

Transformational Supervision: When Supervisors Mentor

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Can a psychologist simultaneously fill the roles of clinical supervisor and mentor to a trainee? What are the implications of adding a mentoring component to a supervisory relationship? Like academic advising, supervision need not incorporate a mentoring function. However, the author hypothesizes that, all things considered, it is better for supervisees, and probably supervisors and training sites, too, when supervising psychologists engage supervisees in connected, collaborative, and increasingly reciprocal developmental relationships. There are numerous implications of mentoring-infused or transformational supervision, not the least of which is the inescapable tension between the supervisor's mentoring and evaluative roles. The author calls for concerted research and practice development in this area.

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The art of the mentoring relationship involves a unique responsiveness on the part of the mentor that leads to a generative reactivity on the part of the student. The mentor nourishes a dream and sets the student into creative flight, tempering idealism with the wisdom of experience. The angst is the tension created in the attempt to balance the dance of dreams with discipline. (Davis, Litle, & Thornton, 1997, p. 61)

Supervision takes place in a relational context: It is first and foremost a relationship between senior and junior professional members. (Watkins, 1997, p. 4)

Clinical supervision remains one of the most frequent professional activities reported by psychologists in both academic and practice settings (Knapp & Vandecreek, 1997; Welfel, 2006), and the supervisory relationship continues to be a central component in the development of appropriate skills and attitudes among all mental health professionals (Heru, Strong, Price, & Recupero, 2004). Among psychologists, there is broad agreement that good supervision is a prerequisite for competent functioning (Bernard & Goodyear, 2004; Falender et al., 2004; Welfel, 2006). Salient supervisory functions include (a) provision of performance feedback, (b) coaching and guidance in the conduct of psychotherapy, (c) communication of alternative views and perspectives about dynamics and interventions, (d) contribution to the supervisee's professional identity development, and (e) the provision of a secure base from which to explore theories, interventions, and styles (Watkins, 1997). Beyond discrete functions, however, supervision is necessarily a multiple relationship incorporating as-

pects of teaching, personal therapy, collegial problem solving, apprenticeship, and formal performance evaluation (Davidson, 2006; Schindler & Talen, 1996). These sometimes competing roles necessarily make supervision a professional relationship that requires special regard for the best interests of the supervisee, the supervisee's clients, and the public at large.

In spite of the gravity of the supervisory role, most professional psychologists do not receive formal training in the area of supervision and instead develop supervisory skills and experience on the job when thrust into supervisory roles early in their career (Knapp & Vandecreek, 1997). Some have identified a prevailing assumption in the field that psychologists simply learn supervision by "osmosis" in the course of their own supervisee experiences (Schindler & Talen, 1996, p. 110). Because professional competence in any domain requires "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice" (Epstein & Hundert, 2002, p. 227), there is good reason for concern that, without explicit preparation, some psychologists may not provide competent supervision. To address this concern, a recent American Psychological Association (APA) work group concluded that clinical supervision should be construed as a distinct professional competency that requires intentional development through systematic graduate education and clinical training (Falender et al., 2004).

Simultaneous to these innovations in the area of supervision, there have been calls within the profession to increase the frequency and quality of trainee mentoring (Johnson, 2002; Ponce, Williams, & Allen, 2005). Mentor relationships (mentorships) are dynamic, emotionally connected, reciprocal relationships in which the faculty member or supervisor shows deliberate and generative concern for the student or trainee beyond mere acquisition of clinical skills (Johnson, 2003). Strong mentoring can be so valuable to trainees that Weil (2001) referred to the provision of a mentoring culture and training approach as a moral obligation for departments and training centers.

How are supervision and mentoring both distinct and related? How might psychologists think about mentoring in the context of their supervisory responsibilities? Bernard and Goodyear (2004) defined supervision as

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an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client . . . and serving as a gatekeeper of those who are to enter the particular profession. (p. 8)

By way of comparison, mentoring is most simply defined as

a personal and reciprocal relationship in which a more experienced faculty member [or clinical supervisor] acts as a guide, role model, teacher, and sponsor of a less experienced student [or supervisee]. A mentor provides the protégé with knowledge, advice, counsel, challenge, and support in the protégé's pursuit of becoming a full member of a particular profession. (Johnson, 2006, p. 20)

It seems that supervision and mentorship are far from mutually exclusive and, in many respects, potentially complementary.

Although the mentoring role signals a concerted emphasis on support, encouragement, advocacy, and collegial connection, supervision (both research and psychotherapy) may encompass a distinct mandate for evaluation and gatekeeping (Bernard & Good-year, 2004). Supervision may be described as a relationship form encompassing such varied roles as didactic expert, technical coach, therapist, role model, and evaluator, and supervision always demands attention to quality control screening, such that clients are provided with acceptable care, supervisees are prevented from harming clients, and those without sufficient skill or appropriate psychological fitness can be referred for remediation (Davidson, 2006; Johnson & Campbell, 2004; Watkins, 1997). Although many models of supervision emphasize a collaborative working relationship, cognizance of the developmental needs of supervisees, and the necessity of balancing the sometimes competing supervisory roles in the service of the trainee (Barrett & Barber, 2005; Davidson, 2006), these aspirations are not always realized. A supervisory assignment does not reliably predict development of a mentorship.

This article briefly summarizes the literature bearing on mentorship in graduate education. It underscores the connection between advising and mentoring in academic settings as a model for how psychologists might frame the connection between supervision and mentoring. Next, the article considers both the value and the limitations of technical or transactional approaches to supervision and suggests that as any supervision relationship progresses from exclusively transactional—ideally, as the supervisee matures and develops professionally—to collaborative or transformational (i.e., as it incorporates an increasing number of mentoring functions), it is likely to become more beneficial and personally meaningful to the supervisee. As a supervisory relationship moves along the continuum from transactional to transformational, there are several pragmatic and ethical implications for supervising psychologists. Each of these is addressed later in the article. Finally, transactional and transformational supervision are necessarily interrelated. Supervisory competence requires the capacity to select the best location on this continuum—a decision driven by the needs of the supervisee and exigencies of the clinical context—in each supervisory session.

Mentoring in Professional Psychology

What are the distinctive features of mentorships? Here are some of the most common facets of good mentoring—think of these as the common denominators of most mentoring definitions: (a) The mentor demonstrates greater achievement and experience in the profession, (b) mentorships are enduring personal relationships, (c) mentorships are reciprocal and become increasingly mutual as the relationship unfolds, (d) mentors provide protégés with both direct career assistance and social and emotional support, (e) mentors serve as intentional role models, (f) mentoring often results in an identity transformation in the protégé, (g) mentorships offer a safe harbor for self-exploration, and (h) mentorships are both highly beneficial and all too infrequent from the perspective of trainees (Healy & Welchert, 1990; Johnson, 2003, 2006; Kram, 1985).

Graduate students and interns in psychology often occupy what Levinson, Darrow, Klein, Levinson, and McKee (1978) described as the *novice* phase of adulthood, when one works to form a life structure—including development of a life dream that incorporates both vocational and personal aspirations. It often falls to early career (graduate school) mentors to facilitate the novice's dream, ideally in the context of an affirming and safe relationship. In this way, mentoring is an act of generativity (Barnett, 1984); the mentor encourages, facilitates, and welcomes the emerging professional identity. Although technical career assistance emerges first in most developmental relationships—provision of supervisory feedback, for example—as the relationship matures, mentors offer more psychosocial functions, and the mentorship is characterized by greater reciprocity, trust, mutual validation, and comprehensiveness (O'Neil & Wrightsman, 2001; Russell & Adams, 1997).

How prevalent is mentoring in graduate-level psychology training? Several survey studies indicate that between one half and two thirds of graduate students currently report having an important mentor during graduate school (Johnson, 2002) but that students in clinical psychology programs enjoy fewer mentorships than students in other specialties within psychology (Cronan-Hillix, Gensheimer, Cronan-Hillix, & Davidson, 1986; Johnson, Koch, Fallow, & Huwe, 2000), and students in professionally oriented programs are less often mentored than their counterparts in more traditional research-oriented programs (Clark, Harden, & Johnson, 2000). Possible explanations for the comparatively lower rate of mentoring for professional psychology trainees include (a) the tendency for clinical programs to outsource salient training components to external practicum and internship sites; (b) a declining proportion of full-time faculty in academic settings; and (c) the larger student cohorts, increased student-faculty ratios, and the comparatively shorter duration of training in professional programs (Johnson et al., 2000). To date, no research has shed light on the frequency of mentoring at internship or practicum sites.

Benefits accruing to protégés are striking in both breadth and consistency across research designs, populations, and organizational contexts (Green & Bauer, 1995; Russell & Adams, 1997). Mentored students show greater satisfaction with their graduate program and their career, greater productivity and eminence in the field, higher levels of skill development and competence, greater networking and engagement with colleagues, stronger professional confidence and identity, more career opportunities, and even higher levels of psychological health (Hollingsworth & Fassinger,

2002; Johnson, 2006; Johnson & Huwe, 2003; Liang, Tracy, Taylor, & Williams, 2002; Tenenbaum, Crosby, & Gliner, 2001). In sum, a psychology trainee who enjoys a strong mentorship with a psychologist during this critical stage of personal and professional identity development is likely to become a more satisfied, successful, and confident professional psychologist.

What are the contours between mentorship and other roles often occupied by faculty and supervisors vis-à-vis students (e.g., advising, supervising, teaching, research oversight)? I propose that assigned or mandated roles such as faculty advisor and clinical supervisor carry expectations only for technical guidance functions (e.g., tracking progress through a program, monitoring clinical performance, teaching clinical skills). For example, an advisor is simply the faculty member with the greatest responsibility for helping guide a student through an educational program, and a supervisor is simply a psychologist assigned to train and evaluate a supervisee in a specific clinical or counseling setting. In terms of relationship valence, advising and supervision relationships may be positive, negative, or even relatively insignificant to students; no meaningful personal relationship need be assumed (Schlosser & Gelso, 2001). The level of engagement between advisor or supervisor and student may vary markedly; although tempting, it is imperative not to assume that advisors or supervisors always become mentors—mentorship prevalence rates clearly suggest otherwise.

As an advising or supervising relationship evolves into a more active and reciprocal relationship, when the supervisor begins to offer a range of both career and emotional or psychosocial functions, and as the supervisor becomes more intentional about bolstering the supervisee's professional development and success, the supervisory assignment evolves to take on more of the characteristics of a mentorship (Johnson, 2006). As Weil (2001) noted, "as the student progresses, the mentor's sphere of concern for the student widens beyond the graduate program [practicum, internship]" (p. 474). Clearly, supervising and mentoring are not synonymous. One can be a supervisor without being a mentor, and vice versa. Finally, the term *mentor* carries an inherently positive connotation; it is often applied as an honorific moniker some time after an especially helpful supervisory relationship has ended (the term *bad mentor* may be an oxymoron). Therefore, it would make little sense to label oneself a mentor at the outset of any supervising assignment.

From Transactional to Transformational Supervision: A Continuum Perspective

At their best, supervisory assignments may become rich developmental relationships in which the supervisor provides support for enhancing the supervisee's professional, career, and even personal development. Supervision also implies a fiduciary relationship in which the supervisor accepts the trust and confidence of the trainee to act in the latter's best interest and with utmost good faith (Plaut, 1993). Furthermore, if training programs carry a burden to protect entry into the profession, to train new members, and to socialize new members into the attitudes, values, and best practices of psychologists (Gizara & Forrest, 2004), then it seems that supervisors must share some responsibility for creating relationships through which these goals can be achieved. To highlight the way supervising and mentoring can become helpfully fused as a

relationship unfolds, consider the following quote from Davis et al. (1997) on the salience of mentoring, with the term *supervision* applied throughout:

The mentoring [supervisory] relationship is vitally important in life and is dynamically complex. The essentials of the mentoring [supervisory] relationship include the mentor's [supervisor's] ability to call forth and validate the ideal in the student, to inspire a searching and inquisitive quality for knowledge, and to have an awareness of the developmental phases of the student and himself or herself to make successful teaching [supervision] interventions. (p. 70)

Supervision, a role that historically has emphasized training and evaluation, and mentoring, a role that emphasizes student development and support, can have a great deal of overlap. Furthermore, I suggest that the greater the overlap is between mentorship and supervision in any individual dyad or broader training setting, the better will be the outcomes for trainees. This hypothesis is frequently supported in business settings (e.g., Burke, McKenna, & McKeen, 1991), in which research shows that mentored subordinates receive greater levels of career and emotional support and enjoy more rapid promotion.

The balance of this section explores traditional hierarchical supervision styles and compares them with more collaborative and mentoring-oriented relationship styles. I also compare supervision with leadership (Hughes, Ginnett, & Curphy, 1999) and suggest that hierarchical supervision is similar to transactional leadership, whereas collaborative supervision is similar in many ways to transformational leadership. Far from dichotomous approaches to supervising, the hierarchical-transactional and collaborative-transformational relationship styles are seen as existing on a continuum. As a supervisory relationship unfolds and the supervisee develops as a clinician, a good relationship often moves along the continuum from transactional to transformational—yet no supervisory relationship is ever free of certain transactional elements, and experienced transformational supervisors may return to more transactional locations on the continuum as indicated by supervisee needs, contextual factors, or legal and ethical obligations.

On the Value (and Limitations) of Transactional Supervision

When occupying the supervisory role, psychologists must find an appropriate and well-suited style for relating to supervisees and implementing their assumptive world or theoretical orientation in a working relationship (Watkins, 1997). At the outset of any formal supervision relationship, both parties often gravitate to hierarchical or formal relationship styles. Sometimes described as a *mastery model* of supervision (e.g., Ponce et al., 2005), a hierarchical approach includes the following elements: (a) Supervisors wield influence through greater knowledge and experience; (b) supervisees must be ready to receive supervision and be influenced by the supervisor; (c) the focus of supervision is clinical skill development, progress toward mastery, the needs of the primary patient, and perhaps the supervisee's "issues" or personal problems; and (d) the supervisor provides directives and clear focus to the sessions (Duryee, Brymer, & Gold, 1996; Selicoff, 2006).

In several respects, hierarchical clinical supervision is similar to technical supervision prevalent in other educational and business settings (e.g., Mullen, 2005). In technical supervision, the super-

visor provides needs-based, short-term, and solution-focused oversight in which the transfer of knowledge to an apprentice is the primary—if not exclusive—focus of the relationship. Some authors have suggested that clinical supervision has historically been more technical than collaborative in many training settings (Duryee et al., 1996). Corbett (1995) asserted that in technical or exclusively hierarchical supervision, the supervisor necessarily assumes the parental archetype; some training programs “consciously or unconsciously promote a parental attitude to trainees which is either one of Apollonian remoteness or narcissistic parenting” (p. 60).

Hierarchical supervision might also be compared with a transactional model of leadership, in which leaders and followers engage in an exchange relationship for each to get his or her needs met (Hughes et al., 1999). Transactional leadership can be quite effective in certain leadership contexts, just as hierarchical or technical supervision may be especially useful at the outset of a new trainee’s clinical development. But if a transactional approach persists, it can legitimize power hierarchies and the status quo, and there may be little genuine meaning in the leader–follower relationship: “There may be no enduring purpose to hold the parties together once a transaction is made. Thus, people will stay in this type of relationship as long as it is mutually beneficial” (Hughes et al., 1999, p. 290).

Extrapolating from leadership to supervision, one might suggest that transactional or technical supervision provides necessary bedrock or a starting point for most supervisory relationships. The transactional supervisor is an educator, consultant, and screener on behalf of the profession. He or she is rendering a focused service in the form of advice, feedback, oversight, knowledge transfer, and evaluation (Mullen, 2005; Ponce et al., 2005). But the flavor of the transactional dyadic connection may be warm, cold, or indifferent, and the fact of the connection presumes nothing about the level of bonding or genuine collaboration between supervisor and supervisee. Transactional supervision can provide a familiar hierarchical structure and a helpful role framework in a relationship form that is novel and ambiguous to novice trainees—many of whom suffer common anxieties and insecurities (Levinson et al., 1978). However, if a supervisor remains frozen at the transactional end of the supervisory continuum, then he or she may eventually be perceived as cold, distant, or punitive (Heru et al., 2004). Furthermore, the thoughts and feelings that supervisees most need to share with a supervisor to develop as professionals and help their clients (e.g., negative feelings toward supervisors and clients, clinical mistakes, evaluative concerns, countertransference feelings, personal issues that impinge on clinical work) may be hidden from the transactional supervisor as a result of self-doubt and shame in relation to a starkly defined authority figure (cf. Duryee et al., 1996).

A useful, perhaps even essential, starting place for supervisory relationships, transactional relational models may soon be outgrown by trainees as they become more skilled, more confident, and more inclined to prefer collaboration and collegiality with supervisors. It is reasonable to hypothesize that when a supervisor is unable or unwilling to transition from a hierarchical and technical supervisory style to one defined by increasing mentoring and relational reciprocity, the trainee may become increasingly dissatisfied with perceived affective and relational deficits in the supervisor (Welfel, 2006).

Transformational Supervision

The transformational theory of leadership holds that

transformational leaders are not only good at appealing to follower’s values, but they are also adept at reframing issues so that they are aligned with the leader’s vision of follower’s values, teaching followers how to become leaders in their own right and inciting them to play active roles in the change movement. (Hughes et al., 1999, p. 291)

Transformational leaders are characterized by future-oriented and compelling visions of the leaders their own subordinates can become, excellent rhetorical skills, the ability to build trust in followers, and a distinctly personalized approach to leadership. Hughes et al. (1999) found that the basis of the transformational leader’s power is “intensely relational” (p. 302) in that the leader builds emotional connections to followers, consistently praises their performance, convinces them of the attainability of their goals, and provides an immediate and accessible example to follow:

It is this personalized style that seems to be responsible for the feelings of empowerment notable among followers of transformational leaders. . . . Transformational leaders empower followers by building self-efficacy. They do this by giving followers tasks that lead to successively greater success experiences and heightened self-confidence, thus persuading followers of their capabilities and creating an environment of heightened excitement and positive emotions. (Hughes et al., 1999, pp. 302–303)

Transformational leadership fits naturally with a collaborative approach to mentoring. Collaborative mentors go beyond the demands of their position and work (e.g., advising, supervising) to enhance the development of their protégé more broadly: “The collaborative structure of learning focuses on mutuality and the value of interdependent, reciprocal learning that challenges assumptions about hierarchy, rank, and status and consequently, who is ‘teaching’ and who is ‘learning’” (Mullen, 2005, p. 73).

Both transformational leadership theory and emerging literature on collaborative mentoring models can offer a helpful framework for clinical supervision. Transformational supervision, as a developmental relationship objective, should include several distinctive elements. First, supervisors should see themselves as deliberately partnering with supervisees to shepherd them safely through the vulnerable transitions and training hurdles characteristic of practical training. The nexus of transformational supervision is the intentional tailoring of supervisory and relational functions to the developmental (e.g., cognitive, emotional, relational) stage of the supervisee (Barrett & Barber, 2005). As a positive supervisory relationship develops, it should become more of a mutual conversation and less defined by an expert–nonexpert dichotomy (Seligoff, 2006). Second, transformational supervision is an act of generativity; the supervisor works to hone clinical competencies while showing concern for the supervisee’s broader welfare and professional development (Barnett, 1984). Third, transformational supervision requires considerable competence and maturity on the part of the supervisor, who must occupy a wide constellation of roles vis-à-vis supervisees (Bernard & Goodyear, 2004); the supervisor must be comfortably flexible in balancing supportive, coaching, and evaluative roles. The transformational supervisor is humble and recognizes that “vulnerability in self becomes a source

of wisdom, empathy, and compassion for others” (Barnett, 1984, p. 15). Of course, this approach necessitates the relinquishment of dogmatic theoretical or political stances, narcissistic needs, and other features that serve to strongly differentiate supervisor and supervisee (Davidson, 2006). Rather than maintain rigid hierarchical distance, the transformational supervisor “conveys to the supervisee a feeling of emotional involvement in the supervisory process, with the supervisee, and with the patient being discussed” (Davis et al., 1997, p. 65).

It is noteworthy that several others have recommended similar postmodern and transformational supervisory frameworks. One example is Corbett’s (1995) mentor archetype model:

The outstanding feature of the mentoring model . . . is that it encourages the trainee to develop his or her own style of practice, and become the therapist he or she was destined to become, based on that theory of therapy which is best-suited temperamentally and spiritually to the individual. Ideally, the mentor will support this choice if it is reasonable without insisting on the trainee’s adopting the supervisor’s own treatment model. (pp. 64–65)

Ponce et al. (2005) offered a similar mentoring model for supervision that is

derived from a collectivist philosophy emphasizing wider arrays of interpersonal contact between more and less experienced individuals, greater reciprocity, heightened advocacy, and more frequent use of formative feedback that generally centers on both instrumental goal-oriented career support and psychological nurturance. (p. 1160)

A Continuum Perspective

One of the dangers inherent in comparing transactional and transformational supervisory styles is the inevitable, although erroneous, assumption that a transformational and collaborative relationship is always feasible and always preferable to a more hierarchical and technical one. As noted earlier in this article, the early phase of any supervisory relationship is naturally characterized by more hierarchical structure and a more transactional relational flavor. Some supervision relationships—like many graduate school advising relationships—will remain primarily transactional and never take on the characteristics of a mentorship. This may be a function of the supervisee’s anxiety or need for familiar hierarchical structure, the relatively short relationship duration, or a poor match between supervisor and supervisee on key variables, such as personality or communication style.

Moreover, when a psychologist engages in professional supervision, he or she enters into a legally defined arrangement designed to ensure accountability, responsible delivery of care, and careful attention to the needs of both trainees and clients (APA, 2002; Bernard & Goodyear, 2004). Thus, some measure of hierarchy and power discrepancy in supervision is both inevitable and necessary. Furthermore, different modes of relating in supervision may be driven by context. At times, a supervisor may need to invoke a more hierarchical style to address a crisis on the part of either the supervisee or the client.

In spite of these contextual factors and given ample time for relationship development and a good match between members of the dyad, most supervisory relationships can move along a continuum from exclusively transactional to incorporate more transformational components. As one moves across this developmental

continuum, the supervisory relationship will become increasingly reciprocal, rooted in secure trust on the part of the supervisee, flexible, collaborative, and characterized by a cyclical process of mutual validation (Barrett & Barber, 2005; Rogers & Holloway, 1993). It is imperative for supervisors to recognize that “relationships, like people, develop, deepen, and mature over time” (Goguen, 1986, p. 73); as the supervisee becomes more self-efficacious, more confident, and more self-regulated, the supervisory relationship must also evolve and mature to match the supervisee’s changing professional needs. In the course of any supervisory relationship, the dyad’s approximate location on the transactional–transformational continuum is likely to be determined by a number of variables, including frequency of contact, relationship duration, commitment to the relationship, supervisee skill level, supervisee confidence, intent on the part of the supervisor to mentor the supervisee, reciprocity, and relationship quality (Johnson, 2006). However, supervisory practice must also remain fluid and responsive to the exigencies of the moment—always with an eye on the client’s and supervisee’s best interests (APA, 2002).

What if a supervisory relationship remains defined by hierarchical parameters and an exclusively technical focus, even though the supervisee is clearly maturing as a clinician and seeking greater collegiality with the supervisor? Some negative supervision experiences result from the supervisor’s inattention to the trainee’s evolving developmental needs (Barrett & Barber, 2005). In other cases, psychologists trained within highly doctrinaire and rigidly hierarchical theoretical models may have difficulty with the transition to greater collaboration or even with a blend of hierarchical and collaborative dynamics (Corbett, 1995; Selicoff, 2006). In some cases, a supervisor may be unwilling to engage in a more transformational mentorship with a supervisee who resists his or her theoretical orientation. Of course, this raises concerns about what O’Neill and Sankowsky (2001) termed *theoretical abuse*—the practice of imposing one’s own meaning and interpretations on the supervisee while simultaneously dismissing diverging perspectives. Such resistance to collaboration is especially concerning in light of evidence that trainees are prone to adopt the theories of their primary supervisors (Sammons & Gravitz, 1990).

Implications and Recommendations for Supervisors and Training Sites

There are several important implications of the transformational approach to clinical supervision—some most relevant to training sites themselves, and others specific to psychologists who supervise. Training program faculty and supervising psychologists at practicum and internship sites should find them most relevant.

Supervisory Mentoring Should Facilitate Professional Identity Development

One of the least tangible yet perhaps most important benefits of strong mentoring is the enhancement of a trainee’s professional identity and confidence. In fact, establishing an enduring and coherent professional identity stands among the most important goals of training and the most lasting outcomes of mentoring (Friedman & Kaslow, 1986; Johnson & Huwe, 2003; O’Neil & Wrightsman, 2001). Establishing professional identity is best un-

derstood as a developmental process—often requiring a period of several years—that incorporates crystallizing a sense of oneself as a professional, experiencing greater confidence and self-awareness in the professional role, developing collegial relationships with other psychologists, and broadening one's sense of professional autonomy (Elman, Illfelder-Kaye, & Robiner, 2005; Friedman & Kaslow, 1986). Because professional development can be conceptualized as a developmental task (Bruss & Kopala, 1993) and because professional training often occurs during a critical stage of personal adult development (Levinson et al., 1978), it follows that supervisors might be most effective in facilitating professional development when they (a) understand that personal and professional development are intertwined and (b) adopt a training style heavily laden with psychosocial mentoring functions, such as supporting, encouraging, affirming, and offering unconditional acceptance (Johnson & Ridley, 2004; Kram, 1985). Of course, these emotional functions need not interfere with technical skill-oriented functions; supervision is most effective when the two are combined in a single supportive relationship.

Supervisory Mentoring Is One Component of a Developmental Network

Although the term *mentor* conjures images of a single faculty guide who miraculously occupies numerous roles and fulfills all the developmental needs a trainee might have on the road to achieving professional development, this traditional (and unrealistic) view of the single primary mentor is steadily being replaced by broader *developmental network* models of mentoring (Higgins & Kram, 2001; Russell & Adams, 1997). Various referred to as mentoring networks, portfolios, and constellations, these models of mentoring encourage protégés—including professional psychology students—to purposefully seek and learn from multiple “mentors of the moment” (de Janasz & Sullivan, 2004, p. 269). Higgins and Kram (2001) described this network as “the set of people a protégé names as taking an active interest in and action to advance the protégé’s career by providing developmental assistance” (p. 268). Because many professional psychology trainees do not enjoy a primary mentorship (Clark et al., 2000), because of the environmental turbulence characteristic of academic life (including increasing demands on faculty and supervisor time; de Janasz & Sullivan, 2004), and because large portions of the professional psychology curriculum involve external training (Johnson et al., 2000), there is good reason for trainees to seek mentoring assistance from many professionals at various stages in their development.

Certain structural elements of professional programs, such as significant reliance on external or part-time training faculty, might be deliberately reframed as components of a coherent developmental network. For example, clinical supervisors might be conceived as *secondary mentors* (Russell & Adams, 1997)—shorter and less intense developmental relationships that nonetheless offer trainees critical career advancement and personal encouragement. Of course, this would require active inclusion of external supervisors in the doctoral program’s training team. Program directors must take the lead in creating training-model-specific mentoring structures.

Transformational Supervision Thrives in a Culture of Mentoring

Although roles such as teaching, research supervision, advising, and even technical supervision can all be easily assigned and mandated by a department chair or clinic director, mentorships and other transformational relationships must evolve informally. One of the more consistent research findings within the field of mentoring is the fact that the vast majority of effective and enduring mentorships develop gradually and involve a certain degree of chemistry and repeated positive exposure before members of the dyad really commit (Russell & Adams, 1997; Weil, 2001). Furthermore, informal mentorships lead to better career outcomes and greater levels of satisfaction on the part of protégés (Ragins & Cotton, 1999). One implication of this research is that not all supervisory relationships will develop a transformational quality. Numerous factors may conspire to stymie a supervisory dyad at the technical or exchange level of supervision. Common obstacles include harried supervisors, poor supervisor-supervisee matching, unremitting anxiety on the part of the student, and rigid adherence to a single theoretical perspective on the part of the supervisor. Rather than legislate or assume transformational relationships, training sites are encouraged to nurture a culture of mentoring (Johnson, 2002; Johnson et al., 2000). In such a culture, transformational supervising would be encouraged and rewarded through public praise, awards, and other incentives, and senior leaders would both model and provide training in transformational relationship development.

Transformational Supervision Requires Specific Competence

Experience and research confirm that not all psychologists are cut out for mentoring (Cronan-Hillix et al., 1986; Johnson, 2003). Whether because of problem personality features, poor emotional intelligence, or honest disinterest in engaging trainees in developmental relationships, these psychologists will not function competently in the transformational supervisory role. Although clinic directors and department heads often assume that clinical competence or research productivity translates into supervisory competency, this assumption is not supported by the literature. For example, Gizara and Forrest (2004) found that supervising psychologists often reported feeling unprepared for the supervisor role, and Ragins, Cotton, and Miller (2000) found that marginal mentoring was a common problem among organizational supervisors. These mentors often disappoint protégés by attending to basic or required technical functions and ignoring all or most of the supervisees’ developmental needs.

Psychologists who wish to supervise or mentor trainees should undertake relevant education, training, supervised experience, consultation, and study in these areas before beginning to offer services (APA, 2002). For example, supervising psychologists are encouraged to limit the number of supervisees they take on, ensure the competent performance of their supervisees, and avoid supervisor neglect and abandonment (Goodyear, Crego, & Johnston, 1992; Knapp & Vandecreek, 1997). Although supervisor warmth, humility, and emotional intelligence are helpful facets of most supervisory relationships, the addition of a mentoring component to a supervisory relationship requires recognition of the added

emotional and relational complexity associated with this transition and added diligence to safeguard the supervisee's best interests (Johnson & Nelson, 1999).

Those responsible for hiring and training supervising psychologists should consider competence to supervise—particularly within a transformational framework. Competence to mentor (Johnson, 2003) hinges on salient character virtues (e.g., integrity, caring), abilities (e.g., emotional balance, communication skill, capacity for intimacy, cognitive complexity), and competencies (e.g., awareness of the stages of student development, student-faculty relational phases, mentor functions, self-awareness, cross-race and cross-gender skills). Not only must transformational supervisors evidence supervisory competence (Falender et al., 2004), they must exude the prosocial personality traits and relational attitudes likely to facilitate effective mentorships (Allen, 2003).

Transformational Supervision Requires Careful Attention to Boundary Maintenance

Even in the case of more traditional or transactional clinical supervision, supervisors often struggle with how best to show compassion, warmth, and concern for supervisees without allowing the relationship to take on the characteristics of psychotherapy, social friendship, or a romantic relationship (Bernard & Goodyear, 2004; Welfel, 2006). Yet as the supervisory relationship assumes more of the characteristics of a mentorship—increasing closeness, mutuality, trust, and commitment (Rogers & Holloway, 1993)—intimacy can escalate, and supervisors must deliberately safeguard professional and personal boundaries. Because graduate students and supervisees themselves often rate as more successful relationships with faculty that are more mutually supportive and comprehensive (the mentor promotes and interacts with the trainee in more than one context; Wilde & Schau, 1991), transformational supervisors should give special attention to boundary concerns. Strategies for reducing the risk of boundary violations include (a) clarifying boundaries at the outset of all supervisory relationships as part of informed consent to supervision, (b) remaining vigilant to the possibility of exploitation or harm to the student, and (c) seeking collegial consultation when one becomes aware of poorly defined or porous boundaries with trainees.

Transformational Supervisors Must Gracefully Balance Advocacy and Evaluation

A particularly prickly implication of supervising from a transformational perspective is the need to strike a delicate balance between advocacy and evaluation functions. Although unconditional support, stalwart advocacy, and even protection are fundamental elements of excellent mentorship (Johnson & Ridley, 2004; Kram, 1985), it is both necessary and sometimes profoundly difficult to balance commitment to supervisees with the obligation to evaluate and screen their capacity for competent practice. Principle A of the APA ethics code (APA, 2002) emphasizes that psychologists must safeguard the rights and welfare of those with whom they interact professionally (e.g., students, supervisees) and those affected by those persons (e.g., clients, the public). Although academic advisors and dissertation chairs may enjoy the capacity for more exclusive focus on mentoring—including unqualified

support in the academic program—clinical supervisors must find a more cautious middle ground between advocacy and scrutiny.

In all cases, psychologists who supervise assume the mantle of ambassador of and gatekeeper to the profession (Robiner, Fuhrman, & Bobbitt, 1990; Vacha-Haase, Davenport, & Kerewsky, 2004). Kitchener (1992) reminded psychologists that “there is a specific ethical obligation not to graduate those who because of their incompetence or lack of ethical sensitivity would inflict harm on the consumers whom they have agreed to help” (p. 190). However, supervisors can easily experience contradictory pulls between their nurturing and evaluative roles and may be reluctant to confront problematic behavior—particularly if they see their role with supervisees as exclusively supportive (Johnson & Campbell, 2004; Vacha-Haase et al., 2004). The propensity for mentors to become biased in favor of their protégés was evident, for example, in a study of medical school clerkship supervisors who evaluated their own protégés as significantly better than students they did not mentor across all categories of performance (Coulson, Kunselman, Cain, & Legro, 2000). Gizara and Forrest (2004) highlighted the fact that psychologists are trained to be “nonjudgmental, to be empathic, to accept individual differences” (p. 133), not confront, screen, and deny admission to the profession when indicated. Furthermore, supervisors in transformational relationships may be more inclined to view supervisee incompetence or failure as a vicarious indictment of their own competence in the supervisory role. Finally, it is reasonable to hypothesize that new supervisors might be especially taxed by this inevitable dual role. Factors such as professional insecurity, inexperience with screening for competence, and even strong needs to be approved of by supervisees might all contribute to a bias toward mentorship at the expense of careful screening (Schindler & Talen, 1996).

Supervising psychologists are obligated to find an appropriate balance between mentoring of supervisees and stewardship on behalf of the public and profession. When a supervisory connection becomes more transformational in character, there is both an increased risk for conflict between these obligations and the potential for more timely and effective interventions. When a supervisor establishes a strong and collegial relationship of trust with a trainee, he or she will be in a stronger position to competently fulfill an evaluative role. Operating from a reciprocal and collegial stance, the supervisor will be more likely to catch glimpses of significant trainee impairment or incompetence. He or she should also be better positioned to deliver helpful feedback and elicit genuine responsiveness from the supervisee. The reciprocity and trust characteristic of transformational relationships are unlikely to be hampered by careful informed consent at the outset of supervision, and they are likely to provide a comparatively safe context for intervening with impaired or incompetent supervisees. In many respects, this seems far superior to the current hands-off approach common in many training programs (Elman & Forrest, 2004).

Transformational Supervision Does not Absolve Academic Programs of Responsibility to Mentor

When supervisors cast supervision as one component of supervisees' mentoring constellation or developmental network, it follows that supervisors will be more efficacious and supervisees will be more satisfied. Trainees who enjoy the support and guidance of several advising and supervising psychologists are likely to be

better prepared when they enter the field (Higgins & Kram, 2001). Nonetheless, the willingness of clinical supervisors to mentor should not be construed by doctoral training programs as a reason to ignore the responsibility of faculty to ensure a system of student advising and mentoring (APA, 2002; Johnson, 2002; Schlosser & Gelso, 2001; Weil, 2001). Transformational supervision should augment excellent primary mentorships (Russell & Adams, 1997) within programs of doctoral study (Johnson, 2006; Johnson & Huwe, 2003).

Research Focusing on the Process and Outcomes of Transactional and Transformational Supervisory Styles Is Needed

If the field is to better appreciate both the proximal and the distant outcomes of hierarchical and collaborative supervisory styles, more attention to research on relationship styles in supervision is needed. Variables such as supervisee satisfaction with supervision, acquisition of both clinical skills and professional attitudes, and even the effects of supervisory styles on therapy outcomes would all make important foci for research. In addition, little is known about how supervisee variables (e.g., developmental level, confidence, gender, race, supervisory preferences) and supervisor variables (e.g., theoretical commitment, personality traits, stage in life) may impact relational quality and style in clinical supervision. Finally, there is a need for research to illuminate the advocacy–evaluation tension likely to be common in any supervisory relationship—but perhaps especially those that have become increasingly transformational.

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