

## Original Research Article

# Navigating the Complexities of Internship Expectations: A Thematic Analysis of Psychological Contract Breach in Clinical Psychology Supervision

### Abstract

**Aims:** The supervisor-supervisee relationship, especially in the context of clinical supervision of postgraduate interns, brings complexity to the gatekeeping functions of the clinical supervisor. In Industrial and Organizational psychology, supervisor-supervisee relationships and exchange have been investigated through the lens of psychological contract (PC) and psychological contract breach (PCB). To date, there are no qualitative studies that specifically investigate the PCF, PC, and PCB experiences of clinical psychology interns. This qualitative research investigated the meaning Filipino postgraduate clinical psychology interns ascribed to their experiences of PC and PCB. Specifically, it answers how a psychological contract is formed and how does a psychological contract breach occurs.

**Study Design:** Qualitative Research Design

**Methodology:** In-Depth Interviews were carried out with 6 research participants (age range from 24-52 years old) from different parts of the Philippines.

**Data Analysis:** Theoretical Thematic Analysis

**Results and Conclusion:** This qualitative research found that psychological contract formation evolves over time depending on the interplay of between obligations and expectations. Experiences of psychological contract breach are based on perceived Inadequate Training, Inadequate Supervision, Neglecting Responsibilities, and Not Ideal Internship Set-up.

Key words: psychological contract, psychological contract breach, clinical supervision

## 1. INTRODUCTION

According to Woodrow and Guest [1], the complexities of the manager-employee or supervisor-subordinate relationship introduce significant challenges to most workplaces. Employees and subordinates are often regarded as the backbone of an organization, since they play a crucial role for enabling operations in accomplishing organizational objectives. However, managers and supervisors are frequently considered as equally, if not more, valuable due to their leadership roles and status [2]. A thorough understanding of manager-employee or supervisor-subordinate relationships is necessary, particularly in the context of inevitable conflicts [2]-[7]. Specifically, an often overlooked area is the relational and workplace dynamics related to clinical psychology supervision. Clinical supervisees, in particular, tend to be subjected to workplace and interpersonal challenges, despite the fact that clinical psychology is seen as a helping profession and that practicing psychologists and counselors are expected to be more emphatic [8]-[11].

Bernard and Goodyear [12, p.8] defined supervision as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession." Spence et al. [10] argue that clinical supervision is a relationship-based approach to education and training that promotes the support and development of generations of psychology professionals. It is important to highlight that clinical supervisors also have a gatekeeping function that complicates and tends to undermine the status of clinical interns. The dynamics of the supervisor-supervisee working relationship within the context of the clinical supervision of psychology interns are unfortunately more complex than it seems, as evidenced by the empirical research on how it can go badly [8], [13], [14] due to harmful supervision [15]. Ladany [16] assert that, while supervision is undeniably necessary for the professional growth of students wanting to pursue a career in counseling and psychotherapy, it has also come under fire for being problematic and nuanced.

In the subdiscipline of industrial/organizational psychology, the lens of psychological contract (PC), psychological contract formation (PCF), and psychological contract breach (PCB) are concepts used in analyzing the professional and relational issues that arise between supervisors and employees. Specifically, PCB among employees is defined as "the cognition that one's organization has failed to meet one or more obligations within one's psychological contract in a manner commensurate with one's contributions" [17, p. 230].

In clinical supervision, there are unwritten expectations that unknowingly characterize a PC that are implicitly considered to be part of the work agreement, and to violate them could lead to serious interpersonal conflicts. Psychological contracts are intrapsychic expectations: a person's beliefs, schema, or understanding of what they owe a supervisor and what they can expect in return over time. A PC can be characterized by bi-directional expectations between clinical supervisors and their interns. They typically impact the working alliance in clinical supervision [18]. There are no qualitative studies that specifically investigate the PCF, PC, and PCB experiences of clinical psychology interns. There is a scarcity of empirical research that uses an industrial/organizational psychology lens in investigating psychology interns' experiences and perceptions of clinical supervision at the postgraduate level. Specifically in the Philippine context, Mateo and Reyes [19] asserted that research on clinical supervision continues to be a challenge and an area of inadequacy in clinical and counseling psychology.

## 2. LITERATURE REVIEW

### 2.1 Psychological Contract

Rousseau [20] defined psychological contract (PC) as "an individual's beliefs regarding the terms and conditions of a reciprocal exchange agreement between the focal person and another party" (p. 123). Beliefs and perceptions that constitute a psychological contract are dynamic. Supervisees shape their PC based on their interpretations and conclusions of the communicative behavior of their supervisors, their expectations of the organization, and the work itself [21]. Supervisors' PC is often based on the established norms, values, and overall culture of the organization. In addition, their workplace beliefs also reflect the key performance indicators (KPIs) that employees are expected to display and implement based on the job

they have been assigned.

The norm of reciprocity explains how the social exchange relationship feels equal or how reciprocity failure could lead to serious behavioral shifts in the supervisor-supervisee relationship. PC revolves around a two-way connection in which both the supervisor and supervisee have duties toward one another. It is a valuable “framework” to assess the effectiveness and strength of the supervisor-supervisee relationship [3]. Interestingly, workplace behaviors are characterized by varying tendencies [23]. Psychological contract breach (PCB) occurs whenever there is a perceived inadequacy in the reciprocal exchange. One or both parties are perceived to have breached their agreement, leading to cracks in social exchange relationship. The intrusive perception lingers that terms and conditions are not properly acted on. For instance, if one party fails to meet their duties, it results in a reciprocal shift in the degree of engagement in the relationship, which can be positive or negative [20].

For example, new subordinates in an organization often have high expectations in regards to the terms and conditions of the unwritten agreements they have with their supervisors and vice-versa. As time passes and when the so-called honeymoon period is over, the experience might soon ensue where either or both supervisor and supervisee find job behavior inadequacies. In the event that PCB takes place, one can discuss and negotiate in order to re-align or satisfy their PC. In other instances, one turns to silence and frustration.

## **2.2 Qualitative Research on Psychological Contract and PCB**

More often than not, studies on PC and PCB utilize quantitative methods. For the past ten years, there are studies which used qualitative methods that investigated psychological contracts and organizational and professional commitment [24], [25], information asymmetry and PCB [26], repatriates and PCB [27], psychological contract formation of millennials [28], career stages and psychological contract preferences [29], psychological contract and motivation between employee-employer [30], expatriates sense-making govern PCB [31], social and institutional sources create psychological contract [32], job-insecure employees and PCB [33], psychological contract fulfillment and perceived PCB [1], cultural values and psychological contract [34], psychological contract and organizational performance [35], remediation and PCB [36], career management and psychological contract [37], psychological contract, burnout, and engagement [38], neutral and transformational leaders and psychological contract [39], four theoretical categories of PCB and dark side behavioral outcomes [5], psychological contract, mutual expectations, PCB [23].

## **2.3 Antecedents and Consequences of PCB**

Research on PCB and how it happens have received comparably little attention [21]. Here are some of the few studies that discuss antecedents of psychological contract breach, experience and personality [40], conflict between employee and organization [41], neuroticism, gender, race, cognitive style [42], perceived organizational support [43], organizational politics and justice [44], and job resources and demands [46].

Evidently, there are several consequences of PCB such as lower commitment [21], cynical attitudes [6], absenteeism [22], lower job satisfaction [4], attitude, individual ineffectiveness, lower trust [7], turnover intentions [47], decreased work engagement and deviance [48], [49], [51], negative effect on leader-member exchange [50], organizational identification [52], turnover [53], performance [54], and work-family conflict [2].

## **2.4 Supervisee and Supervisor Relationship in Clinical Supervision**

Within the context of the field of mental health, the term “clinical supervision” refers to a process in which a more knowledgeable and skilled professional offers direction and assistance to a practitioner with fewer years of experience [18]. According to Bernard and Goodyear [56], clinical supervision is defined as a process that is structured, supportive, and collaborative. During this process, the supervisor works with the supervisee to help them improve the quality of their services, develop their professional skills, and increase their self-awareness [57], [58] and also promote multicultural diversity, cultural sensitivity, and humility [59]. Borders et al. [60] outlined and detailed the best practices in clinical supervision as a necessary guideline for supervisors and supervisees, as both work together to promote clinical supervision as a specialty. The supervisory relationship can be in the context of the experiences of postgraduate

students in a psychology program [61] or new graduates and early career psychology professionals who are aiming to specialize in an area of health psychology [11], [62].

## **2.5 PCF in Clinical Supervision**

Empirical research on the development of a working alliance in any clinical supervisory relationship highlights the essential qualities associated with supervisor factors, Supervisee factors, and their interaction in shaping the success of supervisory outcomes [55], [56]. An extensively used theoretical framework in clinical supervision research is Bordin's [63] Model of Working Alliance. The model has grown over time to now incorporate more supervisory variables that impact how well a working alliance is formed, such as social skills [64], mindfulness [65], supervisor style [66], use of expert and referent power [67], Self-disclosure [68], attachment style [69], and multicultural competence [70].

Bordin's [63] model of working alliance in clinical supervision and Rousseau's [20] notion of psychological contracts share the common thread of the importance of a positive relationship between two parties. In clinical supervision, the working alliance refers to the collaborative relationship between a supervisor and supervisee. A positive working alliance can lead to the formation of strong psychological contracts as both parties feel a sense of commitment and investment in each other. As Agarwal and Bhargava [3] argue, it is a valuable framework to assess the strength and effectiveness of a supervisor-supervisee relationship. Strong working alliance facilitates the development of psychological contracts, leading to improved outcomes for clinical supervision, patient care, and organizational settings.

## **2.6 Issues in Clinical Supervision as Antecedents and Consequences of PCB**

Despite being an admirable endeavor founded on mentorship principles and objectives, clinical supervision does have a darker side rife with problems and controversies [13], [16], [45], [66]. Chircop Coleiro et al.'s [72] qualitative meta-analysis of supervisee experiences acknowledged and reinforced the good. Yet, they provocatively highlighted the bad and less than ideal realities that happen in supervisee-supervisor relationships in the context of mental health services. For example, power dynamics disconnection [73], A lack of cultural competency [74], including decreased job satisfaction and client dissatisfaction [72], imbalanced feedback [75], lack of support [16], and time constraints [18].

## **3. CONCEPTUAL FRAMEWORK**

The conceptual framework of this study abides by the following definition, "the psychological contract is a set of individual obligations or expectations unknown to the employer in respect of the exchange relations between the parties involved" [76, p. 98]. Wherein obligations pertain to the intern's beliefs or understanding of what they owe the supervisor, and expectations are what the intern anticipates to receive in return from the supervisor overtime. Moreover, the norm of reciprocity [77] explains how social exchange of obligations and expectations develop during the clinical supervision internship experience. This could be described through the associated experiences, thoughts, feelings, and mental image. On the other hand, when the failure to reciprocate happens between the interplay of obligations and expectations, PCB is formed. Thus, this study follows the conceptual framework illustrated below:

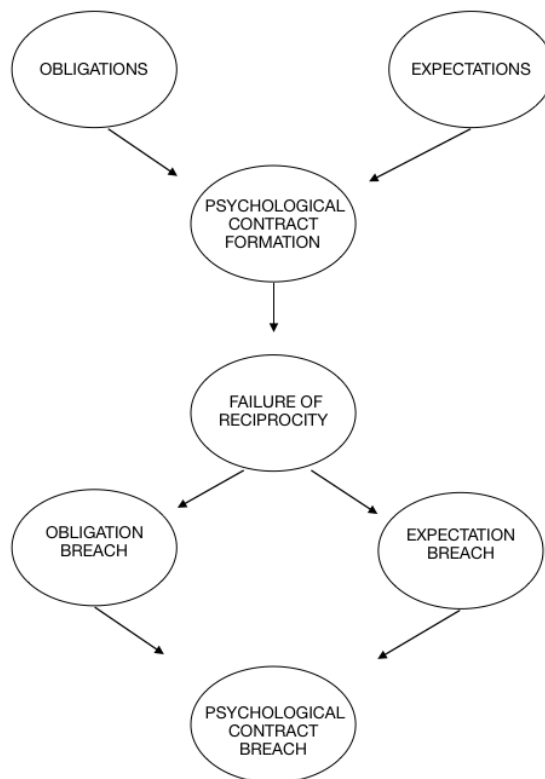


Figure 1. Psychological contract formation and psychological contract breach

Figure 1 outlines the processes that make up PCF and the eventual experience of PCB. Intern's psychological contract is formed with the set of obligations in their mind that pertain to what they believe they owe their supervisor and in return they anticipate to receive something from the supervisor and this is the set of expectations. In the event that the intern perceives that there is a failure of reciprocity between the interplay of the obligations and expectations, then psychological contract breach is shaped.

#### 4. STATEMENT OF THE PROBLEM

This research investigated the meaning Filipino postgraduate clinical psychology interns ascribed to their experiences of psychological contract formation and psychological contract breach in supervisor-supervisee relationship within the context of an internship. Specifically, the following questions were addressed:

1. How is a psychological contract formed in clinical supervision?

2. How does a psychological breach occur in clinical supervision?

## **5. METHOD**

This qualitative research primarily adapted the purpose Polkinghorne [78] pointed out, which is "to describe and clarify experience as it is lived and constituted in awareness." Psychological contract formation and its consequent breach can vary depending on the kind of workplace and supervisory relationships involved. The In-Depth Interview Method was used following the guidelines of DiCicco-Bloom and Crabtree [79].

### **5.1 Sampling Strategy**

The overall sampling strategy followed Creswell and Miller's [80] recommendations for homogeneity and diversity, which involved getting participants with similar status as interns but with the aim of them coming from different internship sites and different clinical supervisors. Specifically, purposive sampling and the snowballing technique were used. The inclusion criteria set were: a) currently or recently a student in a postgraduate program in clinical or counseling psychology, b) recent internship experience that was carried out without any pay, c) expressed unmet expectations, and d) internship at different sites and with different supervisors.

The research participants in the study were 6 Filipino postgraduate interns with ages ranging from 24 to 52 years old. Two of the participants formally enrolled in an internship course which was required in their graduate program. The four other participants enrolled in an internship course but it was not a graduate program requirement. They did so to fulfill the eligibility requirements for becoming a licensed psychologist.

### **5.2 Data Collection**

Data collection was conducted using in-depth semi-structured interviews following the principles and guidelines set by DiCicco-Bloom and Crabtree [79]. First, a pilot interview was conducted to determine the flow, coverage of topics, and whether the interview questions were generally able to accurately collect data in answering the research problem. Further interviews were conducted and recorded using Zoom. After which, the recorded interviews were converted into audio MP3 files and processed further using the online platform HappyScribe for the transcription. The audio interviews were transformed into text. The researchers then reviewed and further edited the artificial intelligence (AI) generated transcription for accuracy. The revised interview transcripts were then exported for processing on Microsoft Excel for the data analysis.

### **5.3 Ethical Considerations, Trustworthiness, and Rigor**

Strategies for trustworthiness and rigor were carried out following the recommendations of Creswell and Miller [80], Braun and Clarke [81], and DiCicco-Bloom and Crabtree [79]. Steps were taken to improve this study by doing a pilot interview and participant and peer debriefing. Ethical decision-making guided the overall conduct of this qualitative research [see, 71, 82]. Specifically, it was practiced through: (1) Informed Consent, (2) Confidentiality, (3) Responsibility, and (4) Respect and Well-Being.

### **5.4 Data Analysis**

Theoretical thematic analysis was carried out following the recommendations and guidelines of Braun and Clarke [81]. As regards to the level at which themes were identified, latent level thematic analysis was performed to determine the participants' underlying assumptions, conceptualizations, and ideas based on the theory of psychological contract formation and psychological contract breach. Thus, the produced analysis was already theorized and not merely described.

## **6. RESULTS AND DISCUSSION**

## 6.1 Obligations and Expectations vs the Reality of Clinical Supervision Experience

Bernard and Goodyear [56] assert how clinical supervision enhances the professional functioning of younger professionals and in monitoring the quality of their professional work and progress as they hope to enter the psychology profession. Table 1 shows that to a certain extent, the interns made it clear regarding their various personal end goals. Participants 1 and 3 aimed to live up to the requirements of the graduate program they were studying and the standards of the internship site and their supervisor. In addition, Participant 1 expressed higher ideals of wanting to learn and be open to whatever experiences and processes in her clinical psychology studies. She is a 52-year-old entrepreneur as well and so, her maturity allows her to see things differently. Participants 2 and 3 both expressed the desire to someday become more competent professional psychologists. Specifically, Participants 4, 5, and 6 decided to do an internship even though it was not a necessary requirement in their graduate program because they hope to become licensed psychologists soon.

**Table 1: Thematic analysis of interns' obligations**

UNDER PEER REVIEW

Themes: Obligations	Definition	Sample Quotes
Theme 1: Fulfill training responsibilities	This theme pertains to finding ways to hone skills, fulfill one's standards and university standards, and deliver required responsibilities.	Interviewee 1: "level of expectation that you're supposed to know and understand and be competent on certain areas"  Interviewee 2: "basically we have to find our ways to, we should find ways know on how to actually hone those skills, clinical psychologist skills"
Theme 2: Find own ways	Involves finding ethical, responsible, and resourceful ways to fulfill task obligations.	Interviewee 2: "...anything else that we had not found there. We should Actually find it elsewhere."  Interviewee 4: "We should also become more resourceful on how to find tools... test available online..."
Theme 3: Do Psychological Testing, Interpretation, and Reporting	Pertains to conducting the required psychological tests to evaluate and profile clients and provide understandable but excellent result interpretations and reports.	Interviewee 1: "As for the psych report, Everybody's required to do a psych report as part of training and the psych report."  Interviewee 2: "So it's psychological profiling, that's what it is, psychological profiling. You find out everything about your patient or your client."
Theme 4: Provide Counseling and Psychotherapy	Pertains to providing counseling and psychotherapy, while carrying out various related processes.	Interviewee 2: "...you made your client feel assured and confident that you are taking care of him or her."  Interviewee 5: "the director feels that you can handle it, then you're given a particular client to assess and to counsel."

Table 2 shows a consensus on how the interns expected Psychology Teaching, Training, Mentoring, and Learning in the areas of psychological assessment and psychotherapy. The results also showed the

interns' awareness of and commitment to Fulfill Training Responsibilities. These findings are significant because they are foundational to the psychological contract between the clinical supervisor and intern consistent with Rousseau's [20] conceptualization of psychological contracts in terms of beliefs and conditions for a reciprocal exchange agreement between supervisors and supervisees. Bernard and Goodyear [56] regards it as foundational premises of clinical supervision as an intervention to develop supervisee competence as mental health professionals.

**Table 2. Thematic analysis of interns' expectations**

<b>Themes: Expectations</b>	<b>Definition</b>	<b>Sample Quotes</b>
Theme 1:		
Provide Psychology Teaching, Training, Mentoring, and Learning	Involves the intern's gains from the supervision as brought about by the practical expert opinion, correction, and comments given; and learning new things.	<p>Interviewee 3:            "...who teaches and who provides practical expert opinions."</p> <p>Interviewee 6:            "... my expectation is really to be given aid on how to diagnose..."</p>
Theme 2:		
Extend Presence, Understanding, and Support	Pertains to the supervisor's presence during the sessions, allowing them to observe, provide aid and assistance, and provide moral support to the interns.	<p>Interviewee 1:            "He tries to understand your limitations, where you're weak at."</p> <p>Interviewee 3:            "I feel that if I make a mistake, he/she will be there to catch me."</p>
Theme 3:		
Becoming a role model	To be a role model pertains to being strict but not authoritative and involving good interpersonal relations.	<p>Interviewee 4:            "Maybe I'm used to having a teacher or instructor who is really strict or not very authoritative and really goes with what you need."</p> <p>Interviewee 5:            "I mean, their role... Their being a role model."</p>
Theme 4:		
Give Approval	Approval pertains to the affirmation, validation, good grade, or certification from the supervisor.	<p>Interviewee 3:            "Perhaps, approval, praise, those are what I expect to receive."</p> <p>Interviewee 6:            "I am hoping to receive good grades, at least."</p>

It is important to point out the difference in psychology licensing requirements between the United States and the Philippines. Depending on the specific state and its licensing requirements, psychology licensing in the US can involve accruing a total of 2,000 to 6,000 clinical hours [83]. On the other hand, the Philippine Psychology Act [84] requires a minimum of 200 hours of supervised practicum, internship, or clinical experience aside from the other stipulated qualifications such as the licensure examination, Filipino nationality, and master's level education. The lesser number of clinical supervision hours stipulated by the Philippine Psychology Act of 2009 impacts the development of the postgraduate interns' psychological contract formation and perceptions of psychological contract breach. A similar issue was discussed by Tackett et al. [11] in how health psychology interns and postdoctoral trainees have shorter lengths of stay to practice in their work environments.

**Table 3: Thematic analysis of experiences of reciprocity**

<b>Themes: Reciprocity</b>	<b>Definition</b>	<b>Sample Quotes</b>
Theme 1:		
Given the Chance to Observe and Communicate	This theme pertains to the freedom and opportunities given to interns that allow them to observe and participate in the sessions.	<p>Interviewee 2:</p> <p>"And when it comes to therapy with our clients, sometimes she asks me to sit in, especially when the cases are very sensitive. Sometimes she lets me sit and observe."</p> <p>Interviewee 5:</p> <p>"It seems that the first thing they developed... On the first day, they gave me a patient and let me handle it. They told me that the number one thing to do is to establish rapport."</p>
Theme 2:		
Given Guidance, Support, Feedback, and Instructions	This theme pertains to the mechanisms and guidelines in place that allow the supervisor to openly guide, nourish, be present, give freedom, assistance, and motivation for the interns.	<p>Interviewee 2:</p> <p>"...provides motivation and moral support..."</p> <p>Interviewee 4:</p> <p>"I could easily ask questions to him and he would answer me immediately."</p> <p>Interviewee 3:</p> <p>"The feedback that I received, I got all of them."</p>
Theme 3:		
Find Ways to Compensate or Do Required Tasks	It involves finding ways to compensate and be resourceful in order to meet heavy requirements immediately, such as in using testing tools and other materials.	<p>Interviewee 3:</p> <p>"Then, she herself found a way to compensate for that or at least expose me to the psychotherapy practice in a way that would be easier for me. She included me in her psychotherapy session and there, I became even more motivated."</p> <p>Interviewee 4:</p> <p>"For me, I learned that I need to figure things out first. So, sometimes I base it on my own research, or I ask my colleagues. Sometimes, I ask some of my classmates for advice before approaching my instructor. I don't want to be too bothersome."</p>

Theme 4:

Feel the Presence of the Supervisor

The theme involves the supervisor being reachable when needed, having frequent meetings, and checking on interns from time-to-time (to know their plans and expectations).

Interviewee 4:

"We always have meetings scheduled regularly, like we have established a schedule for it."

Interviewee 5:

"When we do group activities, even though we are the ones leading, they are still there at the back, they do not disappear."

Theme 5:

Given Leniency

The theme pertains to a considerate and kind supervisor who provides leniency in allowing interns time extensions to prepare and redo reports.

Interviewee 5:

"So, we are given an allotted time to rest, an allotted time to work on our tasks for the whole day, so it's not abrupt and sudden."

Interviewee 6:

"The good side of our internship supervisor, our clinical instructor, is that he is very considerate of us. He allows us to do what we want and he also gives suggestions."

As far as the reality of the clinical supervision and internship experience of the participants are concerned, the research results highlight themes where the interns were: Given the Chance to Observe and Communicate, Guided and Supported, Given Comments/Feedback, Given Instructions, and Given Leniency. According to the research participants, they Felt the Presence of the Supervisor. Consequently, they made an effort to Finding Ways to Compensate or Do Required Tasks. These themes account for the social exchanges between the interns and their supervisors. They typify what Dadi [76] calls as an exchange agreement seen between employers and employees. Using Social Exchange Theory as a framework, Blau [77] used the construct, norm of reciprocity to explain the possible social exchange relationships that facilitate positive outcomes and how failure to reciprocate among the persons involved in a social exchange relationship result in psychological contract breach.

None of the sampled Filipino research participants had experiences similar to the negative ones described by Chircop Coleiro et al. [72], Ellis et al. [66], or Ladany et al. [16]. It can partly be explained by the lesser number of clinical supervision hours required in the Philippine Psychology Act of 2009 as opposed to the longer supervision time requirements in other parts of the world which leaves supervisees and supervisors with no choice but to engage in prolonged social exchanges. Doing so increases the likelihood of conflict. Patallo [59] discussed how conflict stems from the multiracial, multiethnic, and multicultural nature of the workplace and environments of the supervisees, supervisors, and the clients.

## 6.2 How Do Interns Experience PCB in Clinical Supervision?

Despite the absence of intense negative experiences, the research participants did point out incidents of psychological contract breach as outlined in Table 4. The data shows that supervisee obligation breach happened because of unfulfilled Tasks and the Limitations of the Interns. There were instances the interns struggled in submitting psychological reports on time or they forgot to accomplish a task. In other instances, they could not effectively carry out the psychotherapy with the opposite sex given their inexperience and

limited knowledge of emergency/special cases. The interns saw themselves as obligated to find ways in fulfilling their training responsibilities and expected understanding and support aside from the teaching, training, mentoring, and learning from their supervisors.

The results do highlight that perceptions of PCB are characterized by the following themes: Inadequate Training, Inadequate Supervision, Neglecting Responsibilities, and Not Ideal Internship Set-up. A perceived inadequacy in receiving both training and supervision from the clinical supervisor or the program in general was recurrently observed in the data. Using Falender and Shafranske's [57] competency-based approach to clinical supervision, this can be explained by how the interns perceived the training and supervision they received as inadequate for developing their professional competencies. Despite having taken and completed an internship, the data points to this common sentiment. First, time constraints, whether because of program restrictions or requirements, and time-related challenges faced by supervisors and supervisees all influence supervisory outcomes.

**Table 4. Thematic analysis of interns' experiences of obligation breach**

Themes: Obligation Breach	Definition	Sample Quotes
Theme 1:		
Unfulfilled tasks	There was an unfulfilled task when an intern was not able to fulfill responsibilities, such as a delayed submission, an unprepared psychological test report, a task forgotten, etc.	<p>Interviewee 1:</p> <p>"I am delayed in submitting. In fact, I have a report that I'm supposed to submit."</p> <p>Interviewee 3:</p> <p>"So there were many responsibilities as an intern that I wasn't able to fulfill, I guess."</p>
Theme 2:		
Limitations of the Intern	Interns cannot execute tasks and help clients due to limited knowledge/own limitations.	<p>Interviewee 4:</p> <p>"There are frustrations because, especially, especially if you are trying to help the client there are times you're indecisive. Sometimes you don't know what you really do with that person."</p> <p>Interviewee 6:</p> <p>"So, during that time, she told us that she was disappointed because we didn't understand the Rorschach test."</p>

The outright refusal or denial of the interns' expectations, if not processed properly, leads to PCB (Participants B, C, D, and F). In addition, cursing, micro aggressions, and a lack of boundaries can result in PCB (Participants A and E). Balanced feedback is a fundamental aspect of clinical supervision [86]. When done improperly, it leads to unnecessary stress and burnout in clinical supervision [13], [75]. Third, the data shows that developing the interns' competencies does not necessarily have to be characterized by supervisors passing on to the interns what might be perceived as the supervisors' heavy workload as highlighted in the experience of Participant D. PCB occurs when inadequate training and supervision are

provided as the intern's work on tasks they think are actually the responsibility of their supervisors. Tsui et al. [74] discussed the power dynamics in clinical supervision that impact working alliance and respect. Doing the heavy workload of the supervisor while there is inadequate training and supervision can be disempowering for the interns [66]. Supervisor-supervisee disconnection is likely to occur if such behaviors by the supervisor go unchecked [73]. Barnett and Molzon [18] observed that increased supervisee workload was also associated with decreased actual contact with the clinical supervisor.

Themes: Expectation Breach	Definition	Sample Quotes
Theme 1:		
Inadequate training	Interns perceived that there was inadequate training when training was limited and short, and when they were not given a higher level of training.	<p>Interviewee 2:</p> <p>"more approaches... somehow, I was not trained in different approaches... somehow I was not able to practice..."</p> <p>Interviewee 3:</p> <p>"I was expecting something more, you know because I am a trainee I need to learn more"</p>
Theme 2:		
Inadequate supervision	Interns perceived that there was inadequate supervision when they felt the absence of the supervisor, not enough help, and hoped for intensive supervision.	<p>Interviewee 2:</p> <p>"I'm just hoping for full-blown supervisions, like you need to handle it, Just like a Child's rape, I was hoping for that."</p> <p>Interviewee 5:</p> <p>"during rounds we were not accompanied by our supervisor"</p>
Theme 3:		
Neglected responsibilities	Interns perceived that supervisors were neglecting responsibilities when they were doing the psychological reports of their supervisor.	<p>Interviewee 4:</p> <p>"We were neglected. Okay. Maybe we were neglected because we understand that we are doing things online. They can't monitor us 24/7, so they just give us their trust, you know, they gave us their trust that we will fulfill our responsibilities properly."</p> <p>Interviewee 5:</p> <p>"Secondly, there were instances wherein we were tasked to do our supervisor's psych reports. We were the ones making the psych reports even though we believe that it should be our supervisor who does it. There were a lot..."</p>

Theme 4:

Not ideal internship set up

Interns perceived the internship setup as not ideal when the setting and facilities resulted in frustrating limitations for them.

Interviewee 1:

"The setting was just not conducive for really getting hands-on"

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The data also shows supervisors' communicative behaviors that result in PCB. A particular communicative behavior observed in the data is over-validation. It is one thing to be a supportive supervisor and another if the validation gets in the way of genuinely improving the competencies of the interns.

Lastly, the theme of Not Ideal Internship Set-up can be characterized in several ways. It can be due to the hybrid online or limited face to face setup due to the COVID-19 pandemic. The research participants encountered different challenges in the use of telesupervision and teletherapy/telecounseling. The data shows an overall challenging experience with conducting psychological assessment, particularly projective techniques and the Rorschach Inkblot Test. In addition, the government facility Participant 5 went to was surprisingly not what could be expected because it was inappropriately crowded with persons with different mental health concerns. Ladany et al. [16] discussed how inadequate organizational resources impact the clinical supervision experience.

## 7. CONCLUSION

This study has investigated how interns in psychological clinical supervision formed their psychological contract and PCB using qualitative methods; specifically theoretical thematic analysis in latent level. The themes that emerged are based on the psychological contract constructs such as obligations, expectations, and reciprocity.

Expectedly, because of some instances where interns' expectations were not met, PCB was formed. Two themes emerged under obligation breach and four themes emerged in expectations breach. As the respondents articulated these breaches, there were underlying frustrations and disappointments in their narratives which became the unfortunate consequences of PCB. This implies how influencing the PCB on interns' emotional response on their perceived breaches; frustrations and disappointments could lead to psychological contract violations that may arise from the breach. It is then recommended that before, during, and after the actual clinical supervision internship, there could be a provision of discussion of not only interns' obligations but also their expectations. This consistent discussion of obligations and expectations in the entire clinical supervision internship could prevent PCB to form and lead to unwanted consequences.

## ETHICAL APPROVAL

This research was reviewed and approved on June 7, 2023 by the Research Ethics Review Committee of De La Salle University-Manila, Philippines with Protocol Code: 2023-034.

## 8. REFERENCES

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