ASHA Statements (2008)
- Supervisor role requires expertise
- Stress place upon supervisory education
- Does not require specific coursework
- 11 core areas of knowledge and skills needed for supervisory competence
- Updated guidelines resulted from increase in supervisor shortage

Factors Shaping Attitudes & Expectations of Mentees
- Social Power (Rahim, 1989)
- Supervisor Attitudes & Expectations (Teitelbaum, 1990)
- Administrative Responsibilities of Supervisor (Abidden, 2008; Cutcliffe & Hyrkas, 2006)
- Supervisor Training (Powell, 1992)

Social Power
- Social Power – influence over mentee behavior (Rahim, 1989)
- Modification of social power is needed (Wagner & Hess, 1997)
- Role change alone does not effect attitudes and expectations associated with social power (Wagner & Hess, 1999)

Supervisor Attitudes and Expectations
- Attitudes effect attitudes (Teitelbaum, 1990)
- Self-absorbed investment in the process
- Genuine caring effect attitudes (Severinsson, 2008)
Administrative Responsibilities of Supervisor
- Clear understanding of roles and responsibilities needed (Abidden, 2008)
- Supervisors in administrative positions are less able to maintain healthy supervisory relationships in clinical settings (Cutcliffe and Hykas, 2006)

Supervisor Training
- Powell (1992) advocated that in-service training to supervisory models can have a significant effect on attitudes and expectations.
- These finding are promising i.e. if similar training was offered to supervisees then positive changes toward the supervisory process may replicate those found among supervisors.

SLP/A Models
- Describing roles of supervisors
- Changing patterns of interaction
- Emotional support
- Identifying needs and learning styles of students
  (Fitzgerald, 2008)
- Reflective Learning
  (Bruce, Parker, Herbert, 2001)

Education Models
- Supervision is a social influence process (Friedlander & Snyder, 1983)
- Developed over time
- Level of training has limited predictive value
- Supervisors are expected by mentees to be more: trustworthy than expert, expert than attractive, evaluative than supportive

Education Psychology
- Intense relationships develop that are similar to the treatment relationship
- The supervisory relationship provides a model for ethical behavior for the supervisee
- The supervisee is in a potentially vulnerable and powerless position without articulated ethical boundaries - creating negative impact on supervisory process
  (Upchurch, 1985)

Professional Psychology
- Dynamic relationship between supervisor, trainee, and client
- Relationship parallels that of client and therapist
- Mutuality is emphasized
  (Robiner, 1982)
Psychology Cont.
• Frequent impasse situations between supervisees and supervisors go unresolved
• Resolution comes from: promoted learning; combined treatments (compromise); and discussion of similar impasses
  (Nigam, Cameron, & Leverette, 1997)

• Brief training of supervisees may help
• Training model established
• Attitudes and expectations of supervisees assessed
• Results:
  1. Supervisees evaluated supervision process more negatively before training
  2. A clearer conceptualization of supervision led to greater willingness to reveal concerns to their supervisors
  (Bahrick, Russell, & Salmi, 1991)

Nursing
• The process begins with careful selection of the supervisee: self-motivated; searching for deeper insight into challenges; taking responsibility for student’s development. (Severinsson, 2008)
• Most supervisors are uncertain of responsibilities and what is expected from them.
• Complicated by the need for different approaches for different situations.
  (Landmark, Hansen, Bjones, & Bohler, 2003)

Nursing Cont.
• Emphasis on student-centered approach
• Training of supervisors
  (Morcom & Hughes, 1996)
• Cognitive therapy supervision framework is suggested to clarify the conceptual muddle surrounding the supervisory process.
  (Sloan, White, & Coit, 2000)

Problem Statement
• The problem is student expectations of supervisors and attitudes toward clinical supervision affect student progression during the supervisory process.
• This study hypothesized that attitudes and expectations would change secondary to learning about the key components of the supervisory

Research Questions
• To what extent will courses in supervision change the expectations student clinicians have of supervisors?
• To what extent will a course in supervision change the student clinician's attitudes toward the supervisory process itself?
Methods
• 2 graduate cohorts, following completion of 2 semesters of clinical practicum, total N = 37
  • Powell's Attitudes Scale and Tihen's Expectations Scale used as pre–post assessment tools
  • 4 week online course, 4 modules completed

Course Content
• Textbook journaling
• Peer reviewed research article synopsis
• Analyzing and synthesizing material in case study application

Specific Questions – Powell’s Scale
• Supervisees should play an active role in the supervisory process (Agree to Strongly Agree)
• The supervisee should be more responsible for the client than the supervisor (Undecided to Disagree)
• The supervisor should dominate the supervisory conference (Disagree to Strongly Disagree)

Specific Questions – Tihen’s Scale
• The supervisor should provide me with therapy plans (Neutral to unimportant)
• The supervisor should identify my clinical weaknesses (Neutral to very important)
• The supervisor should encourage me to discuss my personal feelings about the clinical practicum (Low importance to very important)
Overall Outcomes

- Student’s attitudes changed from anxiety and negativity to more positive and confident.
- Differences between pre/post responses of “neutral” indicate uncertainty before course
- Major shift from thinking majority of responsibility rests with supervisor to a shared, equal role in the process
- Responses indicate a change toward a collaborative model leading to self-supervision