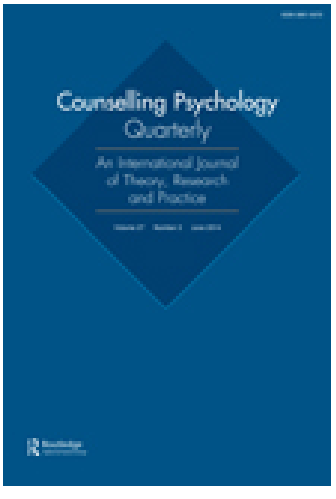
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Can boundary crossings in clinical supervision be beneficial?

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Can boundary crossings in clinical supervision be beneficial?

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Published studies have addressed boundary violations by clinical supervisors, but boundary crossings, particularly those deemed positive by supervisees, have not received much attention. Eleven trainees in APA-accredited doctoral programs in clinical and counseling psychology were interviewed regarding positive boundary crossings (PBCs) they experienced with clinical supervisors. Interview data were analyzed using Consensual Qualitative Research. Examples of PBCs included socializing with supervisors outside the office, sharing car rides, and supervisor self-disclosure. Typically, supervisees did not discuss the PBC with their supervisors because they were uncomfortable doing so, felt that the PBC was normal, or felt that processing such issues was not part of the supervisor's style. Most supervisees viewed the PBCs as enhancing the supervisory relationship and their clinical training; however, some participants reported that the PBCs created role confusion. The results suggest that there are legitimate reasons for supervisors to be scrupulous about their boundaries with supervisees; however, supervisors who hold rigid boundaries can deprive supervisees of deeper mentoring relationships or a more authentic emotional relationship that can be valuable to supervisees learning how to provide psychotherapy.

Keywords: supervision; boundary crossing; ethics, supervisees; CQR; positive; training

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Many trainees have identified the supervisory relationship as the most important component of their clinical training experience (Ramos-Sanchez et al., 2002). Bernard and Goodyear (2009) refer to supervision as the "signature pedagogy" of psychotherapy that is essential to a supervisee's professional development and to ensure client welfare. Part of a strong supervision alliance originates from the supervisor setting healthy boundaries (Heru, Strong, Price, & Recupero, 2004) and modeling ethical supervisory practice (Gottlieb, Robinson, Younggren, 2007; Vasquez, 1992). *Boundaries* have been defined for both psychotherapy and psychotherapy supervision as "rules of the professional relationship that set it apart from other relationships" (Knapp & VandeCreek, 2006, p. 75). Gutheil and Gabbard (1993) posited that rules about boundaries tend to focus on a few selected issues: "role; time; place and space; money; gifts, services, and related matters; clothing; language; self-disclosure and related matters; and physical

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contact" (p. 190). Pearson and Piazza (1997) argue that relationships in psychotherapy and supervision are dynamic and require readjusting boundaries depending on the circumstances of the relationship, suggesting that universal rules about boundaries in supervision are not practical. Despite the potentially complex nature of such boundaries, Heru et al. (2004) found strong agreement from both supervisors and supervisees on appropriate and inappropriate topics of discussion during clinical supervision. If supervisors and supervisees agree on supervision boundaries, these findings would also suggest they might implicitly agree on when these boundaries were being crossed.

Boundary crossings, as described by Gottlieb et al. (2007), are supervision events where "a professional deviates from the strictest professional role but is not unethical per se" (p. 241). Boundary crossings can be initiated by either the supervisor or supervisee and can include a variety of situations: gift-giving, self-disclosure about issues not related to work, having multiple roles, or socializing outside of work. In psychotherapy, boundary crossings are often commonplace and not avoidable, especially for practitioners in small communities or the military (Syme, 2003). In fact, some psychotherapeutic treatments, such exposure for anxiety disorders outside the office, require crossing traditional psychotherapeutic boundaries (Abramowitz, 2013). Similarly, supervisors cannot always avoid boundary crossings due to their own multiple roles (teacher and professor), working in a small community, or simple happenstance (singing in the same choir; being members of the same club) (Bernard & Goodyear, 2009).

Boundary crossings are frequently confused with boundary *violations*, which "reflect exploitation of the supervisee, a supervisor's loss of objectivity, disruption of the supervisory relationship, or the reasonable foreseeability of harm" (Gottlieb et al., 2007, p. 241). Boundary violations, such as having a sexual relationship with a supervisee, are prohibited in all situations (American Psychological Association [APA], 2002). A 2012 study reported that one-third of graduate-level supervisees had experienced a boundary violation in supervision which resulted in "profoundly negative effects on themselves, the supervisory relations, work with subsequent supervisors, and patient care" (Hardy, 2012, p. 4967). Some researchers have argued there can be a "slippery slope," that can result in some boundary crossings leading to a boundary violation (Lamb & Catanzaro, 1998). In support of this argument, Lamb, Catanzaro, and Moorman (2004) reported that a surprising 45% of psychologists in their sample had thought about initiating a sexual relationship with a supervisee, though very few follow-through with the action. For supervisors unsure about whether a boundary crossing would be appropriate, some researchers have generated recommendations (Gottlieb et al., 2007) and decision-making models (Burian & Slimp, 2000).

An understanding of the power dynamics in supervision seems essential to maintaining appropriate supervision boundaries. Supervisors can be oblivious to the power they have over supervisees, as "the person with greater power often is able to remain less consciously aware of [her authority] than is the person with less power" (Bernard & Goodyear, 2009, p. 185). Thus, a supervisor might initiate a boundary crossing with the best of intentions (e.g. taking predoctoral interns to lunch as a group) without realizing that the supervisees might feel they cannot decline the invitation. Thus, although boundary crossings are not always unethical (APA, 2002; DeJulio & Berkman, 2003) and not always harmful (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007; Glass, 2003; Gutheil & Gabbard, 1993), the issue of supervisees ability to consent to crossings and their relative lack of power is a concern.

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Though many authors have argued that boundary crossings in supervision are "not bad," few studies have focused on how boundary crossings can be positive for supervisees. Several studies have reported positive supervisory relationship outcomes as a function of supervisor self-disclosure (e.g. Higdon, 2001; Ladany & Lehrman-Waterman, 1999). Ladany and Walker (2003) argued that one of the most important factors in determining the helpfulness of supervisor self-disclosure was whether the disclosure was made "in the service of the supervisor versus the trainee" (p. 613). Consistent with that assessment, Matazzoni (2008) found that supervisees perceived an improvement in the working alliance when their supervisors disclosed relevant past clinical experiences, but they felt the supervision relationship was damaged by irrelevant disclosures. Similarly, a qualitative study of supervisees found that supervisor self-disclosure usually normalized clinical struggles or enhanced the supervision relationship, but also found that a few supervisees felt their supervisors' disclosures were surprising or inappropriate (Knox, Edwards, Hess, & Hill, 2011). These studies of supervisees stand in contrast to reports from supervisors, who typically felt their self-disclosures only helped their supervision relationships (Knox, Burkard, Edwards, Smith, & Schlosser, 2008).

Though many authors have written that boundary crossings can be beneficial so long as they are undertaken in an ethical manner (e.g. Burian & Slimp, 2000; Gottlieb et al., 2007), there has been little study of the positive effects of boundary crossings for supervisees. Supervision theoretical orientations, however, do not appear to explicitly address how to use boundary crossings to benefit supervision. Consequently, both supervisors and supervisees are left with little guidance as to what is appropriate when navigating the ground between extremely strict boundaries (e.g. conversations only focus on work; only meet at defined times in a work setting; never meet outside of work) and their feelings that a more flexible relationship might be helpful. Understanding the positive effect of boundary crossings for supervisees is essential, since if there is little benefit for such crossings, there would be no sense in risking problems with a legal system that sees any boundary crossing as "bad, wrong, and harmful" (Gutheil & Gabbard, 1993, p. 188). We wondered what types of events supervisees would see as a positive boundary crossing (PBC), whether such a crossing was entirely positive or also had negative effects, and how these crossings were handled in the supervision relationship. We defined boundary crossings as instances in which a supervisor steps outside the expected limits of the supervisory relationship when intervening with the supervisee. The identification of the boundary crossing as "positive" was made solely by the supervisee. We elected to use a qualitative design since boundary crossings and the associated consequences are highly contextual, and because there has been little research on PBCs.

Method

Participants

The participants in this study included nine advanced practica (completion of at least four semesters of practica) and two pre-doctoral internship students who were geographically dispersed across all regions of the USA. Ten of the eleven participants were female, and all participants were enrolled in APA-approved doctoral programs. Of the nine advanced practica students, five came from clinical psychology programs, three from counseling psychology programs, and one from a school/child clinical combined

program. The two pre-doctoral interns were from a clinical psychology program and a child and family psychology program. Seven participants identified as Caucasian, one as Caucasian-Pakistani, one as Russian-Jewish, one as White Middle Eastern, and one as Filipino-American. Participants ranged in age from 25 to 32 years old ($M = 28.1$, Mdn = 27, SD = 2.32). Participants' theoretical orientations were Cognitive Behavioral ($n = 4$), Psychodynamic ($n = 3$), Interpersonal ($n = 2$), and Integrative ($n = 2$), and they saw between 3 and 9 clients per week ($M = 5.5$, Mdn = 5, SD = 2.0). To protect the identity of the one male participant, all references in the Results and Discussion sections will use female pronouns.

In discussing supervision training, six participants reported having had neither supervision coursework nor experience providing supervision; three reported having coursework only; and two participants were providing supervision but had no coursework in this area. As supervisees, participants reported working with between 3 and 13 ($n = 70$, $M = 6.4$, Mdn = 5.5, SD = 2.97) supervisors throughout their training, most of whom were Caucasian. Participants reported they experienced boundary crossings (whether negative, neutral, or positive) with the supervisor discussed in the critical event (i.e. the PBC) between one and 17 times. Participants rated the quality of their relationship with the PBC supervisor highly (between 5 and 7 on a scale where 1 = very negative; 7 = very positive; $M = 6.6$, Mdn = 7, SD = .69).

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Measures

Participants completed a demographic form that asked about essential characteristics of themselves, their supervisors, and the relationship with their supervisor. Additionally, the participants completed a semi-structured, audiotaped phone interview (see Appendix 1). The initial interview protocol consisted of three parts. The opening questions asked participants to define "boundaries" and to describe any boundary crossings that had happened while they were supervisees. The protocol also asked participants to report their own and their supervisor's cultural backgrounds, and how, if at all, any similarities and differences between themselves and their supervisor influenced the supervision relationship. The second part of the interview asked about a specific PBC event and its associated details (e.g. description of event, relationship with supervisor at the time, when the PBC occurred, why it was positive, whether the PBC was discussed in supervision afterward). The final part of the protocol asked why the supervisees agreed to participate in the research, the effects of the interview, and whether there was any additional information that they wished to share. The follow-up interview, which occurred one to two weeks after the first interview, offered an opportunity for the researcher to clarify the information from the first interview. Similarly, the participant was given the opportunity to add or clarify anything that was said in the previous interview.

Procedures

Pilot interviews

Two pilot interviews were conducted by the lead author before any of the participants were interviewed. One of the interviewees was a recent graduate from an APA-accredited counseling psychology program in the Midwest, and the other was a doctoral student at the same university as the authors of this study. The pilot interviews were

conducted with the initial protocol developed from the literature by the primary researcher and the auditor. Based on feedback from the pilot interviews, the protocol was revised (e.g. to clarify wording).

Participant recruitment

Participants were recruited by posting an email notice on the Association of Psychology Postdoctoral and Internship Centers listserv and the Division 17 (Counseling Psychology) Clinical Training and Supervision listserv. Once an individual agreed to join the study, the participant was asked for a home address so that a study packet could be sent (i.e. cover letter, informed consent forms, demographic form, initial interview protocol, and postcard to request a copy of the study's results). Participants were compensated with a long-distance phone card valued at $10.

Twenty-three students responded to requests for participation. Of those, seven dropped out of participation after being contacted by the primary investigator (e.g. did not return paperwork, stopped returning emails, and scheduled an interview time but then did not participate), and four participants did not meet the study criteria (e.g. too early in training or had already graduated), leaving 12 total participants. During data analysis, the primary team and the auditor determined that one participant's experience did not meet criteria for the study, as her PBC was actually a boundary violation that was almost entirely a negative experience. This participant reported that the supervisor was insistent on having a personal, non-sexual friendship with the supervisee and continued to press the issue even though the supervisee made it clear she was not interested in such a relationship. The participant initially was flattered by the attention and took it to mean she was a good therapist, but she changed her mind as the advances persisted. The interviewer discussed with the participant whether she would report the harassment, but the participant was adamantly opposed. She was, however, appreciative of the opportunity to clarify her thinking about her experiences with the supervisor during the study interview, and she was getting support from friends in her program. Unfortunately, the participant's situation highlights Lamb and Catanzaro's (1998) caution about the "slippery slope" that can lead from boundary crossing to boundary violation. After this individual was dropped, eleven people comprised the final sample for the study.

Interviews

All interviews were audiotaped and conducted over the telephone by the primary researcher, and lasted from 31 to 51 min ($M = 42.4$, Mdn = 43.5, $SD = 6.2$). At the end of the initial interview, a follow-up interview (Range = 3.25 to 7.75 min, $M = 5.1$, Mdn = 4.8, SD = 1.4 min) was scheduled with each participant. All interviews were transcribed verbatim, with the exceptions of stuttering, minimal encouragers, pauses, and silence; all identifying information was removed; and participants were referred to by code number.

Author biases

Prior to conducting the interviews, all team members openly discussed their biases with regard to supervision boundaries, supervisors crossing boundaries, and any boundary crossings that they had experienced in their professional training as a supervisee. All

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three principal investigators had experienced PBCs with their supervisors (e.g. going to lunch, visiting a supervisor's home); however, all three were cautious as to whether to engage in a boundary crossing with their own supervisees. One author had experienced boundary crossings that disrupted a supervision relationship. Two authors expressed concern about boundary crossings between male supervisors and female supervisees (or vice versa) being perceived as romantic or sexual by people outside the relationship.

Data analysis

Data were analyzed using Consensual Qualitative Research (CQR) (Hill et al., 2005; Hill, Thompson, & Williams, 1997). All of the researchers had engaged in several previous research projects using this method, and the auditor of the study had published numerous studies in this area. CQR requires three steps to analyze data: domaining (the coding of the interview transcripts into topic areas), core ideas (reducing domained data to their essential elements by paraphrasing participants' words), and cross-analysis (identifying common themes that emerged across cases within a domain). Throughout all of these steps, the team members must come to consensus on all decisions about the data, as "a variety of viewpoints and experiences among the team members may help unravel the complexities and ambiguities of the data" (Hill et al., 2005, p.197). Of course, all team members needed to feel they could express their opinions openly, which Hill et al. (2005) suggested was facilitated by the members having "strong interpersonal skills as well as [liking and respecting] each other" (p.197). With regard to this study, all of the team members were well-acquainted with each other from previous work, and all had either completed or were nearing the completion of a doctorate in psychology (hopefully suggesting at least an acceptable level of interpersonal skills). All members seemed to enjoy working together and were confident they were active participants in the decision-making process.

The initial domain list was developed by the primary researchers meeting together to identify topics that were emerging in each transcript, and was revised as data analysis proceeded (e.g. new domains were identified, other domains were collapsed). After the team agreed on the domained and cored version of each transcript, the auditor reviewed the document to assess whether the data were coded correctly and summarized accurately. During the cross-analysis, the auditor reviewed each core idea's fit within the categories developed by the primary team as well as the overall logic of the cross analysis (Hill et al., 1997, 2005). The auditor offered her feedback to the research team, who considered the feedback and came to consensus regarding how to integrate the auditor's comments into the cross analysis.

Results

Categories were labeled "general" if they applied to all or all but one case; "typical" if they represented at least half the cases; and "variant" if they applied to at least two cases (Hill et al., 2005). Thus, for this study, general categories were composed of 10–11 cases, typical categories were 6–9 cases, and variant categories 2–5 cases. In such cases where core ideas emerged from only one participant's transcript, the data were placed in the "other" category under their respective domain and are not reported here. The findings are summarized in Table 1.

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Table 1. Domains, categories, and frequencies of contextual and specific PBC questions.

Domain	Category	Frequency
Contextual findings		
1. Definition of boundaries	Behaving within expected role	Typical
	Behaving according to internal ethical limits	Variant
2. Boundary crossings experienced in previous supervision	Supervisor shared personal information	Typical
	Eating lunch or socializing with supervisee	Typical
	Going to supervisor's home	Variant
	Receiving a gift from supervisor	Variant
	Supervisor provided extra supervision	Variant
	Supervisor was a professor in supervisee's graduate program	Variant
	Supervisee perceived supervisor was sexually attracted to her	Variant
	Sexist comments or behavior by supervisor	Variant
PBC critical incident findings		
3. Rapport in PBC supervisory relationship before PBC	Supervisee felt close to and/or supported by SR	General
	Neutral or superficial rapport	Variant
4. Description of PBC	Eating/Socializing with supervisor	Typical
	Supervisor shared personal information	Typical
	Sharing car rides	Variant
5. Discussion of PBC in supervision	PBC not addressed in supervision	Typical
	PBC was addressed in supervision	Variant
6. Why PBC was not discussed	Supervisee felt intimidated/anxious	Typical
	PBC perceived as normal, so discussion not needed	Typical
	Discussion did not fit supervisor's style	Variant
	Supervisee unsure why PBC not addressed	Variant
7. Effects of PBC		
A. Strengthened supervision relationship		General
	Supervisee discussed feelings and personal concerns more openly	Typical
	Supervisee grew personally	Variant
	Supervisor became mentor/role model to supervisee	Variant
	Others benefited from PBC	Variant
	Supervisee thought relationship would continue after supervision	Variant
B. Enhanced supervisee's training		Typical
C. Created role confusion		Typical

Notes: 11 cases total. General = 10–11, Typical = 6–9, Variant = 2–5.

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Contextual findings

Definition of boundaries

Participants typically defined boundaries as professional behavior that is expected of individuals in a particular role. For example, one participant defined boundaries as "what areas are off limits and what areas are within the limits," whereas another described boundaries as "maintaining appropriate professional behavior." A variant definition of boundaries was the idea that supervisees should behave in accordance with

their own personally circumscribed limits. "Everyone has their own set of these internal rules that they view as acceptable" explained a participant.

Boundary crossings experienced in previous supervision

In prior supervision experiences, participants typically reported the supervisor shared personal information. For instance, one participant stated that her supervisor discussed the supervisor's impending wedding and asked the supervisee what she thought of her engagement ring. Another participant reported that the supervisor discussed his own reaction to difficult clients. Supervisees also typically reported socializing with supervisors, such as going to lunch with a supervisor or going out for alcoholic drinks. Participants variantly reported visiting a supervisor's home, variantly reported receiving a gift from a supervisor, and variantly received extra supervision (e.g. while sharing car rides on the way to co-lead a group). Participants were variantly engaged in dual roles with supervisors. For instance, some supervisors were also instructors of courses in which supervises were students. Participants variantly reported the supervisor seemed sexually attracted to the supervisee. Finally, participants also variantly reported boundary crossings in which supervisors used sexist language or behavior. As an example, one participant explained that her male supervisor "saddled up next to [her]," which the supervisee felt was inappropriate and upsetting.

The contextual findings demonstrate the difficulties the supervisees had in defining boundaries. There appeared to be a tension in some participants whether boundaries should be set by the supervisee (internal boundaries), by an authority (external boundaries), or some combination of the two. Also, the fact that all participants experienced boundary crossings in previous supervisions (most listed multiple events) illustrates the ubiquity of these occurrences.

PBC critical incident findings

Rapport in PBC supervisory relationship before PBC

A general category emerged as the participants described the supervisory relationship prior to the PBC as supportive. For example, participants reported that their PBC supervisor was genuine, understanding, warm, empowering, reinforcing, and caring. Participants variantly described the supervision relationship as being neutral or superficial. In all of these variant cases, the supervisee had been in supervision only a short amount of time before the PBC.

Description of PBC

Participants typically reported a PBC in which the supervisor and supervisee went out to eat with each other or socialized outside the work environment. One supervisee went out in a group and drank alcohol with her supervisor. Other supervisees met the supervisor's family or had supervision at the supervisor's house. Participants typically reported supervisors discussing personal topics, ranging from the health of one supervisor's pets to the status of one of the supervisee's friend's application to the graduate program where the supervisor was also a professor. In a final variant category, supervisees shared car rides with supervisors.

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Discussion of PBC in supervision

Participants typically reported that the PBC was not discussed in supervision. In fact, only two of the eleven participants discussed the PBC in supervision. One participant whose PBC was not addressed reported that she felt that if the supervisor thought it was common practice to go out to lunch, then the supervisee was "fine with that assessment." She also felt, however, that "a good supervisor would have pursued it [discussing PBC] further." Variantly, supervisees did report that a discussion with the supervisor about the PBC occurred, with one stating that she brought up the PBC in supervision and that the supervisor was surprised but open to discussion.

Why PBC was not discussed

Typically, participants felt too intimidated or anxious to bring up the PBC. One participant was afraid of the supervisor getting angry ("backlash"), and another felt that, "as a clinician-in-training it seems a little difficult to [bring-up the boundary crossing]." Participants also typically indicated that they considered the PBC normal, with one saying that she "just wanted to enjoy it" and not "process it to death." Another participant just "assumed it was ok." Participants also variantly felt that discussion of the PBC did not fit their supervisors' style. As an example, one participant stated that her supervisor was "hands off" and did not "micromanage" issues in the supervisory relationship. Lastly, participants variantly did not know why the PBC was not addressed in supervision. For instance, one participant attempted to talk about the PBC, but stated that her supervisor did not seem interested in pursuing it, so she dropped the discussion.

Effects of PBC

Generally, participants stated that the PBC enhanced the supervisory relationship. Participants here reported increased feelings of comfort, camaraderie, being "really understood" by the supervisor, and feeling cared for. Five subcategories emerged under this general category. First, participants typically felt that the PBC allowed them to share their feelings and personal concerns more openly with the supervisor. As an example, one participant reported that the PBC allowed her to feel more comfortable telling her supervisor she often felt "stressed out" and "incompetent" when doing therapy. She felt she could make this disclosure because she knew the supervisor would be supportive. Supervisees also variantly reported that they grew personally from the PBC, such as the supervisee who felt the PBC helped her begin to bridge the cultural divide she perceived between herself and the other staff at the practicum site. Participants variantly reported that the supervisor became a mentor or role model to the supervisee, with one saying she viewed her supervisor as a "true expert and professional." Participants variantly reported that others benefited from the PBC. As an example, one participant and her supervisor worked together to assist a student in getting into a graduate program. Another participant, who co-led a therapy group with her supervisor, acknowledged that the extra supervision the participant received during their shared car rides benefited the therapy group members.

In a second typical finding, participants reported the PBC enhanced their training. As an example, one supervisee explained that being vulnerable and working through

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her feelings helped her connect with her clients. Another supervisee reported that she was "much more motivated to do my work and apply myself" for her supervisor after the PBC. Finally, the PBCs, while remaining an overall positive experience, also typically created role confusion for the supervisees. One participant explained that the supervisor "pushed the limit" on self-disclosure, but the supervisee did not feel comfortable telling the supervisor to stop, even though it was taking away from time to discuss cases. Another supervisee wondered if the supervisor was still her friend after car rides and going out to eat early in the year became focused mostly on clinical issues later in the year.

Illustrative examples of a PBC. Included here are two participants' experiences of a PBC. These examples were chosen to represent common themes that occurred for many participants. Though both boundary crossings had a positive effect on the supervisees involved, they differ in that the first participant experienced role confusion and did not discuss the crossing in supervision. In contrast, the second participant did not experience role confusion and did discuss the crossing in supervision (i.e. the opposite situation of the first participant). In order to maintain the participants' confidentiality, slight changes have been made to demographic information and to the reported experiences.

In the first situation, the participant was a 27-year-old single Caucasian doctoral student in clinical psychology receiving supervision from a married Caucasian female in her early 40s. They did not have a prior relationship before the practicum. The supervisee and supervisor became acquainted through shared car rides to sites where they would administer neuropsychological assessments. Eventually, they started to get snacks, eat lunch together, and engage in mutual self-disclosure. They discussed work and personal matters, and the supervisor eventually invited the supervisee to her house to meet her husband and two sons. The supervisee felt supported by the supervisor and consequently felt she could discuss her clinical insecurities openly with less fear that she would be perceived as incompetent. After the supervision was over, she asked the supervisor to be on her dissertation committee, and they still keep in touch through phone, email, and occasional lunch outings. Neither the supervisee nor the supervisor labeled any of these incidents as "boundary crossings," and they did not discuss them as such during supervision. The participant thought the crossings were "not a big deal" and not worth discussing. As was typical for participants in this study, the PBC did cause the participant some initial role confusion. She worried early in the relationship the supervisor was evaluating her constantly and she was not sure how much of herself she could share with the supervisor. Despite this initial confusion, the experience was a growth-enhancing experience that helped her develop as a clinician and resulted in a friendship.

In the second situation, the participant was a 32-year-old Caucasian woman in a clinical psychology doctoral program who had returned to school after some years in the workforce as a social worker. The supervisor was a 38-year-old Asian-American female psychologist. They developed a strong rapport quickly due to similarities in personality, age, gender, and because they were both single. "I wouldn't have felt as close with a male supervisor," as she had a previous male supervisor had made sexist comments and flirted with her. The boundary crossings began after a few all-staff outings where they socialized outside of the office for the first time. After four months

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of supervision, the participant and supervisor started getting lunch together and sharing more personal information. When that went well, they went out for alcoholic drinks on a few occasions after work.

The participant reported she enjoyed the supervisor's company and did not think much of the boundary crossings; so, she was surprised when the supervisor brought it up for discussion during a supervision session. The supervisor said she asked colleagues about the extra outings with the supervisee, and the colleagues reportedly said it was acceptable so long as the participant consented, and that there was still a "trainer/trainee relationship." The supervisee responded, "I feel totally comfortable with this. It's not a problem for me at all." The supervisee estimated it was "a two-minute conversation."

The participant reported many positive outcomes from the boundary crossings. She felt she learned "more from this supervisor than any other supervisor in my career." Because she and the supervisor were close, she felt she did not have to "play a role" with the supervisor to please her. She also felt like she could ask questions about sensitive issues, like sexism in the workplace, which she had avoided with other supervisors. Overall, the participant said she "wouldn't change anything about the situation" and views the supervisor as a mentor.

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Discussion

This study sought to examine supervisees' experiences of a PBC by a supervisor in clinical supervision. The findings demonstrated that PBCs usually occurred in the context of an already supportive supervision relationship. The types of PBCs included socializing with the supervisor outside the office, the supervisor sharing personal information, and sharing car rides with a supervisee. The most notable positive effects for the supervisees included a strengthened supervision relationship and a perception their training was enhanced. The findings also demonstrated that while PBCs might appear mundane to some supervisors (e.g. sharing a car with a supervisee), the supervisees clearly experienced role confusion after such crossings. This role confusion would seem to highlight the importance of talking about the boundary crossings; however, in most situations, this did not occur.

Contextual findings

Participants seemed to define boundaries fairly generically, suggesting they had difficulty coming up with an exact definition. Consistent with this, Gutheil and Gabbard noted that, "clinicians tend to feel that they understand the concept of boundaries instinctively, but using it in practice or explaining it to others is often challenging" (1993, p. 188). Interestingly, participants seemed unclear whether they should look toward themselves or some external source for how to act. Their confusion reinforces the need for supervisors to continually discuss the parameters of their supervision relationships. In other words, even if supervisors are well-intentioned about boundary crossings (i.e. "going to lunch will help my supervisees feel comfortable with me"), they cannot simply assume their supervisees will feel the same way. Burian and Slimp (2000), in arguing against rigid supervision boundaries, stated that the close mentoring pre-doctoral interns receive in order to help them transition into being full professionals "cannot occur without some degree of social interaction resulting in the potential for

the development of social relationships" (p. 333). Since all of the participants had previous experiences with boundary crossings, it seems reasonable to conclude that many supervisors have adopted boundary crossings as part of their supervision practice, whether they acknowledge it or not. While the results of this study support how boundary crossings can be helpful, the vagaries of boundaries in any relationship make discussion and consultation with colleagues imperative. As one author noted when writing about boundaries between physicians and patients, "it takes only a moment to step over the line, especially when no one knows exactly where the line is" (Zuger, 2013).

PBC critical incident findings

Most participants reported positive relationships and good rapport with their supervisors before the boundary crossings. This finding echoes Slimp and Burian's study (1994) that found that strong alliances influenced the development of boundary crossings. Thus, PBCs appeared to strengthen a good existing supervision relationship. These finding also again demonstrated that supervisor self-disclosure can be beneficial which is consistent with previous research (e.g. Higdon, 2001; Ladany & Lehrman-Waterman, 1999; Matazzoni, 2008). Additionally, these findings lend support the Ladany and Walker's (2003) contention that a boundary crossing, such as self-disclosure, enhances the relationship when it is done for the benefit of supervisees not supervisors.

Though participants reported that the PBC was a positive experience, many participants also experienced role confusion after the boundary crossing, particularly with regards to how much the supervisor was their friend versus an authority figure. While the role confusion never reached the threshold for a boundary violation as defined by Gottlieb et al. (2007), the supervisees' confusion should give pause to supervisors considering a boundary crossing. Specifically, supervisors need to insure, as Ladany and Walker (2003) cautioned, that they are not trying to meet their own needs by crossing a boundary. Supervisors also need to be aware that different supervisees may experience the same boundary crossing quite differently.

A seemingly easy way to clear-up any role-confusion would be to discuss the boundary crossings in supervision. Such a discussion, unfortunately, occurred for only two out of the 11 participants in this study. There seem to be several possibilities for why a discussion did not occur in most situations. First, as previously discussed, supervisees have less power than their supervisors, and might feel awkward about raising the boundary crossing as a topic of conversation. Supervisees might also worry about negatively affecting a practicum or internship evaluation by making their supervisors uncomfortable (Holloway, 1997). Consistent with this interpretation, supervisees in this study usually felt either that the crossings were normal or that they were too anxious about how the supervisor would react to discuss the crossing.

While these explanations show why the supervisees did not discuss the issue, why did not the supervisors bring it up? One possibility is that since some supervisors lack of awareness of their own authority (Bernard & Goodyear, 2009), they might have decided that if supervisees did not bring-up the issue, then the supervisees were giving their unspoken consent. Similarly, previous research has also shown that sensitive "process" topics, like race and gender, are often not addressed in supervision (Bauer & Mills, 1989; Gatmon et al., 2001). Another possibility is that the supervisors themselves dismiss the significance of boundary crossings. While discussing seemingly low-risk

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boundary crossings (e.g. supervisor self-disclosure, sharing a meal, and being in the same extra-curricular activity) might be awkward, the results of this study suggest that not discussing boundary crossings is a mistake. Such a discussion potentially benefits both the supervisor and the supervisee. The supervisee would learn that boundary crossings are acceptable to discuss in supervision; that the supervisee's opinions about the boundary crossings are important to the supervisor; and that the supervisor wants to maintain healthy boundaries. The supervisors would know they are modeling ethical supervision practice and guard against charges that the crossings are harmful for supervisees. After all, if the crossings are truly positive, there should not be much risk in a discussion. If the supervisor would not be comfortable discussing the crossings, perhaps that in itself is a sign the supervisor should seek further consultation before proceeding.

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Limitations

This study was limited in that it only examined positive supervision boundary crossings from the point of view of the supervisee. It may be that the supervisors to whom the participants were referring would have had a different perspective on these events. Also, participants were recruited by agreeing to talk about a PBC. So, simply by joining the study, the participants were acknowledging that they experienced such an event. Understandably, there might be concern that this recruitment strategy primed participants to tell the researchers what the participants thought the researchers wanted to hear (i.e. only positive results of a boundary crossing). This appears unlikely, however, given the participant who was excluded after her report of negative consequences of a boundary crossing. Instead, it appeared that participants were genuinely feeling the boundary crossings were positive. Furthermore, directly informing the participants about the focus of the study on PBCs enhanced informed consent.

A third potential limitation is that the participants were not asked about negative boundary crossings in the same supervision relationship where the positive crossing occurred. It seems unlikely there were such negative crossings for most participants, given that they described their supervision relationships in positive terms both before and after the PBCs; however, the possible interaction of positive and negative crossings would have been interesting to study. Another limitation of this study was the possibility of retrospective recall errors since the participants were discussing a past event. Finally, the sample was not diverse in terms of gender (all but one were female) or race (majority were Caucasian). Thus, the results may not generalize as well to male supervisees and supervisees of color.

Implications

Clearly, PBCs can have a significant positive effect on a supervisee's development as a clinician and a professional. In fact, these results fit well Gottlieb et al.'s (2007, p. 243) statement:

> We contend that it is seldom problematic, for example, to have lunch with a supervisee, discuss current events, or travel to a professional meeting together. In fact, a sound argument can be made that such informal contacts with supervisees are beneficial, provide good opportunities for mentoring and modeling, and that there may be no slippery slope at all.

Unfortunately, "seldom problematic" does not mean "never," and some supervisees in this study had some lingering worries and unresolved feelings about the PBCs, highlighted by the majority not discussing the PBCs in supervision and concerns about role confusion. Discussion of the PBCs is essential to avoid this role confusion as well as too avoid the "slippery slope" that has been shown in some cases to lead to boundary violations (Lamb & Catanzaro, 1998). This caution was apparent even in this study, where one participant was dropped after discussing how an initially PBC turned into a boundary violation. Consequently, if supervisors are unsure whether to engage in a boundary crossing, consultation with objective colleagues or using ethical decision-making models (e.g. Burian & Slimp, 2000) is essential to avoid harming supervisees. Lamb et al. (2004), in fact, reported that many psychologists engage in such consultation with colleagues when faced with questions about boundaries in supervision. With these cautions in mind, the results of this study show that boundary crossings can enhance the supervision relationship and improve the training experience for supervisees.

Future research

Ideally, a future study would compare the reports of boundary crossings from pairs of supervisors and supervisees, thus highlighting the potential different interpretations of the same boundary crossing. Future research on PBCs should include more male participants and participants of color, as it is possible that these groups would have a different perspective on boundary crossings. Third, supervision theoretical models should explicitly discuss PBCs to help guide supervisors in their work, especially seeing as the results of this and other studies have shown such crossings might be relatively common. Finally, supervision in general is an understudied area, resulting in "a relative dearth of research articles [that] is somewhat disquieting" (Bernard & Goodyear, 2009, p. 298). With this conclusion in mind, we join with other supervision researchers in encouraging more academics and clinicians to research and publish their findings on this important aspect of clinical training.

Conclusion

This study demonstrated the potential benefits to supervisees of crossing traditional boundaries in supervision. Despite these benefits, caution is still warranted. The supervisees in this study seemed unsure about how to define boundaries, meaning they were somewhat unsure about what is and is not acceptable in a supervision relationship. Given this, it was somewhat troubling to see so few supervisors in this study discussing these issues with their supervisees. A discussion would allow clarification of boundaries, show respect for the supervisee, and possibly allow supervisors to avoid crossing a boundaries they might not be aware of. Supervisors must ensure that they discuss boundaries with their supervisees and with colleagues, ideally before any crossing occurs. There also is a responsibility for supervision literature and training programs to discuss some of these more mundane boundary crossings (e.g. supervisor self-disclosure about personal matters, eating with supervisees, etc.) in a forthright manner with students. Such a discussion would be more likely to provoke mixed feelings amongst practitioners, making them more difficult to discuss than boundary violations, where there is broad agreement about the probable damage to supervisees.

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If appropriate precautions are taken, boundary crossings can have benefits to supervisees in the form of an improved relationship with the supervisor, more honesty from a supervisee about her clinical struggles, or a mentoring relationship. Given these benefits, maintaining traditional and strict supervision boundaries may lead to missed opportunities for supervisee growth.

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Appendix 1. Interview protocol

Thank you for agreeing to participate in this project. Your willingness to share your experiences is greatly appreciated.

Today we will be talking about boundary issues in supervision. Specifically, I will be asking you about your experiences with boundary crossings in supervision that you experienced as initially positive, or that in retrospect you now view as positively influencing your growth. For this study, we are defining a PBC as a supervision intervention that falls outside the expected supervision activities and is viewed by the supervisee as beneficial. We note however, that boundary crossings may first be viewed as distressing, but if a discussion ensues between supervisor and supervisee and the resolution of that discussion enhances the supervisory relationship or the supervisee's professional development, such a boundary crossing is defined as positive. Several examples of boundary crossings that may deemed positive (either initially or later) are eating lunch with a supervisor, difficult discussion of sensitive clinical issues, (e.g. sexual attraction), and supervisor self-disclosure of a personal nature. Do you have any questions before we begin?

Opening questions:

(1) People define boundaries in many ways … how do you define boundaries?
(2) Please describe some of the boundary crossings that you have experienced in supervision.
(3) What is your cultural background and your supervisor's cultural background?
    (a) How, if at all, did these similarities or differences influence boundaries in the supervisory relationship?

PBC questions:

(4) Please tell me about a specific experience you had involving a supervisor's boundary crossing that you experienced as initially positive, or that ended positively, in supervision.

  (a) What was the PBC?
  (b) How long had you been in supervision with this supervisor at the time of the event?
  (c) What level of rapport had been established between you and your supervisor at the time of the event?
  (d) What were the antecedent events leading up to the boundary crossing?
  (e) What made this event positive for you?
  (f) How, if at all, was the PBC addressed in supervision?
    (i) What may have facilitated this discussion?
    (ii) What may have inhibited this discussion?
  (g) Why was not it discussed (if that is the case)?
  (h) How did the PBC affect your supervision? (e.g. you, the supervision process, the relationship)
  (i) What are your current thoughts about this event as you reflect back (i.e. would you do anything different, if so, what and why, if not, why not)?

Closing questions:

(5) How has this interview affected you?
(6) Why did you participate in this study?
(7) Is there anything else you would like to add?

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