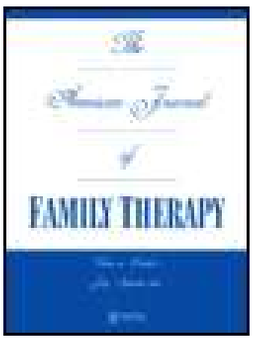

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Building the Pyramid That Leads to Client's Progress: Supervision, Therapists' Work, and Client Alliance

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ABSTRACT

The current study examined ifMFT live supervision, utilizing praise for effort, makes a difference in the therapist's and client's therapeutic alliance. Three single client cases were examined using an A-B-A phase implementation to supervision. Researchers indicated the effects of praise for effort on clients' and therapists' perceptions of creating a stronger therapeutic alliance. Results showed an increase in the therapeutic alliance over time as a result of the praise for effort intervention. The effect size of 102% for the client and 91% for the therapist indicated that the supervision was effective for both the client and therapist.

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Praise for effort; therapeutic alliance; therapists' work; supervision

Introduction

Live supervision

As part of the development of the counseling field, many professionals train new counselors (Bernard & Goodyear, 2018; Creaner & Timulak, 2016). Supervisors use three main approaches to supervision: models grounded in psychotherapy, developmental ones and process oriented models (McLachlan & Miles, 2017). Research shows that psychotherapy-based supervision contributes positively to the supervision process since it is designed to promote growth and change in supervisees (Fischer & Mendez, 2019; Weck et al., 2017). Although many helping professions have used supervision for over forty years, there is little empirical evidence that it works (Rousmaniere et al., 2016; Silverthorn et al., 2009; Watkins, 2011). There has been research on the benefits of live supervision for therapist's training, research that examines whether supervision can directly alter therapist behaviors and whether therapists' and clients' perceptions of their alliance can be influenced by live supervision are still lacking (Cheon et al., 2009; DePue et al., 2020).

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There appears to be two prevalent notions in the supervision literature; one is that supervisors have to use best practices in supervision that are based on the available empirical research and the second, that alliance-focused supervision could enhance client perception of working alliance (Bambling et al., 2006; Borders, 2014). These authors assumed that increased client-rated working alliance would provide the mechanisms by which supervision would help improve clients' symptom outcomes. Other researchers have found that the therapeutic alliance is both directly and indirectly related to client's positive outcomes in treatment when considering clients and therapists ratings of the therapeutic alliance (DePue et al., 2020). There is a gap in the literature related to how supervision impacts the level of perceived therapist competency and therapeutic alliance. The current study contends that "praise for effort" used in supervision makes a difference both in the therapist's confidence and the overall therapeutic relationship.

Types of praise/praise for effort

Supervision often utilizes various forms of praise; highlighting specific behaviors, well-planned interventions and even the progression of a session. According to Dweck's work (1999, 2006, 2017c, 2018) and Glerum et al. (2019), praise for effort motivates people to continue upgrading their skills. People who have been praised for effort show more persistence on tasks. In a study done by Becvar and Becvar (2009), researchers found several aspects of MFT students' competence level. These aspects were: proficiency in theoretical foundations of family therapy; human development and family studies; sexual functioning and psychopathology; therapeutic models and approaches; MFT values and ethics; supervised practical experiences; and practical work with clients with a systems perspective. Other researchers have looked at some of the skills that MFT practicing professionals valued as being important in the field (Cummings et al., 2015). MFTs underlined the importance of using diversity of therapeutic skills such as intellectual curiosity, agenda setting, problem-solving, accepting feedback from colleagues and supervisors, accepting other's perspective, changing treatment plans with new information, and being flexible (Weck et al., 2017).

Therapeutic alliance

Client outcomes have been shown to improve through the strong therapeutic relationship (Lipchik, 2002) and supervisory working alliance (Morrison & Lent, 2018; Watkins, 2015). Therapists strengthen the relationship by making positive comments, encouraging statements, greeting the clients with a smile, and using

empathy. The developmental shifts in the quality of the relationship help the therapist navigate its emergent properties, therapeutic goals, and timing of interventions, which could also help clients, accomplish their treatment goals (Arnd-Caddigan, 2012; Ghazali et al., 2018). Hence, supervision could be useful in terms of facilitating the creation of a strong therapist-client relationship.

Purpose of the study

The current study examined whether MFT live supervision, which utilizes Dweck's (1999, 2006, 2017c, 2018) praise for effort, will make a difference in the therapist's and client's scoring of their therapeutic alliance. Researchers have shown that when supervised therapists report stronger therapeutic alliance they tend to conceptualize cases with greater depth and complexity (Eells et al., 2005), this results in a) there is fewer client drop outs (Stein & Lambert, 1995); b) clients' better progress in therapy; c) therapists' and supervisors' better understanding of different aspects of supervision. So, one may ask if supervision can predict/explain if clients will have positive or negative outcomes of treatment (Rousmaniere et al., 2016). The current study assumed that supervision utilizing Dweck's ideas could increase client-rated working alliance.

Literature review

Live supervision and therapeutic alliance

In the last 30 years supervision studies increased, but research that examined the effects of supervision on patients was still limited. Watkins (2011) looked at the studies from 1981 to 2011 and revealed that the collective data of these studies did not show more empirical information about how supervision contributed to patients' wellbeing. It was also assumed in the 1980s that what made a difference in clients' progress was the timing of supervision and amount of it. These authors believed that supervision would be most effective for clients if it took place four hours prior to trainees' session with clients. They claimed that in this case, the amount of supervision would be strongly correlated with clients' well-being. These researchers found that trainees, who received proximal supervision, implemented different strategies with their clients, so the clients were satisfied with therapy.

Supervisors often hope that supervision will influence the therapeutic alliance, therapists' professional development, and ensure clients' maximum outcomes and wellbeing. Live supervision is organized so that experienced therapists are observing other therapists' performance with clients (Bernard & Goodyear, 2018; Falender, 2018). This process involves making comments of observable behavior and reported cognitions, asking questions,

and providing suggestions in order to help therapists develop their skills and ensure client's safety and progress (Borders, 2014; Milne & Raiser, 2017).

There are other important aspects of live supervision such as the supervisory relationship and the influence of the supervisor on the supervisory working alliance (Crockett & Hays, 2015). Duffy-Roberts (1999) explored the "lived experience" of MFT supervisors. She used two focus groups consisting of 17 American Association of Marriage and Family Therapy (AAMFT) approved supervisors. The author discovered that the main structure of supervision included the supervisory relationship (supervisor's role and functions of the supervisor) and the purpose of supervision (building a vision and professional development).

The post-modern thinking in the 1990s led to a new theoretical orientation and three main aspects of supervision: case consultation, live, and videotaped supervision. Some researchers believed that live supervision is more effective for both trainees and clients (Patton & Kivlighan, 1997). Therapists in live supervision conditions reported a stronger working alliance with their supervisors than did therapists in videotaped conditions. Trainees rated their overall live supervision experience as rougher, but they also said they received more support and created stronger relationships with their live supervisors. However, clients in live supervision conditions did not rate their treatment experience as deeper than clients in the videotaped conditions. In contrast, some researchers suggested that live supervision can be detrimental to trainees' development (Lee & Everett, 2004). Some believe that it is dangerous for researchers to automatically assume that case consultation, live, and videotaped types of supervision are all helpful for both supervisees and clients without enough research (Todd & Storm, 1997). More research in this area indicated that interruptions resulted from live supervision did not cause significant disruption for both supervisees and clients, but these studies were unable to successfully assess the extent to which the clients perceived they were making progress during the course of therapy while their therapists were receiving live supervision (Champe & Kleist, 2003). There appears to be some thought that supervisors assess the needs of their trainees in identifying the best ways to support them in their professional development (Msimanga & Moeti, 2018).

Supervised versus unsupervised therapy and therapeutic alliance

Supervised therapists are expected to achieve greater clinical outcomes in their work with clients as compared to unsupervised ones (Törnquist et al., 2018). Some researchers believed that supervision enhances clients' therapeutic progress by influencing the working alliance between therapist and

client (Morrison & Lent, 2018; Patton & Kivlighan, 1997). They claimed that alliance-focused supervision could enhance client perception of working alliance (Bambling et al., 2006). These authors assumed that increased client-rated working alliance would provide the mechanisms by which supervision would enhance clients' symptom outcomes. In this study, researchers discovered that clients' supervised therapy allowed clients to create stronger alliance with their therapists and achieve significant reduction in depression symptoms. Supervision and stronger therapeutic alliance also had significant positive effect on clients' retention rate and satisfaction with therapy. Arnd-Caddigan (2012) showed that stronger therapeutic alliance helped the therapists with timing of interventions, which assisted in clients accomplishing their treatment goals in fewer sessions. Another study done by Ghazali et al. (2018) revealed that some of the factors that have contributed toward positive treatment outcomes were the supervisees' working alliance, supervisees' role conflict, supervision interaction, and supervisors' attributes. Hence, supervision has been shown to be useful in facilitating the creation of a strong therapist-client alliance, which may help clients achieve their goals over fewer sessions.

Praise for effort

Definition and effects of praise for effort

Praising students for their efforts instead of their inner abilities or skills is what Mueller and Dweck (1998) called "praise for effort". Mueller and Dweck (1998) and Glerum et al. (2019) found that students who were praised for their effort when faced with failure showed increased motivation and persistence in performance. Cimpian et al. (2007) as well as Dweck (2017b, 2018) revealed that students, who were praised for their effort showed fewer helpless behaviors after failure, were more persistent in working on tasks, and not willing to abandon tasks. Students who had been praised for their efforts were more likely to continue to upgrade their skills (Paunesku et al., 2015). They showed more persistence on tasks and were found to be in the 'higher achieving group' of students (Rattan et al., 2015). Morehouse et al. (2009) found that students who had been praised for effort (e.g., specific behaviors or words) were more likely to have plans for continued therapy training than were those praised for simply being talented or doing great work (praise for ability).

Therapeutic alliance

Arnd-Caddigan (2012) demonstrated that in some cases a familiar pattern of relating with the therapist and creating a strong therapeutic alliance was

more important for the client in terms of treatment success than even positive regard early in the treatment process. Also, shifts in the quality of the relationship rather than quantitative changes in the alliance helped the therapist navigate the recursive emergent properties of the relationship, goals of treatment and choice and timing of interventions. The author suggested that the significant leap in the therapeutic relationship could help reduce some of the sloppiness that is inherent in the therapeutic process. In her work, Lipchik (2002) explored the therapist-client alliance. About 80% of the clients in her study said that they made significant improvement in therapy due to the strong therapeutic alliance they maintained with their therapists. Other researchers have discovered that what strengthens the therapeutic relationship is making positive comments, encouraging statements, and greeting clients with a smile (Duffy-Roberts, 1999; Morrison & Lent, 2018). Morrison and Lent (2018) surveyed two hundred forty-two counseling faculty listed in the APA program directory. They found that therapists who reported a stronger working alliance with their supervisor were more likely to report favorable self-efficacy. Horvath et al. (1993) described the therapeutic alliance as consisting of three main components: "tasks, bonds, and goals" (p. 252). Ackerman and Hilsenroth (2003) defined the therapeutic alliance as the "connection between two people that provides the opportunity for relief from suffering" (p. 28). Watkins (2015) talked about the therapeutic alliance as one of the essential common factors that enhanced the therapeutic process. These factors according to the authors were warmth, respect, genuineness, and empathy. Therapeutic alliance factors have been shown to be the most important therapist-related contributing factors to change in clients (Bachelor & Horvath, 1999). Lambert (1992) estimated from reviews of empirical data that therapeutic alliance factors accounted for 30% of change in therapy.

Effects of alliance

A strong therapeutic alliance has been found to be associated with increased treatment adherence, increased treatment effectiveness, enhanced efficiency in care, and improved outcomes among a variety of patient populations (Marziali & Alexander, 1991; Morrison & Lent, 2018). Over three decades of psychotherapy research has consistently identified the "therapeutic alliance" as one of the most important factors in determining rates of attrition, premature termination, and outcome of treatment (Bachelor & Horvath, 1999; Horvath et al., 1993). Marziali and Alexander (1991) found that clients, who had better outcomes, have also reported having a strong therapeutic alliance with their therapists. In contrast, clinicians' perception of the therapeutic alliance did not have any effect on

clients' psychotherapy outcomes (Rousmaniere et al., 2016). This finding suggested that the clients' perception of the therapeutic alliance could be an important indicator of the clients' outcomes in psychotherapy.

Thus, the purpose of the present study is to reduce this gap in the professional literature and investigate if MFT live supervision, which utilized Dweck's (1999, 2006, 2017c, 2018) praise for effort, would make a difference in the therapist's and client's scoring of their therapeutic alliance. The investigators were interested in the client's and supervised therapist's perceptions of the therapeutic alliance. This study was guided by two hypotheses. The first hypothesis was that clients working with a novice family therapist, who received supervision utilizing praise for effort, would report a stronger therapeutic alliance with their therapist. It was also hypothesized that a novice family therapist who received supervision with praise for effort would report having a stronger therapeutic alliance with her/his client.

Method

Participants

Therapist inclusion criteria were therapists currently enrolled full time in a large Southwestern American master's program, who had between 50 and 300 hours of therapy training. Five therapists volunteered to take part in the study. Individual clients were ruled out from participation if in their first session assessment they endorsed: suicide, violence, or psychosis on the Brief Symptom Inventory's (BSI). No attempts were made to obtain people of any particular ethnic identity, sexual orientation, or religion. Since individuals were not compared, a balanced participant pool was moot. New individual clients were told about the study in their first session. If clients were interested, the primary researcher met with them after their first session to review informed consent. The incentive offered to the clients was six free sessions during the research process. Prior to the study the average cost of a session was $20.00.

Validation of intervention or No-Intervention

Supervision sessions (brief discussions between the supervisor and therapist about the case) were conducted directly before the session, in the middle of the session, and after the session. The primary researcher was blind to the date each session occurred and the order three sessions for the intervention. Triads were coded for having used or not having used the intervention "praise for effort". The third team member of the research team affirmed all

session one, two, five, and six supervision session had no "praise for effort" and that all sessions three and four did exhibit "praise for effort".

Research design

The researcher used a single-case experimental design to demonstrate experimental control within three single cases (Kennedy, 2005). The single cases in this study consisted of an individual client and his/her therapist. The individual case was used as its own control. All conditions were kept the same, except for the supervision intervention, which was introduced and then withdrawn to test the effects on the therapist's and clients' perception of the therapeutic alliance. This study was marked by three phases: A-B-A (Anastas, 1999; Ray & Schottelkorb, 2010). In this A-B-A design, A denoted the baseline prior to intervention, B marked an intervention phase, and the second A was the follow-up phase after the intervention (Kennedy, 2005; Morgan & Morgan, 2003). The alliance in both hypotheses is expected to go up and stay up due to the supervision intervention. Phase A2 scores would either go down below phase B scores or would stay the same as in phase B, after the supervision intervention is withdrawn.

Measures

Helping Alliance Questionnaire (Haq-II). Both clients and therapists completed the revised version of the questionnaire designed originally in 1983 and revised by Luborsky et al. (1996). The Helping Alliance Questionnaire (Haq-II) has 19 items rated on a 6-point Likert-type scale used to assess the client's alliance with the therapist, ranging from 1(strongly disagree) to 6 (strongly agree). Luborsky et al. reported that the scale's reliability was strong for both clients (α =.93) and therapists (α =.95). Improvement rates after the third session were significantly correlated with improvement rates after the sixth session ($r = .39$, $p < .01$), and with less complaint distress, ($r = -.26$, $p < .05$). Scores that fall below 86 show poor alliance and scores that fall above 86 show good alliance.

Data collection

Data was collected once a week for a total of six weeks. Data collection occurred in three phases: a) baseline phase (A1), b) intervention phase (B), c) and follow-up phase (A2). The researcher videotaped the entire supervision sessions. A research team member coded the videotapes. Weeks one through six corresponded to therapy sessions two through seven. For all self-report data the client remained in the room in which the therapy session had taken place and the therapist completed the data in another

room. Clients first met with their therapists for an intake session. This intake session was not included in the study. Baseline data collection started after the intake session. The first two sessions were collection of baseline and no supervision was used (phase A1). During phases A1 the primary researcher provided generic structural supervision without "praise for effort". Supervision without praise for effort included questions, statements, formulations, suggestions, etc. by the supervisor that focused on safety, context, process, and strengths. Examples of these included the supervisors' comments or questions about: a) identifying behavior sequences between therapist and clients, b) identifying behavior sequences between client and client, c) directing the therapist to change the problematic process. At the end of each session from phase A1, starting at therapy session two (right after the intake session) the therapists and clients completed Haq-II Client and Therapist versions. In addition, both clients and therapists answered few basic demographic questions. They provided their gender, ethnic identity and year in the program for the therapists.

Supervision with praise for effort was used during the third and fourth week of the study (phase B). Praise for effort included questions, statements, formulations, suggestions, etc. by the supervisor that focused on the therapist efforts (e.g. efforts in upgrading skills, using specific techniques, therapist's way of working with the client). Examples of these included the supervisors' praise for effort comments or questions about: a) the therapist developing his/her skills, b) the therapist working on a specific technique (s), c) the therapist working with the client on what has been helpful for the client, d) the therapist working on providing hope and optimism for the clients, e) the therapist working on helping the client achieve his/her therapeutic goals. At the end of each session from phase B (research sessions three and four), the therapists and clients completed Haq-II Client and Therapist versions.

The guidelines for supervision without praise for effort and supervision with praise for effort were strictly followed from the supervision checklists. Supervision was removed during the sixth and seventh week of the study (phase A2). The supervisor provided only generic structural supervision without "praise for effort" during phase A2. At the end of each session from phase A2 (research sessions six and seven) the therapists and clients completed Haq-II Client and Therapist versions.

Data analysis

In this single-case study experimental design analysis, the "real difference" in observations examined looking for change from the two baseline points and the two intervention periods. The Percentage of Non-overlapping Data (PND) statistic is used to test for significant change (Anastas, 1999; Ray &

Schottelkorb, 2010). The PND statistic analyzes whether differences among the A1, B, and A2 data points represents no, low, medium, or high change. According to Anastas (1999) and Ray and Schottelkorb (2010), data in the PND statistic is graphed to show the scores on each measure at every data collection point. These researchers graphed the data in the PND statistic in the recommended way in order to show the scores on each measure at every data collection point. These points were connected to create a line showing the trends in measurement over time and between baseline and intervention periods. A pre intervention level of performance (natural state) was defined for each of the research measures during A1 using highest baseline points in order to be compared with the intervention phase as suggested by Kazdin (1992), Anastas (1999) and Ray and Schottelcorb (2010). If the baseline already clearly demonstrated a trend going upward or downward, this would indicate that the therapeutic alliance with the therapist is already getting better or worse, and the case could not be used. This did not happened in this study.

Visual analysis of data

For the data analysis of the hypotheses, the single-case experimental researchers visually inspected the level, trend, and variability of the data of the baseline phase in comparison to the intervention phase. To assess for change, the researchers compared the level of the baseline with the level of the intervention phase. Finally, the researchers observed and described the variability of the total scores from the research measures.

Percentage of Non-Overlapping data statistic (PND)

A quantitative analysis as an adjunct to the visual analysis was used. For the analysis, the researchers used the calculation of the PND statistic, because it has been a widely accepted and utilized means of quantifying the single-case experimental design data (Anastas, 1999; Ray & Schottelkorb, 2010). The percentage of data in the intervention and follow-up phases that did not overlap with the highest data point of the baseline phase was calculated. The number of points with a numerical value higher than the highest baseline data points were added up and divided by the total number of points. This percentage was the effect size statistic that was used to determine the effectiveness of the intervention. Anastas (1999) and Ray and Schottelcorb (2010) explained that PND of less than 50% was considered ineffective, 50-70% indicated questionable effectiveness, 70-90% was an effective intervention, and greater than 90% was considered a very effective intervention. These researchers followed these guidelines in terms of assessing for the effectiveness of the intervention.

Results

Results for case # 1

Establishing a baseline

As previously explained, two supervision sessions served as the two baseline data points. The client in week 1 scored at 97.98 on the Haq-II Client version, and in week 2, she scored at 93.98. The therapist in week 1 scored at 78.98 on the Haq-II Therapist version, and in week 2, she scored at 84.98. Because variability was minimal in scores up to week 2, and the baseline was stable at this point, the researcher decided to move forward with performing the intervention.

Visual analysis of data

Total scores from each of the research measures for the supervision case example were graphed and displayed with figures (Figure 1). The baseline for the client trended downward during week 2. When the intervention was performed, it trended upward. After the intervention was removed, it trended downward. The baseline for the therapist trended slightly upward and continued to trend upward during the intervention phase, but went downward when the intervention was removed.

PND statistic

PND statistic was used as an adjunct to the visual analysis (Anastas, 1999; Ray & Schottelkorb, 2010). For the client and therapist in case #1, the level of each phase increased over time. For the client, the level in phase A1 was 95.98, in phase B was 100.9, and in phase A2 was 100.48. For the therapist, the level in phase A1 was 81.98, in phase B was 89.48, and in phase A2 was 92.48. This increase in level for the client and therapist indicated that over time the therapeutic alliance increased. In addition, the trend of the data indicated a moderate upward trend and moderate variability. The highest data point of the baseline phase, which for the client was 97.98 and for the therapist was 84.98, were utilized for comparison. The researcher used the effect size to determine the effectiveness of the intervention. The effect size of 102% for the client and 91% for the therapist indicated that the supervision intervention was an effective intervention for both the client and therapist and led to an increase in the level of therapeutic alliance.

Results for case # 2

Establishing a baseline

Two supervision sessions served as the two baseline data points. The client in week 1 scored at 98.98 on the Haq-II Client version, and in week 2, she

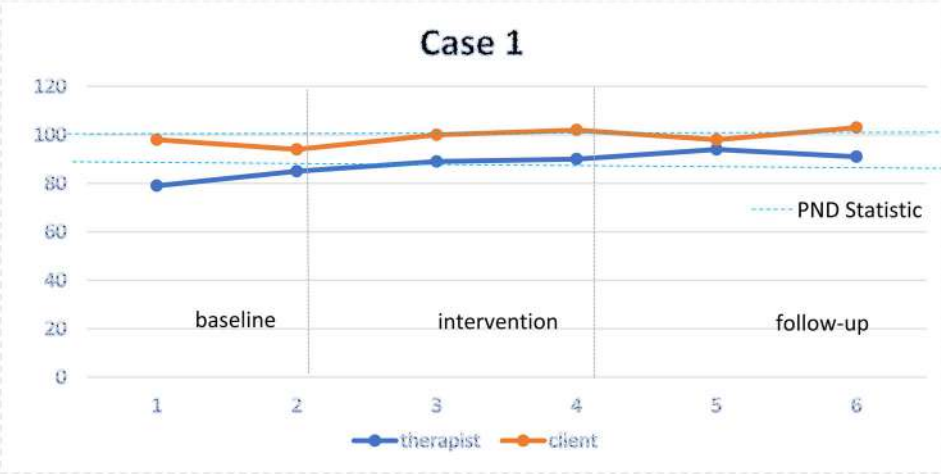

Figure 1. Case 1 direct observation form ratings of the supervision with praise for effort intervention across all the three phases.

was at 102.98. The therapist in week 1 scored at 97.98 on the Haq-II Therapist version, and in week 2, she was at 96.98. Because variability was minimal in scores up to week 2, and the baseline was stable at this point, the researcher decided to move forward with performing the intervention.

Visual analysis of data

Total scores from each of the research measures for the supervision case example were graphed and displayed with figures (Figure 2). In this single-case experimental study, the baseline for the client trended upward during week 2. When the intervention was performed, it continued to stay up. After the intervention was removed, it continued to stay consistently at the same level. The baseline for the therapist trended slightly downward in week 2; however, there was an upward trend during the intervention phase, then a slight decline once the intervention was removed in week 5 and this downward trend continued into week 6.

PND statistic

For the client in case #2, the level of data from phase A1 to B increased, but it remained the same from phase B to A2. The level in phase A1 was 100.98, in phase B was 102.98, and in phase A2 was 102.98. This increase in level for the client indicated that the therapeutic alliance with the therapist increased from phase A1 to phase B, but then it remained the same in phase A2 as compared to phase B. In addition, the trend of the data was a straight horizontal line and didn't indicate a moderate upward trend and moderate variability. For the therapist, the level of each phase increased

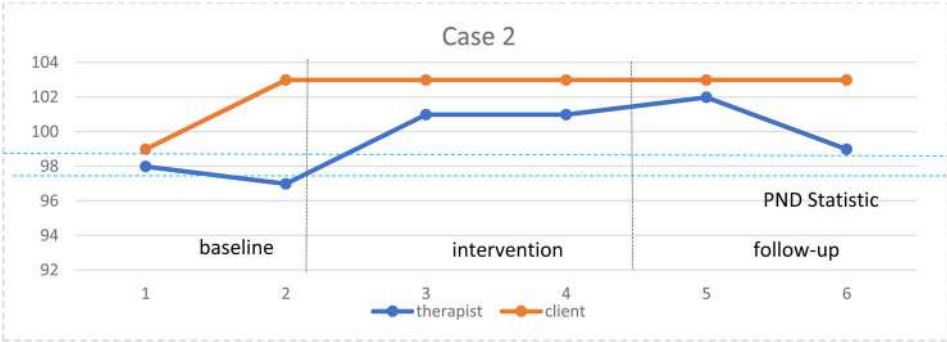

Figure 2. Case 2 direct observation form ratings of the supervision with praise for effort intervention across all the three phases.

over time. The level in phase A1 was 97.48, in phase B was 100.98, and in phase A2 was 100.48. This increase in level for the therapist indicated that over time the therapeutic alliance with the client increased. In addition, the trend of the data indicated a moderate upward trend and moderate variability. The highest data point of the baseline phase, which for the client was 102.98 and for the therapist was 96.98, were utilized for comparison. For the client, all the values after week 2 were again 102.98, so there were no higher values that could be added together. The effect size of 0% for the client and 101% for the therapist indicated that the supervision intervention was not an effective intervention for the client, but an effective intervention for the therapist.

Results for case # 3

Establishing a baseline

Two supervision sessions served as the two baseline data points. The client in week 1 scored at 95.98 on the Haq-II Client version, and in week 2, she was at 96.98. The therapist in week 1 scored at 72.98 on the Haq-II Therapist version, and in week 2, she was 74.98. Because there was no great variability in scores up to week 2 and the baseline was stable at this point, the researcher decided to move forward with performing the intervention.

Visual analysis of data

Total scores from each of the research measures for the supervision case example were graphed and displayed with figures (Figure 3). In this single-case experimental study, the baseline for the client trended slightly upward during week 2. When the intervention was performed, it trended downward for week 3, and it went upward for week 4. After the intervention was removed, it trended slightly upward for week 5 and went slightly down for week 6. The baseline for the therapist trended slightly upward in week

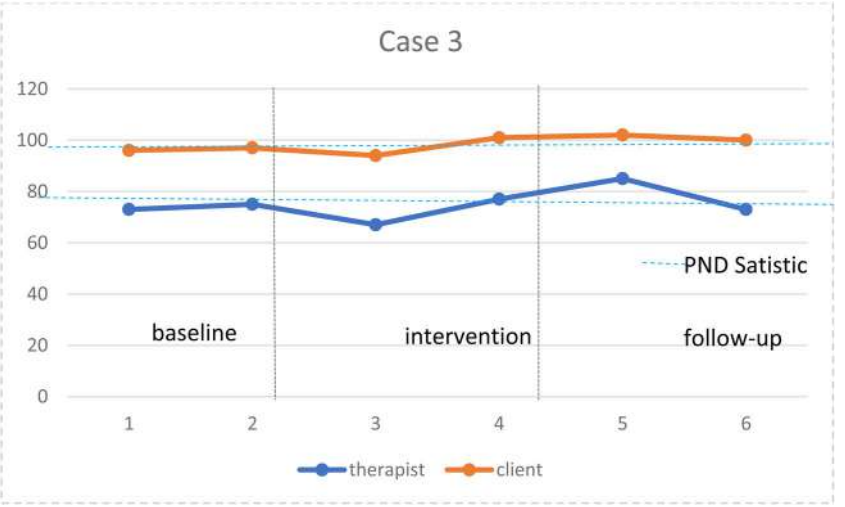

Figure 3. Case 3 direct observation form ratings of the supervision with praise for effort intervention across all the three phases.

2, went down during the intervention phase for week 3, and again there was an upward trend during week 4. It continued to trend upward when the intervention was removed in week 5, but it went downward in week 6.

PND statistic

For the client in this study, the level of each phase increased over time. The level in phase A1 was 96.48, in phase B was 97.48, and in phase A2 was 100.98. This increase in level for the client indicated that over time the therapeutic alliance that the client perceived to have with the therapist increased. In addition, the trend of the data indicated a moderate upward trend and moderate variability. For the therapist, the level decreased during the intervention phase and increased again once the intervention was removed. The level in phase A1 was 73.98, in phase B was 71.98, and in phase A2 was 78.98. This decrease in level for the therapist indicated that throughout the intervention phase the therapeutic alliance that the therapist perceived to have with the client decreased. In addition, the data indicated a moderate downward trend during the first week of the intervention. The highest data point of the baseline phase, which for the client was 96.98 and for the therapist was 74.98, were utilized for comparison. The effect size of 101% for the client and 81% for the therapist indicated that the supervision intervention used in this study was an effective intervention for both the client and therapist.

Discussion

The purpose of this study was to investigate if MFT live supervision, utilizing Dweck's (1999, 2006, 2017c, 2018) praise for effort, makes a difference

in both the therapist's and client's perception of their therapeutic alliance. A carefully controlled single-case experimental study design was used. It was hypothesized that clients working with a novice family therapist who received supervision utilizing Dweck's (1999, 2006, 2017c, 2018) praise for effort would report a stronger therapeutic alliance with their therapist on the Helping Alliance Questionnaire (Haq-II) than in phase A1 of the single-case experimental design. It was also hypothesized that a novice family therapist who received supervision with praise for effort would report having a stronger therapeutic alliance with their clients on the Helping Alliance Questionnaire (Haq-II) than in phase A1. The alliance in both hypotheses was expected to go up and stay up due to the supervision intervention. Because cases in single-case experimental design could not be compared with each other the three different cases were discussed separately.

Case #1 provided strong support for both hypotheses. This case showed a significant upward trend for both the therapist and client on the Haq-II and an increase in terms of their therapeutic alliance over time. It also showed that the supervision intervention utilizing Dweck's (1999, 2006, 2017c, 2018) praise for effort was an effective intervention. It was interesting that after the intervention was removed for the client, the therapeutic alliance went down and then went slightly up for the last session. The PND statistic showed that this was an effective change due to the intervention. For the therapist, when the intervention was removed, the therapeutic alliance stayed up and went slightly up, which could be due to some intervention residual effects. However, the alliance went down in the last session, and the PND statistic discovered that this was a very effective difference for the therapist.

Case # 2 provided a partial support for the hypotheses of the researcher. The client's trend went up during the intervention stage and stayed up, which was hypothesized by this researcher. However, the client continued to provide the highest alliance score possible according to the Haq-II in every session, so this researcher could not calculate the PND statistic and received an effect size of 0%. This showed an increase in the level of alliance the client and therapist had, but did not show that the intervention used in this study was effective. This might be due to the fact that the client wanted to rate her therapist's work with the highest scores possible after every session. The therapist showed a significant upward trend in terms of her level of alliance with the client. It was interesting that the trend for the therapist went slightly up right after the intervention was removed. This could be due to some intervention residual effects. The trend clearly went down and drastically down during the last session. As a result, this researcher could argue that the supervision intervention was effective for the therapist.

Case #3 provided partial support for the research hypotheses. According to the PND statistic, the praise for effort intervention used in supervision was found to be an effective intervention for both the client and therapist. However, the visual analysis of data showed a slight downward trend in terms of the therapeutic alliance for both the client and therapist during the first week when the intervention was introduced. So, the researcher could not argue that this was an effective intervention. This slight downward trend could be a result of any number of factors, such as an uncomfortable session or the need of the therapist to warm up to the intervention. The PND statistic took this slight downward shift into an account and still showed that the intervention was effective for the therapist. This was an extremely interesting finding.

The findings from these three separate cases revealed that Dweck's (1999, 2006, 2017c, 2018) praise for effort utilized in supervision helped clients and therapists build a strong therapeutic alliance over just two intervention sessions. Case #1 strongly supported both hypotheses of this study. Both the client and therapist reported having a stronger therapeutic alliance on the Haq-II. The supervision intervention was found to be an effective one. Interpreting the effect size of this study as compared to previous ones was complicated. The literature was examined for supervision studies utilizing the PND statistic, but no other supervision-related studies were found using the PND statistic in order to measure the effect size of supervision interventions. While there has been research on the benefits of live supervision for therapists' training, research that examines whether supervision can directly alter therapists' behaviors and whether therapists' and clients' perceptions of their alliance can be influenced by live supervision are still lacking (Cheon et al., 2009). Many helping professions have been using supervision for more than forty years, but researchers have not found a statistically significant support for its effectiveness (Silverthorn et al., 2009; Watkins, 2011). No previous researchers have examined Dweck's (1999, 2006, 2017c, 2018) praise for effort in MFT supervision. The PND statistic used in this study revealed that the supervision intervention utilizing Dweck's praise for effort was an effective intervention for both the client and therapist, and it led to an increased level of therapeutic alliance. Prior researchers have found that a strong therapeutic alliance helps clients achieve their goals, rate the treatment process in a more positive way, and be more willing to complete the whole treatment process (Bambling et al., 2006). So, Dweck's praise for effort could potentially lead to clients' treatment progress by increasing the level of therapeutic alliance.

Implications for practice

Although it is still unknow how the supervision process directly impacts the therapeutic alliance and if client symptomology improves as a result of the

strong therapeutic alliance or if the therapeutic alliance is seen as positive due to client change, it is quite clear that the therapeutic alliance is an important component of the therapeutic process. This is why we encourage therapists to continue to work on creating a strong therapeutic relationship with their clients and consider it as a fundamental part of effective therapy. Clinicians can be also mindful that ratings of clients differ from their own ratings of the therapeutic alliance. Still, the effect sizes were small in our study as compared to baseline; therefore, we argue that there are additional, unknown variables that maybe also promoting client alliance scores over time, yet students who were praised for effort were found to have stronger therapeutic alliance with their clients. Given that this is a pilot study, the findings and implications of this study should be interpreted tentatively.

Supervisees are often disappointed and demotivated by direct identification of performance deficits during supervision (Reiser & Milne, 2017). Dweck's (1999, 2006, 2017c, 2018) praise for effort can help students focus their efforts on particular skills and recognize that they are making progress in a specific area such as building the therapeutic alliance with their clients. That is why it is so important that MFT supervisors attend to the way they praise their supervisees.

It has been found that supervision could enhance clients' therapeutic progress by directly influencing the working alliance between therapist and client (Patton & Kivlighan, 1997). Dweck's (1999, 2017a, 2018) praise for effort could lead to clients' treatment progress by increasing the level of therapeutic alliance. By increasing the therapeutic alliance between client and therapist, clients may feel a greater sense of support, empathy and overall motivation, which can enhance the treatment process. Clinicians should attend to the positive effects of this supervision intervention for both the therapist and client.

Supervision researchers usually do not have the funding nor the time for extensive large-scale research studies. In addition, many practicing professionals are more interested in observing if an intervention makes a change for their individual client. So, researchers could use single-case experimental study design in order to investigate the effectiveness of a supervision intervention and the more meaningful clinically significant change for an individual person.

This area of research is so antiquate, yet the current study serves to bring to the forefront the necessary training perspectives and clinical implications for new clinicians and their work with clients in order to help clinicians provide high quality of care.

Limitations and recommendations for future research

The participants were asked to complete a questionnaire where the supervisees and clients answered questions about their therapeutic relationship based

on self-perception. The supervisees and clients might have given an overly positive response called social desirability bias. Volunteers are often different from non-volunteers. Participation in research has been found to improve client outcomes. A combination of self-reported questionnaire and microanalysis is recommended for future studies in order to avoid such a bias. A limitation was the variation in supervisee experience and modality. As research is growing in the area of exceptional supervisors and trainees (Callahan & Watkins, 2018), we suggest that future research include data from both supervisors and trainees to measure how these differences might impact results, as well as factors that may contribute to exceptional supervision. A final limitation of this study was the researcher's involvement in the research project. This introduced some level of experimenter bias. The lead researcher participated in the selection of the instrument, collection of data, delivery of the intervention, and data analysis. The outside reviewer was also a trained supervisor, who may have contributed to biasing the study. A team of trained researchers who can split the work on the project is recommended for future studies in order to avoid biasing the study. Furthermore, we utilized a single-case experimental design to demonstrate experimental control within three single cases (Kennedy, 2005) and a bigger sample of participants may be used in future studies incorporating more clients and therapists and following their therapeutic alliance over a longer period of time. Also, future research might be noteworthy to replicate the study findings with a more diverse group of clinicians and clients.

In conclusion, despite the limitations of this study, the current study findings add to the very limited research on the topic of supervision. The current study's exploration of the use of Dweck's (1999, 2006, 2017c, 2018) praise for effort in supervision provided an innovative tool to support clinicians' development of skills. The goal of the present study was to fill a huge gap in the MFT supervision research literature. More research is needed in this area in order to produce effective findings. These researchers recommend that future studies explore the effects of praise for effort on clients' outcomes and observe if supervision utilizing praise for effort positively influences clients' treatment progress in fewer therapeutic sessions.

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