The Relationship Between Counseling Trainee Perfectionism and the Working Alliance With Supervisor and Client

Kathryn H. Ganske, Philip B. Gnilka, Jeffrey S. Ashby, and Kenneth G. Rice

Researchers and practitioners are interested in determining the characteristics that affect counseling trainees’ ability to complete the tasks of training. Haverkamp (1994) noted that too little attention was devoted to personality characteristics that might influence supervision and counseling effectiveness. Arkowitz (1990) suggested that counseling trainee perfectionism is a personality trait that affects both counseling and supervision. According to Arkowitz, perfectionism has the potential to undermine counseling self-efficacy and the working alliance with both clients and supervisors. Although perfectionism has been studied in college students and middle school students (e.g., Ashby, Dickinson, Gnilka, & Noble, 2011; Ashby, Noble, & Gnilka, 2012; DiPrima, Ashby, Gnilka, & Noble, 2011; Rice & Ashby, 2007), perfectionism has yet to be the focus of research using counseling trainees. In addition, although perfectionism historically has been defined as purely negative and pathological (Blatt, 1995; Burns, 1980; Pacht, 1984), a growing number of researchers suggest that there is also an adaptive form of perfectionism (e.g., Ashby, Slaney, Noble, Gnilka, & Rice, 2012; Stoeber & Otto, 2006). Understanding the potentially complex relationship between counselor personality variables—and perfectionism in particular—and the working alliances with both supervisor and client can assist supervisors in developing optimal environments for counselor development (Bernard & Goodyear, 2009; Gnilka, Chang, & Dew, 2012). In the current study, we explored the effect of counseling trainee perfectionism on counseling self-efficacy, supervision, and clinical work.

Arkowitz (1990) theorized numerous negative implications of perfectionism for counseling trainees’ relationships with supervisors and clients, such as decreased self-esteem, inflexibility, and the tendency to guard against criticism. Arkowitz suggested that the transitional nature of the trainee’s role, being part student and part professional, triggers insecurity that may exacerbate negative perfectionistic tendencies. Hamachek (1978) noted that maladaptive perfectionists “stew endlessly in emotional juices of their own brewing about whether what they’re doing is right” (p. 27). The inherent ambiguity in counseling and the reality that there is no perfect way to execute therapeutic interventions (see Cozolino, 2004) might be very difficult for a maladaptive perfectionist to tolerate. These individuals tend to view the world in black and white (Rice, Vergara, & Aldea, 2006) and might evaluate their performance in sessions as pure successes or pure failures. According to Blatt (1995), maladaptive perfectionists are “plagued by intense self-scrutiny, self-doubt, and self-criticism” (p. 1005).

One of the mechanisms through which maladaptive perfectionism might affect the ability of trainees to form and sustain supervisory and therapeutic alliances is through undermining counseling self-efficacy. Self-efficacy has been defined as “people’s judgments in their capabilities to organize and execute courses of action required to attain designated types of performance” (Bandura, 1986, p. 391). Burns (1980) suggested that maladaptive perfectionists’ high standards undermine their outcome efficacy by the setting of nearly...
inaccessible goals of perfection. In addition, the self-criticism (Grzegorek, Slaney, Franz, & Rice, 2004), insecurity (Arkowitz, 1990), and all-or-nothing thinking (Rice et al., 2006) endemic to maladaptive perfectionism may also contribute to decreased counseling self-efficacy, resulting in a barrier to the formation of successful alliances in therapy and supervision.

Counselor self-efficacy has been given a great deal of attention in the counseling training literature (e.g., Kozina, Grabovari, De Stefano, & Drapeau, 2010), with varied results relating counselor self-efficacy to counselor performance. Although Heppner, Multon, Gysbers, Ellis, and Zook (1998) noted that the relationship between counselor self-efficacy and counseling process and outcome appears to be more complex than a simple “more self-efficacy is better philosophy” (p. 393), a number of studies associated counselor self-efficacy with variables related to counseling success (e.g., Lent, Hoffman, Hill, Treistman, Mount, & Singley, 2006). Maladaptive perfectionism may be related to lower levels of counselor self-efficacy as a result of the tendency toward self-criticism and self-doubt (Ganske & Ashby, 2007; LoCicero & Ashby, 2000).

Hamachek (1978) stated that “normal (adaptive) perfectionists tend to enhance their self-esteem, rejoice in their skills, and appreciate a job well-done” (p. 27). As noted previously, researchers have indicated that maladaptive perfectionism is associated with decreased self-efficacy (e.g., Ganske & Ashby, 2007; LoCicero & Ashby, 2000). However, in line with Hamachek’s hypothesis, adaptive perfectionism is correlated with higher levels of life satisfaction and self-efficacy and lower levels of depression and anxiety (e.g., Ashby & Rice, 2002; Gnilka, Ashby, & Noble, 2012, 2013; LoCicero & Ashby, 2000). Together, self-efficacy and perfectionism represent some of the personality traits that researchers have argued are important in the successful development of supervision and counseling relationships (Arkowitz, 1990; Lampropoulos, 2002).

Arkowitz (1990) focused on the negative implications of perfectionism. However, Arkowitz also noted that some aspects of perfectionism may be adaptive in supervision and counseling, contributing to a mastery of skills. This is consistent with a growing body of literature that demonstrates the potentially adaptive nature of perfectionism. Perfectionism has been historically viewed as pathological and neurotic; however, some researchers have demonstrated the presence of adaptive components of perfectionism (e.g., Rice & Ashby, 2007; Richardson, Rice, & Devine, 2014). Adaptive perfectionists have high standards like their maladaptive counterparts; however, these individuals are able to “be less precise when the situation permits” (Hamachek, 1978, p. 27). They are not as focused on the discrepancy between their performance and their standards. Counseling trainees who are adaptive perfectionists may be able to accept their inevitable foibles and move on, whereas their maladaptive peers would be “stuck . . . trapped by nonproductive, self-critical ruminations” (Burns, 1980, p. 38). A trainee with adaptive perfectionism would be able to take pride in the therapeutic successes to which he or she contributed.

Adaptive perfectionists may be more successful in using clinical supervision than maladaptive perfectionists. Whereas maladaptive perfectionists “worry about their deficiencies and concentrate on how to avoid doing things wrong, [adaptive perfectionists] focus on their strengths and concentrate on how to do things right” (Hamachek, 1978, p. 28). Counseling trainees with adaptive perfectionism might regard supervision as a place to learn new techniques and develop existing skills.

Adaptive and maladaptive perfectionism are likely to affect counseling trainees’ ability to work with their clients and supervisors. Put another way, perfectionism may affect counseling trainees’ ability to build and sustain working alliances. The working alliance is a construct that has garnered considerable empirical support (e.g., Bambling, King, Raue, Schweitzer, & Lambert, 2006; Horvath & Greenberg, 1989). Bordin (1983) conceptualized the working alliance as consisting of the bond between counselor and client, as well as agreement on the goals and tasks of therapy. Bordin (1979) noted that “the strength of the working alliance is a function of the closeness of fit between the demands of the particular kind of working alliance and the personal characteristics of patient and therapist” (p. 253). The concept of the working alliance was applied to the relationship between supervisor and trainee (Eftision, Patton, & Kardash, 1990). This study was designed to determine if, and to what extent, trainee perfectionism predicts working alliances with clients and supervisors. Specifically, we hypothesized that maladaptive perfectionism would be significantly inversely correlated with the trainee–client working alliance, supervisor–trainee working alliance, and counseling self-efficacy. In addition, we hypothesized that adaptive perfectionism would be positively correlated with the trainee–client working alliance, supervisor–trainee working alliance, and counseling self-efficacy. Finally, we investigated whether counseling self-efficacy mediated or moderated the relationship between perfectionism and the trainee–client working alliance and supervisor–trainee working alliance.

**Method**

**Participants**

One hundred forty-three counseling trainees and 46 supervisors of counseling trainees participated in the study. Data were matched between supervisors and trainees, creating 46 supervisor–trainee dyads. Participation in the study was voluntary, and all participants completed an informed consent form before beginning the study. All participants were informed that 2 dollars would be donated to the American Cancer Society for each completed survey.

*Counseling trainee participants.* The counseling trainee sample included 125 women (87.4%) and 18 men (12.6%).
The majority of the sample was White/Caucasian (118 participants, 82.5%); additional participants identified as Black/African descent (10 participants, 7.0%), Asian/Pacific Islander (seven participants, 4.9%), Latino/Hispanic (three participants, 2.1%), multiracial (two participants, 1.4%), other (two participants, 1.4%), and Native American/American Indian (one participant, 0.7%). The mean age of trainee participants was 28.5 years (SD = 6.2).

Counseling trainees chose one theoretical orientation from six options: integrative (55 participants, 38.5%), cognitive behavioral (28 participants, 19.6%), interpersonal (25 participants, 17.5%), humanistic/existential systems (21 participants, 14.7%), psychodynamic/psychoanalytic (11 participants, 7.7%), and behavioral (three participants, 2.1%; percentages do not total 100 because of rounding). They also reported the type of graduate program in which they were enrolled, including master’s in counseling (64 participants, 44.8%), counseling psychology doctoral programs (55 participants, 38.5%), master’s in clinical psychology (three participants, 2.1%), and clinical psychology (21 participants, 14.6%). Of the counseling trainees enrolled in a master’s of counseling program, 51 (79.7%) were currently in their internship and 13 (20.3%) were currently in practicum. Counseling trainees reported having had a mean of 12.57 supervision sessions with their individual supervisor (SD = 9.26) and a mean of 1.64 semesters of counseling experience (SD = 0.98). Psychology trainees reported having had a mean of 13.67 supervision sessions with their individual supervisor (SD = 10.47) and a mean of 5.71 semesters of counseling experience (SD = 3.25).

Supervisor participants. The supervisor sample included 31 women (67.4%) and 15 men (32.6%). The majority of the sample was White/Caucasian (39 participants, 84.8%); the remainder of the sample was multiracial (four participants, 8.7%), Asian/Pacific Islander (two participants, 4.3%), and Black/African descent (one participant, 2.1%). The mean age of supervisor participants was 40 years (SD = 9.78).

Supervisors chose one theoretical orientation from six options: cognitive behavioral (14 participants, 31.1%), interpersonal (13 participants, 28.9%), integrative (10 participants, 22.2%), humanistic/existential systems (four participants, 8.9%), psychodynamic/psychoanalytic (four participants, 8.9%), and one declined to answer. Supervisors predominantly had PhDs (32 participants, 69.6%), followed by master’s degrees (seven participants, 15.2%), PsyD (six participants, 13.0%), and EdS (one participant, 2.2%). Supervisors indicated a mean of 12.5 years of counseling experience (SD = 7.94) and 7.9 years of supervision experience (SD = 7.00).

Measures

Counseling trainee survey. In addition to the supervisor–trainee matching information, counseling trainees completed a demographic questionnaire, the Working Alliance Inventory–Short Form Therapist Version (WAI-ST; Tracey & Kokotovic, 1989), the Almost Perfect Scale–Revised (APS-R; Slaney et al., 2001), the Self-Efficacy Inventory (CSE; Friedlander & Snyder, 1983), and the Supervisory Working Alliance Inventory–Trainee Version (SWAI-T; Efstation et al., 1990). Counseling trainees were asked to complete the WAI-ST based on the client “with whom [they had] the next scheduled session.” This was done to help randomize the selection of clients.

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

WAI-ST (Tracey & Kokotovic, 1989). The WAI-ST is a 12-item scale designed to measure the therapeutic alliance between therapist and client. The WAI-ST is based on Borduin’s (1983) formulation of the working alliance as consisting of three components: bond, agreement on goals, and agreement on tasks. Participants respond to items on a 7-point Likert scale ranging from 1 (never) to 7 (always). Only the total score from the WAI-ST was used in the current study, as suggested by previous researchers (Busseri & Tyler, 2003; Gnilka, Chang, & Dew, 2012). The Cronbach’s alpha coefficient for the total scores produced by the WAI-ST using therapist samples has been shown to be high (e.g., .91; Busseri & Tyler, 2003; .88; Gnilka, Chang, & Dew, 2012). The Cronbach’s alpha coefficient for scores in this sample was .88. The WAI-ST is widely used, and previous studies offer support for the measure’s predictive validity using counselor samples (e.g., Busseri & Tyler, 2003), including a meta-analyses noting that there was significant overlap between counselors’ and clients’ viewpoints of the working alliance (Tryon, Blackwell, & Hammel, 2007).

APS-R (Slaney et al., 2001). The APS-R is a 23-item scale designed to assess the adaptive and maladaptive components of perfectionism. Participants respond to the items on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The APS-R has three subscales: Discrepancy (12 items measuring the distress caused by the discrepancy between performance and standards), High Standards (seven items measuring personal standards), and Order (four items measuring organization and need for order). Because this study was focused on determining the effect of the maladaptive and adaptive aspects of perfectionism, the Order subscale was not used (Rice & Ashby, 2007). Results from research using the APS-R demonstrated strong support for reliability and validity. Cronbach’s alpha coefficients for the scores on the APS-R range from .85 to .92 (Slaney et al., 2001). For scores in this sample, Cronbach’s alpha coefficients were .95 for Discrepancy and .82 for High Standards. Evidence of a relationship to other variables was demonstrated by correlations between the APS-R and other measures of perfectionism and theoretically related constructs, such as self-esteem, depression, anxiety, and...
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shame (Ashby & Rice, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001).

CSE (Friedlander & Snyder, 1983). The CSE is a 21-item scale designed to assess trainees’ confidence in their ability to perform tasks in five domains of counseling: Assessment, Case Management, Individual, Group, and Family Intervention. Participants respond to the items on a 10-point Likert scale ranging from 0 (not confident) to 9 (completely confident). Friedlander & Snyder (1983) reported a Cronbach’s alpha coefficient of .93; for scores in this sample, the Cronbach’s alpha coefficient was .90. The CSE was shown to have good concurrent validity with another counseling self-efficacy measure ($r = .83$; Melchert, Hays, Wiljanen, & Kolocek, 1996) and is positively correlated with trainee experience level ($r = .55$; Friedlander & Snyder, 1983).

SWAI-T (Efstation et al., 1990). The SWAI-T is a 19-item scale designed to measure trainees’ perceptions of the factors necessary to maintain an effective working relationship with their supervisors. Participants respond to the items on a 7-point Likert scale ranging from 1 (almost never) to 7 (almost always). The SWAI-T has two subscales: Rapport (12 items measuring the effectiveness of the supervisor in developing rapport with the trainee) and Client Focus (seven items measuring the emphasis supervisors place on client issues). A number of researchers found that the two subscales are highly correlated; for this reason, the subscales were combined in this study, as has been done in previous research (e.g., White & Queener, 2003). The scores on the SWAI-T were evident of a high Cronbach’s alpha coefficient ($\alpha = .95$; Wester, Vogel, & Archer, 2004); the Cronbach’s alpha coefficient for scores in this sample was .95. Evidence of a relationship to other variables was demonstrated by correlations between the SWAI-T and other theoretically related constructs, such as supervisory style and counseling self-efficacy (Efstation et al., 1990).

SWAI-S (Efstation et al., 1990). The SWAI-S is a 23-item scale designed to assess the working alliance from the supervisor’s perspective. Participants respond to the items on a 7-point Likert scale ranging from 1 (almost never) to 7 (almost always). The SWAI-S has three subscales: Rapport (seven items measuring the supervisor’s efforts to build rapport with the trainee by supporting and encouraging him or her), Client Focus (nine items measuring the emphasis supervisors place on promoting the trainee’s understanding of the client), and Identification (seven items measuring the supervisor’s perception of the trainee’s identification with the supervisor). As with the SWAI-T, researchers combined the subscales of the SWAI-S because of the high intercorrelation of the scales (White & Queener, 2003); only the total score was used in the current study. The Cronbach’s alpha coefficient for scores on the SWAI-S was reported as .89 (White & Queener, 2003); for the scores in the present study, the Cronbach’s alpha coefficient was .87. Efstation et al. (1990) demonstrated evidence of a relationship to other variables by strong correlations with the Supervisory Styles Inventory (Friedlander & Ward, 1984).

Procedure

Recruitment e-mails were sent to training directors of counseling programs, as well as to several e-mail listservs that included university program directors, training directors, and university counseling center training directors. Recruitment e-mails included a link to a webpage where trainees could complete the survey. Faculty members were asked to forward the recruitment e-mails to their counseling trainees. Recruitment e-mails were also sent directly to counseling trainees at one urban college counseling center and two large urban universities with master’s degree and doctoral programs in counseling and counseling psychology.

The first page of the web survey included the informed consent and a section called “supervisor-trainee matching information.” In this section, trainees were asked to enter their names and the names of their individual supervisors along with their supervisors’ e-mail addresses. They were informed that this information would be kept separate from their questionnaire data and would not affect the confidentiality of their answers.

Upon receipt of the counseling trainee data, recruitment e-mails were sent to all participating counseling trainees’ supervisors. Supervisors were sent a link to the web survey and asked to complete the survey based on their counseling trainee who had completed the survey. In some cases ($n = 30$), trainees listed a supervisor who was also listed by another participating counseling trainee; in these instances, a random number generator was used to select one trainee per supervisor. The recruitment e-mail for these 13 supervisors included the name of the one randomly selected trainee. As a result, the 46 supervisors completed surveys for only one of their counselor trainees, thereby avoiding issues of nested data in subsequent analyses.

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

Results

Descriptive statistics for the measures are displayed in Table 1. Analyses of variance for demographic variables and outcome measures revealed few significant mean differences. There were no overall mean differences for trainee variables of race/ethnicity, sexual orientation, and theoretical orientation for any of the outcome measures (CSE, WAI-ST, SWAI-T, and SWAI-S). Whether a counseling trainee’s individual supervi-
analyses. One participant did not provide age data, and 23 participants did not provide semesters of counseling experience; therefore, these participants were excluded from further analysis. To guard against Type I error, a Bonferroni correction was made to the level of significance for the study (.05/3 = .017). Balkin and Sheperis (2011) suggested that all quantitative studies report the results of statistical power analysis, or the likelihood of finding a statistically significant result. Cohen (1992) provided guidance on power analysis given certain sample size, alpha, and effect size considerations. A post-hoc power analysis revealed a power of .83 for correlation coefficient testing assuming a medium effect size, alpha of .017, and 118 participants. Regarding tests of moderation using regression analyses with 11 predictors, medium to large effect sizes, an alpha of .017, and 118 participants, the power was .88 for the WAI-ST and .80 for the SWAI-T. For the SWAI-S, the power was .56 with 41 participants. Regarding tests of mediation, Fritz and MacKinnon (2007) provided guidance on sample sizes needed using bias-corrected bootstraps and suggested a sample size between 34 and 71 to reach a power of .80.

Partial correlations among the six measures in this study revealed several significant relationships (see Table 1). Discrepancy was inversely correlated with the working alliance between supervisor and counseling trainee (from the perspective of the supervisor, SWAI-S; \( r = -.39, p < .017 \)). Standards were not significantly correlated with the trainee–client working alliance or with the supervisor–trainee working alliance. Neither standards nor discrepancy were significantly correlated with counseling self-efficacy.

### Tests of Mediation

The Preacher and Hayes (2004) bootstrapping approach was used to test if counseling self-efficacy mediated the relationships between perfectionism (i.e., standards and discrepancy) and the working alliances (i.e., working alliance between supervisee and client and the alliance between supervisor and supervisee), controlling for trainee gender, degree, age, and experience. Five thousand random samples were taken from the original sample data, replacing each value as it was sampled. To determine the presence of significant indirect effects, 95% bias-corrected and accelerated confidence intervals were generated. Regarding adaptive perfectionism from the supervisee perspective, counseling self-efficacy was not found to mediate either the working alliance (\(-.0787, .1277\)) or the supervisory working alliance (\(-.0791, .1380\)). Similar effects were found for maladaptive perfectionism; counseling self-efficacy did not mediate the working alliance (\(-.0540, .0166\)) or the supervisory working alliance (\(-.1180, .0303\)). From the supervisor’s perspective, no evidence for mediation was found for either adaptive perfectionism (\(-.1254, .3507\)) or maladaptive perfectionism (\(-.0441, .0764\)).

### Tests of Moderation

According to Baron and Kenny (1986) and Hayes (2013), to test linear moderation between continuous variables, the product of the moderator and the independent variable is added to the regression equation. Rather than evaluating the entire regression model (i.e., a significant \( F \) test), moderator effects are indicated by a significant effect of an interaction variable (i.e., a significant \( t \) test for the beta of an interaction variable in the regression equation) when the effect of the independent variable and the moderator are controlled (Aguinis & Gottfredson, 2010; Hayes, 2013).

To test whether counseling self-efficacy served as a moderating variable, first the independent variables (i.e., discrepancy and standards) and the moderator variable (i.e.,

### Table 1: Partial Intercorrelations Among Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>( \alpha )</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIS</td>
<td>34.44</td>
<td>14.59</td>
<td>.95</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>STAN</td>
<td>42.94</td>
<td>4.80</td>
<td>.82</td>
<td>.11</td>
<td>.15</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>CSE</td>
<td>131.25</td>
<td>21.78</td>
<td>.90</td>
<td>-.08</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>WAI-ST</td>
<td>64.11</td>
<td>8.30</td>
<td>.88</td>
<td>-.21</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>SWAI-T</td>
<td>108.81</td>
<td>16.91</td>
<td>.95</td>
<td>-.07</td>
<td>-.01</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>SWAI-S</td>
<td>124.20</td>
<td>13.65</td>
<td>.87</td>
<td>-.39</td>
<td>.04</td>
<td>-.04</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. Partial intercorrelations are reported among the six major measures in this study, controlling for trainee gender, degree, age, and experience. All correlations with the SWAI-S variable are based on a sample size of 41; all others are based on a sample size of 118. DIS = maladaptive perfectionism (Almost Perfect Scale–Revised Discrepancy subscale); STAN = adaptive perfectionism (Almost Perfect Scale–Revised Standards subscale); CSE = counseling self-efficacy (Self-Efficacy Inventory); WAI-ST = Working Alliance Inventory–Short Form Therapist Version; SWAI-T = Supervisory Working Alliance Inventory–Trainee Version; SWAI-S = Supervisory Working Alliance Inventory–Supervisor Version.

* \( p < .017 \).
counseling self-efficacy) were mean centered. A separate regression analysis was conducted for each outcome variable (i.e., WAI-ST, SWAI-T, and SWAI-S). For each analysis, the main effects for the predictors (i.e., standards and discrepancy) and hypothesized moderating variable (i.e., counseling self-efficacy) were entered after controlling for trainee gender, degree type, age, and experience. The interaction terms (i.e., Standards × Counseling Self-Efficacy, Discrepancy × Counseling Self-Efficacy, Standards × Discrepancy, and Standards × Discrepancy × Counseling Self-Efficacy) were entered last in the regression model. Any significant t test for a specific interaction term signified a moderation effect and was followed up with further analysis. Because statistical significance is a function of sample size, we also considered practical significance (i.e., effect sizes) in decisions to explore moderator effects.

Regarding WAI-ST, none of the three two-way interactions were significant (p > .017). The three-way interaction also did not contribute to the explained variability in WAI-ST, β = .00, t(106) = –1.61, p > .017. Therefore, no moderation was found regarding WAI-ST (see Table 2).

The Standards × Counseling Self-Efficacy interaction was significant for SWAI-T, β = –.25, t(107) = 2.52, p < .017. The three-way interaction did not account for additional, significant variance in SWAI-T, β = .00, t(106) = 0.34, p > .017 (see Table 3). The significant two-way interaction was evaluated further (see below).

For SWAI-S, none of the interactions were significant (p > .017). Nevertheless, because the small sample size (n = 41) for these analyses limited the ability to detect statistically significant effects, we considered effect sizes and decided to further explore some effects. Specifically, the two-way interactions contributed a large moderation effect (ΔR² = .089, p < .017; Aguinis & Gottfredson, 2010; Frazier, Tix, & Barron, 2004; McClelland & Judd, 1993). Given the smaller sample size and large effect size, the Discrepancy × Counseling Self-Efficacy interaction, β = –.28, t(107) = –1.66, p = .11, was further investigated.

Both of these significant interactions were analyzed using procedures suggested by Aiken and West (1991). The equations were used to plot predicted values of the outcome variables (i.e., SWAI-T or SWAI-S) for high, average, and low scores of counseling self-efficacy (on the basis of plus or minus one standard deviation). These graphs are included as Figures 1 and 2.

Regarding trainees with low or average counseling self-efficacy, as adaptive perfectionism increased, so did scores on the SWAI-T (this relationship was stronger for trainees with low counseling self-efficacy than it was for those with average self-efficacy). However, for those trainees with high counseling self-efficacy, higher adaptive perfectionism corresponded with slightly lower scores on the SWAI-T. At high levels of standards (i.e., high adaptive perfectionism), the difference between students with high and low counseling self-efficacy was less than eight one hundredths of one standard deviation (M = 119.89 and 121.55, respectively). However, at low levels of adaptive perfectionism, the predicted SWAI-T score revealed a difference between these groups of approximately five tenths of one standard deviation (M = 125.38 and 113.84, respectively).

Another moderation effect was found in the prediction of SWAI-S. For trainees with low counseling self-efficacy, there appeared to be no relationship between maladaptive perfec-

### TABLE 2

Summary of Hierarchical Regression Analysis for Variables Predicting the Working Alliance

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>65.66</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>–3.34</td>
<td>2.30</td>
<td>–.14</td>
</tr>
<tr>
<td>Degree</td>
<td>–2.13</td>
<td>2.00</td>
<td>–.13</td>
</tr>
<tr>
<td>Experience</td>
<td>0.14</td>
<td>0.32</td>
<td>.05</td>
</tr>
<tr>
<td>Age</td>
<td>–0.18</td>
<td>0.14</td>
<td>–.13</td>
</tr>
<tr>
<td>Standards</td>
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<td>0.17</td>
<td>–.01</td>
</tr>
<tr>
<td>Discrepancy</td>
<td>–0.08</td>
<td>0.05</td>
<td>–.14</td>
</tr>
<tr>
<td>CSE</td>
<td>0.15</td>
<td>0.04</td>
<td>.40</td>
</tr>
<tr>
<td>Standards × CSE</td>
<td>–0.01</td>
<td>0.01</td>
<td>–.12</td>
</tr>
<tr>
<td>Discrepancy × CSE</td>
<td>0.01</td>
<td>0.00</td>
<td>.19</td>
</tr>
<tr>
<td>Standards × Discrepancy</td>
<td>0.00</td>
<td>0.02</td>
<td>–.01</td>
</tr>
<tr>
<td>Standards × Discrepancy × CSE</td>
<td>0.00</td>
<td>0.00</td>
<td>–.17</td>
</tr>
</tbody>
</table>

Note. N = 118. Gender, degree, experience, age, standards, discrepancy, and CSE were centered at their means. Trainee gender, degree, experience, and age were entered as covariates. Standards = Almost Perfect Scale–Revised High Standards subscale; discrepancy = Almost Perfect Scale–Revised Discrepancy subscale; CSE = counseling self-efficacy. *p < .017.

### TABLE 3

Summary of Hierarchical Regression Analysis for Variables Predicting the Supervisory Working Alliance–Trainee Perspective

<table>
<thead>
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<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
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</thead>
<tbody>
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<td>Constant</td>
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<td>2.75</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
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<td>4.75</td>
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<td>Degree</td>
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<tr>
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<td>0.28</td>
<td>–.07</td>
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<tr>
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<tr>
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<td>0.02</td>
<td>–.23*</td>
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<td>Discrepancy × CSE</td>
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<td>–.04</td>
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<tr>
<td>Standards × Discrepancy</td>
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<td>Standards × Discrepancy × CSE</td>
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Note. N = 118. Gender, degree, experience, age, standards, discrepancy, and CSE were centered at their means. Trainee gender, degree, experience, and age were entered as covariates. Standards = Almost Perfect Scale–Revised High Standards subscale; discrepancy = Almost Perfect Scale–Revised Discrepancy subscale; CSE = counseling self-efficacy. *p < .017.
tionism and SWAI-S (see Figure 2). However, for trainees with average or high counseling self-efficacy (the effect was stronger in trainees with high counseling self-efficacy), as maladaptive perfectionism scores increased, scores on the SWAI-S decreased. At high levels of maladaptive perfectionism, the predicted SWAI-S score revealed a difference of approximately six tenths of one standard deviation between students with high and low counseling self-efficacy ($M_s = 116.97$ and $125.30$, respectively). At low levels of maladaptive perfectionism, the predicted SWAI-S score revealed a difference of approximately four tenths of one standard deviation between students with high and low counseling self-efficacy ($M_s = 133.06$ and $128.00$, respectively).

**Discussion**

This study was designed to determine if, and to what extent, trainee perfectionism had an effect on working alliances with clients and supervisors. Consistent with theoretical literature associating perfectionism with difficulties in supervision relationships (Arkowitz, 1990) and empirical research documenting problems in maladaptive perfectionists' relationships (Gnilka, Ashby, & Noble, 2013), counseling trainee maladaptive perfectionism (discrepancy) was significantly inversely correlated with the working alliance with supervisors. Adaptive perfectionism (standards) was not significantly positively associated with either of the working alliances.

Trainee maladaptive perfectionism has a significant relationship with a supervisor's perception of his or her working alliance. Trainees’ adaptive perfectionism was not significantly associated with any of the other measures (with the exception of an unexpected moderation effect between adaptive perfectionism and SWAI-T). Maladaptive perfectionism, however, was associated with the supervisor–trainee working alliance. For counseling trainees, the maladaptive aspects of perfectionism, such as intense self-scrutiny, rumination over failures, and fear of intimacy, may be more salient to the training experience than are the positive elements of perfectionism. Trainee maladaptive perfectionism was inversely related to the supervisory working alliance. However, this relationship was only evident in the supervisor's assessment of the supervisory working alliance (SWAI-S). Maladaptive perfectionism was not significantly associated with the trainee's perspective of the supervisory working alliance (SWAI-T). This mixed result suggests that trainee perfectionism has an effect on the supervisory working alliance that may be evident only in the supervisor's assessment, something that is not assessed by the trainee version of the measure.

Counseling trainees who are maladaptive perfectionists may experience difficulty managing the vulnerability associated with evaluation in supervision (Arkowitz, 1990). Maladaptive perfectionists may be rigid or withdrawn (Burns, 1980), and they may focus on perceived failures or attempt to conceal perceived failures from the supervisor. All of these behaviors could have a negative effect on the supervisor's perception of the supervisory working alliance, but, in this study, these behaviors were not associated with the trainee's perception of the supervisory working alliance.
There is relatively limited research using the supervisor form of the SWAI, and these results suggest that the supervisor and trainee versions may measure different constructs. Trainees and supervisors may perceive the relationship differently, or it may be that the two versions of the measure are assessing different constructs. Results from this study demonstrated several differing effects for the two versions of the SWAI. In this sample, the two versions (i.e., trainee and supervisor) of the measure were unrelated to each other. As noted above, discrepancy was associated with the SWAI-S but not with the SWAI-T. In addition, counseling self-efficacy was only predictive of the trainee’s perception of the supervisory working alliance (and not the supervisor’s). Previous research using the WAI and SWAI found significant relationships between these inventories (Patton & Kivlighan, 1997). In this study, trainees’ perceptions of the working alliance with clients were associated with their own perceptions of the supervisor–trainee working alliance but not with their supervisors’ perceptions.

In this study, perfectionism (adaptive and maladaptive) and counseling self-efficacy were not significantly correlated. This result stands in contrast to literature documenting a relationship between perfectionism and self-efficacy (Ganske & Ashby, 2007; LoCicero & Ashby, 2000). There are several reasons why the results in the current study may be unique. The measure used to evaluate counseling self-efficacy, the CSE (Friedlander & Snyder, 1983), is specific to counseling skills. Previous research on perfectionism and self-efficacy typically used measures of general self-efficacy, such as the Self-Efficacy Scale (Sherer et al., 1982) or the Generalized Self-Efficacy Scale (Tipton & Worthington, 1984). Although perfectionism was associated with general self-efficacy, perfectionism did not relate to self-efficacy for the specific tasks of counseling. Further research studying counseling self-efficacy and perfectionism is needed to explore the relationship between the constructs of perfectionism and counseling self-efficacy in greater depth.

The results found no support for counseling self-efficacy as a mediator between perfectionism and working alliances. The effect of discrepancy on the working alliance with clients or supervisor was not through counseling trainees’ self-efficacy.

**Moderation Discussion**

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

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

**Limitations and Future Research**

The current study has a number of limitations that may affect interpretation of the results. Trainees in this convenience sample differ in some consistent way from those counseling trainees who did not volunteer. No data were gathered about the degree to which the specific client referenced in the trainees’ WAI was discussed in supervision, if at all.

Another limitation of this study was the diverse makeup of counselor trainees and supervisors regarding their profes-
sional field, experience level, and degree level. Although this was done to allow for the diversity and the real-world experiences many counselor trainees have during their practicum and internship experiences, future researchers may want to investigate these subgroup differences in more detail. For example, the moderation results of this study may or may not hold for different experience levels of counselor trainees (e.g., master’s-level practicum students versus doctoral-level internship students).

Another consideration is the statistical nonsignificance of the analysis for SWAI-S resulting from low statistical power for detecting moderator effects. Although power has been shown to be an issue in most nonexperimental research (Frazier et al., 2004), especially when obtaining difficult data such as counselor trainee and supervisor dyads, the challenge is balancing statistical significance and effect sizes of the interaction effects. Future studies should confirm these results with larger sample sizes.

Finally, although causal inferences can be made via the analyses conducted, the design of the study was correlational. However, although the design of the study does not allow for causal inferences, trainee perfectionism affected working alliances and not vice versa. Perfectionism is viewed as a personality trait (Slaney et al., 2001), and it is very unlikely that short-term relationships with clients and supervisors could create this personality trait in a counseling trainee.

One promising area for future research is using a nested design in which counselor trainees are nested under multiple supervisors. This type of design would better provide the profession with additional understanding of the supervisory working alliances between supervisors and counselor trainees. Longitudinal research could prove informative in understanding causal relationships between the constructs of perfectionism, counseling self-efficacy, and the working alliances. Changes in the working alliances over time could also be explored. Future research could further explore the role of counseling self-efficacy as a moderator between adaptive perfectionism and the supervisory working alliance. As stated previously, this finding appears to be inconsistent with previous research that has associated adaptive perfectionism with positive constructs.

Another potentially informative area for further study is possible gender differences in perfectionism, counseling self-efficacy, and working alliances. In the current study, the trainee sample of men was so small (n = 18) that meaningful gender differences were difficult to ascertain. A significant difference was found between men and women counseling trainees on counseling self-efficacy (i.e., men tended to have higher counseling self-efficacy). Relationships among the constructs were also different for men and women. For example, for men, standards correlated with counseling self-efficacy. This suggested that male counseling trainees with high standards may have led to improved self-efficacy. Future research could determine if these differences existed in a larger sample. Finally, given the difficulty in collecting large samples of counselor trainee-supervisor dyads, as research on these variables accumulates, future researchers may want to consider meta-analyses studies.

### Implications for Counselors

This investigation offers some of the first data concerning the relationship between multidimensional perfectionism, the working alliance, and the supervisory working alliance in counseling trainees. It also provides the first data on the relationship of perfectionism and counselor self-efficacy and their relationship to the therapeutic and supervisory working alliance. The results of the study suggest that supervisors may want to assess trainees for perfectionism. Supervisors working with maladaptive perfectionist trainees may want to be aware of these trainees’ tendency to perceive their working alliances as less robust than their nonperfectionistic peers. These trainees may be prone to being overly self-critical, even to the extent that this self-criticism contributes to undermining trainees’ perceptions of their relationship with clients. Whereas these trainees may need encouragement and support around these issues, this may be a particularly difficult task, as the results of this study suggest that supervisors may perceive their working alliance with these maladaptive perfectionist clients as less strong than with their nonperfectionist peers.

Higher levels of counselor self-efficacy appear to be related to enhanced perceptions of client and supervisor working alliances, from the perspective of the trainee, and the perception of the supervisory relationship appears to be undermined by trainees holding higher standards. Providing these trainees with increased structure and clear measures of success (i.e., meeting their high standards) may help them to perceive a stronger working relationship with the supervisor.

Similar to trainees with high standards, those with high discrepancy and high counseling self-efficacy are likely to have poorer supervisory working alliances from the perspective of the supervisor. Supervisors may want to be aware of the potential difficulty of forming strong working relationships with trainees who are very hard on themselves when they do not meet their standards (maladaptively perfectionistic) and have high confidence in their counseling skills and ability (counseling self-efficacy). Because of these trainees’ insecurity and sense that they have counseling skills but do not live up to these abilities, they may be less open to feedback and less available in the supervisory relationship.

### References


