title: The Relationship between Counselor Trainee Perfectionism and Working Alliance with Supervisor and Client
Principal Investigator: Jeffrey S. Ashby, Ph.D.
Student Principal Investigator: Kathryn H. Ganske, M.A.

Introduction/Background/Purpose:
You are being asked to participate in our study of perfectionism and supervision. We are investigating this topic to learn about personality factors and the supervision process. Your participation in the research study is voluntary. Before agreeing to be part of this study, please read the following information carefully.

Procedures:
If you participate in this study, you will be asked to complete one online survey. The survey will take approximately 5 minutes to complete.

Risks:
There are no risks to participating in this study.

Benefits:
For each survey that is completed, $2 will be donated to the American Cancer Society.

In addition, you may benefit from thinking about your relationship with trainees. Finally, what we learn from the study may help us to better understand personality factors, supervision and counseling.

Voluntary Participation and Withdrawal:
Participation in research is entirely voluntary. You have the right to refuse to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may discontinue participation at any time.

Confidentiality:
We will keep your records private to the extent allowed by law. Before you begin the study you will enter your name to sign this informed consent and to provide information for us to match your data with your trainee/supervisee. This information will be kept

entirely separate from the rest of the study. It will be saved in a separate file and your name will not be associated with your answers to the survey questions. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Contact Persons:
Contact Jeff Ashby, Ph.D. or Katie Ganske, M.A. at (404) 651-2550 if you have questions about this study.
If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB) which oversees the protection of human research participants. Susan Vogtner in the office of research compliance can be reached at 404-463-0674.

Please print a copy of this consent form to keep for your records.

If you are willing to volunteer for this research, please enter your name and the date in the spaces below to indicate you have read and understand this form.

Jeffrey S. Ashby, Ph.D.
Principal Investigator

Kathryn H. Ganske, M.A.
Student Principal Investigator

APPENDIX C

Email Sent to Program Directors

Hello Program Directors!

My name is Katie Ganske and I am a doctoral student in Counseling Psychology at Georgia State University. Would you please forward the email below to all of your students? If you have any questions, please contact me at kganske1@student.gsu.edu. Thanks!

Email to forward:

My name is Katie Ganske and I am a doctoral student in Counseling Psychology at Georgia State University. I am contacting you to ask you to please help me with my dissertation research. I am looking at counselor trainee personality and working alliance with supervisor and client. The survey should take less than 20 minutes to complete.

For each survey that is completed, $2 will be donated to the American Cancer Society.

You are eligible to participate in the study IF YOU ARE CURRENTLY SEEING CLIENTS IN A SUPERVISED SETTING.

Please click on the link below if you are able to help me out:

http://www.surveymonkey.com/gsusupervisionstudy

Please contact me at kganske1@student.gsu.edu if you have any questions about this study. You may also contact my advisor, Jeffrey Ashby, Ph.D., at jashby2@gsu.edu.

Sincerely,

Katie Ganske, M.A.
Doctoral Student
Counseling Psychology
Department of Counseling and Psychological Services
Georgia State University

APPENDIX D

Email Sent to Supervisors

[SUPERVISOR'S NAME]--

My name is Katie Ganske and I am a doctoral student in Counseling Psychology at Georgia State University. I am contacting you to ask you to please help me with my dissertation research. I am looking at counselor trainee personality and working alliance with supervisor and client. I am attempting to recruit supervisor-trainee dyads.

For each survey that is completed, $2 will be donated to the American Cancer Society.

If you are able to complete the study, please complete the form with your supervisee: [TRAINEE PARTICIPANT'S NAME] in mind. All of your answers are confidential and your trainee will not be informed of any of your answers or whether or not you complete the study.

The survey should take less than 5 minutes to complete. Please click on the link below if you are able to help me out:

http://www.surveymonkey.com/gsusupervisionstudy

Please contact me at kganske1@student.gsu.edu if you have any questions about this study. You may also contact my advisor, Jeffrey Ashby, Ph.D., at jashby2@gsu.edu.

Thank you so much for your time!

-Katie Ganske, M. A.
Doctoral Student
Counseling Psychology
Department of Counseling and Psychological Services
Georgia State University