Counselors-in-training evaluation of faculty and site supervisors' competency and effectiveness

by

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B.S., Missouri State University, 1998
M.A., Mid-America Nazarene University, 2007

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Special Education, Counseling, and Student Affairs
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

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Abstract

Because clinical supervision plays a vital role in the education and preparation of counselors-in-training, interest in best practices in supervision and competency-based supervision has increased. The purpose of this quantitative study was to examine how counselors-in-training perceive the competency of faculty and site supervisors and how the type of supervisors and supervisors' perceived level of experience impacts the counselors-in-trainings' ratings of supervisory competency. Using convenience sampling, counselors-in-training from CACREP-accredited programs (n = 77) completed an online survey rating supervisors' competency for a total of 230 faculty and site supervisors. Surveys consisted of demographic information and the instrument, the Supervision Evaluation and Supervisory Competence (SE-SC) short version scale (Gonsalvez, 2020). Overall, the results of this study indicated that the role of being a faculty supervisor or site supervisor did not yield substantial differences in perceived supervisory competency. However, when examining the differences in level of supervisory experience, the results yielded a multitude of differences, notably between novice- and intermediate-level supervisors and novice- and expert-level supervisors. An additional finding revealed a high frequency of inadequate or negative supervision experiences. Implications, limitations, and recommendation for research and practice based off these findings are discussed.

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Approved by:

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Dr. Yang Yang

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Dedication

To my dad. Although Alzheimer's has stolen so much from us these last couple of years, it will never steal the foundation and influence you have had on my life. You are loved, and you have loved me so well.

To my children, Hayden, Bekah, and Landon. You are making this world a better place. I hope you always see your worth and value and know you are deeply loved. I am proud of you.

To my grandbabies, Adley and Easton (and any to come). May doors of opportunity be opened wide to you and you have courage and confidence to step through them. I believe in you.

May this legacy continue through the love and kindness we give to one another, generation to generation.

Chapter 1 - Background to the Study

The preparation of counselors-in-training in Master of Counseling programs requires students to engage in experiences that extend beyond knowledge into skill-based practice through internship placement under extensive supervision (American Counseling Association, 2014; Council for Accreditation of Counseling and Related Programs, 2015). The Council for Accreditation of Counseling and Related Programs (CACREP), whose goal is to promote excellence in counselor preparation, requires an extensive practicum/internship experience providing students with professional practice with real clients, in real settings who are experiencing real mental health concerns (2015). The CACREP (2015) standards in Section 3, Professional Practice, outline the expectations of professional practice in counseling education and preparation during practicum/internship that allows for the application of counseling theory and the development of counseling skills under close supervision.

The practicum/internship experience for counselors-in-training is extensive, and supervision is an essential aspect of the experience. Counselors-in-training are required to be under supervision while providing services to clients during their practicum/internship. The practicum/internship for counselors-in-training requires at least 280 direct client service hours for a total of 700 hours of overall professional experience**,** including non-direct service hours spent in supervision, professional development, and documentation (Council for Accreditation of Counseling and Related Programs, 2015). Requirements for supervision include weekly individual/triadic site supervision, most often provided by a placement site supervisor, and weekly group supervision provided by the program's faculty. Under the requirements and guidelines of CACREP and the American Counseling Association (ACA), counselors-in-training are paired with site supervisors who have expertise in their respective areas and provide site-

specific supervision (American Counseling Association, 2014; Council for Accreditation of Counseling and Related Programs, 2015).

An essential requirement for counselors-in-training to develop the skills to be effective professional counselors is internship placement under supervision. Supervision is vital in developing counselor-in-training competence (Bernard & Goodyear, 2018; Bjornestad et al., 2014; Borders et al., 2014; Freeman et al., 2016). Bernard and Goodyear (2018) define clinical supervision in counseling as an intervention occurring over time, provided by a more experienced professional that is evaluative and hierarchical with the purpose of enhancing the professional functioning of the counselor-in-training, monitoring the quality of counseling services provided, and serving as a gatekeeper to the profession. CACREP (2015) outlines supervisor requirements for both counselor education faculty members and site supervisors. For faculty supervisors, relevant experience, professional credentials, and specific counseling supervision education are requisites in the provision of supervision to counselors-in-training; additionally, core faculty must hold doctoral degrees preferably from CACREP-accredited programs (Council for Accreditation of Counseling and Related Programs, 2015). Supervision is one of the core areas of CACREP counselor education and supervision doctoral programs, and extensive training in supervision skills and modalities of supervision is required in the curriculum (Council for Accreditation of Counseling and Related Programs, 2015); therefore, faculty supervisors teaching in CACREP programs often have more advanced education and preparation in supervision than site supervisors. For site supervisors, the qualifications to supervise are less extensive; they include a master's degree and licensure in a mental health profession (preferably counseling), two years of experience, knowledge of the program's requirements, and relevant training in counseling supervision (Council for Accreditation of

Counseling and Related Programs, 2015). However, no details are provided by CACREP specifying exactly what relevant supervision training should include for site supervisors, and several authors report that many master's-level clinicians never receive formal supervision training (Bjornestad et al., 2014; Borders et al., 2014).

Because of the increased awareness of the pivotal role that supervision plays in the development of mental health professionals, interest in the components of effective and competent supervision has grown. In response to professional counseling members' requests for guidance on supervision practices, the Association for Counselor Education and Supervision (ACES) appointed a task force to review available research and provide suggestions for best approaches in clinical supervision; the subsequential document, *Best Practices in Clinical Supervision*, provides a framework to help supervisors meet the needs of their supervisees (Borders et al., 2014). Twelve areas of supervision are identified and provide detailed information on supervisory best practices: 1.) initiating supervision, 2.) goal setting, 3.) giving feedback, 4.) conducting supervision sessions, 5.) the supervisory relationship, 6.) diversity and advocacy considerations, 7.) ethical considerations, 8.) documentation, 9.) evaluation, 10.) supervision format, 11.) the supervisor, and 12.) supervisor preparation: supervision training and supervision or supervision (Borders et al., 2014). More specifically, these best practice guidelines assert that supervisors be competent in multiple areas such as fostering a supervisory working alliance, having a range of knowledge of theories and interventions, providing morally sensitive and ethical supervision, understanding the development of supervisees, exhibiting multicultural awareness and competencies, being capable of individualizing supervision based on the supervisee's needs, and managing the complexities of the supervisory relationship. Within the field of counselor education, these guidelines serve to provide a framework of supervision

training for counselor education programs, support supervisors as a means for self-assessment and evaluation and assist counselors in advocating for resources to help apply these best practices (Border et al., 2014). The interest in defining guidelines for competency-based supervision of students and clinicians in mental health extends beyond the field of professional counseling. Other mental health fields, such as psychology (APA, 2014; Falender & Shafranske, 2021) and social work (National Association of Social Workers and Association of Social Work Boards, 2013), have also focused on developing supervisory best practices and competency-based frameworks.

Theoretical Framework: Integrated Developmental Model

Supervision models provide a conceptual lens to give guidance for supervisors in the monitoring, education, and preparation of supervisees and outline the intent and process of supervision. Multiple models of supervision exist including psychotherapy-based approaches such as psychodynamic, cognitive-behavioral, and systems supervision along with developmental approaches that emphasize the varying needs of the supervisee based on their level of professional development (Bernard & Goodyear, 2018). The Integrated Developmental Model (IDM) (Stoltenberg & McNeill, 2011) is one of the most widely known and used developmental supervision models (Bernard & Goodyear, 2018). The IDM is an approach to supervision that incorporates cognitive, affective, interpersonal, and developmental influences on supervisee development in counseling (Stoltenberg & McNeill, 2011). In the IDM approach, supervisees are characterized as moving through four developmental levels, and within each level, supervisees demonstrate different motivations, different levels of autonomous functioning, and varying awareness of self and others while simultaneously developing competence in eight clinical domains (i.e., intervention skills competence, assessment techniques, interpersonal

assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics) (Stoltenberg & McNeill, 2011). Using the IDM, supervisors' knowledge and awareness of the characteristics of each developmental stage and the supervisees' needs provide a more intentional and comprehensive delivery of supervision.

The IDM provides helpful guidelines for developing the supervisory relationship with supervisees depending on their developmental level (Stoltenberg & McNeill, 2011). Supervisees in IDM's Level 1 are those who are experiencing supervision for the first time, who may experience anxiety as it relates to the supervisory relationship, who are limited in their awareness of self and others, and who need affirmation and validation from their supervisor. Counselors-in-training entering practicum/internship would be considered in Level 1. As supervisees see more clients and competency in domains increases, supervisees emerge into Level 2. Level 2 is characterized by an increasing level of competence but a continued lack of experience creating what Stoltenberg and McNeill considered a "dependency-autonomy conflict" where level 2 supervisees can both resist and resent the supervisor's directives (2011, Chapter 6, paragraph 25); however, despite this tension, Level 2 supervisees demonstrate readiness to process personal self-awareness issues, issues of transference/countertransference, defensiveness, and the supervisory relationship all serving to enhance the interpersonal dynamics of supervision. Because moving through the IDM levels is contingent on having more experience working with clients and being under supervision, it is most likely that counselors-in-training will be in Level 1 or 2. Level 3/3i supervisees are considered advanced in their levels of awareness, motivation, and autonomy, and McNeil and Stoltenberg (2016) contend emerging into Level 3 most likely does not occur until after two or three years of post-graduate supervision.

Stoltenberg and McNeill assert that supervisees' "expectations regarding the supervisory relationship will vary given their developmental level and previous experience with supervision process" (2011, Chapter Six, paragraph 13). Furthermore, they emphasize that when supervisees' needs are attended to base on their developmental level, the supervisory relationship increases. Although supervisees most likely have no explicit knowledge of the IDM or their corresponding level of supervisee development, their experience of the supervisory relationships and elements of supervision can provide a foundation for assessing their perception of the supervisor's competency-based supervision.

Statement of the Problem

In conclusion to their research review of what makes for effective or inadequate supervision, Falander and Shafrankse (2021) assert the "measurement of supervisor competency is essential to advancing effective supervision practice" (p. 38). While the development of guidelines from various mental health fields has identified and clarified components for best practices of competency-based supervision, questions continue to arise regarding the effectiveness of supervision (Simpson-Southward et al., 2017). Simpson-Southward et al. revealed an overall lack of empirically-based assessment in determining whether supervision is effective for both practitioners and clients after reviewing 52 supervisory models and 71 practices. Furthermore, evaluating supervisors' level of competency and application of best practices in supervision has proven challenging (Gonsalvez, 2020; Sewell, 2018). Supervision is an integral part of a counselors-in-training clinical experience to ensure that those providing services to the public do so in an effective and ethical manner. Examining supervisees' experiences of supervisors' competency provides a helpful window into better understanding their clinical training and preparation.

Because the CACREP (2015) standards require counselors-in-training to have weekly individual/triadic supervision with a site supervisor, it is the site supervisors, not faculty members, who have an opportunity to spend more individual time with counselors-in-training. Thus, counselor education faculty rely heavily upon site supervisors to provide direct oversight to counselors-in-training. The expectations for site supervisors to monitor and train counselors-in-training and identify and report problematic behavior is high while the awareness and implementation of supervisory best practices of the site supervisors are often lower (Bjornestad et al., 2014) with the potential of site supervisors' signing off on interns who may not be qualified to enter the field (McCoy & Neale-McFall, 2017).

Although the research indicates that site supervisors are often less trained and versed in the developmental processes of counselors-in-training than faculty supervisors, site supervisors provide the most individual interactions with counselors-in-training throughout their internship experience. Little research has explored the counselors-in-training internship experiences (Warren & Schwarze, 2017) or specifically their experiences of site supervision. Warren and Schwarze (2017) examined the lived experiences of counselors-in-training enrolled in internships and found that the participants all indicated they experienced stress at their placement sites and with some participants reporting helpful site supervision and others reporting unsupportive site supervision. While assessments have been developed for supervisors to assess their own levels of competency and development (Swank et al., 2021; Watkins et al., 1995) and for counselors-in-training to assess the supervisory working alliance (Friedlander & Ward, 1984) or supervisory style (Efstation et al., 1990), less research has focused on counselors-in-training's assessment of supervisors' competency. Supervisees' perception of supervisor competency is helpful in understanding whether and how counselors-in-training perceive differences between faculty and

site supervision given there is a perceived higher level of supervisory knowledge, training, and experience for faculty supervisors.

Purpose of the Study

Despite the crucial role of site supervisors and the amount of time counselors-in-training spend with site supervisors and differences in supervision training between site and faculty supervisors, little research exists examining how counselors-in-training perceive the competency of faculty and site supervisors. The purpose of this quantitative study was to investigate how counselors-in-training rate the competency of faculty and site supervisors, whether there was any difference in counselors-in-training's evaluation of faculty and site supervisors, and if so, what are those differences. Furthermore, this study examined how, if at all, supervisors' level of experience in supervision impacts the counselors-in-training ratings of supervisory competency.

Research Questions

The following research questions (RQs) provided direction for this study:

1.) How do counselors-in-training rate their faculty supervisor's competency in supervision?
2.) How do counselors-in-training rate their site supervisor's competency in supervision?
3.) Is there a difference in how counselors-in-training rate their faculty supervisors' and site supervisors' competency? If so, what are the differences?
4.) Do counselors-in-training ratings of competency vary based on supervisors' perceived level of supervision experience?

Significance of the Study

The majority of previous research on supervision has more broadly focused on understanding supervisor development (Kemer et al., 2017b; Kemer et al., 2018; Kemer, 2020) and the significance of the supervisory working alliance (Park et al., 2019) throughout the

developmental cycle of a counselor, from beginning trainee to expert in the field. However, given the unique characteristics and the importance of supervision when counselors-in-training begin providing counseling services to the general public, research is merited in understanding supervision effectiveness and competency specifically when counselors-in-training are in their internship experience. Additionally, previous research has assessed supervision effectiveness utilizing the self-report of supervisors rather than through the assessment of the supervisees and focused primarily on faculty and doctoral-student supervisors rather than site supervisors (Kemer et al., 2017). This study focused on counselors-in-training's perceptions of both faculty and site supervisors' effectiveness and competency and provides helpful information and insight for counselor education programs in their training, education, and preparation of site supervisors and students.

Definition of Terms

The following terms are used operationally in this research study:

"**Counselor-in-training**" is defined as a Master of Counseling student who has completed the foundational counseling courses and has been approved by their program to begin practicum/internship. "**Trainees**," "**practicum students**," "**interns,**" and "**supervisees**" are also terms used in the literature to describe advanced-level mental health students in training and providing counseling services under supervision.

"**Counselor educators**" are those who teach in doctoral and/or master's level programs that prepare students to become professional counselors.

"Competency-based supervision" is a "metatheoretical approach that explicitly identifies the knowledge, skills, and attitudes that comprise clinical competencies, informs learning strategies, and evaluation procedures, and meets criterion-reference competence

standards consistent with evidence-based practices (regulations) and the local/cultural clinical setting" (APA, 2014, p. 5).

"**Direct service**" refers to the supervised activities of assessment, counseling, psychoeducation, or consulting to foster change with clients. "**Non-direct service hours**" include the observation of others providing counseling, record-keeping, administrative duties, and/or supervision.

"Faculty supervisors" are members of the Counselor Education Masters of Counseling program faculty and provide supervision to counselors-in-training's clinical experience. Faculty supervision is provided in group and/or triadic modalities per CACREP requirements.

"**Gatekeeping**" is the ethical responsibility of counseling professionals to monitor and evaluate counselors-in-training knowledge, skills, and professional dispositions and to remediate or prevent such individuals from entering the counseling field (Council for Accreditation of Counseling and Related Programs, 2015).

"**Site supervisors**" are fully licensed practitioners with at least two years of counseling experience in their setting who provide weekly supervision and oversight to counselors-in-training at their respective field placement site/place of employment; in general, site supervisors are not a part of the Master of Counseling faculty. The term **"field placement supervisors**" is also interchangeably used in the literature to describe this role.

"**Supervision**" is defined as an intervention occurring over time, provided by a more experienced professional that is evaluative and hierarchical to enhance the professional functioning of the counselor-in-training, monitor the quality of counseling services provided, and and serve as a gatekeeper to the profession (Bernard and Goodyear, 2018).

Chapter 2 - Literature Review

Because of the importance of clinical supervision in professional counseling and its role in the development of counselors-in-training, this study explores counselors-in-training's perception of the effectiveness and competency of faculty and site supervisors. This chapter explores the role of clinical supervision in the development of counselors-in-training. The first section provides an overview of best practices in clinical supervision and competency-based supervision. Next, the Integrated Developmental Model of Supervision (Stoltenberg & McNeill, 2011), the theoretical framework on which this study is based, is explained, providing a helpful foundation to understand the complexities of supervision along with the current research on this model. Finally, a review of current literature on clinical supervision is presented, specifically examining topics including supervisory development and effectiveness, supervisory working alliance, roles of faculty and site supervisors and their training, education, and preparation differences, and counselors-in-training developmental process and supervision experience.

Best Practices in Supervision and Competency-Based Supervision

Bernard and Goodyear (2018) define clinical supervision in professional counseling as an intervention occurring over time provided by a more experienced professional which is evaluative and enhances the professional functioning of the counselor-in-training. Bernard and Goodyear assert supervision is essential in the preparation of clinicians and describes it as a "complex process that requires not only specific skills but also the ability to balance sometimes competing demands" often characterized by "engagement, uncertainty, and formation" (2018, p. 2). They propose three foundational premises: (a) supervision is a unique intervention with specific needs, theories, and interventions, (b) the practice of clinical supervision across mental

health professions (e.g., counseling, psychology, social work, etc.) is more alike than different, and (c) the goal of clinical supervision is supervisee competence.

Because of the importance of supervision in the development of counselors' competency, research on supervision continues to be an area of interest. Several researchers have focused on the trends of research in the field of counselor education and supervision (CES) and found a sustained interest in supervision. In Johnsen et al.'s (2021) analysis of the publication characteristics of CES over the last 20 years, the research revealed supervision was one of the three most frequent article types and remained in that place relatively consistent over time. They found that articles on "counselor preparation" (39.6 % of articles) consistently ranked first in article types over the years with "supervision" (17.9%) and "current issues" (17.2%) vacillating between second or third since 2004. Additionally, the analysis revealed that almost 80% of research during that time focused on counseling students and counselor educators as participants. While Johnson et al. took a comprehensive approach to analyze over two decades of CES research, current research interests continued to support these trends. Focusing on just the year 2019, La Guardia (2021) reviewed 139 peer-reviewed journal articles on topics specific to CES to identify current trends in research. Articles were categorized into four major areas: teaching and training (n = 52, 37%), supervision (n = 37, 27%), professional issues (n = 27, 19%), and experience of stakeholders (e.g., counselors-in-training, counselor educators, supervisors) (n = 23, 17%). Specifically, within the theme of supervision, La Guardia identified five subthemes of research: assessment and effectiveness, working alliance, approaches and theory, school counseling, and diversity. Data from these two research studies provide support for both the recent historical interest in supervision and reflect a continued current focus of research on supervision.

Because of the vital role that clinical supervision plays in the skill development of mental health professionals and its provision of monitoring and gatekeeping clinicians to the field (American Counseling Association, 2014), interest in best practices in supervision and competency-based supervision has increased. In the field of professional counseling, awareness of the lack of comprehensive guidelines outlining the components of effective and competent supervision and the request for more direction in this area resulted in the Association for Counselor Education and Supervision (ACES) releasing *Supervision Best Practices Guidelines* in 2011 (Borders et al., 2014). These guidelines provide support for supervisors in meeting the practical and ethical needs of their supervisees while also protecting client welfare. These *Best Practice Guidelines* provide supervisory expectations in eleven specific areas: (a) initiating supervision, (b) goal-setting, (c) giving feedback, (d) conducting supervision, (e) the supervisory relationship, (f) diversity and advocacy considerations, (g) ethical consideration, (h) documentation, (i) evaluation, (j) supervision format, and (k) the supervisor.

Utilizing best practices in supervision provides a foundation to help ensure the provision of competent supervision. A competency perspective assumes that counselors-in-training are both learning to become competent while simultaneously internalizing a set of standards vital to providing quality clinical care (Bernard & Goodyear 2018). Competency-based supervision has gained attention as an approach that focuses on specific, measurable components (i.e., "competencies") defined as being essential to the delivery of mental health services (Bernard & Goodyear, 2018; Falander & Shafrankse, 2021). The desired outcome in clinical supervision is for the supervisee to become competent in their field with the ultimate goal of metacompetence, i.e., to know the standards and areas of expected competency and to be able to identify and assess their own level of competency (Bernard & Goodyear, 2018). Additionally, Bernard and

Goodyear contend supervisors also need to demonstrate metacompetence in their role as supervisors through the use of training and supervision of supervision. Falender and Shafranske (2021) contend a competent supervisor:

> Balances the various responsibilities—protection of the client (the highest priority); gatekeeping for the profession; and enhancement of the development, competence, and professionalism of the supervisee—within a strong supervisory relationship that is governed by best practices and ethical practice prescriptions. The supervisor models multiculturally sensitive, reflective practice; is trustworthy; and is collaborative. (p. 27)

Longitudinal research on counselor development provides support for the need and use of competent supervisory practices and highlights needed elements such as establishing a strong supervisory working relationship, creating a teaching and learning culture that is open to other theoretical approaches, cultivating an expectation of the complexities of the therapeutic process, and regulating the level of challenge supervisees experience in their work (Rønnestad et al., 2018).

An essential component of competency-based supervision is the component of gatekeeping the profession. Gatekeeping is the ethical responsibility of counseling professionals to monitor and evaluate counselors-in-training knowledge, skills, and professional dispositions and to remediate or prevent such individuals from entering the counseling field (Council for Accreditation of Counseling and Related Programs, 2015). When it becomes apparent that counselors-in-training are experiencing problematic behaviors and areas of incompetency, it is essential that supervisors understand their role as gatekeepers in assessing counselors-in-training suitability for the profession and/or their ability to continue to provide counseling services to the public. The ACA Code of Ethics specifically outlines the role of all supervisors in gatekeeping

and remediation (American Counseling Association, 2014, F.6.b section). Supervisors are tasked with ongoing evaluation of supervisees and securing remediation measures for those whose limitations are impairing performance.

Because of the importance of evaluating counselors-in-training's potential problematic behaviors, research has focused on supervisors' ability to detect and address gatekeeping issues. Deficits in professional competency identified by supervisors occur in multiple areas such as inadequate skills, unethical and unprofessional behaviors, and difficulty with emotional regulation (Jorgenson et al., 2018). Dean et al. (2018) discovered that unless explicitly trained by the training program to understand the shared responsibility of counselor-in-training competency, site supervisors may not communicate or document supervisee concerns with faculty, limiting effective gatekeeping. Kemer et al. (2018) findings revealed that supervisory experience seems to assist with the identification of and responsiveness to supervisees exhibiting problematic issues. This research indicated that compared to beginning supervisors, both experienced site supervisors and experienced academic supervisors demonstrated a higher concern and assessment of gatekeeping issues such as the importance of a supervisee's appropriateness for the profession, their clinical competency, and dispositional attitudes.

Theoretical Framework

Support for a Developmental Model of Supervision

Supervision models provide a conceptual lens to guide supervisors in the preparation and training of supervisees by outlining the intent and process of clinical supervision. Situated on the premise that supervisees have different characteristics and needs as they progress from novice clinicians to experts, developmental models of supervision provide a framework for understanding the different stages of development and how to conduct supervision based on

those stages. Evidence for developmental models in supervision is numerous (Bernard & Goodyear, 2018) and supports the idea that supervisees have different abilities based on the amount of supervised experience. Supervisee development is complex and multifaceted, impacted by factors such as an individual's cognitive complexity, personal and professional circumstances, and unique supervised experience (Bernard & Goodyear, 2018), making it difficult to sometimes discern common, shared stages of development. To track the same supervisee's development over time, longitudinal studies help to conform cohort effects, ensuring that the vast empirical evidence for this model depicts true developmental effects. Rønnestad et al.'s (2018) longitudinal research provided support for the concept of unique developmental stages in the counselors' development. This study included 100 counselor participants and focused on understanding the professional development of counselors over their full career span. This longitudinal research provided support for the supervisory process as a developmental progression, with phase-specific considerations, for both supervisors and supervisees.

Integrated Developmental Model

The Integrated Developmental Model (IDM) (Stoltenberg & McNeill, 2011) continues to be one of the most widely known and used developmental supervision models (Salvador, 2016; Bernard & Goodyear, 2018). Developmental models of supervision emphasize how supervisees move from being novice clinicians to becoming experts and how supervision differs to meet the unique aspects and characteristics of the supervisee's stage of development. By incorporating cognitive, affective, interpersonal, and developmental theoretical influences, the IDM is an approach to supervision that focuses on the supervisee's unique stage of development (Stoltenberg & McNeill, 2011; McNeill & Stoltenberg, 2016). In the IDM approach, there are

four developmental levels (i.e., Level 1, 2, 3, and 3i), and within each level, supervisees are characterized by their different motivation to become a counselor, their different abilities of autonomous functioning in clinical practice, and varying awareness of self and others in both cognitive and affective realms. Throughout the IDM developmental process, supervisees develop competence in eight clinical domains: (a) intervention skills competence, (b) assessment techniques, (c) interpersonal assessment, (d) client conceptualization, (e) individual differences, (f) theoretical orientation, (g) treatment plans, and goals, and (h) professional ethics. The IDM provides descriptions of the characteristics of each developmental level along with the supervisee's needs at each of those levels and when used, provides an intentional and comprehensive delivery of supervision. Based on the integration of recent research and theory, the core emphasis of IDM is "to provide differing and flexible facilitative supervisory environments and interventions to best enhance developmental progression through the levels" (McNeill & Stoltenberg, 2016, p. 7). IDM emphasizes the importance of the supervisory relationship stressing that when supervisees' needs are met based on their developmental level, the supervisory relationship increases. Additionally, depending upon the counselor-in-trainings' developmental level and their previous experience with supervision, expectations regarding the supervisory relationship will vary.

The IDM model emphasizes the importance of understanding the supervisees' developmental level and providing supervision according to the needs associated with that level (Stoltenberg & McNeill, 2011; McNeill & Stoltenberg, 2016). IDM's Level 1 supervisees are considered novices to the field of counseling and are experiencing supervision for the first time. Characteristics of Level 1 supervisees include experiencing anxiety as it relates to the supervisory relationship, being limited in their awareness of self and others, and needing

affirmation and validation from their supervisor. Level 1 supervisees are often highly motivated because of their desire to fulfill their career goal of becoming a clinician. They desire to do things well and correctly, and thus, particularly as it relates to autonomy, these supervisees are often highly dependent on their supervisor and training program and have a high need for structure. Cognitively, Level 1 supervisees are more self-focused than client-focused. Affectively, Level 1 supervisees often have a high level of performance anxiety and have limited self-awareness; they may experience confusion, fear, and sadness because of the lack of experience coupled with the desire to be competent and helpful to their clients. Because of their lack of experience and increased anxiety as a result of their self-focus on performance, Level 1 supervisees can find it difficult to actively recall and apply their recently learned knowledge during counseling sessions. During Level 1, supervisors typically focus on helping the supervisee increase relationship-building skills with their clients and provide simple interventions for the supervisee to use. As supervisees increase in experience and competency in domains increases, supervisees emerge into Level 2.

Characteristically, supervisees' focus in Level 2 shifts from being a primary emphasis on self and their own thoughts and performance to more of a client focus; this shift allows them to better understand the client's world and experiences to stimulate more exploration and client disclosure (Stoltenberg & McNeill, 2011; McNeill & Stoltenberg, 2016). Transition into Level 2 typically can occur after two to three semesters of supervised experience (Salvador, 2016). Level 2 supervisees have grown in both counseling skills and proficiency resulting in a sense of efficacy and often increased desire for more autonomy in the supervisory relationship. However, supervisees still continue to lack experience in this level and when coupled with their increased feelings of competence, it creates a "dependency-autonomy conflict" (McNeill & Stoltenberg,

2016, p. 25) where level 2 supervisees both elicit and resist the supervisor's directives. They can vacillate in the supervisory relationship between being assertive and compliant. Motivation at this level can fluctuate between high and low as the supervisee recognizes the multifaceted complexities of client progress, compare themselves with peers' progress, and experiences contrasting feelings of confidence and incompetency. As Level 2, supervisees increase in their skills, they also can be surprised by how complex the therapeutic process is, which impacts their feelings of confidence. Affectively, supervisees experience more empathy towards their clients and increase their attunement to clients. While the ability to understand their client's inner emotional experiences can be incredibly helpful in the therapeutic process, it can also at times lead to becoming emotionally overwhelmed or enmeshed in the clients' experiences. Despite the many fluctuations experienced in Level 2, supervisees often exhibit a willingness to address in supervision the complexity of the issues they are facing such as transference/countertransference experienced, defensiveness about the supervisory relationship, and the impact of personal self-awareness in becoming a clinician.

Because moving through the IDM levels is dependent on having increased knowledge and experience as a clinician working with clients while being under supervision, it is anticipated that counselors-in-training will be in Level 1 or 2 during their training program. In fact, according to IDM's founding theorists, emerging into Level 3 most likely does not occur until after two or three years of post-graduate supervision (Stoltenberg & McNeill, 2011; McNeill & Stoltenberg, 2016). Supervisees at Level 3 are beginning to develop a personalized counseling approach and better understands and utilizes "self" in the therapeutic process (Stoltenberg & McNeill, 2011; Salvador, 2016). Supervisees in Level 3i (integrated) have a personalized style of counseling and demonstrate high levels of awareness regarding their personal competency

(Stoltenberg & McNeill, 2011; Salvador, 2016). Overall, Level 3/3i supervisees experience fairly stable levels of motivation for clinical practice and professional development, have a firm belief in their sense of judgment and autonomy, have a cognitive awareness of their strengths and weaknesses and those of the client, and affectively continue to have increased empathy but now with a higher ability to self-regulate instead of becoming enmeshed or more distant (McNeill & Stoltenberg, 2016). The supervisory relationship at Level 3/3i is characterized by a more collegial experience, with the level of expertise between supervisors and supervisees now being more equal.

Research on Integrated Developmental Model (IDM)

IDM is considered to be one of the most researched development models of supervision (Salvador, 2016; Bernard & Goodyear, 2018), and research provides support for IDM's supervisee development process. Tryon's (1996) longitudinal research on IDM examined the developmental characteristics and predictions of the IDM and found support for the IDM tenets of a developmental process. Over time, as expected from a developmental perspective, participants in their study made gains in motivation, autonomy, and self-other awareness. Additionally, this research reveals that Level 2 supervisees experienced the fluctuations mentioned in IDM, evidenced by ups and downs and ambiguity within the process of becoming a counselor. Kemer's (2020) research on supervisors' cognitions revealed similarities with IDM's eight domains of supervisee functions with findings showing supervisors assessed areas such as assessment/diagnosis, interventions, personal differences, etc. This research also indicated alignment with IDM highlighting the importance of beginning supervisors providing structure and taking an "expert" role with beginning-level supervisees. Jensen et al. (2015) research revealed a link between supervisee's developmental level and their ability to provide counseling

skills and was generally found to be consistent with IDM theory; the findings revealed that a supervisee's higher score in self-other awareness predicts higher scores in several counseling skills such as exploration-oriented skills. Consistent with IDM theory, counselors at the lower developmental level focus more on performing skills rather than being in the moment with clients and demonstrate more dependency on the supervisory relationship than those in more advanced developmental levels. Overall, these research findings highlight support for developmental models overall and specifically provide support for IDM tenets.

While IDM's developmental approach emphasizes the characteristics and needs of supervisees at differing levels, some researchers have argued the importance of incorporating additional foci, such as theoretical and process models of supervision, to augment the developmental focus (Bernard & Goodyear, 2018). Thus, over the last decade, research has focused on combining specific theoretical supervision with IDM, IDM's usefulness with specific populations/settings, and integrating additional interventions to enhance supervisees' developmental process. Recent research focusing on integrating theoretical models of supervision with IDM's developmental perspective includes combining IDM with both solution-focused supervision and person-centered supervision to increase practicality (Shelton & Zazzarino, 2020), incorporating the tenets of narrative supervision with IDM (Kim & Mumbauer-Pisano, 2021; Zeligman, 2016), and combining cognitive behavior theory (CBT) therapy and supervision with IDM to create a task-oriented developmental model (Mason & Mullen, 2022). Research has also focused on using IDM in conjunction with approaches to expand and improve supervision through the use of counseling interventions and framework and within specific settings/populations; recent combinations with IDM include creativity in supervision (Bellinger & Carone, 2021), creative supervision in hospice care (Prado &

Waterman, 2017), in vocational counseling settings (Garza, 2020), implementation of IDM with international trainees (Zhou et. al., 2019), the application of IDM during COVID-19 (Mitchell et al., 2022), and incorporating multicultural and social justice competencies with IDM (Mitchell & Butler, 2021). Not only does IDM remain a popular developmental supervision model, as evidenced by this copious array of research, but its pragmatic versatility also allows it to be implemented in a variety of settings and research studies.

Current Literature on Supervisor Effectiveness and Development

Supervisory Working Alliance

Understanding the impact of the relationship between counselors-in-training and supervisors and its impact on the effectiveness of supervision has been a focus of research over the last several decades. Similar to the importance of a therapeutic relationship between client and counselor, the supervisory working alliance is considered to be a foundational component of clinical supervision (Borders et al., 2014; Falender & Shafranske, 2021; Stoltenberg & McNeill, 2011). Bordin (1983) first conceptualized the supervisory working alliance as an emotional, relational bond created in a supervision setting based upon an agreement of goals and tasks. According to Bordin, the supervisory working alliance is comprised of three components: supervision goals, supervision tasks, and an emotional bond. A more contemporary view (Falender & Shafranske, 2021) expands that definition and asserts the supervisory working alliance is "created through an intermingling of the real relationship, use of supervisory interventions consistent with the task, and collaborative engagement. It provides a scaffolding of trust, empathy, and effective feedback by which clinical competence is developed" (p. 142).

Despite this emphasis on the importance of the supervisory working alliance, research continues to seek to determine its precise impact. In a meta-analysis of 27 studies between 1990

and 2018, Park et al. (2018) examined the relationship between the supervisory working alliance and supervision outcomes, specifically investigating the supervisee's perception of the alliance, the supervisee's satisfaction with supervision, self-efficacy, self-disclosure, and the therapeutic working alliance. Park et al.'s analysis revealed a strong correlation between supervision satisfaction and the supervisory working alliance, including positive correlations with each of its subfactors of goals, tasks, and bonds. The supervisory working alliance was also correlated with self-efficacy (moderate correlation), self-disclosure (moderate correlation), and working alliance in counseling (low correlation).

Understanding the relationship between supervisory working alliance and supervisor development has been an additional area of interest. One theory of supervisor development, conceptualized by Watkins et al. (1995), asserts that as supervisors gain more supervision experience, their confidence, awareness, and ability increase. Bright and Evans (2019) explored the relationship between the supervisory working alliance and supervisor development. Aligning with previous literature indicating the importance of this relationship, they discovered positive correlations between working alliance and the overall measure of supervisor development. Additionally, they found that *Client Focus*, i.e., focusing on the supervisee's *client* during supervision by examining treatment goals, therapeutic interventions, and case conceptualization, helped to strengthen the therapeutic alliance. Interestingly, in examining the question of whether experience has a greater impact on supervision development than working alliance, findings showed no significant impact of years of counseling experience and years of supervision experience on supervision development; however, when adding the additional variable of working alliance to years of counseling and supervision experience, significant results on supervision development were found. These results suggest a high correlation between

supervisory working alliance and supervisor development. In additional research focusing on the relationship between the supervisory working alliance and *supervisee* developmental level, several researchers (Li, 2022; Ramos-Sánchez et al., 2002) have found that supervisees at high developmental levels reported a better supervisory working alliance than beginning supervisees. Ramos-Sánchez et al. (2002) postulated that as supervisees gain experience in supervision and counseling, counseling skills and conceptualization increase, anxiety decreases, and the supervisory relationship can become more collegial.

Understanding the overall role that clinical supervision plays in client outcomes and client's progress in counseling has been an ongoing focus of supervisory research for over 40 years and has proven difficult to investigate due to the complexity of its components (Watkins, 2011). More recent research has focused specifically on the relationship between the supervisory working alliance and its impact on client outcomes. DePue et al. (2022) explored the relationship between the supervisory working alliance, the therapeutic alliance, and client outcomes. The findings revealed that a strong supervisory working alliance, based on the supervisee's perspective, was positively related to positive client outcomes, based on the client's viewpoint. Additional results from DePue et al. revealed that supervisors' length of time in the field was positively correlated with client outcomes, and a linear relationship was found between the supervisory working alliance, the therapist's perception of the therapeutic alliance, and client outcome. Similar to DePue et al., Rieck et al. (2015) found the supervisory working alliance to be positively correlated with client outcomes. However, other research reveals some conflicting results, either reporting no significant effects (Grossl et al., 2014) of the supervisory relationship on client outcomes or finding a negative correlation between the supervisory working alliance and client outcomes (Bell et al., 2016). Because of these mixed results and the complexity in

measuring whether supervision effectiveness can be captured at the client level, researchers have questioned whether evaluating supervision efficacy through client outcome is empirically attainable, stating "a supervisee may feel highly satisfied with supervision and feel connected with their supervisor, while not demonstrating observable development in their clinical ability" (Zhu & Luke, 2021, p. 96).

However, other research reveals that the impact on client outcomes and its relationship with the supervisory working alliance may be impacted by the supervisee's level of development. While McCarthy et al.'s (2013) research aligns with previously cited research finding that the supervisory working alliance does not significantly predict the number of successful client outcomes, an interesting finding emerged: when accounting for experience, i.e., supervisees with less than two years of experience, there was a positive correlation between supervisory working alliance and client outcomes. McCarthy et al. hypothesize that this finding may indicate that more novice supervisees have different needs than those with more experience and therefore may rely more on the supervisory relationship to help them apply the interventions to help their clients.

From Novice to Expert: Supervisor Development

Because of the importance of supervision in assisting the supervisee to become a competent mental health provider, there is considerable interest in the supervisor's development as a supervisor and the elements needed to become a competent and effective supervisor. Although both CACREP (Council for Accreditation of Counseling and Related Programs, 2015) and the American Psychological Association's (APA) Health-Service Psychology (HSP) (Mann & Merced, 2018) doctoral programs require at least one course in supervision and supervised experience in providing supervision, entry-level supervisors still face challenges in developing

supervisory competency (Kangos et al., 2018). Mann and Merced (2018) assert challenges for novice supervisors include having limited clinical experience and skills themselves, struggling with increased supervisory responsibilities such as managing power differentials and liability and difficulty in implementing supervisory skills. New supervisors often experience a strong sense of responsibility for the supervisee's learning while also expressing doubt in their abilities to provide feedback and evaluation to supervisees (Border et al., 2017). Specifically, Borders et al. found new supervisors were often reluctant to give corrective feedback for fear of damaging the supervisory working alliance.

While a limited amount of time and experience in supervision defines a "novice" supervisor, understanding and defining the criteria for what encompasses an expert supervisor is more complex and has received research attention. Led by Kemer (Kemer et al. 2017b; Kemer et al., 2018; Kemer, 2020), recent research has focused on identifying the differences between experienced and less experienced supervisors to understand the components of effective, expert-level practice of supervision. In an attempt to describe experts of supervision, Kemer et al. (2017b) analyzed descriptions of expert site supervisors and found several themes: expert site supervisors show investment in the process, have relevant experience and knowledge, are accessible to the trainee, possess the ability to develop a supervisory working alliance, and intentionally use supervision as a learning process. In continued research focusing on expert-level supervisors, Kemer et al. (2020) found that expert supervisors have a more complex and comprehensive conceptualization of supervision that includes assessments of self as a supervisor, of the supervisee, and of the supervisory process. Additionally, these expert-level supervisors are also able to provide interventions that help the supervisee develop clinical and reflective skills, focus on the here-and-now process, and increase multicultural competency. Compared to these

expert supervisors, beginning supervisors lacked depth and comprehensiveness and focused more on specificity and structure.

Supervisors may need different skills and approaches in working with easy and challenging supervisees. When working with more challenging supervisees, expert supervisors used more deliberate self-reflective practices, emphasized the importance of the supervisory relationship, prioritized attending to the administrative and ethical/legal aspects of the supervisee's practice, adapted to the development needs of the supervisee while balancing support and challenge, and "doing what was necessary with compassion" (Kemer et al., 2017, p. 60). A key finding from this research revealed that when working with easy supervisees, expert supervisors' ratings were more consistent than their challenging supervisees who seem to need more diverse and unique considerations; for those challenging supervisees, supervisors needed to expand their thinking and approach, intentionally attending to the idiosyncrasies of challenging supervisees. Thus, Kemer et al. purport, not all challenging supervisees are alike, requiring the expert supervisor's ability to engage in nuanced supervisory practices to meet the supervisee's individualized needs.

Kemer et al. (2018) explored how supervisors' developmental levels (as defined as beginning supervisors being supervised in doctoral programs, expert academic supervisors, and expert site supervisors) and the supervisory setting (i.e., university or site) accounted for differences in descriptions of effective and less effective supervision. A significant finding from this research was the importance of the supervisor's self-awareness of their contribution to whether a supervision session is effective or less effective regardless of the level of development. Specifically, beginning supervisors and expert academic supervisors offered more descriptions of their self-awareness/reflectivity of similarities and differences when defining effective

supervision than expert site supervision, suggesting the impact of an academic emphasis on multicultural competencies.

These findings by Kemer et al. (2017b, 2018, 2020) provide support for Borders et al. (2017) assertion that effective implementation of supervisory skills requires supervised supervision *across time* with *multiple supervisees*, citing participants' own reflections on the importance of both peer modeling and supervisory support as catalysts in their own development and competency that novice supervisors have not had time to fully develop. Understanding the elements of effective, competency-based supervision can help to inform supervision training, education, and preparation for those just beginning to develop their supervisory skills and provide a foundation to formally evaluate supervision.

Role of Training Programs in Supervision to Counselors-in-Training

Assessing and determining the professional competency of counselors-in-training is an essential requirement of training programs and those in supervisory roles (American Counseling Association, 2014; Council for Accreditation of Counseling and Related Programs, 2015). According to the ACA Code of Ethics (F.7.i), CACREP standards (2015), and supervisory best practices (Border et. al. 2014), counselor educators are expected to provide site supervisors with clearly stated responsibilities in their role as supervisors to counselors-in-training. Furthermore, CACREP standards require counselor education programs to have a systematic process to assess students' professional disposition and practice-based skills and have clear guidelines regarding retention, remediation, and dismissal from the program (Council for Accreditation of Counseling and Related Programs, 2015). Training programs rely on the partnership with site supervisors to contribute to this evaluation process and to assess counselors-in-training for deficits in knowledge, skills, or disposition. Supervisory best practices (Borders et al., 2014) indicate that

all supervisors, both those in faculty roles and as site supervisors, understand their responsibility as evaluators and professional gatekeepers and possess proficiencies in providing feedback when skills or behaviors of supervisees need to be remediated. The obligation is clear that both faculty and site supervisors of counselors-in-training are responsible for monitoring the counseling services provided by the counselors-in-training and for serving as gatekeepers to the profession.

Role of Site Supervisors

Counselors-in-training complete internships at field placement sites within the community outside of the training program and are assigned a site supervisor. Site supervisors (also referred to as "field placement supervisors") partner with the training program to provide weekly supervision and oversight to counselors-in-training at their respective field placement site/place of employment. In accordance with CACREP standards (Council for Accreditation of Counseling and Related Programs, 2015), site supervisors are fully licensed practitioners with at least two years of counseling experience in their setting and generally are not a part of the training program's faculty. Faculty supervisors from the university training program rely on site supervisors to prepare, guide, and evaluate counselors-in-training's clinical work (Kemer et al., 2017b). In addition to the clinical supervision they provide, site supervisors are responsible for administrative supervision which includes the assignment of caseload, review of clinical documentation, and ensuring the supervisee is following the policy and procedures of the site. Field placement experiences are viewed as crucial to the counselor-in-training's development (Furr & Carroll, 2003); it is at these sites where the application of the knowledge and skills learned in a classroom setting is implemented in real-life counseling situations.

For site supervisors, the qualifications to supervise are less extensive than for faculty supervisors. Site supervisors must only have a master's degree and licensure in a mental health

profession (preferably counseling), two years of experience, knowledge of the program's requirements, and relevant training in counseling supervision (Council for Accreditation of Counseling and Related Programs, 2015). CACREP does not specify what relevant supervision training should be included for site supervisors instead allowing the training program to set the standards. While professional counselors who supervise are required to have supervision training and education (American Counseling Association, 2014; Council for Accreditation of Counseling and Related Programs, 2015), several authors (Bjornestad et al., 2014; Borders et al., 2014; Kemer et al., 2017b) report that many master's-level clinicians never receive formal supervision training.

Lack of Supervision Training and Preparation for Site Supervisors

Because of the difference in educational level, in comparison to faculty supervisors, site supervisors may be less trained in overall supervisory practices and limited exposure to supervision models (DeKruyf & Pehrsson, 2011). Thus, without clear communication and support from the training program, site supervisors may be less knowledgeable about their role in providing supervision and regarding gatekeeping responsibilities. Existing evidence seems to reveal deficits in the preparation and training of site supervisors to provide competent supervision to counselors-in-training. A survey conducted by the ACA Professional Standards Committee revealed that only 24% of counselor training programs provided an orientation for all site supervisors, and when asked about areas in which to improve, a theme of better communication with placement sites emerged (Carter & Duchy, 2013). Additional findings from this research indicated that over 30% of site supervisors had reservations about the preparation of counselors-in-training beginning practicum and internship, and 45 placement sites indicated having little contact with the training program with only 14% feeling as if they were "partners"

with the program. DeKruyf and Pehrsson (2011) explored site supervisors' supervision training needs and the impact of training on supervisors' self-efficacy. Their results revealed that 54% of site supervisors had little to no supervisory training. Uellendahl and Tenenbaum (2015) assert "the profession lacks a formal structure and process for ensuring that all practicing site supervisors are trained and competent in this role. Counselor education programs are in a unique position to play a useful role in both the training and support of site supervisors" (p. 284).

The field of counseling is not the only mental health profession interested in the competency of site supervisor training and overseeing beginning clinicians. In the field of psychology, Mann and Merced (2018) noted that while supervision is considered a core competency in the field, less attention is given to the training and evaluation of entry-level practitioners in the specific area of supervision, and similar to professional counseling's mandate for supervisors to have training (Council for Accreditation of Counseling and Related Programs, 2015)(American Counseling Association, 2014), the American Psychological Association does not specifically define its expectations. Mann and Merced note that given the detrimental legal, ethical, and clinical implications of incompetent supervision and the importance of competent supervision on supervisee development, more attention needs to be placed on supervisory education and training.

Despite the crucial role that site supervisors serve in preparing counselors-in-training and serving as gatekeepers to the profession, previous research has focused on faculty-delivered supervision or the trainee's experiences with site supervisors rather than the experience of site supervisors (Kemer et al., 2017). While a good working relationship between the counselor education program and the placement site supervisor creates a shared awareness of the counselor-in-training requirements and has been shown to create a richer learning environment

(Tribitt & Moody, 2021), Site supervisors often place the primary responsibility for gatekeeping on faculty, and while also acknowledging a sense of *shared* responsibility for gatekeeping, many site supervisors report that they have received no communication with education programs related to remediation and gatekeeping (Freeman et al., 2016). Additionally, the lack of communication from the educational program can result in site supervisors being insufficiently trained in the important task of gatekeeping responsibilities (Tribitt & Moody, 2021).

Because of this crucial role of supervision in assessing counselors-in-training, research investigating the unique aspect of site supervision has increased. Kemer et al. (2017) found that "expert" site supervisors (i.e., those nominated by program faculty and who meet criteria such as supportive supervisory relationship, extensive knowledge and competency, and formal supervisory training) utilized *some* of the best practice areas for supervision such as goal setting and supervisory relationship-building. However, even these expert supervisors often also lacked utilizing other key best practice areas, such as initiating and planning for supervision, evaluation assessment, and documentation (Kemer et al., 2017).

Research on Site Supervisor Training and Preparation

Training and preparation of supervisors seems to positively impacts supervision practice but seems to require intentionality and investment in time with DeKruyf and Pehrsson (2011) finding that the effect of training on the self-efficacy of site supervisors was significant only with over 40 hours of supervision training. Watkins' (2012) review of 20 studies on supervision spanning 2 decades offered a tentative base of support for supervision training, suggesting training has value in preparing new supervisors for this role; however, most research focuses on initial training for novice supervisors, and there is no agreement or evidence on what specific

training is the most effective. Watkins purports that supervisory training research is in its formative stage and additional attention is needed to provide better-informed training.

Several researchers have focused on the development of supervisory training, education, and preparation, and its impact on site supervisors. Bjornstad et al. (2014) conducted supervisory educational training followed by supervision networking and found that those completing the experience increased supervisors' self-efficacy in their teaching component of supervision but did not see significant results in the supervisory roles of counselor or consultant partially demonstrating the positive impact of supervisory training. The qualitative results from this study also revealed site supervisors appreciated receiving the information and the opportunity to network with other site supervisors. Motley et al. (2014) developed a site supervisor training geared toward enhancing site supervisors' self-efficacy in providing feedback; their research revealed that there was a significant increase in site supervisors' feedback self-efficacy after the training. To meet the demands of providing quality supervision training to site supervisors, several authors have suggested the use of supervisory training programs that can be accessed online with McCoy and Neale-McFall (2017) suggesting specific content guidelines for training programs to develop for all sites supervisors and Swank and Tyson (2012) providing educational guidelines specifically for school counseling site supervisors.

Research on Site Supervisor Training and Preparation for School Counselors

Site supervisory training within the counseling specialty of school counseling has been a particular focus of interest. Uellendahl and Tenenbaum's (2015) research on the training and practices of 220 California site supervisors revealed that 71% felt unprepared for their role as a supervisor with 59% reporting that their graduate education program did not address the future role of a supervisor, and over 30% desired more formalized supervision training and

contact/support from the training program. Brott et al. (2016) investigated how supervisory training with school counseling site supervisors over a period of three years impacted the participants. The researchers found 83% of participants had no other formal supervisory training in supervision prior to the training. Additional findings included site supervisors' interest in receiving supervision, their desire to learn about supervision, and their voiced benefit of networking with other supervisors. Overall, Brott and colleagues assert their findings support supervision training increases site supervisors' self-efficacy, ultimately benefiting counselors-in-training. Brown et al. (2017) explored the impact of supervision training and self-efficacy on school counselor site supervisors and found significant improvements in site supervisors' self-efficacy after the training. Interestingly, the researchers found no significant relationship between supervision self-efficacy and years of supervision experience. Merlin and Brendel (2017) researched a training program utilizing the School Counseling Clinical Faculty Program (SCCFP), a supervision training curriculum for school counseling site supervisors which aligns with ACES's *Supervision Best Practices Guidelines* (Borders et al., 2014) and found that participants reported positive perceptions of the training and overall agreed that it was useful, increased their knowledge of supervision, improved their skills, and helped them to become better supervisors.

Pool et al. (2021) explored the lived experiences of school counselors-in-training and their experiences in supervision and found that both positive and negative experiences in supervision were impacted by the counselor education training program, supervisor characteristics, and supervisee characteristics. Interestingly, supervisees indicated that a supervisor's specificity of experience in a *school setting* was more important to the quality of

their supervision and impacted them more favorably than the specific role of the supervisor (e.g., site or faculty).

Impact of Supervision on Counselors-in-Training

While supervision is essential for counselors-in-training to develop professional counseling competency (Bernard & Goodyear, 2018; Bjornestad et al., 2014; Borders et al., 2014; Freeman et al., 2016), understanding the perceptions of counselors-in-training in supervision has also been some focus of research. While developmental supervision models focus on the broad characteristics of counselor development, little research has been conducted specifically on the early entry process of a counselor-in-training (Wagner & Hill, 2015). Wagner and Hill found that the entry process for counselors-in-training is complex and is characterized by a ratio of fear and excitement which often decreases as clear expectations develop and trust and confidence increase. They found the early entry process consisted of six categories: anticipation, evolving identity, growth and learning, coping, choosing to trust the process, and interacting with feedback. As supervisees moved through the process, they cycled through experiences of comfort and trust in themselves and others. As trust in themselves and others increased, they became more open to receiving feedback, developed an openness to the process, and indicated recognizing an unanticipated degree of personal growth and learning.

Research has also focused on how supervision impacts counselor-in-training personal coping and self-growth. Focusing on the counselor-in-training's perspective, researchers investigated the relationship between supervisee stress, coping resources, and supervisory working alliance and found a significant negative relationship between a supervisee's stress level and the supervisory working relationship, suggesting that when supervisees were experiencing more stress in their lives, they were less capable of forming and maintain a working alliance with

the supervisor (Gnilka et al., 2012). Other research investigating supervisees' perspectives of self-care, burnout, and supervision practices related to promoting resiliency revealed that most counselors-in-training had experienced burnout and understood the importance of identifying the need for self-care (Thompson et al., 2012). An interesting finding from this research revealed a difference between faculty and site supervisors in addressing burnout and self-care: participants reported that faculty both, directly and indirectly, addressed counselor burnout and self-care while site supervisors rarely initiated conversations on these topics, causing participants to feel a lack of support at their sites. In additional research on trainees' experiences of resiliency, participants emphasized the importance of relational connections to building resilience, noting specifically that drawing on external resources such as supervision helped nurture resilient qualities (Roebuck & Reid, 2019). Warren and Schwarze (2017) explored the lived experiences of counselors-in-training in internships through a reflective process using online images to reflect on their placement experiences each week and express their experiences. Results revealed categories of stress leading to both self-care and personal growth and the impact of successes and challenges in their clinical experiences. Outcomes also indicated that stress was the most common experience of the counselors-in-training with all participants indicating feeling stress at their internship site with varying responses/support from their site supervisors. Warren and Schwarze suggest these findings support implementing a more structured field placement process with better clinical oversight through supervision to enhance the counselor-in-training experiences.

Inadequate and Harmful Supervision Experiences

Interest in understanding what constitutes inadequate and harmful supervision has gained attention over the last several decades. While it is evident that a strong supervisory working

alliance is important for the supervisory process and the continued development of the counselor-in-training, negative experiences in supervision are both impactful and common (Cook & Ellis, 2021; Ellis et al., 2013; Ladany, 2014; McNamara et al., 2017). Cook and Ellis' (2021) research on post-graduate supervision found that 77% of participants were receiving inadequate supervision and 33% were receiving harmful supervision; however, their research also revealed that supervisees were often unable to directly identify inadequate or harmful supervision. Additional research reveals some supervisees experience negative consequences of supervision which can be attributed to several factors such as the evaluative function of supervision, power differentials, lack of structure of supervision, and incompetency of the supervisor combined with the vulnerability of a beginning supervisee (Ladany, 2014; McNamara et al., 2017; Rønnestad et al., 2018) Furthermore, Rønnestad et al. assert that negative experiences in supervision can lower supervisees' self-confidence and trust that they are well suited to the profession which then can increase supervisees' feelings of stress in working with clients. Ramos-Sanchez et al. (2002) revealed that respondents who had experienced negative supervision events tended to have weaker supervisory alliances, often resulting from personality style/interpersonal dynamics, and reported lower levels of supervision satisfaction, associated with incompetent or insufficient supervision. Supervisees who experience inadequate or harmful supervision scored lower on working alliance measures (Ramos-Sanchez et al., 2002) and experienced increased levels of anxiety and reluctance to disclose information in supervision (Mehr et al., 2010) suggesting that when supervisees perceived the supervisory relationship to be strained or underdeveloped, supervisees may be resistant to seek supervision (Bright & Evans, 2019).

Literature Gaps

In the conclusion of ACES's *Supervision Best Practices Guidelines,* the task force members assert that although the development and implementation of supervision have evolved substantially since 1990, further evaluation should be informed by research on supervision practice and tested in counselor education programs (Borders et. al, 2014). The continued research in clinical supervision, the task force members contend, is "critical for building our knowledge base of clinical supervision. Such efforts will help build the legacy of improved supervision, as supervisees receive best practices and then provide the same to their own supervisees" (p. 4). While recent research has provided an increased understanding of supervisor development and the importance of the supervisory working alliance, evaluation of supervisor effectiveness has primarily occurred through the self-report of supervisors, rather than through the assessment from counselors-in-training.

Furthermore, research on supervisors has focused more on faculty and doctoral students providing supervision rather than site supervisors (Kemer et al., 2017). With Uellendahl and Tenenbaum (2015) noting the lack of standardized training protocol for site supervision and Watkins (2012) indicating there is no evidence on what specific training is most effective, even the impact of site supervisors being trained provides serious obstacles to knowing its impact. As previously highlighted, research examining the impact of supervisory training and preparation on site supervisors has recently increased within the specialty field of school counseling; however, specific to other CACREP specialty areas, such as Clinical Mental Health or Marriage Couple Family tracks, little research seems to exist and is limited to Bjornestad et al.'s (2014) and Motley et al.'s (2014) interest in self-designed, specific supervisory training programs for site supervisors with the authors both asserting more research is needed in this area. Thus, while

interest in site supervisory training is beginning to increase, it is still unclear how the supervisory training differences between faculty and site supervisors impact the counselors-in-training perception of the supervisors' effectiveness and competency.

In order to help address these research gaps, this study focused on understanding the perspective of counselors-in-training and their experiences with their supervisors. This research explored counselors-in-training's perceptions of the effectiveness and competency of both their faculty and site supervisors. Further, it investigated the potential differences in counselors-in-training's evaluation of faculty and site supervisors. Finally, this study explored the impact of the counselors-in-training perceived level of experience and expertise of their supervisor(s) and its impact on the evaluation of their supervisory experience.

Chapter 3 - Methodology

This chapter provides an overview of the methodology in this study. Given the vital role that supervision plays in ensuring that counselors entering the profession are dispositionally-appropriate and competently-ready to provide counseling services to the public, exploring how counselors-in-training experience supervision with their supervisors provides insight into the impact of supervision in their development. The purpose of this non-experimental quantitative study was to investigate how counselors-in-training rate the competency of faculty and site supervisors and whether there is any difference in counselors-in-training's evaluation of faculty and site supervisors. Furthermore, this study will further examine how, if at all, supervisors' level of perceived experience in supervision impacts the counselors-in-training ratings of supervisory competency.

Research Questions

The following research questions provide direction for this study:

1.) How do counselors-in-training rate their faculty supervisor's competency in supervision?
2.) How do counselors-in-training rate their site supervisor's competency in supervision?
3.) Is there a difference in how counselors-in-training rate their faculty supervisors' and site supervisors' competency? If so, what are the differences?
4.) Do counselors-in-training ratings of competency vary based on supervisors' perceived level of experience? If so, what are the differences?

Participants & Inclusion Criteria

Participants for this study were recruited through the Council for the Accreditation of Counseling and Related Education Programs (CACREP) accredited universities from the CACREP website focusing primarily on programs from the North Central Region. Placement

coordinators, program directors, and/or faculty from these universities were contacted via email and asked to forward the research request to counselors-in-training currently in their internship experience. Requirements for inclusion of counselors-in-training included those who are currently enrolled in a CACREP-accredited Master of Counseling program and who have completed the practicum requirements (at least 40 hours of direct contact/100 total hours). In order to reach statistical significance at the critical level of .05 to find a large effect with the number of predictors in this study, the sample size goal for this study was 77 respondents (Field, 2018).

Measures

One instrument was used in this study: the Supervision Evaluation and Supervisory Competence short scale (SE-SC8; Gonsalvez, 2020). The SE-SC8, a 12-item condensed version of the Supervision Evaluation and Competency Scale (SE-SC; Gonsalvez et al., 2017), was completed by counselors-in-training to evaluate their faculty supervisors' and their site supervisors' supervisory competency. An additional question was added to assess how supervision impacted the counselor-in-training's knowledge of the systemic context of the site. Demographic questions were used in this study to provide descriptive data of the participants. Additionally, questions were asked regarding the characteristics of their supervisors (site, full-time faculty, adjunct faculty, doctoral student, level of education, etc.), type of supervision (individual, triadic, or group) and perceived level of experience the supervisors have in supervision.

Measuring Supervisor Competence: SE-SC8

As previously discussed in Chapter 2, competency-based supervision has been the focus of much research to evaluate how best practices in supervision are utilized and ensure the

provision of quality supervision. In order to better evaluate supervisor competency, the Supervision Evaluation and Supervisory Competence (SE-SC) scale (Gonsalvez et al., 2017) was created to help measure supervision satisfaction and supervision effectiveness. From their analysis of supervisor competency, six specific competencies clusters emerged: (a) openness, caring, and support, (b) supervisors' knowledge and therapist expertise, (c) supervision planning and management, (d) goal-directed supervision, (e) restorative competencies, and (f) insights into and management of therapist-client dynamics and reflective practitioner competencies. As compared to measures that solely examine supervisory working alliance on the impact of supervision satisfaction, the SE-SC is a useful measurement that assesses the more nuanced and detailed aspects of supervisory competency based on these six competency clusters and an overall rating.

Initial analysis of the SE-SC indicated good psychometric properties with excellent concurrent validity for the six clusters and high internal and test-retest reliability (Gonsalvez et al., 2017). A major key finding revealed that the composite of the six clusters better predicted overall scores on supervision satisfaction and effectiveness than other popular measurement tools such as the Supervisory Working Alliance Inventory (SWAI) and the Supervisory Styles Inventory (SSI). The researchers assert that the SE-SC provides a "comprehensive evaluation of supervision and supervisory competence than most other measures," "has excellent psychometric properties," and "provides a good index of supervisory alliance" (Gonsalvez et al., 2017, p. 101). The SE-SC has internal reliability for subscales (α = .75 -.92) and test-retest reliability (r = .81-.93). Additionally, the findings provide support for the distinction between supervision effectiveness and supervision satisfaction, indicating that supervisees may be satisfied with the supervision and experience a strong supervisory alliance but that does not lead to experiencing

the supervision as necessarily effective. A recent study (Grassby & Gonsalvez, 2022) expanded the SE-SC by adding and analyzing items to evaluate the unique construct of group supervisory competency. In addition to measuring the group supervisory competency, further analysis was completed on the SE-SC evaluating the main effect of competency and six competency clusters. Results revealed the main effect of competency in SE-SC was significant.

In recognizing the need for a short-scale version of the SE-SC, the SE-SC8 was developed to provide a quick, reliable, and valid way of monitoring supervision satisfaction and effectiveness (Gonsalvez, 2020). While the SE-SC consists of 31 items, the SE-SC8 consists of 12 total items with eight of the items specifically targeting the clusters found in the original SE-SC and four of the items considered "on-trial." The initial eight items allow for a quick assessment of the supervisory experience aligned with the original scale. Specifically, six of these eight items capture the six competencies of the original SE-SC (i.e., openness, caring, and support; supervisors' knowledge and therapist expertise; supervision planning and management; goal-directed supervision; restorative competencies; and insights into and management of therapist-client dynamics and reflective practitioner competencies). The two additional items of the eight items measure the overall satisfaction and the overall effectiveness of the supervisor experience. Supervisees evaluate the supervision received from the supervisors using an interval, 7-point Likert scale, ranging from 1 (*not at all/strongly disagree*) to 7 (*very much so/strongly agree*). All eight scores can be combined for a single evaluation of the supervisory experience or items can be evaluated and compared independently.

To address the concern that the SE-SC did not cover some essential supervisory competencies, such as addressing ethical issues, the SE-SC8 includes the potential use of four additional items addressing the impact of supervision. The SE-SC 12-item version includes the

following: (a) the appraisal of self, (b) improved ethical issues awareness, (c) the impact of research on practice, and (d) the impact of personal values on professional work. However, while these may be helpful in assessing these specific areas and are included as a part of the SE-SC8, Gonsalvez (2020) cautions that the psychometric properties of these new items have not yet been evaluated.

Psychometric analysis was completed (Gonsalvez, 2020) to compare the SE-SC and the SE-SC8, and the results indicated that the SE-SC8 had high reliability ($\alpha = .89$) between the two versions for the six clusters and has high internal consistency. Mean scores for the SE-SC8 were also strongly correlated with the full scale ($r = .97$, $p < .001$). In the SE-SC8, high correlations exist for five of the six competency clusters: openness, caring, and support; supervisors' knowledge and therapist expertise; supervision planning and management; restorative competencies; and insights into and management of therapist-client dynamics and reflective practitioner competencies with correlations ranging from $r = .65$ to .82 ($p < .001$). Modest correlations were found for goal-directed supervision ($r = .60$, $p < .001$) suggesting that the distinctions for this cluster may not be captured well by the specific item on the short scale. In the analysis of the six competency cluster constructs, both expected convergent and divergent validity was supported.

Overall, the SE-SC8/SE-SC 12 item-version is a much-needed short scale of supervisory competence and is a useful tool that provides a broad and quick evaluation. It is versatile and is designed to be used by untrained supervisees (e.g., counselors-in-training), by supervisors for self-evaluation, and by peer-supervisors. While the SE-SC8 is a new instrument and its documented usage in research is currently limited, SE-SC8 initial psychometric findings support its continued use for research in the area of competency-based supervision and training.

Permission to use the SE-SC for this study was requested and granted by Gonsalvez (Appendix A).

Demographics

Demographic information on the participants and information about their supervisors were collected. Inclusion information, such as enrollment in a CACREP program and current internship enrollment, was gathered. Additionally, information on age, race/ethnicity, and gender was collected from participants. Participants were asked for background information about their faculty and site supervisors, such as their supervisors' employment position/internship setting, educational level, type of supervision, and level of perceived supervisory experience (see Appendix B for survey questions).

Research Design

This correlational quantitative study consisted of a non-experimental design using convenience sampling. The dependent variable for this study was the supervisory competency level ratings as determined by counselors-in-trainings responses on the SE-SC 12-item version; this Likert-scale rating was considered to be continuous. The independent variables for this study included (a) the type of supervisor (categorical) and (b) perceived level of supervisory experience (categorical). This study utilized multivariate of analysis (MANOVA) and analysis of variance (ANOVAs) to compare potential group differences (Field, 2018). Because this is a non-experimental design, caution should be made regarding the findings as causal relationships cannot be assumed.

Procedures and Data Collection

After approval to proceed was granted by the dissertation committee, an application was submitted to the Kansas State University's Institutional Review Board (IRB) (see Appendix C).

Once approved, CACREP-accredited programs and faculty were contacted via email and asked to disseminate the survey to their counselors-in-training (Appendix D). The participant recruitment focused on universities from the North Central CACREP Region. Informed consent (Appendix E) and data were collected via an anonymous survey through Qualtrics. Participant demographic information was asked first in the survey. Next, questions regarding their site supervisor were asked followed by the SE-SC 12-item version and one additional question on systemic context of the site. Finally, questions regarding their faculty supervisor were asked followed by the SE-SC 12-item version and one additional question on systemic context of the site. As some counselors-in-training had more than one faculty and/or site supervisor, counselors-in-training were asked to complete the survey for each supervisor. The survey was open for two weeks during February 2023, at which time the desired sample size was reached. A second email reminder was sent one week after the initial survey was sent out.

Data Analysis

For the first research question ("how do counselors-in-training rate their faculty supervisor's competency in supervision"), descriptive statistics of the overall SE-SC 12-item version competency rating, the two subscales of satisfaction and effectiveness, and the 10 other specific competencies were analyzed along with added question regarding systemic context.

For the second research question ("how do counselors-in-training rate their site supervisor's competency in supervision"), descriptive statistics of the overall SE-SC 12-item version competency rating, the two subscales of satisfaction and effectiveness, and the 10 other specific competencies were analyzed along with added question regarding systemic context.

For the third research question ("is there a difference in how counselors-in-training rate the faculty supervisors' and site supervisors' competency" and "if so, what are the differences?"),

multivariate analysis of variance (MANOVA) and analysis of variance (ANOVAs) were conducted to compare the ratings of supervisory competency overall score and individual items on the SE-SC12-item version for site and faculty supervisors (the independent variable with two levels).

For the final research question ("do counselors-in-training ratings of competency vary based on supervisors' perceived level of supervisory experience?"), a MANOVA and ANOVAs were conducted to compare the ratings of supervisory competency overall score and individual items on the SE-SC12-item version for the perceived level of experience of the supervisors (the independent variable with three levels: novice, intermediate, and expert).

Chapter 4 - Results

Purpose

The purpose of this non-experimental quantitative study was to explore how counselors-in-training assess their satisfaction with supervision and the competency of faculty and site supervisors. This study reviewed and compared counselors-in-training's evaluation of faculty and site supervisors. Finally, this study examined how, if at all, supervisors' level of perceived experience in supervision impacts the counselors-in-training ratings of supervisory competency.

Research Questions

The following research questions provided direction for this study:

1.) How do counselors-in-training rate their faculty supervisor's competency in supervision?

2.) How do counselors-in-training rate their site supervisor's competency in supervision?

3.) Is there a difference in how counselors-in-training rate their faculty supervisors' and site supervisors' competency? If so, what are the differences?

4.) Do counselors-in-training ratings of competency vary based on supervisors' perceived level of experience?

Demographic Data of Participants

Participants were obtained through convenience sampling. They were asked to complete an online survey. 82 people initially started the survey. Five surveys were discarded for either not meeting participant criteria or not completing at least one survey, resulting in a total of 77 participants. As some counselors-in-training had more than one faculty and/or site supervisor during their internship experience, counselors-in-training were asked to complete surveys for each supervisor they had. Therefore, with some counselors-in-training having multiple

supervisors and rating each one, a total of 230 surveys were completed: 125 for site supervisors and 105 for faculty supervisors.

Participants identified as female (77.9%), male (19.5%), and non-binary (2.6%). Three CACREP specialty areas were represented in the survey: Clinical Mental Health Counseling (33.8%), Marriage Couple Family Counseling (27.3%), and School Counseling (39%). The majority of respondents were Caucasian (77.9%), were between the ages of 25 and 34 years old (49.4%), and had completed over 300 hours of direct client work (63.6%) (see Table 4.1).

Table 4.1

Demographic Data of Participants, n=77

	Frequency	Percentage
Gender		
Female	60	77.9%
Male	15	19.5%
Non-binary	2	2.6%
Age		
Under 25	8	10.4%
25-34 years old	38	49.4%
35-44 years old	17	22.1%
45-54 years old	9	11.7%
55-64 years old	5	6.5%
Race/Ethnicity		
American Indian/Indigenous person of America, Alaskan Native	2	2.6%
Asian/Pacific Islander or Native Hawaiian	2	2.6%
Black or African American	6	7.8%
Hispanic or Latino/a	3	3.9%
White/Caucasian	60	77.9%
Multiple ethnicities	2	2.6%
Prefer not to say	2	2.6%
CACREP Specialty Area		
Clinical Mental Health Counseling	26	33.8%
Marriage, Couple, and Family Counseling	21	27.3%
School Counseling	30	39%
Direct Client Contact Hours		
40-99 hours	3	3.9%
100-199 hours	8	10.4%
200-299 hours	17	22.1%
300+ hours	49	63.6%

Participants were asked to provide demographic information on each site supervisor. Of the 125 site supervisors evaluated, participants indicated the majority of site supervisors' highest level of education was a Master's degree (77.6%) with a perceived supervisor level of expertise as intermediate (55.2%). The most common type of supervision provided by site supervisors was individual (84%). Site supervisors practiced at a variety of settings, with the majority being in school counseling (31.2%) and private practice/group practice counseling settings (20.8%) (see Table 4.2).

Table 4.2

Site Supervisor Demographics, n=125

	Frequency	Percentage
Highest level of Education		
Ph.D./other terminal degree	23	18.4%
Masters, currently enrolled in Ph.D. program	5	4.0%
Masters	97	77.6%
Type of Supervision provided		
Individual supervision	105	84%
Triadic supervision	6	4.8%
Group supervision	1	.8%
Combination of any of the above	13	10.4%
Setting/position of Supervisor		
Counselor in residential mental health/addiction setting	3	2.4%
Counselor in private practice/group practice setting	26	20.8%
School Counselor	39	31.2%
Counseling program faculty at university-based counseling center	19	15.2%
Counselor in a non-profit and/or faith-based setting	20	16%
Counselor in mental health/addiction setting	15	12%
Other	3	2.4%
Level of Supervision Expertise		
Novice	27	21.6%
Intermediate	69	55.2%
Expert	27	21.6%
Unknown	2	1.6%

Participants were also asked to provide demographic information on each faculty supervisor. Of the 105 faculty supervisors evaluated, participants indicated the majority of faculty supervisors' highest level of education was a Ph.D./other terminal degree (61%). The perceived supervisor level of expertise was novice (7.6%), intermediate (44.8%), and expert (39%) with 8.6% of the participants indicating that they did not know their supervisor's level of expertise. The most common type of supervision provided by faculty supervisors was triadic (51.4%). The majority of faculty supervisors were full-time program faculty (61%) (see Table 4.3).

Table 4.3

Faculty Supervisor Demographics, n= 105

	Frequency	Percentage
Highest level of Education		
Ph.D./other terminal degree	64	61%
Masters, currently enrolled in Ph.D. program	28	26.7%
Masters	12	11.4%
Unknown	1	1%
Type of Supervision provided		
Individual supervision	10	9.5%
Triadic supervision	54	51.4%
Group supervision	35	33.3%
Combination of any of the above	6	5.7%
Position of Supervisor		
Full-time program faculty	64	61%
Part-time or Adjunct faculty	27	25.7%
Doctoral student under the supervision of program faculty	13	12.4%
Other	1	1%
Level of Supervision Expertise		
Novice	8	7.6%
Intermediate	47	44.8%
Expert	41	39%
Unknown	9	8.6%

Reliability of SE-SC

To measure the internal reliability of the SE-SC tool used, Cronbach's alpha was utilized. The SE-SC 12-item version contains the SE-SC8 along with four items considered to be on trial and had not previously been psychometrically verified. Following Gonsalvez's recommendation of using an interval scale (see Appendix F), the internal reliability of both SE-SC8 and SE-SC 12-item version were examined. For the SE-SC8, the internal consistency reliability for the 8 items was strong when analyzed for faculty supervisors *(*N = 105, α = .952), for site supervisors (N = 125, α = .942), and when combined (N = 230, α = .946). For the SE-SC 12-item version, the internal consistency reliability for the 12 items was also strong when analyzed for faculty supervisors (N = 105, α = .965), for site supervisors (N = 125, α = .962), and when combined (N = 230, α = .963). Based on the similar reliability of the SE-SC8 and the SE-SC 12-item version, the following analyses were based on the SE-SC 12-item version.

Reliability of Systemic Context Question

To measure the internal consistency reliability for the added question, "the supervisor enhanced my knowledge of the systemic context of my internship setting," was included with the SE-SC 12-items, and Cronbach's alpha was utilized. With the added systemic context question, the internal consistency reliability of the 13 individual items was strong (N = 143, α = .948).

Analytic Results

Each participant indicated how many site supervisors and faculty supervisors they had had and were given the opportunity to complete demographic questions, the SE-SC 12-item version, and an additional question related to systemic context for each supervisor. Supervisees evaluated the supervision received from the supervisors using SE-SC 12-item version on an interval, 7-point Likert scale, ranging from 1 *(not at all/strongly disagree*) to 7 (*very much*

so/strongly agree). An overall score was obtained by averaging the scores to form a single evaluation of the supervisory experience; overall scores were calculated based off the SE-SC 12-item versions. Data was collected via Qualtrics and downloaded into Microsoft Excel to remove incomplete surveys. The data was then imported into IMB SPSS 29.0 for further analysis.

RQ 1: How do counselors-in-training rate their faculty supervisor's competency in supervision?

To address how counselors-in-training assess their faculty supervisors' competency in supervision, results of the counselors-in-training evaluation of faculty supervisors on the survey were collected and descriptive statistics obtained (Table 4.4). Overall, the overall score for the SE-SC 12 item-version indicated agreement with the overall experience of faculty supervision (M = 5.55, SD = 1.44). Respondents indicated agreement with the SE-SC subscales of overall satisfaction with the faculty supervisory experience (M = 5.48, SD = 1.6) and overall effectiveness of the faculty supervision provided (M = 5.64, SD = 1.57). The item with the highest level of agreement was "the supervisor was approachable, caring, and supportive" (M = 6.07, SD=1.44). "The supervision helped me gain a deeper appreciation for the value of using scientific methods and principles to shape professional practice" had the lowest of agreement of all SE-SC items (M = 5.07, SD = 1.90). The question added by the researcher to assess how supervision impacted the counselor-in-training's knowledge of the systemic context of the site yielded the lowest agreement of all items (M = 4.45, SD = 1.60).

Table 4.4

Descriptive Statistics for Faculty Supervisors

	N	*M*	*SE*	*SD*	Min	Max
OVERALL SCORE: SE-SC 12 item version	105	5.55	.14	1.44	1	7
Subscale: Overall satisfaction	105	5.48	.16	1.6	1	7
Subscale: Overall effectiveness	105	5.64	.15	1.57	1	7

Openness, caring, and support	105	6.07	.14	1.44	1	7
Supervisor's knowledge and expertise as a therapist	105	5.95	.14	1.43	1	7
Supervision planning and management	105	5.50	.16	1.61	1	7
Goal-directed supervision	105	5.36	.18	1.89	1	7
Restorative competencies	105	5.70	.18	1.80	1	7
Insight into the management of therapist-client dynamics/reflective competencies	105	5.50	.17	1.79	1	7
Accurate appraisal of self*	105	5.55	.17	1.73	1	7
Improved ethical issues awareness*	105	5.66	.16	1.60	1	7
Value of scientific method*	105	5.07	.19	1.90	1	7
Awareness of sociocultural values*	105	5.19	.18	1.86	1	7
Understanding of system context**	67	4.45	.20	1.60	1	6

Note: *additional 4 items added to SE-SC8 by Gonsalvez (2020) with caution that the psychometric properties of these items had not yet been established.
**This question was added by the researcher and is not a part of the SE-SC measures.

To assess the properties of the distribution of scores in the faculty data set for the SE-SC 12-item overall average score, a frequency distribution table was utilized (Table 4.5). Because the SE-SC 12-item version uses a 7-point Likert scale, ranging from 1 *(not at all/strongly disagree*) to 7 (*very much so/strongly agree*), an overall average score ranging between one and four would indicate disagreement or neutral ratings of all 12-items (n = 17). Scores ranging between four and five (n = 14) would indicate an overall slight agreement with the supervisory process, between five and six (n = 22) a moderate agreement with the process, and between six and seven (n = 52) a strong agreement with the supervisory process. It is notable that 17 responses indicated faculty supervision experiences as negative or neutral.

Table 4.5

Frequency Table for Faculty Supervisor's Overall Average Score

Faculty SE-SC12 Overall Average Score	*Frequency*	*Percentage*
1.0 - 4.00	17	16.2%
4.01 - 5.00	14	13.3%
5.01 – 6.00	22	21%
6.01 – 7.00	52	49.5%

RQ 2: How do counselors-in-training rate their site supervisor's competency in supervision?

To address how counselors-in-training assess their site supervisors' competency in supervision, results of the counselors-in-training evaluation of site supervisors on the survey were collected and descriptive statistics obtained (Table 4.6). The overall average score for the SE-SC 12 item-version indicated agreement with the overall experience of site supervision (*M* = 5.36, *SD* = 1.46). Respondents indicated agreement with the SE-SC subscales of overall satisfaction with the site supervisory experience (*M* = 5.34, *SD* = 1.69) and overall effectiveness of the site supervision provided (*M* = 5.55, *SD* = 1.61). The item with the highest level of agreement was "the supervisor was approachable, caring, and supportive" (*M* = 6.17, *SD* = 1.25). The item, "The supervision helped me gain a deeper appreciation for the value of using scientific methods and principles to shape professional practice," had the lowest of agreement of all SE-SC items (*M* = 4.58, *SD* = 2.06). The question added by the researcher to assess how supervision impacted the counselor-in-training's knowledge of the systemic context of the site yielded the lowest agreement of all items (*M* = 4.5, *SD* = 1.54).

Table 4.6

Descriptive Statistics for Site Supervisors

	N	*M*	*SE*	*SD*	Min	Max
OVERALL SCORE: SE-SC 12 item version	125	5.36	.13	1.46	1.25	7
Subscale: Overall satisfaction	125	5.34	.15	1.69	1	7
Subscale: Overall effectiveness	125	5.55	.14	1.61	1	7
Openness, caring, and support	125	6.17	.11	1.25	1	7
Supervisor's knowledge and expertise as a therapist	125	5.82	.14	1.53	1	7
Supervision planning and management	125	5.29	.16	1.84	1	7
Goal-directed supervision	125	4.62	.18	1.97	1	7
Restorative competencies	125	5.86	.14	1.56	1	7
Insight into the management of therapist-client dynamics/reflective competencies	125	5.26	.17	1.87	1	7
Accurate appraisal of self*	125	5.48	.15	1.73	1	7

Improved ethical issues awareness*	125	5.43	.15	1.64	1	7
Value of scientific method*	125	4.58	.18	2.06	1	7
Awareness of sociocultural values*	125	4.94	.18	1.98	1	7
Understanding of system context**	76	4.5	.18	1.54	1	6

Note: *additional 4 items added to SE-SC8 by Gonsalvez (2020) with caution that the psychometric properties of these items had not yet been established.
**This question was added by the researcher and is not a part of the SE-SC measures.

To assess the properties of the distribution of scores in the site supervisor data set for the SE-SC 12-item overall average score, a frequency distribution table was utilized (Table 4.7). Because the SE-SC 12-item version uses a 7-point Likert scale, ranging from 1 *(not at all/strongly disagree*) to 7 (*very much so/strongly agree*), an overall average score between one and four would indicate disagreement or neutral ratings of all 12-items (n = 23). Scores ranging between four and five (n = 18) would indicate an overall slight agreement with the site supervisory process, between five and six (n = 33) a moderate agreement with the site supervisory process, and between six and seven (n = 51) a strong agreement with the site supervisory process. It is noteworthy that 23 responses indicated site supervision experiences as negative or neutral.

Table 4.7

Frequency Table of Site Supervisor's Overall Average Score

Site Supervisor SE-SC12 Overall Average Score	*Frequency*	*Percentage*
1.25 - 4.00	23	18.4%
4.01 - 5.00	18	14.4%
5.01 - 6.00	33	26.4%
6.01 - 7.00	51	40.8%

RQ3: Is there a difference in how counselors-in-training rate their faculty supervisors' and site supervisors' competency? If so, what are the differences?

Given that each respondent had rated fewer than two faculty or site supervisors on average, between-subjects analysis of variance was used for all following analyses. A one-way ANOVA was first utilized to compare two groups, faculty supervisors and site supervisors, on the SE-SC 12-item overall average score. Levene's test confirmed homogeneity of variance assumption between the two groups, faculty and site supervisors. There was not a statistically significant difference between ratings of faculty and site supervisors in the overall score on the SE-SC 12-item version, F (1, 228) = 1.014, p = .315.

A between-subjects multivariate analysis of variance (MANOVA) was used on all 12 SE-SC items to increase statistical power and identify smaller effects than an ANOVA can find (Field, 2022). Levene's test for the MANOVA confirmed homogeneity of variance assumption between the two groups, faculty and site supervisors. The results from the MANOVA indicated there were statistically significant differences between ratings of faculty supervisors and site supervisors on the 12 SE-SC items as a whole, F (12, 217) = 2.021, p = .024; Wilk's Lambda = .899, partial eta squared = .101.

One-way ANOVAs were further performed to decompose and compare the type of supervisor (faculty or site) on individual items on the SE-SC 12-item version and the added question of systemic context. Levene's test of homogeneity was conducted and confirmed homogeneity of variance assumption on all items. The ANOVA results revealed only one individual item, "goal-directed supervision," had a statistically significant difference between faculty and site supervisors, F (1, 228) = 8.458, p = .004, partial eta squared = .036. Faculty supervisors (m = 5.36, SD = 1.89) had a higher rating than site supervisors (m = 4.62, SD = 1.97),

p = .004. There were no statistically significant differences between faculty and site supervisors on any other individual item.

RQ4: Do counselors-in-training ratings of competency vary based on supervisors' perceived level of supervision experience?

Given that each respondent had rated fewer than two faculty or site supervisors on average, between-subjects analysis of variance (ANOVA) was used for all the following analyses. A one-way ANOVA was first utilized to compare three groups, novice, intermediate, and expert supervisors, on the SE-SC 12-item overall average score. Levene's test confirmed homogeneity of variance assumption between the three groups, novice, intermediate, and expert supervisors. There was a statistically significant difference in the overall average score on the SE-SC 12-item version among three levels of perceived supervision expertise (novice, intermediate, and expert), F (2, 216) = 5.77, p = .004, eta squared = .051.

Bonferroni post hoc tests for multiple comparisons were calculated. Results showed that the level of expertise has a significant effect on the overall average score of the SE-SC 12 item-version, with the intermediate level (m = 5.48, SE = 1.37) having a significantly higher score than novice (m = 4.77, SE = 1.61), p = .029, and the expert level (m = 5.76, SE = 1.37) having a significantly higher score than novice (m = 4.77, SE = 1.61), p = .003.

A between-subjects MANOVA was used on all 12 SE-SC items to increase statistical power and identify smaller effects than an ANOVA for the question of ratings of competency based on the perceived level of supervisor expertise. The results of the MANOVA indicated that there was a statistically significant difference in expertise level on counselors-in-training ratings of supervisors, F (24, 410) = 1.575, p = .043; Wilk's Lambda = .838, partial eta squared = .084.

One-way ANOVAs were utilized to further compare three levels of expertise (novice, intermediate, and expert) on the individual items of the SE-SC 12-item and the added systemic context question. Levene's test showed homogeneity of variance assumption was met for all items except the following two items: "insight into the management of therapist-client dynamics/reflective competencies" (p = .026) and "awareness of sociocultural values" (p = .048), therefore a Welch F-test was conducted for both items. The F test results on individual items are presented in Table 4.8.

Table 4.8

Test of Between-Subject Effects on SE-SC12 Individual Items Based on Level of Expertise

Dependent Variable	*df1, df2*	*F*	*p*
Subscale: Overall satisfaction	2, 216	4.170	.017*
Subscale: Overall effectiveness	2, 216	3.311	.038*
Openness, caring, and support	2, 216	.847	.430
Supervisor's knowledge and expertise as a therapist	2, 216	7.970	<.001***
Supervision planning and management	2, 216	5.151	.007**
Goal-directed supervision	2, 216	3.981	.020*
Restorative competencies	2, 216	3.687	.027*
Insight into and management of therapist-client dynamics/reflective competencies****	2, 216	5.59	.005**
Accurate appraisal of self	2, 216	5.929	.003**
Ethical issues	2, 216	3.556	.030*
Value of scientific methods and principles	2, 216	4.893	.008**
Awareness of sociocultural values****	2, 216	2.514	.087
Systemic context	2, 134	.949	.390

*p < .05, **p < .01, ***p < .001, ****denotes use of Welch F-test

The results of the ANOVAs indicated statistically significant differences on all items except for the item "openness, caring, and support" (p = .430) and for the added item "systemic context" (p = .390). Additionally, the Welch F-test indicated no statistically significant difference for the item "awareness of sociocultural values" (p = .087). Bonferroni post hoc tests

for multiple comparisons were calculated for each of the significant items on the SE-SC12. Table 4.9 shows the results of the significant pair-wise comparisons.

Table 4.9

Significant Pair-Wise Comparisons SE-SC12 Individual Items Based on Level of Expertise

Dependent Variable	*Expertise level*	*Expertise level*	*Sig.*
Subscale: Overall satisfaction	Novice *m* = 4.74, *SE* = .25	Expert *m* = 5.71, *SE* = .20	.014*
Subscale: Overall effectiveness	Novice *m* = 5.0, *SE* = .26	Expert *m* = 5.80, *SE* = .19	.045*
Supervisor's knowledge & expertise as a therapist	Novice *m* = 5.14, *SE* = .25	Intermediate *m* = 5.85 *SE* = .13	.035*
		Expert *m* = 6.34, *SE* = .18	<.001***
Supervision planning & management	Novice *m* = 4.6, SE = .28	Intermediate *m* = 5.47, *SE* = .16	.022*
		Expert m = 5.69, SE = .20	.006**
Goal-directed supervision	Novice *m* = 4.26, SE = .33	Expert *m* = 5.38, *SE* = .24	.017*
Restorative competencies	Novice *m* = 5.09, SE = .28	Intermediate *m* = 5.93, *SE* = .16	.028*
Insight into & management of therapist-client dynamics/reflective competencies	Novice *m* = 4.4, *SE* = .30	Intermediate *m* = 5.43, *SE* = .16	.008**
		Expert *m* = 5.78, *SE* = .21	<.001***
Accurate appraisal of self	Novice *m* = 4.66, *SE* = .28	Intermediate *m* = 5.61, *SE* = .15	.010**
		Expert *m* = 5.81, *SE* = .20	.003**
Ethical issues	Novice *m* = 4.91, *SE* = .27	Expert *m* = 5.79, *SE* = .19	.026*
Value of scientific methods	Novice *m* = 4.14, SE = .33	Expert *m* = 5.35, *SE* = .19	.009**

*$p < .05$, **$p < .01$, ***$p < .001$

Finally, perceived supervisor expertise and frequency of negative or neutral experiences was also examined using a frequency distribution table. Because the SE-SC 12-item version uses a 7-point Likert scale, ranging from 1 *(not at all/strongly disagree*) to 7 (*very much so/strongly agree*), an overall average score between one and four indicates disagreement or neutral supervision ratings of all 12-items (n = 37) thus indicating a negative or neutral supervision experience. Noteworthy, 28.6% of supervision with a supervisor perceived as novice, 14.7% with a supervisor perceived as intermediate, and 14.7%. with a supervisor perceived as expert were considered negative or neutral supervisory experiences.

Summary

Seventy-seven counselors-in-training in their internship experience provided evaluations and ratings regarding their supervisory experiences, expectations, and satisfaction for 105 faculty supervisors and 125 site supervision. The data, analysis, and results contained in this chapter addressed the research questions pertaining to differences and similarities between site and faculty supervisors and how the perceived level of expertise impacted the counselors-in-training's ratings. The analysis between faculty and site supervisors indicated no statistically significant difference between the overall ratings or subscales, and only one of the individual questions, "goal-directed supervision," showed a significant difference between faculty and site supervisors. However, the analysis of the relationship between level of expertise and ratings of supervision revealed a variety of statistically significant differences between novice, intermediate, and expert supervisors. Chapter five discusses key findings, implications of the data, limitations of the study, and recommendations for future research.

Chapter 5 - Discussion

Summary of Study

This study examined how counselors-in-training assessed their supervisory experiences during internship with their site and faculty supervisors, measured by the SE-SC 12-item version. The data obtained was used to examine any differences between experiences with site and faculty supervisors. Further, this study explored the impact of the supervisors' perceived level of experience on supervisory ratings, regardless of role as site or faculty supervision. This chapter provides a summary of the results and discussion of findings, limitations of the study, and recommendations for practice and for future research.

Discussion of Findings

Given the importance of supervision for counselors-in-training, exploring supervisory effectiveness and competency is vital to ensuring that new counselors are prepared and equipped to provide counseling services to the public. While previous research has assessed supervision effectiveness utilizing the self-report of supervisors rather than through the assessment of the supervisees, this study focused on counselors-in-training's perceptions of both faculty and site supervisors' effectiveness and competency and examined how the level of experience and expertise impacted ratings of supervisors. The results of this study provide useful information for counselor education programs for the preparation and educational training of faculty supervisors, site supervisors, and counselors-in-training.

The first and second research questions focused on faculty and site supervisors and counselors-in-trainings' evaluation of faculty and site supervisors' competency. The demographic information collected regarding faculty and site supervision was similar to or exceeded CACREP's (2015) guidelines and requirements. Aligning with CACREP standards, the

majority of site supervisors' highest level of education was Masters' level while most faculty supervisors held terminal degrees or were currently enrolled in a Ph.D. program. This disparity between the educational levels of site and faculty supervisors supports the premise that site supervisors often have less formalized educational training than faculty supervisors (Bjornestad et al., 2014; Borders et al., 2014). Although CACREP standards indicate that weekly supervision provided by site supervisors can be individual or triadic, the majority type of supervision provided by site supervisors in this study was individual supervision. Similarly, although CACERP standards allow for group supervision to be provided by faculty during the internship experience, in this study most supervision provided by faculty was often triadic supervision. Thus, in this study, the majority of counselors-in-training had more individualized supervision than the minimal requirements of CACREP.

The results of the SE-SC 12-item version provided insight on counselors-in-trainings' supervision experiences and satisfaction for both faculty and site supervisors. Counselors-in-training indicated agreement with their overall experience of supervision as being positive on the SE-SC 12-item version overall average score for both faculty and site supervisors. Indicating key components for developing and maintaining for a strong supervisory relationship, for both faculty and site supervisors, the item with the highest level of agreement was "the supervisor was approachable, caring, and supportive." This finding supports the presence of an emotional and relational foundation between the counselors-in-training and their supervisors which is indicative of developing a strong supervisory working alliance (Borders et al., 2014; Falender & Shafranske, 2021; Stoltenberg & McNeill, 2011). For both faculty and site supervisors, participants' second highest level of agreement was for the item, "the supervisor impressed me

as a skilled and effective therapist." Most participants recognized the supervisor's counseling skills and found them to be skillful in their role and expertise as clinicians.

This study revealed a high frequency of negative or inadequate supervision experiences. While most participants indicated a positive experience in supervision with both faculty and site supervisors, a concerning finding emerged when examining the frequency of the lower-ranging overall average score on the SE-SC 12-item version. For this 7-point scale instrument, an overall average score 4 or below indicates that not even one of the 12 competencies were being met in supervision as assessed by the counselor-in-training reflecting a negative or inadequate experience in supervision. The results of this study revealed that 18.4% of responses on site supervisors indicated a negative or overall negative/inadequate experience with supervision while 16.25% of responses on faculty supervisors reflected negative/inadequate experience with supervision. Thus, a total of 17.4% of all surveys completed reflected supervision that did not meet supervision competency standards. This finding supports the research indicating that inadequate or negative experiences in supervision are common (Cook & Ellis, 2021; Ellis et al., 2013; Ladany, 2014; McNamara et al., 2017). Of particular interest, counselors-in-training's experiences of poor supervision occurred in both faculty and site supervision indicating that academic role of the supervisor does not buffer or protect against the experience of inadequate supervision. Additionally, when examining the perceived expertise of the supervisor, negative or neutral experiences of supervision occurred across all three levels: novice, intermediate, and expert. However, those with novice supervisors reported 28.6% negative or neutral supervision experiences while those with intermediate and expert supervisors reported 14.7% inadequate supervision experiences.

The third research question examined whether there are differences in how counselors-in-training rate their faculty supervisors' and site supervisors' competency on the SE-SC 12-item version and the added question on systemic context. Overall, the role of being a faculty supervisor or site supervisor did not yield substantial differences in perceived supervisory competency. In analyzing the overall average scores, subscores, and each individual item, there were no statistically significant differences between faculty and site supervisors on any item except for one, revealing that counselors-in-training experience site and faculty supervision very similarly. Only one item, "Supervision sessions were structured, and supervision activities were goal-driven," showed a statistically significant difference with faculty supervisors being rated higher than site supervisors. With previous research indicating the lack of training for site supervisors (DeKruf & Pehrsson, 2011), perhaps where differences in faculty and site supervisors' preparation to supervise makes the most impact is in the intentionality of supervision sessions.

The fourth research question examined the differences on ratings of competency between three levels of supervisory expertise as assessed by the counselor-in-training (i.e., novice, intermediate, and expert) regardless of role as a faculty or site supervisor and yielded a multitude of differences. Consistent with previous research (Kemer et al., 2017b; Kemer et al., 2018, Kemer, 2020), the results of this study revealed differing competencies between the expertise level of supervisors. In comparing the overall SE-SC 12-item version average score and the three different levels of expertise, novices scored at significantly lower rating than intermediates and experts. Additionally, most individual items revealed significantly lower scores for novice than expert (e.g., overall satisfaction, overall effectiveness, supervisor's knowledge and expertise as a therapist, supervision planning and management, goal-directed supervision, insight into and

management of therapist-client dynamics/reflective competencies, accurate appraisal of self, ethical issues, values of scientific methods and principles). Some items also showed significantly lower scores for novice than intermediate (e.g., supervisor's knowledge and expertise as a therapist, supervision planning and management, restorative competencies, insight into and management of therapist-client dynamics/reflective competencies, and accurate appraisal of self). However, there were no significant differences between the ratings of intermediate and experts indicating that a higher level of experience between intermediates and experts may only be meaningful when compared to novice supervisors. These findings also support the premise that becoming a supervisor has its own unique process of development (Bernard & Goodyear, 2014; Stoltenberg & McNeill, 2011).

Consistent with the idea that supervisors focus substantially on creating and maintaining a supervisory working alliance (Borders et al., 2017) and the importance of the supervisor being supportive and caring as the foundation for the supervisory relationship (Borders et al., 2014; Falender & Shafranske, 2021; Stoltenberg & McNeill, 2011), there was no significant difference of ratings of openness, caring, and support based off of level of supervisor expertise. The findings of this study support the premise that supervisory working alliance is foundational component to competent supervision regardless of the supervisor's level of development.

Implications

The results of this study have several implications for understanding the perceptions of counselors-in-trainings' experiences in supervision, the strengths of faculty and site supervision, the areas of improvement in needed preparation and education of supervisors, and the impact of the supervisory level of expertise. The first implication relates to positive aspects of the supervisory experience revealed in the data. Counselors-in-training indicated overwhelming

positive agreement for both faculty and site supervisors' characteristics of being approachable, caring, and supportive. They also overwhelming assessed their supervisors as being skilled and effective counselors. These responses affirmed that counselors-in-training experienced both faculty and site supervisors as empathic people who are welcoming, compassionate, and are qualified clinicians. Additionally, the findings suggest that regardless of role or experience, counselors-in-training often experienced a safe and supportive supervisor. The presence of a caring and trusting bond between client and counselor is foundational to progress in counseling (Bordin, 1983), and establishing a strong supervisory working alliance requires these essential components and skills. This competency may be the most transferable skill from the counselor role to the supervisor role, and most counselors-in-training experienced this type of supervisory relationship. Another positive aspect from the data indicates that counselors-in-training in this study are being provided a supervisory experience that is more individualized than the minimal CACREP requirements where there is time and space for a strong working alliance to develop. This finding may point to the recognition by training programs and sites of the importance of and investment in supervision to students.

The second implication of the study relates to the high frequency of inadequate or harmful supervision experienced by counselors-in-training. 17.4% of all surveys completed indicated an inadequate or poor supervision experience. While this finding aligns with research regarding the commonality of inadequate or negative supervision (Cook & Ellis, 2021; Ellis et al., 2013), it is nonetheless troubling. Given the importance of supervision in the skill development of counselors-in-training and its additional purpose of monitoring and gatekeeping supervisees, inadequate supervision has the potential effect of releasing poorly prepared counselors to work with clients. Additionally, previously research has demonstrated that negative

experiences in supervision can lower supervisees' self-confidence, cause them to question their suitability to the field, increase their feelings of stress in working with clients, and impact the formation of the supervisory working alliance (Rønnestad et al., 2008; Ramos-Sanchez et al., 2002). Compounding the effects of inadequate supervision, Cook and Ellis (2020) assert in their research that some supervisees may not even be able to identify or classify what constitutes as harmful or inadequate supervision. A final concerning result from this study indicates that inadequate supervision occurred in both faculty and site supervision and with novice, intermediate, and expert supervisors. Thus, it appears that neither educational preparation and the academic role of the faculty supervisor nor level of expertise may not safeguard against the counselors-in-trainings experiences of inadequate supervision.

A third implication and an interesting finding from this study was that there were minimal differences between the counselors-in-trainings ratings of faculty and site supervisors' competency. Given the previous research emphasizing the lack of education and training for site supervisors (Uellendahl & Tenenbaum, 2015; DeKruyf & Pehrsson, 2011) and this research revealing most site supervisors are Masters-level practitioners, this disparity did not seem to have a large effect on counselors-in-training ratings of supervisory experiences. However, one difference that did emerge from the data as significantly different between site and faculty supervision was the structure of the supervision sessions as goal-driven. Several implications can be made regarding this finding. Faculty, having been more thoroughly educated in supervision at the Ph.D. level, may take a more intentional, goal-directed approach to supervision consistent with models and theories of supervision. Additionally, because the majority of faculty supervision in this study occurred in triadic/group formats and the majority of site supervision

was individual supervision, faculty may be more likely to implement a supervision structure that ensures multiple supervisees received time, attention, and feedback.

The fourth and final implication from this study relates to the impact of supervisors' level of expertise on the counselors-in-training supervisory ratings. This study reveals marked differences between novice and intermediate supervisors and novice and expert supervisors in almost every competency with novice supervisors consistently receiving lower scores than intermediate or expert supervisors. When comparing this to the few differences between ratings of site and faculty supervisors and in alignment with research on novice and expert level supervisors (Kemer, 2020; Kemer et al, 2018), it becomes clear that supervisory competency may be less impacted by formalized education and preparation than developed expertise. Thus, when considering the strength of the supervisory experience, it may be less significant to consider whether a supervisor is a faculty or site supervisor and more important to look at the supervisors' level of expertise. For supervisors in the intermediate or expert level, it is unknown the amount of additional supervisory education they have; however, their years of experience supervising seems to have been impactful in developing competent and effective supervision to counselors-in-training. Additionally, there were no significant differences between the intermediate and expert level of supervisors indicating a potential eventual plateauing of the impact of supervisory expertise on counselors-in-training's rating of supervisory satisfaction and effectiveness. Finally, while the frequency of inadequate supervision was found in all three levels of expertise, those with novice supervisors experienced this type of poor supervision almost one-third of the time further supporting the importance of supervision preparation and education for those new supervision.

Limitations

Several limitations should be considered when applying these findings and considering recommendations for further research. This study used a convenience sampling by asking faculty members from CACREP-accredited programs in the North Central region to forward the research request to their students and thus relied on those programs to help recruit participants. The majority of respondents were at the end of their internship experience and their supervisory needs and assessment may differ from those just beginning. Thus, the results from this study are not representative of all counselors-in-training in CACREP-accredited programs. Additionally, because the natural of the study was non-experimental, no causations can be concluded from its results.

While intentional in its design to fill a literature gap focusing on counselors-in-training supervision experiences, one limitation of this study is the lack of information and perspective from the counselors-in-trainings' supervisors. Counselors-in-training were asked demographic information about their supervisors, and it is unknown the accuracy of the information. For example, in 11 of the completed surveys, participants indicated that they did not know the level of supervision expertise of their supervisor, and others may have guessed about the level of expertise. No question was asked regarding the amount of training the supervisors had because most likely only supervisors themselves would be able to accurately answer that question; therefore, assessing a supervisor's level expertise was based solely off the supervisee. Without supervisors' participation, it is also difficult to gage the supervisees' negative experiences and to understand if and how the supervisee's behavior impacted the supervisory process as prior research has also identified some supervisees as challenging (Kemer et al., 2017). Although supervision is inherently hierarchical with the supervisors holding the power differential, it is

also a collaborative relationship where the supervisee has the responsibility to be open to learning, apply feedback, appropriately disclose, and behave in an ethical way. It is possible that some of the counselors-in-training with poor or inadequate experiences may have had difficulty being open to feedback, were uncomfortable with the evaluation process, or had problems of professional competency and their ratings reflected their own countertransference issues. Having the supervisors' perspectives would add tremendously to the data as some researchers contend that exploring supervision experience alone may not be a full indicator of the effectiveness of supervision (Chircop Coleiro et al., 2022).

Recommendations for Practice

The result of this research provides several recommendations for practice particularly for counselor education training programs. The frequency of counselors-in-trainings experiences of poor and inadequate supervision is concerning. Counselor education program must be vigilant in monitoring and addressing poor supervision. Programs need to educate counselors-in-training on appropriate expectations of supervisors and best practices of supervision in order to help them identify inadequate supervision and how to address it. Additionally, because of the multiple layers of power differentials between students and faculty, when students report poor supervision particularly with faculty members, students must be informed about policy and procedures for dealing with difficulties and reporting grievances, if necessary. Continued attention must be directed to the CACREP requirements of approval, monitoring, and evaluation of the field placement sites through faculty site visits and review of students' regular evaluation of their sites.

This research revealing the competency differences between novice and intermediate/expert supervisors points to the importance of programs intentionally focusing

attention on all supervisors who are new to supervising, including novice faculty supervisors. While only 7.6% of the faculty supervisors were classified as novice, given the frequency of inadequate supervision even amongst faculty, new faculty supervisors would also potentially benefit from additional support and education on supervision from the training program. As suggested by previous researchers (Uellendahl & Tenenbaum, 2015; Borders et. al, 2014), counselor education programs play a vital role in ensuring that supervisors are educated in supervision competencies and should embrace their responsibility of insuring counselors-in-training have prepared supervisors. Specifically, training programs should incorporate the ACES *Supervision Best Practice Guidelines* (Borders et at., 2014) into their orientation, educational preparation, and approval of new site and new faculty supervisors. Additionally, counselor education programs should consider the preparation and educational training for supervisors in differing developmental stages instead of approaching it as a "one size fits all." Programs should also consider utilizing previous research demonstrating how training enhances supervisors' self-efficacy in providing feedback (Motley et al., 2014) in online formats that are easily accessible (McCoy & Neal-McFall, 2017). The results of this study showed a significance difference between notice and expert supervisors in their competency in improving supervisees awareness of ethical issues in client care and professional activities which may have implications for effective gatekeeping; therefore, ensuring that supervisors continue to have continuing education in the complexities of ethical challenges is vital. Finally, the establishment of supervision mentorship programs by training programs could pair novice supervisors with more experienced faculty or site supervisors to provide more intentional support and guidance along their supervisor developmental process. Providing sufficient education and preparation to ensure that

all new supervisors can perform at the minimal acceptable level of competency should be an expectation of and priority for CACREP-accredited training-programs.

Recommendations for Research

The results of this study provide a direction for further research on supervision for counselors-in-training. While this study's use of SE-SC 12-item instrument showed high reliability, it is a new instrument, and additional research is needed to see if these findings can be replicated. The results from the current study added support to the premise that inadequate supervision exists and is common. Thus, more research is needed to determine the impact of the supervisor-supervisee dyad to provide greater insight into the complexities of the supervisory relationship. Specifically, research utilizing the SE-SC with self-reports from both the supervisor and supervisee would provide insight into understanding of the different perspectives of the supervisory experience.

Second, recognizing the importance of supervision in identifying and remediating counselors-in-training who may be challenging or ill-suited for the profession, further research is needed in understanding how supervisor expertise impacts supervisors' gatekeeping knowledge, responsibilities, and practices. Previous research indicates that some supervisees exhibit problems of professional competency (Jorgensen et al., 2018; Street, 2019) and may need additional supervisory support ranging from increased supervision sessions to a formalized remediation plan. With research showing site supervisors' lack of awareness of their responsibilities in gatekeeping (Dean et al., 2018) and faculty supervisors' struggle enacting gatekeeping duties (Brown-Rice & Furr, 2016), research is needed to better understand how supervisors can more intentionally identify and address gatekeeping issues in supervision and how supervisors' roles and level of expertise impact gatekeeping.

Third, experimental research focusing on the impact of formal supervision training, based on supervision competencies and best practices, would provide a better understanding of what type of training increases the use of supervisory best practices and on how expertise is developed. As few research studies have focused on supervision training (Chircop Coleiro et al., 2022), understanding the specific components that increase both supervision satisfaction and enhance supervisory competences would yield insight on how training can be used to accelerate a supervisor's development. Particularly for novice supervisors, examining how training may help compensate for the lack of experience is vital to ensuring a positive supervision experience for counselors-in-training. Additionally, information gleaned from understanding the effective components for supervisory training can help organizations such as CACREP and the Association for Counselor Education and Supervision (ACES) to provide more specific guidelines for supervision training curriculum.

Finally, qualitative research would be useful in providing additional information regarding the nature of the frequency of the reports of inadequate/poor supervision. Qualitative data may help address questions such as, how did the counselors-in-training experience this supervision as inadequate, what attempts were made to address it in supervision, how was it reported to the training program, and how did the training program respond. Additionally, while the data reveals a frequency of inadequate supervision, it is unknown what effects of the supervision were on the supervisee and if they were able to have other, more effective and competent supervision to help remediate any negative effects or resulting deficits in counseling skill development. The use of qualitative research would provide helpful information in understanding how supervisees experienced this type of supervision and how training programs responded to these supervisory issues from the supervisee's perspective.

Conclusion

This non-experimental quantitative study investigated how counselors-in-training rate the competency of faculty and site supervisors and how supervisors' perceived level of experience in supervision impacted the counselors-in-training ratings of supervisory competency. Descriptive statistics were collected on counselors-in-training and the supervisors. Data revealed the experience of inadequate supervision was common among the participants. Comparisons of potential group differences between faculty and site supervisors and between supervisors' level of expertise were analyzed. Surprisingly, there were no statistically significant differences found between site and faculty supervisors on supervisory competency ratings except for one item. However, data revealed statistically significant differences on multiple supervisory competency areas between novice and intermediate supervisors and between novice and expert supervisors. Understanding how counselors-in-training perceive the competency of faculty and site supervisors and the impact of supervisory expertise offers valuable information and new research areas for training programs, supervisors, and counselors-in-training all with the ultimate purpose in assuring that new counselors are prepared, educated, and well-equipped to offer counseling services to vulnerable populations.

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Appendix A - Permission to Use SE-SC

RE: Permission to use SE-SC8 in dissertation research

CG

Craig Gonsalvez <C.Gonsalvez@westernsydney.edu.au>

Monday, October 3, 2022 at 7:28 PM

To: Amy Cain

Grassby 2022 Group...
721.7 KB

Download • Preview

This email originated from outside of K-State.

And yes, you have permission to use the scale. There's a recent article in press that you might be interested in (attached). Please keep me informed about your findings.

Kind regards,

Craig Gonsalvez, PhD
Prof. in Clinical Psychology
Research Leader: Psychological Health & Care
School of Psychology
Western Sydney University

Email: C.Gonsalvez@westernsydney.edu.au
Link to: Staff Profile: Craig Gonsalvez
Link to: C.Gonsalvez Google Scholar:

Appendix B - Survey Questions with SE-SC 12-item version

Are you currently enrolled in a Council for the Accreditation of Counseling and Related Educational Programs (CACREP)-accredited Masters of Counseling Program?

- Yes
- No
- Unknown

Have you completed your Practicum experience (40 direct client contact hours/100 total hour experience)?

- Yes
- No

Approximately how many <u>total</u> **DIRECT** client hours (e.g., activities of counseling, assessment, psychoeducation, or consulting to foster change with clients/students, etc.) have you completed (include hours accumulated during Practicum and Internship)?

- Less than 40
- 40-99 hours
- 100-199 hours
- 200-299 hours
- 300+

What is your CACREP specialty area?

- Addictions Counseling
- Career Counseling
- Clinical Mental Health Counseling
- Clinical Rehabilitation Counseling
- College Counseling and Student Affairs
- Marriage, Couple, and Family Counseling
- School Counseling
- Rehabilitation Counseling

How old are you?

- Under 25
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65+ years old

Which race or ethnicity best describes you? (Please choose only one)

- American Indian/Indigenous person of America, Alaskan Native
- Asian/Pacific Islander or Native Hawaiian
- Black or African American
- Hispanic or Latino/a
- White/Caucasian
- Multiple ethnicities
- Prefer not to say
- Prefer to self-describe _____

What gender do you identify as?

- Female
- Male
- Non-binary/third gender
- Prefer not to say
- Prefer to self-describe _____

The following questions ask you to think about your experiences with your **SITE** supervisor during your internship. Site supervisors can also be referred to as "field placement supervisors."

CACREP defines "site supervisors" as fully licensed practitioners with at least two years of counseling experience in their setting who provide weekly supervision and oversight to counselors-in-training at their respective field placement site/place of employment; in general, site supervisors are not a part of the Master of Counseling faculty.

If you have had multiple **site** supervisors during your internship, you will have the opportunity to individually assess each **site** supervisor.

How many **site** supervisors have you had during your internship?

In thinking about your (1st, 2nd, etc.) **site** supervisor (i.e., your supervisor during your internship placement), what position/setting best describes them?

- Counselor in a mental health and/or addiction setting (e.g., outpatient rehabilitation, community mental health center, college counseling center, etc.)
- Counselor in a **residential** mental health and/or addiction setting (e.g., rehabilitation, mental health facility, residential, hospital, etc.)
- Counselor in a private practice/group practice
- School Counselor
- Counseling program faculty at a university-based counseling center
- Doctoral student at a university-based counseling center
- Counselor in non-profit and/or faith-based setting
- Other

In thinking about your (1st, 2nd, etc.) **site** supervisor (i.e., your supervisor during your internship placement), what is their highest level of education?

- Ph.D./other terminal degree
- Masters, currently enrolled in a Ph.D. program
- Masters
- Unknown
- Other

How would you best describe the primary type of supervision provided by your (1st, 2nd, etc.) **site** supervisor?

- Individual supervision (you and the supervisor)
- Triadic supervision (you, a peer, and the supervisor)
- Group supervision (12 or fewer supervisees and the supervisor)
- A combination of any of the above

In thinking about your (1st, 2nd, etc.) **site** supervisor (i.e., your supervisor during your internship placement), how would you describe their level of expertise as a **supervisor**?

- Novice (Less than 2 years of supervision experience)
- Intermediate (between 2-10 years of supervision experience, some supervision training)
- Expert (10+ years supervising, advanced supervision training)
- Unknown

Directions:
In this section, use the following Likert scale to evaluate the supervision you received from your (1st, 2nd, etc.) **site** supervisor.

	Not at all/Strongly disagree 1	2	3	Moderately Neutral 4	5	6	Very much so/Strongly agree 7
1. Overall, my expectations of supervision were matched or exceeded.	○	○	○	○	○	○	○
2. Overall, supervision significantly enhanced my competence as a practitioner and professional.	○	○	○	○	○	○	○
3. The supervisor was approachable, caring, and supportive.	○	○	○	○	○	○	○
4. The supervisor impressed me as a skilled and effective therapist.	○	○	○	○	○	○	○
5. Supervision goals and competencies were designed to match my developmental needs.	○	○	○	○	○	○	○
6. Supervision sessions were structured, and supervision activities were goal-driven.	○	○	○	○	○	○	○
7. Supervision provided a safe place for emotional ventilation and support.	○	○	○	○	○	○	○
8. The supervisor helped me gain an understanding of my emotional response in client work (including when appropriate, schema, and transference-type reactions).	○	○	○	○	○	○	○
9. The supervision experience has given me a richer and more accurate appraisal of myself as a therapist and professional.	○	○	○	○	○	○	○
10. The supervisor improved my awareness and analysis of how ethical issues affected client care and professional activities.	○	○	○	○	○	○	○
11. The supervisor helped me gain a deeper appreciation for the value of using scientific methods and principles to shape my practice.	○	○	○	○	○	○	○
12. The supervisor improved my awareness and analyses of how sociocultural values affected the processes and outcomes of my professional work.	○	○	○	○	○	○	○

	Not at all/Strongly disagree 1	2	3	Moderately Neutral 4	5	6	Very much so/Strongly agree 7	N/A
13. The supervisor enhanced my knowledge of the systemic context of my internship setting	○	○	○	○	○	○	○	○

The following questions ask you to think about your experiences with your **FACULTY** Supervisor during your internship experience. "Faculty supervisors" are members of the Counselor Education Masters of
Counseling program faculty and may also include doctoral students working under the supervision of faculty. Faculty supervision is often provided in group and/or triadic modalities.

If you have had multiple **faculty** supervisors during your internship, you will have the opportunity to individually assess each faculty supervisor.

How many **faculty** supervisors have you had during your internship?

In thinking about your (1st, 2nd, etc.) **faculty** supervisor (i.e., your supervisor from your CACREP training program during internship), what position **best** describes them?

- Full-time program faculty
- Part-time or Adjunct faculty
- Doctoral student under supervision of the program faculty
- Unknown
- Other

In thinking about your (1st, 2nd, etc.) **faculty** supervisor (i.e., your supervisor from your CACREP training program during internship), what is their highest level of education?

- Ph.D./other terminal degree
- Masters, currently enrolled in a Ph.D. program
- Masters
- Unknown
- Other

How would you best describe the primary type of supervision provided by your (1st, 2nd, etc.) **faculty** supervisor during internship?

- Individual supervision (you and the supervisor)
- Triadic supervision (you, a peer, and the supervisor)
- Group supervision (12 or fewer supervisees and the supervisor)
- A combination of any of the above

In thinking about your (1st, 2nd, etc.) **faculty** supervisor (i.e., your supervisors from your CACREP training program during your internship), how would you describe their level of expertise as a **supervisor**?

- Novice (Less than 2 years supervision experience)
- Intermediate (between 2-10 years supervision experience)
- Expert (10+ years supervising, advanced supervision training)
- unknown

Directions: In this section, the following Likert scale to evaluate the supervision you received from your (1st, 2nd, etc.) **faculty** supervisor during your internship.

	Not at all/Strongly disagree 1	2	3	Moderately Neutral 4	5	6	Very much so/Strongly agree 7
1. Overall, my expectations of supervision were matched or exceeded.	○	○	○	○	○	○	○
2. Overall, supervision significantly enhanced my competence as a practitioner and professional.	○	○	○	○	○	○	○
3. The supervisor was approachable, caring, and supportive.	○	○	○	○	○	○	○
4. The supervisor impressed me as a skilled and effective therapist.	○	○	○	○	○	○	○
5. Supervision goals and competencies were designed to match my developmental needs.	○	○	○	○	○	○	○
6. Supervision sessions were structured, and supervision activities were goal-driven.	○	○	○	○	○	○	○
7. Supervision provided a safe place for emotional ventilation and support.	○	○	○	○	○	○	○
8. The supervisor helped me gain an understanding of my emotional response in client work (including when appropriate, schema, and transference-type reactions).	○	○	○	○	○	○	○
9. The supervision experience has given me a richer and more accurate appraisal of myself as a therapist and professional.	○	○	○	○	○	○	○
10. The supervisor improved my awareness and analysis of how ethical issues affected client care and professional activities.	○	○	○	○	○	○	○
11. The supervisor helped me gain a deeper appreciation for the value of using scientific methods and principles to shape my practice.	○	○	○	○	○	○	○
12. The supervisor improved my awareness and analyses of how sociocultural values affected the processes and outcomes of my professional work.	○	○	○	○	○	○	○

	Not at all/Strongly disagree 1	2	3	Moderately Neutral 4	5	6	Very much so/Strongly agree 7	N/A
13. The supervisor enhanced my knowledge of the systemic context of my internship setting	○	○	○	○	○	○	○	○

Appendix C - IRB Approval

KANSAS STATE UNIVERSITY | University Research Compliance Office

TO: Yang Yang
Spec Ed, Counsel & Student Aff
Manhattan, KS 66506

Proposal Number: IRB-11522

FROM: Lisa Rubin, Chair
Committee on Research Involving Human Subjects

DATE: 02/09/2023

RE: Proposal Entitled, "Counselors-in-Training Evaluation of Faculty and Site Supervisors' Effectiveness and Competency."

The Committee on Research Involving Human Subjects / Institutional Review Board (IRB) for Kansas State University has reviewed the proposal identified above and has determined that it is EXEMPT from further IRB review. This exemption applies only to the proposal - as written – and currently on file with the IRB. Any change potentially affecting human subjects must be approved by the IRB prior to implementation and may disqualify the proposal from exemption.

Based upon information provided to the IRB, this activity is exempt under the criteria set forth in the Federal Policy for the Protection of Human Subjects, **45 CFR §104(d), category:Exempt Category 2 Subsection ii.**

Certain research is exempt from the requirements of HHS/OHRP regulations. A determination that research is exempt does not imply that investigators have no ethical responsibilities to subjects in such research; it means only that the regulatory requirements related to IRB review, informed consent, and assurance of compliance do not apply to the research.

Any unanticipated problems involving risk to subjects or to others must be reported immediately to the Chair of the Committee on Research Involving Human Subjects, the University Research Compliance Office, and if the subjects are KSU students, to the Director of the Student Health Center.

Electronically signed by Lisa Rubin on 02/10/2023 12:55 AM ET

203 Fairchild Hall, Manhattan, KS 66502 | (785) 532-3224 | fax: (785) 532-3278

Appendix D - Informed Consent

Informed Consent: You are invited to participate in a research study. This study is being conducted by Amy E. Cain, a doctoral candidate at Kansas State University as part of her doctoral dissertation, IRB #11522.

Purpose: The purpose of this quantitative study is to investigate how counselors-in-training how counselors-in-training evaluate their supervision experience.

Procedure: The study will be conducted through this online survey. To participate, individuals must be currently enrolled in a Council for the Accreditation of Counseling and Related Educational Programs (CACREP)-accredited Master of Counseling program, have completed their Practicum experience of at least 40 direct-contact hours, and currently be enrolled in Internship. You will be asked to complete the survey for each of your faculty supervisors and each site (e.g., field placement/internship) supervisor. Participants are asked to answer each question as accurately and honestly as possible. It is estimated to take 10-15 minutes to complete.

Benefits and Risks Research: Participants may benefit from processing and reflecting on their experiences in supervision and the growth they have experienced because of the supervisory working alliance. Counselor Educators will benefit from understanding counselors-in-training's supervision experiences. There are no foreseeable risks associated with your participation; however, because research reveals some supervisees experience inadequate or harmful supervision, some supervisees may experience discomfort evaluating their supervision experiences.

Your participation is voluntary with no consequence if you choose not to participate or discontinue participation once you have begun the survey. There is no compensation provided for participating in this study.

The responses and information collected in this study will be **anonymous** and **confidential**. The data will be **aggregated** for all analyses and reports. Information and data collected as a part of this study will not be used or distributed for future research studies.

Contact Information: If you have questions about this research study, you can contact me, Amy E. Cain, through email at aecain@ksu.edu or via phone at 913-530-7001, or my dissertation major professor, Dr. Yang Yang, at yyang001@ksu.edu. Questions regarding this research project should be sent to Lisa Rubin, Chair, Committee on Research Involving Human Subjects, or Brad Woods, Associate Vice President for Research Compliance at 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224. The IRB Website is available at http://www.k-state.edu/research/comply/irb/.

I understand this project is research, and my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent and stop participating without explanation, penalty, loss of benefits, or academic standing to which I may otherwise be entitled. I verify by proceeding with this survey by clicking the link below that I have read and understand this consent form and willingly agree to participate in this study under the terms described.

Appendix E - Recruitment Email

Subject: Research Participation Request: Counselors-in-Training

Dear CACREP-accredited university faculty member, program director, and/or placement coordinator,

I am reaching out to you to request your assistance in forwarding this email to your current students who have finished Practicum and are currently in their internship experience.

I am a doctoral candidate in Counselor Education and Supervision at Kansas State University. The purpose of this research is to investigate counselors-in-training experiences of supervision during their internship experience.

To participate, counselors-in-training must be currently enrolled in a CACREP-accredited Master of Counseling program, have completed the practicum requirements (at least 40 hours of direct contact/100 total hours), and be currently enrolled in Internship.

Participation in this research study is completely voluntary (IRB approval, Kansas State University, # 11522). The online survey will take approximately 10-15 minutes to complete. The responses and information collected in this study will be **aggregated** to ensure **anonymity** and **confidentiality**. Click on the link below or copy/paste it into your browser to begin.

https://kstate.qualtrics.com/jfe/form/SV_b25DTR2c1NtbMZo

If you have any questions about this research, please contact me at aecain@ksu.edu or my dissertation major professor, Dr. Lydia Yang, at yyang001@ksu.edu.

Amy E. Cain, MA, LCPC
PhD Candidate in Counselor Education and Supervision at Kansas State University

Appendix F - Communication with SE-SC Author

From: Amy Cain <aecain@ksu.edu>

Sent: Monday, 3 October 2022 4:01 AM

To: Craig Gonsalvez <C.Gonsalvez@westernsydney.edu.au>

Subject: [External] Permission to use SE-SC8 in dissertation research

Dr. Gonsalvez,

I just wanted to follow up regarding my request to use the SE-SC8 and the following questions if permission is granted:

1.) Do you recommend combining overall effectiveness and satisfaction into one scale for an overall score (that seems to be what was done for the original measure, combining 6 items) or not, for the short scale?

CG: I guess it would depend on what you are going to use the score for. If you want no more than one score to evaluate relationships with the SE-SC and another scale, a mean score across all items is likely to be the best. If the aim is to understand differential effects among the items within the scale or to understand differences between effectiveness and satisfaction and their respective relationships with other subscales/constructs, it will be more appropriate to treat the items independently.

2.) Would you recommend treating each of the 6 subscales in the short scale as an interval or ordinal scale for statistical analysis?

CG: As an interval scale

I look forward to hearing from you. Thank you so much for taking the time out of your day to consider my request.

Amy E. Cain, MA, LCPC

PhD Student in Counselor Education and Supervision