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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

SUPERVISION IN APPLIED COUNSELING SETTINGS:
A SOCIALLY CONSTRUCTED GROUNDED THEORY

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Thomas D. Lonneman Doroff

College of Education and Behavioral Sciences
Counselor Education and Supervision

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Entitled: *Supervision in Applied Counseling Settings: A Socially Constructed Grounded Theory*

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ABSTRACT

Lonneman Doroff, Thomas D. *Supervision in Applied Counseling Settings: A Socially Constructed Grounded Theory*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2012.

Supervision in applied counseling settings is highly important to counselor education and supervision, the development of interns and pre-licensed counselors, and effective service delivery to counseling clients. A constructivist grounded theory methodology was utilized to explore the social processes of supervision in settings including community agencies and organizations where service delivery to clients is a high priority. Direct interviews, document collection, and observations were conducted with 11 participant supervisors. Seventeen empirically derived categories emerged across the supervisory relational contexts of the community, stakeholders, organization, administration, counselors, and clients.

Key findings of this study included the interwoven strategies of administrative and clinical supervision. Participants' supervision strategies focused on counselor supervision and client outcomes as well as the larger organization and community. Stakeholder involvement and the complexity of client issues appeared influential on supervision strategies. Participants described their experiences of divides of professional culture, devaluation of counseling, lack of support, and the demand stressors of their organization. Participants adapted supervision strategies to protect and fortify counselors through wellness and specialized skills adapted to client populations.

Participants reacted and responded to the demands of service delivery that funneled toward them and resulted in demand stress. As a result, participants varied strategies to adapt, cope, and respond. Counselor supervision involved multiple strategies focused on counselor development, the supervisor-supervisee alliance and relationship, and influencing client change in parallel with the supervision relationship.

Supervisors utilized specific guides to navigate supervision in the organizational context, e.g., their preferred theories of counseling, assessing the needs of others across multiple contexts, and their understanding of supervision from their prior experiences. Preparation and training appeared influential on supervisor development and identity. A grounded theory of supervision in applied counseling settings emerged from the data. The results of this study have implications for counselor educators and supervisors, applied setting supervisors and counselors, supervision researchers, regulating bodies, and the field of supervision. Implications include a resultant grounded theory of supervision in applied counseling settings. This model contributed to a greater understanding of supervision and the applicability of current supervision models in the applied counseling setting. This study produced a large set of potential variables for use in future supervision research. Implications for the wellness and development of supervisors as well as their needs for support and training are also described.

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DEDICATION

I dedicate this dissertation to my family. To my best friend and life partner, Lisa, and to my sons, Devin and Connor; you have earned this degree as much as I have. For all, now it is time to play, to love, and to be fully together again.

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CHAPTER I

INTRODUCTION

In this study, I explored the social processes of supervision in applied counseling settings. The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus of supervision was on service delivery to client populations. Such settings included mental health agencies and non-profit organizations.

Charmaz's (2006) definition of social processes--"the social, historical, local, and interactional contexts" (p. 180) was utilized in this study. Social refers to human transactions, interaction, and relationships. The definition is similar to social action that Schwandt (2001) defined as "the meaning, character, and nature of social life" (p. 173). Applied settings are defined as "public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings" (Association for Counselor Education and Supervision [ACES], 1995, p. 1). For the sake of this study, applied settings included community-based organizations where mental health counseling was conducted and the primary orientation of supervision was directed at client service delivery.

My curiosity for this study was ignited by personal and professional interest. As a counselor, supervisee, doctoral student, and now counselor educator and supervisor, I

have perceived significant differences in supervision between educational settings and applied counseling settings. It has also been my experience that supervision quality varied greatly by supervisor in either setting. As a practitioner in applied settings I was also aware that supervision was often superseded by other competing factors, whether it was an overwhelmed supervisor, organizational politics, administrative overload, or other organizational requirements. I felt at those times that client welfare might not have been in the forefront of our work nor was supervision dedicated to my professional development as a counselor.

As a doctoral student who was trained in the theory and practice of supervision, I found a fair portion of what I was learning did not seem explanatory of many of the situations I experienced in agencies and non-profits. The theories and models appeared to miss some component of applied setting work, e.g., incredible necessity we all faced to meet diverse and challenging client needs. During the latter part of my education, I became aware of what appeared to be a miscommunication between a university faculty member and non-profit supervisor with whom I had served. My prior supervisor described critical comments by the faculty member regarding the smell and look of her non-profit and her approach to training interns. I had also overheard other comments about field-site supervisors as uneducated, unprepared, and ineffective as supervisors--a stereotype that was both confirmed and disconfirmed by my prior experiences working in community settings.

As a doctoral student working to become a faculty member, I perceived a strain between the education and the applied setting; I felt dismayed at what I perceived as potentially damaging stereotypes. I began to question how supportive or conflicted the

relationships were between counselor education programs and the practice setting. I began to wonder about the theory-practice gap between education and the applied setting. I became motivated to further understand the differences in the focus and expectations of supervision between educational and applied settings.

If a theory-practice gap exists between education and applied settings, I felt a motivation to build a bridge between the two worlds. I believed that practice knowledge could be beneficial to the educational setting just as theories of supervision might be of benefit in the applied setting. In this introduction, I provide an overview of supervision in applied counseling settings and introduce the purpose of this study. I then provide a statement of the problem, the guiding questions for the study, contextual information, implications of the study, delimitations, and definitions of key terms.

The Relationship of Counselor Education Programs to Applied Settings

Schon (1983) indicated that not only should counseling trainees be immersed in formal theory and observation but also in pragmatic, applied knowledge gained from the professional experience of field practitioners. Counselor education programs rely on field site settings for the placement of counselors in training in practicum and internships as a pragmatic means to apply knowledge and gain professional experience from field practitioners. According to a qualitative study by Magnuson (1995), counselor educators perceived the needs of pre-licensed counselors in field settings to include "affiliating with other professional counselors, discerning therapeutic boundaries, self-monitoring, and examining theoretical models in applied settings" (p. 100). The relationship of training programs to applied settings is a necessary and vital component in counselor training.

Supervisors in applied settings provide the bridge from education to the professional environment (Holloway & Wolleat, 1994; Schon, 1983; Williams, 1995).

Counselor education and training programs have the necessity to maintain a good working relationship and to communicate with field placement supervisors who counsel interns (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). This serves the purpose of evaluating intern counseling skills, promoting skills development, and supporting supervisors with training. Despite the necessity for a good working relationship, numerous researchers have found communication between counselor training programs and field sites to be inadequate and lacking (Bogo, Regehr, Power, & Regehr, 2007; Elman, Forrest, Vacha-Haase, & Gizara, 1999; Lewis, Hatcher, & Pate, 2005). Lewis et al. (2005) observed that field site supervisors were often not clear about the expectations from training programs. Peleg-Oren and Even-Zahav (2004) asserted that the failure of educators and field supervisors to acknowledge the divergence of goals between educational and field settings caused problems in working through such goals. In a qualitative study by Bogo et al. (2007), site supervisors described having low confidence in their role as gatekeepers due to lack of support from academic programs. The lack of communication and support has even led supervisors to discontinue their relationships with counselor education programs (Peleg-Oren & Even-Zahav, 2004). This communication gap is a direct challenge for counselor education programs that depend on field site settings for the final curricular component in counselor training.

Brown and Otto (1986) and Roberts, Morotti, Herrick, and Tilbury (2001) asserted that collaborative opportunities for site supervisors and university supervisors be

created to allow for the sharing of supervisory ideas and experiences. Dodds (1986) provided a model for the relationship between counselor education and field placement settings to include regular communication and shared understanding of expectations and goals. Dodds saw the educational system and applied setting goals as overlapping, such that a mutual benefit could be derived from collaborative efforts. Despite early and ongoing suggestions for improved relationships between counselor education and applied settings, problems appear to continue.

Counseling from Academic to Applied Settings

Differences in expectations and focus exist between supervision in counselor education training programs and supervision in the applied setting (e.g., Peleg-Oren & Even-Zahav, 2004). The difference between educational and field environments can be great including differences in expectations, major goals, motives, schedules, service demands, and employment expectations. The major goal for educational institutions is to train students in professional skills; whereas, in the agency, it is to delivery high quality and quantity of service (Dodds, 1986). Supervision in higher education generally consists of supervising counselor trainees through practicum, internship, and onward to graduation (Magnuson, Norem, & Wilcoxon, 2000a). Counselor education programs hold a strong value for counselor development, the evaluation of counselor-in-training skills and capacity to provide counseling (CACREP, 2009), and gate-keeping (ACES, 1995; Lumadue & Duffy, 1999; Ziomek-Daigle & Christensen, 2010).

Applied counseling setting (“applied setting” hereon) supervision has a strong orientation toward the administrative and clinical tasks of service delivery (Bernard & Goodyear, 2009; Dodds, 1986; Henderson, 2009) with a focus-specific knowledge

(practice knowledge) directed at treatment of specific issues of a client population (Woodruff, 2002). Supervision in the applied setting is oriented toward the direct achievement of client outcomes (Bambling, King, Raue, Schweitzer, & Lambert, 2006; Couchon & Bernard, 1984; Falvey, 1987; Freitas, 2002; Kivlighan, Angelone, & Swafford, 1991; Osborn, 2004).

Researchers have confirmed differences between counselor education programs and practice. Beavers (1986) compared graduate training clinics with field sites and found that graduate school clinics had less clinically experienced supervisors and did not expose students to the realistic complexities of service delivery found in field settings. According to Thielsen and Leahy (2001), theories and models, as well as evaluation and assessment, were found to be more highly valued in educational and university settings than in community or private practice settings. Woodruff (2002) determined that supervision in field settings is distinct from that in university or training settings. Accountability to the customer drives service delivery and provides much greater pragmatic challenges for the supervisor. According to Brooks and Gerstein (1990) counselors in applied settings, in addition to providing treatment, take on a greater number of roles than supervisors in educational settings including acting as consultants, administrators, teachers, researchers, personnel directors, and supervisors.

The differences outlined above point toward the applied setting as differing from education in that it is primarily a service-driven organizational culture. Patterson (2000), Kadushin and Harkness (2002), and Henderson (2009) observed that the supervisor in applied settings is placed in the middle of the organizational hierarchy where high and conflicting demands are constant. Hawkins and Shohet (2006) noted that the applied

setting is a unique organizational culture fraught with intense politics and constraints that often do not support clinical supervision. The research on differences between counselor education programs and applied settings appears to point toward systemic constraints that may be obstacles to a focus on counselor development and clinically oriented supervision.

Challenges of Supervision in Applied Settings

Cormier and Hackney (2005) observed that supervisors in applied settings work in the most diverse of all counseling organizations. Applied settings are engulfed with high caseloads, stressful working conditions, and a wide variety of intense client issues. Supervision in applied counseling settings poses unique and difficult challenges for supervisors (Henderson, 2009; Patti, Diedrick, Olson, & Crowell, 1979; Woodruff, 2002). Challenges described in the research include difficult organizational politics and culture dynamics (Bernard & Goodyear, 2009; Carroll, 1996; Hawkins & Shohet, 2006; Walsh, 1990); lack of organizational support or barriers to providing clinical supervision (Bogo, 2005; Globerman & Bogo, 2003; Gross, 2005; Kadushin & Harkness, 2002; Murphy & Pardeck, 1986; Sommer & Cox, 2005); stressful work demands, intense service delivery demands, and difficult client issues (Cormier & Hackney, 2005); burnout; high turnover; job dissatisfaction; and short career span of counselors (Altun, 2002; Edelwich & Brodsky, 1980; Farber, 1990; Murphy & Pardeck, 1986; Powell, 2004; Ramos-Sanchez et al., 2002). Additional challenges also include dual and conflicting roles between organizational managers, supervisors, and counselors (Herlihy & Corey, 1992; Patterson, 2000) and difficult ethical decisions based in complex client issues

(Congress, 1992). The applied setting provides significant challenges for both counselors and supervisors.

A number of researchers have addressed the necessity for supervisors to gain organizational awareness and skills in order to be effective in applied settings. Bernard and Goodyear (2009) devoted an entire chapter to the development of organizational awareness and skill, an issue also discussed by Cohen and Lim (2008). Hawkins and Shohet (2006) and Kadushin and Harkness (2002) described approaches to deal with power and politics and how supervisors must act as change agents within the organizational culture. Bogo et al. (2007), Lewis et al. (2005), and Lewis (1988) described the use of evaluation and addressed competence in service delivery. The conflicting relationship dynamics between the dual role of administrative versus clinical supervision have been addressed by Borders and Brown (2005), Ellis, D'Iuso, and Ladany (2008), and Patterson (2000) as well as numerous others. Henderson (2009) described administrative supervision according to the standards and ethics of the profession including specific organizational competencies for administrative supervisors. Magnuson, Norem, and Wilcoxon's (2000b) qualitative study revealed effective and ineffective, i.e., "lousy supervision" related to supervisor organizational ability. The context of the organization appeared to play a major factor in how supervision was conducted and influenced the expectations and role of supervisors

Dual Roles and Role Conflicts

The largest body of research in applied settings focused on the differences and conflicts of the administrative supervision role versus the clinical supervision role. A plethora of evidence has demonstrated that the clinical and administrative roles of applied

setting supervision are not easily navigated and may result in direct problems (English, Oberle, & Byrne, 1979; Falvey, 1987; Herbert, 1997; Herbert & Trusty, 2006; Ladany, Hill, Corbett, & Nutt, 1996; Magnuson et al., 2000b; Tromski-Klingshirn & Davis, 2007; Webb & Wheeler, 1998; Yourman, 2003). Problems that occurred between supervisors and counselors were often attributed to a misuse of power that researchers attributed to the dual roles of supervision, i.e., administrative and clinical roles. Supervisors were described as having difficulty balancing the power of the managerial-employer role with a more empathic, supportive clinical role. Negative consequences of the misuse of power negatively impacted the supervisor-supervisee, resulting in supervisees withholding information from their supervisors (Ladany et al., 1996; Webb & Wheeler, 1998; Yourman & Farber, 1996). An administrative focus on supervision was a deterrent to supervisee development (English et al., 1979; Herbert, 1997), resulting in greater counselor dissatisfaction (Herbert & Trusty, 2006) and failure to meet counselor needs in supervision (Crimando, 2004).

However, power has been considered a reality of the supervisor position and a necessary component of supervision that serves to uphold the standards and ethics of counseling (ACES, 1990; Holloway & Brager, 1989; Kaiser, 1997). Holloway and Brager (1989) asserted,

The acquisition and exercise of power is integral to the supervisory role and is thus an absolutely essential element of effective supervisory practice... Power is an essential component of this process and thus important for supervisors to understand and manage. (p. 15)

Researchers have disagreed on whether the roles of administrative and clinical supervision should be separated. Researchers have argued for mandates that the roles remain separate due to their apparent incompatibility (American Association for Marriage

and Family Therapy [AAMFT], 1993; Borders & Leddick, 1987; Erera & Lazar, 1994; Falvey, 1987; Harrar, Vandecreek, & Knapp, 1990; Holloway, 1992). Other researchers have argued that the roles are naturally combined, complementary, inter-related, and cannot be separated (Ekstein, 1964; Henderson, 2009; Kadushin, 1985; Kadushin & Harkness, 2002; Powell, 2004). In reality, the roles of administrative *and* clinical supervision have been found to exist together (Ellis & Ladany, 1997; Holloway, 1995; Triantafillou, 1997; Tromski-Klingshirn & Davis, 2007). Falvey (1987), Holloway and Brager (1989), Tromski-Klingshirn and Davis (2007), and Walsh (1990) have all argued that the administrative and clinical roles occur together and that the combination of roles *must* and *can* be managed successfully.

The second largest body of research in applied settings focused on poorly conducted supervision. Gross (2005), for example, determined that supervision in applied counseling settings might not be conducted on a regular basis or might not even be provided. Kadushin and Harkness (2002) studied 885 supervisors and supervisees who reported limited time and availability for supervision across numerous agencies. Competing demands of service were shown to consistently result in supervision becoming a lower time priority in applied settings (Bogo, 2005; Giddings, Vodde, & Cleveland, 2003, Gross, 2005; Ramos-Sanchez et al., 2002).

When supervision was provided, it was found to be performed poorly or without the rigor and standards found in educational settings (Magnuson, Norem, & Wilcoxon, 2002). Supervision in agencies was found by researchers to be reactive in nature versus directed toward counselor professional and educational needs (Gross, 2005; Kozlowska, Nunn, & Cousins, 1997). Evaluation of counselor skills was often a low priority

(Kadushin, 1992; Rosenblum & Raphael, 1987) and supervisors lacked efficacy for gatekeeping (Bogo et al., 2007). *Organizational-administrative issues* was cited as one of the top three spheres of lousy supervision in a qualitative study by Magnuson et al. (2000b). Counselors interviewed in that study reported that lousy supervision occurred when supervisors did not clarify expectations, did not uphold accountability, did not assess supervisee needs, were not prepared for supervision, were not consistent in meeting time and duration, and did not provide an environment of equality amongst supervisees.

Problematic supervision in applied settings resulted in consequences for counselors. Giddings et al. (2003) determined that most counselors who entered practice settings were not even aware or concerned that poor supervision was being conducted. In separate studies by English et al. (1979) and Herbert (1997), evidence was found that counselors who were aware of the necessity for clinical supervision consistently reported that administrative supervision was provided at the expense of clinical supervision directed at counselor development. Herbert and Trusty (2006) determined that a lack of focus on counselor development led counselors toward dissatisfaction with supervision and their job.

Poorly conducted supervision is compounded by difficult organizational demands. Typical to human service agencies are high levels of counselor burnout (Altun, 2002; Farber, 1990; Powell, 2004). Murphy and Pardeck (1986) were some of the first researchers to argue that counselor burnout is attributed to challenges of the organization of applied settings, more than due to the problem of supervisor skill. Bogo et al.'s (2007) research results demonstrated that service demands and ineffective administration were

related to counselor burnout in agencies. In an exploratory study by Levine (2002), 15 outpatient clinicians reported overwhelming service demands and a cultural value for quantity over quality. The stressors clinicians faced were compounded further by organizational policy, culture, and managed health care demands. This research pointed to the likelihood that even skilled or effective supervisors might not be able to control all the organizational variables that would impact counselors.

Other researchers found evidence that clinical supervision had a beneficial impact. Teasedale, Brocklehurst, and Thom (2000) found that clinical supervision positively impacted coping skills, job satisfaction, and decreased stress in a sample of clinical nursing professionals. Counselors were more likely to feel supported in their work with clients when they received regular supervision (Kennard, Steward, & Gluck, 1987). Clinical supervision dedicated to counselor skill and development ultimately leads to improved service delivery and positive client outcomes (Bambling et al., 2006; Couchon & Bernard, 1984; Falvey, 1987; Freitas, 2002; Kivlighan et al., 1991; Osborn, 2004). In addition to producing support and positive service delivery outcomes, clinical supervision is also a necessity in applied settings (American Counseling Association [ACA], 2005, ACES, 1995; Henderson, 2009).

The above research points toward potentially unique social processes of supervision specific to the applied setting. For example the applied setting supervisor would likely find him or herself inherently in the middle of the organizational hierarchy (Patterson, 2000). The nature of the position requires administrative (managerial-employer) supervision, the necessity to support counselor development, and the ability to meeting service demands via clinical supervision. Strong organizational forces appear to

drive supervision toward administrative goals versus meeting the clinical needs of counselors and clients. Supervisors in applied settings are also called to multiple roles beyond administrative and clinical supervision such as change agents (Copeland, 1998; Storm & Minuchin, 1993), advocates for counselors and clients (ACA, 2005; Falvey, 1987; Henderson & Gysbars, 1998), customer service representatives (Woodruff, 2002), and even fund raisers and HMO liasons (Cohen & Lim, 2008; Spring, 2007; Straton, 2000). Supervisors are involved in a high number of relationships resulting in numerous expectations and needs both within and outside of the organization (Henderson, 2009). Hawkins and Shohet (2006) described that in applied settings, there are demanding professional and social expectations in a complex organizational culture that is impacted by numerous factors unique to the service setting.

Counselors Becoming Supervisors in Applied Settings

Because the role of the counselor and supervisor differs greatly, the transition from counselor to supervisor has been found to be challenging (Cohen & Lim, 2008; Drapela & Drapela, 1986; Dye & Borders, 1990; Ellis 1991; Liddle, Breunlin, & Schwartz, 1988). Counselors in applied settings are skilled professionals with a specialized knowledge, intellectual capacity, and a professional commitment to serve others (Henderson, 2009). Supervisors in applied settings require specific knowledge of client issues and needs of the population being served while understanding the developmental needs of counselors (Henderson, 2009). Counselors, especially in applied settings, rely upon the supervisor's specific service delivery knowledge (also referred to as *practice knowledge and tacit knowledge* in this study) to support their work with difficult populations (Coll, 1995; Culbreth, 1999; Kennard et al., 1987).

In the applied setting where burnout and high turnover may be common, counselors are likely to become supervisors based on tenure and experience (Campbell, 2006; Ronnestad, Orlinsky, Parks, & Davis, 1997). As many as 90% of counselors became supervisors by their 15th year of service (Ronnestad et al., 1997). A vast majority of licensed counselors who became supervisors held a master's degree. Lee (2002) determined that 90% of those seeking certification and licensure in marriage and family therapy were master's-level practitioners. The master's degree is the highest clinical degree held by 75% of individuals practicing marriage and family therapy (Northey, 2002). No such data existed for those practicing with a licensed professional counselor designation. However, the master's degree in counseling is the highest degree awarded with counseling as the primary focus in CACREP (2009) programs, indicating that a majority of licensed counselors who become supervisors would be likely to retain a master's degree.

As counselors transition to supervisors, they face a shift in their position and responsibilities while retaining their professional counselor identity (Henderson, 2009). In applied settings, supervisors most often take on a necessary administrative role along with their clinical role as supervisor (Henderson, 2009; Patterson, 2000). Becoming a supervisor may be fraught with political difficulties (Walsh, 1990); the person might have difficulty accepting authority (Patti et al., 1979) and have difficulty translating the prior role as counselor into an effective supervisor role (Drapela & Drapela, 1986; Dye & Borders, 1990; Ellis 1991; Liddle et al., 1988; Patti et al., 1979; Whiston & Emerson, 1989). Walsh (1990) summarized,

Being promoted to the role of supervisor in a social service agency is often akin to being a newly elected public official: one is amazed at the number of debts, trade-

offs, and masters to be served as well as the relentlessness of expectations from others. These surprises are complicated by the role evolution from clinician to supervisor or manager. (p. 83)

Ultimately, supervisors find themselves in the middle of organizational hierarchy with the job to negotiate conflicting demands (Patterson, 2000). Cohen and Lim (2008) described the transition to supervisor as filled with emotional struggle, overwhelm, and confusion.

Supervisor Training Related to Applied Settings

Supervisor training has been consistently recommended (Borders & Bernard, 1991; Campbell, 2006; Holloway, 1982, 1995). Specific training protocols have been developed to train supervisors including training relevant to supervisors in applied settings (Bernard & Goodyear, 2009; Borders et al., 1991). Supervisor competencies have been developed specifically for administrative supervisors--a designation for applied setting supervisors who provide both managerial supervision and clinical supervision (Henderson, 2009).

Standards for supervisors may vary greatly nationwide in areas such as training, credentialing, and licensure. The implementation of such training through regulating bodies has been minimal or not required (Magnuson, 1995; Magnuson et al., 2000a; Sutton, 2000). According to the ACA (2005) Ethical Code, F.2.a:

Supervisor Preparation--prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (p. 14)

Many state licensure boards do not require supervisory training or meet only a minimal requirement (Sutton, 2000). Currently all 50 states regulate and license professional counselors (American Association of State Counseling Boards [AASCB],

(2010). The National Board for Certified Counselors (NBCC; 2001) provided national certification for counselors with 49 states using the national certification exam. In 1997, NBCC in conjunction with the Association for Counselor Education and Supervision (ACES) authorized the Approved Clinical Supervisor (ACS; Bernard, 1998). At the time of this review, 957 supervisors in 48 states and five districts hold this credential; however, it is unknown how many states have adopted the credential as a requirement (Center for Credentialing and Education, personal communication, October 5, 2010). According David Kaplan of the American Counseling Association (personal communication, October 4, 2010), state regulatory agencies across the United States continue to vary widely in training requirements or certification of supervisors. At present, the Approved Clinical Supervisor status is voluntary. However, according to Peake, Nussbaum, and Tindell (2002), supervisors are not likely to go out of their way to obtain training without a mandate. Lack of unified standards and training requirements might indicate that there are untrained supervisors in applied settings practicing outside of their level of training, experience, or expertise against ethical standards (ACA, 2005; ACES, 1993; AAMFT, 2001; Henderson, 2009; NBCC, 2005). Herlihy (2006) and Magnuson et al. (2002) have called for greater continuity in standards, training, and credentialing for supervisors nationwide.

In the absence of substantial training in supervision based on ethical necessity or state mandate, or in the likelihood that supervisors from these settings face such high demands that they would voluntarily seek training, it is unknown what guides supervisors in such circumstances. According to a number of researchers, supervisors without training would be likely to default to other schema that would inform their approach to

supervision (Ekstein & Wallerstein, 1958, 1972; Nichols, Nichols, & Hardy, 1990; Walsh, 1990). They may default to the way they were trained or supervised in counselor training programs (Friedlander & Ward, 1984). They may also default to using the counselor role or counseling theories to inform supervision. Drapela and Drapela (1986) and Dye and Borders (1990) argued that most counseling programs train master's degree students in counseling theories alone. Further, when these counselors become supervisors, they would most likely supervise using their preferred theories of counseling or act as a counselor to their supervisees. There was no current literature to indicate what supervisors did in the absence of training or if additional training was sought voluntarily.

**Council for Accreditation of Counseling and Related
Educational Programs Requirements
Related to Supervision**

Prior to the 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) guidelines, master's level students were not required to have supervision training in counselor education programs (CACREP, 2005) and there is no current standard requiring specific training. The 2009 CACREP guidelines included requirements for faculty, supervisors, and master's level trainees that addressed multiple needs described above in both clinical and administrative aspects of supervision.

1. Professional Practice. Faculty are required to have relevant supervision training and experience. (III.A.3, p. 14)
2. Site supervisors are also required to have relevant supervision training and experience. (III.C.4, p. 14).

The following applied to master's level students:

3. Professional Identity, Core Area 1. Professional Orientation and Ethical Practice. Studies that provide an understanding of all of the following aspects of professional functioning: included counseling supervision models, practices, and processes. (II.G.1.e, p. 9)

4. Clinical Mental Health Counseling, Foundations. Programs must provide evidence that student learning has occurred in the following domains: . . Knowledge . . .
 - A.5. Understands a variety of models and theories related to clinical mental health counseling including the methods, models, and principles of clinical supervision. (A.5, p. 29)
 - A.8. Understands the management of mental health services and programs including areas such as administration, finance, and accountability. (A.8, p. 29)
 - B.2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. (B.2, p. 30)

These requirements point to the need for helping students become aware of supervision in applied settings. Although general in description, they appear to require evidence that students have received education that includes both the administrative and clinical functions of supervision.

Theories of Supervision Related to Applied Settings

A large body of research has been dedicated to the development of numerous theories and models of supervision. My review of the literature revealed that only a limited number of models or limited portions of extant supervision models directly addressed the challenges unique to applied settings and service delivery. For example, there was no model that appeared to directly address managing the dual roles common to applied setting supervision; however, this appeared to be a primary concern in the research. Walsh (1990) and White and Russell (1995) argued that the challenges of supervision in applied settings have not been addressed fully in extant theory. Bogo et al. (2007), Lewis et al. (2005), and Stoltenberg, McNeill, and Crethar (1994) observed that

most of the supervision theories focused primarily on counselor training in the educational setting.

Based upon my review of the extant theories of supervision, each theory or model appeared to address specific and focused domains of supervision that had general applicability to applied settings. Such domains included descriptions and prescriptions for counselor development (Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987; Ronnestad & Skovholt, 1993, 2003; Skovholt & Ronnestad, 1992; 1995); performance of supervisory roles and responsibilities (Bernard, 1979, 1997; Littrell, Lee-Borden, & Lorenz, 1979); the span of supervisor development (Alonso, 1983); the development of supervisor identity (Hess, 1986, 1987; Rodenhauser, 1994, 1997; Watkins, 1990, 1993, 1994); interactive models that included performing supervisory roles and the interaction of supervisor and counselor development (Stoltenberg, McNeil, & Delworth (1998); the inclusion of contextual, systemic, and organizational factors of supervision (Hawkins & Shohet, 2006; Holloway, 1985); and social influence processes including power used in supervision (Dixon & Claiborn, 1987).

A number of models developed specifically for supervision in applied settings addressed the supervisor's position in the organizational hierarchy (Lewis, 1988), the administrative nature of the role in conjunction with training and support for supervisees (Kadushin, 1985, 1992), the well-being and support for supervisees (Proctor, 1994), the longevity of counselors (Osborn, 2004), and a model promoting a developmental focus for interns in applied settings (Nelson, Johnson, & Thorngren, 2000). Taken in sum, the theories, models, and approaches might comprise a comprehensive theory of supervision

in applied settings. Combined or integrated, this large set of models would create a framework for supervision that might address a majority of challenges that applied setting supervisors face.

The majority of models did not, however, describe how supervisors perceived themselves in what they actually did within the social processes. Each of the individual theories appeared to have limits in application to the applied setting. The theories appeared to lack either specificity to the applied setting, appeared to lack a reach into the lifespan of counselor development in applied settings, or they appeared to lack depth in explaining or describing the underlying complex processes of supervision. Although naming the phenomenon, the theories appeared less specific in their descriptions of the challenges faced by supervisors, the influence of organizational culture, the full interactive effect of the multiple supervision roles, or the intensity of demand and required pragmatic knowledge of service delivery to difficult client populations. According to my review and synthesis of the applicability of supervision theories and models, no one theory or model, nor the integration of all, appeared to provide a core description or explanation of applied setting supervision.

Neufeldt (1997) described and suggested a post-modern social constructivist approach to supervision that included an understanding of practice knowledge or tacit knowledge (Coll, 1995; Culbreth, 1999; Holloway, 1995; Polkinghorne, 1992; Schon, 1983) derived from the context of supervision from the perspective of supervisors. Although this model was not descriptive nor explanatory of applied setting supervision, the approach was directed at how knowledge of supervision might be co-constructed according to the relationships, processes, and expectations derived in the applied setting

based on the personal and professional experiences of supervisors. There was no current supervision model based solely on the practice knowledge of supervisors. Nor was there a grounded theory of supervision based on supervisor's direct experiences of the social processes of supervision in applied counseling settings.

Statement of the Problem

The rationale for this research was to provide the profession of supervision with a emergent grounded theory of the key social processes of supervision unique to applied counseling settings. Such a theory might guide the counselor supervision profession in both education and practice. CACREP (2009) standards call for master's level students to receive education related to clinical supervision and the administrative functions of mental health programs. There is currently no specific protocol as to what each of the CACREP standards related to supervision education should comprise. Educators, supervisors, and field-site liaisons in the field of counselor education and supervision might not be entirely aware of the social processes of supervision in service settings that might be related to these standards.

In addition, there might be untrained supervisors or significant differences in training or required competencies nationwide (e.g., American Counseling Association, Kaplan, personal communication, October 4, 2010). In addition, counselor educators might have limited knowledge on how applied setting supervisors operate, the degree to which they are successful or unsuccessful, and what might most effectively address the training and support needs for supervisors in such settings. Supervisors from applied settings might be in the best position to state their particular training needs or needs for support from counselor education programs.

How supervisors obtain knowledge to be effective within the applied setting is only speculative. Supervisors in applied settings might be less likely to have had access to theories of supervision that would inform their work. Theories developed without specificity to applied setting supervisor needs might not be considered or pursued. The multiplicity of supervision models might be confusing or experienced as limited sources of guidance. Supervisors might also experience supervision theory as unrelated to the unique challenges they face in service delivery. The models might lack specificity to the social processes within the applied setting context.

In summary, the gaps between education and services delivery might be more aptly described as the *theory-practice gulf* (Ronnestad & Skovholt, 1993). The theory-practice gulf highlights the differences between concepts taught in counselor education programs that include extant models, standards and prescriptions of supervision, *and* the actual practices and needs of supervision in context of the applied setting. This study explored the latter.

Purpose of This Study

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus of supervision was on service delivery to client populations. This study might lead to a greater understanding the social processes of supervision in community-based settings where service delivery to counseling clients is a priority. This study might also begin to provide a foundation leading to a bridge that spans the theory-

practice gulf between counselor education and supervision theories and applied setting practices.

Guiding Research Questions

The following guiding questions were utilized in this qualitative study. These questions were drawn from the sensitizing concepts derived from the literature review (Charmaz, 2006), from my experiences, and from my dissertation committee. In seeking to understand the social processes of supervision, the following guiding questions were employed:

- Q1 What are the social processes of supervision specific to applied settings?
- Q2 What guides supervisors in their interaction with counselors, clients, the organization and community?
- Q3 How do relationships within the organization and relationships with counselors, clients, and community stakeholders play a part in supervision?
- Q4 What is the practice knowledge of supervision in applied settings, specifically what tacit knowledge is found in the supervisory processes?
- Q5 What training or other types of support do supervisors need to be successful in applied settings?
- Q6 What are the constructs (theory) that can describe the social processes of supervision in the applied setting?

The guiding questions provided a framework for the interview protocol that was used to describe an emergent theory of the social processes of supervision in applied settings.

Implications of this Study

The rationale for this study was ignited by the researcher's desire to discover the key social processes of supervision in applied counseling settings. Applied setting supervisors face difficult challenges and might have less training (Magnuson et al.,

2000a), less resources, and less support for supervision (Hawkins & Shohet, 2006) of counseling focused on service delivery. Simultaneously, a specialized knowledge base, skill-set, competencies, and a theory of service-delivery supervision (Henderson, 2009; Thielsen & Leahy, 2001; Walsh, 1990) might support applied setting supervisors.

A grounded theory of supervision generated from this study might inform counselor education programs on the kind of supervision education and training to offer counselors in training as well as to enhance the support of supervisors at internship field sites as stated in the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009). In addition to the ways counselor educators support or educate field site supervisors, supervisors in practice might have knowledge (Thielsen & Leahy, 2001) useful to the field of counselor education and supervision. A qualitative study of supervision in naturalistic settings might generate important variables in the supervision experience as well as moderators and mediators of supervision not easily identified through other forms of research (Bernard & Goodyear, 2009; Goodyear & Guzzard, 2000; Wampold & Holloway, 1997).

The construction of a grounded theory of supervision in applied counselor settings might provide a useful map of the social processes that would inform supervision, provide an increased understanding of training needs, and result in greater support of supervisor effectiveness. In addition, educators and internship coordinators in counselor education programs might have a better idea of communication with supervisors in applied settings, particular knowledge that might benefit the training of counselors who will perform internships, be employed, and perhaps become supervisors in applied settings. This study might aid in the clarification of the requirements set forth by

CACREP (2009) to introduce supervision concepts to master's level students, to provide training for faculty supervisors, and for counselor educators to provide training and support for field site supervisors. Furthermore, this study might inform regulating bodies seeking to strengthen or to ratify the inconsistencies of state counseling supervision guidelines (D. Kaplan, personal communication, October 4, 2010) of supervision credentials and supervision.

Delimitations

The study of supervision can be both a broad and deeply focused venture. Supervision is becoming a vast field. Thus, this study required multiple boundaries to maintain the focus on supervision in the applied setting. Numerous theories of supervision provided particular frameworks that were beyond the scope of this dissertation. This study focused on the discovery of key social processes from the perceptions of supervisors whose primary goal is to serve clients in community-based organizations.

Participants in this study included supervisors who graduated from master's level counseling programs and who are currently acting as supervisors in applied settings. Generally, graduates of such programs have moved toward a licensed practicing counselor credential or similar credential and due to tenure, success, experience, or other reasons have become a supervisor. Participants in the locale and region chosen for this study were not required to have received formal supervisor training or supervisor credentials (Colorado Department of Revenue, 2010).

This study was related to the CACREP (2009) standards recommending that master's-level students be introduced to supervision and that field-site supervisors receive

training and support from counselor education and supervision faculty. In addition, this study was also related to the ACA (2005), ACES (1990, 1995), and NBCC (2005) codes of ethics requiring that supervisors acquire training to necessary and not provide services outside the realm of their professional knowledge. As such, participants were sought who would be affiliated with these or similar ethical codes.

Participant setting was another important delimitation for this study. The settings chosen for this study were focused on counseling service delivery. Applied settings, for the sake of this study included community-based organizations, e.g., agencies or non-profit organizations where mental health counseling is conducted. Such settings included “public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings” (ACES, 1995, p. 1). Individual private practice settings were eliminated from the scope of this study because of the differences in organizational context and culture that were unique to agencies and non-profit organizations. Private practice-settings differ from non-profit organizations and agencies, generally, according to organizational hierarchy, community stakeholders, roles of supervision, and supervisors acting as employers and managers.

Educational settings were not included, such as universities or institutes, whose primary goal is counselor training. While it might be argued that practicum and training clinics are applied counseling, the primary focus in the educational setting appeared to the researcher to be upon the counselor in training while the applied setting was on service delivery to clients. To assure greater consistency, this study focused on agencies and non-profit organizations where the primary goal was service delivery to client populations.

This study focused also on the perceptions of supervisors. The researcher attempted to be aware of the authenticity of portrayals of supervision by supervisors. Any sharing of social processes by those representing community organizations might be, as Charmaz (2006) described, “wrapped in public relations rhetoric rather than one reflecting the realities people struggle with” (p. 20). According to Hawkins and Shohet (2006) and Henderson (2009), representatives of community organizations might not be forthcoming to air their dirty laundry, i.e., describe organizational difficulties, as doing so might jeopardize existing political relationships.

Contextual factors might make access to participants difficult. Participants require respect and the time and depth spent interviewing to gather rich data (Charmaz, 2006). Supervisors’ circumstances might include high organizational stress and constraints (Murphy & Pardeck, 1986), conflicting politics (Hawkins & Shohet, 2006), limited time to meet based on high service demand (Bogo, 2005), conflicts in roles (Patterson, 2000), and some organizations might provide only limited supervision (Kadushin & Harkness, 2002). Access to supervisors in these circumstances might be difficult to obtain, potentially limiting the sample, data and usefulness of the grounded theory.

Purposeful sampling included both participants and setting, i.e., supervisors from the counseling field who worked in community-based service delivery oriented positions versus marriage and family therapists, psychologists, social workers, etc. Thus, the results of this study might have limited transferability to readers who are not oriented to the counseling field, who are in supervision settings other than community organizations, or who might be from disciplines other than counseling.

Definitions of Key Terminology

Administrative supervision. A supervisory role where the supervisor oversees adherence to policies and procedures by counselors and staff, as a supervisor, leader, manager, and administrator of the organization (Henderson, 2009). This role is specific to applied settings (ACES, 1993). For the sake of this study, administrative supervision also included case management and case management supervision.

Applied counseling setting. “Public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings” (ACES, 1995, p. 1). The term *applied setting* might also be used. For the sake of this study, applied settings included community-based organizations such as agencies or non-profit organizations where mental health counseling was conducted. Supervision of counselors with a mental health degree directed toward Licensed Professional Counselor or a similar license was the primary phenomenon studied. For this study, non-educational, non-training programs were sought. Internship settings were included since practice and service delivery was the primary orientation of the supervisor.

Case management supervision. Supervision with a primary focus on assessing client needs and meeting those needs through treatment services, community agency involvement, and community resources (Ellis et al., 2008). This role was included within administrative supervision in this study.

Clinical supervision. Supervision between a supervisee and supervisor with the primary focus on counselor development and maintaining client welfare (Bernard & Goodyear, 2009; Borders & Brown, 2005). (See also Supervision).

Context, supervision context, setting. The background in which social processes occur. Contexts range from the immediate social setting, to the organization, institution, socio-political, cultural, and community within which a reality and meaning is constructed. Might also be considered the realities within which people participate, might refer to social relationships, a social group, social setting, or physical/organizational setting as well as “hidden positions, networks, situations, relationships...hierarchies of power, communication...analysis is contextually situated in time, place, culture, and situation” (Charmaz, 2006, pp. 130-131).

Constructivism. According to Charmaz (2006),

a social scientific perspective that addresses how realities are made...assumes that people, including researchers, construct the realities in which they participate. Constructivist inquiry starts with the experience and asks how members construct it. To the best of their ability, constructivists enter the phenomenon, gain multiple views of it, and locate it in its web of connections and constraints. Constructivists acknowledge that their interpretation of the studied phenomenon is itself a construction. (p. 187)

Constructivist grounded theory. According to Charmaz (2006), “A constructivist approach places priority on the phenomenon of study and sees both data and analysis as created from shared experiences and relationships with participants” (p. 130). The approach is within the interpretive (rather than objectivist) tradition and

acknowledges that the resulting theory is an interpretation... The theory depends on the researcher’s view; it does not and cannot stand outside of it... The logical extension of the constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and, often, hidden positions, networks, situations, and relationships. (p. 130)

Conceptual frameworks and theory grounded in the data are co-constructed in the data that are collected from the experiences shared between researcher and participants (see grounded theory).

Counselor(s). Refers to trained professionals who have graduated from counselor educational programs such as CACREP or equivalent programs and are practicing in a mental health service delivery setting such as an agency or non-profit organization.

Counselor education programs. Academically oriented training programs for counselors found in universities or higher education settings. This term is general and cross-disciplinary.

Culture, multicultural supervision. “Age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law” (ACA, 2005, C.5, p. 10).

Dual role or dual roles of supervision. The combination of administrative supervision and clinical supervision most often found in applied counseling settings. These roles have the potential for conflicting expectations or demands, splitting toward one role or the other, or strain of supervisors to manage each role with counselors and the managerial and administrative hierarchy (Patterson, 2000).

Grounded theory. According to Charmaz (2006), “a method of conducting qualitative research that focuses on creating conceptual frameworks for theories through building inductive analysis from the data. Hence, the analytic categories are directly ‘grounded’ in the data” (p. 188). Data collection and analysis occur simultaneously.

Naturalistic setting. Naturalistic setting refers to a place or background that is naturally occurring, one “that is not contrived, manipulated, or artificially fashioned by the inquirer” (Schwandt, 2001, p. 174).

Practice knowledge (tacit knowledge). Might include any clinical, technical, specific client treatment, process, or tacit knowledge based in the personal and professional experiences of supervisors (Schon, 1983). *Tacit knowledge* is based in actions, experience, and involvement in a specific context (Nonaka, 1994) and might not be explicit. In the taxonomy of knowledge, tacit knowledge might include “cognitive tacit knowledge” or “mental models” or “technical tacit knowledge” – “the know-how applicable to specific work” (Alavi & Leidner, 2001, p. 113).

Psychotherapy and counseling theories/models (also personal or individual counseling theory). Formal theories of counseling, psychotherapy, or marriage and family therapy that include explanations of pathology, description of client processes or personality, strategies for change, techniques to achieve change, descriptions of specific changes sought, and outcomes expected--all aimed at working primarily with clients (Morris, 2003). Examples would be person-centered therapy, structural therapy, or narrative therapy. These theories of counseling might be applied by supervisors to supervision; however, these theories are not considered supervision theories in their own right (Bernard & Goodyear, 2009).

Social processes. A unit of analysis fundamental to grounded theory includes “the social, historical, local, and interactional contexts” (Charmaz, 2006, p. 180). Social refers to human transactions, interaction, and relationships. Similar to social action that includes “the meaning, character, and nature of social life” (Schwandt, 2001, p. 173).

Supervision. According to Bernard and Goodyear (2009),

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s);

monitoring the quality of professional services offered to the client that she, he or they see; and serving as a gatekeeper for those who are to enter the particular profession. (p. 7)

Supervision approach. A description, suggestion, or set of techniques that supervisors may address for a particular problem. An approach has less rigorous research and theoretical foundations. Often approaches might be the seminal idea for a model.

Supervision factors. These are dynamics, processes, phenomenon or variables considered important to supervision that might cross over numerous supervision models but are not comprehensive enough in scope to comprise an approach, model, or theory. Such factors might include parallel process, supervisory relationship, etc.

Supervision model. Less rigor than supervision theory, a model might be a subset of theory or foundations leading to a theory. The model provides a conceptualization of supervision and might provide multiple approaches, prescriptions, or descriptions guiding supervision. Often theory and model are interchangeable in descriptions in the research.

Supervision theory. Formal conceptualizations to supervision based on significant research and commonly accepted practices found in the literature. These frameworks guide supervision according to the domain that is the focus of the theory, e.g., development of counselors, development of supervisors, systemic supervision, social influence, supervision process, etc. (Bernard & Goodyear, 2009).

Supervisors/counselor supervisors/clinical supervisors. Supervisors selected for this study were those whose duties in supervision included clinical oversight of the welfare of clients in an organization providing mental health counseling, therapy, and services. The supervisor retained a license as a mental health counselor such as a

recognized licensed professional counselor (LPC) or similar designation. Participants had conducted supervision for at least one year with three participants.

Supervisor(y) knowledge. An existing framework of knowledge used by supervisors to guide supervision might include prior experience with counseling, experience as a supervisor, personal theories of counseling, formal theories or models of supervision, the role defined in the setting, organizational expectations, standards, ethics, skills or competencies, or other guiding frameworks (Thielsen & Leahy, 2001; see also practice knowledge).

CHAPTER II

REVIEW OF LITERATURE

Overview of the Literature Review

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus of supervision was on service delivery to client populations. To complete this study, a critical review of the literature was conducted with an ongoing review of the data collection, data analysis, and synthesis of the study.

This critical review explored the field of supervision as it applied to counseling supervisor in practice or applied settings found in communities or field sites, e.g., agencies, non-profit organizations, and other community settings. Four major bodies of literature were reviewed: (a) compilations of supervisory research such as those found in supervision handbooks or training texts; (b) peer reviewed journal articles including theoretically oriented topics; (c) peer reviewed journal articles including supervision studies; and (d) ethical standards, competencies, and training requirements as outlined by the major disciplines of mental health counseling. The literature was reviewed across multiple disciplines including counseling, marriage and family therapy, mental health counseling, rehabilitation counseling, counseling psychology, clinical psychology, psychotherapy, social work, psychiatry, school counseling, and drug and alcohol

counseling. Ethical standards, competencies, and training requirements provided a basis for the established expectations for the field of supervision as a whole. Factors of supervision based in theoretical and research based literature provided a framework of the standard elements of supervision. Supervision models from counselor and supervisor perspectives were included to determine how the models of supervision might inform applied supervision in community-based settings.

The topic of applied supervision in community-based settings appeared important as a research topic since much of the literature on supervision, especially supervision models, appeared to focus on counselor training in counselor education settings and to some degree internship supervision. Daniels, D'Andrea, and Kyung Kim (1999), Freeman and McHenry (1996), and Ronnestad and Skovholt (1993) all observed a common historical focus of supervision research upon master's level training in the educational and internship setting. Supervision research addressing community agency settings, i.e., what is unique or known to the process of applied supervision in such settings, appeared relatively scarce, especially from the perspectives of field supervisors (Thielsen & Leahy, 2001; Walsh, 1990). Walsh (1990) hypothesized that a lack of consensus in supervision research regarding supervision models or the lack of a comprehensive supervision model combined with a lack of training in supervision might lead field supervisors to default to therapy models or possibly to supervise in some other way. One might also surmise that new supervisors would be likely to model their own supervisors.

According to the overall review conducted on supervision models, those specific to agency settings appeared to be outnumbered by models that were more inclusive of

counselor education settings by approximately 4 to 1. Of the models that were focused directly upon applied setting, the scope was often on a specific supervisory dynamic or pragmatic organizational problem. In *The Reflective Practitioner*, Schon (1983) proposed that not only should counseling trainees be immersed in formal theory and observation but also in knowledge gained from the professional experience of practitioners. Due to a lack of consistent training requirements for master's level supervisors, any immersion in formal supervision theory might be lacking. Supervisors in applied settings might have to rely solely on their experience in the applied setting. A lack of theoretical orientation might not be indicative of lack of useful knowledge, however. In a study by Thielsen and Leahy (2001), field based supervisors were determined to have a significant body of supervisory knowledge.

Multiple information sources were used to conduct this study including books, dissertations, internet resources, professional journals, and periodicals. The sources were accessed through ERIC, Academic Search Premiere, ProQuest, Digital Dissertations, and direct journal access. Keyword searches included progressive combinations of the following search terms: supervision, supervisor, applied supervision, field site, service delivery, agency, human services, non-profit, community based, applied, administrative, case-management, dual role, counselor/supervisor training, community mental health, pre-licensed/post-licensed supervision, post-degree, field instruction, field training, practicum, internship, counselor training, supervisor training, knowledge/competencies/skills, organizational supervision, management, counselor in training, supervision/supervisor model/theory, counselor development, counselor development model/theory, cultural/multicultural supervision, supervision outcomes, supervision

alliance, supervision relationship, reflectivity, tacit knowledge, practice knowledge, and research.

No specific time frame was employed as some of the earlier works of researchers who had set the standard for supervision continue to influence the field today. Contemporary studies, large reviews, and meta-analysis were given priority and contrasted with earlier research. In several instances, current literature might not have adequately addressed the topic and historical sources were used. The progressive building of supervision theory by researchers included historical elements related to the discussion of applied setting supervision. In addition, a cross-discipline review was undertaken as gaps were apparent in individual disciplines. For example, social work supervision literature appeared to attend highly to organizational facets of agency supervision while other disciplines such as counseling appeared to focus elsewhere. Broadly, the literature covered most topics consistently; however, the researcher addressed several areas where more research was needed. Controversies or discrepancies were also identified and discussed. A synthesis follows in several sections and demonstrates how the literature informed the researcher in the development of the grounded theory conceptual framework.

Supervision as an Established Mental Health Profession

Counselor supervision has been established as a standard professional role in the mental health field (Dye & Borders 1990). Henry, Sims, and Spray (1971) defined supervision *as the fifth profession* in their classic work by the same title. They declared supervision as a common denominator of the mental health professions of psychotherapy, social work, clinical psychology, and psychiatry. As a distinct field, supervision has

flourished in the production of professional literature and texts with a focus on supervision topics including ethics and standards, counselor and supervisor models, effective supervision, professional development, research, training, and competencies (Bernard & Goodyear, 2009; Borders & Brown, 2005; Hawkins & Shohet, 2006; Henderson, 2009; Hess, Hess, & Hess, 2008).

Ethical standards, credentials, skills competencies, and training requirements have been developed across disciplines to direct educators, practitioners, and trainees to engage in supervision during the training and ongoing practice toward licensure in the counseling profession (ACES, 1995; CACREP, 2009; NBCC, 2001). Similar standards are found in the field of marriage and family therapy (AAMFT, 2001, 2004) including approved supervisor standards (AAMFT, 1993, 2007), the supervision of clinical and counseling psychology (Falender et al., 2004; Falender & Shafrankse, 2007), and social work (National Association of Social Workers [NASW], 1994). Supervision appeared as a common denominator across all mental health disciplines with a dictate that counselors should receive anywhere from one to five years of supervision prior to licensure to assure competence and adherence to ethical standards (Campbell, 2006; Falvey, 2001).

Supervision is distinct from counseling, teaching, and consulting due to the supervisor's role as an evaluator (Bernard & Goodyear, 2009). The supervisor determines whether or not a supervisee obtains their degree or professional license (ACES, 1995). Counselor educators in graduate programs provide a primary function of gatekeeping for the profession by assuring the skill, quality, and competence of emerging practitioners (Lumadue & Duffey, 1999; Ziomek-Daigle & Christensen, 2010).

Supervisors train, teach, oversee, monitor, regulate, evaluate, uphold ethical and legal

standards, gate-keep, and assure the professional development of counselors in the delivery of effective client services (Bernard & Goodyear, 2009).

Supervision for the Protection of Client Welfare

Ellis et al. (2008) argued that across disciplines, supervision provides a quality control function with common goals of assuring client welfare and protection, provision of acceptable care, the acquisition of effective counseling skills, or the necessity to respond when a deficiency in skill or lack of personal integrity might harm clients. Supervision serves a critical function to maintain the professional and ethical standards of mental health fields and serves to protect client welfare (ACA, 2005; ACES, 1995; Henderson, 2009; Herlihy, 2006; Holloway & Neufeldt, 1995). Applied setting supervisors might be required to engage in evaluation including goal setting and feedback regardless of the professional level of the supervisee in order to positively impact supervision (Lehrman-Waterman & Ladany, 2001). The necessity for gatekeeping of both non-degreed and pre-licensed counselors has been unequivocally stated (Lumadue & Duffey, 1999; Magnuson et al., 2000a; Ziomek-Daigle & Christensen, 2010). The complexities of ethical dilemmas brought about in applied settings have also been addressed in the literature (Henderson, 2006; Herlihy, 2006; Tromski-Klingshirn, 2006). In a Delphi study by Thielsen and Leahy (2001) regarding perceptions of essential knowledge for effective clinical supervision, rehabilitation counselors perceived ethical and legal issues as the first of six essential supervisory domains. Clinical supervision has been shown to directly impact counselor adherence to ethics (Cormier & Bernard, 1982).

Supervision for Counselor Development

The dedication to ongoing counselor professional development by supervisors (Bernard, 1997; Borders & Leddick, 1988; Campbell, 2006; Gabbay, Kiemle, & Maguire, 1999; Hawkins & Shohet, 2006; Powell, 2004) has been considered a primary function of supervision and critical to counselor development and optimal client care (Borders & Brown, 2005; Campbell, 2006; Holloway & Carroll, 1996). Supervision strengthened clinical competence (Cross & Brown, 1983; Page & Wosket, 2001) and cultural competence (Campbell, 2006) and helped assure that skills were maintained over time, even after the completion of a degree (Spooner & Stone, 1977). Furthermore, supervision helped increase counselor self-confidence (Gray, Ladany, Walker, & Ancis, 2001) and infused counselors with self-efficacy to work with increased effectiveness with a wider range of individuals (McNeill, Stoltenberg, & Pierce, 1985). Numerous models of supervision have focused on the necessity for supervisors to attend to counselor development. Developmental models are discussed further in upcoming sections.

Supervision for Improved Service Delivery and Client Outcome

Supervision in the applied setting is ultimately dedicated to the achievement of client outcomes (Freitas, 2002). Falvey (1987) and Osborn (2004) determined that an improvement in service delivery outcomes was achieved due to increased supervision, greater colleague support, and through providing a greater variety of service activities. Similarly, as counselors received feedback about poor client progress, they were able to alter the course of treatment (Lambert, Hansen, & Finch, 2001). Supervision provided close in time proximity to the counseling session positively altered session outcomes

(Couchon & Bernard, 1984; Kivlighan et al., 1991). Kivlighan et al. (1991) also found that clients were more likely to view sessions positively when supervision sessions were focused upon therapist skills or particular session content. Although this evidence appeared promising, Freitas (2002) provided a two decade review of research on the impact of supervision on psychotherapy outcome and cautioned that significant methodological flaws and poor research design had plagued major studies conducted since the 1980s. The studies listed here have been considered the least flawed according to Inman and Ladany (2008) who cautioned that only tentative conclusions could be drawn due to a lack of systematic supervision research across mental health disciplines. More promising was the study by Bambling et al. (2006) who conducted one of the few controlled studies of applied supervision. They found trainees altered their skills or were more able to directly address issues in counseling when the particular skill or content area was focused upon in supervision. They also provided strong evidence that clients of supervised licensed therapists had greater outcomes than those receiving services from unsupervised therapists.

Contexts for Supervision: Educational and Applied Settings

The two primary contexts for supervision are (a) graduate *counselor education programs* in university settings and (b) *applied counseling settings* focused on practice in community-based agencies and non-profit organizations where the focus is on service delivery to client populations (Bernard & Goodyear, 2009; Dodds, 1986).

Supervision in the educational context begins in master's level graduate programs as counselors proceed from practicum levels through internship until a degree is acquired (Magnuson et al., 2000a). In the educational context, supervision remains generally

contained within the educational sphere, i.e., is focused on counselor development and training as well as client welfare. Beavers (1986) compared graduate training clinics with field sites and found that graduate school clinics had less clinically experienced supervisors and did not expose students to the realistic complexities of service delivery found in field settings. According to a study of supervision by Thielsen and Leahy (2001), the use theories and models, as well as evaluation and assessment, might be valued more highly in educational and university settings than in community or private practice settings.

As students progress toward practicum or internship at field sites, supervisors from graduate counseling programs cooperate with community-based (field site) supervisors to fulfill the practice portion of counselor training as required by the educational institution's curriculum (American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education [COAMFTE], 2005; CACREP, 2009). Most supervisors who accept interns at field sites might do so because they enjoy influencing counselor's development and understanding of service delivery in agencies (Copeland, 1998; Globerman & Bogo, 2003). Gross (2005) noted that counselor training field sites could help students understand the reality of service provision and the difficulties faced in mental health work. Woodruff (2002) observed that supervision in field settings is distinct from that in university or training settings--accountability to the customer drives service delivery and provides much greater pragmatic challenges for the applied setting supervisor than might be found in educational settings. Counselor education programs likely utilize applied settings as

internship sites as a means to expose counselors in training to the real experience of mental health practitioners.

Schon (1983) proposed counseling trainees be immersed in formal theory and observation and involved in learning pragmatic, applied knowledge gained from the professional experience of practitioners. According to a qualitative study by Magnuson (1995), counselor educators perceived the needs of prelicensed counselors to include "affiliating with other professional counselors, discerning therapeutic boundaries, self-monitoring, and examining theoretical models in applied settings" (p. 100). In this same study, supervisors and counselors perceived a necessity for a strong clinical focus on counselor professional needs and growth. Thielsen and Leahy (2001) identified a significant body of supervisory knowledge to be gained from supervisors in community-based settings based in the practices of rehabilitation counselor supervision. They determined that counselors perceived supervisors to have critical client population and service delivery knowledge not found in educational settings.

Supervision provides the bridge between theory and practice as counselors move from the academic setting into field settings, either through internship or graduation (Schon, 1983; Williams, 1995). Ronnestad and Skovholt (1993) observed that as counselors transition from practicum through internship and into professional practice, they face "a large theory-practice gulf" (p. 8) due to inexperience with client population service delivery. According to Sutton and Page (1994), supervision "bridges the gap between the basic counseling competence developed in counselor education programs and the advanced skills necessary for complex or acute cases encountered in the reality of the work setting" (p. 33).

Although supervision in field sites might be considered important to development and the acquisition of applied practice knowledge, supervision in field settings might lack rigor and quality. Supervision in agencies was found to be reactive in nature versus directed toward counselor professional and educational needs, which was against what was expected of supervision by practicum and internship students entering agencies (Gross, 2005; Kozłowska et al., 1997). Orientation of practicum students or interns was often not conducted at agency settings (Gross, 2005). Nelson and Friedlander (2001) determined that when supervision expectations were unclear or differed between counselor education program settings and internship sites, trainees perceived supervision as having a negative impact. Giddings et al. (2003) found that counselor interns lacked an awareness of what they might expect to receive as quality supervision and thus did not recognize the impact of poor or lacking supervision or did not even register any concern. In field settings, standards of supervision might be less rigorous than the standards found in an educational supervision environment (Magnuson et al., 2002). Supervision meetings might be held at inconsistent intervals, might not occur regularly, or might not be performed by the actual site supervisor (Gross, 2005).

Supervision in applied settings might also lack a focus in promoting counselor intern development. Site supervisors preferred not to evaluate interns (Rosenblum & Raphael, 1987) or placed it as a low priority (Kadushin, 1992). This phenomenon appeared to support Thielsen and Leahy's (2001) assertion that educational settings might value assessment more highly. In a qualitative study by Bogo et al. (2007), site supervisors described having low confidence in their role as gatekeepers due to lack of support from academic programs.

Multiple researchers determined that communication between training programs and field sites was inadequate and lacking (Bogo et al., 2007; Elman et al., 1999; Lewis et al., 2005). Field sites might not be clear about the expectations from training programs (Lewis et al., 2005). Peleg-Oren and Even-Zahav (2004) stated their belief that the failure of educators and field supervisors to acknowledge the divergence of goals between educational and field settings caused problems in working through such goals. They further determined that poor communication between counselor education programs and social service agencies was cited as a primary reason that agency supervisors discontinued their role as internship supervisors.

According to Dodds (1986),

the stress [in the education-applied setting relationship] can be reduced as the supervisor, who is a field placement agency employee, acts in accordance with training institution goals and as the trainee [counseling intern] can act as a junior faculty member of the field placement agency. (p. 296)

This alliance appeared related to the site supervisor understanding the necessity to meet training goals as well as to give legitimate status in the position of intern within their agency.

In other research, Bennett and Coe (1998) found that agency supervisors' satisfaction of their role as an intern supervisor was significantly related to quality and frequency of contact with counselor education faculty. Bernard (1981) recommended in-service training to site supervisors as one such means of contact. Such communication and training between counselor education programs and field site supervisors is a requirement of counselor accreditation bodies (CACREP, 2009). Other suggestions have been made to provide opportunities for site supervisors and university supervisors to share their supervisory ideas and experiences in a collaborative manner (Brown & Otto,

1986; Roberts et al., 2001). Supervisor training is discussed in greater detail in upcoming sections.

Dodds (1986) provided a model of interface between the educational and field placement setting by outlining the differences between education and service agencies. Dodds recommended regular communication between educators and field supervisors. In the absence of communication, however, the supervisee, who is the least powerful person in the system, is often left to resolve emerging conflicts. Dodds furthered that the difference between educational and field environments can be great including differences in expectations, major goals, motives, schedules, and demands, and employment expectations. The major goal for the educational institution is to train students in professional skills; whereas, in the agency, it is to provide quality and quantity of service delivery. According to Dodds, ideal supervision from the educational context is a “close collaborative learning relationship with [a] mentor” resulting in “effective teaching by the [supervisor] through a high quality and quantity of supervision.” In the agency, ideal supervision involves “insuring quantity and quality of performance” from “best trained and experienced [supervisee] to serve [the] population” (p. 298). From Dodd’s perspective, education and service agencies are overlapping systems whose goals are brought together in balance. Without a balance between the goals and motivations of the training institution and the agency, supervisors might not function fully in their role as teacher and the supervisee may not function well as a staff member; organizational obstacles inhibit fulfillment of these roles.

The Counselor in the Applied Setting

Counselors in applied settings might be at the level of practicum or intern trainees, post-degree unlicensed counselors, or licensed counselors who receive supervision as part of service delivery. Although service delivery is a primary focus in field settings, the counselor has been considered to be more than a service delivery staff or line worker. The counselor might be valued in a professional role Henderson (2009) defined as a *knowledge worker* who is valued for their intellectual capacity and their professional commitment.

Counselors working with specific client populations prefer to work with site supervisors who are also knowledgeable and skilled in working with the specific population, i.e., those who understand the needs of clients and interventions that are successful (Coll, 1995; Culbreth, 1999). Counselors are more likely to feel supported in their work with clients when they receive regular supervision (Kennard et al., 1987). In a qualitative study of pre-licensed counselors who had already obtained their degrees, Magnuson (1995) determined that counselor educators, supervisors, and pre-licensed counselors maintained the perception that supervision in the field was to promote professional growth, professional needs of supervisees were important, and that supportive relationships and challenging professional growth were important to effective supervision including extensive feedback designed to challenge supervisee growth.

Counselors Becoming Supervisors in Applied Settings

Roles and responsibilities of counselors in community-based applied counseling settings are many and varied. The counselor in such settings might be involved in roles of psychotherapists, consultants, administrators, teachers, researchers, personnel

directors, and supervisors (Brooks & Gerstein, 1990). Many mental health professionals are likely to supervise at some point during their career (Campbell, 2006). Counselors who practice in the field for any length of time and gain further experience are likely to become supervisors. Greater levels of counseling experience, effectiveness, and tenure in the field increase the likelihood of becoming a supervisor (Campbell, 2006). Ronnestad et al. (1997) found that 90% of counselors became supervisors by their 15th year of service. The master's degree was the highest clinical degree held by 75% of the individuals practicing marriage and family therapy (Northey, 2002). Lee (2002) surveyed 761 supervisors nationally and determined that 90% of those seeking certification and licensure in marriage and family therapy were master's level practitioners. Lee also found that approximately one-third of supervision took place in private practice settings, about one-fourth in academic institutions, and about one-fourth in community agencies. The remainder of supervision was reported to have taken place in private training institutes or elsewhere. No similar data were found for non-family therapy oriented counselors such as those who graduated from CACREP accredited programs.

Henderson (2009) argued that taking the role of supervisor resulted in a significant shift in focus as the counselor moved from service delivery into the role of clinical supervisor and administrative supervisor. The counselor also moved from the level of service delivery into the higher structures of the organization that might include administrative duties as well as authority in the administrative structures of the agency (Patterson, 2000). According to Kadushin and Harkness (2002), the supervisor takes a new role as a middle manager who applies and upholds policy and procedures while

retaining the role as a member of a prior peer work group of counselors. Supervisors serve as a bridge between administration and counselors. Austin (2002) mapped the *horizontal* and *vertical* movements that take place when a clinician becomes a supervisor. *Horizontal* referred to finding a niche that differed from peers/counselors and *vertical* referred to taking on more responsibility and authority in administration and the organization. Henderson (2009) identified “that administrative supervisors in counseling are professional counselors who have shifted their position/job responsibilities, but not their professional counseling identity” (p. 6). The challenges described in this movement appeared to be related to the hierarchical shifts in authority and the challenges faced in the complex structures a supervisor must navigate. Walsh (1990) summarized,

Being promoted to the role of supervisor in a social service agency is often akin to being a newly elected public official: one is amazed at the number of debts, trade-offs, and masters to be served as well as the relentlessness of expectations from others. These surprises are complicated by the role evolution from clinician to supervisor or manager. (p. 83)

Discussion types of literature and a yet smaller portion of research-based literature emphasized the challenges and difficulties inherent in taking on the supervision role. In a seminal study of clinicians who became supervisors, Patti, Diedrick, Olson, and Crowell et al. (1979) determined that the two most problematic areas new supervisors faced were (a) the new position and need to exercise authority and (b) engaging effectively in the political processes of the organization. In the classic work *Games Supervisors Play*, Hawthorne (1975) described the ways in which supervisors either manipulated or abdicated their power with counselors. Hawthorne stated that as counselors became supervisors, they were not familiar with the requirements or the difficulty in taking on the power and authority inherent in the role. She noted any

number of games where supervisors did not directly take responsibility for their authority in the supervisory relationship. The result was that supervisors tended to give up power by using senior management as an excuse to counselors, stating they were too busy to meet their needs or by trying to please their work group. They might also overly assert power by become patronizing or authoritative. The necessity to have authority and power as gatekeepers, administrators and evaluators, might feel at odds with what supervisors, once counselors, have to face to sustain the supervisory relationship. Literature on power as a dynamic of supervision in applied settings is reviewed further below.

The role of counselor might not translate easily into the role of supervisor. Patti et al. (1979) argued that for supervision to be successful, supervisors must shift their thinking from that of a counselor to that of a supervisor. The transition from counselor to supervisor requires a definitive shift in roles, cognition, and skills (Liddle et al., 1988). The skills required for effective counseling differ specifically from those to be an effective supervisor; effective supervision does not result from the same set of skills as those to become an effective counselor (Ellis, 1991). Effective counselors might not always make effective supervisors (Drapela & Drapela, 1986; Dye & Borders, 1990).

Researchers posed contradicting views on whether or not the role of counselor contributed to the role of supervisor. Carfio and Hess (1987) found that clinical insight and success at counseling resulted in supervisors becoming more able to provide a collaborative relationship that included trust, openness, and respect focused on the needs of clients. Cohen and Lim (2008) observed that although the assumption might be that counselors becoming supervisors would be likely to retain their empathy for supervisees, there was no current direct evidence of this phenomenon. Herlihy and Corey (1992)

surmised that supervisors might actually reduce their empathy to maintain professional distance and boundaries from counselors. A greater body of literature identified the necessity of managing the roles of supervision that appeared divided around a clinical supportive role and that of the administrator and manager. Whiston and Emerson (1989) recommended that for counselors to successfully transition to the supervisor role they would need to learn to navigate less defined boundaries between themselves and their supervisees and the additional expected roles.

Literature aimed at agency settings provided numerous prescriptions for counselors making the transition into the supervision role. Examples included the necessity for reciprocal feedback between supervisees and supervisor (Freeman, 1985), openness to allow supervisee disclosure (Shanfield, Matthews & Hetherly, 1993), the need to maintain professional distance and manage dual relationships (Herlihy & Corey, 1992), and the need to be organized in the approach to supervision (Bernard & Goodyear, 2009; Magnuson et al., 2000b). Much of this type of literature was focused on the individual behavior of the supervisor, on the supervisory relationship, and on the development of a description of effective versus lousy supervision (Magnuson et al., 2000b). In addition to the prescriptions on effective supervisor-supervisee relationships, a greater body of literature described dozens of models of counseling and supervision available to inform the supervisor. These are discussed further in upcoming sections of this literature review. One common theme in the literature describing the transition into the role of agency supervisor was summed up by Cohen and Lim (2008):

There is one commonality cutting across many of the developmental models that is particularly relevant to transitioning from supervisee to supervisor: There is anxiety, self-doubt, and feelings of being overwhelmed when initially assuming the role of supervisor. Whether called role shock, imposter syndrome, or another

label, the experience of angst and struggle are common when a supervisee transitions to becoming a supervisor. (p. 86)

The organizational complexities of supervision that a new supervisor faces are described in upcoming sections. The ability for the supervisor to be successful might be determined not only by the individual supervisor's experience and skill but also by the demands of multiple roles as well as the complex organizational dynamics found in the service delivery environment.

Primary Roles of Applied Setting Supervisors

Whereas supervisors in the educational setting provide a focus on counselor education and development, the literature indicated that supervision had a greater complexity in roles, higher service demand, and greater organizational challenges. This section describes the primary roles of supervisors: (a) administrative supervision, (b) clinical supervision, and (c) case management supervision.

Clinical Supervision

The clinical role of supervision is addressed broadly to allow a comparison with the administrative supervision role. Across the literature, the clinical supervision role was addressed far more than any other supervision role. Ellis et al. (2008) determined through an interdisciplinary review of supervision that despite the foundation of the supervision role across mental health disciplines, there was no agreement on a definition of supervision. Further, multiple theories and models of supervision described a variety of approaches to what is considered *clinical*. According to Aasheim (2007), there remains a necessity to create an operational definition of clinical supervision as it applies to an agency setting; such a definition should combine research on actual agency practices combined with the recommended practices. The clinical role has been

considered a critical role in supervision in the community context with the primary focus on counselor development and maintaining client welfare (Bernard & Goodyear, 2009; Borders & Brown, 2005). Clinical supervision in agencies is often identified with individual supervision (Campbell, 2006). Clinical supervisors attend to counselor performance, conceptualization of clients and counseling, self-awareness of the counselor, ethical standards, regulations, and guidelines (Borders & Brown, 2005). The primary tasks of clinical supervision include counselor skill development, case conceptualization, development of counselor awareness, maintaining adherence to ethics and standards, and development of treatment plans and interventions (Campbell, 2006; Holloway, 1995).

Most definitions of supervision include the clinical role as a primary focus but also include varying degrees evaluative and administrative components. Probably the most agreed upon definition of supervision throughout the literature was that of Bernard and Goodyear (2009):

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the client that she, he or they see; and serving as a gatekeeper for those who are to enter the particular profession. (p. 7)

In summary, the role of clinical supervision maintains a primary focus on counselor development and maintaining client welfare (Bernard & Goodyear, 2009; Borders & Brown, 2005).

Case Management Supervision

Case management supervision focuses upon assessing client needs and meeting those needs through treatment services, community agency involvement, and community resources. According to Ellis et al. (2008),

Case management focuses on broader treatment logistics such as monitoring progress through treatment modalities, adhering to documentation protocols, advocating for the client, coordinating treatment referral services, and acting as a liaison with community resources. Typically, it does not focus on the supervisee's professional development or clinical skills, especially the supervisee's in-session behaviors. (p. 475)

The distinction of case management supervision seemed most evident in literature from social work supervision (Kadushin, 1985); whereas, case management activities appeared most frequently under the role of administrative supervision in counseling literature (Henderson, 2009). Perhaps an alternative view might be that case management is the bridge between the administrative and clinical role since the tasks between them appear joined. For example, it is the task of the clinical supervisor to maintain client welfare by providing referrals to services that augment treatment. Client resource management (most often defined as case management) could be a critical clinical function. Clinical supervision might include assessment of client needs, treatment plans, referral, and resource management, e.g., attending to service delivery options internally and externally to the organization. Overall, case management is most often described directly with the managerial duties of service delivery as found in the administrative role (Henderson, 2009). For the purposes of this literature review, case management is considered within the administrative role henceforth.

Administrative Supervision

The administrative supervisor's position is held in the middle of the hierarchy of most mental health organizations. According to Patterson (2000), the typical agency organizational structure, from top down, includes a governing body, administrative oversight, professional oversight, providers of services, and consumers of services. The administrative supervisor oversees adherence to policies by counselors and staff members. Administrative supervisors might not function entirely as administrators but usually report to administrators. According to Falvey (1987), supervisors in applied settings would have titles such as "supervisor, staff specialist, department head, or program director" (p. 2), lead counselor (Henderson & Gysbars, 1998), or they might be called coordinators or team leaders (Henderson, 2009).

Henderson (2009) described the role of the supervisors in the administrative position with four sub-roles including supervisor, leader, manager, and administrator. The administrative supervisor is a professional specialist whose knowledge of methods and access to professional channels gives them primary responsibility in the organization. Their purpose is to provide support and structure for counselors who are also considered professional specialists (Henderson, 2009). Administrative supervisors work in public or private settings and provide inpatient or outpatient services. ACES (1995) defined administrative supervision as a supervisory role found in applied counseling settings. Applied counseling settings might include community mental health centers, group practices, primary and secondary schools, community colleges, universities, group or individual private practices, business and industry, general or psychiatric hospitals, federal and state agencies (e.g., veterans affairs, employment services, rehabilitation,

defense, education, corrections facilities, managed care organizations, employee assistance programs, substance abuse treatment centers, social service agencies, and gerontological facilities; Brooks & Gerstein, 1990; Henderson, 2009).

According to Falvey (1987), administrative supervision maintains a focus on agency factors such as the organizational hierarchy, environment, logistics of service delivery, policies and rules, financial issues, and employee issues. Administrative supervisors need to have expertise in areas such as financial management, marketing, service delivery, and risk management (Straton, 2000). The administrative and clinical supervisor role might have numerous combined functions. *Administrative* in the literature appeared to point toward the managerial role inherent in working in a mental health organization (Bernard & Goodyear, 2009).

Henderson (2009) described administrative supervision to include both clinical and administrative functions. Administrative and clinical roles are combined and complementary in tasks and responsibilities, such that one role is mutually related to the other. According to Henderson, “Administrative supervision in counseling is a process--a sequence of activities--based on principles of supervision, leadership, management, and administration” (p. 3). She proposed that administrative supervision in counseling was comprised of five major responsibilities, 10 administrative functions, and 18 objectives. Responsibilities included client welfare, quality service delivery, leadership and management for employee performance, productivity and satisfaction; the design and maintenance of the client delivery system, and striving for excellence in the administrative role. Administrative functions included a focus on purpose, mission and values; development work relationships and communication; working with the agency

and community; leading change; building a learning community; organization and management; maintaining professional identity; holding others accountable; developing systems; and resolving problems at all levels from internal to client systems.

Henderson's descriptions of responsibilities, functions, and objectives appeared directed toward structuring working relationships that would lead to quality service delivery. The administrative supervisor role described by Henderson appeared directly parallel with the American Counseling Association's (2005) standards that stated supervisors "develop positive working relationships and systems of communication with colleagues to enhance services to clients" (D. Introduction).

Henderson's (2009) work provided one of the most detailed descriptions of the roles and responsibilities of community-based supervisors that recognized the complexities, confluence of, and combination of roles of administrative and clinical supervision. Henderson described the combined focus:

Between the counseling practitioners and the generalist administrators, individuals with counseling as their primary professional identity, background and experience fulfill administrative supervisory responsibilities on behalf of the clients served by their department, the counselors and other counseling department members who report to them, and the organizations in which they work. In overseeing the counseling delivery system, they have responsibilities for the work of other professional counselors and related non-counseling employees, and have delegated authority and power for the agency's administrative structure. They work with the counselors who report to them as professionals and as agency employees. (p. 8)

Henderson also identified administrative supervision as distinct from clinical supervision in that the administrative supervisor is responsible for the work environment and the incorporation of the agency mission and policies in client service delivery. She differentiated the administrative role such that "there is more emphasis on the context in which the counseling service is provided, counselors' specific job responsibilities,

compliance with legal standards, policies, regulations and expectations for work habits than there is in clinical supervision” (p. 8). Agency politics, employee relationships, organizational treatment tasks (such as paperwork requirements), and professional and organizational skills are the additional foci of supervisors in applied settings (Storm & Todd, 2002).

Administrative tasks in an agency setting typically include financial oversight, client-service fit, oversight of agency policies and procedures, and attending to employment issues such as hiring, employee performance, policies and procedures, etc. (Borders & Brown, 2005; Herbert & Trusty, 2006). According to a quantitative descriptive analysis by Aasheim (2007), the primary administrative tasks identified by 321 administrative supervisors included employee evaluation, caseload management, and attending to workload. This study supported prior assertions that the broader categories of administrative supervision included performance monitoring and managerial duties (Hawkins & Shohet, 2006).

The combination of the clinical role and managerial and administrative functions was described (Kadushin, 1985). Several supervision models included both the clinical and administrator roles (Ekstein, 1964; Powell, 2004). Other models, although inclusive of applied setting institutions, did not include administrative tasks or functions such as Holloway’s (1995) systems approach to supervision or the supervision complexity model originated by Watkins (1994). A discussion of the application of models to applied settings is described further.

Power in the Supervisory Roles

One of the major factors identified in supervision in applied settings was that of power. Power appeared to result from the supervisor's position in the agency and the agency providing the supervisor with authority. Accordingly, power provides authority for decision-making, holding employees accountable, making directives, and the expectation of employee compliance (Kadushin & Harkness, 2002). The oversight of client welfare and the charge of providing quality service delivery postures the administrative supervisor in a role inherent with power (ACES, 1990). Holloway and Brager (1989) asserted,

The acquisition and exercise of power is integral to the supervisory role and is thus an absolutely essential element of effective supervisory practice.... Power is an essential component of this process and thus important for supervisors to understand and manage. (p. 15)

Power was also viewed by researchers as synonymous with influence. Raven (1993) defined power as having the resources "to draw upon and exercise influence" (p. 233). French and Raven (1959) identified the social basis of power to include legitimate, information, coercive, expert, referent, reward, and connection (relationship) power. Henderson (2009) considered each of these bases inherent in the administrative supervisor role. Power has also been considered from the polarities of the supervisor's use of *soft* or *harsh* resources (Raven, Schwarzwald & Koslowsky, 1998). *Soft* resources include the supervisor's use of expert power, referent power, the ability to supply information (knowledge), or to offer personal reward through the relationship. *Harsh* resources might be used by the supervisor to coerce others through reward or punishment distributed through the supervisor's hierarchical position or through interpersonal coercion based on supervisor status. The supervisor would use soft resources to gain

power *with* others; whereas, in harsh resources, the supervisor takes power *over* another (Raven et al., 1998). Henderson (2009) provided an example that one such use of harsh resources would be the insistence that a supervisee adhere to the supervisor's theoretical styles or beliefs when working with clients. Supervisees perceived supervisors who misused power as lousy supervisors (Magnuson et al., 2000b).

Kaiser (1997) provided a direct discussion on supervisory power and asserted that the context, i.e., the amount of power ascribed to the supervisory role based on position in the organization determined the amount of power the supervisor held over the supervisee. From Kaiser's viewpoint, the evaluative nature of the relationship appeared to include both the evaluation of the supervisee as employee and the evaluation of the supervisee's knowledge. How power plays out in the dual roles of administrative and clinical supervisor is discussed further below.

Additional Roles of Supervisors in Applied Settings

Supervisor as change agent. Salvador Minuchin considered it the supervisor's role to become immersed in organizational politics as a social engineer to benefit the welfare of the population being treated in the organization (Storm & Minuchin, 1993). Copeland (1998) noted that supervisors employed in non-mental health organizations utilizing employee assistance programs often found themselves in the role of change agent for the agency, counselors, and clients. Copeland argued that supervisors might find themselves in danger due to the impacts of the unhealthy side of organizations. Managers and administrators might fear the affective side of employees and those who work with emotion such as the counselors and supervisors, resulting in adversarial relationships. Falvey (1987) suggested that administrative supervisors lead the way for

advocacy by guiding organizational change at all levels, from client through counselor, up through administrative levels.

Supervisor as advocate. The role of change agent might be in parallel to the prescribed role of supervisor as advocate. The ACA (2005) code of ethics described advocacy as “promotion of the well-being of individuals and groups and of the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development” (Glossary). In addition, the standards suggested, “When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or growth and development of clients” (ACA, 2005, A.6.a). It followed that supervisors would be required to reinforce this standard with their supervisees. For example, Henderson and Gysbars (1998) recommended that school counseling supervisors create an advocacy plan to address the needs of student-clients.

Supervisor as customer service representative. Supervisors in community settings might also be considered as customer service representatives to the community at large. Supervisors are accountable on many levels for the quality and quantity of service delivery. Greater emphasis is being placed on outcome or evidenced-based practices that drive grant funding or financing, especially in health management organizations (HMO; Cohen & Lim, 2007; Spring, 2007). The supervisor is also seen as working to meet the service delivery needs of clients and the needs of many stakeholders. Woodruff (2002) argued that community-based supervisors need to consider “the customer” who is “the individual or group who most wants to see change in a problematic situation” (p. 72). In an applied setting, this might not necessarily be the client; it might be more likely the

referring party such as a judge, other agencies, client family members, or the agency employing the supervisor. In smaller agencies or non-profit organizations, supervisors might find themselves as a kind of jack-of-all-trades. Many non-counseling tasks might emerge from marketing to fundraising or record keeping (Henderson, 2009).

Role Comparisons and Conflicts

A fairly large body of supervision research focused on the dual roles of clinical and administrative supervisor and the pragmatic and ethical challenges supervisors encountered in their attempts to navigate between these roles. The researchers described a tension between the hierarchical administrative role and the clinical role, moderated by the evaluative nature of the role and organizational factors. Patterson (2000) argued that dual role strain was directly related to the supervisor's position in the middle of the organizational hierarchy or being in-between governance and service delivery.

One of the primary tasks of the administrative supervisor is to align their department's service delivery outcomes with the mission and goals of their agency and the expectations of the agency stakeholders (Henderson, 2009). Similarly, Henderson described, "A major job of administrative supervisors is to protect their supervisees from undue demands or assignments from agency administrators and from other departments' supervisors" (p. 92). This administrative-managerial function also requires the supervisor to assure employees reach organizational goals in addition to the delivery of effective client services (Walsh, 1990).

The mutual exclusivity of the clinical versus administrative role was seldom described in literature related to applied settings. The reality in most mental health organizations was that the two roles (clinical and administrator) existed together (Ellis &

Ladany, 1997; Holloway, 1995). Supervision in the agency setting often consisted of *mixed-focus supervision*, defined by Harkness and Hensley (1991) as “agency team meetings used for administration, training, and clinical consultation” (p. 507). Ellis and Ladany (1997) identified mixed-focused supervision with the same definition as administrative supervision while defining traditional clinical supervision as client-focused, i.e., addressing client conceptualization and client well-being. In some agency settings, administrative tasks took up as much as 63% of the supervision focus (Triantafillou, 1997). Mixed-focused or dual-role supervision appeared in nearly half the respondents in a study conducted by Tromski-Klingshirn and Davis (2007).

According to multiple researchers, mixed-focus or dual role supervision appeared to have negative consequences related to how supervisees communicated with their supervisors. Yourman and Farber (1996) determined that supervisees withheld important information from supervisors 90% of the time. In another seminal study by Ladany et al. (1996), 97.2% of supervisees withheld information from their supervisors. Reasons cited included that non-disclosure occurred based on negative reactions to supervisors for reasons including

perceived unimportance, the personal nature of the nondisclosure, negative feelings about the nondisclosure, a poor alliance with the supervisor, deference to the supervisor, impression management, and, to a lesser extent, the supervisor's agenda, political suicide, pointlessness, and a belief that the supervisor was not competent. (p. 18)

Supervisees also withheld information related to clinical mistakes (44%), evaluation concerns (44%), general client observations (43%), negative reactions to their clients (36%), countertransference (22%), client counselor attraction (9%), and other supervisor and client non-disclosures. Webb and Wheeler's (1998) study confirmed that negative

reactions to supervisors decreased the likelihood of disclosure by supervisees and that such negative reactions had a negative influence on the supervisory working alliance.

Yourman (2003) explored multiple case studies and determined that non-disclosure occurred when supervisees experienced shame in supervision. Ladany et al. (1996) concluded that many of reasons for non-disclosure appeared directly related to the supervisor-supervisee alliance and suggested that such non-disclosure ultimately compromised service delivery. Caution might be required in the interpretation of these results as the participants in applied settings (community-based mental health centers, hospitals, schools) comprised only 33% of the sample with a majority as doctoral clinical psychology trainees. This research was both supported and contradicted by Tromski's (2000) study of counselors in applied settings that revealed only 18% of counselors indicated problems with dual role supervision, particularly a tendency toward non-disclosure. The above research suggested that in supervisory relationships, the dual role might impact the use of power, possibly due to the evaluative nature of supervision (Bernard & Goodyear, 2009), resulting in truncated or filtered communication between supervisor and supervisee.

Several rehabilitation counseling studies provided evidence that an administrative focus dominated supervision sessions at the cost of supervisee development and growth (English et al., 1979; Herbert, 1997). Rehabilitation counselors reported the most dissatisfaction with clinical supervision when supervisors focused primarily on administrative tasks; whereas, counselors were much more satisfied when supervisors rarely engaged in administrative tasks during supervision (Herbert & Trusty, 2006). In a study by Crimando (2004), counselors preferred clinically-focused supervision over an

administrative focus. Organizational-administrative issues were cited as one of the top three spheres of lousy supervision in a qualitative study by Magnuson et al. (2000b). Counselors interviewed in that study described lousy supervision occurred when supervisors did not clarify expectations, did not uphold accountability, did not assess supervisee needs, were not prepared for supervision, were not consistent in meeting time and duration, and did not provide an environment of equality amongst supervisees.

Harkness (1997) determined that when human service agency counselors had high caseload environments, supervisory empathy negatively impacted the supervisory relationship. Harkness explained the negative impact was due to administrative focus on client outcomes interrupting the supervisory relationship by placing a greater work demand on supervisees. Harkness speculated that supervisees perceived empathy as a waste of time when they faced high caseload demands; instead, they preferred problem solving (over empathy) so they could get their work done. Milne and Oliver's (2000) arguments supported Harkness' conclusions. They asserted that while individual (clinical) supervision might be the most effective mode of supervision in clinical training programs, it was one of the least efficient options for agency settings since the demand for time and effort were diminished by the demand for service delivery.

Two general stances appeared to emerge in the literature regarding the dual roles of applied setting supervision. In one stance, researchers appeared to view the roles as incompatible and promoted separation, suggesting the roles were mutually exclusive. The other stance appeared to note the reality of the combined roles, even to the point that the roles were often complementary. The complementary roles of administrative and

clinical supervision appeared to overlap one another to assure the successful completion of client service delivery.

In the literature describing incompatibility of roles, Erera and Lazar (1994) argued that the clinical and administrative roles were so dissimilar that supervision was not effective when the roles were combined. The Association for Marriage and Family Therapy (1993) specified in the *Responsibilities and Guidelines for AAMFT Approved Supervisors and Supervisor Candidates* that administrative supervision was not an appropriate component of clinical supervision. Historically, researchers recommended that supervisors divide managerial tasks from clinical tasks to avoid supervisory and ethical conflicts (Borders & Leddick, 1987; Falvey, 1987; Harrar et al., 1990; Holloway, 1992). As previously noted, supervisees tended to avoid disclosures related to client work or personal development when supervision was conducted poorly, especially if they feared evaluative consequences on their jobs (Falvey, 1987; Ladany et al., 1996). Supervisees appeared to find the dual roles problematic when they either feared or had experienced negative consequences due to the dual role (Tromski-Klingshirn & Davis, 2007).

The administrative supervisor's role involves inherent power over the supervisee, the amount and type based in the position of the supervisor in the hierarchy, and the power delegated by the organization (Kaiser, 1997). The supervisor as administrator is often an evaluator of job performance. Falvey (1987) and Ladany et al. (1996) found that the requirement to evaluate supervisees negatively impacted the clinical supervisor role. Kaiser's (1997) discussion on the role combination and impacts of power brought to the

forefront the necessity for supervisors to recognize that power exists in the relationship and consider how that power is used.

Based on the conflicts of the dual roles, the recommendation that they be mutually exclusive in order to separate power from the clinical relationship appears logical. However, this viewpoint appears to surrender the fact that in addition to maintaining a strong supervisory relationship, the clinical supervisor is also in a position of gatekeeper and evaluator (ACA, 2005; Lumadue & Duffy, 1999). Henderson (2009) asserted that as gatekeeper and evaluator, the administrative supervisor (including the clinical role) utilizes many of French and Raven's (1959) social power bases: identified, legitimate, information, coercive, expert, referent, reward, and connection (relationship). Ultimately, the clinical supervisor determines the final steps in the evaluation of graduate student-counselor-interns obtaining their degree or the requirement to give their consent that a pre-licensed counselor is license eligible. The dual roles of supervision perhaps require a greater consideration of power, perhaps not in terms of whether power will or will not be used but what kinds of, when, and how power will be exerted in the course of supervision (Tromski-Klingshirn, 2006).

In the second stance on dual roles in supervision, researchers identified the roles as either a reality, compatible, or even complementary. According to Kadushin and Harkness (2002), the difficulties of the roles might be overstated:

Though rules and regulations have the negative effect of decreasing worker discretion and autonomy, they have the positive effect of decreasing role ambiguity and increasing role clarity. As a result of a set of formalized rules and procedures and a detailed job description, the worker knows more clearly and with greater certainty what he or she should be doing and how he or she should be doing it. (p. 113)

According to a recent study of dual role perceptions of supervisees by Tromski-Klingshirn and Davis (2007), 72.5% of counselors surveyed viewed the combined roles as beneficial while 82% reported the combination of roles was not problematic. No significant differences in perceived problems or benefit were reported between counselors who received a combination of administrative and clinical supervision and those counselors who received purely clinical supervision. This study appeared to directly contradict the view of the roles as harmful and the necessity for separation.

The dual roles appeared to be complementary when the supervisor worked as a bridge between administrative structures and clinical service delivery structures within the organization. The key mediating factors appeared to be the transparency of power in the supervisor-supervisee relationship and the ability of the supervisor to utilize organizational and managerial skills in their work. “The managerial dimension of supervision,” described Walsh (1990), “requires the supervisor to enable others to accomplish organizational goals” (p. 83). Organizing, motivating, and controlling are key functions to managing the roles between clinician, supervisor, and manager. Bernard and Goodyear (2009) recognized the reality of the organizational role where the supervisor is a liaison between administration and counselors.

When done in an informal fashion, however, the trainee is more likely to get incomplete information and/or become triangulated in organizational power struggles. It is far better for the interface between service delivery and organizational realities to be covered in supervision in a *deliberate* [emphasis added] way. (p. 210)

Bernard and Goodyear described clinical supervision as inclusive of managerial functions similar to administrative supervision. This appeared especially true when ethics and legal issues were part of clinical work. They preferred the term *managerial* to define the

similar skills required in clinical supervision that would also be utilized in administrative supervision. Managerial skills are needed by community-based supervisors but could be avoided if the myth is perpetuated that organizational skills are not needed for effective clinical supervision (Bernard & Goodyear, 2009). Thus, for the applied setting supervisor, there is crossover between managerial skill and clinical skill; an additional set of organizational skills might be necessary to be effective in applied settings.

Osborn and Davis (1996) suggested an additional approach to manage combined administrative and clinical roles. They argued for the necessity for supervisors to set up a well-crafted contract with supervisees to address content for discussion, supervisee disclosure, procedures for conflict management, parameters of the supervisory role (i.e., managing the dual role), time and frequency of meetings, and methods of evaluation in supervision, i.e., how employee behavior or counselor clinical competency will be addressed. Supervision contracts are supported in the ACA (2005) ethical standards and across disciplines (AAMFT, 2007). Tromski-Klingshirn (2006) argued that a strong adherence to ethical standards would help supervisors manage the dual roles of administrative and clinical supervision.

As previously described, the factors of service delivery demand, the hierarchical position of the supervisor (Patterson, 2000), accountability to many customers (Storm & Minuchin, 1993; Woodruff, 2002), and the necessity to be change agent in a political system (Storm & Todd, 2002) all appeared to be demanding factors in the applied setting supervisor's experience. The reality supervisors appeared to face was that clinical and administrative roles appeared as both conflicting and complementary roles. To be perceived as effective, the supervisor would likely need to adapt and respond on many

complex levels, navigating many boundaries with awareness and transparency. The potential loss of supervisory alliance or relationship might not necessarily be the result of working in dual roles within a community based setting. Rather, the loss of alliance might be due to the supervisor failing to address the necessity, boundaries, and expectations each role required. The supervisor faces the duality of the roles and might need to maintain clear boundaries, utilize soft power over harsh power, maintain effective managerial skill, and develop a strong ethical stance to effectively help supervisees navigate toward quality service delivery. The supervisor, as argued by researchers, in both administrative and clinical roles has the potential to form reciprocal interpersonal relationships directed toward effective service delivery (Borders & Brown, 2005; Kadushin & Harkness, 2002; Tromski-Klingshirn & Davis, 2007).

Organizational Context and Organizational Culture

Supervisory skill alone does not appear to account for the entire set of conditions that impacts supervision in the applied settings. A number of researchers identified the organizational setting, climate, and context as vital to understanding the process of supervision. Holloway's (1995) systemic model of supervision included the important components of an institutional setting: the clientele, organizational structure and climate, and the broader professional institutional ethics and standards. Holloway suggested that a strong supervisory relationship including the contextual factors of supervision was necessary to supporting counselor effectiveness. Similarly, Hawkins and Shohet (2006) defined seven specific organizational contextual foci for supervision: social context and norms, economic realities and pressures, professional codes and ethics, organizational constraints and expectations, and client families. Through this model, Hawkins and

Shohet directed supervisors to focus on the wider contexts of supervision impacting the client, supervisor, and supervisee and the relationships between them. Bernard and Goodyear (2009) asserted that beyond individual supervisor managerial competency, "We then underscore the importance of understanding a particular institution's culture and how this can provide either a positive or negative contexts for clinical supervision" (p. 194). Ekstein and Wallerstein (1958, 1972) originated the basis of contextual understanding of supervision in their mapping of the "clinical rhombus." This relational-contextual diagram described how the supervisor is ultimately influenced by his or her relationships to the organization, the therapist, indirectly to the clients, and all are influenced by the surrounding context of society. As was described previously in this review, Patterson (2000) indicated that the agency organizational structure played a major factor in the position, function, and role of the supervisor.

Holloway and Brager (1989) integrated organizational and management theory into the practice prescriptions of supervision in the human services. Four emphasized areas of organizational thinking were described related to the applied setting:

1. The structuralist perspective with particular attention to the supervisor's location in the middle of agency hierarchy,
2. Politics as a predominant feature of organizational life,
3. The human relations approach, and
4. The rationalist view of organizational decision-making. (p. 16)

They argued that research has typically emphasized only one area; whereas, all four areas are required to fully understand the role of supervision in applied settings. For example, the human relations approach "tends to ignore structure as a source of organizational problems. It concentrates on people--their needs, feelings, and skills--as the critical

variable required for organizational problem solving” (Holloway & Brager, 1996, p. 16). The rationalist view focuses on the necessity of planning and reasoned analysis as critical to decision-making processes. Included in this view would be the necessity for data collection and analysis, analysis of techniques and methods used, job analysis, systems planning, and performance appraisals. This framework identified that the supervisor exists in a complex set of contextual variables, which might exert forces well beyond the individual supervisor’s individual sphere of influence or control.

Researchers who emphasized organizational context pointed to the need for supervisors to be savvy to the organizational context and culture as having strong implications for supervision and counseling. Congress (1992) argued that ethical decision-making was impacted by the agency culture, not by the individual supervisors involved. The agency culture has its own accountability structures that are not easily influenced by individuals. Carroll (1996) argued that supervisors who fail to understand organizational dynamics might inadvertently allow such dynamics to influence the supervisory relationship, perhaps even colluding with the unhealthy dynamics of the agency. Bernard and Goodyear (2009) summarized,

The supervisor who has not attempted to evaluate organizational context may be unprepared for a discrepancy between a supervision goal and the culture within which supervision is occurring. Most likely, it is the supervision, not the culture, that will be compromised when there is such a discrepancy. (p. 199)

Thus, in the literature focused on the context of supervision, the authors appeared in relative agreement that an individual focus on supervision or a focus on the supervisory relationships were not explanatory of the primary influences on supervision. Hawkins and Shohet (2006) cited decades of their personal experience as human services

organizational consultants identifying what they believed were primary organizational cultural dynamics that led to the “degeneration of supervision” (p. 196).

Supervisors in applied settings were described as facing multiple organizational contextual challenges of high complexity. According to Cormier and Hackney (2005), mental health agencies were determined to be the most diverse applied human service settings, engulfed with high caseloads, difficult working conditions, and a wide variety of intense client issues. Burnout rates were high in human services, leading to job dissatisfaction and ultimately a short career span for counselors (Altun, 2002; Farber, 1990; Powell, 2004). Burnout was first identified by Edelwich and Brodsky (1980) to occur in a cycle of stages: Counselors begin their profession in a stage of enthusiasm followed by stagnation and then frustration, the end result being disillusionment that leads to burnout. During the disillusionment cycle, feelings of cynicism, hopelessness, and worthlessness might emerge (Kottler, 1993).

The above works appeared to point out the difficulty of individual counselors adapting to applied settings. However, Murphy and Pardeck (1986) were some of the first to argue that the burnout syndrome was more likely due to constraints found in organizations rather than individual responses or characteristics of counselors. Support for their argument was found in Bogo’s (2005) review of supervision in applied settings that revealed service demands and ineffective administration were related to counselor burnout in agencies. Organizational constraints might be further augmented by the impact of managed mental health care (MMHC) found in many mental health settings. In an exploratory study by Levine (2002), 15 outpatient clinicians reported overwhelming service demands and a cultural value for quantity over quality. In addition,

organizational policy and culture had a major negative impact on job satisfaction and the ability to provide effective interventions. Managed mental health care was considered to compound the negative influences of the existing organization.

Across supervision studies, the competing demands of service delivery were shown to consistently result in supervision becoming a lower time priority in applied settings (Bogo, 2005; Giddings et al., 2003; Gross, 2005; Ramos-Sanchez et al., 2002). In a study of 885 supervisors and supervisees, Kadushin & Harkness (2002) found limited time and availability dedicated to supervision across agencies. Although supervision became a low priority with greater service demands, paradoxically supervision might be the antidote to difficulties counselors face in effectively meeting heavy service demands. Cross and Brown (1983) asserted that the supervisor is a manager in which client care might be improved through the reduction of counselor burnout. Teasedale et al. (2000) confirmed Cross and Brown's assertion in their study that clinical supervision had a positive impact on coping skills, job satisfaction, and decreased stress related to the job among nursing professionals. Professional reflectivity, such as that found through supervision, is considered essential for professional development and sustaining careers of counselors (Skovholt & Ronnestad, 1995). Supervisors who received release time from administration for clinical supervision were also more satisfied with their role as supervisors (Bennett & Coe, 1998).

Administrators of community-based organizations might not value supervision. Without support, supervision could become ineffective due to numerous organizational constraints (Copeland, 1998; Globerman & Bogo, 2003; Sommer, & Cox, 2005). Hawkins and Shohet (2006) argued that for the entire organization, the lack of support for

supervision is both an ethical and pragmatic problem that has significant costs in failures to conduct best practices and results in high staff turnover, poor morale, and client complaints. Overcoming the restraining forces (against supervision) while moving forward with driving forces for change can be a complex and ongoing task, requiring system-wide organizational and cultural change. Hawkins and Shohet promoted the need for organizations to develop a learning environment where the supervisor moved beyond the central roles of manager, educator, and supporter to include the client context, staff experience, and their own experience as part of a mutual learning process in a collaborative atmosphere.

Models of Supervision and Application to Applied Settings

Numerous models of supervision have been developed to provide a theoretical basis for supervision research, counselor and supervisor training, and practice. Overall, the theories, models, and approaches related to supervision appeared to fall into six categories:

1. *Psychotherapy and counseling theories* that a counselor would normally utilize with clients were also utilized in supervision for the development of the counselor or to model or choose interventions during supervision.
2. *Counselor focused supervision theories and models* focused on counselor training, stages of counselor development, and the necessary responses or interactions prescribed for supervisors based on the counselor's developmental level.

3. *Supervisor focused theories and models* focused more specifically on the supervisor's development, roles, influence, supervision processes, and systemic awareness.
4. *Combined focus supervision theories and models* that include both counselor and supervisor development in parallel.
5. *Contextual, systemic, and process theories and models of supervision* that addressed the context and systems of relationships within which supervision occurs or addressed a particular core process of supervision.
6. *Applied setting or service delivery supervision theories, models, and approaches* developed specifically for or applied settings, often aimed at solving pragmatic issues related to service delivery.

The amount of literature covering the various theories, models, and approaches is extensive and would fill volumes in composite. Thus, the following description was written only as an overview of the primary theories and models with a specific focus upon how each might apply to supervision in applied counseling settings.

Psychotherapy and Counseling Theories Used in Supervision

In early 1900, Freud might have acted as one of the first supervisors by including clinical discussions as part of psychoanalytic training groups (Davy, 2002). This process appeared to define early supervision with the application of psychoanalytic theory to both client and trainee. Psychoanalysts continued to teach, instruct, and engage in psychoanalysis with students (Leddick & Bernard, 1980) and this form of supervision continues today (Jacobs, David, & Meyer, 1995). Psychodynamic supervision contributed a number of important principles to supervision such as parallel process, the

supervisory alliance, and provided a foundational conceptual map of the supervisory relationship, supervisor focus, and the roles and styles of supervision (Frawley-O'Dea & Sarnat, 2001). As psychoanalysts found competitors from other theoretical orientations throughout the 1950s, the practice of psychoanalysis might have lost favor. However, supervisors continued to use the existing psychotherapy, counseling, and systemic (family and couples therapy) theories, which were also being used to treat clients, as guides to supervision (Freeman & McHenry, 1996; Friedlander, Siegal, & Brenock, 1989).

Supervision employing psychotherapy and counseling models included any of the existing personality theories to inform supervision, train counselors, or to provide techniques (Lambert & Arnold, 1987). Theories developed conceptually for supervision included person-centered supervision (Tudor & Worrall, 2007), learning theory supervision, behavioral supervision, cognitive-behavioral supervision (Rosenbaum & Ronen, 1998), and rational emotive supervision (Woods & Ellis, 1996). Constructivist approaches to supervision were also found including narrative approaches to supervision (Parry & Doan, 1994), and solution focused therapy (Triantafillou, 1997). Family therapy supervisors have also consistently applied their preferred systemic therapy models to supervision (Liddle, Becker, & Diamond, 1997).

Ekstein and Wallerstein (1958, 1972) proposed that counselors might be likely to take new situations, such as becoming a counselor supervisor within their organization, and try to make them familiar. Without a model of supervision, supervisors would likely rely on a previously known therapeutic relationship or their favorite theory of counseling as the map for supervision. With potentially over 400 possible counseling theories from

which to choose (Hanna, Giordano, & Bernak, 1996), the possibilities of theoretical choice amongst supervisors who have not been trained in any supervision theory might be endless. Most training in counselor education programs focus upon counseling theories, increasing the likelihood that counselors becoming supervisors in applied settings might rely on their existing theoretical maps to conduct supervision (Friedlander & Ward, 1984). With numerous theories potentially used by numerous supervisors, supervision and training might be theoretically inconsistent and supervision focus might vary widely (Liddle et al., 1997). The use of counseling theory for supervision might also cause too narrow a focus on the role of counseling. Holloway (1995) proposed that supervisors take any number of roles in supervision beyond counseling. When supervisors use their existing counseling theory as the basis for supervision, their role effectiveness might be limited to that of counselor (Bernard, 1979, 1997).

Some have argued that counselors do not always make effective supervisors (Drapela & Drapela, 1986; Dye & Borders, 1990). Perhaps one might infer that counseling theories might not always make effective supervision theories. Due to the distinct differences between counseling and supervision, counseling theories might not address the variety of clinical sub-roles that supervisors play. Other than acknowledgement in the above literature of the regular use of counseling theory by supervisors, no literature was found to indicate how many supervisors regularly employed preferred counseling theories in applied settings.

Counselor Focused Theories and Models of Supervision

According to Carroll (1996) and Hess (1986), the late 1960s through the 1970s brought changes to supervision theoretical and practice orientations. The literature of

that era contained a greater focus on tasks, roles, and training, and moved away from a focus on the use of counseling theory models as the primary application in supervision. Truax and Carkhuff (1967) introduced a counselor-training model based on skills development with an orientation toward experiential training. Rogerian-based skill sets and advanced counseling skills provided a foundation for counselor development that supervisors could focus upon in counselor training. Counselor developmental models employing stages of growth emerged from that era (Carroll, 1996; Hess, 1986). Amongst all the models reviewed, developmental models appeared to be the most popular subset of counseling focused supervision models and are described below.

Developmental models. Throughout the 1980s, numerous non-psychotherapy-oriented developmental models were introduced into the field (Freeman & McHenry, 1996). One of the first models by Hogan (1964) introduced developmental levels that moved toward autonomy with supervisor prescriptions designed to match the level of counselor development. A number of models were developed with Hogan's work providing the foundation.

Counselor complexity model. The counselor complexity model (Stoltenberg, 1981) combined educational theory with Hogan's (1964) model with the goal of matching the needs of students to their learning environments. The model provided prescriptions for supervisors based on the stages of progression (Hogan, 1964) and conceptual development (Harvey, Hunt, & Schroeder, 1961) of the trainee. Identified in this model was the necessity for supervisors to adapt their style based on the level of the trainee with a prescribed response from the supervisor. Accordingly, supervisors would begin with a more structured encouraging approach and evolve toward a collegial

relationship with counselors as their development progressed. The developmental levels of conditional dependence with conflicting dependence and eventual autonomy appeared to describe internship trainees and pre-licensed counselors. However, the model appeared to fall short in applied settings where the prescription of collegial relationships might result in conflicts between supervisor and supervisee due to the dual role supervisors face between administrative and clinical roles (Henderson, 2009). Since counselors would not likely hold the power levels of their supervisor, whose status is at higher levels in the organizational hierarchy, such collegiality might be unrealistic and unlikely.

Professional development model. Loganbill et al. (1982) defined supervision as “an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person” (p. 4). Supervision included the functions of monitoring client welfare, enhancing growth of the supervisee within the stages defined in the model, promoting transitions, and evaluating the supervisee’s progress. Loganbill et al. based their conceptual model of professional development on the developmental theories of a number of theoreticians. They utilized eight primary issues Arthur Chickering (1969) identified as developmental changes that occur throughout college education. William Perry’s (1970) intellectual and ethical scheme of cognitive development also provided the foundation. Additional concepts were informed by Erik Erikson (1968), particularly that crisis and identity development was central to counselor growth. Margaret Mahler’s (1979) theory of developing autonomy through gaining internal boundary structures and the individuation of self from others added to the constructs of this model.

Of particular relevance to the applied setting might be that in addition to assessing the self of supervisor, supervisee, and the relationship, the environment is also assessed. This followed Ekstein and Wallerstein's (1958, 1972) inclusion of elements of supervisory context. Within assessment of environment, the supervisor would observe environmental constraints: working with time (service delivery demands, stakeholder demand), the supervisee's responses to administrative policies (clarifying the dual roles), addressing key client population treatment issues, maximizing use of facilities, and coping with environmental stressors of professional demand and burnout (Loganbill et al., 1982). The model provided a general prescriptive approach for supervisors by recommending facilitative, confrontive, conceptual, prescriptive, and catalytic responses to supervisees. The prescriptions might be effectual in service delivery environments where counselors might tend toward stagnation from burnout (Edelwich & Brodsky, 1980) or in high stress environments where conflict might emerge more readily and be viewed as the best opportunity to affect change (Loganbill et al., 1982).

One of the key criticisms of this model might be that the theories at the foundation of this model (Chickering, 1969; Perry, 1970) were originally developed with undergraduate students; whereas, counselor training programs consisted of graduate students (Bernard & Goodyear, 2009). The developmental stages might not apply to older students nor would it be necessarily indicative of development in an applied setting. Holloway (1995) argued that research had not yet determined interventions for such a crisis model, stating that the stages might occur more simultaneously. The model might also be superficial from a multicultural framework (Brown & Landrum-Brown, 1995) as

multiculturalism is a key component of the service delivery environment (Ladany & Inman, 2008).

Integrated development model. The counselor complexity model and the conceptual model of professional development (Loganbill et al., 1982) were combined by Stoltenberg and Delworth (1987) to become the integrated development model (IDM). This model provided a description of how skills developed with changes in the structure of self/other awareness, motivation, and increasing autonomy.

Similar to the CCM model described earlier, the model offered supervisors in applied settings prescriptions to support counselor changes. The model lacked any specific time frames or references to how counselors might progress from internship through pre-licensure, through licensure, and onward to mastery levels. Development of independence of counselors in an applied setting might be impeded by supervision that was highly targeted on high client loads and service delivery (Harkness, 1997). Support in applied settings might be challenged by the directive nature of the administrative supervisor. It was also unclear how high service demands that might lead counselors from enthusiasm to stagnation, frustration, and disillusionment (Edelwich & Brodsky, 1980) might result in actual responses from supervisors that differed greatly from the suggested developmental progressions described in this model. For instance, level two described vacillating motivation, ambivalence, and self-doubt. In this instance, it appeared unclear whether a counselor in a high stress, high demand environment might respond according to the developmental level of the model or frustration based on high service demands found in the setting. Based also on the likelihood that counselors might have short career spans in agencies (Powell, 2004), this model might not offer a

perspective for supervisees who survived and remained in applied settings, perhaps developing in ways other than the model prescribed, e.g., survival or some other mode developed in response to the applied setting context.

Lifespan development model. Based on intensive qualitative research conducted between 1986 and 1990, Skovholt and Ronnestad (1992, 1995) and Ronnestad and Skovholt (1993, 2003) provided a developmental model aimed at greater comprehensiveness across the professional lifespan of counselors including long-term developmental growth in field-based settings. They interviewed more than 100 counselors from their first year of counselor training through a range of 40 years following graduate school, extended developmental descriptions that preceded and follow counselor education greatly. Descriptions of development included lay helper, beginning student, advanced student, novice professional, experienced professional, and senior professional phase for counselors with more than 20 years of experience (Ronnestad & Skovholt, 2003). Two global stages were identified; the first involved four stages: (a) graduate school including the conventional stage of experience prior to graduate school, (b) the transition to professional training upon entering graduate programs, (c) imitation of experts during the middle of graduate work, and (d) conditional autonomy related to internship and prelicensure status. The fourth stage of graduate work referred to the entry and early phases within applied settings.

The second global set of stages was defined as postgraduate professional maturity with four stages describing the decades following acquiring a graduate degree. In the first stage--exploration, Skovholt and Ronnestad (1995) discovered that pre-licensed counselors moved toward greater self-autonomy, utilized personal strategies (vs.

imitation), and got rid of some aspects of what was learned in graduate school to develop new methods, concepts, and techniques. They observed supervisory influence to be less influential during this stage, attributed to the counselor's successful experiences that provided a foundation for their work (Skovholt & Ronnestad, 1995). During exploration, counselors might move toward confirmation or disillusionment. In confirmation, counselor identity is further confirmed through degrees, titles, and positions; whereas, in disillusionment, novice counselors realize their training is not enough to meet high service delivery demands. In disillusionment, counselors have less influence from supervisors for support and instead turn to mentors, peers, or colleagues. In stage two--integration, over two to five years, confirmation and disillusionment might fluctuate and be resolved while the counselor works to integrate their personal and professional identities. The third stage, individuation, results in counselors engaging in an active selection of professional influences. In the fourth stage--integrity, counselors gain a unique style of counseling (Skovholt & Ronnestad, 1992, 1995).

The descriptive research of Skovholt and Ronnestad (1992) might find purchase in the ground of applied settings primarily due to their model extending well beyond graduate school and internship levels as well as addressing particular professional developmental issues. Their research supported Schon's (1983) seminal assertion that reflectivity is required for ongoing professional development. In addition, they observed "optimal professional development is a long, slow, and erratic process" (Skovholt & Ronnestad, 1992, p. 112). The model also confirmed Edelwich and Brodsky's (1980) description of disillusionment due to high service delivery demands and the feelings of incompetence counselors might experience in the face of such challenges. Their work

described the ongoing experience of counselors post-degree while acknowledging the impacts of the contexts of organizations, i.e. how disillusionment might be the result of high service demand.

Criticisms of the model tended to focus on the generality of qualitative themes as descriptive and that the model lacked prescriptions for supervisors (Bernard & Goodyear, 2009). The descriptions offer a lens into particular perceptions of experience but might not identify related factors. For example, where Skovholt and Ronnestad (1992) identified that counselors felt less influence from their supervisors, they attributed the reasons to greater counselor ability; whereas, much of the research described in previous sections pointed to the possibility that supervisors did not engage effectively with supervisees (Magnuson et al., 2000b), administrative supervision overrode clinical supervision (Harkness, 1997), or clinical supervision was not given priority (Kadushin & Harkness, 2002). Their study failed to address important contextual considerations or supervisor perceptions as the focus was on the individual perceptions of counselors. In addition, no data were discovered to determine the employment rates, conditions, or length of employment of counselors in human service settings such as agencies, non-profits, and in particular, or what was occurring developmentally when counselors left difficult settings due to high service demand or burnout.

Combined development model. Hawkins and Shohet (2006) combined information from Hogan (1964), Worthington (1987), and Stoltenberg and Delworth (1987) to integrate the models into a combined developmental model with four major levels of supervisee development: (a) self centered, (b) client centered, (c) process centered, and (d) process in context centered. Similar to the models described in earlier

sections, the levels were used to describe an incremental progression in training where the supervisee moved from a self-centered focus to greater awareness of their client and their relationship with the client and toward a greater awareness of the processes and the contexts involved in service provision. Hawkins and Shohet believed that when counselors reached the final stage (process in context centered became autonomous, aware of the interrelated processes in the counseling context, and integrated their knowledge), they were most likely to become supervisors. They also described that in the earlier level two stage of being client centered, disillusionment was more likely to occur whereby the supervisee would be more likely to be angry at the supervisor, saw them as not effective, not meeting their needs, or even tested the supervisor's authority.

This model, like other developmental models, might inform supervisors how counselors progress with experience in applied settings. The model appeared to provide a broad view of the context and processes within which counselors operated. Trainee responses to the environment were described along with descriptions of the supervision relationships. The model tended to be general and described the disillusionment phase of counseling similar to Skovholt and Ronnestad (1995). The point at which counselors became supervisors was also described. The model, however, was speculative without research directed at application or outcome. However, the model directly addressed the political contexts and how culture played a major influence in the applied setting. It recommended that supervisors address the complexities of the organizational and political context as recommended by Bernard and Goodyear (2009).

Research and critique of the developmental models. According to Worthington's (1987) review of 12 existing studies of supervisor development, moderate

empirical support was found for developmental models and augmented by trainee and supervisor perceptions. Supporting evidence indicated that supervisees changed developmentally and supervisors responded in their behavior based on the development of the supervisee. The studies were focused primarily on supervisee satisfaction with supervision rather than supervisee improvement or client perceptions. In contrast, the studies reviewed during the first practicum provided little evidence for stages or methods that promoted movement through the stages (Worthington, 1987).

In a more recent review, Stoltenberg et al. (1994) determined that strong evidence supported the viability of developmental models. Their research conducted on developmental models, however, appeared primarily with counselors in training from practicum through internship experiences. This would indicate that developmental models had some applicability in the applied setting, at least through counselors obtaining their degree while potentially lacking applicability in the applied setting for pre-licensed or degreed counselors.

In another more recent review, Inman and Ladany (2008) observed that the topic of supervisee development received the most attention in the literature; although evidence was historically mixed, the viability of developmental processes was shared amongst the researchers. They concluded that

the bulk of studies suggest some support for a developmental process operating in supervisees...the research shows that supervisees not only need different types of guidance...but also show a developmental increase in both personal (e.g., reflectivity) and intellectual (e.g., cognitive complexity) aspects of their growth. (p. 505)

Supervisor Focused Theories and Models

A number of supervision models focused more directly on supervisors, supervisor training, and supervisor development, as well as supervision contexts. Five types of supervision models were identified in the literature: social role, supervisor development, process models, systems models, and social influence models.

Social role model theories. Social role model theories described and focused upon on the various roles enacted by supervisors conducting counseling supervision. Such roles had a commonality across these particular models and included teacher, therapist, counselor, monitor, consultant, and administrator among others (Bernard & Goodyear, 2009). The models provided a description of task functions, interventions, ways of conceptualizing, and descriptions of supervisee behavior; a number of models included contextual elements such as organizational context, social contexts, family/environment, organizational constraints, professional ethics, each of which impacted the supervision relationship and the therapeutic relationship (Hawkins & Shohet, 2006).

Supervisor role and responsibility model. The supervisor role and responsibility model developed by Littrell et al. (1979) described how the roles and responsibilities of supervisors changed according to the changing needs of supervisee. The model was based on a synthesis of roles of supervisors that included counseling, teaching, consulting, and self-supervision. Four sequential stages included relationship, counselor/teacher role, consulting, and self-supervising--each changed in progression as tasks were negotiated within each stage.

The stages described the need for supervisors in applied settings to establish structure and release the structure toward autonomy as time passed. This progression appeared to place the supervisee in a responsible position that was perhaps more or less supported in an applied setting. The model appeared to describe clinical supervision and counselor development toward autonomy as well as numerous sub-roles of supervision besides administrative and clinical roles.

While autonomy would be the ideal in the applied setting, it might be less of a reality. Unfortunately due to a lack of clinical supervision focus (Kadushin & Harkness, 2002), by necessity, supervisees might need to become self-supervising and pseudo-independent. This model might not account for supervisee development toward a responsible position if the administrative supervisor must remain significantly involved in service delivery oversight; thus, the supervisee would not have the opportunity for autonomous self-supervision. No specific applications or research of this model in the applied setting was found.

Supervision discrimination model. Bernard (1979, 1997) developed the discrimination model to train supervisors to choose their role as teacher, counselor, and consultant according to the developmental needs of the supervisee in three focal areas: intervention, conceptualization, and personalization skills. The supervisor first determines the supervisee's competence and then the role to best address the situation. Bernard argued that the supervisor should go beyond the counseling role in supervision to include teaching and consulting.

Bernard (1997) was not explicit about the use of evaluation or monitoring in the model. The model was developed in an academic practicum setting as a means of

training supervisors and the model was shared with supervisees. The model might be informative in applied settings where untrained supervisors utilizing their psychotherapy theory tend toward the counseling role, i.e., to suggest the necessity of alternative roles. Studies of this model confirmed the use of the teacher and counselor roles in supervision but not the consultant role (Goodyear, Abadie, & Efros, 1984; Glidden & Tracey, 1992; Stenack & Dye, 1982). This model suggested that supervisors move toward a consulting role as counselor progresses; however, the difficulty in confirming this role suggested this model was less applicable to applied settings. Considering supervisors and supervisees work in a hierarchy that includes power (Patterson, 2000), consulting might not be an option in some applied settings.

Supervisor development models. The following models portray developmental models of supervision.

Psychodynamic lifespan development model. Alonso (1983) described supervisor development in three phases: novice, midcareer, and late career. This model encompassed the life span of the supervisor with three themes for each phase: (a) self and identity, (b) relationship of supervisor and counselor, and (c) relationship between supervisor and administrative structure. According to this model, a novice supervisor was likely to focus on their self-needs, their sense of self, and their anxiety in serving supervisees. Novice supervisors tended toward gaining approval and validation due to the destabilization that occurred as they transitioned from an experienced counselor to a beginner as a supervisor. Novice supervisors need to recognize organizational requirements and align with administrative structures. Supervisors in this phase might respond harshly toward or be critical of supervisees or over-identify with their own

supervisor, rules, and organizational procedures. At mid-career, greater focus is given to supervisees and the supervisor might be in a role of mentor. Late career supervisors might focus on passing on wisdom and expertise. Alonso compared the late career phase to integrity vs. despair where there might be a conflict for the supervisor to either be valued for their status and knowledge or devalued due to their age.

Alonso (1983) addressed the impact of the institutional context on the role of the supervisor including the friction of dual roles of administrator and clinical supervisor, particularly the strain in relationships supervisors face to align with either counselors or administration. The model appeared to be supported by Cohen and Lim's (2008) descriptions of changes for the new supervisor, yet appeared to extend further into the life span of the supervisor. Cohen and Lim also described how supervisors might distance from empathy toward counselors while becoming identified with organizational hierarchy. The integrity vs. despair phase appeared similar to Ronnestad and Skovholt's (2003) senior professional phase. The model appeared to broadly address the impacts of moving into the middle-hierarchical position between administration and counselors as well (Patterson, 2000).

Supervisor identity development model. Hess (1986, 1987) produced a supervisor identity development stage model that included beginning, exploration, and confirmation of identity. Hess described developmental changes in roles, emerging conflicts, and how supervisors compensated in their new role. In stage one--beginning, the counselor becomes supervisor and then moves from a novice to experienced clinician. The new supervisor might be sensitive to criticism by their once fellow peer counselors and might feel uncertain and ambiguous about their new role and how to go about it.

Supervisors at the beginning stage compensate with a concrete structure, often focusing on clients and teaching counseling techniques. In stage two--exploration, the supervisor's role emerges to one of greater competence; they begin to feel valued for their professional role. Hess noted that conflicts in this stage emerged around the supervisor acting too restrictive or intruding on counselors, especially when they addressed issues not directly related to therapy, e.g., counselor's personal issues. In stage three, confirmation of supervisor identity results as the professional identity becomes secure through greater satisfaction with helping supervisees develop and gain success with clients. Supervisors in this stage have less need for validation and the relationship becomes less conceptual by the supervisor attending more directly to counselor needs and professional development.

Similar to Alonso (1983), this model addressed a progression of moving from counselor to supervisor with the expected changes in role and relationships to supervisees. The stages differ from Alonso's model and appear less oriented toward lifetime career development. Hess's model (1986, 1987) addresses generally the conflicts supervisors might expect as they move from novice to more advanced levels of supervision, i.e., toward a secure supervisor identity. The model lacks a description of the interaction of identity and organizational context and service demands. For example in Stage 2, the validation of supervisor identity might not occur if administration does not support clinical supervision and fails to value the supervisory role (Hawkins & Shohet, 2006).

Supervision complexity model. Based on Stoltenberg (1981) and Hogan's (1964) supervision models, Watkins (1990, 1993, 1994) developed the supervision complexity

model. This model is based on the premise that as supervisors gain experience, increasing developmental challenges emerge. The developmental challenges include (a) competency vs. incompetency, (b) autonomy vs. dependency, (c) identity vs. identity diffusion, and (d) self-awareness vs. unawareness. These developmental challenges were further defined by five aspects by Watkins (1994) to include (a) the supervisor role, (b) the supervisor's affective focus, (c) focus of supervision on cognition/skills, (d) dependency, and (e) support and confrontation during supervision. Four stages were included in the model that described supervisor development (Watkins, 1990). In the first stage--role shock, the new supervisor might stage their role by imitating a general idea of how to be a supervisor while feeling as if an imposter. The supervisor might rigidly adhere to policy and requirements as an influence over the relationship. In stage two--recovery and transition, the supervisor gains greater identity and self-confidence. At this stage, the supervisor might vacillate in their feelings of confidence while developing a more realistic view of their ability. Stage three, role consolidation, designates that the supervisor develop their cognition and behaviors around the defined supervisory role. In this role, the supervisor might show greater flexibility with and support for supervisees. Greater awareness and self-appraisal also encourage supervisors to address and counter-transference issues. In stage four, identified as role mastery, Watkins described supervisors as well developed in their supervisor identity and displaying greater confidence and consistency. Supervisors in this role were more likely to use and integrate theoretical models in their work.

Support for this model was found by Baker, Exum, and Tyler (2002) who studied doctoral students enrolled in a supervision course and found significant differences in the

scores on the Psychotherapy Supervisor Development Scale (PSDS) over time. They concluded that although there was evidence to suggest development as measured by the PSDS, there was less evidence for the supervisor complexity model dimensions. This study was limited to educational settings, particularly doctoral students, and did not address development beyond stage two (Baker et al., 2002).

Inherent in the model was a conceptualization of applied settings. Development of the supervisor over their career lifespan and the transition from counselor to supervisor and the potential relationship barriers were included. No research on this model was found based in applied settings; however, the model referred to counselor to supervisor transition, advanced stages of career development, and the potential use of theory by supervisors in stage four. Thus, it appeared to have some explanatory capability in the applied setting.

Multidimensional psychotherapy supervision development model. Rodenhauser (1994, 1997) created the multidimensional psychotherapy supervision development model. Four stages of supervisor development are described based on the sources of knowledge that inform supervisors and the supervisor relationship. In the first stage--emulation, the supervisor follows the style and skills of previous role models who established the basis for the supervisor's competence and identity. As the supervisor becomes aware of the limitations of their prior supervisor as role model, they move to a second stage--conceptualization. In this stage, the supervisor might align with peers outside the supervisee relationship to avoid over-identification with the supervisee/counselor group. Peers might be colleagues or others within the work setting. Supervisors in this stage might recognize that the supervisor-supervisee relationship is

important and advance to a third stage--incorporation. In this stage, the supervisor places greater value on the supervisory relationship. A greater awareness emerges as the triad of supervisor, supervisee and client, and the individual differences between each dyad. During the final stage--consolidation, the supervisor integrates learning and experience. Counter-transference might inform the supervisor who might also identify parallel processes in the supervision triad while establishing greater boundaries.

This model described the levels of awareness and the development of the supervisor-supervisee relationship including the client. No timetable was developed and no specific markers were identified that described how supervisors gained greater awareness with each stage. The model appeared generally applicable to the applied setting, particularly the description of modeling prior supervisors. Cohen and Lim's (2008) research supported the description in this model of how supervisors might rely on the authority of others or agency policy and procedures during early phases of the supervision role. The conflict of being in-between counseling and administration was also described (Patterson, 2000). No studies were found that tested this model in applied settings.

Combined Counselor and Supervision Models

The following model is an example of supervision models that combined the focus of counselor development with supervisor development.

Integrated developmental model for supervisors. As evidenced by both the counselor developmental models and supervision models, counselors becoming supervisors pass through two integrated lines of development—counselor and supervisor (Hess, 1987). Stoltenberg and Delworth (1987) proposed a parallel development model

that included the integrated development model for counselors. It contained four levels of supervisor development occurring in parallel with counselor development. Stoltenberg et al. (1998) described the development of supervisors through uncertainty, to taking on an expert role, to seeing greater complexity, to becoming motivated and self driven, self-aware, in an integrated manner, or to stagnate at earlier levels.

The model described the transitional phases of the supervisory role over time. Some explanation of applied setting supervision was found, i.e., how a supervisor might rely on administration or perhaps how supervisors might stagnate in their role without influences upon their development. However, the level progressions appeared oriented toward the individual supervisor behavior. Stoltenberg and Delworth (1987) did not describe contextual factors that might impact the supervisor. For example, supervisors at level two might either over-identify with counselors or withdraw and become angry. This description, although accurately portrayed, did not include the impact of service delivery requirements or administrative expectations that might influence supervisors toward either response. No studies were discovered that tested this model in applied settings.

Contextual, Systemic, and Process Models of Supervision

Seven-eyed model of supervision. Hawkins (1985) proposed a double matrix model of supervision and later adopted the name *Seven-Eyed Model of Supervision* (Hawkins & Shohet, 2006). The impacts of organizational, contextual, and cultural factors and the process of the supervisory relationship are central in this model. According to Hawkins and Shohet (2006), supervisors make constant choices depending on their role as supervisor, the therapist, the client, and the work context. Two

interlocking systems, the double matrices, are (a) the therapy system of client and therapist, and (b) the supervision system of therapist and supervisor. These systems were derived from Ekstein and Wallerstein's (1958, 1972) clinical rhombus. Supervision focused on either system and the supervisor had the option of three focal points within each system. Supervision focused upon the therapy system involved reflection on the content of therapy between the supervisee on the client. Strategies and interventions are developed for the supervisee. The therapeutic process is explored to help the supervisee become more aware of the therapy relationship and their choices within it. Supervision focused on the supervision system is directed toward parallel process, i.e., how the therapy system is reflected in the supervision system dynamic including transference, counter-transference, and the potential for mirrored dynamics.

Hawkins and Shohet (2006) described seven modes (thus "seven-eyes") of supervision with descriptions of supervisor focus and goals within each mode. The modes included content of supervision, strategies and interventions, the therapeutic relationship, therapist's process, supervisory relationship, supervisor's process (including client relationship), and the wider contexts of the organization and community.

To date, no specific research has been discovered related to this model; however, the model does engage the principle of parallel process (Searles, 1955), a phenomenon of shared dynamics between the client-therapist and therapist-supervisor systems for which there is growing evidence (Bambling et al., 2006). Parallel process is discussed further below. This heuristic model assures that the supervisory relationship is held central and would not be overwhelmed by administrative or contextual factors. Interlocking relationships are described within the organizational context and the needs of clients and

the supervisee are addressed, all within the central focus of the supervisor relationship. The model appeared to be highly descriptive of a clinically focused relationship within service delivery organizations, taking into account politics, hierarchy, organizational barriers, and organizational culture.

Social influence models of supervision. Dixon and Claiborn (1987) based the social influence model of supervision on the work of Strong (1968) and Strong and Matross (1973) whose work was prominent in counseling psychology. Strong and Matross identified three sources of interpersonal power (French & Raven, 1959)--expertness, attractiveness, and trustworthiness--and described how each was influential in promoting change within the counseling relationship. Compelling arguments and moderate evidence emerged, indicating the viability of influence processes within counseling (Corrigan, Dell, Lewis, & Schmidt, 1983). The importance of influence in supervision was based on the seminal work of Frank (1961). The influential factors identified by Strong and Strong and Matross were applied to supervision by Dixon and Claiborn. A parallel process interpretation was provided; a supervisee, like a client, would look to their supervisor as someone who had what they wanted and thus, the supervisor would have some power over them in the acquisition of the perceived resources. The supervisor must first become credible, use their expertness, attractiveness, and trustworthiness to influence changes in counselor attitudes, and would then have social influence. The supervisor thus models this process for the counselor who then employs the process in parallel with their client.

According to Dixon and Claiborn (1987), this model has had numerous real-life applications. They considered attractiveness (the supervisory relationship) as one of the

greatest social influences. Social influence measures were developed early on by Corrigan and Schmidt (1983). Although research on this model appeared promising, little research has ensued. This model might have significant importance for applied settings, especially when explaining the dynamics of supervisors' administrative roles, the dual roles, and the use of power in supervision. Supervisor status in the organization's hierarchy might have multiple influences on supervision, i.e., particularly the use power and resources (French & Raven, 1959; Holloway & Brager, 1989; Kadushin & Harkness, 2002; Kaiser, 1997; Magnuson et al., 2000b).

A second-generation social influence model was proposed by Petty and Cacioppo (1986)--the elaboration likelihood model (ELM). The foundation of this model rests on the supervisor's social influence over the supervisee. Social influence involves the supervisor's ability to state a compelling position or stance regarding the supervisee's work and to facilitate the supervisee to elaborate on that position directly and repeatedly. As the supervisee's attitude shifts favorably toward the supervisor's stated position, their behaviors in counseling would also shift. The supervisor's task is to focus on the supervisee's attitude toward the supervisor's persuasive message and to facilitate the supervisee to elaborate upon it as much as possible, all while considering their motivation, the relevance the issue holds, any biases, or any distractions that might improve or impede elaboration.

Claiborn, Etringer, & Hillerbrand (1995) believed this framework would provide a methodology and hypothesis for the direct study of supervision process over the indirectness of studying supervision models that conceptualized the supervision process. Their operational definitions of elaboration promoted the possibility for further research.

Stoltenberg, McNeill, and Crethar (1995) also applied ELM to supervisee development. Kerr, Claiborn, and Dixon (1987) offered a method for supervisors to further supervisee persuasion within the counseling session. The focus on influence (power) as a direct factor of supervision might provide compelling possibilities for research where power appears central in the supervisory relationship, e.g., inherent in the dual roles found in applied setting supervision.

Systems approach to supervision. Holloway's (1995) systems approach to supervision is inclusive of multiple contexts of supervision. The core relationship of supervision, descriptive interactions, guidelines of goals and tasks, the inclusion of meaning, and according to Holloway, "a systematic mode of inquiry to determine objectives and strategies for interaction during supervision" (p. 5) are all primary components of this model. With the relationship at the core and a focus on empowerment, Holloway recommended a clear contract be defined, that supervision shift the relationship over the phase in time, and that the structure of supervision address power during involvement. Five functions of supervision were included: (a) monitoring and evaluating, (b) advising and instructing, (c) modeling, (d) consulting, and (e) supporting and sharing. Each of these functions formed a matrix with the tasks of supervision, i.e. what was expected of the supervisee. Tasks included a focus on (a) counselor skills, (b) case conceptualization, (c) professional role, (d) emotional awareness, and (f) self-evaluation. This 5x5 matrix offers a grid that defines the functions of the supervisor (roles) and the tasks or focus upon the supervisee.

Holloway (1987) asserted that contextual factors have a greater influence on counselor development than supervision. This premise led to the inclusion of four

primary contextual factors: (a) the supervisor, (b) the supervisee or trainee, (c) the client, and (d) the institution. The contextual factors related to the task and function of supervision as well as the tacit knowledge and workings of the participants, institution, and the client, or what Holloway (1987, 1995) described as reflection in action.

The model appeared highly descriptive of processes important to applied setting supervision. Holloway (1995) developed the model based on research directed at both educational and applied settings. The inclusion of the institutional factors offered supervisors awareness of the impact of the organizational culture or expectations on the process of supervision. The understanding of tacit knowledge of participants and the specific client factors appeared important for considerations of service delivery factors unique to applied settings. Holloway (1984) argued that social role model theories in their descriptive and prescriptive offering of the supervision process appear most promising for agencies and field organizations, specifically because they cover the impacts of contexts that field supervisors would encounter. The matrix of tasks and functions (Holloway; 1995) appear heuristic, i.e., supervisors can assure they are meeting multiple needs of supervisees while attending to the client and institutional needs. The matrix allows the supervisor to review sessions and assess their work in a “time on task” manner. Despite the focus on the use of power and an orientation toward becoming collegial and empowering in supervision, the potential of the dual role and problems due to power that might emerge from administrative supervision did not appear to be addressed in depth. The model was highly clinically focused, potentially ignoring the overlapping administrative role.

Applied Setting Service Delivery Models of Supervision

A limited number of models appeared to be developed specifically for agency and non-profit field based settings where service delivery was the primary priority and where a mix of administrative and clinical supervision would be expected. The models contained a pragmatic theme of addressing a particular challenge faced in the applied setting, i.e., to overcome the reality of dynamics such as high service delivery demand or the administrative nature of supervision.

Structural hierarchical model. Lewis (1988) described a structural/hierarchical model of supervision practice based on the premise that there is an isomorphic relationship between therapy and supervision (Liddle & Saba, 1983). The model utilized multiple strategies from strategic therapy principles (Madanes, 1981) to support and enhance the organization and structure of public agencies. The intent was to utilize supervision feedback loops where feedback might otherwise be limited. A further use of this model was to clarify the roles between directive versus consultative supervision based on the responsibility and autonomy of the counselor. Rules and contracts, as well as supervisory authority, were defined.

Supervision is provided at multiple levels including peer supervision, team supervision, supervision of supervision, and therapists supervising cases while receiving oversight from their supervisor (Lewis, 1988). The multiple levels of supervision are designed to overcome the isolation of supervisors and increase evaluative feedback loops between supervisors and supervisees. Supervisors are often at the upper levels of hierarchy in smaller agencies and the least likely to receive professional development feedback. Lewis suggested that feedback be gathered from therapists by a team

spokesperson and delivered to the supervisor. The model, although developed for contexts including live-supervision based on family therapy principles, might address supervisor isolation and the lack of professional development feedback that could emerge in smaller agency settings, i.e., the necessity of supervision of supervision. The use of peer supervision within applied settings was also described by Roth (1986) and Marks and Hixon (1986) as a means toward cost effective training and oversight. In addition, this model appeared to address the conflicts of power in supervisory relationships that might otherwise impede counselor disclosure (Ladany et al., 1996) by including alternative feedback loops.

Three function model. Kadushin (1985, 1992) introduced a role model of supervision in applied settings. Kadushin identified three functions of the supervisory role: educational, supportive, and administrative supervision. These three supportive functions were originated by Dawson (1926) as requirements for supervising caseworkers and continue as functions for counseling social workers through licensure. Educational supervision implies the development of the worker skills, knowledge, and attitude toward effective service delivery. Supportive supervision provides for harmonious relationships, morale, and job satisfaction. This function has a particular focus on expressive needs of supervisees. Administrative supervision implies a focus on standards of work, adherence to policy and procedure, and managerial functions such recruiting employees, delegating work, and serving as a change agent in the larger organization with a particular focus on client service delivery and protection from harm (Kadushin, 1992). This model was originally designed with case-workers; yet it remains one of the most oft quoted models for mental health service delivery in applied settings, particularly in community and

governmentally based agencies. The model appeared more focused upon the administrative role; however, the realities of the dual roles of supportive (clinical) and administrative supervision were acknowledged. As supervisors attend to each function, they meet the expressive needs of counselors (supportive supervision), instrumental needs of counselor development (educational supervision), and administrative requirements of the organization and stakeholders (Kadushin, 1992).

Three-function interactive model. Proctor (1994) proposed a three-function interactive model following Kadushin's (1992) three-function model. The three functions Proctor described included formative with a focus on supervisee skill development, restorative with a focus on supporting personal well-being including work stress management, and normative with a focus on accountability for awareness and adherence to professional and organizational policy standards and norms. The normative function also defined the supervisor's role to provide educational, supportive, and administrative support as developed Kadushin. This model was developed to deepen the clinical orientation of supervisors as a response to Kadushin's focus on the managerial aspects of service provision.

In a survey study of 201 nurses receiving clinical supervision based on Proctor's (1994) model, respondents reported equal benefits from supervision in all three functions (Bowles & Young, 1999). The results of this study suggested that supervision over a long period might have less overall benefit and that a supervision contract does not correlate with benefits. Proctor's model was established in over 30 National Health Service Trusts in the United Kingdom focused primarily on supervision of nurses. Butterworth, Bishop, and Carson (1996) suggested Proctor's approach as effective in

resolving the duality of administrative and clinical roles of supervision by allowing resolution of management issues through the supportive and educational functions within supervision (Butterworth et al., 1996). No similar use of the model was described in applied mental health settings with counselors and the use appeared located primarily in the United Kingdom. Because Proctor's model incorporated Kadushin's (1992) functions, Bowles and Young's (1999) research is suggestive of validity for Kadushin's model as well. Support and education within the applied setting could serve as a resolution for supervisory dual role conflicts.

Solution-focused supervision for service delivery. Triantafillou (1997) proposed a solution-focused supervision approach in applied settings. The model was considered a solution to the problems that emerged with a strong focus on administrative supervision (measured 63% by Triantafillou) and the tendency for counselors to seek solutions for client service delivery. Counselors tended to prefer solutions versus support from their supervisors because personal disclosure to seek empathy from their supervisors wasted time in meeting service needs and could compromise performance evaluations.

A four-step approach was employed: (a) supervisor focus on trainee competence, (b) a collaborative search for client-based solutions, (c) supervisor feedback given to supervisee, and (d) regular follow-up on the results of interventions. Triantafillou (1997) conducted a pilot study of the model and although a small sample, results supported how solution-focused supervision versus supportive supervision positively impacted job satisfaction and client outcomes over general administrative supervision. This model fit the previously described category of supervision models--counseling theory applied to

supervision. However, the solution-focus modeled was developed in response to particular needs within the applied setting. This adaptation was perhaps indicative how applied setting supervisors might apply counseling theories as a response to the contextual challenges of an organization.

Integrated approach for supervising interns. An integrated approach for supervising mental health interns in applied settings was developed by Nelson et al. (2000). They combined Littrell et al.'s (1979) and Bernard's (1979, 1997) discrimination models, resulting in a focus on counselor development, stages of supervision process, and defined supervisor roles. Roles specific to the counselor in the applied setting included addressing program development and evaluation, public outreach with community providers, and counseling with specific service knowledge for a specified population. Stages of orientation, working and transition, and an added stage of integration were defined. The stages described counselor progression from gaining greater competency in their professional role to moving from apprenticeship to partnership in supervision. While this model was limited to internship, it extended into the applied setting and acknowledged the organizational aspects a counselor might encounter with prescriptions for supervision. The model appeared to be essentially a guide to working with interns that was inclusive of the tacit knowledge of clients required for service delivery and only broadly addressed contextual impacts.

STAMINA approach. Osborn (2004) introduced an approach incorporating the acronym STAMINA. This approach was designed as a means for supervisors to offer support counselors to meet organizational challenges and high service delivery demands. Osborn prioritized the need to increase counselor job life span (retaining employees and

overcoming burnout), the need for effective supervision (assuring clinical supervision), and the need to enhance counselor development versus stagnation. STAMINA included selectivity of supervision priorities, temporal sensitivity, accountability, measurement and management, inquisitiveness (development), negotiation (give and take), and agency (personal agency and empowerment).

Osborn (2004) suggested that supervisors work with counselors as a collaborative team to assess and evaluate each element and follow through with planning and actions. The approach was based on an extensive review of supervisory effectiveness and could be used to promote counselor stamina amidst the organizational impediments normally leading to burnout. Osborn based the approach on a need for a wellness model of mental health where counselors could actively respond to the demands of the system. This model was developed in contrast to a deficits focus and often applied to agencies where high service demand led to job stress, withdrawal, and ultimately burnout. The model appeared promising as a heuristic model to guide group supervision in both administrative and clinical roles.

Critique of applied setting models. Each of the models developed specifically within or for applied setting use appeared to address a specific problem, process, or dynamic within supervision. Addressed by the models was the supervisory position in the middle of the organizational hierarchy (Lewis, 1988), the administrative role in conjunction with the necessity for training and support of employees (Kadushin, 1985, 1992), the necessity to balance administrative functioning with a focus on the well-being of supervisees (Proctor, 1994), promoting supervisory focus on counselor development in internship settings (Nelson et al., 2000), and supporting service delivery while promoting

the longevity of counselor career lifespan (Osborn, 2004). While each of these models addressed important factors that directly impacted supervision in applied settings, no one model appeared to comprehensively address the numerous complex factors found in community service delivery. The models appeared to offer a heuristic function for supervisors to address pragmatic issues found in the applied setting and were useful additions to the larger body of supervision theory.

A Post-Modern, Social Constructivist Approach to Supervision

In comparison to the majority of the models described, this approach appeared unique and is described separately from the other models to highlight its potential applicability to applied settings. Many of the supervision models were derived from modernist principles; whereas, this post-modern approach was founded solely on social constructivist and constructionist principles. The difference between a positivist modernist approach to supervision and the postmodernist approach appears in the epistemologies related to supervision. In the modernist theoretical realm, the body of knowledge sought by researchers is based on scientific discovery; whereas in the postmodern approach to supervision, knowledge emerges from the practice setting (Charmaz, 2006; Neufeldt, 1997). The vicissitudes of constructive versus construction are beyond the scope of this portion of the review. Specific definitions of these epistemologies are provided in the methodology section.

Neufeldt (1997) was one of the first to articulate a social constructivist approach to supervision. This approach was informed by a number of earlier theories and models employing constructivist principles. Holloway (1995) described the importance of personal and cultural characteristics in the relationships between supervisor, counselor,

and client. Kagan's (1980) interpersonal process recall model included supervisee experience and knowledge to increase reflectivity and development. Parallel process involved counselor and supervisor reconstructing client sessions within the supervision setting (Ekstein & Wallerstein, 1972).

The basis of this approach was formed out of the critique of positivist and modernist philosophies based in the belief that problems, including human problems, could be overcome through rigorous scientific methodology (Polkinghorne, 1992; Schon, 1983). Neufeldt (1997) summarized, "All these answers are found by experts, the solutions can be applied by practitioners in a systematic way. It's a top-down model, whereby scientists dictate to practitioners who practice expertly with the uninformed lay population" (p. 191). The social constructivist approach to supervision is based on the premise that "practitioners construct knowledge from their experience of counseling and psychotherapy with individuals, families, or small groups" (Neufeldt, 1997, p. 191). From this standpoint, academics and researchers might dictate theories and models of supervision to counselor educators and supervisors and the lay population who are uninformed could be considered supervisors in applied settings.

Neufeldt (1997) described primary principles for the approach and practical applications:

1. Supervision changes in each context (p. 196). Context includes society; service delivery environment; cultural differences; as well as characteristics, experience, development, relationships, and knowledge of the supervisors, therapists, and clients.

2. Knowledge is co-constructed with the supervisee (p. 198). Neufeldt described

trainees and supervisors engage as collaborators in learning and teaching rather than as novices with a knowledgeable authority. They aim together to develop the therapist's ability to make sense of therapeutic events based on his or her own experience as well as that of others, to predict the consequences of therapeutic actions, and to devise new actions when the results do not match those predications. (p. 199)
3. Knowledge is based on personal and professional experience. A counselor's prior experiences are part of their knowledge base along with clinical training. Personal and clinical experiences of counselors are part of the reflective process of counselors. The supervisor teaches reflectivity (see also Schon, 1983) and with the counselor "examine(s) therapist actions, emotions, and thoughts, as well as the interactions between the client and counselor" (Neufeldt, 1997, pp. 199-200).
4. The test of knowledge is pragmatic and the result is clinical wisdom. Supervisor and counselor co-construct hypotheses about client-counselor interactions and test them through practice and not by statistical method. The process involves the co-construction of clinical thinking through reflective questioning, developing interventions, and evaluating outcomes. This format is open for the use of any number of counseling theories that may inform practice.

Neufeldt (1997) suggested that supervisors explore trainee background, encourage hypothesis development, co-create interventions, and support supervisees to utilize interventions as a form of action research to test their hypotheses about their clients. The focus of the model appeared to be in developing reflectivity (see Schon, 1983) that is

vital to counselor professional development over the career lifespan (Skovholt & Ronnestad, 1992, 1995). Neufeldt recommended further research of this model as to whether or not reflectivity would be increased with the use of this approach and whether or not this model was viable. At the time of the writing, Neufeldt described the model as “anticipatory” (p. 192) based on the continuing emergence of post-modernist approaches in counselor education and supervision.

The social constructivist approach to supervision of Neufeldt (1997) falls under the category of models described previously as a counselor-focused theory or model. The model is made distinct in this section because in order to highlight the constructivist process of supervision, that makes it essentially unique in light of the majority of supervision theories and models. The constructivist approach provides a bottom-up approach that encourages and allows counselor personal and professional experience to emerge in the supervision process. The post-modern, social constructivist approach to supervision provides a practice-oriented model that when focused more directly on supervisors would include the context of supervision, the supervisor’s personal and professional experience, and the supervisor’s clinical practice wisdom (Neufeldt, 1997). Such a construction of a theory or model directed at the supervisor’s experiences and the practice of supervision would both test and expand Neufeldt’s approach, giving status to the practice knowledge of supervisors.

Common Processes and Factors of Applied Setting Supervision

The purpose of this section is to outline a number of key factors and constructs discussed, researched, or described in the literature that appeared directly related to supervision, commonly described across counselor or supervision models, and in

supervision training in applied settings. Factors included the supervisory relationship, supervisory alliance, parallel process and isomorphism, reflectivity, tacit or practice knowledge, and multiculturalism. Other factors common to supervision theory and research might include counselor development, supervision roles, evaluation and feedback, and ethics and standards (particularly upholding client welfare). These factors have been discussed elsewhere in this review.

Supervisory Relationship and Alliance

Bordin (1983) first defined the therapeutic working alliance as the most popular construct of supervision. In a meta-review of supervision research, Ellis et al. (2008) determined that the supervisory relationship continued to be the most popular construct in research and practice literature. The supervisor relationship, based on social influence theory (Efstation, Patton, & Kardash, 1990), was also referred to in early research by Bordin (1983) as the supervisory alliance (described further below). Bordin believed that a strong supervisory alliance consisted of an agreement on the goals and tasks of supervision as well as an emotional bond between supervisor and supervisee. The emotional bond included mutual trust, empathy, and likeability in the relationship. The supervisor relationship is discussed in detail in many theories and models of supervision.

Holloway (1982, 1995) argued that the supervisory relationship is the core of supervision strategy. Inman and Ladany (2008) reviewed research that utilized valid measures of supervision and concluded that strong evidence exists that in the supervisory relationship appears significantly related to other important supervisee constructs, and that the supervisory alliance is at the core of supervision effectiveness. Further, Inman and Ladany identified multiple evidence-based studies that used validated measures of

supervision to confirm the importance of the supervisory relationship. Regular goal setting and feedback were related to a stronger therapeutic alliance (Lehrman-Waterman & Ladany, 2001). A stronger supervisor alliance positively impacted trainee satisfaction (Inman, 2006; Ladany, Ellis, & Friedlander, 1999). Supervisor self-disclosure about prior counseling experiences positively impacted the supervisor alliance (Ladany & Lehrman-Waterman, 1999). In addition, Inman and Ladany identified a number of studies they considered robust where a weaker alliance was related to trainee role conflict and ambiguity (Ladany & Friedlander, 1994).

A substantial body of research on supervisory effectiveness related to the supervisory relationship was also conducted. Supervision conducted poorly was found to disrupt the supervision alliance (Gray et al., 2001; Magnuson et al., 2000b; Nelson & Friedlander, 2001; Ramos-Sanchez et al., 2002), resulting in a confusion of clarity and expectation, negative feelings, and reduced self-efficacy, such that supervisees would seek other forms of support (Inman & Ladany, 2008). Supervisor failure to adhere to ethical decisions and behavior was strongly associated with disruptions to the supervisor-supervisee alliance (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999).

Parallel Process and Isomorphism

Parallel process and isomorphism describe parallels in the relationships between the supervisor-supervisee system and the counselor-client system. The dynamics existing within one system are informative and influential on the dynamics within the other.

Parallel process (Doehrman, 1976; Ekstein & Wallerstein, 1972; Searles, 1955) is more often described in individually oriented counselor supervision. Isomorphism (Liddle, 1988;

Liddle & Saba, 1983; Weir, 2009) is more often used in systemic therapy (family therapy) supervision.

Parallel process has been considered one of the most commonly accepted processes of supervision across all disciplines (Bernard & Goodyear, 2009). While much of early research appeared speculative about parallel process (Searles, 1955), contemporary studies have validated the existence of this phenomenon (Doehrman, 1976; Friedlander et al., 1989; McNeill & Worthen, 1989). Related to parallel process is the phenomenon of transference and counter-transference, what Teitelbaum (1990) labeled for supervisors as supertransference. Ladany, Constantine, Miller, Erickson, and Muse-Burke (2000) described the contextual (environmental) nature of transference and counter transference as occurring

in response to both the trainee's interpersonal style and the supervisor's unresolved personal issues and may also be in response to trainee-supervision environmental interactions, problematic client-trainee interactions, trainee-supervisor interactions or supervisor-supervision environment interactions. (p. 111)

Inman and Ladany (2008) concluded from their meta-review that supertransference influenced supervision outcomes.

Reflectivity in Counselor Supervision

Reflectivity has roots extending back 2,500 years or greater in ancient philosophies such as Buddhism. Evidence has been found that suggests reflective practice leads to effective counseling (Baer, 2006; Skovholt & Ronnestad, 1992, 1995). Schon (1983, 1987) provided a basis for counselor education of the reflective practitioner and described reflectivity as a bridge between theory and practice. Reflectivity is related to metacognitive processes and dialectical thinking that occur when a counselor actively

attends to incoming information, applies theoretical knowledge related to their experience with their client, and chooses effective interventions according to the therapeutic needs of their client (Hanna et al., 1996). Griffith and Frieden (2000) defined reflectivity as “the active, ongoing examination of the theories, beliefs, and assumptions that contribute to counselors’ understanding of client issues and guide their choices for clinical interventions” (para. 1).

Skovholt and Ronnestad’s (1992, 1995) six-year qualitative study of counselors provided strong support for the necessity of reflectivity. They concluded that professional reflection provided the basis for counselor development while preventing burnout (Skovholt & Ronnestad, 1995). Ronnestad and Skovholt (1993) argued that prescriptive models of supervision might influence supervisors to tell trainees what to do, resulting in inhibition of counselor growth. Instead, they suggested the use of reflective processes. Griffith and Frieden (2000) argued for the necessity of counselor educators and supervisors to facilitate reflectivity “through the practices of Socratic questioning, journal writing, interpersonal process recall (Kagan, 1980) and reflecting teams” (para. 1).

The use of reflectivity has been consistently recommended in counselor supervision by multiple researchers. Holloway (1995) considered it essential to counselor growth and the supervisory relationship. Hart (1999) believed that the use of reflectivity promoted deeper levels of empathy. Neufeldt, Iversen, and Juntunen (2002) published *Supervision Strategies for the First Practicum*, incorporating reflective processes into practicum supervision. Bennett-Levy (2006) described a model of cognitive counselor skill development including reflection as a primary factor. Bennett-

Levy and Thwaites (2007) further developed a three-mode model of supervision--a process including declarative, procedural, and reflective knowledge.

Reflection is a key factor in the development of sophisticated interpersonal skills and for effective maintenance of the therapeutic relationship. "Supervision is par excellence," declared Bennett-Levy and Thwaites (2007), "when the reflective system is typically operative" (p. 258). Morrissette (1999) considered reflectivity a primary factor for counselors in developing their ability to self-supervise. Personal awareness and perceptual wisdom associated with reflective practice are also inextricably linked to multicultural competency (Constantine & Sue, 2003; Hanna, Bernak, & Chung, 1999; Sue, 2005; Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001).

Practice-Based Knowledge and Tacit Knowledge

Closely related to the concept of reflectivity is the emergence of professional practice knowledge that comes from the reflective process. Schon (1983) suggested that experiential ways of understanding had a greater potential to inform practice than technical scientific means. Polkinghorne (1992) hypothesized that the reflective process included personal and practice (clinical) knowledge. Skovholt and Ronnestad (1992, 1995) confirmed that specific practice knowledge emerged out of counselor's reflections on personal and professional experiences and resulted in counselor development and longevity in the field. The purpose of supervision continuing beyond education and training, according to numerous researchers, is for counselors to gain an understanding of the application of theory into practice, i.e., to develop practice knowledge (Beavers, 1986; Gross, 2005; Holloway & Wolleat, 1994; Magnuson, 1995; Schon, 1983; Skovholt & Ronnestad, 1992, 1995; Sutton & Page, 1994; Williams, 1995). Coll (1995) and

Culbreth (1999) found that counselors preferred working with supervisors who understood specific client needs and the interventions necessary to be successful. According to Thielsen and Leahy (2001), there is a significant body of knowledge uniquely known to supervisors based in their experiences in practice.

Formal theoretical knowledge or explicit knowledge is that which is known, verbalized, or written, e.g., theories and models (Nonaka, 1994). According to Alavi and Leidner (2001), another kind of knowledge (tacit knowledge) is that which is known and practiced expertly but may be difficult to communicate to others except through an ongoing and trustworthy relationship. Tacit knowledge is based in actions, experience, and involvement in a specific context (Nonaka, 1994). Practice knowledge, although perhaps described, verbalized and written, does not typically emerge through traditional positivist research that tends to narrow and operationally define specific variables (Charmaz, 2006; Neufeldt, 1997). The social community involved in scientific research gives certain status to explicit knowledge at the expense of tacit understanding (Fuchs, 1983). Based on a qualitative study of clinical supervision of nursing, Jones (1998) argued,

The recommendation...is that clinical supervision, through whatever method, reaches the vital experience of nursing practice. Realising [sic] tacit knowledge has the potential to inform professional practice through powerful synergies of theoretical ways, understanding and lived experience. (p. 69)

The understanding of tacit knowledge in this study revealed the ways nurses were able to attend to client service while entering more deeply into a therapeutic relationship amidst conflicting emotional demands.

According to Polanyi (1975), the categories of explicit versus tacit knowledge are not mutually exclusive. Rather, the categories are interdependent. Tacit knowledge

provides the interpretation or meaning of explicit knowledge; whereas, explicit knowledge might be viewed as the codification of tacit processes (Polyani, 1975). In the taxonomy of knowledge, tacit knowledge might include “cognitive tacit knowledge” or “mental models” or “technical tacit knowledge”--“the know-how applicable to specific work” (Alavi & Leidner, 2001, p. 113). Alavi and Leidner (2001) argued that “hoards of information [explicit knowledge] are of little value; only that information which is actively processed in the mind of an individual through a process of reflection, enlightenment, or learning can be useful” (p. 110).

Richmond (2009) argued that the development and sharing of tacit knowledge was necessary for developing effective supervision and creative practice; this was also supported by Holloway (1995). Richmond also argued that creative practice that included tacit knowledge and reflective processes “is developed more effectively through practices, process and the methods used within a learning environment through the use of multilayered individual, managerial and group supervisory mechanisms” (p. 543) versus a learning process only. Thus, reflectivity and emerging tacit knowledge in the applied setting might thus rely upon a shared reflective process in an ongoing relationship of trust (Alavi & Leidner, 2001) as well as the structured practices, processes, and mechanisms that support reflective action (Richmond, 2009).

Multicultural Supervision and Effectiveness

Throughout supervision literature (see Smith, Kok-Mun, Brinson, & Mityagin, 2008) and across mental health disciplines (ACA, 2005), addressing culture was considered to be of primary importance. Throughout the research, multicultural competence appeared to positively influence the supervision process; whereas,

incompetence appeared to lead to ineffective supervision. Ladany, Brittan-Powell, and Pannu (1997) determined that supervisor and supervisee advanced levels of racial identity positively influenced supervisor-supervisee alliance. Dressel, Consoli, Kim, and Atkinson (2007) found that supervision was positively influenced when supervisors engaged in multicultural discussions and supervisees valued such discussions. Ladany, Inman, Constantine, and Hofheinz (1997) found that supervisors whose racial identity development was higher than that of their supervisees developed stronger working alliances than those whose identity was lower. Supervisors who were equal or higher were also more able to influence racial identity development in supervisees. Burkard et al. (2006) conducted a qualitative study of cross-cultural supervision and found strong themes that “in culturally responsive supervision, all supervisees felt supported for exploring cultural issues, which positively affected the supervisee, the supervision relationship, and client outcomes” (p. 288). According to Inman and Ladany (2008), responsive cultural supervisors “are aware, open, and sincere in creating a space for explicit discussion of culture-specific issues and to show their vulnerability by sharing their own struggles” (p. 509).

Although evidence points to the positive impacts of culturally competent supervision, supervisors who do not engage in culturally competent supervision might negatively impact supervision. Inman (2006), in a meta-review of supervision studies, determined that the supervisor-supervisee alliance was disrupted by a lack of supervisor cultural awareness. Constantine and Sue (2007) conducted a qualitative study on cross-cultural supervision and identified numerous micro-aggressions that White supervisors directed at Black supervisees. The micro-aggressions resulted in invalidation of the

trainees while harming the supervisory relationship. Hays and Chang's (2003) findings that supervisors who failed to address their levels of cultural competence and racial identity development perpetuated misdiagnosis, stereotyping, and culturally inappropriate practices by their supervisees supported earlier research by Ladany et al. (1997). Thus while cultural competent supervision appeared to positively impact supervision, failure to competently address culture in supervision practices appeared to have an equally negative impact.

The necessity for supervisors in applied settings to engage in culturally responsive supervision was underscored by Henderson (2009). She suggested that supervisors are responsible for their supervisees' development cross-cultural competence as well as to promote supervisee self-examination, engage in mutual ongoing cultural conversations, provide culturally based individual feedback, and assure diverse hiring practices. Supervisors have received the mandate that they are responsible for the supervisee's cultural development and culturally competent service delivery (Campbell, 2006; Estrada, Frame, & Williams, 2004). Multicultural responsiveness by supervisors appeared interwoven with the environmental and contextual attributes of organizations. According to Arredondo and Toperek, (2004),

competencies state that environmental oppression contributes to psychological distress and recommend that it is the responsibility of mental health professionals to understand sociopolitical issues and the ways these impinge on professionals as well as on clients. (p. 48)

Siegel, Haugland, and Chambers (2003) defined specific performance measures and benchmarks that would allow supervisors to assess organizational and cultural competency in service delivery. These 12 benchmarks included education, training, and strategies aimed at increasing culturally competent service delivery and could form a

multicultural model of supervision directed toward applied settings. Brown and Landrum-Brown (1995) provided one of the first multicultural models of supervision based on matching the racial identity development and cultural worldviews of supervisor, supervisee, and client.

At present, no literature was found that described specifically to what degree multiculturalism was being addressed within applied settings, adherence to competencies, or studies related to specific models of multicultural service delivery. The evidence, suggested competencies, and practices described above are indicative of the necessity to include multiculturalism as a primary factor of supervision and to determine its place in applied setting supervision.

Supervision Training for Applied Settings

Although standards of counseling have mandated supervisor training, most supervisor training could be conducted in counselor education graduate programs. Supervisor training in counselor education programs is mandated for doctoral level students only but has only recently become a mandate for master's-level counseling students (CACREP, 2009). Counselor educators, however, are responsible for educating their students about what clinical supervision is supposed to entail (Borders & Leddick, 1988). Yet, such training might not reach service settings where the majority of supervisors hold a master's degree (Borders, Cashwell, & Rotter, 1995). Supervisor training in counselor education programs is generally focused on formal theories and models of supervision, practice components, and the development of supervision competencies under the supervision, evaluation, and guidance from experienced faculty supervisors (ACES, 1995; Bernard & Goodyear, 2009; CACREP, 2009). The training in

counselor education programs is focused on doctoral level students and includes practicum experience where trained faculty members provide supervision of supervisors in training. Although exposure to supervisor education has been recently added to CACREP (2009) standards, no such practice of supervision is part of the master's degree program for counselors.

Masters (1992) and Sutton (2000) observed that many master's level counselors became supervisors based on experience or tenure in their organization without the benefit of training. According to Peake et al. (2002), less than 20% of supervisors acquired supervision instruction. Experienced and effective counselors might not necessarily become proficient supervisors (Borders et al., 1991; Drapela & Drapela, 1986; Dye & Borders, 1990). Untrained supervisors continue to perform the ineffective practices learned from their untrained supervisors (Worthington, 1987). Sutton reported that only 18% of state licensure boards required some kind of training for supervisors actively providing supervision while 12% required training for those who intended to become supervisors.

Mandates for Supervisor Training

Researchers and educators across mental health disciplines have recommended systematic and effective training for clinical supervisors (Borders & Bernard, 1991; Campbell, 2006; Holloway, 1982, 1995; Leddick & Stone, 1982; Scott, Ingram, Vitanza, & Smith, 2000). Supervision of supervision has been consistently recommended as part of training and oversight of supervisors (Bernard & Goodyear, 2009; Ellis & Douce, 1994; Storm, Todd, McDowell, & Sutherland, 1997). Magnuson (1995) elicited narratives that supervisors of pre-licensed counselors in service settings believed that

training was desirable specific to requirements, ethical guidelines, and supervisory approaches. Magnuson further suggested that supervision education be presented to master's degree students during counselor education programs. While there appeared to be agreement across disciplines on the necessity of training, Scott et al. (2000) observed that there was often no consensus on training standards either within or across most disciplines.

AAMFT (2007), for example, appeared most consistent in their requirement that all licensed marriage and family therapists obtain licensure and clinical membership. Candidates seeking approved supervisor status engaged in approximately 30 hours of didactic training and completed 36 hours of mentorship with an approved AAMFT supervisor with five hours of supervisee contact for each hour of mentorship (AAMFT, 2007). This requirement is mandated by the AAMFT and accepted by licensure boards in all 50 states. Ellis (2001) suggested a credential for supervisors within the American Psychological Association (APA) with specific suggested criterion and competencies; however, this has not yet been endorsed by the APA (Falender et al., 2004). The task force of the Association of State and Provincial Psychology Boards (2003) determined that in the field of psychology, no formal requirement for supervision training existed in graduate programs.

CACREP (2009) accredited and related counseling programs affiliated with the APA consider supervisor training a prerequisite to supervision. According to ACES' (1995) ethical guidelines for counseling supervisors, "Supervisors should have had training in supervision prior to initiating their role as Supervisors" (2.02, p. 2). In addition, the guidelines stated,

Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. These activities should include both counseling and supervision topics and skills. (2.02, p. 2)

The expectation that counselor education programs provide support for field site supervisors is also outlined in ACES 3.13:

Supervisors in training programs should communicate regularly with supervisors in agencies used as practicum and/or fieldwork sites regarding current professional practices, expectations of students, and preferred models and modalities of supervision. (p. 4)

According to CACREP (2009) guidelines, program faculty members serving as individual or group practicum/internship supervisors must have the following: “Relevant supervision training and experience” (III.A.3). In addition, site supervisors overseeing counselor interns must have “relevant training in counseling supervision” (III.C.4, p. 14). The 2009 guidelines also included a requirement for master’s level trainees to be educated in “counseling supervision models, practices, and processes” (1.e, p. 9).

Additional requirements for master’s level trainees also included the following:

Master’s training related to agency settings includes professional roles, functions, and relationships with other human service providers, including strategies for interagency/inter-organization collaboration and communications (b., p. 9)... and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients. (i., p. 9)

CACREP objectives continued to specify supervision training for doctoral students:

“Learning experiences beyond the entry level are required in all of the following:” specifically “Theories and practices of counselor supervision” (Doctoral Standards Counselor Education and Supervision, II.C.2, p. 52).

Thus, according to CACREP (2009) accreditation standards, a clear mandate exists that education about supervision begin in master’s programs and continue to reach

into service settings, and that education, training, and experience be gained at all levels.

The American Counseling Association (2005) follows a similar mandate:

Ethical Code, F.2.a., Supervisor Preparation: prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (p. 14)

In addition, according to C.2.a.--Boundaries of Competence, “counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (p. 9).

Certification and Licensure of Counseling Supervisors

Certification and licensure of supervisors has been recommended (Borders, 1989; Borders & Cashwell, 1992). The licensure committee of the American Counseling Association (2005) endorsed legislation that would govern professional counselors and provided the following standards:

Approved supervisor shall mean any Licensed Professional Counselor with five years of counseling experience including the two years of supervised experience who documents to the Board the completion of a graduate level supervision course or the equivalent that included content and experiences relevant to the supervision of counselors, and provides the Board a statement detailing the person's supervision philosophy, orientation, and experience. (Bloom et al., 1990, p. 513)

The National Board of Certified Counselors developed the Approved Clinical Supervisor (ACS) credential in 1997. The program is now managed by the Center for Credentialing and Education (CCE; 2010) and allows any mental health professional who has obtained licensure or certification in a related counseling discipline to apply for the ACS credential. Documentation of specialized training in supervision included three years

post-master's experience including 1,500 direct client hours, an endorsement or evidence of providing clinical supervision, understanding of the responsibilities, and a professional disclosure. The ACS is voluntary and depends on the supervisor to register and provide evidence of the requirements. At the time of this study, 957 supervisors were registered in 48 states and five districts. According to CCE (2010) representatives, "we do not have any data as far as which and how many states require a licensee to hold the ACS" (CCE, personal communication, October 5, 2010).

Existing Training Protocols For Counselor Supervisors

Several training protocols have been developed directed toward comprehensive supervisor training (Bernard & Goodyear, 2009; Borders et al., 1991). Supervisor competencies and standards have been developed in the field of counseling, designating supervision as distinct field (ACES, 1995; Dye & Borders, 1990). Some of the training protocols addressed elements related to applied settings. Borders et al. (1991) suggested core areas include models of supervision, counselor development, supervision methods and techniques, the supervisory relationship, evaluation, ethics, legal, and professional regulatory issues and executive skills. Within each area, over 200 learning objectives fell under the categories of self-awareness, theoretical and conceptual knowledge, and skills and techniques. Specifically, executive skills included administrative skill areas related to organization, the institution or agency, and protecting client welfare. Included were 61 learning objectives directly related to applied settings. For example, learning objective 1 under self-awareness stated, "Describes own leadership style and its impact on others, including strengths and limitations in own style" and number 18 under skills and techniques stated "Articulates purposes of administrative vs. counseling supervision"

(Borders et al., 1991, appendix). Numerous concrete objectives addressed the dual roles of supervision in applied settings and a majority of the important factors of applied supervision such as work habits, counselor development, the supervisory relationship, and more.

Bernard and Goodyear (2009) designated an entire chapter to organization of the supervision experience including addressing the institutional culture, working within the agency, and defining the elements crucial in the field context. Hawkins and Shoet (2006) proposed five distinct courses for supervision, one of which included “advanced supervision courses for those who have to supervise across teams and organizations, or teach supervision, or want to become advanced practitioners” (p. 112). Each of those training descriptions appeared to reach into the complexity of the organizational setting, service delivery, and defined the special needs for supervisor training within applied settings.

Research Support for Training

Support for supervisor training as a means to improve supervisor efficacy appeared in the literature. In a study of the influence of supervisor experience by Steven, Goodyear, and Robertson (1998), time as a supervisor; formal training on supervisory stance, emphasis, and self-efficacy; and experience did not influence development. However, they found that the type of training supervisors received influenced supervisory stance, e.g., criticalness, rigidity, or level of support. Other researchers found that experience and training also appeared positively related to supervisor self-efficacy. Supervisors who received training reported feeling more ready to supervise (Johnson & Stewart, 2000) as well as more satisfied (Wheeler & King, 2000) than their untrained

colleagues. In a study on supervision of supervision with small-*n* multiple case studies, supervisors' coded behaviors were effectively shaped by those supervisors with whom they had sought consultation (Milne & James, 2002). McMahon and Simons (2004) conducted one of the only control group studies on supervision training. During an intensive four day, six hour per day workshop for experienced counselors, trainees showed significantly greater skill, knowledge, confidence, and self-awareness in supervision than those in the control group and retained those outcomes at six months.

Not only do researchers appear to agree on the necessity for training, fairly comprehensive training protocols have been developed. The training of supervisors in applied settings has the potential to influence supervisors as much, if not more, than their prior experience. Cited studies showed evidence of an increase in skill, readiness, satisfaction, and awareness. However, the studies did not describe how supervisors who showed these increases influenced counselor or client outcomes.

Conclusions and Synthesis

I conducted this literature review with a strong awareness of the primary assumption by multiple researchers that supervision provides the bridge between counselor education and applied setting practice (Beavers, 1986; Gross, 2005; Holloway & Wolleat, 1994; Magnuson, 1995; Schon, 1983; Skovholt & Ronnestad, 1992, 1995; Sutton & Page, 1994; Williams, 1995). In my search for how supervisors gain knowledge of supervision in the applied setting, multiple possibilities were described. For example, knowledge of supervision might be gained from multiple sources: previous supervisors (Rodenhauser, 1994, 1997), direct experience of counseling practice (Neufeldt, 1997; Skovholt & Ronnestad, 1992, 1995), counseling theories used in client

treatment (Lambert & Arnold, 1987; Liddle et al., 1997), and through training (McMahon & Simons, 2004; Steven et al., 1998). In my synthesis of this review, how supervisors gained knowledge and conceptualize supervision in applied settings was not entirely evident from the research. In absence of a direct understanding based on supervisor perceptions in the applied setting, such knowledge might continue to be unknown (Neufeldt, 1997; Walsh, 1990; White & Russell, 1995).

Further understanding of applied supervision processes in service settings might be informative to the entire field of supervision and counselor education. Simply, supervisors in such settings might be operating from a model of supervision based in processes unique to the applied setting or operating according to practice-based knowledge derived from the expectations held in the supervisory role base within the organizational context (Neufeldt, 1997). Supervisors could be working in unique processes of which researchers and educators have not yet be fully apprised. Deficits in our current understanding of supervision in the applied setting could perhaps be explained by a lack of research, research focused primarily on the educational or training setting (Bogo et al., 2007; Lewis et al., 2005; Stoltenberg et al., 1994), inaccurate assumptions about applied settings by academicians and researchers (Walsh, 1990; White & Russell, 1995), or the inadequacy of modernist-positivist epistemologies of research to identify practice-based knowledge (Neufeldt, 1997; Polkinghorne, 1992). Supervisors who work in the applied could be one of the best resources for a theory of applied setting supervision (Thielsen & Leahy, 2001; Walsh, 1990; White & Russell, 1995).

From the basis of this literature review, three primary process “sets” or “conceptualizations” appeared as themes across the research most directly related to the applied setting.

First, the processes focused on service delivery included the high intensity and challenges found in the applied setting. Of all mental health settings, supervision in applied settings is conducted in the most complex and diverse environments (Cormier & Hackney, 2005) and challenged by difficult organizational barriers (Bogo, 2005; Murphy & Pardeck, 1986). The applied setting is fraught with high demands, intense politics, challenging clients, high workload, emotional distress (Kottler, 1993), and burnout (Altun, 2002; Cohen & Lim, 2008; Cormier & Hackney, 2005; Farber, 1990; Powell, 2004; Walsh, 1990). Supervision might not be valued or is a lower priority (Bogo, 2005; Giddings et al., 2003; Gross, 2005; Hawkins & Shoet, 2006; Ramos-Sanchez et al., 2002). In the applied setting, clinical supervision could be viewed as interfering with service delivery. Ultimately and perhaps due to the difficult factors above, supervision in the applied setting might be conducted poorly, if at all (Kadushin & Harkness, 2002; Magnuson et al., 2000b)

The second primary set of processes involved the role of the supervisor and influence of power based in their middle hierarchical position in the applied setting (Kaiser, 1997; Patterson, 2000). Applied setting supervisors perform clinical and administrative roles and serve as manager and employer (Henderson, 2009) as well as multiple other roles with diverse and demanding expectations (Storm & Minuchin, 1993; Storm & Todd, 2002; Woodruff, 2002). Conflicts might emerge in the performance of the dual roles of administrator and clinical supervisor. The dual role conflict could result

in disruption of the supervision relationship and reduced supervisory effectiveness (Falvey, 1987; Herbert & Trusty, 2006; Ladany et al., 1996; Tromski-Klingshirn & Davis, 2007; Yourman, 2003; Yourman & Farber, 1996). This might be especially so if power--based on the relationship, position, evaluation, and as employer--is not considered or used effectively (ACES, 1990; Bernard & Goodyear, 2009; Falvey, 1987; Henderson, 2009; Holloway & Brager, 1989; Kaiser, 1997; Ladany et al., 1996; Magnuson et al., 2000b). Multiple roles, particularly the dual roles of administrative and clinical supervision, appear to be a reality of the service setting (Ellis & Ladany, 1997; Harkness & Hensley, 1991; Holloway, 1995; Triantafillou, 1997; Tromski-Klingshirn & Davis, 2007) and can, according to multiple researchers, be conducted together and effectively (Borders & Brown, 2005; Kadushin & Harkness, 2002; Tromski, 2000).

The third primary set or conceptualization appeared based in the applied setting organizational context. The influence of the context of supervision includes the relationships between the supervisor, supervisee, clients, organization, and the surrounding community and society (Ekstein & Wallerstein (1958, 1972). To garner an understanding of the applied setting context, a focus on organizational and managerial functioning is required (Bernard & Goodyear, 2009). The organizational structure and hierarchy play a primary role in the function and role of the supervisor (Patterson, 2000) as well as organizational culture (Hawkins & Shoet, 2006). The organization is directed at meeting the goals and objectives of service delivery requirements with an adherence to policy and procedures (Henderson, 2009). Managerial, leadership, evaluative, employer, administrative, financial, marketing, risk-management, logistical, customer service, research and program evaluation, and other organizational skills and functions are

required (Bernard & Goodyear, 2009; Cohen & Lim, 2008; Falvey, 1987; Henderson, 2009; Kadushin & Harkness, 2002; Spring, 2007; Straton, 2000).

Supervision theory and research might not fully address the complexity of applied settings because of an historical counseling and supervision epistemology based primarily on the human relations approach (Holloway & Brager, 1989). The human relations approach might ignore organizational structure, politics, and organizational decision making--all necessary to gain a fully contextual view of applied setting supervision (Holloway & Brager, 1989). Organizational constraints can overpower supervision (Copeland, 1998; Globerman & Bogo, 2003; Sommer, & Cox, 2005) and service delivery demands can overwhelm clinical supervision (Kadushin & Harkness, 2002). Organizational culture and politics spawn relational dynamics that also exert strong influence on supervision (Bernard & Goodyear, 2009; Carroll, 1996; Hawkins & Shohet, 2006; Holloway, 1995) beyond any supervisor's individual influence or control (Congress, 1992). However, although only speculative, the supervisor prepared for and skilled in the organizational sphere will likely survive and effectively execute their role as supervisor (Bernard & Goodyear, 2009).

Based on my review of the supervision models, many of the components found in the entire set of supervision theories and models appeared informative to applied setting supervision. Although a number of supervision models directly addressed the context of supervision (Hawkins & Shohet, 2006; Henderson, 2009; Holloway, 1995; Loganbill et al., 1982), their use and applicability in the applied setting have not been fully researched. Supervision models can provide a basis of understanding of how counselors develop over time (Inman & Ladany, 2008; Stoltenberg et al., 1994; Worthington, 1987), how

supervisors develop (Hess, 1986, 1987; Rodenhauser, 1994, 1997; Stoltenberg et al., 1998; Watkins, 1990, 1993, 1994), and effective prescriptions for supervision (Stoltenberg et al., 1998). Models and theories expand on the supervisors' roles beyond that of counselor (Bernard (1979, 1997; Littrell et al., 1979). Social influence models address power, a major influence on supervision (Dixon & Claiborn, 1987; Petty & Cacioppo, 1986), particularly in agencies where the administrative role includes clinical functions (Henderson, 2009). Systemically and contextually oriented theories (Hawkins & Shohet, 2006; Holloway, 1995) help focus awareness from individually oriented approaches to include the broader contextual, cultural, and political systems. A number of models developed specifically for applied settings provide a response to the unique challenges of service delivery such as adapting to organizational hierarchy (Lewis, 1988), balancing power between the dual roles of supervision (Kadushin, 1992; Proctor, 1994), meeting high service demands (Triantafillou, 1997), or overcoming burnout and increasing career longevity (Osborn, 2004).

Important, frequently addressed, and researched factors appeared commonly across supervision research, theories, and models. These factors included the supervisory relationship and alliance (Bordin, 1983; Ellis et al., 2008), parallel process and isomorphism (Bernard & Goodyear, 2009; Doehrman, 1976; Ekstein & Wallerstein, 1972; Searles, 1955), reflectivity (Griffith & Frieden, 2000; Schon, 1983, 1987; Skovholt & Ronnestad, 1992, 1995), multiculturalism (Inman & Ladany, 2008; Ladany et al., 1997; Smith et al., 2008), tacit or practice knowledge (Beavers, 1986; Gross, 2005; Holloway & Wolleat, 1994; Magnuson, 1995; Neufeldt, 1997; Schon, 1983; Skovholt & Ronnestad, 1992, 1995; Sutton & Page, 1994; Thielsen & Leahy, 2001; Williams, 1995),

and a focus on client welfare, ethics, and standards (ACA, 2005; ACES, 1990; CACREP, 2009; Ellis et al., 2008; Herlihy, 2006).

Researchers and ethical bodies have consistently considered training as an ethical mandate (ACA, 2005; ACES, 1990; Borders & Bernard, 1991; Campbell, 2006; Holloway, 1982, 1995) and supervisor certification and licensure were recommended (Bloom et al., 1990; Borders, 1989; Borders & Cashwell, 1992). At the time of this study, it was unknown how many supervisors were comprehensively trained to conduct effective supervision required in applied settings (Peake et al., 2002; Sutton, 2000). Although numerous theories, models, and training protocols exist (Bernard & Goodyear, 2009; Borders et al., 1991), supervision competencies have been developed (ACES, 1995; Dye & Borders, 1990) even those addressing applied setting supervision (Borders et al., 1991; Henderson, 2009), it is my conclusion that identifying any additional unique practice knowledge and unique processes that could guide supervisors through the complex and difficult challenges of the applied setting would be a useful addition to the supervision field.

Based on the review of the major theories and models of supervision, I developed the opinion that a post-modernist, social constructivist approach to supervision (Neufeldt, 1997), while not fully descriptive nor necessarily explanatory of supervision in the applied setting, appeared the most directly related to finding a contextual understanding and practice-based knowledge specific to applied setting supervision. This approach was directed at understanding the practice knowledge that can be determined according to the direct experiences of supervisors (Polkinhorne, 1992). The social constructivist supervision model has not yet been fully researched in applied settings (Neufeldt, 1997).

The original model was focused primarily upon counselors and further research was recommended to discover further applicability of the model. Further research of a social constructivist model of supervision was warranted and recommended (Neufeldt, 1997). It was my conclusion from this literature review that there was a potential theory of supervision based in the perceptions of supervisors who practice in the applied setting and that such a theory would add beneficial knowledge to the supervision field.

CHAPTER III

METHODOLOGY

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus of supervision was on service delivery to client populations. For the purposes of this study, applied settings included naturalistic non-educational community-based settings. This chapter describes the methodology employed in this study and discussion of the following areas: rationale for the use of qualitative methodology, rationale for the use of grounded theory, description of the research sample, summary of the data needed, participant descriptions, overview of the research design, data collection methods, analysis and synthesis of the data, ethical considerations important to grounded theory and the study of supervision in an applied setting, issues of trustworthiness, and limitations of this study. A concluding summary completes the chapter.

Rationale for Qualitative Research Design

Qualitative methodology has found acceptance in counseling, counselor education (Merchant, 1997; Newsom, Hays, & Christensen, 2008), and supervision research (Goodyear & Guzzard, 2000). Qualitative research meets the needs for gathering rich data based in the experiences of those who work in contextually complex environments. Service delivery exposes counselors (Beavers, 1986; Gross, 2005) and supervisors

(Henderson, 2009; Woodruff, 2002) to many complexities not found in the educational context. Supervision in applied settings is particularly context-specific considering the contrasts between supervision in educational contexts and applied practice settings (Bernard & Goodyear, 2009; Dodds, 1986). Supervision itself is context-specific, such that organizational system and the purpose of the agency within the context of the community might directly define a supervisor's role (Falvey, 1987; Henderson, 2009; Straton, 2000; Woodruff, 2002).

Holloway and Hosford (1983) argued that the science of supervision progresses through required phases: (a) observation in the natural environment, (b) determination of the interaction and relationships of variables contributing to the phenomenon, and (c) explanatory principles of observed phenomenon. Accordingly, they argued that exploratory, descriptive techniques precede experimental design with the overall purpose to first identify dependent and independent variables. Qualitative research might more holistically address the complex social processes of counseling supervision (Borders, 1989; Corbin & Strauss, 2008; Holloway & Hosford, 1983). Qualitative analysis can be utilized to identify important variables in the supervision experience within a specific context as well as the necessary moderator and mediators of supervision not easily identified through quantitative methods (Bernard & Goodyear, 2009) or variables not addressed in extant models (Goodyear & Guzzard, 2000; Wampold & Holloway, 1997). Matthews and Paradise (1988) contended that mental health counselors would find qualitative models relevant to the research questions and issues versus the reductionism of studying narrowly defined research variables not derived in the practice setting. They further argued that qualitatively derived models would directly address the needs of

counselors. This researcher extended such thinking to the experiences of counselor supervisors sought in this study.

Sergiovanni (1983) declared that a theory of supervision practice be concerned with four questions: “What is reality in a given context? What ought to be reality? What do events that constitute this reality *mean* [emphasis added] to individuals and groups?” and “Given these three dimensions, what should supervisors do?” (Sergiovanni, 1983, p. 177). Avis and Sprenkle (1990) also posed a specific supervision research question: “What kind of supervision is effective when, from whom, for whom, under what conditions, and for what type of clinical situation?” (p. 263). Ronnestad and Skovholt (1993), Stoltenberg et al. (1994), Walsh (1990), and White and Russell (1995) urged researchers to look further across the lifespan of counselor supervision and to conduct naturalistic inquiry in field settings. Stoltenberg et al. recommended that qualitative methods be used to study the process of supervision over time to go beyond research directed at the status of supervision or best practice descriptions. They further stated,

Efforts should be directed at determining which *level of supervisor* [emphasis added] using which supervisory interventions is most effective in supervising which level of trainee at a given point in time working with what types of clients in *what contexts* [emphasis added]. (Stoltenberg et al., 1994, pp. 221-222)

Serviovanni (1983), Stoltenberg et al. (1994), and Avis and Sprenkle (1990) strongly suggested through their research questions the necessity to study supervisors according to their specific level, to address supervision in the context of the setting within which they work, and to include the conditions and specific clinical practices based on specific client populations. Such a study would also be conducted by moving across the lifespan of counselors to address supervision in areas beyond education and training (Ronnestad & Skovholt, 1993). Multiple extant theories of supervision might prescribe

what supervisors should do without being grounded in the reality of those who work in the applied setting (Goodyear & Guzzard, 2000). Each of the above foundational questions guided me toward the necessity of looking at the specific contexts of supervision.

Qualitative research emphasizes discovery and description with the primary purpose to extract and interpret the meaning of experience in a specific context (Charmaz, 2006; Denzin & Lincoln, 2003; Merriam, 1998). Qualitative researchers are concerned with the sociocultural complexities including social situations and interactions and how these are viewed holistically in a given context (Maxwell, 2005; Merriam, 1998; Patton, 2002). According to Heppner and Claiborn (1989), social influence processes are more accurately observed in realistic counseling situations. It is precisely the necessity to include the context of supervision (Albott, 1994; Bernard & Goodyear, 2009; Ekstein & Wallerstein, 1958, 1972; Hawkins & Shohet, 2006; Henderson, 2009; Holloway, 1995; Holloway & Brager, 1989) that makes qualitative research the most viable research option for the study of supervision in applied settings. According to Albott (1994), the aspects of supervision, the supervisor, supervisee, and the context of supervision are not discrete categories but interact in a systemic process that includes the relationship between them and the activities and interactions in supervision. Such interactions and interrelationships could be predictors of successful supervision (Albott, 1994).

The key processes in qualitative methodology (Corbin & Strauss, 2008) address the processes of supervision within the context of supervision, specific to applied settings. These processes include (a) understanding how processes influence events and actions, (b) a focus on contextual understanding, (c) interaction between researcher and

participant, (d) use of an interpretive stance, and (e) designing research with flexibility. The use of qualitative design allows for relevant concepts to emerge where hypotheses are formed from the data gathered (Corbin & Strauss, 2008). Lincoln and Guba (1985) described the “paradox of naturalistic inquiry” (p. 221)--the design in naturalistic settings emerges as the study progresses. A flexible design begins with guiding questions, a focused set of observations, and a plan for exploration of the phenomenon of interest (Patton, 2002). Questions and answers emerge in the field as informant perceptions are gathered (Spradley, 1980). Accordingly, a naturalistic inquiry unfolds according to what makes sense for the study (Charmaz, 2006).

The use of qualitative research in this study provided a naturalistic inquiry that unfolded according to what made sense for the initial guiding questions. Specifically, a contextual view of supervision was sought through the guiding questions (Falvey, 1987; Henderson, 2009; Straton, 2000; Woodruff, 2002) and required entry into the naturalistic or applied setting to observe complex and interactive systems. Numerous supervision variables have been identified (Thielsen & Leahy, 2001); yet, a study of discrete variables might not access the complexities of social interaction (Albott, 1994). The guiding questions were focused on gathering rich descriptions of the social processes of supervision from within the contextual environment. Contextualized descriptions might more likely lead to the identification of key variables of supervision specific to the applied setting (Bernard & Goodyear, 2009; Goodyear & Guzzard, 2000; Wampold & Holloway, 1997).

Although numerous theories of supervision have been developed in educational settings, the guiding questions were used to gather constructs for a grounded theory from

within the applied setting according to experiences of supervisors (Ronnestad & Skovholt, 1993; Stoltenberg et al., 1994; Walsh, 1990; White & Russell, 1995). Qualitative research allowed for a full rich description from the supervisor's vantage point while allowing me, as the researcher, to observe the setting and social processes (Corbin & Strauss, 2008). In addition, qualitative research allowed me to observe what was relevant from extant supervision theories from the supervisor's perspective (Matthews & Paradise, 1988). The guiding questions were directed at describing the social processes of supervision according to perceptions of supervisors in their naturalistic setting including the interaction of relationships to persons and organizational factors surrounding the supervision experience.

Rationale for Grounded Theory Methodology

This study was informed by the constructivist grounded theory (CGT) methodology of Charmaz (2000, 2006). According to Charmaz (2006), "Stated simply grounded theory methods consist of systemic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves" (p. 2). CGT extended from Glaser and Strauss' (1967) traditional foundations of the traditional objectivist, qualitative, grounded theory methodology. The objectivist approaches of Glaser (1978) and Corbin & Strauss (2008) are married into a more flexible, process oriented, interpretivist approach. Charmaz explained.

Glaser and Strauss talk about discovering theory as emerging from data separate from the scientific observer. Unlike their position, I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices. My approach explicitly assumes that any theoretical rendering offers an *interpretive* portrayal of the studied world, not an exact picture of it. (p. 10)

Grounded theory utilizes a systematic set of procedures for the gathering of information leading to theory that is inductively derived from the experience of participants and researcher of the phenomenon under investigation (Corbin & Strauss, 2008; Lincoln & Guba, 1985). While CGT uses traditional practices of the methodologies of Glaser and Strauss (1967), Charmaz's (2006) approach provided the opportunity to achieve greater flexibility, greater focus on social process, and a greater focus on the meaning of phenomenon to the participants within the context rather than focus only on the setting (Bernard & Ryan, 2010).

Thielsen and Leahy (2001) conducted research within field-based settings and determined that there was a significant body of supervisory knowledge to be gained from practitioners in the field-based settings. However, less than 10% of the participants were supervisors. This grounded theory study focused entirely on the body of supervisory knowledge from the perceptions of applied setting supervisors. Grounded theory met Sergiovanni's (1983) recommendations for creating a theory based in the reality of supervisors who have experienced the phenomenon of supervision in the applied setting. Holloway and Hosford's (1983) recommendations for observation of supervision in a naturalistic environment, interaction of variables, and explanatory processes were also met through grounded theory research. Thus within the framework of a qualitative approach, grounded theory design was the most appropriate for this study to understand supervisors' experiences of the process of supervision. Supervision in applied counseling settings is a substantive topic with delimited problems where a substantive grounded theory of supervision might emerge (Charmaz, 2006).

My use of a constructivist grounded theory approach assumed that a supervision theory would develop out of the supervisors' meaning of their experience within the setting in which activity related to the theory—supervision--occurred (Charmaz, 2006). Qualitative research is focused upon process and meaning within contexts rather than outcome and products (Creswell, 2009). "Grounded theory methods," asserted Charmaz (2006), "give you theoretical openings that avoid importing and imposing packaged images and automatic answers" (p. 135). Supervision theories might be considered outcome or product oriented, i.e., to include expected outcomes of supervision, achievement of a particular developmental level, competencies displayed, or prescriptive tasks performed in supervision. A grounded theory of supervision took the necessary focus of the meaning of the activities (supervision), for the participants (supervisors), and the processes of supervision (interaction, relationship, meaningful sequences) within the context of the setting (applied setting, community agencies focused on service delivery; Charmaz, 2006). Constructing a theory (Charmaz, 2006) of supervision grounded in the data of supervisor's experiences and the processes of supervision in applied counseling settings led to a theory of supervision that could be more complete, useful, transferable, durable, and explanatory (Glaser, 1978; Glaser & Strauss, 1967) to those interested in applied counseling setting or the explanations found in extant supervision theories.

Role of the Researcher

My role as a researcher was of primary importance in qualitative research (Charmaz, 2006; Corbin & Strauss, 2008; Lincoln & Guba, 1985). According to Creswell (2009), the qualitative researcher is considered a primary instrument for data collection whose interpretation, values, biases, and judgments are transparent and known

in the reporting of data. In addition to transparency of my values, as the researcher, I maintained an openness and sensitivity when interpreting and reporting data in order to accurately portray the reality of the phenomenon while being true to the context within which the phenomenon existed. Such openness is defined as theoretical sensitivity, such that the researcher is aware of nuances and subtle meanings within the data (Charmaz, 2006; Corbin & Strauss, 2008; Creswell, 2009; Glaser, 1978). As such, I provide the following transparent description of my experiences as a student of counseling and supervision, as counselor, supervisor, and counselor educator, as well as my epistemological, theoretical and practice biases.

I am a European American male, age 43, completing my doctoral studies in Counselor Education and Supervision at a mid-sized university in Colorado. I came from a lower-middle class family from the Midwest, the son of a son and a daughter of farmers who depended on their hands, land, and animals for their subsistence. My parents were from the working class--a railroader and a homemaker. My father's move from a blue collar to semi-white collar job helped us ascend to the lower-middle class. Although he was promoted to a managerial position, he always prided himself in rolling up his sleeves and working side by side with his railroad crews. I often felt similarly as I moved into my role as a counselor educator and supervisor--that I had not forgotten the counselors and supervisors with whom I had labored in the field. My mother's labor at home was significant--she was one to take full care of our family environment. My parents fit a more traditionally gendered couple in their time.

In my childhood, my view of education was that it was valuable and yet to be held suspect. In many instances, my father commented on the lack of common sense he

experienced when challenged by managers more educated than he was. My father held a strong pragmatic value for those who worked in the field and had earned their knowledge through hands-on experience. He advanced in social status based on what he achieved by learning through experience, not through education. My mother had a strong academic ability and achieved only her high school diploma; yet she encouraged each of us in our education. Due to traditional gender roles and perhaps her being part of a specific cohort who valued traditional gender roles, I always felt she had not been able to fulfill her full potential. Because of her value of education, she promoted my academic learning throughout my life.

Thus, in my experience of being socialized somewhere between the working class and middle class culture, I came to value both education and pragmatic experience. I am moving into the status and identity of a highly educated member of society (and within my family). I value the hard fought acquisition of knowledge of those who work “on the line” while maintaining a healthy skepticism of knowledge and the use of power in education. And I fully acknowledge that education has incredible value and has helped me achieve a higher social status, which gives value and meaning to my life.

My professional experience stems from over 20 years in the helping field. My field experience included work in community-based systems such as violence preventions programs for women, prevention programs for at-risk youth, and services as a practicing counselor in agencies, non-profits, and in private practice. I was first supervised as a counselor-in-training in a master’s-level graduate counseling program; this was followed by supervision in private practice, community based agencies, a community mental health center, school-based therapy programs, and several non-profit organizations. I

continued supervision and obtained supervisor training as a doctoral student of Counselor Education and Supervision at the University of Northern Colorado. I now serve as a practicum and internship supervisor as a faculty member in a local counselor education program along with other faculty duties of teaching, advising, and administration.

As I compared and contrasted my experiences in the field with my educational experience, I perceived some disparity between the settings. In the applied setting, I recalled the intensity of meeting client needs and the necessity of service delivery. Client welfare seemed to be a primary component of supervision early in my master's level practicum and internship. My focus on personal development was driven toward being able to better meet the needs of my client. When I moved from a master's level student to community-based practitioner, I sensed that counselor development was a greater priority in the educational setting. In practice, development seemed relevant only when my impairment blocked effective service delivery. In contrast, while in private practice, I felt a strong necessity to improve and obtain supervision and training as new client circumstances or needs emerged. Personal growth seemed to sustain my motivation as an independent practitioner as well. In my experiences in the various contexts, something about the social processes involved with development seemed qualitatively different.

In the doctoral training setting, both as a counselor and supervisor in training, I was keenly aware of the necessity for personal and professional development as it was emphasized highly by faculty and in the supervision literature. My sense of supervision of practicum was that supervisors faced competing demands to meet the developmental needs of counselors while assuring client welfare. The means of focusing on

development was to help counselors in training eventually have the skill to fully address client welfare, both being equally significant.

As a counselor, I was supervised by competent, proficient supervisors and untrained or unskilled supervisors. In agency settings, I experienced several supervisors whose primary orientation was service delivery, which did not necessarily include client welfare or my professional development. Some supervisors seemed to be in service of the agency, policing counselors to assure that they were in-line with the policies and procedures. One particular supervisor was rigidly fearful of the ethics and laws to be followed and enforcement of policy by her superiors. A non-profit supervisor with whom I served held a very strong focus on client needs and our needs as supervisees. She supported my ability and learning in order to meet client needs. In another non-profit, my role as counselor reversed with the supervisor. I took care of the supervisor who struggled with difficult organizational demands. In another mental health agency, my professional development was rarely addressed; it seemed my supervisor assumed that I would meet client needs. Supervision was focused on tallying of hours and documenting the treatment goals achieved. Although some of my experiences might have been related to my developmental needs at various times, I perceived that most were not. My reflection on the variability between supervisors in applied settings left me confused enough to wonder what drove supervision in such settings and motivated me to pursue this study.

As a final catalyst for this study, I overheard numerous critical remarks by faculty, counselor educators, and colleagues that described applied setting supervision. The descriptions varied from high criticism of supervisors to being critical of the

organizational politics and demands of the setting. I found some of the descriptions marginalizing and, at times, unfair and unwarranted, particularly when I had served under the supervisor about whom a faculty member complained. I had found this supervisor to be competent and compassionate. In these critiques, I began to perceive that some educators viewed their knowledge of supervision as holding greater status than the supervisors in applied settings. Upon hearing the criticisms, my initial reaction was defensive. Recall, I had history with several very competent and incredibly resourceful supervisors, my empathy for those in the trenches was strong, and I valued applied experience. I felt as though some of *my people* were being criticized. I was not hearing much that validated the possibilities of tacit client knowledge, compassion, demands of the setting, or the supervisor's ability to cope with complexities that went well beyond challenges found in counselor education programs.

The dialectical tension of what I perceived from the training, models, and practice in counselor education held with my perceptions that grew out of my experiences of being supervised as a practicing counselor. In multiple conversations with supervisors in applied settings, I heard a theme that counselor education programs did not prepare them to supervise in the field nor did educators fully understand the complexity of service delivery. In several instances where I had been expected to offer support and training to internship field site supervisors, I perceived a general backlash against teaching conceptual models and that something else was needed to address the reality the supervisors faced in the applied setting.

Thus, the contrasts in my perceptions of the differences in the realities of the applied setting and the realities of counselor education program settings ignited my

personal and professional interests for this study. I hoped to elicit a conversation that would elucidate any potential differences, described by Ronnestad and Skovholt (1993) as the theory practice gulf, between academic settings (theory) and applied settings (practice).

Researcher Epistemology

This study was based on the post-modernist epistemology of social constructivism. Constructivism provides foundation for social constructivism. Social constructivists extend constructivist notions further into the social relationships and the social structures of a setting (Wendt, 1999). Before defining social constructivism further, it is important to first understand the distinctions between constructivist and constructionist notions found in the literature.

Any defining boundary between constructivism and constructionism has been blurred in the ongoing discussions about each epistemological stance (Hacking, 1999; Kukla, 2000; Schwandt, 2001). Social constructivism has often been used in place of constructionism in many contexts (Hacking, 1999). Crotty (1998) attempted to make distinctions between constructivism and constructionism. Constructivism could be referred to as “the meaning-making activity of the individual mind”; whereas, constructionism is referred to as “the collective generation [and transmission] of meaning” (Crotty, 1998, p. 58). According to constructivist thinking, the locus of the construction of reality is generated uniquely within the mind of each individual. For constructionists, the locus of construction is social determinism, i.e., culture shapes our reality. A strong constructionism would deny the ontology of anything real, such that all realities are only a matter of social negotiation (Hacking, 1999; Schwandt, 2001).

Social constructivism might be considered synonymous with weak constructionism (Hacking, 1999). Weak constructionism would include a middle ground that acknowledges that reality is formed in the individual processes of the mind, is also socially influenced, and that phenomena are “real” and outside of the mind (Schwandt, 2001). An empirical epistemology grounded in positivist notions might be absolutist, declaring reality as outside of ourselves, only to be known and discovered. A strong constructivism, however, might be nihilistic--such that no representations of the world can be known, all meaning is socially constructed within language that is subject to interpretation, and thus the existence of anything real outside of the self is held in suspicion (Gergen, 1994; Schwandt, 2001).

In my use of social constructivism, I took a middle ground position that included the intersubjectivity of the individual and his/her social environment. Intersubjectivity refers to a circular dynamic process where we are a self-in-context--both influenced by and influential upon the social context within which we reside (Wertsch, 1988). Since I sought to gather the social constructions of supervision from supervisors as well as determine the influence of the social environment of supervision, social constructivism was the most appropriate epistemology for this study. Social constructivism might be best understood beginning with a discussion of constructivist foundations.

Constructivist Foundations

Constructivism has also been found in the in the works of Vico (1710) who stated, “...so human truth is what man comes to know as he builds it, shaping it by his actions” (p. 5). According to Kukla (2000), constructivists believe that truth is socially constructed or has social causes, i.e., “Constructivists make [theoretical entities] out of

social episodes" (p. 62). Kant's (1911) work mirrored constructivist thought, perhaps best summarized in his statement that to understand nature is to understand "the collective conception of all objects of experience" (p. 295). Von Glasersfeld (1984) described the constructivist epistemology as "a theory of knowledge in which knowledge does not reflect an 'objective' ontological reality, but exclusively an ordering and organization of a world constituted by our experience" (p. 24).

Hayes and Oppenheim (1997) observed that six common principles exist among the diverse approaches to constructivism:

1. "Development is contextual" (p. 22), i.e., an individual develops in a way that is both bound by and motivated by their environment.
2. "Individuals are producers of their own development" (p. 22), such that humans are self-organizing systems.
3. "Cognition is an active relating of events" meaning that "reality is constructed through experience and thereby represents a relationship between the self and the world" (p. 22).
4. "Meaning making is self-evolution" was described further that "development is understood as successively more complex attempts to make meaning of the facts of one's social experience" (p. 24).
5. "Reality is multiform" (p. 24), such that reality for individuals may be similar in structure but different in content. This principle stated that reality is based in the personal social narratives of individuals that may or may not agree with existing structures.

6. “Language constitutes reality.” Language is “the system necessary for grounding our understanding of self in relation to the other” (p. 25).

Language is not a representation but a social means of negotiating a consensus of reality between individuals and culture.

These six principles formed the foundation of this study. I looked at the development of supervisors in their social context, the meaning they ascribed to their social situations, and the structures of the applied setting reality. I wanted to understand how they self-organized their experience and conceptualized their relationship within the social environment. I developed a curiosity for the similarities of constructed realities by gathering supervisors’ personal narratives, making sense of how language was a social means that described the constructed reality of supervision in the applied setting culture.

According to Patton (2002), three central questions emerged from a constructivist epistemology:

1. How have the people in this setting constructed reality?
2. What are their reported perceptions, “truths,” explanations, beliefs, and worldview?
3. What are the consequences of their constructions for their behaviors and for those with whom they interact? (p. 132)

These questions formed the basis of this inquiry that stemmed from a social constructivist epistemology. These questions were used to form the guiding questions of this study.

Social constructivism also included the primary tenets of constructivism set forth by Guba and Lincoln (1989):

1. Truth is socially constructed in a consensus by those who claim to have knowledge of a phenomenon.
2. Any declared truth is not necessarily a representation of objective reality. Similarly, facts have value only within a constructed framework (they neither confirm nor deny a hypothesis).
3. Cause and effect is known only through imputation.
4. A phenomenon is only known through a study of the context within which the phenomenon occurs.
5. Findings may not be generalized to other contexts.
6. Constructivist inquiry represents no particular truths or legitimate ontological claims. The results of constructivist inquiry are also part of the social construction that is further subject to consensus.

Based on these tenets, I sought to understand the socially constructed “truth” from the standpoint of supervisors and the context within which they acted, i.e., those who experienced the phenomenon directly and thus had, in my opinion, a greater claim to knowledge of the phenomenon. Thus, the constructed supervision theory that emerged was only a representation of reality in the constructed framework described by the participants of this study within the context in which they resided. The truth of this study would be whether or not useful ideas were produced that would have lasting value (Kukla, 2000).

Social Constructivism

The term social constructivism has typically been assigned to the works of Les Vygotsky (1962, 1978). Vygotsky founded the primary assumption that individuals

developed knowledge, made meaning within a social context, and that the development of knowledge was dialectical and adaptive (Vygotsky, 1962, 1978). Meaning was formed internally and socially and influenced by interactions with others through language (Vygotsky, 1962; Wertsch, 1988). The interdependence of the individual in social processes, i.e. the intersubjectivity of the construction of knowledge by individuals in social, cultural, historical, and political contexts was a central theme of Vygotsky's social constructivism (Wertsch, 1988). Prawat (1996, 1999) suggested that social constructivism could equally consider the importance of the individual and social context. Such a combination, according to Prawat (1999), would allow for an "in-between" epistemology where "meaning-making is cast as a complex semiotic process that is simultaneously social, embodied, and transactional in nature" (p. 59).

Creswell (2007) interpreted social constructivism as follows:

In this worldview, individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences—meanings directed toward certain objects or things . . . often these subjective meanings are negotiated socially and historically . . . they are not simply imprinted on individuals but are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives. (pp. 20-21)

According to Wendt (1992), social constructivism extends constructivist notions of individual development and reality formation further into the social setting and social structures. Social structures, according to Wendt (1992), refer to three elements of the setting: (a) shared knowledge and understanding, (b) material resources, and (c) specific practices that include expectations and relationships. Wendt further described an intersubjective understanding between individuals and/or social groups (actors) which

form social structures that ultimately result in persons engaged cooperatively or in conflict.

From this epistemology, multiple perceptions of reality might explain the phenomenon of supervision in the applied setting. These multiple truths exist for individuals according to participation within the social processes, history, and context of the culture within which they reside. Each theory of supervision could be viewed as a lens (Hanna, 1994) that might provide a view of reality into the supervision experience. Each is explanatory within limits while informative to the entire set of knowledge of what is known to supervision. Each theory could be viewed as an interpretive portrayal of the phenomenon it seeks to describe and explain (Charmaz, 2000; Guba & Lincoln, 1995). According to the advice of Creswell (2007), I examined the multiple and complex meanings “rather than narrow the meanings into a few categories and ideas” and “rely as much as possible on the participant’s views of the situation” (p. 9). Creswell further suggested addressing processes of interaction, focusing on the context and culture, and using an interpretive method.

This constructivist grounded theory approach provided a bridge that qualitatively analyzed human experience and provided a flexible, holistic method of theory building while incorporating deeper insights into the meaning of human experience and processes as constructed in a social context between participant and researcher (Charmaz, 2006). This study provided a focused conceptual lens of theory based on the experiences of supervisors in applied settings.

Researcher Theoretical Stance

Interpretive Inquiry

Interpretivism and social constructivist supervision theory influenced the theoretical conceptualization of the outcomes of this study. Social constructivism is often combined with interpretivism (Mertens, 2010). Interpretivism has its roots in social psychology through the work of George Herbert Mead; it was further defined and labeled symbolic interactionism by Herbert Blumer (1969). Symbolic interactionism is based on the premise that human actors respond to and interact with others and their environment by conceptualizing their interactions in advance. The focus is on the subjective, human interactions of social life where human actors construct their social worlds and organize their understanding of the interactions symbolically. Goffman (1958) described social interactions much like a theater play where actors develop roles, scripts, symbolic meaning, and negotiate reality through their interactions. A shared subjective meaning is at the heart of social interactions. Interpretivism is the theoretical basis that led to the construction of the theory of subjective meaning of supervisors' social interactions in their environment.

This study was based on my motivation to develop a supervision theory specific to the applied setting. According to Charmaz (2006), “An alternative definition of theory emphasizes understanding rather than explanation” (p. 126). She continued,

Interpretive theory calls for the imaginative understanding of the studied phenomenon. This type of theory assumes emergent, multiple realities; indeterminacy; facts and values as linked; truth as provisional; and social life as processual [sic]. (pp.126-127)

Furthermore, Charmaz described that “knowledge—and theories—are situated and located in particular positions, perspectives, and experiences” (p. 127). Interpretivism as

a theoretical basis for this study drove my inquiry to gain an understanding of supervision from the perspectives of supervisors who work in applied settings. I included each of the goals of interpretive inquiry set forth by Charmaz to guide the analysis of this study. The goals included the following: (a) to articulate theoretical claims pertaining to scope, depth, power, and relevance; (b) acknowledge subjectivity in theorizing and hence the role of negotiation, dialogue, and understanding; and (c) offer an imaginative interpretation. Charmaz expanded, “Interpretive theorizing may cover overt processes, but also delves into implicit meanings and processes and is most evident then” (p. 146). Rather than move to a narrow explanation, this study was expansive, exploratory, and inclusive of context, culture, processes, values, and complex meanings. The results were not intended to be universal, but rather local, and specific to the phenomenon.

Researcher Theoretical Stance on Supervision

Multiple supervision theories, models, and approaches were reviewed in the literature as a means to develop theoretical sensitivity (Charmaz, 2006) for this topic. As a supervisor, I found important explanatory and heuristic benefits from numerous supervision theories. However, as other researchers have discussed (Avis & Sprenkle, 1990; Frankel & Piercy, 1990; Kadushin, 1985; Liddle et al., 1988; Walsh, 1990), no particular theory appeared comprehensive in either my research of the theories or in my personal experience as a supervisor thus far. From the framework of supervision theory, I found the following theories moderately explanatory and provided multiple heuristic interpretations (Charmaz, 2006) of the phenomenon of supervision.

I was informed by Holloway’s (1995) systemic approach to supervision. I appreciated that the approach guided the supervisory role in multiple contextual

relationships inclusive of the influence and expectations that might be derived in a particular context. Stoltenberg et al.'s (1998) integrated developmental model for supervisors provided significant supervisory prescriptions from which I supported counselor development while considering my development as a supervisor. This model did not reach further into advancing counselor development beyond educational and licensure phases. Skovholt and Ronnestad's (1995; see also Ronnestad & Skovholt, 2003) lifespan development model provides a rich description of counselor development beyond training and licensure in applied settings. Yet this model remained only generally descriptive of themes (Bernard & Goodyear, 2009) and did not address the deeper processes between supervisor, supervisee, client, and the context of organization and community.

Where each of these models appeared less oriented toward specific organizational and contextual factors, Hawkins and Shohet's (2006) process model of supervision addressed the interlocking political relationships within the organizational context. Finally, I was drawn to the social influence (Dixon & Claiborn, 1987) theory of supervision. In my experience, issues of power and influence arise regularly in supervision. The supervision relationship is often not collegial or consulting oriented, particularly when gatekeeping and evaluative functions emerge (e.g. Lumadue & Duffy, 1999). Parallel process (Doehrman, 1976; Ekstein & Wallerstein, 1972; Searles, 1955), isomorphic process (Liddle, 1988; Liddle & Saba, 1983; Weir, 2009), and supervisor-supervisee relationship (Bordin, 1983) are all of major importance (Ladany, Friedlander, & Nelson, 2005) in the research; I found these concepts highly applicable in my experience as a counselor and supervisor. Finally, as stated prior, I was intensely

intrigued and curious about the social constructivist approach to counseling supervision (Neufeldt, 1997).

Process of Constructivist Grounded Theory Methodology

This constructivist grounded theory process (Charmaz, 2006) involved the following steps : (a) Selection of a research problem and opening research questions, (b) initial data collection and coding, (c) writing initial memos to tentative categories, (d) data collection and focused coding, (e) theoretical sampling to seek specific new data, (f) theoretical sampling to seek specific new data, (g) theoretical memo writing to refine concepts, (h) adoption of certain categories as theoretical concepts, (i) integrating memos and diagramming concepts, and (j) writing the first draft of the grounded theory.

Selection of the Research Problem

As part of any qualitative research, I included my personal and professional experiences as a basis of curiosity leading to this naturalistic inquiry. This investigation was grounded in my desire as a researcher to further understand the processes of supervision in the applied setting. The focus of this study was also informed and constructed by a review of the literature (Corbin & Strauss, 2008). Charmaz (2006) acknowledged the dilemma of conducting a literature review in advance of the study and advised researchers to “consider treating extant concepts as problematic and then look for the extent to which their characteristics are lived and understood, not as given in textbooks” (p. 166). I took a critical and questioning view of the research, theories, and models of supervision throughout my review of the literature. I provided, to the extent possible, transparency of my assumptions and biases so I could remain open and sensitive to the unique experiences of the participants.

The review of the literature, while subject to creating bias, simultaneously developed my theoretical sensitivity (Corbin & Strauss, 2008; Creswell, 2009; Glaser, 1978). In this study, the literature review informed the need and necessity of this research problem, guided the conceptual framework of the initial interviews, provided triangulation for data that were collected, and provided sensitizing concepts from which the data emerged (Charmaz, 2006).

As previously discussed, there are multiple theories of supervision; however, many lacked comprehensiveness and most lacked a specificity to understand fully the supervision processes in applied settings. Theories and prescriptions for supervision and supervisor training might be derived from a large set of theories. Most theories, however, were developed with a bias for counselor education and training programs to include practicum education through internship and prelicensure (Magnuson, 1995; Skovholt & Ronnestad, 1995; Walsh, 1990). An exploration of supervision specific to the actions and processes of supervision in organizational settings where service delivery is priority was considered to be significant to the field of counselor supervision. Therefore, a study of supervision in applied settings was a necessary researchable problem.

Guiding Questions

Guiding questions were developed to help form this constructivist grounded theory (Charmaz, 2006). The purpose of this grounded theory study was to determine a preliminary model of supervision based on the perceptions of supervisors from applied counseling settings. The primary research question utilized is: What are the social processes of supervision in applied settings where service delivery is the priority? To explore this question further, six guiding questions were used to focus the initial inquiry.

- Q1 What are the social processes of supervision specific to applied settings?
- Q2 What guides supervisors in their interaction with counselors, clients, the organization and community?
- Q3 How do relationships within the organization and relationships with counselors, clients, and community stakeholders play a part in supervision?
- Q4 What is the practice knowledge of supervision in applied settings, specifically what tacit knowledge is found in the supervisory processes?
- Q5 What training or other types of support do supervisors need to be successful in applied settings?
- Q6 What are the constructs (theory) that can describe the social processes of supervision in the applied setting?

These questions, as well as the literature review, and other studies conducted in applied settings drove the formulation of interview questions for the interview protocol.

Selection of Participants

Participants were selected according to purposeful sampling (Strauss & Corbin, 1990) and theoretical sampling (Charmaz, 2006; Creswell, 2009; Glaser & Strauss, 1967). Purposeful sampling was utilized by default since the context of supervision in applied counseling settings and participants from those settings were intentionally chosen for the basis of this study. Charmaz (2006) described this initial sampling: “you start with sampling criteria for people, cases, situations, and/or settings before you enter the field” (p. 100). Theoretical sampling was also employed, directing as Charmaz stated, “where you go” (p. 100).

Theoretical sampling was appropriate and central to interpretive methodology (Charmaz, 2000, 2006). This procedure allowed me to choose participants based on their ability to identify important supervision components, leading to a credible grounded

theory of supervision (Creswell, 2009). The primary purpose of theoretical sampling, according to Charmaz (2006), is to gather pertinent data and “sampling to develop the properties of your category(ies) until no new properties emerge” (p. 97). As no new properties emerge, saturation is reached, i.e., the categories become saturated with data. Theoretical sampling is motivated by the strength of categories and guided by memo-writing (Charmaz, 2006).

The number of participants chosen was based on breadth and depth needed to achieve redundancy, i.e., saturation in the data (Charmaz, 2006; Lincoln & Guba, 1985; Patton, 2002). As such, no specific number of participants was required except as needed to fulfill rich description in the data. After the eighth interview, the strength of the categories became evident through constant comparative analysis and memo writing. The high numbers of codes per category or the saliency of the codes within made it evident that thorough breadth and depth of interviews, saturation was reached. To assure saturation, I selected three more participants and conducted five additional follow-up interviews on themes that had emerged but had not been expanded upon by participants in earlier interviews. Saturation was achieved by enriching the thinner descriptions of several categories by earlier participants and when the three additional participants provided redundant descriptions of the phenomenon that were neither new nor additive to the emerging concepts.

Participants included counseling supervisors who graduated from master’s-level degree counselor training programs and were designated as supervisors within field-based community organizations or applied settings. “Applied Counseling Settings” (applied setting hereon), according to ACES (1995), are “public or private organizations of

counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings” (p. 1).

Supervisors were specifically chosen from counseling or mental health counseling disciplines since the focus of this study was most related to CACREP-based (2009) programs that produced pre-licensed and licensed counselors and their supervisors. For example, licensed marriage and family therapy supervisors were not chosen as national training and credentialing program already existed. Supervisors were selected based on having a minimum of a state required counseling license (LPC) or similar mental health licensing designation and who had practiced formal supervision for at least one year and beyond with three or more individuals in either group or individual supervision formats.

Supervisors were chosen from a variety of organizations that included only interns, interns and paid counselors including licensed counselors, or only counselors. Context served as a primary component of this study; thus, supervisors who oversaw service delivery within their organization were chosen. Because this was a preliminary study, supervisors with a wide range of experiences were sought.

An initial list of applied counseling settings likely to have master’s level LPC supervisors was gathered from recommendations from faculty and internship supervisors from the University of Northern Colorado’s Counselor Education program, Regis University’s master’s in Counseling Program, and Naropa University’s counselor training programs. I also used snowball sampling by contacting local practitioners at each university program mentioned above through email networks. I initially identified 36 potential community organizations. I contacted organizations by phone inquiring about potential or identified participants to invite them to participate in the study. Thirty

potential supervisors were identified or agreed to participate. The final selection of 11 of the 30 participants agreeing to the study was obtained when saturation was reached.

When participants were identified, they were contacted by phone to invite their participation in the study. I described the following to each participant:

I am completing a doctoral dissertation at the University of Northern Colorado and I will be interviewing supervisors who work in the community. I am interested in understanding supervision from your perceptions, because you supervise counselors who work directly with client populations in a community organization. This understanding may be important to the counseling field – may I invite you to participate?

Once having agreed, each supervisor was asked about their type of licensure, their organization, years supervising, and number of supervisees they had seen to determine their fit in the study and an appointment for an interview was set. Each was sent the Disclosure and Informed Consent Forms (see Appendix D) via email describing their involvement in the study. These documents were reviewed and signed at the beginning of each interview.

Participant Setting

A wide variety of applied counseling settings was sought to improve variance and realistic reporting across a spectrum of experiences. A multi-site design allowed results to be applied to a greater range of similar situations (Glaser & Strauss, 1967). The settings are described in rich detail in the results section to give the reader an understanding of the environment and social processes within (Charmaz, 2006). The descriptions gathered included the supervisor's licensure and training, organizational hierarchy, number and type of clientele served, focus and types of treatment, supervision modalities, working relationships, and community relationships. Descriptions were

provided in as much detail as possible without revealing identifying information that would compromise participant confidentiality.

The 11 settings (organizations) that I chose included community-based agencies utilizing a variety of counseling approaches with formal supervision conducted at least bi-weekly. Approaches ranged from child through adult counseling, in-patient and outpatient, in a variety of formats including individual, group, family, play therapy, psychoeducation, and more. The organizations included non-profit and for-profit organizations that varied in size from few to many employees. The organizations were chosen locally and regionally in Colorado so as to allow face-to-face interviews with the researcher.

Data Collection Process

I sought rich data that Charmaz (2006) advised “are detailed, focused, and full. . . [and] reveal participants views, feelings, intentions, and actions as well as the contexts and structures of their lives” (p. 14). A thick description was achieved by gathering detailed narratives from interviews (Charmaz, 2006). Following standard grounded theory methodology, I used multiple methods of data collection to obtain an in-depth understanding of supervision processes. In addition to the in-depth interviews and follow-up interviews, documents and observations provided triangulation and corroborated evidence leading to a richer source of information (Creswell, 2007; Denzin & Lincoln, 2000). Data were also made rich by establishing rapport with participants and remaining respectful (Charmaz, 2006). I sought a thick description and gathered detailed narratives from interviews using the interview protocol according to the guiding questions. During each exchange of question and response where participants might have

been brief or general, I inquired further for details and explanations, reflected back what I was hearing, and at times reflected potential feelings, meanings or processes while supervisors clarified their responses. This helped assure accuracy of their experience in my perception as well as to thicken descriptions.

Initial Data Collection and Coding

The literature review and preliminary studies investigating supervisory knowledge from community-based settings by field experts were used to form the conceptual framework and guiding questions that led to the interview questions. Research domains from the literature review informing the conceptual framework leading to the interview protocol are summarized in Appendix A. These domains were studied to develop my theoretical sensitivity (Corbin & Strauss, 2008; Creswell, 2009; Glaser, 1978) that would both open up my awareness of the range of experiences supervisors might share, bracket my biases, and become open to new information. The literature review provided what Charmaz (2006) described as “sensitizing concepts and theoretical codes to work in the theoretical framework” (p. 169).

Each of the domains from the literature informed the creation of the interview protocol. Each of these areas identified potentially important factors. Each domain guided the focus of the interview but did not drive the emerging theory nor serve as a-priori hypotheses (Charmaz, 2006; Corbin & Strauss, 2008; Glaser & Strauss, 1967). Standard to constructivist qualitative research, each of the areas served as “an anchor for [the] reader and to demonstrate how [the] grounded theory *refines, extends, challenges,* or *supercedes* extant concepts” (Charmaz, 2006, p. 169). These anchors gave me the initial plan while helping me to remain open to emergent data (Charmaz, 2006; Creswell,

2009). The question I began with as a grounded theory researcher was *What's happening here?* (Glaser, 1978).

Data from field experts (Creswell, 2009) also informed the development of questions for the interview protocol--from the contextual variable domains of supervision determined by Walsh (1990), the six field setting domains important to field supervisors by Thielsen and Leahy (2001) and White and Russell's (1995) review of supervision experts. These domains did not promote an expert stance from the interviewer and left open a range of possibilities for values and outcomes to be defined from the participants in their natural practice setting (Creswell, 2009).

The interview protocol was reviewed by field experts with whom I had contact (Creswell, 2009) and modified based on their feedback. Two colleague faculty counselor educators and supervisors from CACREP accredited counselor education programs reviewed initial questions and provided initial feedback. The questions were reviewed by my dissertation advisor, a Ph.D. faculty member in a Counselor Educator and Supervision program, and modified further to present in the dissertation proposal. My advisor and three dissertation committee members, including a Ph.D. faculty member in the research department and an expert on qualitative interviewing, approved the final list of questions. A pilot interview of the study was conducted with a Ph.D. faculty member at a local university who taught and supervised in a Counselor Education Program, had significant career experiences as a supervisor in applied counseling settings, and had qualitative research experience. The pilot interview helped me gain greater clarity and determine the appropriate timing for the interview. No modifications were suggested. The pilot interview demonstrated that the interview questions would lead to the

acquisition of rich and relevant data. Sensitizing domains can be found in Appendix A and the final interview protocol is found in Appendix B.

Sources of Data

Interviews. According to Charmaz (2006), “intensive interviewing permits an in-depth exploration of a particular topic or experience and, thus, is a useful method for interpretive inquiry” (p. 25). Interviews were conducted in a semi-structured format (Patton, 2002); I used the questions to probe further with supervisors regarding their perceptions of the social processes of applied setting supervision. This format allowed me to openly access their relevant experiences with supervision. Interviews began by gathering demographic data. Demographics were gathered prior to asking questions from the interview protocol.

Interviews were recorded on an electronic device and transcribed from the recording directly. All recordings were stored on a USB device and the device retained in a locked file cabinet with other research data. Eleven 90-minute interviews and five follow-up interviews were conducted between January 24 and April 16, 2011, yielding 995 minutes of audio recording and 405 pages of transcripts that were coded with 3,614 initial codes assigned.

Follow-up interviews. Follow-up interviews were conducted with six participants to gather additional data to saturate emerging concepts, clarify responses, and identify missing demographic data. Follow-up interviews were conducted with four participants to saturate the emerging categories (*bringing in the personal and the person of the counselor* and *protecting and fortifying counselors to do the work*) and resulted in saturating the category according to theoretical sampling procedures. These codes were

evident in the initial interviews but not explicit; therefore, I contacted the four participants to conduct further theoretical sampling for these categories. The supervisors who I contacted had referred only briefly to these codes but there were enough initial codes pointing toward the phenomenon. Sixty-one additional initial codes emerged. I also contacted two participants regarding clarification of setting demographics. I initially contacted participants by phone to set up a face-to-face interview; however, participants were difficult to reach and several did not return phone calls. I sent additional requests for an interview via email; each suggested that I send the remaining questions via email. Out of respect for their time and their requests, all follow-up interviews were conducted by email and all five participants responded. Follow-up data were added to the initial interview data and coded.

Documents. During the initial phone interview following their agreement to participate, supervisors were asked to share any documents they felt were relevant to their supervision process. I gathered relevant forms following each interview. All 11 participants provided or showed me a minimum of one document and as many as five for a total of 18 documents. Two participants shared a total of five documents during the interview for my observation. Each document was reviewed and recorded on a document summary form to include a description and codes related to the document content. Initial coding of the documents produced 165 initial codes. I scanned each document with an eye for the formal expectations considered essential for supervisors and counselors, knowledge or processes that inform counseling, ethics and standards for supervision, counselor development, emerging training needs, training conducted, and other expectations related to supervision and counseling.

Observations. I observed my interactions with all participants before, during, and after the interviews and was given a general tour of the organization by eight participants. I also made observations of 10 organizations from the exterior, neighborhood setting, and while sitting in the waiting room or walking to offices. Observations produced 66 initial codes.

My original intent was to use observations to identify any organizational culture and contextual characteristics of the setting that might not otherwise be gained through the perceptions of supervisors. Because of my limited time in each setting, in-depth observations of social interactions or the culture of the settings were not possible. To the extent possible, I included my impressions for each organization in the participant description, described any physical traces that might be related, and used these data to corroborate the findings related to organizational culture. Observations provided some information to identify organizational culture and contextual characteristics of the setting that might not otherwise be gained through the perceptions of supervisors. Data from observations were recorded in full description in the researcher's journal and were subject to validation methods along with other data (Patton, 2002).

Researcher's journal. The researcher's journal was utilized to systematically record my responses to the collection and coding of data. I included entries similar to those of Creswell (2009), e.g., responses to dialogue and emotional responses from interviews, observations of interviews, reflections, and thoughts, feelings, ideas, and impressions that occurred before, during, and after observations.

Ethical Considerations

Following the successful defense of the proposal and prior to the collection of data, approval was granted from the Institutional Review Board (IRB) of the University of Northern Colorado (see Appendix E). The request for approval emphasized the protection of participants and confidentiality. Prior to interviews, all participants were provided the Disclosure of Participation in Study and an Informed Consent Form describing their participation in the research. All forms were signed prior to the collection of data. These forms are found in Appendix C.

Every effort was made to assure the confidentiality of the participant and their applied setting organization. In addition to informed consent for participants, supervisors were provided with an Organizational Consent Form if permission was required from their administrators. None of the supervisors required further permission to participate in the study. All consent forms were gathered and stored in a locked file cabinet with the other research data. Participants were assigned a pseudonym known only to the researcher; all associated data were coded according to the pseudonym. All data with identifying information were removed from the transcripts to preserve anonymity. All descriptions of participants and organizations had identifying data removed such as age, degree, client populations, and other pertinent data that would allow identification of the participant or setting. All recordings were taken on a remote, non-electronically networked (no wireless or computer networked) digital audio recorder. Files were removed from the recorder, coded with the participant identification number, and kept on a USB flash drive. Each was transcribed and transcriptions were edited for accuracy. All transcripts, data, disclosures, documents, and consent forms are stored for six years in a

locked file in the office of the doctoral advisor. The data are confidential and available only to the primary researcher and the doctoral dissertation advisor. All data will be destroyed following the six-year period. Participants, upon written request, will receive a summary of research progress and a report of the results of the study.

Analysis and Synthesis of the Data

Data gathering and analysis was repeated in a constant comparative method until responses or data collected repeated itself multiple times, i.e., reached redundancy or saturation (Corbin & Strauss, 2008). Doing so allowed full themes to emerge with thick or rich descriptions of the phenomenon. Codes, categories, and concepts were verified through constant comparison of the categories, properties, and dimensions discovered, leading to a theory grounded in the data. Coding proceeded from initial coding to focused coding, and then axial or theoretical coding as the substantive concepts in the data emerged (Charmaz, 2006). Through theoretical coding (Glaser, 1978), a grounded theory was constructed. This section describes the analysis process.

Initial Data Collection and Coding

Data analysis was conducted simultaneously with data collection, interpretation, and reporting (Creswell, 2009). The constant comparative method (Glaser & Strauss, 1967) was employed in initial coding and conducted throughout the study. I compared codes and categories to emerging categories, rechecked for relatedness to the description of the phenomenon, and then compared again to the original data in a reflexive, circular process. Organization of the material was be guided by the research questions, emergent categories, and researcher's journal outlining particular observations (Corbin & Strauss, 2008; Creswell, 2009). This process formed the organization for participant experiences

within a qualitative framework from which the constructivist grounded theory emerged. All 11 interviews were transcribed by me as means to immerse myself more deeply in the data (Bloomberg & Volpe, 2008). I reviewed and edited the transcripts for accuracy, listened to the audio recordings, and reviewed all documents and the researcher's journal. Transcript review provided constant comparative analysis and resulted in the discovery of follow-up interview questions. Review of transcripts was also a method of enhancing theoretical sensitivity (Corbin & Strauss, 2008; Creswell, 2009; Glaser, 1978).

Initial coding involved assigning categories to, accounting for, and sorting each piece of data (Charmaz, 2006). I constructed codes to describe participant responses, portray meanings and actions, account for and explain, preserve events, suggest contexts, portray viewpoints, imply relationships, and describe social processes (Charmaz, 2006). Codes were used to define what was happening and to build the analytical frame for this study. Codes were derived from the data and critical questions were asked during coding to assure preconceived categories were not being forced onto the data (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967). I asked critical questions and included a peer reviewer who took a critical stance while reviewing the codes and emerging categories. At all junctures, I attempted to focus on hidden assumptions of language and tacit understanding from the participant's perspective, doing so particularly during interviewing by reflecting understanding and probing to thicken the narratives (Charmaz, 2006). I consistently held these questions in my analysis: "is this what they're really saying or doing, is this what I'm seeing, or is this what I'm saying" and "if they are saying or doing this, then so what?" (Charmaz, 2006). This was a means to remain mindful to the specific phenomenon at hand so I would interpret the data based on

participant experiences versus my bias and forcing codes upon the data. Initial codes were written to each specific part of the data on transcripts, observations field notes, and documents grounded in the data. I continued to use the comparative method to examine newly derived categories with earlier derived themes to assure consistency and to saturate emerging theoretical categories.

Writing Initial Memos to Tentative Categories

Memos refer to informal analytical notes written by the researcher as a means to analyze codes throughout the research process (Charmaz, 2006). Writing memos moved the initial codes to theoretical categories. “Memo-writing,” explained Charmaz (2006), “constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the research process” (p. 72). I wrote memos (informal analytical notes) to analyze codes and categories simultaneously with constant comparative analysis. This process helped me take initial codes to categories that were consistent within and across the participants. The memos were used to define codes by analytic properties, compare and make connections, question data, develop ideas and directions, identify gaps in the data, and construct analytic notes and categories. Memos served as my primary tool to raise the codes to concepts, analyze concepts, and begin the construction of categories for the emerging grounding theory while identifying any gaps, holes, or previously unrealized codes. The memos also served to help me identify when sensitizing concepts were entering the data. Charmaz advised that memos serve as “a space and place for making comparisons between data and data, data and codes, codes of data and other codes, codes and category, and category and concept and for articulating conjectures about these comparisons” (pp. 72-73). Memos were written at key steps

throughout the study and retained and used throughout the study for increased analysis and synthesis of the data. At the initial stage of analysis, the memos served to define categories (descriptions of ideas, events, or processes) including properties and characteristics (Charmaz, 2006).

Data Collection and Focused Coding

Focused coding is a selective phase of coding where initial codes lead to elements of the grounded theory. According to Charmaz (2006), they form “two major threads in the fabric of grounded theory . . . generalizable theoretical statements that transcend specific times and places and contextual analyses of actions and events.” (p. 46). I selected initial codes that appeared to be interrelated and sorted the codes into similar social processes emerging in the data. From the related codes, I tentatively named the social processes and related the social processes back to the research questions. Initial codes often transcended multiple categories and I noted the crossover and relationships with each. I continued this process for all participants, providing hypothetical empirical categories for each group of codes. I then matched similarly phrased codes and categories until there was consistency within participant codes and across the participant codes through constant comparative method (Glaser & Strauss, 1967), resifting through the data and developing focused codes. Significant and frequent codes were selected to categorize data for active analysis and development of conceptual categories (Charmaz, 2006). The codes appeared more directive and selective and made sense within the guiding questions and their potentiality as categories to construct the grounded theory (Charmaz, 2006; Glaser, 1978).

Theoretical Sampling to Seek Specific New Data

“Theoretical sampling,” explained Charmaz (2006), “helps you to check, qualify, and elaborate the boundaries of your categories and to specify the relationships among categories” (p. 107). I conducted theoretical sampling throughout the study by reviewing transcripts and listening to portions of audio several times to listen for the thick and rich descriptions of the story and to further understand the codes in context. As interviews continued, I was able to use existing coding and constant comparative analysis to recognize supervisor’s descriptions and to probe more deeply into the transcripts as a means of saturating the emerging categories. I also conducted four follow-up interviews to further saturate two categories (see follow-up interviews).

“Categories are ‘saturated,’” Charmaz (2006) explained, “when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories” (p. 113). Most of the categories had become adequately saturated around the fourth and fifth interviews. I judged saturation as multiple codes assigned to any one category for a participant and across participants or the significance of any single category within or across participants. As I continued to write memos, I began to see that around the sixth interview and up to the eighth interview that no new categories seemed to emerge. I conducted three additional interviews for a total of 11 to assure saturation of the categories.

Theoretical Memo-Writing to Refine Concepts

As categories emerged from the data and theoretical sampling provided rich data saturating the categories, I continued writing analytic memos that moved analysis from

codes to categories to theoretical categories where analytic frameworks were explored to refine concepts. Theoretical memos were also written during axial or theoretical coding procedures to develop the elements of grounded theory and to create and refine theoretical relationships of categories (Charmaz, 2006).

Advanced Coding

Glaser's (1978) theoretical coding procedure was conducted according to Charmaz's (2006) suggestion that coding not limit "what and how researchers learn about their studied worlds and, thus, restricts the codes they construct" (p. 62). Theoretical coding (Glaser, 1978) included specification of relationships between codes. Theoretical codes linked the analytic categories back together according to coding families based on the analytic category but with combined concepts (Charmaz, 2006). Eighteen coding families were provided for comparative analysis by Glaser (1998). The analytic categories that emerged through additional coding of the categories of this study included causes, context, contingencies, consequences, covariances, conditions, representations, and self-identity. This method of coding resulted in an analytical framework according to the analytical categories.

Integrating Memos and Diagramming Concepts

A number of methods for sorting the concepts and developing the analytic framework were utilized. Continued writing of analytic memos formed the basis for draft of the grounded theory. Memos were ordered for process-- sorted, compared, and integrated--during this phase. Diagrams served to sort, compare, and integrate categories and concepts. I constructed multiple visuals, diagrams, and maps to aid in theoretical refinement. Glaser's (1978) theoretical codes were mapped and diagrammed along with

the use of situational analysis maps to describe positions and processes of the social worlds of participants and their organizations (Clarke, 2003).

Writing the First Draft of the Grounded Theory

The culmination of the analytic process carried out through the above steps of constructivist grounded theory resulted in writing the first draft of the grounded theory. I returned to the literature review and the development of the theoretical framework of the grounded theory (Charmaz, 2006) to construct the grounded theory. Memos were as Charmaz (2006) described, pulled “together in an integrated analysis that theorized the realm of studied action” (p. 151). I used Silverman’s (2000) advice to overcome common-sense accounts by avoiding describing the phenomenon according to my own personal theoretical descriptions. The construction of the grounded theory was outlined in the logic of development according to the guiding questions throughout the Results in Chapter IV.

Rigor and Trustworthiness

The criterion for a well constructivist grounded theory studies includes credibility, originality, resonance, and usefulness (Charmaz, 2006). This study focused on these criterion as well as additional standard methods of maintaining rigor and trustworthiness in qualitative research (Creswell, 2009; Lincoln & Guba, 1985).

Credibility

Credibility was established by constructing the theoretical framework according to the data (Lincoln & Guba, 1985). Standards of quality and verification were utilized to address threats to credibility including researcher bias, rival hypothesis, participant

trustworthiness, and alternative explanations (Creswell, 2009). Credibility, according to Charmaz (2006), included

intimate familiarity with setting or topic . . . sufficient data . . . systematic comparisons between observations and between categories. . . a wide range of empirical observations. . . strong logical links between the gathered data and [the] argument and analysis. . . enough evidence for [the] claims to allow the reader to form an independent assessment-and *agree*. (p. 182)

Credibility was increased through a number of strategies including monitoring researcher bias, involvement of the researcher in the setting to convey details about the setting, using multiple sources of data, triangulation, observing outliers and contradictions, member checking, and peer debriefing.

Monitoring researcher bias. The descriptions of researcher role and stance found earlier in Chapter III outlined my biases, positions, or assumptions that might have influenced this study (Creswell, 2009). I attempted to include any preconceived conceptualizations (Charmaz, 2006). Theoretical sensitivity (Glaser, 1978) and sensitizing concepts (Charmaz, 2006) for this researcher included participation as a supervisee in both applied and educational settings, education and training as a supervisor, experience as a supervisor, and research (literature review) into the models and theories of supervision. Several other methods described here were employed to assure that my biases did not lead me to overlook unique categories in the data.

The use of the literature review and my study of extant theories and models of supervision had the potential to bias this study, particularly the use of sensitizing concepts that I could overlay on the data (Charmaz, 2006). In addition, any preconceived concepts, rigid adherence to interview guides, and zealous adherence to methodology rules that might result in forcing a preconceived framework onto the data (Glaser, 1998)

were avoided. Maintaining an open-ended interview guide, use of open-ended questions, and continuous attention to data collection, constant comparative methods, and the use of memo-writing were used to reduce bias (Charmaz, 2006).

Involvement of researcher in the setting and conveying details about setting.

Context was the primary component of the conceptual framework of this study (Holloway & Hosford, 1983; Sergiovanni, 1983); thus, data collection included naturalistic observations in the setting where the study was conducted (Lincoln & Guba, 1985). To the degree possible, in addition to interviewing supervisors, I observed the organization, the experiences and relationships within the setting, and multiple facets of the organizational culture and setting that might have influenced supervision. A thorough description of these elements was recorded in the researcher's journal and is conveyed to the reader. This approach met Charmaz's (2006) criterion of intimate familiarity with the setting. Comparability was also provided by describing the characteristics group (organizations) and the concepts so the reader could compare to their own group (LeCompte & Goetz, 1982).

Multiple sources of data. Credibility was enhanced by the use of multiple sources of data (Lincoln & Guba, 1985). Data sources included the pilot interviews, in-depth interviews, follow-up interviews, researcher's journal, observations, and documents. Memos helped to form credible analysis and compare and integrate categories over a wide range of observations gathered from multiple sources (Charmaz, 2006).

Triangulation. Credibility was gained through triangulation of the data to protect against researcher bias and to maintain consistency and integrity of the themes (Lincoln

& Guba, 1985; Patton, 2002). Participants reviewed their individual transcripts to verify authenticity and to assure consistency and accuracy of the data. Transcripts were sent to participants via secure electronic transmission; all 11 participants responded to verify authenticity. Triangulation also included consultations with my advisor who has extensive experience, expertise with counseling supervision to verify themes, and to question contradictions. The literature review served as a triangulation measure to increase theoretical sensitivity of the researcher as well as to ground the data and conclusions of this study (Charmaz, 2006; Corbin & Strauss, 2008).

Outliers and contradictions. Rival hypothesis refers to any relationships found in the study being disconfirmed by another hypothesis (Lincoln & Guba, 1985).

Alternative explanations refer to descriptions of process by the researcher that do not match those described by participants (Lincoln & Guba, 1985). Creswell's (2009) suggestions to guard against rival hypothesis were employed through my engagement in field observation, learning the participant culture, strong participant relationships, and in information checking. I followed Creswell's advice that initial hypotheses be revised until a thick description of themes resulted for all participants. Revision was employed in the rigor of the constant comparative method and memo writing. The assurance of saturation found through data analysis, follow-up interviews, and member checking (verification of theme with participants) assured a rich description and saturation of the categories.

Outliers or contradictions describe sets of participant data that differ greatly or contradict existing participant data. Outliers served as a source of variability of the data

to inform and challenge emerging categories. Outliers are presented in the results to inform the reader and the existing research.

Member checking. Transcripts were returned to participants and reviewed for consistency and accuracy. All 11 participants responded to verify transcript authenticity and all responses were kept on file with participant data. When the grounded theory was developed, a summary of the emergent concepts and theory was sent to each participant to assure consistency in the data collected as well as the plausibility of the findings (Lincoln & Guba, 1985).

Dependability and Consistency

Dependability refers to the ability of other researchers to follow the steps and process of the research design and consistency is whether the results are reflected in the data (Lincoln & Guba, 1985). Both were met by a thorough description of researcher steps including auditing, availability of data, and the previously described methods of triangulation, peer examination, statement of researcher bias, engagement of the researcher in the process, and use of the constant comparative method (Corbin & Strauss, 2008; Lincoln & Guba, 1985; Merriam, 1998).

Audit trail and availability of data for review. The researcher maintained an ongoing auditing journal within the researcher's journal. The auditing journal documented each step of the research process including decisions, rationale, formulation of interview protocol, and changes or additions made throughout the process (Lincoln & Guba, 1985). The journal included the researcher's stance, responses and reactions to research, and ongoing personal observations to enrich the data and provide insight on the research process. All transcripts were recorded and retained for auditing purposes.

Memo writing provided a record of the coding, categorization, and theorizing; it outlined the researcher's decisions on the analysis and elements of the grounded theory (Charmaz, 2006). In addition, empirical data were presented with the results and quotes used to back up categories and concepts (Lincoln & Guba, 1985). The sensitizing concepts and interview protocol (Charmaz, 2006) are listed in Appendices A through C of this study.

Consistency checking, peer coding, and review. A peer/colleague researcher, a doctoral student in Counselor Education and Supervision, reviewed transcripts, initial codes, and the codes leading to categories. She was instructed to assume a skeptical position and to monitor classification and hypotheses. Her participation insured that any a-priori assumptions held by me were not imposed upon the data (Corbin & Strauss, 2008). Her review of the coded transcripts served as a means of triangulation with the researcher as well as to establish inter-rater reliability in the coding of themes.

My advisor provided the audit of the study. She reviewed the accuracy of my account of the research steps, process, and emerging results as a means of maintaining consistency (Lincoln & Guba, 1985). She reviewed the researcher's journal with a critical eye for researcher bias. She questioned my assumptions and posed alternative interpretations of the data. The audit was conducted to assure authenticity and accuracy of transcripts, reporting of themes and codes, and to assure the maintenance of integrity in the collection and analysis of the data.

Transferability, Usefulness, and Resonance

Transferability refers to the descriptiveness of the study being full enough that the reader can decide if the phenomenon of study applies to his or her situation (Lincoln & Guba, 1985). Richness of description and detailed information about the setting

contributes to transferability (Lincoln & Guba, 1985). The use of a multi-site design also contributed to greater transferability (Glaser & Strauss, 1967).

Usefulness, according to Charmaz (2006), included “interpretations that people can use in their everyday worlds,” generic processes suggested by categories, “analysis [that may] spark further research into other substantive areas” and work that contributes to knowledge and “making a better world” (p. 183). Lincoln and Guba (1985) described usefulness as a worthwhile end product that can help explain the phenomenon and that has explanatory usefulness to the reader. Initial codes were used in the descriptions leading to the categories that formed the elements of the grounded theory. The categories are described with researcher interpretations as well as quotes that allow the reader to form their own interpretations and thus usefulness.

Descriptions of the categories, analysis, and resultant theory were provided with a rich, thick description providing detail on the analysis leading to the emergence of the theoretical concepts (Charmaz, 2006). Charmaz’s (2006) criterion of resonance was utilized to contribute to transferability and usefulness. A portrayal was provided with “the fullness of the studied experience. . .” a revelation of “both liminal and unstable taken-for-granted meanings. . .drawn links between larger collectives or institutions and individual lives. . .” and “. . .grounded theory that makes sense to persons in similar circumstances and offers “deeper insights about their lives and worlds” (pp. 182-183). Participants, events, the applied counseling settings, organizational culture, and the researcher stance and involvement were described in thorough detail for the reader to make his/her own decision as to the relevance of this study as it applies to his/her own situation or setting.

Methodology Conclusion

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Qualitative research was appropriate for this study of counselor supervision in applied settings (Goodyear & Guzzard, 2000). The employment of constructivist grounded theory (Charmaz, 2006) allowed for the construction of a theory based in the perceptions of supervisors who have experienced the phenomenon of supervision in applied settings (Sergiovanni, 1983). Supervision in applied counseling settings is a substantive topic with delimited problems where a substantive grounded theory of supervision has emerged (Charmaz, 2006).

The process of analysis and synthesis leading to this grounded theory was safeguarded by multiple strategies to assure credibility, originality, resonance, and usefulness (Charmaz, 2006). These strategies were essential to assure rigor and trustworthiness through strategies such as description of researcher bias and monitoring (Creswell, 2009), development of theoretical sensitivity (Glaser, 1978) and sensitizing concepts (Charmaz, 2006), intimate familiarity in the setting (Charmaz, 2006), multiple sources of data and triangulation (Lincoln & Guba, 1985), regard for outliers and contradictions (Creswell, 2009; Lincoln & Guba, 1985), member checking and peer debriefing (Lincoln & Guba, 1985), a documented audit trail and availability of data (Lincoln & Guba, 1985), and consistency checking, peer coding and review (Corbin & Strauss, 2008). The transferability, usefulness, and resonance of this study were enhanced by providing a rich description of the data, participants, and settings so the reader might determine if the descriptions, circumstances, and social processes described

fit his/her situation. A constructivist grounded theory methodology was sufficient to construct a model of supervision based in the social process of supervision in applied settings.

CHAPTER IV

RESULTS

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus was on service delivery to client populations. For the purposes of this study, applied settings included 11 naturalistic, non-educational, community-based settings where counseling services were provided under the clinical supervision of each participant. In this chapter, I present the results of this study gathered from the interviews, documents, and observations from supervisors in applied counseling settings that resulted in 17 empirically-derived conceptual categories and 40 sub-categories that emerged from this constructivist study.

Constructivist grounded theory was utilized as the methodology for this study. The results from data gathered through in-depth interviews, observations, and documents are presented in this chapter. Demographics and descriptions are provided for participants along with thorough descriptions of the organizational settings within which they provided supervision. The descriptions of the organizational setting allow the reader the opportunity to resonate with the findings and determine if the findings transfer to their situation or setting. The key findings largely answered the guiding research questions.

The results are organized according to the social processes found in each context of the applied setting. The contexts included the community and stakeholders external to the organization, the administration and organization, supervisees, and the context of counselors (supervisees) and clients. The guiding factors through which supervisors navigated the various contexts are also described along with influences on supervision, training, and identity. The chapter concludes with the support and training needs identified by participants. The findings are synthesized in a manner to promote clarity, readability, and understanding. The analysis of findings resulted in a socially constructed grounded theory of supervision in applied counseling settings.

General Results by Sources of Data

The general results within each source are listed here, describing the interview processes and the manner in which the saturation was achieved and the conceptual categories emerged.

Interviews

Eleven 90-minute interviews and five follow-up interviews were conducted between January 24 and April 16, 2011, yielding 995 minutes of audio recording and 405 pages of transcripts that were coded with 3,560 initial codes. Interviews were also used to gather demographic data on participants.

Follow-up Interviews

Follow-up interviews were conducted with four participants to further saturate several categories: *bringing in the personal and the person of the counselor* and *protecting and fortifying counselors to do the work*. The four participants interviewed described data similar to later participants where the categories appeared to have rich

descriptions. Further interviews were conducted as part of theoretical sampling in order to determine if there were enough data to saturate these categories further both within and across participants (Charmaz, 2006). Sixty-one additional codes resulted from the data based on follow-up interviews. Two participants were contacted to clarify demographics. Because of the small number of resulting initial codes, all follow-up interview data were combined with interviews and are reported within the in-depth interviews.

Documents

All 11 participants provided or showed me a minimum of one document and as many as five for a total of 18 documents resulting in 165 initial codes. Two participants shared a total of five documents that I was able to review and take notes on site but was not allowed to remove from their organization. Documents gathered from each participant included the following: organization/services brochures ($n = 4$), tasks tracking lists for supervision ($n = 2$), guidelines for supervision ($n = 1$), internship task list ($n = 1$), client survey ($n = 1$), intern evaluation form ($n = 1$), a personal document related to values ($n = 1$), supervision group flyer ($n = 1$), intake form ($n = 1$), supervisor job description ($n = 1$), reading list for interns ($n = 1$), client tracking form ($n = 1$), client tracking and supervision agenda form ($n = 1$), mission statement, ($n = 1$).

Observations

I observed my interactions with all participants before, during, and after the interviews and was given a general tour of the organization by eight participants. I also made observations of 10 organizations from the exterior, neighborhood setting, and while sitting in the waiting room or walking to offices. I was unable to visit one organization as

the supervisor was only able to schedule a visit from a local office. Observations produced 94 initial codes.

Member Checks

Member checks provided a further form of triangulation of the data so that each participant could corroborate the findings. Each participant was sent a summary of the grounded theory including pictorial representations for review. Four of the 11 participants returned the member checks. All four stated that the grounded theory described their experiences as supervisors in applied counseling settings. One noted the importance of the supervisor-supervisee relationship as central. Another noted, “The two interwoven strategies of supervision were clearly stated. It clarified the issues of culture, values and language to include the environment with supervisees. It also address [sic] the complexity of the relationships between supervisor and supervisees.” Another replied, “It is important that you included the self care and support aspects for both the supervisees and supervisor.” None of the participants suggested changes to the conceptualizations and descriptions of the grounded theory; thus, I was not required to negotiate any concerns with participants.

Participant Demographics and Descriptions

Detailed demographic data were gathered to enhance the researcher’s understanding of participant experience and involvement in their organization and to provide the reader with enough details of participants to potentially resonate with their experience. This section provides a summary of demographics. For more detail on participant demographics, see Appendix D. Results are provided according to the number of participants who responded within each category: one participant = “one,” two

= “two,” three = “a few,” four = “some,” five = “just under half,” six = “just over half,” seven = “majority,” eight = “large majority,” nine = “vast majority,” 10 of 11 participants = “overwhelming majority,” and 11 of 11 = “all.”

Personal and Professional Demographics

Participants providing supervision in applied setting were comprised of nine women and two men. Nine were Caucasian, one was European American, and one was Middle-Eastern American. The original identified selection sample of supervisors who met the criterion for participation consisted of 17 potential additional participants including three males, 14 females, and identified ethnicity as African American (1), Latina (4), and Caucasian (3). I was unable to contact or did not interview the remainder; therefore, I was unable to identify cultural identity of the overall additional potential selection sample. I noted all but three of the remaining selection sample declined participation or could not be reached. As I compared the broader selection sample to the actual study sample, African American, Latino/Latina and other populations who served as supervisors appeared under-represented. No other statewide statistics were available to compare participant demographics.

Participants ranged in age from 31 to 65 years ($M = 50.9$). Professional demographics were gathered to demonstrate education, credentials and licensure, and training. All participants held a master’s degree in counseling for an average of 16.66 years and their LPC for an average of 10.91 years. Five received counselor training in CACREP accredited programs and six from CACREP equivalent programs. Nine participants had acquired additional training or certificates and nine had acquired additional supervision training after becoming a supervisor.

Supervisor Demographics

Participants had served as counselors 1 to 18 years ($M = 6.45$) prior to becoming a supervisor. They served as supervisors 2 to 30 years ($M = 13.91$), each in one to three organizations. They provided counseling concurrently while supervising 2 to 30 years ($M = 10.72$). Over their professional lifetime, participants supervised 7 to 180 supervisees each ($M = 43.36$). All combined participants had a total of 118 years of supervision with 477 supervisees.

The modalities and types of supervision described exceeded the definition of supervision from my literature review. Whereas most supervision literature included clinical, case management, and administrative supervision, many more modalities such as program supervision or informal supervision were described. These modalities are further explored in the results. Supervision was provided for one supervisee to as many as 15 ($M = 6.36$) supervisees for each participant. Each supervisee was responsible for 6 to 35 clients ($M = 14.68$). The average caseload for which each supervisor was directly responsible ranged from 13 to 300 clients ($M = 75.36$).

Applied Setting Demographics

The 11 participants supervised in 14 organizations (three participants supervised in two organizations simultaneously) across a metropolitan and suburban area, in several outlying mid-sized towns, and in several small mountain communities. The locations spanned throughout a 50 by 200 mile corridor on the eastern-central Front Range region of Colorado. Organizations varied in size and organizational structure from small non-profit groups with several programs; to a small counseling department in a very large facility; to a mid-sized, five-program, for-profit venture; to very large combined

profit/non-profit venues that spanned several counties with as many as a dozen facilities and/or departments. Total clients served per organization (current census) ranged from 15–3,500 ($M = 515.3$, $n = 10$). One organization could not identify current census and reported 10,000 clients per year. The clientele served by all organizations varied widely by population and covered an age range from young children through elderly adults.

Organizations employed as few as six paid employees and as many 280 ($M = 89.64$). The number of clinical supervisors working in each organization ranged from 1 to 27 per organization ($M = 8.36$). Counselor work groups were comprised of no interns to as many as 35 total interns per organization ($M = 3.18$) and no employed counselors to 140 employed counselors ($M = 27.09$).

Clients served and services provided by the organizations included adult outpatient counseling ($n = 4$), family counseling ($n = 4$), couples counseling ($n = 1$), adult alcohol treatment ($n = 3$), children under age 12/counseling/play therapy ($n = 3$), low socio-economic status programs/all ages ($n = 3$), adolescents non-offender counseling ($n = 2$), adult offenders treatment ($n = 2$), adolescent offender treatment ($n = 2$), adult students participating in the college setting ($n = 1$), terminally ill adults/grief counseling ($n = 1$), victims of domestic violence ($n = 1$), and domestic violence offenders ($n = 1$). All 11 organizations served a combination of client types.

Information about the organizational hierarchy was collected to give readers the opportunity to understand the complexity of participant organizations. The hierarchy of each organization varied. Nine organizations included a board of directors, one was topped by faculty oversight, one had owner/directors. The number of hierarchical levels varied from four to nine layers. The hierarchies generally included some combination of

these levels: (a) board of directors; (b) executive director [or CEO]; (c) directors or managers [or executive team, in some cases clinical supervisors located here]; (d) specialists [medical, psychiatric, housing]; (e) clinical or program directors [clinical supervisors]; (f) service delivery personnel including interns, case managers and/or counselors; (g) administrators or coordinators; (h) service delivery line staff; and (i) non-skilled employees or volunteers. Participant reports did not include the complexities of multiple layers within various departments or the overall breadth. I identified organizational hierarchies in a range from one to nine layers in order to give readers an idea of the organization's vertical structure and overall context.

Each of the organizations served a number of stakeholders, i.e., referral or funding sources, with a vested interest in the services of the organization. All participants described serving stakeholders who comprised any variety of program funders/grantors, referral sources of clients, the recipients of services (including clients), and regulatory agencies overseeing treatment. In most cases, these were combined, i.e., Medicaid funding also requires health managed practices directed at accountability and regulated treatment practices. Five organizations had clear oversight and involvement of community stakeholders like corrections or regulatory agencies.

Participant and Applied Counseling Setting Descriptions

Below are descriptions of each participant and the organization within which they supervised. The description of participants and applied settings, from here on "organizations," is focused on providing enough description so readers might transfer their own experience into the situation or context of the supervisor or organization so that they may resonate with the experiences described by each participant. Information such

as age, credentials, titles, populations served, specific training, etc. were withheld from the descriptions and pseudonyms given to all participants to protect confidentiality. The descriptions portray the supervisor's general credentials, training, how they became a supervisor, their supervision requirements, organizational makeup, and population served. A brief description of the salient relationships within the organization is provided as an initial view into each participant's experience. Table 1 provides a summary of participants, agency, and supervision demographics followed by narrative descriptions for each participant.

Table 1

Participant Summary

Participant Pseudonym	Agency Description Total Clients and Non-Counselor Employees	Counselors/ Supervisors	Yrs. Counselor Prior/Supervisor/ Concurrent	Super- visees Current/ Life-time	Client Cases Currently Supervised
1. Kirk	Combined profit, non profit, 6 employees, 300 clients per week.	25 licensed private practice, 25 interns/ 25 supervisors (org.)	2/10/10	1/11	10–15
2. Char	Non-profit counseling center, 6+ employees, 520 clients per year,	10 interns/1 supervisor (dept.) 18 interns/4 supervisors (org.)	10/28/7	10/180	60
3. Roanna	Residential Treatment, 23 employees, 25 clients per week,	6 licensed, 3 interns/3 supervisors	2/11/10	9/25	25
4. Ed	Treatment Program Supervisor 15 employees, 15 clients. Agency Consultant – large county agencies, 1000's of clients	4 counselors/ 4 supervisors. *Agencies – “many”	10/30/30	4/150	60
5. Judy	Small College Counseling Center, 45 clients per week.	4 interns, 1 pre-licensed/ 1 supervisor	18/10/10	5/30	45
6. Jan	Large Medical Service Org., Specialized Counseling Dept., 150 employees, 21 clients per week	1 Counselor, 1 intern/1 supervisor	3/5/5	2/7	14
7. Kelly	Large Dept. of Large Mental Health Org., 272 employees, 10,000 clients per year.,	3 pre-licensed, 12 licensed, 15 interns /1 supervisor (dept.) 104 counselors/27 supervisors (org.)	10/7/6	15/20	300
8. Bree	Large Community Corrections Facility, 104 employees, 200 clients per week.	3 counselors, 3 interns/ 2 supervisors	2/2/2	6/7	200

Table continues

Table 1 Continued

Participant Pseudonym	Agency Description Total Clients and Non-Counselor Employees	Counselors/ Supervisors	Yrs. Counselor Prior/Supervisor/Concurrent	Super- visees Current/ Life-time	Client Cases Currently Supervised
9. Nina	Large Multiple County Mental Health System, employees, 3500 current clients.	1 intern/1 supervisor (dept.) 104 counselors, 35 interns/27 supervisors (org.)	3/7/7	1/7 **15 grp.	15
10. Ula	Large Adult Offender Treatment Org. 160 employees, 450 clients per week.	4 counselors, 3 interns/ 3 supervisors	6/12/12	7/15	90
11. Beth	Profit/Non-Profit Specialized Treatment/Counseling Agency, 11 employees, 75-100 clients per week.	7 counselors, 6 interns/5 supervisors	3/6/6	5/15	15

Note. “Counselors/Supervisors” defines counselors licensed who also paid employees, number of supervisors denotes total number in organization including the participant. Large organizations with multiple programs/departments are denoted by “dept.” for participant and “org.” for the organization. “Yrs. Counselor Prior” defines years served as a counselor prior to becoming a supervisor, “Supervising” denotes years as a supervisor, and “Concurrent” denotes years counseling clients and supervising simultaneously. *Ed’s number of counselors and supervisors within agencies was not accounted for, the numbers indicated are regarding the treatment program. **Ula provided individual supervision and then provided group supervision to 15 others – her primary case supervision was with 1 intern.

Kirk

Kirk supervises and is a counselor in a combined profit/non-profit counseling agency that includes private practicing counselors and community based programs. He graduated from a CACREP accredited counseling program 11 years ago and has been a licensed professional counselor (LPC) for 10 years. He has no additional certifications and has obtained additional counseling training. Kirk had no supervisor training prior to becoming a supervisor. He received training within his organization upon becoming a

supervisor per agency policy. He has supervised 11 interns over the past 10 years and also serves as a counselor in the organization. He has worked in his current organization for 12 years; it is the only organization he has supervised within. He currently provides individual supervision to one intern who sees 10-15 clients. The interns also attend group supervision, case conference supervision, and training supervision; leadership of group supervision is rotated amongst Kirk and all the practicing counselors in the organization.

The organization is a combined profit and non-profit organization and is comprised of over 25 other licensed private practicing counselors who offer both self-pay and pro-bono services in a shared private practice setting as well as other service programs in the community. Each practicing counselor is responsible for supervising one intern; thus, 25 interns might work in the organization at any given time. The organization serves around 300 clients per week with individual adult counseling and community outreach programs. The hierarchy is comprised of five layers with six paid non-counselor employees. The administration layer is small and consists of several coordinators, a director, and support staff. The relationships are described as collaborative, supportive, and committed to building a therapeutic community. Kirk stated, "To me one of the great things about this place is that we get to work in a community" dedicated to care for clients, and strong education and training for interns. Kirk described supervision as a layered approach with sharing of the groups, crossover support from supervisors, etc.

Char

Char supervised a family and couples program within a modest-sized non-profit counseling center. She graduated 30 years ago from a master's counselor training

program and sought additional counselor specialist training. She acquired her LPC 20 years prior to this study. Her additional education included supervisor training and she also pursued additional training in marriage and family therapy. Her additional supervisor training included supervision internship and mentorship for the supervision role. She was initially hired to supervise one intern in a program she was creating. She actively “grew the program” (Char) and her supervisory responsibilities include 8 to 10 interns at a time. Char has a total of 22 years as a supervisor in the current organization, 28 years supervising in three organizations, and has supervised 180 interns as well as numerous pre-licensed and post licensed counselors and marriage and family therapists in private practice.

She currently supervises in a small non-profit with several counselors and an intern. However, she referred primarily to her work with another non-profit that served approximately 520 clients (families, adults, adolescents, children, and groups). The agency was comprised of four supervisors and 16-20 interns. Char’s supervision of 8 to 10 interns and covered a caseload of 60 clients per week. She provided individual, group, structured peer supervision, training, and informal supervision.

The organization was comprised of four layers of hierarchy with six to seven employees including four clinical/program supervisors. The relationship between administration and the clinical teams over the life of the agency was described as often “weak” and limited, conflict filled, and with a devaluing of the clinical processes by administration. Char stated, “It was very clearly told to us this is now going to be a business model and it’s going to be about money and it’s not going to be about needs of interns or clients actually . . . and the last year was an absolute nightmare and I was

getting emotionally abused (by administration).” Char described working in isolation from administration in order to protect her well-formed collaborative and supportive team of peer supervisors and interns, as well as holding on to her position over time due to the strength of the program she created, not due to support by administration.

Roanna

Roanna supervised in a residential treatment facility. She obtained her master’s in counseling degree from a CACREP equivalent program 12 years ago and has had her LPC for 10 years. She has been a counselor for three years in her current agency. She received additional treatment, specific certifications, and provider status for the population she serves including training to become a supervisor. The supervisor training included live, experiential supervision practice and direct supervision.

Her agency provides residential treatment for up to 25 adolescent offenders with six paid licensed clinical practitioners, three interns, and a total of 23 employees. Roanna has supervised 25 interns over the past seven years and both licensed and intern counselors in individual, group, training, and informal supervision modalities. She supervised three interns providing individual, group, treatment specific, case management, and informal modes of supervision. The hierarchy is comprised of six layers. Roanna described working as a clinical team with referral sources, stakeholders, counselors, and staff, both within and outside the agency: “Actually the (treatment) board dictates that we make all decisions we make about these kids as a team. It’s hard work so its nice to know you have a team behind you making those decisions and being creative about it also.” Despite difficult decisions during tough organizational transitions, she

managed as a supervisor: “the former executive director was really supportive of me and I think that’s really important.”

Ed

Ed held a private practice, supervised in a treatment program, and was a consultant to supervisors in large mental health agencies in multiple counties. He obtained his degree in counseling nearly 38 years ago and acquired additional theology training and a specific therapy model certification. His total education resulted in equivalency for state licensure. He obtained his LPC 18 years ago and provided counseling for 10 years before supervising. He has provided supervision in multiple agencies and programs for the last 30 years.

Ed supervised and trained individuals in the same therapy model for which he is certified through a local training institute. He supervised four counselors in a wilderness therapy program for adolescents and their families, has been a supervisor/consultant in large mental health and human service agencies for 24 years, and provides supervision in private practice. He supervised approximately 150 supervisees over his lifetime and provided co-therapy supervision, in-vivo mirror supervision, large family session debriefings, consulting, program implementation supervision, treatment specific supervision, theory oriented supervision, individual supervision, and group supervision. The agency Ed described in this study was the wilderness therapy program, although he referred frequently to consulting with supervisors and treatment teams in large systems such as county mental health centers and human services (social services) agencies. He also supervised individuals for licensure in private practice and within a training program with which he is associated. In the wilderness therapy program, there were four levels of

hierarchy. He described working as a consultant to the directors, supervising counselors in the particular approach with adolescents, training staff, and acting in the role of community elder for all the counselors, staff, and client families.

The mental health and human service agencies where he consulted were large systems with nine levels of hierarchy. He described his primary relationship there as an “outsider,” a role that allowed him a vision of client culture: “What I got was a very excellent working model of the culture of the agency.... What I think they missed, and what I could provide, was there’s another culture - the people (clients) who come (to the agency).” He described the need to overcome protocol and administrative procedures to help counselors, “certainly to honor the insurmountable task that an agency is asked to do--managing an unmanageable case load.” He described his supervision relationships as intensely personal, provocative, and evocative of the internal strengths of his supervisees.

Judy

Judy worked as a private practicing counselor and supervised a counseling center in a professional college that served adult students engaged in health training programs. She graduated 29 years prior from a CACREP equivalent program and has had her LPC for 19 years. She has practiced counseling for the last 18 years and has been a supervisor for 10 years in two organizations. She worked for three years at her current organization as the solo administrator for the counseling department. She became a supervisor for the current organization after being invited by the exiting supervisor who was a friend and colleague.

Judy had no formal supervision training prior to becoming a supervisor.

However, she described, “For the first two years, we were doing kind of a job share so I

could learn and ease into it (the supervision role) and not feel overwhelmed.” She has worked with 30 total supervisees over her lifetime and currently supervises four interns and one pre-licensed volunteer counselor who serve approximately 45 clients a week. The organization employs 27 paid employees, primarily instructors and staff. The entire organization was described with five levels of hierarchy. Judy described how she had developed a supportive team and had intentionally worked to keep counselors and clients nestled in an isolated, safe container within the organization. She also described her own isolation from a new director and not feeling particularly supported: “Right now it’s not a strong spot on the mandala. Um for me in terms of that, if I’m going to fire in that direction for support, support’s not available there to the extent that it has been in the past.”

Jan

Jan supervised in a large medical service organization with a small, specialized counseling department. She acquired her master’s degree in counseling over 13 years ago from a CACREP accredited program and obtained her LPC seven years ago. She counseled for three years prior to becoming a supervisor. She has no additional training or certifications, nor supervision training except on-the-job training. She was hired into her current organization after they required an LPC supervisor. She has worked with seven prior supervisees and currently supervises one intern and one paid pre-licensed counselor providing individual and informal supervision. She and the other counselors provide counseling to approximately 21 clients per week providing no fee therapy related to terminal illness and grief for patients and their families.

Her organization is large with nine levels of hierarchy, multiple health related services, employs over 150 people, and uses 100 volunteers. Jan described how she worked in isolation with a lack of support from administration and the other health providers who did not understand or value counseling as much as medical treatment. She explained,

So I can focus on making the calls and seeing the clients and doing the group and that's the part that brings me that fulfillment, yet feeling close relationships and value with clients and the greater community...it's very lonely and isolating, which is too bad.

Kelly

Kelly supervised and was a counselor in a large department of a large mental health service organization spanning multiple towns and cities. She graduated 12 years ago with a master's degree from a CACREP accredited program with additional training in marriage and family therapy. She provided counseling for the last 10 years and supervised for seven years. Six of the seven years she provided counseling and supervision concurrently, all in her current organization that serves adults. Kelly obtained both treatment-specific and supervision training while obtaining a treatment specific certification in a counseling related approach. She had not thought of becoming a supervisor until the job came up. Although apprehensive, she took the job out of feeling an obligation to the other counselors with whom she worked. She oversees approximately 15 supervisees--three are pre-licensed and 12 are licensed. She has supervised a total of 30 supervisees in her lifetime.

Kelly's organization is a large mental health system employing over 270 people with 104 counselors and 27 clinical supervisors; it serves approximately 10,000 clients per year in approximately 13 programs in multiple facilities. Her department alone has

300 clients on census. The hierarchy appears to have approximately seven or more levels. She described the strict policies and demands of the stakeholders and administration on her position: “Like feeling like an Oreo [cookie] smashed between the two the administration and the team.... I’m the messenger from the administration down to here which is the biggest challenge.” She saw herself as a “buffer” to protect the counselors from demands, help them take care of themselves, and find solutions to help them complete administrative requirements and their jobs.

Bree

Bree serves as a supervisor and counselor in a large community-corrections treatment facility. She graduated four years ago from a CACREP accredited program and has had her LPC for one year. Her supervisor trained her to become a supervisor while she was a counselor. She took on the supervisory position as she was recognized by her supervisor for her leadership skills and also what appeared to be a kind of means for career survival in her organization. She obtained some additional supervision training through university internship programs and from treatment-specific certification training. She counseled for two years prior to becoming a supervisor and provided supervision and counseling for two years. She supervises three interns, two pre-licensed and one licensed paid counselors in individual, group, informal, case management, co-therapy, treatment-specific, and training modalities of supervision. Bree has supervised a total of seven counselors in her time as a supervisor. Her organization serves approximately 200 residential and non-residential adult offenders at any one time--all on Bree’s caseload.

The organization employs 36 people and has a hierarchy of eight layers with several facilities. She described experiences of being devalued and not respected from both the difficult client population and devaluing stereotypes from corrections

stakeholders: “A lot of therapists couldn’t work here it’s just too demoralizing here to be constantly mocked or devalued.” She described a division between corrections and counseling and the frustrations of a corrections culture and a therapeutically oriented culture. She described also enjoying the closeness of working in the personal interactions with her supervisees, holding a strong commitment to their self-care.

Nina

Nina worked as a counselor and supervisor for a large multi-county mental health system. She obtained her master’s in counseling from a CACREP equivalent program 18 years ago and her LPC 16 years ago. She provided counseling for nine years prior to becoming a supervisor, counseling and supervising concurrently for seven years only in her current organization. She did not train to become a supervisor but acquired some training through university internship programs. Nina currently supervises one supervisee and has worked with seven supervisees over her lifetime. She supervises individually as well as offering informal supervision. She also oversees group supervision and training for up to 35 interns who are supervised individually by other counselors and therapists. Nina’s department serves adults; multiple other services were included in the network of services offered throughout the agency.

Her organization is large with multiple departments, programs, facilities spanning several counties, and serving 3,500 clients at any one time. The total number of employees is approximately 280 with 15 total clinical supervisors supervising 140 paid regular counselors (non-interns). The hierarchy is described in six layers. She described the relationships across systems as cross-communicating between specialized departments in order to share network client services and understanding about their health

managed services in a growing large community system. She described having her own specialized services as a counselor there, as well as coordinating trainings, in addition to supervising her intern with a focus on developing interns for employment in the organization.

Ula

Ula primarily supervises in a large adult offender treatment organization. She obtained her master's in counseling from a CACREP program 10 years ago and obtained her LPC eight years ago. Eight years before becoming a counselor, she obtained treatment-specific certification that also included supervision training. Ula has provided counseling for 18 total years. For 12 years, she has provided supervision within her treatment-specific certification (to other certificate trainees) and supervision for clinical counseling for eight years. She worked in two organizations over this time. In her current organization, she was employed as a program director and became an LPC supervisor after completing her counselor training program. She supervises seven supervisees comprised of three interns, two paid unlicensed counselors, one licensed counselor, and a support staff that serves approximately 90 clients. She provides individual and group counseling, case management, informal modes of supervision, and supervision and training to her counselors to become supervisors. She has worked with 15 supervisees in her time as a supervisor.

Her organization serves 450 adult offenders in multiple services; the entire organization has 160 employees and multiple facilities including residential and treatment locations. The hierarchy is comprised of eight to nine layers. She described her own team and her organized and structured supervision approach that integrates counselor

training with stakeholder requirements, treatment protocols, and service delivery needs. She noted that she is supported by administration who value the counseling programs but not by the outside community: “Really in the community as far as (organization) is, we’ve purposely kept a very low key and we um we don’t put ourselves out there a lot because there’s just so much controversy about (type of facility).”

Beth

Beth supervised and provided counseling in a profit/non-profit specialized treatment and counseling agency. She obtained her master’s in counseling from a CACREP program nine years ago and counseled for three years before acquiring her LPC. She has had no direct formal clinical supervision training, although she cited her prior human services training and working in the community network as supervision training. She obtained two treatment-specific certifications. Obtaining her LPC led to becoming a supervisor in her prior organization. At her current organization of which she is a co-owner, she began supervising as a means of sharing an increasing workload and making communication more effective. She has also sought education in leadership as a means to continually expand her ability within her own organization. Beth has supervised in two organizations while also providing counseling services; she has supervised 15 supervisees in her time as a supervisor.

Beth shares responsibilities for her organization with other directors and owners. The organization serves both perpetrators (adult offenders) and victims (families and children) of domestic violence with five different programs. She supervises five supervisees in her organization and three in another organization. She provides individual, group, play, peer, co-therapy, training, and program supervision modalities.

The organization has 11 employees and serves 75-100 clients a week. The organization has a total of six interns, seven paid or regular counselors, and five supervisors. The organization is comprised of four hierarchical layers. Beth described the relationships in the organization as collaborative with open and direct communication, both as a means of sharing the work and creating a workable atmosphere together as a staff and with clients: “...one of the things I think is most important for therapists is to be other than being present is to be genuine, people can read through B.S.--now of course I work with a manipulative population.”

Results of Interviews, Documents, and Observations

The following guiding questions were utilized in this qualitative study. These questions were drawn from the sensitizing concepts derived from the literature review (Charmaz, 2006). In seeking to understand the social processes of supervision, I employed the following guiding questions:

- Q1 What are the social processes of supervision specific to applied settings?
- Q2 What guides supervisors in their interaction with counselors, clients, the organization and community?
- Q3 How do relationships within the organization and relationships with counselors, clients, and community stakeholders play a part in supervision?
- Q4 What is the practice knowledge of supervision in applied settings, specifically what tacit knowledge is found in the supervisory processes?
- Q5 What training or other types of support do supervisors need to be successful in applied settings?
- Q6 What are the constructs (theory) that can describe the social processes of supervision in the applied setting?

The guiding questions provided a framework for the interview protocol that was used to ascertain the categories that formed the model construction of supervision in applied counseling settings. The guiding questions led to the data describing the social processes of supervision in the participant's supervisory relationships with stakeholders, administration, counselors, and clients. The guides participants used to navigate these relationships and provide supervision, along with influences on supervision, as well as training needs are described here.

The results were divided into four sets of conceptual categories according to the contexts of supervision, guides to supervision, influences on supervision, and support and training needs. The four contextual sets of categories included the supervisors' social processes or relationships with (a) stakeholders and the community, (b) administration and the organization, (c) supervisees, and (d) counselors and clients. These four contexts were not emergent categories but a way of organizing and presenting the results.

Table 2 provides an overall summary of the results. Eleven participants were interviewed, interviews were coded, and codes were analyzed according to constant comparative analysis, resulting in constructed emergent themes (Charmaz, 2006). Codes were counted according to their distribution, which resulted in emergent themes. Approximately 12.83% of the codes were found within multiple categories. I interpreted this to show that the codes led to descriptive, yet distinct categories while still highlighting their inter-relatedness.

The remaining tables, Tables 3 through 8, are provided to give the reader a summary of the results according to each of the four contexts that included primary emergent categories and sub-categories and three additional primary categories and their

sub-categories. These tables and the descriptions provide an advanced organizer to help the readers make sense of the 16 primary categories and 24 sub-categories that emerged from this study.

Each table provides the number of participants and the number of codes according to interviews, documents, observations, and totals and percentages of codes found in each category and sub-category. These tables provide two additional functions. One is to allow the reader to view the number of participants and codes that I considered to reach saturation and the second is for the reader to get an overall sense of saliency of the richness of the descriptions between categories. Generally, six or more participants with rich descriptions of any of the social processes led me to consider that any category was becoming saturated as long as there were sufficient codes that led to the construction of the category. This was not always the case for four participants who had high levels of community stakeholder requirements and involvement and whose cases provided an alternative narrative to the others. The number of codes within several emerging categories such as guides to supervision or training and support needs also appeared smaller in number when there were fewer questions related to these processes. Although shorter descriptions emerged for each participant, the resultant codes appeared consistent across descriptions of all participants.

Table 2

Summary of Emergent Conceptual Categories and Total Initial Code Distribution

Emergent Categories and Sub-Categories	Participants Responding	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total Codes
17 Categories and 40 Sub-Categories Emerged	<i>N</i> = 11	3560 (all transcripts)	165	94	3819 total across all interviews	87.17% of sorted codes
562 initial codes (12.83%) were distributed across multiple categories		4127 (all categories)	161	93	4381 total across all categories	100%

Table 3 provides a summary of the first set of emergent categories involving the participants' supervisory relationships with stakeholders and the community. Overall, supervisors facilitated relationships within the community and with stakeholders to meet community and client needs and to assure stakeholders of the services provided. The results are provided according to the participants' responses.

The social processes with administration and the organization provide the second context that includes five conceptual categories and two subcategories. These processes are described in Table 4. Within this context, participants engaged in social processes related to the demands of procedure, performance, and service delivery while reacting and responding to divides of culture between administrators and counselors as well as devaluing of counseling. They facilitated working relationships and structures to enhance supervision, maintained a professional image, and also sought outside support for their work as supervisors.

Table 3

Emergent Categories, Participant Responses and Initial Codes: Social Processes within the Context of Stakeholders and the Community

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
1. Identifying and Meeting Community Needs Through the Vested Interests of Stakeholders	11	144	59	5	208	4.74%
2. Assuring Stakeholders, Being Accountable, Monitoring and Justifying Services	9	59	11	5	75	1.71%
*2.a. Maintaining a Professional Image	6	*	*	*	*	*
Totals	11	203	70	10	283	6.46%

**Note.* Maintaining a professional image appeared in descriptions multiple contexts, but primarily within the context of the administration and the organization, as well as references to the context of community and stakeholders. The codes tallies are included in the context of administration and the organization in Table 4.

Table 4

Emergent Categories, Participant Responses and Initial Codes: Social Processes within the Context of Administration and the Organization

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
3. Reacting to the Demands of Procedure, Performance, and Service Delivery	10	122	0	0	122	2.79%
4. Responding to the Demands of Procedure, Performance, and Service Delivery	11	176	8	12	196	4.47%
5. Reacting to the Divides of Culture and Devaluation of Counseling	9	211	0	0	211	4.82%
6. Responding to the Divides of Culture and Devaluation of Counseling	8	72	2	8	82	1.87%
7. Facilitating Working Relationships and Structures To Enhance the Supervision Process	9	263	4	3	270	6.16%
7.a. Maintaining a Professional Image	6	31	6	7	44	1.00%
7.b. Seeking and Finding Support to do the Supervision Work	11	83	0	0	83	1.89%
Totals:	11	958	20	30	1008	23.01%

Table 5 provides a summary of the participants' relationships with supervisees. Participants formed engaged relationships with supervisees including collaborating with them, offering support, challenging them, and holding them accountable. They used personal processes to bring in the personal emotional processes of supervisees as well as

the person of the counselor factors. Participants also shared their own personal emotional processes and person of the supervisor factors in their interactions. They created and fostered learning with a focus on supervisee development and collaborative learning processes. They focused on the role and identity of the counselor, built on strengths and experiences, and developed new supervisee skills, abilities, and awareness. Participants also protected supervisees from administrative and service delivery stressors such as high demand or difficult clients while also developing expectations for wellness and self-care. In the case of supervisee impairment, participants also responded by intervening to assure both client and counselor well-being.

Participants related to clients both directly and indirectly through supervisees. These processes are summarized in table 6, depicting the final contextual set of conceptual categories. Participants related to clients and had “vision” into the client’s experiences. They influenced client change through the counselor’s interaction with the client. Their interactions in supervision included addressing the mutual impacts between counselor and client, focusing the counselor on their role in change, influencing change through counselor-client relationship, and also using the parallel influence of the supervision relationship to influence the counselor-client relationship.

Table 5

Emergent Categories, Participant Responses and Initial Codes: Social Processes within the Context of Supervisor-Supervisee Relationships

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
8. Relating to the Supervisee: The Social Process of Interaction						
8.a. Supporting-Collaborating and Challenging-Holding Accountable	11	238	5	0	243	5.56%
8.b. Bringing in the Personal and the Person of the Counselor	7	177	6	0	183	4.18%
8.c. Bringing in the Personal and the Person of The Supervisor	8	48	4	12	64	1.46%
9. Fostering Learning in a Shared Learning Environment						
9.a. Focusing the Role and Identity of the Counselor	11	160	10	0	170	3.88%
9.b. Building on Strengths and Prior Experiences	9	73	9	0	82	1.87%
9.c. Developing New Skills, Abilities, and Awareness	11	120	8	0	128	2.92%
10. Protecting and Fortifying Counselors to Do the Work	10	72	5	1	78	1.78%
10.a. Developing wellness and self-care expectations	6	66	3	0	69	1.57%
11. Responding to Supervisee Inability and Impairment	10	67	0	0	67	1.53%
Totals:	11	1021	50	13	1084	24.74%

Table 6

Emergent Categories, Participant Responses and Initial Codes: Social Processes within the Context of Counselors and Client Relationships

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
12. Relating to Clients and Seeing Into Their World	11	184	6	4	194	4.43%
13. Influencing Client Change and the Counselor's Interaction With Clients						
13.a. Addressing the Mutual Impacts Between Client and Counselor	11	87	4	0	91	2.08%
13.b. Focusing the Counselor on Their Role in Client Change	7	82	4	0	86	1.96%
13.c. Influencing Change in the Counseling Relationship	11	241	6	1	248	5.66%
13.d. Influencing the Counseling Relationship in Parallel with the Supervision Relationship	11	102	1	0	103	2.35%
Totals:	11	696	21	5	722	16.48%

Table 7 provides a summary of the guides to supervision. Guides to supervision are descriptions of the maps supervisors used to navigate their relationships and interactions in the four contexts described above. These maps included what supervisors used to guide their thinking, decisions, communication, and interactions. I organized the guides into three broad descriptions: external guides, needs and relationships guides, and guides internal to the supervisors. External guides refer to anything outside the

supervisor, e.g., stakeholder expectations, written treatment protocol, procedures, etc. Needs and relationships guides included the maps used to navigate relationships, e.g., how to work in the supervisor-supervisee relationship or how participants worked with the administration. The final set--guides internal to the supervisor—included participants' descriptions of their preferred counseling theory, personal values, or meaningful interactions that guided their work.

Table 8 provides a summary of brief, yet salient descriptions that participants provided about how they became a supervisor and the influences on how they developed their guides to supervision, particularly during their preparation, training, and experiences as a supervisor. Their descriptions provided references to identity and felt sense of their role in becoming and acting as a supervisor.

The final conceptual category, summarized in Table 9, involves the identification of support and training needs. The number of codes for this category and the participant response was small due to this being a singular question--directly surveying the supervisor's perceptions of any training or support they felt would be useful to them at this time. This general information was gathered to give me a sense of what needs might exist, could be considered in future research, and recommended for potential support of applied setting supervisors. It was not considered within the final analysis that led to the grounded theory; however, it was considered as part of the implications and recommendations.

Table 7

Emergent Categories, Participant Responses and Initial Codes for Mapping and Navigating Supervision: Guides to Supervision in the Applied Counseling Setting

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
14. Mapping and Navigating Supervision: Guides to Supervision in the Applied Counseling Setting.						
14.a. Guides External to the Supervisor and the Organization						
14.a.1. Maintaining Ethical Boundaries in Supervision	8	46	4	1	51	1.16%
14.a.2. Commitment to the Mission of the Organization	6	9	4	2	15	.34%
14.a.3. Following External Stakeholder Requirements	4	16	9	3	28	.64%
14.a.4. Following Administrative Policies and Procedures	6	49	9	3	61	1.39%
14.b. Guides Found in Needs and Relationships						
14.b.1. Meeting the Needs of the Supervisee	6	65	0	0	65	1.48%
14.b.2. Seeing and Charting Counselor Development	8	50	4	0	54	1.23%
14.b.3. Meeting the Needs of the Client and Assuring Client Welfare	11	120	9	3	132	3.01%
14.b.4. Using Theories of Counseling in Supervision	11	98	1	1	100	2.28%

Table 7 Continued

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
14.c. Guides Internal to the Supervisor						
14.c.1. Experience as a Counselor and Knowledge of Clients	11	106	6	7	119	2.72%
14.c.2. Past Experiences of Being a Supervisor	10	32	0	0	32	.73%
14.c.3. Personal Abilities, Awareness, Understanding, and/or Values	10	60	1	2	63	1.42%
14.c.4. Meaning and Motivation	11	285	2	8	295	6.73%
Totals:	11	936	49	30	1015	23.17%

Note. The guides may also include participants' *prior experiences of supervision, training, and education*. Although these were not noted directly in the questions "what guides your decisions and communication in supervision, references were made to prior supervisors having an influence on style. This sub-category is related to guides internal to the supervisor, based in prior experience, and is described further in Table 8.

Table 8

Emergent Categories, Participant Responses and Initial Codes for Influences on Supervision: Preparation, Training, Experience, and Identity

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
Influences on Supervision: Preparation, Training, Experience, and Identity						
15. Preparing for and Becoming a Supervisor: Influences on Supervision						
15.1. Prior Supervisors, negative and positive	9	46	0	0	46	1.05%
15.2. Supervision of Supervision/ Peer Supervision	6	7	0	0	7	.16%
15.3. Prior Education in Counseling Programs	5	19	0	0	19	.43%
15.4. Prior Experience: Life, career, prior counselor work	9	24	0	0	24	.55%
15.5. Training for Supervision	9	62	0	0	62	1.42%
15.6. Experiential In-Vivo Learning	6	6	0	0	6	.14%
16. Identifying with Becoming a Supervisor						
16.1. Not identified, falling into the role, happenstance	4	26	0	0	26	.59%
16.2. Identified through early training, preparation	2	23	0	0	23	.52%
16.3. Coming into supervision through experience, finding identity	5	34	0	0	34	.78%
Totals:	11	274	0	0	247	5.64%

Table 9

Emergent Categories, Participant Responses and Initial Codes for Identifying Support and Training Needs

Emergent Categories and Sub-Categories	Participant Responses N = 11	Interview Codes	Document Codes	Observation Codes	Total Initial Codes	% of Total (4381)
17. Identifying Support and Training Needs						
17.1. Working With and Managing Supervisees	7	11			11	.25%
17.2. Supervision training on models, approaches, skills, roles, and legal aspects	6	19			19	.43%
17.3. Greater Organizational Support, Valuing Counseling	7	7		5	11	.25%
17.4. Peer Supervision, Supervision of Supervision and Consultation	5	9			9	.21%
17.5. Support from counselor education programs	2	2			2	.05%
17.6. Theoretical knowledge related to specific client populations	1	1			1	.02%
Totals:	11	39	0	5	44	1.00%

Social Processes with Stakeholders and the Community

Identifying and Meeting Community Needs Through the Vested Interests of Stakeholders

The first set of social processes included the context of community and stakeholders, resulting in rich descriptions of how participants identified community needs and met them through their relationships with those interested in the outcomes of their clients, i.e. “stakeholders.” All 11 participants formed supervisory relationships outside of their organizations with the community and “external” stakeholders who had a vested interest in the clients they served. Participants described their relationships as focused on meeting needs of the community and those who had some interest in the outcomes of particular clients resulting in this first conceptual category.

Stakeholders varied from the clients as having a vested interest to the administrators providing oversight, or for outside community funding sources, or regulating agencies who provided treatment oversight. Thus “stakeholder” had a more general meaning but remained specific to the type of stakeholder. For the remaining body of this study, stakeholder implies those who are external to the organization or I refer to “external stakeholders” to mean funding, regulating, or involved outside persons or organizations interested in the outcomes of clients. Regardless of the perception of stakeholder interest, supervision in this study was consistently described in the context of greater organization and community within which the services were provided.

Participants described meeting the needs of a specific population and the importance of the service to the community and clients. They described their accountability to stakeholders; assuring the scope of service, justifying treatment, and

networking within the community to assure the program had an adequate population to serve and that the needs of any referral sources were met. Part of this process for some participants included assuring protocol were followed and part was assuring this protocol met the needs of clients as delivered through supervisees. Meeting a need for clients and the community was a vested interest for clients, counselors, supervisors, administration regulating bodies, and stakeholders.

Participants described being innovative and seeing and identifying needs in communities and creating the programs to meet the need:

I was part of (names), family therapists in the community (who) led a pilot project in the community doing intensive family therapy treatment teams to establish that to high risk youth, kids who were at risk of placement . . . we would work with families where placement probably should have happened but we'd say 'give us a shot first before you place them to keep the family united and work with them on this intensive model. Which really every social service department has implemented since. So we began this program . . . Each county now pretty much has one of those and it's modeled after this piece that we created. (Ed)

Kelly described her commitment to help the community and how she had identified a particular need within her client population that she wanted to serve. However, she was faced with the implications of the standards her administrators had set and funding limitations that resulted in her looking at economic survival over starting new programs:

The way that I our feeling was with (prior organization) was that we were a community, we were working to help the community. It's not that (organization) is not that way it's that I have this philosophy if the community needs it I want to provide it...but then the cuts come down and we have to look at reality. The agency is going to keep on running we have to make sure this is happening.... I know the community needs this . . . we can only do so many groups we can't try to, we can't just keep on opening groups because we need more groups, we have to, at some point we have to stop. (Kelly)

Reaching out into the community also appeared directed at finding the resources to meet the needs, expanding “business,” and following the requirements of regulating bodies for some. Participants described being visible, taking a role, and networking with the community to serve them:

I think some of the other centers don't focus that much on other business. And we do.... We're growing very much. We're growing...here is um a big emphasis on getting into the (community needs) area...the focus has been to network with other organizations, schools, churches, um courts...the organization realizes that if we're community mental health center we have to be visible out there in the different areas where we should take a role. (Nina)

Slightly less than half (5 of 11) participants also considered that their organization was also meeting a community need by supporting counselor training programs, i.e., university stakeholders, and appeared to consider their internship programs as highly as their treatment programs:

I have what I consider an educational responsibility to make sure that they're (supervisees) getting what they need...what they need out of the supervision for whatever school they're in, we do like six different universities. (Kirk)

Documents. In four cases where there were high stakeholder requirements, the stakeholders were mentioned on the service brochures and directly identified large scale community needs such as community protection or meeting the needs of low socioeconomic status clientele. The services were noted as meeting a greater need and stated within the framework of the stakeholders providing for or meeting the need in conjunction with the service provider.

Observations. I visited four organizations where I had a sense of how the community needs were being met by seeing the neighborhood within which the organizations existed. For two organizations serving low-income community members, the location seemed to provide a sense of meeting the client where they were. For

example, one counseling service was within a busy suburban area of antiquated high-rise apartments, neighborhoods of small homes; was flanked by strip malls, adult-oriented sex shops, etc.; and seemed to provide direct access for low-income populations.

Assuring Stakeholders, Being Accountable, Monitoring and Justifying Services

A vast majority (9 of 11) of the participants described the process of meeting the mandates of their organization, administration, and the stakeholders, resulting in this second conceptual category. Assuring others that services had been completed effectively, justifying treatment, meeting the guidelines and requirements of regulating agencies and stakeholders, following and adapting to rules, and monitoring treatment were common practices. Essentially this category described the obligations and responsibilities participants had with stakeholders. Following treatment plans and treatment-specific protocol were described by a majority (7 of 9) of the participants: “What guides me is the job at hand.... I’m supervising them uh, as they do an intent of treatment program. I want to make sure that they’re doing what we’re supposed to be doing via our contract” (Ula). Justification of treatment with regulatory bodies was linked to conducting supervision and making treatment decisions together with the counselors:

We’ll talk about groups I’ll ask about paperwork, I hate, this is my worst part because I have to be sure that their charts are up to date. We’re licensed by the (regulating board) so we have a lot of paperwork. Treatment plans, treatment plans you know agency stuff treatment plan reviews all that so we’re always having to do that and so I’ll ask about that. (Bree)

We are a Medicaid funded facility so we have to be using Medicaid funds appropriately. At the end of every month, every time we evaluate a kid at his monthly, we have to justify why the state or the county is paying this much money to be here. And that’s on the (supervisor) in that way. (Roanna)

For many, the ability to justify treatment and assure stakeholders came down to the bottom line, literally and figuratively. Staying in business meant meeting regulatory demands and complying with standards. Guarding the territory and surviving the competition could mean keeping a job. Kelly described networking with other service providers like her as a means of keeping up on the regulations and keeping in business:

It might be something about the standards and how we're implementing them because they're new, they're not new they were revised... and um it takes more to keep your (specific treatment) approval than to keep your LPC or CAC or anything else all put together. It's driven a lot of people out.

Stakeholder and administrative requirements were paramount for the majority (7 of 9) of participants whose documents tracked and monitored the requirements via treatment plans, administrative checklists, etc. Stakeholder requirements were discussed in supervision through the use of these forms directed at assuring the requirements were being carried out in counseling. Three participants showed mass volumes of stakeholder requirements.

Social Processes with Administration and the Organization

Reacting to the Demands of Service Delivery

The second set of social processes occurred primarily within the contexts of administration and within the organization. Participants provided rich descriptions of their reactions to the various demands of service delivery. Nearly all (10 of 11) of the participants reacted to paperwork, administrative requirements, and procedures as conflicting with their priorities for focusing on supervisee, client, or treatment needs. They cited a range of reactions and the impact upon themselves and their supervisees. Kirk described feeling the pressure of administrative requirements as an obstacle to doing

what he feels is more important in supervision, feeling caught in between the obligation to paperwork and the desire to address counseling processes:

Well one is the administrative, a lot of the (supervision) sessions seem like we spend a lot of time on paperwork. And not as much on just the juicy, the piece, talking about clients you know, as this real mentor capacity of how can I help this client, so I, to me there's, it's tricky cuz there's not enough time but I really don't want to commit more time to that. (Kirk)

Char noted a conflict with a new administrative strategy that was moving from keeping "the heart" at the center of counseling to a business model based on productivity. Little time was given for personal leave, supervisors were left out of decisions, and the participant felt the personal dilemma of meeting supervisee and client needs over productivity demands:

Yes, it was cogs in the wheel, how much can we get, can we get our interns to see 25 clients a week, and they'll only be allowed to take one maybe two vacations a year...it was very clearly told to us this is now going to be a business model and its going to be about money and it's not going to be about needs of interns or clients actually...we will drive our interns until they drop.... I was still there to see it happening so it was horrifying. (Char)

Char further described that during this time, she suffered a severe family crisis and was told "I don't want to hear about (crisis) anymore, just do your job." Her emotional response was "(the agency) consumed me emotionally to the point I had nightmares several times a week that they we would wake me up. It was horrifying. It was horrifying and I was holding it."

Kelly had a strong reaction to the demands being placed on her team by administrative expectations for evaluation and documentation in what seemed like an effort to boost productivity by administration. Paradoxically, this appeared to interfere with productivity, deeply impacting her supervisees. In response to my questions about

how she perceived her role as a supervisor, she blurted, “Like feeling like an Oreos smashed between the two, the administration and the team.” She continued,

I’m the messenger from the administration down to here, which is the biggest challenge. I’m the buffer. I never describe things quite the way they’re given to me. But I sometimes don’t have to. There are some requirements that, some productivity requirements, it’s very hot, and also your documentation has to be into the computer within two days, ok, but between and then that’s another part of the world they (administrators) don’t understand is that’s very easy to do when you’re seeing individuals but not when you’re seeing 12 clients at once and you happen to have a back to back right into another group and you’ve got another 12... it is, and they say that’s not going away so I have to, I feel like what I need to do is search out how I can help them (counselors) get it done.

Kelly saw her primary role in the organization as being the one to keep up the morale of her team, to which she responded, “Sometimes I feel pretty good at it and other times I feel like I’m failing.” She directed her concern to her counselors: “I think it’s just piling one more thing on top of em and so I do have one of my work horses (highest performing counselor) just like ready to deflate.”

Nina described contrasting feelings, sharing that she felt obligated to meet the demands of managed by a health management organization while feeling there might be some benefits. When asked about any negatives of managed care, she burst out, “paperwork!” followed by boisterous laughter. She described the types of paperwork:

You have to document it, these are the things that just have to happen you know so these are negative parts you know you spend um I mean sometimes they can be advantageous I mean not everything quote ‘the system makes’ is bad but you know you do have to follow a lot of rules, umm, and details when you work in something like that because of the funding.

My observations were based on witnessing the non-verbal reactions and hearing the obvious changes in voice pitch and timber, indicating participants were reacting to questions related to critical incidents, being successful with the organization, guides for decisions with the organization, or obstacles to success. The reactions were obvious and

visceral; a few of the participants at times appeared surprised, possibly embarrassed, and explained their responses. I also sensed them at times being protective as they revealed their reactions to the hierarchy--people who were their bosses and employers. Nina reacted with humor: "I don't know if I want that on tape!" Jan responded with frustration and even anger: "the expectation of the department goals and reporting on that and um the education stuff and there's just a lot of, I'll just call it BS since this doesn't go anywhere." I interpreted these responses to possibly mean that participants were responding potentially to power, to assure they appeared professional, or that some were possibly responding with fear of repercussion for sharing their feelings about the personal impacts of service delivery demands or administrative requirements.

Responding to the Demands of Service Delivery

This section follows the reactions from participants and describes the specific responses (actions) they took. All 11 participants described processes they used to respond to the requirements of performance and service delivery: from program and budget cuts, to paperwork, to unique ways to respond to often heavy demands for service delivery. Service delivery implied anything related to providing client services and was all encompassing in participant descriptions. Responses sometimes followed reactions such as adapting to the stress that was described in their reaction or responses were inherent in their descriptions of how they conducted their work.

In all cases, participants agreed there was a lot of paperwork and that they were required to manage the workflow to assure accountability for the work. Most appeared to tolerate it, many disliked it, and more often they learned to cope or to find active ways to structure paperwork, learn the procedures, stay abreast of stakeholder requirements, etc.

Tracking tasks and keeping checklists were common. All participants reported sharing in the workload as a team or sharing and processing the demands of the workload. There were, however, unique responses by participants that demonstrated particular responses they engaged in related to the demands of service delivery.

Kelly described the tensions of being in-between--being the “buffer” between the counselors and administration. She also seemed to be caught in between in another way: as an administrator required to uphold requirements and yet aware of the impacts on the counselors:

They know it's productivity based and ah to some extent I leave that to them... I let them know where their productivity is and if it's low whatever, what can I do to help, usually I know what's going on. The unfortunate part is there will come a time in the year if they're not at a certain percentage I have to do a performance improvement plan which I absolutely hate but even though it says it's a performance improvement plan it's still a write up according to them (counselors) and I avoid em because I feel the very same way.

The requirement to uphold accountability contrasted with her wanting to motivate and take care of her team:

I believe part of my responsibility is keeping the attitude and the morale of my team at a certain level where they can provide quality care to their clients and to themselves so that they can provide that quality care to the clients with some of the challenging requirements from administration. (Kelly)

Ula described an integrated process of organizing the requirements and procedures of paperwork as a means of observing supervisees while promoting their learning, monitoring, and advancing client service delivery. She described conducting audits of the paperwork to assure accountability. First she described upholding standards: “we’ve got standards we’ve got to hold up to and we have a procedure about how to do that so I’ve got to make sure we’re checking the boxes and crossing the t’s and dottin’ the i’s.” Then as a means of training the supervisee in their client interactions:

When I go back and do another spot audit I can see if things are changing or not. There's that, there's that measure with it. Um there's ah observing or teaching ah them and then observing how they deliver that...what my intent here is to help you build this foundation make sure you have the foundation of the paper work stuff correct and then we can start working on more deeper levels...so I kind of see it just like we do education as kind of almost like a layered effect with the staff because we've got a we've got a job at hand to do. (U1a)

Ed described responding to service delivery demands in another way by addressing the motivation and identity of the counselors and providing support. He saw his role as

certainly to honor the insurmountable task that an agency is asked to do – ‘managing an unmanageable caseload,’ is what I called it.... I'm really here to help you manage an unmanageable caseload. Helping supervisors to understand the overwhelm of their position and that basically you don't dig out. There isn't anything to dig out, it's totally a swamp, you never get out...so it's valuing and appreciating the personnel that are there, over and above emphasizing how poorly or shaming them into believing that if they were more efficient they could this done, they could be on top of the game, no, you can't be on top of the game!

Ed described the “myth of efficiency” that often occurs with a secondary message to counselors that they are not good enough because they cannot get the work done and never catch up:

As well as decompensating that person, the shame is a destructive piece. So my job, I'm so aware of how I can shame, and being mindful of that, of not, of doing just the opposite by just making that simple statement. You are in overwhelm, you're going to stay in overwhelm and it's not because you're not efficient, it's because of the demands that are put on you. (Ed)

Documents. The documents in this category appeared related to responding to the pressures of service delivery; tools were used to track and assure services were completed, paperwork was complete, and to track large client loads. Such documents included administrative tracking or census lists that helped participants organize their approach. For three participants who were under heavy requirements of stakeholders,

handbooks, three ring binders, and publications several inches thick were commonly filled with treatment requirements for which they were accountable.

Observations. Observations related to the pressures of service delivery had the highest number of codes for all observations. I witnessed the reactions and responses to the demands in multiple ways. Waiting rooms or client areas for more than half of the participants were large, bustling, and filled with clients. Multiple participants stated their preference to meet for only an hour, or when scheduled, even knowing the interview was 90 minutes, appeared pressured, checked the time frequently, and asked how long the interview would continue. While setting up one interview, one supervisor appeared to scold me, “I do not have 90 minutes to meet with you!” Ironically, following 60 minutes, she shared she would not mind continuing to talk.

Four participants had computer alarms sounding electronically, reminding them of upcoming events. For all but three, telephone rings or beeping texts were frequent. In one case, a public address system loudly interrupted our conversation every 5 to 10 minutes with requests that this client or that staff report to some location. The pressures of time were apparent. Overall, the intensity of the environments varied greatly; yet for more than half the participants, there were obvious and constant time reminders that created a kind of intensity within our conversations and their environment.

Reacting to the Divides of Culture and Devaluation of Counseling

Similar to the reactions participants described to the demands of service delivery, participants also reacted to the divisions of organizational culture and their experiences of having counseling devalued by others. A vast majority (9 of 11) of the participants described divisions between working groups who appeared to have differing values for

the services they provided. I designated these overall groups as cultures since work or organizational culture was inherent in the descriptions as well as differences in language, approaches (“ritual”), and values. Participants also described a devaluation of counseling that they experienced from administration, stakeholders, other types of service providers, or the community.

For some, other work groups appeared to differ from their counseling culture in traditions, rituals, language, and values. Bree described how differences in values appeared in the relationships between stakeholders and counselors:

I was sitting with a bunch of chief officers and wardens from corrections across the region and they were saying how they hate when therapists come for a meeting...and they just show up half an hour late they don't really understand that in prisons the whole day is run by a clock.... They don't understand why they use flowery language in the court.

Bree further described a kind of stereotype of counselors that was perpetuated:

They like to make fun of therapists you know in the correctional world they call us chocolate hearts...it means that we melt, (laughs)...meaning we buy into the inmates stories and their manipulation and we're not real we don't really understand them, we just want to save the world instead of trying to protect the community.

Ula described a similar split of stakeholder versus counseling culture in her field:

It's almost like a cut of the community, you get half of the you can take a poll right now and take half the staff and half the staff say therapy is a joke you might as well just house 'em and not waste our money on 'em and just do the correctional side and then there's other people that are correctional that will say no therapy is important we need to continue to do it.

Differences in language between the cultures of administration and counselors were also described:

My supervisor is from the hospital system and wants to understand but I kind of look at it like Spanish will never be my native language. I don't think it (counseling) will ever be his native language and so he may understand it but he'll never, because he doesn't live it. (Jan)

Bree witnessed differences in language related to training and education: “Protection and just the way they focus it, if you look at textbooks from people who’ve gotten their bachelor’s in criminal justice they refer to clients as inmates, now we work in counseling programs we refer to them as clients.”

Differences in the approach to working with clients appeared to be valued or devalued by particular work groups. Jan described a clash of values in the way the work was carried out with clients, portraying the differences between medical services and counseling cultures:

The other part is that it’s a medical facility and so the value is on medical and even though (there are other social types of services)...the most important is the doctor and the nurses...counseling isn’t valued and because in medical, they fix. That’s probably one of the biggest challenges is not being valued as a professional and counseling is not valued...they just don’t get it and it doesn’t matter how many times we can tell them or try to show them they don’t get it because it’s not a fix. (Jan)

The result of this misunderstanding of culture appeared to be an explanation of the isolation for several participants counseling department:

I pretty much, I have the independence pretty much to do it how I want to do it within reason but um cuz nobody really understands it, so that’s kind of frustration, there’s nobody for me to go to within the organization, you know that really understands what we’re doing ...it’s very lonely and isolating which is too bad. (Jan)

Paradoxically, one participant described how the division of culture was bridged when counseling appeared to match more closely the financial values held by administration:

I struggled with keeping the (specialized treatment) program here and I struggle, finally I said ‘yeah, you’re right.’ And then all of a sudden our head guy over at accounting in (umbrella organization) goes ‘oh my gosh, they’re making money, ooh, tell them to keep on doing this same thing!’ (Kelly)

Ed explained how the priorities toward funding appeared to play into supervision and how some may have a difficult time remaining focused on the values of providing counseling:

I think it's, it's overwhelm, it's ah, tremendous bureaucratic responsibility to be accountable, to hire, agency, the state, the federal government, boom, boom, (pounding his fist the chair arm) and its so money driven...and that's what they need, the money and even my good best of intentions, I'm going to get seduced into, this is what I need to do...so what happens internally to those supervisors. They are seduced into protocol, their creativity is stifled. These are incredibly creative people that don't have an opportunity to express creativity when I have to be accountable. Numbers, bottom lines, case numbers, versus where's the creativity of interaction? (Ed)

Seven participants described feeling unsupported by their administrators in the work they do. Four participants within this category reported feeling supported by their administrators or having strong relationships despite divides in culture within their organization. Kirk reported that the relatively thin layer of hierarchy in his organization held a strong value for counseling. Beth as co-owner of her agency valued counseling greatly. Ed, as supervisory consultant for human service participants and treatment teams, recalled the divisions between administrative and counseling and a value for treatment: "I was very fortunate to be a part of agencies that would celebrate treatment." Nina noted a unique way that supervision in her organization was valued; she had received both time and incentive pay for successfully supervising interns to become employees: "So um the teams are very responsive ah I got some kudos like it used to be that they got no credit for taking an intern and now they get (number) billable hours a month we got a little bonus for the interns if they complete successfully."

Notable in the results of this study was that despite the response of participants to organizational culture, only two participants (2 of 11) described directly any social

processes related to multicultural supervision and culture: age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, etc. (ACA, 2005). The outliers of these two participants did not provide saturation of a category but highlighted the absence of codes related to multicultural supervision for the remaining participants. One participant (name protected) stated “off the record” that gender might have been a factor in what (s/he) faced in the divides of culture amongst the organizational groups. Nina described matching of person of the counselor factors such as sexual orientation to match up supervisees with clients.

Responding to the Divide of Culture and Devaluation of Counseling

Participants followed their reactions to the divides of culture and devaluing of counseling with descriptions of how they responded with particular strategies, resulting in this primary conceptual category. Participants appeared to react to the cultural divisions and devaluing of counseling; a large majority (8 of 11) also used these strategies to cope and bridge working relationships between groups or to focus their efforts more fully on service delivery. Some appeared to merely tolerate what was happening while others took active steps to construct functional working relationships and work processes.

Participants described ways they had interpreted the devaluing by others in the organization in what appeared like attempts to understand others. Bree interpreted that when non-counselors teased the counselors, they did so as a means of protecting themselves from the clients while noting a kind of specialness of the counselor’s role: “I’ve noticed that they kind of, they joke about things like that because they’re envious about our approaches to clients, they don’t trust themselves or let themselves be natural

or really try to be empathetic with clients.” Others, like Judy, attempted to understand their administrators and considered responses they might have to improve relationships:

There are some changes happening currently that give her more challenge so my interactions with her currently are more perfunctory and I’m tending to (the changes) without splitting And I’m going to need to work on that relationship over time and I’m not quite sure what that will look like. This person just tends to have a much more forceful slightly abrasive not very flexible style. It’s my perception so it’s going to be a different challenge and dynamic. Support’s not available there to the extent that it has been in the past.

Other participants described their response to clashes of culture as standing up to the administration. Char had created and supervised the counseling and internship program about to be cut and replaced by a business model after 22 years. Char described how she had to fight back against administration’s decision to keep her promise to student-interns:

So I said, and this didn’t earn me any points, I said everybody coming in right now...is expecting a family therapy internship, we will have a family therapy internship until these people are done with their internship and then we’ll go to the new model and I fought for that and I got it which again did not make me very ah desirable!

Bree described a challenge to her role and priorities in the organization. She noted a kind of compromise in choices as she navigated between her role in her shared culture of counseling and the administrators who had their own rituals. She described the choices she made for her own well-being and a compromise:

When I got into this administrative role, just think about it, they buy us cellphones and they’re expecting us all the time to check our email and be in the loop and they’ll be insulted if I turn down a lunch on Friday afternoon at five which quite honestly I don’t want to be there and BS about people, about the case managers or gossip. I’d rather not do that, I’d rather be home with my family. So here’s one bitter pill to swallow, I don’t think I’m going to control that I’m going to be able to communicate with them the way I’d like to. But I’m starting to learn that that’s ok. It’s ok because that’s not, that’s of lesser importance to me than my role as a supervisor and as a clinician.

Four participants (4 of 11) described personal coping strategies to respond to the demands and divides. Char described a spiritual approach:

I was holding, and the way I was holding it spiritually was keeping a very strong spiritual focus, I was going by the book the four agreements...you know don't take anything personally, always do your best...absolutely 'I'll do my best I will not take it personally and I'll be impeccable with my word'...and I forged through and I worked really hard, you know and it didn't make a difference.

Six (6 of 11) participants described some variation of using their counseling skills and ability to actively work on their relationships and to develop tolerance for the diversity of values:

I feel like you can use emotional intelligence and that's what I've been doing. I've seen a lot of success that way, they're not always agreeing with us on a lot of things and they're always going to revert back to what runs the deepest for them but so are we...I've built really good relationships with a lot of people that I never thought that I could even sit with. (Bree)

Documents. In only two documents did I note any potential division of culture or the possibility of any devaluation of counseling. Counseling services were placed last or near last in the list of services and appeared less central to the services that were provided.

Observations. I was aware that for seven of the organizations I visited, they were located either in lower socioeconomic "status" neighborhoods, aside in industrial or remote areas, or that the buildings were older and worn compared to other facilities nearby. I compared these out of sight and at times decomposing buildings to those of other hospitals or businesses that had modern, well attended structures.

One participant (name withheld for confidentiality) pointed out to me the differences between the corrections and counseling cultures in the physical layout of offices. She showed me multiple offices where the staff had their desks between

themselves and the door for protection; whereas, counselors had an open configuration. In two organizations, I noted that the counseling office seemed secluded toward the far back corner of the facility, perhaps a physical trace of isolation that on one hand offered privacy yet was out of the site of importance by others. Other participants, such as Char and Jan, described how their clinical programs operated in isolation, not so much within the building but in their relationship to administration--they worked within in their own group, staying to one side of the divide.

An Outlier: Shifting the Values in Agency Culture and Responding to Demand

The following section describes an outlier related to participant descriptions of reacting and responding to the demands of service delivery as well as reacting and responding to the divides of culture and devaluing of counseling. It is not by itself a conceptual category but provides a case example of a particular participant's outlying experiences as a supervisor from both within and outside of the organizations with which he worked. Ed provided an outlying view regarding his experiences with applied setting culture and service delivery demands. He provided unique descriptions of working as a consultant or as he described, "the outside supervisor," that I am including here that shed a unique light on the above themes.

Being from "the outside," Ed appeared to take a view that differed from the internal influences that could occur in supervision. He provided an approach to working as a consultant who addressed the division of culture, i.e., one that valued problem solving and results, while including the demands of service delivery. He described the necessity to create a paradigm shift that paradoxically solved the problems participants

faced by using a non problem-solving orientation. He described putting supervisees on the spot with their strengths as a means of building on prior experiences:

I think there's built in culture in a lot of agencies that is issue and problem oriented. 'And we're going to bring in a supervisor to fix that.' Very few agencies hire somebody to come in and magnify our strengths so that has to be done kind of quietly. So we go with the agenda that the, the agency has, but my own belief and style is it's all here...by building on the team's strengths and not only the individual strengths, but the team strength, that they dismiss and over ride because they're just in a routine of doing visits, etc? The clinicians themselves, the team members they dismiss their own strengths left and right.

Solving the problems and fixing was surpassed by the focus on strengths:

The paradigm shift is, I'm going to fix and support you in dealing with that problem or that weakness by emphasizing your strengths, is that focus, that energy, is my energy instead of buying into a fixing the problem ah now there isn't anything that needs fixing. What we need is to bring more awareness to your commitment in working in an agency working your butt off having a hundred cases and you're committed to doing that--wow! It's pretty damn amazing, that's kind of neat for somebody from the outside to bring a wow! An aha!

Ed's outlying view appeared to provide a unique description of working with the demands of service delivery while holding the human side of relationships in value, valuing counseling, and placing the demands in perspective.

Facilitating Working Relationships and Structures To Enhance the Supervision Process

Overall, participants described an active, pragmatic approach that included rich descriptions of their interaction with others to influence working relationships, resulting in this conceptual category. A vast majority of (9 of 11) participants reported active ways that they facilitated relationships and created structures within their organization. Many of the codes in this category appeared reflective of descriptions of the managerial and administrative supervision role including meetings, influence over hiring, and decision-making processes. The social interactions described throughout participant descriptions

revealed a complex supervision structure and how participants attended to relationships and processes in their working groups. Perhaps a meta-category here might describe a vision for relationships as well as ways to promote supervision both through formal and informal social processes. In addition, a central component of this category was a layered supervision process that utilized multiple modes of supervision.

Although relationships described were often informal, I interpreted that most were highly intentional. My impression of participants was that they did not seem to create or do anything that did not serve a functional or pragmatic purpose. All of the participants described using more than one mode of supervision; most used multiple modes of supervision beyond the standard individual and group supervision. This section describes what seemed to be an intentional facilitation of relationships and the creation of relationship structures to enhance supervision.

Judy described how she held a model of mandala of her support system of relationships in her mind about how she communicated through this complex system of relationships to help solve direct problems or gain support in a team approach: “I really um believe in the mandala principle and so whether it’s in my therapy practice or whether it’s here I pretty consciously try to imagine what that circle is and who’s in it and if it’s not sustaining pulling in some additional resources.” She gave multiple examples of utilizing her network:

So you know early on if I think something’s bubbling that I’m not sure about yet, telling the intern and then shooting the internship coordinator an email going this is what I’m perceiving and these are my concerns right now I don’t think we need to act but I want you on board now. Or saying so and so is going through a rough time can you offer additional support at school and again always letting the intern know I’m doing that is part of the team view...that’s what allows me to sit in this spot and not feel isolated and also to be respectful of other things that nourish me.

Nina worked in a network of peer relationships that helped her receive peer supervisor support, case consultations, and an informal supervision network for her supervisees. This seemed to encourage shared support and helped share the workload in meeting client needs:

I think one of the things that I encourage interns to do is to not work in a bubble. Um I um I have a good working relationship with a lot of colleagues even though I may not always agree with how they are handling a case. Um and I you know I have to except the fact that they may be able to pull something off that you know, I can't you know, so um and it's you need that support. You know in a community mental health center you are sometimes faced with challenges you don't see coming you know and you need that support.

Roanna networked in a many layers of relationships to gather information, make assessments, and assure that the agency had referrals. She also noted how her active work in this network gave her a greater understanding of her caseload and individual client needs:

One of the things I think we've done well with this agency is made a relationship with the auditing agency, if I have a question I'll just email them, other than searching through my audit book and then they can direct me to the policy or whatever. I think that relationship piece is really important...the relationship piece is *really* important. Another aspect of (supervisor position) is recruiting, the clinical director is actually responsible for our census. The clinical director brings in referrals, she, you know, I personally interviewed every kid before he came into our program. And then talking to the staff of where he's at now, going to interview him, um and just having those relationships with the kids and with the staff, and the resource referral, the referral sources.

Many more examples were provided, e.g., Char setting up mentoring between interns entering and leaving their internships, co-therapy, and peer supervision support on the team; or Ula describing supervisee training through rotations with multiple counselors, some with whom she was also providing supervision training to build her supervisor team. Participants appeared active and intentional about creating and utilizing functional relationships within their organizations.

Participants appeared to hold a vision for working with and within the relationships, within and outside of their organization, by facilitating their own and others' relationships. Using a network of relationships and facilitating them appeared to be related to attainment of resources: consulting and sharing information, management of workflow, sharing work load, management of barriers to workflow such as negotiating conflict, risk management such as communicating about potentially impaired counselors, assuring accountability such as keeping contact with stakeholders, managing professional impressions by addressing stakeholder views of services, or educating others about their services.

Documents. Two participants shared documents describing organizational relationships to their supervisees and how supervisees were to use the relationships to serve clients. The documents directed the supervisee to case-workers or how to file their work with administrators.

Maintaining a professional image. This subcategory emerged from descriptions by participants related to working within their relationships within the community and with stakeholders, within their organization and administration, and spanned multiple conceptual categories. This subcategory implied assuring others of the benefit and credibility of counseling programs as well as the professionalism of the participant and their organization. It also implied the participant's need to maintain the perception of their professionalism and integrity in their working relationships across all contexts.

More than half (6 of 11) of the participants made direct references to their professional image or the impressions that others might have had of their services. They made direct references about being in the community to promote the professional image

of the program. Bree was required to promote programs, gather funding, and provide public relations as a supervisor:

I do a lot of different things about 70% I would say is working with our resources in the community, people that help fund our (program)... I do mostly education I explain our programs to them I explain our needs and I would say also collaboration because so much of it is merging very different approaches and how to work together that can be really challenging.... The hardest thing for me is performing, I'm constantly standing in front of groups of people and I have quite a bit of social anxiety so I shake from head to toe every time I have to speak in front of a group of new people (laughs).

Maintaining a professional image appeared linked to the inner workings of the stakeholder relationships, resulting in the need to deflect conflict, manage perceptions, and negotiate any conflicting perceptions:

It (the perception of the problem) precedes the time even before my time I've been here for 11 years that (overheard that this was said by the stakeholders) 'well we don't send referrals to (the program) because they don't send us monthly reports,' so see, I hear that and I'm going, they said it recently and I'm going 'you guys are brand new you're just carrying this legacy down with you and it's not even accurate this isn't even accurate anymore.' (Kelly)

The professional image could also be internal to the organizational relationships, maintaining a professional posture, being held to a higher standard, and even a kind of keeping up the guard with the organization:

Yeah in staff meetings if I come in even like you know laughingly I'll say this client's being a jerk, I don't really mean it, they'll take that at face value, 'oh she said the clients a jerk so wow'.... What was driven home for me was that they really look up to us to be mentors all the time so we can't really let down our guard. (Bree)

The relationships within the organization and with counselors, clients, and community stakeholders provided a complex set of professional social interactions for the participants with consequences for perceptions that did not assure professionalism.

Documents. The professional brochures outlining services maintained a professional feel and provided the reader with examples of credibility, expertise, and knowledge.

Observations. With a vast majority (9 of 11) of the participants, I noted a tendency to keep a professional image and how participants provided professional descriptions even in light of questions that might have probed for more personal responses. With five of the participants, I initially felt as though I was getting a description of their internship program, their services, or their organization and had to provide gentle reminders of the study or return back to the questions. Equally, participants might also share something personal and retreat to a more professional posture. Across participants, some would share about a potential lack of training or perhaps even indicate flaws in supervision with reticence or what I sensed as potentially feeling embarrassed. For example with one participant, I noted in my researcher's journal:

As I provided more empathic responses to clarify, I assume she was feeling more understood because she talked more, engaged more, commented on follow-ups more reflectively...she perhaps realized the interview was not designed to reveal her flaws to but to tap her knowledge of how the system worked, rather than did not work. I sensed a kind of initial response to questions like she was talking to a trial lawyer-researcher, a kind of professional guardedness. Once the perception was overcome that I was not interested in the dirty laundry, I felt she emerged and revealed the inner social workings of what's happening here.

Seeking and finding support to do the supervision work. All participants described seeking and finding support to do supervision work, whether internally in the organization or externally, resulting in this sub-category of the conceptual category-- *facilitating working relationships and structures to enhance supervision*. Reasons for seeking support appeared related first to responding to the demands of service delivery as

well as responding to the divides of culture and devaluing of counseling. Participants also appeared to seek support outside of the organization when they were not finding support from administration. The support appeared to range from handling difficult clients, to working with administrative demand, to addressing critical moments of supervision.

Kelly sought peer supervision with other agencies serving the same population.

The peer supervision appeared an intentional response to the demands of stakeholders:

Within my group...I do peer supervision outside of here. There's (number) other agencies in town...so we do the same work and so we just meet once a month because we're all clinical supervisors and so I have to do peer supervision with the same level, and I can't do it with somebody else here who's just an approved provider. Well we all knew we needed to do it, the domestic violence standards in this state are absolutely ridiculous. We spend our time with um with there's one agency that deals with the higher level, higher risk clients and so.

In a small department with no peers and no one in the hierarchy to discuss termination of a counselor, Jan sought outside support:

Being a supervisor and having all these things go on here and really not having any support here, to talk about those things with anybody. So my support was outside of here with friends and husband and all that but as far as in the organization there wasn't any support for that so it was, then that affects what's going on with me and trying to keep that boundary with the intern and not start talking about all that with them.

She further reflected what getting that support meant: "Well that I needed my own, it would have helped a lot to have support within the organization but to be able to go outside of here and getting my own support was what I needed to be able to support others." Overall, the participants appeared to respond to the demands and divides within their organization by seeking support in the absence of support. Based on one outlier, protection in the middle position appears to play a part.

Social Processes with Supervisees

Relating to the Supervisee: The Social Process of Interaction

Participants described social processes in the context of their relationship to supervisees, resulting in an overall description of the relationship with three subcategories. All 11 participants described specific social interactions with their supervisee. They related in a wide variety of ways; yet despite the differences, several saturated sub-categories emerged. They also appeared to use a balance of support and collaboration along with challenging their supervisees, holding them accountable while including personal aspects of the supervisees experience, and sharing their personal experiences of counseling with supervisees.

Supporting, collaborating, challenging and holding accountable. This subcategory of *relating to the supervisee* reflects descriptions that, while they might seem in opposition, were complementary interactions within the supervisory relationship. All 11 participants described supportive and collaborative relationships balanced with challenge and accountability that appeared to tip on a scale toward one side or the other.

Participants described that during supervision, they included the supervisees' agenda, their needs for supervision, let supervisees set the priority, described collaborating on treatment interventions, and used influence over telling supervisees what to do. The exception was that they became more directive during crisis, during an ethical situation (e.g., necessity to report), or when the supervisee clearly had no idea what to do. Collaboration involved seeking feedback, allowing supervisees to challenge, and to help them find their voice in treatment decisions. Nina advised her supervisee:

I would probably tell you to not hesitate to speak up. Um and um and ah challenge me. Because if I, I can sometimes say what about this? And I don't want an intern to think that this is what I think is right...so when I bring something up and I enthusiastically say oh I think its this it, doesn't mean that I'm actually saying this is it. It means this is one of the options.... Now my current intern is very good at this now, she looked me right in the face and she says, 'no that's not her'--that's good! (slight laugh)

Telling supervisees what to do was not considered a primary means to do the work; whereas, collaboration included sharing the decision making: "I usually put that in language of 'my mind is going to' or 'I think it might be interesting to try how does that feel to you.' It's not very often I say you must go into that room and do this now" (Judy).

Collaboration even extended into shared decision-making of the treatment teams and extended to sharing the workload:

So it's like, there might be kind of things where the art therapist might say, I have a great art intervention that I know would work really well with that. Why don't we swap this week I'll meet with him you do that or whatever, or you know kind of sharing of ideas. (Roanna)

A large majority (8 of 11) participants described a particular way of building collaboration by leveling the perceived hierarchy with their supervisees. This leveling appeared to be intentional interactions aimed at empowering the supervisee by equalizing differences in power and promote joining with the supervisee. Ed described putting the supervisee in the expert role, helping him bring in his voice as if he was the authority on his own experience, and warning of the dangers of having the expert role projected onto him as a supervisor:

Because its like its so easy to project expert onto me and I'm not going to disown that, I'm obviously brought in because I've worked a lot more with families than they have, ok. It's so seductive and narcissistic as a supervisor to buy into that. Ah! Thank god you guys got me here as the expert versus turning that whole table. (Ed)

Participants attempted to join their supervisees, often using self-disclosure to present themselves a fellow counselor and perhaps more human:

They'll bring up a situation with a client and I'll say, "you know I had a client like that once, and it's similar to what you're seeing in your client" and I'll kind of lay it out and I'll be able to talk about what that was like for me, either how frustrating it was, what things I did around it, and a lot of times I do it to join with them, it's like 'yeah, you're not the only one whose had this situation, you're not alone in this.' I think it helps them see me as someone who, who struggles with some of the same things they struggle with. I don't have all the answers. (Kirk)

Collaboration and support was also balanced by challenge and holding supervisees accountable. Participants also required accountability, challenged interns, and held their authority as the supervisor. A vast majority (9 of 11) of participants described having to make tough decisions, enforcing ethical boundaries, providing oversight, monitoring compliance with treatment, and enforcing commitments of supervisees to their work. Roanna described in certain terms her authority as a supervisor and an approach of high support and high accountability:

Well, I typically start my relationships by stating 'I will not write you up for the same thing twice.' I really start with that and I let them know how important their job is as a counselor here, you know I feel responsible as supervisors are for the work that they're doing. But at the same time, I even think of that supervision style, it's offering a lot of support with a lot of accountability.

Bringing in the personal and the person of the counselor. A majority (7 of 11) of the participants included in their relationships interactions that allowed for sharing personal feelings and bringing in aspects of personal experiences of the counselors, resulting in this sub-category of *relating to the supervisee*. These interactions appeared highly related to exploring the mutual impacts of clients, i.e., addressing transference and counter-transference. The high saturation of codes suggested there was something that went beyond simply looking at personal reactions to clients and focused more centrally

on supervisees. Participants described recognizing emotional elements, bringing in the person of the counselor into the counseling process, being personal with and sharing in feelings, seeing into counselors' personal lives, and fostering both personal and professional growth. Processing feelings was a regular part of supervision:

I'm not formal at all with any of it, but mostly its using my intuition on on the person that's in asking them about how they're doing with how they're feeling with working with death and dying first of all.... What it is in them that makes it difficult for them. What I try to do is make it more about what's going on with them personally and what it's bringing up for them. (Jan)

Looking into the personal lives of counselors seemed to be a way of joining, supporting, and showing empathy:

I usually start off just asking them how they're doing kind shooting the breeze and I'll be relaxed, we'll chat a little bit, tell me about your weekend. With my interns it will be about how are, they're not surviving grad school and how they have this final coming up, all of that. And I'll be empathetic because I'll remember when I was there and we'll talk about our war stories for a couple minutes. (Bree)

Bringing in the person of the counselor, i.e., their "voice," appeared common as a way to promote counselor interactions with their clients:

I'm just asking a very simple, what do you feel? Well I feel restless, I feel annoyed. What is there, how is that coming to you? Well I'm annoyed. I gave them homework, I did, I spent so much time on this client because I like them so much, and it's like they're not hearing a damn thing I'm saying. wow, what if you told them that? What if you show up as a human being and let them know that you don't believe they're working as hard as you? (Ed)

This category interacted highly with *influencing client change and the counselor's interaction with clients* and is described further in upcoming sections.

In contrast to a more person-oriented focus by participants, some (4 of 11) appeared to orient their interactions on the supervisee more so as a professional and as an employee. Although still focused on personal aspects, their intentions appeared more

focused on effectiveness and meeting service delivery demands. Codes were more focused on exploring the personal aspects to assure supervisees were not impaired and described service delivery aspects. The commonality among the four appeared to be that they were four of five participants who had the highest levels of regulation by stakeholders and administrators. Of the four participants who focused more on the professional, it should be noted that three had paid, non-intern counselors, prelicensed and post-licensed. They also described greater impacts from administrative requirements than other participants due to the high levels of regulation. The personal and the person were still included, yet focus appeared greater on client needs and service delivery. Nina described how she understood the personal identity of counselors as a means of matching them to client needs, a kind of parallel person of the counselor matching person of the client:

We have you know some therapists that are gay and lesbian, you know we have um (pauses) some of these things can be in specific areas very helpful you know and very challenging you know if you're looking at gay and lesbian in the (agency department) it's a very interesting kind of dynamic because you know you have a lot of the rough little kids there that um are very macho but um actually some of them are dealing with identity questions, some will, do you see? So I mean any kind of background I think can be very helpful as long as the interns learn to use it appropriately.

Generally, the four participants described similar focus on personal processing of emotions and included personal issues with a kind of professional boundary that compartmentalized personal issues from the supervision group, again with what appeared to be a greater focus on meeting a service delivery demand:

I do have one counselor who's out indefinitely (describes health issues) so it's ok how can we take her 50 clients so we start figuring out how we can spread that out, um our, so a lot of I'm going to be out I'm going to be out in may who can cover my groups...anything that's really too personal, when my counselor went out she shared what was going on with her and why she was where she was at and I've had

one other kind of disaster that was shared otherwise personal things are usually done in here with me. (Kelly)

Bringing in the personal and the person of the counselor for these participants was mixed with greater saturation of codes that also included meeting the demands of service delivery.

Bringing in the personal and the person of the supervisor. A large majority (8 of 11) of the participants shared interactions of how they entered into supervisory relationships with their own personal feelings, disclosures, or their personal approach, resulting in this sub-category. As previously described, participants used personal disclosure most often as a means of joining and leveling the hierarchy, sharing personal experiences, and facilitating human contact in their relationships. Sharing oneself as a supervisor appeared related to influencing supervisees:

We could talk about meaningful things. You know it wasn't, everything wasn't on a purely intellectual level that we would talk about, you know and I would let my interns know who I was personally and I would see who they were personally. It was more than a business relationship. It was a personal relationship involving personal and professional growth. (Char)

Bringing oneself in as the person of the supervisor appeared part of modeling an expectation and being willing to participate in an engaged way:

They'd know a whole lot about my passion and desire to know myself, to grow, to um to not hesitate to share my own experience at any one time to add to theirs. I don't I'm so conscious of not taking away and making this session about mine.... I feel that if I'm asking folks to be vulnerable then am I willing to be vulnerable? (Ed)

In addition to the multiple quotes from transcripts, I also observed how participants were personal and emotional with me. They shared more deeply than the content of their answers might imply; I experienced a range of emotion in our interactions from frustration and anger, to touching moments, tears, and shining moments of being

inspired in the work they do. Despite keeping a professional image, participants also shared some very personal reactions to their work including being personally affected by client and supervisees, their trials and tribulations with service demand or divides in culture, or simply their frustrations as well as touching moments when they felt they made a difference with clients. As a whole, the group of participants related personally, reflected on their experience, and drew out meaning in their work on a personal and emotional level.

Fostering Learning in a Shared Learning Environment

Related to the category *facilitating working relationships and structures to enhance the supervision process*, a vast majority (9 of 11) of the participants appeared to actively engage and facilitate relationships and structures focused on supervisee learning. This primary conceptual category emerged from descriptions related to how participants focused on the development of supervisees through their direct relationship with supervisees and how they facilitated interactions with other counselors in the organization. They described promoting the learning of their supervisees, learning from their supervisees, and facilitating shared learning in a collaborative manner in their work groups. The learning environment that participants created appeared to foster in supervisees a tolerance for learning from experience, learning from one another, and reflecting on their learning. Participants also provided resources for counselors beyond supervision to promote learning. Three sub-categories emerged within this broad category: *focusing the role and identity of the counselor, building on strengths and prior experiences*, and *developing new skills abilities and awareness*. While these themes

explore the focus on the supervisees, the broad theme outlines the context and relationships of learning.

Participants described the processes of learning they included in their supervision sessions, which encouraged allowing supervisees to learn from their mistakes while trusting in their ability--“giving them room to grow allowing them to make some mistakes and learning from them, um you know viewing them as part of our team and not interns” (Beth)--as well as respecting what the supervisee knows and learning from their new ideas:

We encourage them to use what they bring here because sometimes as supervisors we kind of get in our ways of doing things too and its' kind of fun to watch fresh excited ah, I want to try Gestalt, go for it I want to see it I want to see you in action! (Beth)

I sometimes learn from my interns, I had, they have sometimes some expertise in something I don't and I'll ask them, they'll give me handouts and stuff, so um, so I, so but at that moment I, you know, I learn. (Kirk)

Giving supervisees a chance to try out their ideas and consider the consequences, creating a reflective process that allows them to consider options before telling them what to do, and fostering the supervisee to have their own learning process--each appeared to be part of how participants guided supervisee learning:

She said something about oh I'll just go check with administration and they'll tell me what I need to know about this person and I just sat there and I didn't say anything and about 30 seconds later she said 'I can't do that that would be breaking confidentiality!' ...she said for her that was the beginning of knowing that a) she would make mistakes and b) I wouldn't jump on her or not let her have her own process. I wouldn't have let her leave the room or broken confidentiality. (Judy)

Mutual learning was facilitated with individual supervisees and within larger groups:

I very intentionally built the family therapy program at (agency) and I wanted that group learning, so where it took place outside of the supervision group, ah you know interns would come out of sessions and they could grab me for support but

if I wasn't there they would often grab each other...they would pull somebody into the counseling room and close the door and say I need to debrief, I need some support, I need some perspective here. So interns would use each other in a very positive way for that kind of support, um, they would do co-therapy and then they would receive co-therapy as in a supervisory experience where they could learn from each other's theoretical style and their personal styles--it was exciting, we had some interesting co-therapy matches where people would really gain a lot by working with somebody from a very different theoretical perspective. So, um, yeah it was a you know the (program) team was a very tight knit group. (Char)

Six participants like Char described specific ways they created and structured the environment to include learning from multiple other supervisors, from other counselors, providing workshops, supervision focused on training, and providing any additional experiences to expand their supervisee's repertoire.

Documents. Multiple documents covered this broad category and the sub-categories of *focusing on the role and identity of the counselor, building on strengths and prior experiences, developing new skills abilities and awareness, and seeing and charting counselor development*. Nine documents used in supervision sessions were geared toward specific questions or items that focused the counselor role, focused on assessing strengths, and included building skills; two of the documents charted counselor development based on a stage of experience.

Focusing the role and identity of the counselor. This sub-category was fairly heavily saturated with descriptions by all 11 participants describing how they focused the counselors into their work, defined their job and role as a counselor, promoted their personal style of counseling, and also how they worked with their theoretical and professional identity. Because it was related to counselor learning, I located it within the larger category of *fostering learning*. This category shared numerous codes with *bringing in the personal and the person of the counselor* as well as the upcoming

category *focusing on change*. Participants gave numerous examples of how they guided supervisees into the work, into their counseling role, and ultimately who they were as counselors.

Participants encouraged counselors in their role, valued their experiences, and taught them to trust their ability:

It comes mostly from experience and it's where it comes from for them too, and I want them to get to that point so if they're new, they'll be in here all the time and I'll say well ok what do you think. I want them to learn how to trust themselves in their clinical decisions because they're not that green, so I empower them, I trust them. (Kelly)

Supervision and the experience of counseling were viewed as an opportunity to develop the person of the counselor:

Because as most interns they come in and they think they've got to model the first therapist that, they've got to become that therapist and it's like you've got to become you. And so by passing them around to different people who know how to work with interns then they get that rounded experience. (Ula)

Witnessing the emergence of identity appeared exciting and meaningful for participants who noticed changes, highlighted the changes, and marked and confirmed the counselor identity:

Um, and there's some insight there and sometimes I'll hear or going off their recordings or something and I'll say "wow that was a great moment" where you can hear that they're not just some insecure intern any more, they're actually a therapist! (Kirk)

But just that love of the people that I do counseling with and seeing when an intern um seein' um learns to trust themselves, you know that they, they don't have to do it like somebody else. That they learn what their own way is, how their own, what their style is and so they don't have to copy you know think they have to be like somebody else but just develop their own who they are in their style. (Jan)

Focusing on role and identity also included helping counselors to explore and identify their career path. Just under half (5/11) of the participants described specific actions they took to help counselors develop their career goals and even finding permanent jobs:

I encourage them to look at where do you want to, I mean once they graduate you know they're number one goal is to get a job you know but that doesn't stop you from wanting to go start working towards what really draws you you know (laughing). Yeah, I think it's um a happy counselor is a better counselor (joyful laugh)! (Nina)

A majority (7 of 11) of the participants described sharing with supervisees that their role as a counselor was special, making them unique in their personal values in their decision to work with the challenges of clients: "I find that (laugh) there's maybe a little bit of craziness in all of us up here because we like the challenge we really like, this is it's ah, it's a deeper level challenge" (Ula).

Building on strengths and prior experiences. This subcategory was based on how the vast majority (9 of 11) of the participants recognized a supervisee's prior experiences, skills, strengths, and built upon them. The degree to which they incorporated prior experiences and identified strengths varied across a range from recognizing and valuing prior experience, to providing a full assessment of strengths and weaknesses, and developing a direct plan to build on strengths and to *develop new skills, abilities, and awareness* (described in the next category). "I think being honest, people want you to be honest with them. So finding the strength, finding the positive, but at the same the time being really clear and honest about what's not positive" (Roanna).

Many of the codes in this category crossed into other categories: *bringing in the personal and the person of the counselor* as well as *focusing on the role and identity of*

the counselor. Supporting their personal style and helping gain confidence was part of influencing counselors to own their own strengths:

The emphasis that my supervisors put on this with me and that I put on as a supervisor is find my supervisees' strengths. Get them to own that and help support them to grow in self confidence that what they do is something only they can do because of who they are and that nobody else can do this intervention they way that they do it. (Ed)

Working with strengths included developing a foundation for confidence to build on over time and the challenge to supervisees to continue to build their foundation:

So I put them in a place where we're playing into their strengths so while their getting acclimated in their own strength based position and once they're getting more comfortable and confident then we'll say now what's our next challenge...so I like to set out a time line with each one of the interns.... So they have a vision you know that when they come in that ok I'm going to start here and I'm gonna get moved so sometimes...we want you to be good at other areas too. (Ula)

Strength building appeared also with codes of motivating counselors in their work and helping them define their personal style of counseling.

Developing new skills, abilities, and awareness. Every participant (11 of 11) described training supervisees and *developing new skills, abilities, and awareness*. Participants cited lists of skills, abilities, and awareness, e.g., awareness of client issues, learning new treatment interventions, developing administrative skills, expanding their limits of their theoretical orientation, developing specific client population skills, developing organizational skills, developing emotional awareness, networking in the larger system, developing confidence, learning pragmatic counseling skills, fostering creativity, increasing their ability to influence clients, handling complex client issues, training for self care, instilling judgment, identifying burnout, teaching self-care techniques, increasing theoretical understanding, greater experiences with a variety of

clients, passing on the expertise of a population, teaching supervisees to work with their professional image, and more.

Participants appeared to vary from focusing the learning within the client relationship to expanding to a skill-based approach related to supervisee needs and learning interventions based on the client population they served. The learning could vary from a simple skill to greater complexity of the counseling relationship, the counselors' understanding of their roles, and their feelings as a guide to the client's issues. Jan described a supervision session teaching supervisees a kind of map of client types derived by assessing their own feelings in a counseling session:

So they're picking up that energy from the other person and because they that's not really their role but they think it is then they're feeling that pressure to do that (fix the client) when it's actually it's between the two people, not so much 'I'm inadequate 'as they're expecting something from me that isn't really my role. Just like meeting with someone that's borderline, helping them to see what comes up inside of them is is um showing them something about the client. You know like if you start feeling drained and like ooh, that's probably a signal that you have a client that is a certain, whatever it is. Then to help them see ok so if you're feeling that way now with this person that's a way for the next time that you start feeling that way you probably have another client that's similar to that. (Jan)

Overall, the primary areas of skills, ability, and awareness appeared to cover a range from awareness of client interactions, interventions and strategies, developing approach for counseling, and professional skills such as self-care or being professional. Training the supervisee appeared a central category; yet, it varied in focus across participants.

Protecting and Fortifying Counselors

This primary conceptual category includes components of protecting supervisees from influences of clients or outside sources, e.g., stakeholders, as well as protecting counselors from the demands of the work through self-care and wellness strategies. This

category relates closely to *responding to the demands of service delivery* and as a *response to the divide of cultures and devaluation of counseling and counselors*. It is perhaps a key strategy related to the demands, divides, and devaluation; it is placed here as it relates closely with social processes directly related to the supervisee. A key finding was that nearly all (10 of 11) of the participants oversaw well-being and conflict in relationships both external and internal to the organization and protected supervisees. They watched for adverse impacts on their supervisees and either appeared to buffer the impact through protection or fortified the supervisee with a response to meet the impact.

Participants protected counselors by intervening in conflicted relationships, directly communicating with outside sources such as lawyers, buffering or protecting them from administration, standing against administration on behalf of supervisees, terminating unfit counselors, teaching population specific skills to work with difficult clients, and through self-care and wellness. Wellness aided against the demands of service delivery and the impacts from clients as participants assessed, watched for, and taught counselors how to recognize and deal with burnout. Many of the self-care strategies were in a direct response to demanding service delivery and pressure and were also related to influencing how participants promoted this approach for supervisees to use with their clients, to avoid transference, to balance personal lives and maintain morale, and strategies used also to avoid burnout.

Kirk described intervening between his interns and lawyers involved with their clients:

We play a real advocate and supporting role for these interns so its not just education, for instance a lawyer has been calling my intern. Don't talk to lawyers! Rule number one is do not talk to lawyers. So I, you just tell him, 'I'm a student, I can't answer these questions.' If you have an issue, call my

supervisor. I try to make a little boundary around them, and I think that's important because, you know the interns here are especially by around February or March they start to get really stressed out, it's a big internship, they've got a lot going on. (Kirk)

In other cases, protecting supervisees from administration was described:

I very consciously knew it and I said I can't leave until these eight people get their masters, as bad as it gets, and the director tried to get me to quit, we had those moments, she said "you can quit right now!" and I was like "well no, I'm not going to do that" she tried, oh boy she tried to manipulate me to quit and I wouldn't because of the interns. If I quit, there's nobody here to protect those interns. (Char)

Beth described how it was important for her supervisee to demonstrate the same skills of expression and resolving conflict after a difficult interaction with the clients, even if that meant the counselor sought therapy to help her learn this process. She saw it as both fortifying her for the client work and as part of her relationship health. She recalled her interaction in supervision:

I think is most important for therapists is to be other than being present is to be genuine, people can read through b.s. now of course I work with a manipulative population. Um so that's where it started so talk to me about how did you feel when you saw that today. Mad. So how did you tell that person that you were frustrated or angry. Well I'm not going to. I immediately pick up on the fact that they don't work on their own stuff. So how are you going to teach or be the expert when you're in therapy with them to resolve conflict with their partner or with their parent or with their child if you're not comfortable doing it. (Beth)

Kelly, as did other participants, described ways to break the routine, support social interaction needs, and retreat from workload conversations. Their strategies demonstrated ways they were doing things for each other by sharing the work load to alleviate stress and stepping in for each other:

Some of the things we try implement into what we do is that we will go out to lunch as a team instead of having a team meeting we will have an ice cream social because we just need to, we need to just sit around the table and not talk about work. Um so we'll, we've had a retreat I would like to do another one, ah but we try to just do things for each other. Um birthdays you know we try to do some

things for each other and when we see somebody, whenever somebody just can't do a group whether their ill or something else is going on I really have to cancel a group or people step up and take or step in for the other person. (Kelly)

Being on the lookout for burnout and personal issues that might emerge with counselors and assuring that supervision was a place to name struggles and obtain support appeared to be a means of protecting and fortifying the counselor as well as have a direct function to monitor counselor impact and impairment as a means to protect clients:

Looking at what somebody can manage--should they even be in the room with somebody, if they're in the room with somebody how are they taking care of themselves and why are we coming to the conclusion that that's ok (providing counseling) right now? (Judy).

Just over half (6 of 11) of the participants described developing wellness and self-care within the agencies, promoting self care, and even assessing and establishing self-care expectations for their supervisees. Ed described consulting with teams and promoting an established wellness model:

So I really encourage the dance of continuing ed., stay open, read, do your own work, take your own time, personal leave, I'm big on self care. Big on self care. What are the mental health day policies here at these agencies. How can you be straight, not cheat, not have to lie, how can you as a team work together, to maybe give Jane a break, and you guys carry her load because she is going through a divorce or something--a wellness model internally. And emphasizing that--Key. (Ed)

Ula described her approach, noting how she saw wellness as highly integrated with the therapeutic relationship and change:

During supervision, I explain that a therapist cannot take a client beyond the the therapist's personal growth. With that being said I encourage the, the therapist or intern to develop personal goals about maintaining their physical and mental health. I promote healthy strategies in how to this as well as model it myself. I suggest they carry out regular self-assessments and use these measures to guard against burnout. If I see stress or burnout, I address it with them and ask what is

their plan to deal with it. If they are at a loss, I make available to them resources to assist. I will follow up on them to see how they are doing. (Ula)

Beth described her approach as integrated in supervision and within the organization, even citing that wellness was inherent in the organizational mission. She required self-care, stressed the importance of it, and saw it as a means to build motivation:

Almost immediately I look at ok, you know how do you take care of yourself, so I kind of assess what they do outside of school, outside of therapy ,outside of jobs outside of families, what do you do to take care of yourself? ...you've got to develop that plan because we will send you out to go take care of yourself if I feel like you're not.... And everybody likes that...I have them develop lists of things that they would like to do and I check in with them regularly, so how did that go? I have one now that has fallen in love with cooking. (Beth)

Six participants shared how they also engaged in their own self-care strategies: painting, biking, even taking a year's sabbatical. Beth described how she and her colleagues supported each other:

We have done it here where we can sense when we're getting a little, 'I can't deal with another child abuse case, or a child with broken bones or a woman beat to death' or whatever. Um we really stick close together, there's the three of us I think I mentioned that the last time you know and just the each of us have hobbies that we get into but we really make sure that we are taking care of ourselves. (Beth).

Five documents referred to counselor wellness: a mission statement and four documents used in supervision referred to counselor wellness. Specifically, the documents were used to discuss the impacts of clients and self-care. One set of documents was used to develop a supervisee wellness plan as part of their overall development plan that included their strengths and weaknesses.

Responding to Supervisee Inability and Impairment

A vast majority (10 of 11) of the participants had reactions to interns and supervisees around their ability to serve clients. This emergent category emerged as

participants often described critical moments of supervision in this vein. Responding to supervisee inability and impairment is one aspect of the supervisor's relationship with supervisees and appeared to be one of the more stressful events of supervision; it was also related to *reacting to the demands of service delivery*. This category is included here to highlight the importance of a counselor's ability to meet the demands of service delivery and the impacts upon participants when counselors fail to meet the demand. Impairment not only resulted in concern for clients but directly impacted participants, making it difficult to intervene with the supervisee:

I have supervised some people with mental health problems, clinicians, and I have to be sensitive, I have to be really sensitive about that and the boundaries. Sometimes it can be really problematic, I had a clinician last year I had to let her go because she refused to treat her (mental health diagnosis) and she wasn't functioning on the job and I gave her a lot of chances. You know and I even had her sign a release to her psychiatrist and all that, it was very uncomfortable for me. (Bree).

Participants described feeling frustrated by their unpreparedness for supervisee impairment and how the lack of preparation created a kind of instability:

For me it's a real struggle when whatever the process somebody lands here in internship and I realize after they've been accepted and after they've been here for awhile that there's really some tough issues...it's hard for me because of that feels a little like thin ice to me because I'm not so confident about how that person is performing with the clients and I'm not so sure what the clients are receiving. I don't like that. sometimes I actually um um get a little annoyed with the process of getting people ready for internship of thinking how the heck did they get this far? (Judy)

Others believed that counselors get stuck with clients because of their personal issues and appeared adamant that counselors in training work with their personal issues:

We get stuck because we don't, because of where we're at in our lives, we're triggered and my own biases, how many therapists, how many therapists graduate from universities and don't have to do a piece of their work which just drives me crazy. A passion of mine, there should be--that's unethical, for me, it's unethical to graduate from a university and not do your own counseling experiential. (Ed)

And yet the thing is you really need to watch out as you know they address at (university) too, are there people who may be, certain mental health issues who are falling through the cracks and progressing through the programs who probably should be taking time to work on their own stuff before they start, you know trying to work with others. (Kirk)

Supervisee lack of ability or failed delivery of service might ultimately be a detriment to other relationships. The importance of the relationships with clients, other counselors, and vested stakeholders was evident, having serious implications for professional relationships if not handled well:

A critical moment I had with a supervisee, it was a court situation where there was a document that it was court ordered...it did not get turned in by the intern and the intern was out for three or four days...the judge called us actually from the bench, called us and said 'where is this document that is court ordered to be here?' And we're like, 'I thought it was turned in.' So it was a mess. It was actually one of the worst incidences with an intern and it turned out to be pretty ugly for a while. It affected us out in the system. (Beth)

The supervisor's relationship with counselors played a role in the overall organization and depended on the counselor's foundational ability to serve clients and support meeting their needs through the vested interests of stakeholders. How participants related to clients had a bearing on supervision as well.

Social Processes with Counselors and Clients

Relating to Clients and Seeing Into Their World

The following set of social processes was described within the context of the supervisor's relationships with clients and counselors. Counselor is used here to highlight the counselor-client relationship; however, this set of relationships includes the supervisor's relationship in varying degrees with both. The first conceptual category within this context, *relating to clients and seeing into their world*, describes how participants had a vision for what was happening in the client's experiences and

described the relationships participants had with clients and counselors. This category describes the relationship the participants as supervisors had with the client, i.e., ways they made contact, how they understood clients, and how they knew what was happening during counseling sessions.

The participant's understanding of clients was used to make treatment decisions with supervisees, used as a means of helping supervisees gain empathy or develop specific responses to particular client interactions, used to assure treatment was being conducted ethically as a way for the supervisor to assess effectiveness or compliance by the counselor, to assess progress, to monitor transference and countertransference, and to monitor the counselor-client relationship. This category is highly related to how participants were *guided by the needs of the client and client welfare*.

All participants (11/11) noted ways they were able to see (i.e., have "vision") into the clients world, although most did so in very different ways. All 11 relied on the counselor to describe the client's experience and essentially knew the clients through their communication by the supervisee. Judy used her relationship with supervisees as a guide to knowing how the relationship might be occurring in counseling. She described how she worried about the accuracy and clarity of communication from supervisees and relied on her relationship with them to understand what was happening with clients:

I'm very cognizant of the relationship between myself and my supervisees and my trust in their candidness and what they're bringing me and how I'm hearing how they are working and my level of comfort with that. Um, so I feel like I'm the person that has to say can we manage that, is this a good match, does this seem to be going well with this particular client, am I missing anything in the report I'm getting? So from that point of view I would say one of my core principles as a supervisor is creating an environment for student interns so that they feel like they can actually tell me what's going on and if I can't get that that worries me. (Judy)

Slightly more than half (6/11) of the participants were immersed in the counseling environment and had direct contact with the clients they oversaw as a counselor within the organization. Some participants were immersed in day-to-day operations of the organization:

And some days I've thought this is just too much for my heart to hold and we had a female client who tried to OD with heroine in the bathroom and then (name) found her, you know she'd be dead, but she traumatized me because I saw her lying there blue. You know she's a baby, she's not even 21. (Bree)

Some (3 of 11) participants counseled as co-therapists with their supervisees, typically in a group setting. This method of seeing clients offered either a direct observation of the clients or offered a direct observation of their supervisees with clients:

They get their caseloads, I'm still sitting in the clients that they're working with me on...they (the supervisee) are very observant and they watch me, so one of the things I stress is being genuine, is key. Cuz you walk in and you have somebody who is experiencing (issues) in their own life are not going to be very objective if somebody is coming in describing something very similar...the afterward, the debriefing, yeah...if there's feedback that needs to be shared I'll give it then. (Beth)

Two (2 of 11) of the participants in this category provided the intake assessment for all the clients entering the organization--this way, they could see into the client's needs directly, match clients to counselors, develop treatment ideas to share with the counselors, etc.

A large majority (8 of 11) of the participants knew the client population they worked with because they were also counselors working with the same population as their supervisees. This offered them the opportunity to relate to the supervisee because they understood what the supervisee was experiencing, thus helping them establish empathy and understand the client's needs from their personal and direct experience.

This category relates closely with being *guided by experience as a counselor and*

knowledge of clients. These participants knew the clients well, described clients in exacting and precise details, and shared their tacit knowledge during supervision:

And in grief anyway it's that process of going into it they start feeling worse sometimes and not better and it takes a long long time especially for people who lose children or spouses. And so just that feeling of helplessness and that they might be feeling, leaving their session crying or you know not feeling better. (Jan)

Slightly over half (6 of 11) of the participants observed counseling sessions directly, had another counselor observe their supervisee, or listened to sessions through a recording. Direct observations might have been conducted by sitting in on a session without providing counseling or in one-way mirror rooms. "I'll hear or going off their recordings or something and I'll say 'wow that was a great moment' where you can hear that they're not just some insecure intern any more, they're actually a therapist" (Kirk). Ed described sitting in as an observer and a kind of guide, not providing counseling, but overseeing the process:

So all these families for a four hour session would be in one room and I would be one of the quote (elders). There were three of us who oversaw the whole program in a sense of monitoring what went on there. Ah, really supporting the therapists involved, giving them direction, but really leading that piece in terms of um making sure that the our objectives were met in term of content, communication, and that the field staff and the therapist together would also be part of it. (Ed)

Slightly less than half (5 of 11) made direct contact with clients, e.g., going to see them or receiving phone calls from a client:

Oh I think it's important that they have some relationship with the kids and also knowledge of what they're, of what's going on for them. You know the kids, I don't see them that often, or I'll say something, and they'll, you know that about me? And I'll say, I know everything, (laughs). That I know that, and that I have their best interest, that I keep that focus and we're here for them and that, that's where my decision making needs to come from. (Roanna)

A majority (7 of 11) cited ways they receive indirect feedback through evaluations completed by clients, referral sources providing feedback on clients, or complaints.

All of the participants used at least two means to look into the client's experience; most also saw clients directly and used that as a way to understand clients and transmit their knowledge to supervisees. In contrast, Ula was only one of two participants who did not provide counseling concurrently with supervision. Her perception of counseling while supervising was that there were potential impacts on personal balance, objectivity, managing work load, and in responses to the demands of the impacts on both clients and supervisees:

I think it's easier for me now to do clinical supervision since I'm more in a management position than it was when I was actually working, in the working with the clients as much directly. Because I found that when I was working with the clients directly I was always working with those issues and then dealing with another another staff or another interns issues got to be too much...the intensity of the toughness of this population is it's mentally exhausting...for me to work full time clinical work or full time with the clients and also doing clinical supervision was too much. I don't think that I was able to step back enough from it, to help be as objective as I needed to be when I was listening to the staff or the interns with what was going on. (Ula)

She felt she could be more objective by stepping back from counseling work. This category highlighted the variety of ways participants engaged clients and saw into their interactions with counselors.

Documents. Documents related directly to assessing clients were the client survey and the client intake. Both appeared to give the supervisor further information they were able to use in supervision.

Observations. I noticed a difference in settings with differing client modalities: those who served outpatient individuals, to where groups were held, to residential facilities, to the ways in which participants were exposed to clients. Those in residential

facilities walked through the client groups at any given time and were exposed to informal contacts of clients or even simply client noise in the background such as yelling, crying, or otherwise. Often when groups were held or educational programs held, participants could look in as they passed by.

Where counseling was provided in individual offices, participants were removed from informal contact, though they might have had contact if they also served in a counseling capacity or conducted intake. In other cases, the physical layout of the building also appeared to determine the amount of contact, i.e., if offices were located away from any counseling areas. Overall, participants used their contact with clients to understand client needs and bring this understanding into their working relationships with supervisees.

Influencing Client Change Through the Counselor's Interaction with Clients

All (11 of 11) participants appeared to use their social interactions with supervisees as a means to influence clients, resulting in the conceptual category *influencing change through the counselor's interaction with clients*. Influencing change included four interwoven sub-categories: *addressing the mutual impacts between client and counselor*, *focusing the counselor on their role in client change*, *influencing change in the counseling relationship*, and *influencing the counseling relationship in parallel with the supervision relationship*. Influence in this category appeared related to the category and subcategories within *relating to the supervisee*.

Influence appeared to be used in the form of modeling an approach with clients, processing emotional reactions to clients, removing supervisee's emotional barriers to do

the work, sharing tacit knowledge of client reactions, focusing on what was involved in client change, learning how change works, and an understanding that the manner in which the supervisor relationship with the supervisee/counselor was conducted had a parallel influence on the relationship between the counselor and client. This broad category appeared to me to be a threshold where the social processes of stakeholders, administration, and supervision merged with the social processes of counseling that included the supervisee acting as counselor with clients.

Addressing the mutual impacts between client and counselor. On a fundamental level, this subcategory could be conceptualized as addressing transference and counter-transference in the counselor-client relationship. The descriptions given provided a complexity and I avoided describing them as transference to get to what appeared to be a mutuality of impact that participants described in counselor-client interactions. All (11 of 11) participants addressed the impacts of clients on the supervisee and a vast majority (9 of 11) of the participants addressed the mutual impact between supervisee and client. This process involved fairly complex strategies participants used to explore mutual impact and used this understanding to further supervision and counseling.

Participants appeared to process counselor's emotional responses to clients and help them clear the way to do the work:

So you know are kids are talking about sex abuse, and the abuse that they, were, you know, that they inflicted on other people, this is hard to hear, you know, and so a lot of it is just processing what they are hearing. Um, I would say a first year therapist it's a lot about processing what they are hearing. (Roanna)

The necessity to address transference and counter-transference were described directly by participants as an important part of helping counselors get through stuck places:

Occasionally if there's someone that they're talking about and they feel really stuck and they don't know what to do with them it might lead into that transference and countertransference so we'll talk about that. A lot of it is them talking about how it's going for them, you know if they have questions or problems with somebody and what the underlying, what it is in them that makes it difficult for them. What I try to do is make it more about what's going on with them personally and what it's bringing up for them. (Jan)

The process of removing potential bias appeared related to helping the supervisee create an alliance, focus on their role, and moderate their use of challenge in accordance with seeing the client's needs:

You want a working relationship, not a one up relationship, so um the clients especially when you're working with a population where you have the bias that they're low functioning, etc. they may not be low functioning in some areas, you know and ah and plus there may have been reasons so you don't want to start assuming you know. So it's this idea to be very careful in actually reading the assessment for being careful to continue assessing um don't under challenge or over challenge the client, take them serious, be respectful, you know and then watch for basic issues. (Nina)

Beth described the necessity to explore triggers and counter-transference as a part of counselor development with almost an inevitability that reactions are to be expected, especially working with a difficult client population:

I think, here's a barrier. Is when they do come in here with a lot of their own issues that they're not willing to look at or have not dealt with yeah you probably want to work on that if you want to be effective you probably want to work on that, so it's not like they come in here knowing I have a whole lot of crap sitting on my shoulders, it's when they get triggered and realize 'oh my gosh'.... One time a woman walked out of group with me and she was just you could tell she was just kind of shocked at what happened in group and I didn't even see it because I'm so used to the group um these particular this particular group too and I said what's wrong? Her husband, my father, oh and then she was nervous going back into group and it's like ok we got some work to do (laughs). (Beth)

Two participants in this category described overt social interactions that appeared to address mutual impact within the supervisor-supervisee relationship, i.e., transference

and counter-transference in supervision itself. These participants observed the role they played with counselors and ways they shared with counselors to provide a transparency:

I think I actually hold it better than I did a couple of years ago but I think they would say they feel fairly nourished and nurtured and I think I've kind of chilled out on some of the mom energy a bit, I don't think it was huge but yeah, they're going to know, I'll often use parallels of parenting as examples in supervision so they know I have a kid and I'll tell the little stories and that feels really ok to me and yeah. I try to make a practice of without frightening them of you know not being afraid to let them know I'm having a hard day or struggling. (Judy)

Ed furthered:

And sometimes you know somebody where it's obvious with my grey hair I'm (upper middle age) I'm supervising somebody who is 30 I need to be aware that I'm probably a daddy on some level here, you know and I need to even check it out and say, you know it feels like you might be undermining your position a bit and looking to dad here or maybe it's even grandpa you know for my wisdom. I can give you my wisdom but let's talk about what you might be doing with me here. (Ed)

The exploration of the impacts of the client on the counselor, and the counselor on the client, played a part in removing emotional barriers to change. Participants also focused on change itself.

Focusing the counselor on their role in client change. The majority (7 of 11) of participants focused counselors on their role in client change while providing an understanding of what change was and how change occurred, resulting in this subcategory. They guided the supervisee to understand expectations of change for a particular client or client population, what they might see or not see, and helped the supervisee to match their pace to the client's pace of change:

That people grow at their own pace, whether it's a client or whether it's an intern and to respect that pace knowing that, you know as long as they're moving forward in the right direction as long as it's positive movement that um it's important not to push too hard. That things will fall into place, you know again as long as the container is held and the movement in the right direction is going, to

not be impatient for something to move more quickly or sometimes more slowly.
(Char)

They established an overall perspective on the environment and pace of change, focused the supervisee's approach, and included a specific understanding the client population and what was being changed:

That's definitely something of saying what environment are we in what's appropriate for now the pacing of therapy and looking at that with particular individuals helping people learn that trauma doesn't always mean diving into deep pain. (Judy)

Participants helped supervisees understand their role in change, moving from being a fixer to working in the overall process. They helped supervisees see actual possibilities given the circumstances, managed supervisee expectations in the face of the reality, and dropped preconceived notions of change and setting realistic expectations:

I think the best thing I know that I can relate to my interns about clients is that there's not this nice progressive line of progress.... It's more like ang, ang (drawing his finger in a random circular motion). And they think they're not going to fall back into old patterns, they're just going to progress nicely, and at the end of the year they'll be better off. And you know what I tell them some times, 'you're only going to be here for nine months at best' um, 'you know you may not change anything that you can actually see,' I like to tell them, but 'just know that you're making a difference even though you may not see it, it may be frustrating because you think there's going to be this nice progression toward dealing with their issues or health, and it doesn't always look like that, or feel like that and it can feel very frustrating.' (Kirk)

Focusing on change appeared to be a step in the process of influencing client change as participants focused even further into the supervisee's relationship with their clients.

Influencing change in the counseling relationship. All (11 of 11) participants described a strategy, manner, or social interactions when they influenced counselors in their work with clients. During this part of the interview, I used questions that asked for specific social interactions used throughout their time in supervision sessions. Two

groups with distinct codes emerged in this category--one focused on client change through relationships and the other appeared to focus on client change through stakeholder requirements.

Just under half (5/11) of the participants' transcripts had a greater number of codes focused on monitoring change and making treatment decisions. In this group, monitoring change, collaborating to decide on interventions, following up with interventions, and assuring treatment outcomes were some of the primary interactions.

I went through that with her I went through how she's doing her clinical notes and where they were to standards we need them to be up to treatment plan, treatment plan reviews you know and just going through it and just kind of saying ok what my intent here is to help you build this foundation make sure you have the foundation of the paper work stuff correct and then we can start working on more deeper levels about how to write different treatment plans. (U1a).

The participants in this group were those who were guided and heavily impacted by stakeholder and administrative requirements. A greater focus was placed on treatment decisions and monitoring change to assure compliance. The focus on change appeared influenced by stakeholder requirements:

Every time we evaluate a kid at his monthly, we have to justify why the state or the county is paying this much money to be here. And that's on the clinical director in that way. So that's another piece of that weekly supervision is holding that in mind. That your saying your name that they're, that they have to be treated at this level of care and wouldn't be able to be treated at a lower level of care and why. (Roanna)

In the second group of participants, just over half (6/11) appeared focused on influencing change through the counselor with far more saturation of codes describing their social interactions with supervisees and focusing on the counselor-client relationships. Making treatment decisions remained a part of the process; however, the

focus on interactions with counselor and client appeared more prominent and stakeholder and administrative needs were less prominent in the descriptions:

The goals were huge for me, I would want to know within three, essentially meeting with the client three to four times what those client's goals were.... I want to hear a kind of the, the um the sense of the sessions, you now was there connection, what interventions used, um, you know frustration, resistance, blocks, counter-transference, I mean we went over all kinds of stuff, based on what, who the client, what the client system was, what their goals were. (Char)

I just check in on every client fairly regularly so that no one's sort of hanging out there working with somebody that I don't have some understanding of how that's going and what it looks like and what the client's issues are...so I gave her homework this week, of saying I want you to take these three clients and tell me what they've learned from their time with you over these last three to six months. (Judy)

In addition to influencing the counseling relationship, participants described their own relationships with supervisees and made connections between relationships.

Documents. Six documents were directly related to addressing the mutual impacts (transference-countertransference) between client and counselor, focusing on change, influencing change, and influencing the counseling relationship in parallel with the supervision relationships. These documents included an agenda and addressed any triggers or influence from clients (one stated directly “transference-counter-transference”) as well as focused on the treatment planning decisions for supervision. In addition, one described both what the supervisee would change in their approach as well as what was expected for the client to change, giving some indication of the supervisor's intentions to influence the counseling relationship in parallel with the supervision relationship.

Influencing the counseling relationship in parallel with the supervision relationship. In this subcategory, all (11 of 11) participants described parallels between what happened in supervision and their expectations for counseling sessions. Their

descriptions of social interaction in supervision overlapped those of their supervisee's counseling sessions. They noted their ability to influence client treatment through their relationship with the supervisee. Participants described knowing that their work with supervisees would be translated into the counseling session:

I immediately pick up on the fact that they don't work on their own stuff. So how are you going to teach or be the expert when you're in therapy with them to resolve conflict with their partner or with their parent or with their child if you're not comfortable doing it. (Beth)

Participant's influence included developing social interactions with their supervisee that could then be brought into therapy:

Contact is more than eye contact, it's about heart to heart soul to soul, I mean it's the deeper energy and having me focus on that with you (supervisee) that we're doing something here, is to feel good enough, when they run and see a client they don't see a problem they see a person and then once they see a person, they can address the problem. What you're (speaking as if to a supervisee) experiencing here, take that with you into therapy. (Ed)

The participants noted that the direction of influence was from supervision into counseling. Yet there appeared to be an understanding that the supervision relationship overlapped with the counseling relationship:

It was more than a business relationship. It was a personal relationship involving personal and professional growth. And I would hold that container. And it was often, um, unsaid, unspoken, that I would hold that container. And we held the container for the clients, without necessarily ever talking about it. Seeing them as, you know, people on a journey of growth in their lives. (Char)

The social processes of supervision in the context of supervisee and client relationships included both direct and indirect vision of the supervisor *seeing into the client's world* and using that understanding to influence change through the counseling relationship. Participants also navigated all of the relationships of supervision through multiple guiding factors.

Mapping and Navigating Supervision: Guides to Supervision in the Applied Counseling Setting

This section explores the results specifically related to guiding question two:

What guides supervisors in their interaction with counselors, clients, the organization and community? The purpose of this question was to assess how participants navigated the multiple complex relationships, i.e., the supervisory context in client-counselor, counselor-supervisor, supervisor-administration, and supervisors-stakeholder/community relationships. Twelve guides were identified and resulted in the overall conceptual category of *guides to supervision* that I divided into three supervisor “locus of control” groups based on broad similarities of the sub-categories. The loci included (a) guides external to the supervisor found in the context of the organization and community, (b) guides based in relationships and needs of others, and (c) guides internal to the supervisor.

I ascertained supervisor’s guides to supervision in two ways: one through direct questions about what guided their decisions and approach and by making inferences from a review of the full descriptions of what actions, communication, and decisions they made during supervision sessions. Their responses indicated that there were complex maps used to navigate supervisory relationships in the applied setting. I also inquired directly as to what, if any theories guided participants including participants’ preferred theories of counseling as well as if they used any supervision theories. This category describes the maps participants constructed and used to guide their work across all contexts of the community and stakeholders, administration and the organization, relating to the supervisee, and as they guided the counselor-client relationship.

Guides External to the Supervisor

External guides to supervision implied some written or formal body of understanding that was outside the supervisor. This grouping included the following sub-categories: *maintaining ethical boundaries in supervision, commitment to the mission of the organization, following stakeholder requirements, and following administrative policies and procedures*. Although it could be argued that ethics might come from within a participant's moral level of decision-making, the overall responses of participants leaned toward standards of the profession.

Maintaining ethical boundaries in supervision. A large majority (8 of 11) of the participants responded to the necessity to maintain ethical standards, citing examples of maintaining confidentiality, abuse reporting, protecting clients, and more. The ethical and professional standards might be looked upon as an external standard that participants used to map treatment and this map to be followed appeared to guide their interactions with counselors and clients. Kirk responded similarly to other participants who described the role of supervision and a required boundary:

I think one, one of it is, just the first one is an ethical framework. It's that that I make sure that I have an ethical relationship with the intern that their practicing ethically, that I'm practicing ethically that we're not having any, you know weird stuff or dual relationships coming in, to our relationship.

All participants provided descriptions of protecting clients, maintaining the welfare of clients, and providing best treatment while monitoring the supervisee's interactions in therapy. Judy, for example, described managing risk and how she held a supervisee accountable, especially considering the supervisee's development, ability, and readiness to act independently:

So an intern said to me last week oh I made a choice to do this thing that felt a little risky and I said actually I said I'm ok with that but I want you to think for a moment that you said you made a choice that was risky. It would have been appropriate to come to me before you made that choice, to hold that because we're working together and I'm your supervisor, you're not working independently yet. (Judy)

Many more descriptions were provided of examples of intervening to maintain boundaries to protect clients, providing best treatment, and more.

Commitment to the mission of the organization. Just over half (6/11) of the participants described their commitment to their organizational mission, referring to the components of the mission as they described their supervision interventions or expectations for supervisees. For Kirk, the mission defined who participated and formed the working culture of the organization:

I'm committed to the mission, cuz if I didn't I would be here, and this is, it's not for everybody. I'm committed to the community. I also uh, get to be um, what's called the credentialing committee, I think it's to me is the most important committee because it's where we bring in people to the practice We're bringing into the practice the pro-bono people who are a good fit for our ah mission. (Kirk)

The mission served as a guide multiple ways, i.e., as a belief leading to a commitment to client care:"Our mission statement, you know the key part about our mission statement, is we believe people can change" (name removed for confidentiality). That belief helped this participant maintain a commitment to clients while working in a split culture that otherwise would not necessarily value such an approach:

You get half of the you can take a poll right now and take half the staff and half the staff say therapy is a joke you might as well just house em and not waste our money We believe in what we do and we realize that we don't have the magic bullet. I'm just speaking for the team I'd say that we really feel that we're doing our part to help people change. (name removed for confidentiality)

Following stakeholder requirements. Some (4 of 11) participants described the impact of stakeholder requirements on the supervision process. Although this was not a saturated category across participants, I reported this category as it was heavily saturated for four participants; each of them also described having many requirements to fulfill for stakeholders who were external to the organization. Below I have noted that seven participants described being guided by administrative requirements. Administrators also communicate the requirements of stakeholders down through the hierarchy and it was my observation that those reporting stakeholder requirements had a deeper reach into the organization by stakeholders. I noted also that these same four participants also had very difficult client populations with severe mental health conditions, perhaps requiring a greater vested interest by more external stakeholders and a contractual obligation to provide service delivery:

Well if it's my staff what guides me is the job at hand with you know if I'm supervising them uh, as they do an intent of treatment program I want to make sure that they're doing what we're supposed to be doing via our contract (that we need to follow under um (regulatory agency) so I've always got several tracks going on in my head because I'm thinking of you know is it the school is it the (regulatory agency) is it the contract with the (stakeholder)...staying within the rules of ah just the rules of (organization) itself so I'm always running several different tracks in my head at the time so when I'm working with a client or not a client but when I'm working with the student or a staff person I'm just kind of keeping all of those mindful as I'm working with them. (Ula)

The importance of following stakeholder requirements appeared related to type of treatment, justification of treatment, the funding sources, and volumes of requirements for participants to follow:

Well there is so much, um, you know even that piece about justifying why they're here and what that looks like and how we do that. There are you know the book standards that we have to follow for just our division is just about this big (she gestured a three-inch thickness) and for the state licensing, because were licensed through the state is the same, two and a half, three inches. (Roanna)

Stakeholder requirements in the four cases appeared to directly influence supervision conversations by dictating treatment decisions at all levels:

And actually the (stakeholder oversight board) dictates that we make all decisions we make about these kids as a team. It's hard work so it's nice to know you have a team behind you making those decisions and being creative about it also ...includes their parents, includes their parole officer, their client manager, it includes their therapist, and it also includes our milieu staff. (Roanna)

Thus, although this category was not the primary guide for the majority of participants, when it was, it seemed to have far reaching impacts on the processes of supervision for some.

Following administrative policies and procedures. A majority of the participants (6/11) described how administrative policies and procedures influenced the course of supervision. There was a relationship between this category and the supervisor's reactions to the demands of the workload. While following administrative requirements might not be significant, what seemed to be unique in this category were the descriptions of how this impacted supervision for some but not others. Nina described that while the requirements were negative, they weren't a primary guide for supervising:

In the beginning it's more. I mean when an intern first starts you know you um it's kind of like I have to go in there (points to her computer monitor) and look you know I can pull up everything I can look every note they make.... So this is one of the things that especially in the beginning of an internship I'm looking for that I have to you know. And after that it's not such a big deal. (Ula)

When either stakeholder or administrative demands were high, they became an initial and what appeared to be an overwhelming guide to supervision:

Well um my guidance of course is some of it comes from administration I've got to, I have to, they are somewhat of my guide of some of the things that need to be said to them um whether it's you know we have benchmarks for the mental health side for the domestic violence side for the substance abuse side so there may be just some administrative like remember to code this differently kind of thing so those kind of things will guide me things that have been brought up in

administration otherwise my guide is I actually do ask them is there any issues going on for you is there anything that we that we need to discuss...in those kinds of situations more administrative type things of remember to send me the attendance sheet. (Kelly)

The subcategory *guided by following administrative policies and procedure* appeared directly related to *responding to pressures of procedure, performance, and service delivery* as well as the *responding to the divides of cultures and devaluation of counseling*. For example, Kelly, as did others in this category, described the differences in value for working to meet client needs and the impact of the administration's requirement, related to their accountability to stakeholders.

Guides Found in Needs and Relationships

The guides found in needs and relationships implied the ways participants viewed relationships according to what was needed by others, needed in relationships, and how participants proceeded to fulfill those needs. Four subcategories were included in this grouping: *needs of the supervisee*, *seeing and charting counselor development*, *needs of the client and client welfare*, and *theories of counseling used in supervision*. Although theories might be an outside written source or even included as an internalized learned experience, I included them between the external and internal guides because the descriptions existed in both loci. Participants described their use of counseling theories as their preferred style of counseling and how they used theories to assess needs, facilitate relationships, and meet the needs throughout various contexts.

Needs of the supervisee. An overwhelming majority (10 of 11) of the participants stated that they were guided by the needs of their supervisees during their interactions. Participants often used supervisees' needs as a starting point for

supervision. For Jan, the answer to what guided her decisions was straightforward: “whatever they need to talk about.” And then assessing if she had met the need by soliciting feedback, “they respond and they give me the feedback that they learned something.” The counselor’s ideas for treatment and what guided the counselor, including their treatment ideas, often guided the conversations: “One thing I mean I like to listen first and foremost what I think what I really like to do is find out what the clinician would like or the intern, what’s really guiding them first” (Bree).

Needs of supervisees generally included whatever they brought to session, e.g., stuck points, wanting to discuss treatment ideas, their need to understand procedure, processing reactions to clients, and more. Beth described that one of her guides was to meet the specific needs of the supervisee, particularly developing strategies for counseling sessions:

So to be most successful the supervisor I believe for me would be ah giving what intern needs most in their intern program or practicum. So, if you walked out of here with a better understanding of what um therapy means. Giving them sound direction um giving them room to grow allowing them to make some mistakes and learning from them, um you know viewing them as part of our team and not interns providing them with ample area supplies access to the client files, we meet with them and talk about the case prior then meeting some ideas from them about how they want to approach it. (Beth)

One participant did not directly describe being guided by meeting the needs of the supervisees; however, it was evident in her description she was compelled to try and meet another kind of need--to help them meet their demands of service delivery. Recall previously, that her department was overwhelmed by very high demands coming down through administration. The needs of the supervisees in this example appeared centered on their needs to meet administrative demands:

If administration is not going to provide those support systems that they need that I need to find out what they can be...even if I have to go and I don't think I would be stepping on anyone's toes and even if I have to step over my supervisor and his supervisor to go to the person that's over (larger organizational body) and say (hits chair arm) ok if you tell me that I've got to go back to my supervisor I'll do it but you're the boss over these people that I need some support from (you) and this is what I need, is it possible? (Kelly)

Although no less focused on supervisee needs, this outlier provided the possibility that high demands from stakeholders and administration might change the needs focus of supervisees and thus the focus of participants attempting to meet that need.

Seeing and charting counselor development. The social processes of *focusing the role and identity of the counselor, building on strengths and prior experiences, and developing new skills, abilities, and awareness* also included a large majority (8 of 11) of the participants' social interaction aimed at the development of their supervisees.

Participants described specific changes in supervisees over time and accounted for counselor changes in skill and ability. They also described changes based on supervisees' time in the organization and their experience with clients; that development was also impacted by the clients. Development appeared to guide their decisions and interactions, giving them an overall map and measure of counselor development:

I would watch interns jump levels. There were several stages of their development as an intern, usually about three months in, and nine months in. Three months in they'd go from 'oh my god I barely know what I'm doing help' to feeling confident, and then somewhere in the eight to nine months in they'd jump a level where they'd really taken their seat as a therapist and were really developing their own styles. (Char)

Participants noted that developmental changes also appeared related to the supervision relationship and how they might adjust their approach according to the changes occurring:

What I experienced, it actually happens almost every year around I'd say February or March where the intern, it's like with students some times, the intern doesn't need you quite as much and they actually come up with stuff on their own and so it's that moment where you kind of see that you laid really good groundwork, a framework for them, being a little more autonomous. I'd say that (being collegial) happens more toward the end of the year than the beginning of the year. And I think that's one of the really fun things about supervision is you really do see things move from you know August through May (Kirk).

Although specific to time, the organization, and changes in ability participant descriptions appeared broad. Causes or reasons for changes were not always understood:

Typically about a year that a therapist, it takes for therapist to really understand what's going on here, to understand who this population is, how to work with them...it takes about a year to feel really confident in doing that work. And then about 15 months into their program, they're into their job here, they feel like they just kind of lose it all, and they feel like they forgot everything that they know and they feel completely incompetent, and it just happens, I don't know why. (Roanna)

Of the eight participants, six described adjusting their approach with supervisees based on the supervisees' development. Participants adjusted being directive versus guiding as well as adapting their supervision approach to the supervisees' specific needs:

In the beginning I feel much more structured and directive um I use directive with a grain of salt because I again want them to develop the confidence to say gosh that doesn't feel right to me or I'm not sure you're getting this client. (Judy)

I guide my supervision based on where the intern is time wise in the internship. At the beginning I am more directive, with suggestions, clarifying questions, tools, interventions, education.....the things that support a new intern in assessing and understanding the cases/clients they are working with. As they become more grounded and sophisticated as therapists I support them in becoming more directive ins sessions, taking appropriate therapeutic risks, trying new interventions, and figuring out their own therapeutic style. (Char)

Developmental theory was not directly cited by participants as a guide to supervision nor did any participant report developmental supervision theory training. However, participants in applied settings appeared to use their developmental understanding with supervisees. For a large majority of the participants, development appeared to play a role

both conceptually as a map and as a guide to experience and directly in the choices and ways participants interacted with counselors.

Needs of the client and client welfare. All participants (11 of 11) gave descriptions of being guided by the needs of clients and focusing supervisees on meeting those needs as an overall map for supervision. This category included protecting clients by guarding ethical boundaries: “Ongoing we’re looking at the ethics and kind of the demands of the discipline what those boundaries are do I need to report something do I not. Is this person safe have I assessed suicidality, some of those issues” (Judy). Or in protecting the client in their interactions with the counselor:

So the male intern gets a fair number of young women. He’s a very dignified well practiced young man and he’s also attractive and so one of the things that we’ve been talking about is titrating language so versus (him) saying in a Yalom sort of way to a young 22 year old ‘so I do want to check in how’s our relationship going’ (laughs). (Judy)

Participants also used their knowledge of clients including meeting subtle needs:

If you look at other agencies they’ll do either victim treatment or they’ll just do offender treatment. And the state standards are very strict about having offenders and victims in the same building so we have tweaked our program to um follow the state standards and they allowed us then to go ahead and provide the whole family services. But what is unique is we believe that families want to be together, even those that have violence in them. So what we try to do is we work with the family together, well separate, then together. (Beth)

Up front assessment and meeting needs of clients was described as an initial and ongoing guide:

A lot of times the client comes in and they either only have a therapist or they have a therapist with a doctor, you know so any determination of needs, the first person that they meet is their therapist you know so um you know I would stress with my intern as well that linkage advocacy and things are important parts when you’re working in a community mental health center. (Nina)

A focus on client needs made the treatment plan a primary organizing document described by a vast majority (9 of 11) of the participants who used it as a map for supervision: “The goals were huge for me, I would want to know within three, essentially meeting with the client three to four times what those client’s goals were, because those were huge, that was the map that was driving the therapy” (Char). Taking care of clients was a highly saturated theme that also appeared to be held up as more than meeting ethical requirements but an unquestioned commitment to clients:

I have always said, I will not write you up for the same thing twice. If I have to write you up you should probably start looking for another job. I mean these are clients lives we are talking about, you cannot do this wrong I know that, and that I have their best interest, that I keep that focus and we’re here for them and that, that’s where my decision making needs to come from. (Roanna)

Theories of counseling in supervision. All (11 of 11) of the participants described the ways they used counseling theories as part of supervision. Nearly all (10/11) participants stated they did not follow a specific theory of supervision; yet each used a theoretical approach they used with clients as part of supervision. The vast majority (9 of 11) of the participants demonstrated their use of theory as a primary means to facilitate supervision, i.e., to use their preferred mode that they used with clients as a way to further the supervision relationship or to influence the client-counselor relationship. These participants expected their supervisee to adhere to their theory or use similar interventions in session. Jan described her use of theory:

It’s humanistic first yeah to really just join with them and um so they trust, bottom line to start with. Very non-directive but occasionally depending on the client like uh most of the time it’s um helping them to find what will work for them so being just an assistant in that way.

She diverged from the theoretical preference when the situation called for it: “But occasionally having someone who’s really really stuck and so being more directive”

(Jan). Participants were distinct in their use of theory. When I asked Char about her personal approach to counseling and how she might be guided by that in supervision, she replied:

Oh you mean, those are two different questions. So my modalities were primarily systemic based I looked at everything from systems theory, but that didn't mean that I expected them to work primarily out of family systems theory. In terms of supervision, I was coming from a kind of non-hierarchical collaborative effort where I didn't want to tell them what I knew primarily. (Char)

Three participants used their theory of counseling in supervision as an expectation that supervisees use the theory because it was part of the organization's program. Ula's organization held a similar expectation that cognitive behavioral therapy be used with clients and to also facilitate supervision:

Ah basically we tell them if they're here they've got to use cognitive behavioral therapy. That's a program protocol that's a program requirement. You can be whatever else you want to be but while you're here you need to use this and you need to learn it. Just use the same kind of skill (with supervisees in supervision) they, of cognitive behavior with um making it kind of a planned out, think it through um giving homework, you know just kind of using it.

In contrast, although Nina practiced counseling using a different therapeutic approach than her organization required, cognitive behavioral therapy was used more as a measure of client outcomes for assuring stakeholders than used as a means of counseling:

We have to document most things cognitive behaviorally, that is how we measure the process. It's how we measure outcome it doesn't necessarily mean that's how we do therapy but that's how we measure outcome because we have to show progress and cognitive behavioral is the easiest way, they either did or didn't do it. We have specialty teams and ah you can use eclectic ways to get through to the client.

A vast majority (9 of 11) noted using integrating multiple models and theories in their approach to supervision: "I also use non-violent communication a lot as a way of establishing common language and getting down to I think it's incredibly useful to get

down to needs after you get those feelings and then go then what?" (Judy). Four participants described using their theoretical approach to manage larger teams and work within the organization:

I find them (administrative standards) to be a challenge when there's not, when you tell somebody they have to do something but your not going to provide how you're going to have it happen, they (the counselors) would say I'm solution focused, I will seek out the solution. (Kelly)

Guides Internal to the Supervisor

The grouping *guides internal to the supervisor* included four emergent subcategories: *experience as a counselor and knowledge of clients; past experiences of being a supervisor; personal ability, awareness, understanding, values, and/or motivation; and making meaning and finding motivation*. These guides were described by participants as part of their past learned experiences, often internalized, and recalled as they discussed what they felt guided them in their interactions. I inferred in the descriptions that participants' descriptions of these subcategories had a quality of tacit knowledge that many had not openly discussed or readily recalled as guiding factors. However, once having done so, my observations of their reactions were that they had a more personal, emotional quality.

Experience as a counselor and knowledge of clients. All (11 of 11) of the participants used their experiences of being a counselor and their understanding of clients and the application of counseling to specific populations or specific mental health issues as a guide to supervision. Experiences both current and prior informed participants-- whether they used their experiences from having been a prior counselor, currently counseling the same population as their supervisees, or providing co-therapy:

Now in the session that I have (as a co-therapist with the counselor) we always do afterwards, 'how do you think it went,' and we have that kind of conversation. If there's something that pops up we reserve that for the actual supervision since our time is the afterward, the debriefing, yeah. So what we do, I let the person that person I am supervising start it off so where ever they're at at that given time start bringing it in if there's feedback that needs to be shared I'll give it then. (Beth)

Participants also described in acute detail the ways in which they knew and understood their client populations. They had developed considerable tacit understanding and empathy for their clients that they attempted to pass on to their supervisees as exemplified in the level of detail in their descriptions of conversations with supervisees:

I think that the biggest thing that I would say is that they're kind of like teenagers. You have to read through their irritability and angst and standoffishness. And know that it really belies deeper stuff. If you can get past that and not get insulted by that and be able to work with that than you can get to the core. I think the mental defenses are very high and there's very little trust and for good reason. They don't trust people they've been abandoned again and again not just childhood stuff but think about the turnover rate in this profession also. (Bree)

Bree used her understanding of the clients to help her supervisees develop the skills to look beyond the insults and to work at deeper levels. Each of the participants described implicit details about clients that I interpreted to show a strong knowledge of clients based on their experiences with clients.

Documents. In four participant settings, program brochures describing counseling services referred to the experience of the counselors and their understanding of client problems. The descriptions indicated an expertise and a deeper understanding according to the specific client populations being treated.

Observations. Five participants with whom I toured their facility described particular knowledge they had learned in their experiences of being immersed with clients in various counseling areas. For example, one participant took me into a wing where high level offenders were housed and described the various strategies she was

required to use to fortify her psychologically to even walk through the halls and hear their jeers and insults. Another described particular ways she would position clients in the counseling area to allow them to process more deeply. Still another described the necessity to set up safe boundaries based on the specific behaviors of clients.

Past experiences of being a supervisor. An overwhelming majority (10 of 11) of the participants described that they were guided by prior learning, experiences, and/or critical incidents gained over time as a supervisor. Participants described facing adversity and uncertainty in supervisory work:

I feel like, some of the critical moments when I think of my job...as a supervisor. You don't know how you're going to act when you're faced with adversity. You can speculate all day long, but you don't really know what you're really going to do. And what a gift to be able to know what you're going to do, to arrive and come out the other side. (Roanna)

Participants appeared to learn from their experiences in their environment and in their relationships. Bree learned to assess her effectiveness by watching supervisee reaction during supervision. Rather than telling supervisees what to do, she began to influence treatment and counselor motivation through using suggestions:

A lot of it is body language I feel like I can tell if they're relaxed or they feel uptight or ashamed or you know may feel uncomfortable and a lot of it is what they report back to me and how they run with it, you know sometimes I'll suggest something and I'll notice that they're hesitant, they're not going to go about doing it or it's not getting back so I'll ask about it. When I was, two years ago, I think I made that mistake a lot more I said hey just do this and then I'd notice that it's not getting done, there was that ambivalence. Probably because I didn't ask if they were ok with that. (Bree)

Critical incidents often led to learning, e.g., working with a difficult supervisee resulted in being informed in a new way:

I had one not too long ago that was very frustrating because she didn't ever have to say she didn't have anything to talk about, everything's fine, nothing's going on.... I learned a lot from that one as it turned out she ended up leaving in the

middle of her internship and had a lot of personal stuff going on and so that was a learning for me that that I should have seen that earlier but that was a red flag.

In what appeared to be a complex array of relationships and experiences, participants learned from their environment and relationships and applied the learning as a guide.

Personal ability, awareness, understanding, values, and/or motivation. An overwhelming majority (10 of 11) of the participants referred to personal attributes, skills, values, personal awareness, personal understanding, and/or motivations that guided supervision. Values, for example, combined with personal abilities were carried out in day to day interaction:

I think they would know that I care about the interns and the relationships . . . since we do run into each other a lot in the computer room, in the lunch room and things like that, they might hear me tell a story.... I share stories with my intern of my own clients a lot. I'll relate a situation from my own practice to what they're going through. So I do bring that in. (Kirk)

Personal attributes appeared to augment supervision and carried participants through when they were less sure of how to approach a situation:

I think you know sometimes I'm enthusiastic person so my enthusiasm gets me over it but I have rough edges you know so um.... So I might interrupt or I might get enthusiastic and tell a story or you know and um and um I think overall you know I get the feedback this really helped and I really learned and all of that but I wouldn't be against practicing more (participating in training) you know? (Nina)

One thing I knew all the way was that I needed to trust my intuition and instincts as well as my intellect and thought processes. That I needed to go the whole, you know, use whatever I had. (Char).

Several participants noted using their intuition to guide them as a way of sensing and addressing emotional responses or needs of others: "I'm not formal at all with any of it, but mostly it's using my intuition on the person that's in asking them about how they're doing with how they're feeling with working with death and dying first of all" (Jan).

Judy described her life experiences as a mother when guiding her interactions in

supervision including sharing her personal experience, telling stories, sharing her own struggles, and bringing in a human side to her work:

I think they would say they feel fairly nourished and nurtured and I think I've kind of chilled out on some of the mom energy a bit.... I'll often use parallels of parenting as examples in supervision so they know I have a kid and I'll tell the little stories and that feels really ok to me and yeah. I try to make a practice of without frightening them of you know not being afraid to let them know I'm having a hard day or struggling. (Judy)

Awareness of personal issues helped participants manage their responses in supervision and be more present and effective:

I think I definitely understand a lot of my early family dynamics and how that drives me to be the kind of supervisor I am today and without that awareness and being able to kind of pull that aside I don't think I'd be an effective supervisor...a lot that happens with being the supervisor and when conflict arises and I get triggered in a certain way if I don't have those skills or knowledge of how that does, you know, remind me of early childhood stuff, I'm not going to be effective I'm not going to be able to stay present. (Roanna).

Making meaning and finding motivation. All (11 of 11) participants shared throughout their interviews something about themselves that appeared meaningful, made meaningful statements, or described a value, belief, or motivation related to being a supervisor. Participants described their values, what motivated them, what was important, and became reflective throughout the interviews. I also asked what kept them going with all the challenges they faced and many more responses were shared, resulting in this very saturated theme. Motivational statements were common amongst participants, inspired by seeing the growth of supervisees or clients:

So it's that moment where you kind of see that you laid really good groundwork, a framework for them, being a little more autonomous and that they come back into a session and say, 'I just did this in the session and it was great! And we had a really wonderful session with the client.' To me those are the critical moments where I feel like 'Ahh, I'm really...something's really happening here.' (Kirk)

But just that love of the people that I do counseling with and seeing when an intern um seein' 'em learn to trust themselves, you know that they they don't have to do it like somebody else. (Jan)

Finding meaning in the resilience and possibilities of change in clients also appeared to bring meaning, as Bree witnessed with a client:

I am always dumbfounded by strengths that I see in clients and clinicians and interns, how people change, how people grow, how they work on themselves...if I wasn't doing what I was doing and often learning from the heart and it's more so than the easy experience. Then I'd never have these opportunities to even observe that. I'll sit there thinking you know I had tears in my eyes, I was just very touched at how gentle everyone was with her (Bree)

Having a felt sense of being in the right place or position, on a path, or in a role that fit one's life experience was described as meaningful and motivating, going where they had wanted to go or that their work was bigger than just a job:

I felt like, ok...I felt like...I felt like it (being a supervisor) was my dharmic path, I felt like I had found exactly what I was meant to do. Something that I brought the best of who I was. It was bigger. I brought everything, the best of who I was and found where I could fit and do that, part of it helped that I created the whole thing myself, you know I didn't fit into somebody else's picture, you know I created my own and then I wanted everybody to be a part of it, the clients, the interns, it was a joy. (Char)

Other participants described their work in spiritual terms--how supervision was a way to live out and influence others through their principles and values:

I honestly believe that as a supervisor I believe in the therapist and the organization that I supervise, more than they do. I believe in their ability, their skill, their talent, um...for me that's, it's a transpersonal, it's a spiritual process, which is an interesting word to use in agencies. Ah, but it's, it's it's bigger, it's holding that bigger picture, it's holding the the absolute belief in the human condition to want to grow, that yearns to be different, that yearns to change, that yearns to be independent. (Ed)

The idea of becoming a supervisor as a means to give back, by making a difference to clients and to supervisees, mentoring and imparting wisdom to a next generation of

counselors was also evident, as Ula described: “I enjoy seeing um I enjoy the the opportunity to be over a program that’s helping people and making a difference.”

It’s like teaching, I mean, I enjoy it. I enjoy watching that kind of progress, I enjoy, ah, and maybe there’s an ego piece involved too, ‘I’m going to help you do this because I feel like I have something really important to share with you about this that will be helpful’.... It’s a mentoring. It’s imparting to the next generation some kind of wisdom, something I can help you, when you get out of school, when you’re doing this, when you’re in this field, if you’re in this field, or maybe even if your not, that’s going to be helpful to you. (Kirk)

Knowing that despite the difficulties and demands, that participants made a difference was also part of participants finding meaning and motivation to do the work:

You know being able to share in the successes of the kids, you know I might not have been doing the work but I was definitely part of the work.... And you know to be sharing in the successes. I got a call last week from a kid who graduated from our program three years ago. (Roanna)

Documents. One participant shared a document that was for her the core of her personal values in life, related to her children. The basis of her sharing presented the meaning that was underlying to her work as to why she chose supervision as a means to be more available to her family and also outlined the impact her work had on her family life, on her supervisees, clients, and vice versa.

Observations. Of all the interactions I had with participants, it was here that I witnessed the participants expressing a wide range of feeling that seemed to result in a sharing of meaning or finding something that energized supervision despite the obstacles. I witnessed participants feeling hopeless at times, sad in others, feeling frustration and anger, to displaying great enthusiasm and inspiration. I was aware that potential meaning seemed to be described in the moments when they shared experiences with strong emotion, passion, or enthusiasm, often looking with more intense eye contact or stopping and reflecting. Each supervisor appeared to portray some portion of their experience as

guiding them, perhaps not in a direct way, but as a kind of light that shone over the process to show the way or a core guide to what made their work meaningful or motivating. The basis of meaning and motivation seemed to be a kind of meta-guide in their work, important and central to all the guides they used to navigate supervision.

Influences on Supervision: Preparation, Training, Experience, and Identity

This set of conceptual categories emerged directly from guiding question five:

What training or other types of support do supervisors need to be successful in applied settings? I specifically directed interview questions in order to eliciting supervisor's perceptions of their need for support and training as well as surveying how participants prepared for and became supervisors. Multiple influences on the preparation for supervision, influences on supervisors' style and approach, and a view into supervisor identity emerged.

Preparing For and Becoming a Supervisor

Training for supervision. All (11 of 11) of the participants described wide variations in how they became supervisors and how they were prepared either before becoming a supervisor or trained afterward or received no training. For one supervisor who had not trained, her response to what had most prepared her for supervision was "Nothin'! (laughs). That's the first time I've had that answer! Say more! (laughing)... it's just been flyin' by the seat of my pants. Because I really haven't been trained to do it, I'm kind of embarrassed to say that but it's the truth" (Jan). For those who acquired training, they had done so in various ways. Some prepared through training prior to becoming a supervisor, did so through being supervised, or had direct training as

supervisors, mostly through programs other than master's counseling programs. Four participants trained for supervision as part of Certified Addictions Counselor (CAC) levels and described the training to be helpful and impactful on their work. Only one supervisor declared having a supervision theory or model derived from their CAC training. Two participants described that they were supervised to become a supervisor and another had pursued additional education beyond a master's in counseling that included supervision training. Two participants received training after becoming a supervisor and three noted no training related directly to supervision.

Influences on Becoming a Supervisor and Providing Supervision

Influence of prior supervisors. A vast majority (9 of 11) of the participants described being prepared for supervision through their experiences with a prior supervisor. Past interactions with a prior supervisor played a part in forming participants' current approach with supervisees. The influence could have come from either an ineffective supervisor who provided lousy supervision, from an effective supervisor with whom they had positive experiences, or both. Supervisors from previous experiences appeared to have an impact in either direction:

I think about when I was in my master's program and the supervisor I had, I think a lot about her because she was really good, so I think about how she was with me, yeah. , it was my internship. I also think about a couple people that were supervisors of mine that I really didn't like at all and didn't think that they helped me at all.... (What helped was) that openness and the um the listening. (Jan)

Interactions with prior supervisors appeared to stick and become personally integrated:

So I can read about supervision in a book I can read about models and have through my supervisors who'd give me pieces of paper from different therapists, gurus, family therapy gurus who are in the field and I'd read that, but that just didn't hold a candle to being in the room with a seasoned clinician, my supervisor, who would provide an intervention that wouldn't usurp my authority

but in fact support my position in the room and for me to experience how that intervention impacted the family was absolutely enlightening and gave me tremendous permission to not just apply a template of supervision to the family system but it taught me how to get to know this family system in such a way that that what's the most effective intervention. (Ed)

Participants also described choosing a style of supervising opposite of their prior experiences in supervision: supervising now from what was their desire with a difficult supervisor, to have more collaboration, let their supervisees set an agenda, to meet their needs, and overall be more inclusive:

I was actually not crazy about my supervisor and feeling like, 'well I'm probably not going to do it that way.' I think she had a lot of really good points and really good insights and interventions...but it wasn't the way I knew I wanted to work too much. So I learned a lot from that. I think what I realized was that it was important for me to not only have my own agenda as a supervisor, but to also make sure that the intern was getting their needs met and...they get to set the agenda as well. I would have wanted to have been, not an equal, but a little bit more collaborative than this person telling you what to do with each client. (Kirk)

Bad experiences with prior supervisors appeared to result in distaste for their approach but were not necessarily disabling of the participant when they were a supervisee:

I had a supervisor in my internship who she wasn't she wasn't a micromanager but she was very limiting in the sense that she wouldn't see past her own theoretical orientation. She was very rigid she didn't want to know anything new she didn't want to know any other ideas she just wanted to do her own thing, I think I grew from that experience than if she would have been more supportive. I ended up having to do a lot more research on my own about my orientation and how to merge. I guess I felt guilty about trying new things because she was so opposed to it and was mocking of it. (Bree)

Note that Bree also described the impact as beneficial. She also described gaining a greater appreciation for her supervisors, now that she was supervising, and saw the demands of the job:

I guess now that I'm in a in that administrative role I'm more humble than I used to be because I realize how many stressors are around your head. In that position it's easy to judge when you're younger and your frustrated and you feel like nobody is there to help you. (Bree)

Of the nine cases, six of the participants described that they felt prepared for supervision by prior experiences directly related to supervision of supervision ($n = 4$) and having worked in peer supervision situations ($n = 2$).

Influence of prior education in counseling programs. Just under half (5 of 11) of the participants included their education in a counselor training program as preparation for supervision.

After all these many years I'd have to say my training at (university) has provided an incredible ground for almost every aspect of my life. Um and the that that um inquisitive mind um the not separating my experience from other people's experience of like oh that's them they're having that that has nothing to do with me. (Judy)

Influence of prior experiences. A vast majority (9 of 11) of the participants attributed their preparation for supervision as coming from their experiences. Only six of the nine described providing counseling as preparatory, which slightly contradicted the reports by 11 participants that their prior experiences as a counselor guided supervision. Participants also felt prepared by prior life experiences, leadership roles, and prior experience in organizations. For some, the role of supervision fit the roles found in other life experiences and careers:

Hm. Well, I would say that education didn't do it. Um, life (brief laugh). I'm a mother, I have five children. I think that never the less the compassion and the caring about them taking care of themselves and even the frustration of knowing you can't do it for them, and find the solutions that has to just come from life. Um It has, I've been a leader of something in many different aspects of my life. So I find myself and have found myself throughout life being a teacher of some aspect and so, supervision has a little bit of that aspect. (Kelly)

Although related to the above categories of education and training, just over half (6 of 11) of the participants noted that in their education or training they felt most prepared through

experiential learning such as internships or in-vivo training. I observed also that these participants appeared excited in their descriptions:

A lot of the learning came from the direct experience and application. You know the theoretical foundation was important, absolutely important, but it was the hands on stuff where I really learned. (Char)

You do a class that's 50% didactic and information learning and these are the resources and the other half of the classes are on-hands stuff they put the video on you and tear you apart and put you back together again you do the work. (Excited, smiling) you get to see what you're doing you get to see when they video you they put you up and you get to watch your own mannerisms and you have other people say boy it looks like that really made you nervous or what was going on with this. (Ula)

The learning from life experience and direct experiences of doing supervision work appeared influential on the preparation for the supervision role.

Identifying with Becoming a Supervisor

Participants described their training, influences, and their stories of how they became a supervisor, their identification with, or ambiguity about, or their non-identification with the role of supervision. Prior to becoming a supervisor, four participants described how they did not see themselves as supervisors and “fell into the role.” Five participants began to envision themselves as supervisors during their experiences of being supervised. In contrast, two participants identified with the role of supervision early on, both of whom had specific supervision training prior to becoming a supervisor. This range of identification is described in this section within the subcategories of *non-identification*, *experience leading to identity*, and *identifying with and pursuing the role of supervisor*.

Non-identification with supervision. Four participants did not initially identify with supervision, consider themselves in the role, or anticipate becoming a supervisor.

They described coming into the role unexpectedly, falling into the role, or becoming a supervisor through happenstance. Participants might have may have been told to take the position of supervisor or pressured into the position as an expectation without much forethought to becoming a supervisor. For Kirk, “It was, you need to supervise, we need a supervisor” and for Jan simply because she had her LPC: “She wasn’t ah licensed and neither was the person that had left, the person that I took their place but I was and (university) needed someone who had a LPC to do the supervision. And so that’s why I was hired” (Jan). Apprehension about supervising, appreciating counseling, not seeing a supervisor role or identity, ambiguity about the role, and falling into the role were also described:

Somebody left and they decided, my, the person that was in my position left and they could have hired out but it is more difficult. I didn’t really want the position, I really just liked doing the clinical work and couldn’t imagine not doing it. But they approached me. I was already a clinical coordinator so I was kind of an assistant in a sense to this position anyway doing supervision then. (Kelly)

As counselors, participants might have been recognized by their supervisors for their ability and yet had not perceived themselves in the supervisor position:

When I came to the program we did not have standardized treatment plans, you just kind of had to pull something out of the air which I did not find effective so I created standardized treatment plans for the whole agency and she felt like that was a (supervisor) kind of you know idea of how to do that. I kind of walked into kind of a mess as a (supervisor) to be honest, so she just kept asking me and I eventually agreed (slight laugh). You know I didn’t go to graduate school to become (a supervisor, administrator. (Roanna)

Experience leading to identity. Just under half (5 of 11) of the participants came into supervision through their experiences of being supervised, influenced from their prior experiences, such as leadership, and or skills and abilities noticed by their supervisor(s):

Well my supervisor the clinical director told me that he wanted to put me in that position because he thought I had some leadership skills and saw that I enjoyed being here. So he told me hang tight and you know he was going to bring it up to the board and all that. (Bree)

Identifying and pursuing the role of supervisor. Through experience and training, two participants saw themselves in the role of supervisor early in their career as counselors and wanted to pursue supervision. Two of the participants identified closely with being a supervisor, even prior to becoming a counselor. Once having received CAC level training to become a supervisor, one participant pursued a master's degree in counseling with an eye for becoming a supervisor (this participant is not shared here fully to protect identity). Char's experience being supervised as a supervisor in an internship practicum appeared highly influential on her identification with the role as an internship program supervisor:

I'll mention the fact that I had, um, at least three internships, I had three solid internships in my graduate schools...so the actual being in the field prepared me a lot.... I learned to be a supervisor as a master's student.... It was the internships where I learned the most. And that's where creating an internship (as a supervisor) was such a joyful challenge for me. And when I first started working at the (agency) which was then (prior name) I was hired to both see clients and supervise a couple of interns. (Char)

How participants identified with role of supervision prior to becoming a supervisor appeared in a range from not seeing the possibility, to experiences that opened up the perception of the role, to other experiences that might influence identification with supervision.

Identifying Support and Training Needs

All 11 participants identified needs for support and training that would help them in their work. The questions I posed were somewhat survey-like and revealed a checklist of their ideas, although numerous codes were also assigned as participants referred to

training needs throughout the interview. In addition, I present further discussion of training needs based on the analysis of all the categories in Chapter V. Participants shared their wishes for greater support in their work, specifically getting more supervision for their work with clients as well as their supervision role.

Working With and Managing Supervisees

A majority (7 of 11) of the participants wanted additional training on how to work with supervisees, particularly when difficult issues arose. Working with difficult supervisees, managing adverse or difficult situations, monitoring disclosure, training for risk management, and how to work with supervisees displaying trauma were cited as needs. Related to this category, three wanted additional training for addressing burnout, wellness, and self-care. Three also wanted training to understand developmental expectations for interns and what to expect in development, i.e., norms and training needs. One supervisor wanted to know more about helping counselors grow in their personal and professional role as a counselor and one wanted to know how to assess and be sure s/he was effective in getting the supervisee to delivery effective treatment.

Supervision Training on Models, Approaches, Skills, Roles, and Legal Aspects

Over half (6 of 11) of the participants wanted training related to theoretical knowledge and approaches to supervision, developing supervision strategies, new approaches, improving supervision, and learning evidenced based approaches to supervision. One supervisor stated a desire for in-vivo--practical hands on training with supervision; another wanted to learn guidelines to delineate supervisor roles, i.e., therapy

vs. teaching; and two wanted to learn ethical and legal aspects of supervision including gatekeeping and laws.

Greater Organizational Support, Valuing Counseling

Just under half (5 of 11) of the participants had a wish for greater organizational support and to find ways to work with more effectively with administrators. One participant wished to have a boss who was a counselor. I interpreted this similarly to the wish by four participants to understand ways to help administrators understand and value counseling and the effectiveness of counseling.

Peer Supervision, Supervision of Supervision and Consultation

Just under half (5 of 11) of the participants described a desire for peer supervision. They wanted to share their peer's experiences of supervision, have contact with supervisors who worked with similar populations, meet for support, trouble shoot, make decisions about cases, and also share with peers to overcome the isolation they felt in their organization. Some (4 of 11) wanted supervision of supervision and two suggested consultation to get ideas and suggestions for working with supervisees as well as sharing treatment knowledge and decision.

Support from counselor education programs. Two participants indicated wishes in this area--one for training for therapists to address their own personal issues as part of their training and one for greater collaboration and communication with universities.

Theoretical knowledge related to specific client populations. Although only one requested training in this category, population-specific knowledge including

diagnosis and treatment appeared to be a major component of what guided participants in their work as supervisors. Supervisors appeared to understand specifics of their particular client population that appeared to result in unique supervisory interactions with their supervisees. This one case indicated to me a potential need for supervision specific to client types.

I had the distinct impression from six participants that they could benefit from greater support. Their descriptions in their transcripts clearly indicated the desire for more support and each participant had sought outside support. Three appeared to want to continue the discussion well past the time allotted and continued to engage even though they stated their need to attend to other meetings/tasks. This left me with the impression that there was more to explore and tell. Three also asked me directly for more information including wanting to learn from this study after the interview.

Results Summary

This chapter presented the 17 empirically derived conceptual categories and 40 sub-categories that emerged from this constructivist study on supervision in applied counseling settings. Data from individual interviews, follow-up interviews, documents, and observations revealed research participants' perceptions of their experiences of providing counseling supervision in community based organizations whose primary purpose was service delivery to client populations. Extensive samples of quotations were provided to use the participants' words to accurately portray the reality of supervisors' experiences in their naturalistic environments.

The primary findings revealed that the participants were part of complex social processes within the applied setting in their relationships with stakeholders and the

community, administrators, supervisees, and clients. Participants were guided by a variety of external and internal relationships and needs factors. Their approaches and styles were influenced by prior experiences of supervision and their identification with the supervision role was related to supervision and experience. Supervisors identified significant training needs and a need for greater support.

Participants described their ability to identify and meet the needs of the community and clients through the vested interests of stakeholders and their requirements to assure stakeholders, being accountable to them, and monitoring and justifying services. As they did so, they assessed and perceived success through a variety of feedback sources. Maintaining a professional image was important to working in the context of the organization and the larger community.

Participants were impacted by the demands of procedure, performance, and service delivery. They responded with specific strategies from coping, to facilitating working relationships, sharing the workload, and standing up to administrators. They also experienced a divide in cultures and potentially a devaluation of counseling found in differences in values, language, and approaches to service delivery between stakeholder, administrator, and counselor cultures. They responded to these divides with a variety of approaches, e.g., greater understanding, protecting counselors, using their counseling skill, compromising, facilitating relationships, or isolating.

Participants were active at facilitating working relationships and structures to enhance the supervision process. They went beyond the standard roles of providing administrative and clinical supervision: used a variety of modalities beyond the standard individual and group supervision, worked through informal networks, supervised

programs, and used other alternative supervisory modes. As a general approach and also in relation to support lacking from administration, participants sought and found support outside the organization.

In their relationships with supervisees, participants worked from a relational approach that included support and collaboration balanced by challenging supervisees and holding them accountable. The level of balance appeared to lean toward challenge and accountability as stakeholder and administrative needs increased. Participants included the personal emotional responses of supervisees and addressed their personal lives and identities as counselors. Participants also shared in a personal emotional way such as disclosing and relating to supervisees in ways to level the hierarchy and create greater alliance in the supervisory relationship.

Similar to ways that participants actively facilitated working relationships, they fostered learning in a shared learning environment. They focused the role and identity of the counselor by setting expectations and guiding them into counseling. Participants built upon counselors' strengths and prior experiences and helped them develop new skills, abilities, and awareness. As a response to the demands of service delivery, working with difficult clients, and in part to divides in culture or a devaluation of counseling, participants protected counselors from external and internal demands as well as advocated for self-care and wellness. Protection might have included buffering supervisees from administrative demands. Counselors were fortified with skills to work with difficult client populations or to work in the system. Self-care and wellness appeared as part working with the stressors of the work, dealing with client impact, and as a means to protect counselors from burnout. Participants were also impacted greatly

by supervisee inability or impairment, keeping an eye out for impacts on clients and resultant failures to meet the requirements of service delivery.

Participants engaged in social processes with clients and counselors. As supervisors, they also related to clients and understood them through the supervisee by being immersed in the client environment, providing co-therapy, conducting intakes, counseling clients in the organization, observing counseling sessions, making direct contact with clients, or seeking indirect feedback from clients. Participants influenced client change and the counselor's interaction with clients by addressing the mutual impacts between client and counselor, focusing the counselor on their role in client change, influencing change in the counseling relationship, and using the supervision relationship in parallel with the counseling relationship.

Participants mapped supervision and navigated supervisory relationships and were guided by external guides such as ethical boundaries, the organizational mission, stakeholder requirements, and by following administrative policies and procedures. Participants were guided by the needs of others and the relationships of counseling and supervision. The needs of the supervisee, counselor development, the needs of the client and client welfare, and theories of supervision all provided a guide for participants. Participants also relied on internal guides such as their experience and knowledge of clients; past experiences of being a supervisor; their personal abilities, awareness, understanding, or values; and the meaning and motivation they found in doing the work. Meaning and motivation provided a kind of light that seemed to guide their way and inspire their work.

Influences on supervision through preparation, training, and developing a supervisor identity were revealed in this study. While participants might have lacked training, their experiences, prior supervision, prior supervisors, and education all played a part in influencing their supervisory style. Prior supervisors had an influence--whether they were effective or lousy. Prior to becoming supervisors, participants might have not identified with the role, and thus fell into it, or though experience gained a greater supervision identity. Those who received supervisory training appeared to identify with becoming a supervisor and sought out the position.

Participants identified needs for training and support including working with and managing supervisees; training on models, approaches, skills, roles, and legal aspects; how to secure greater organizational support and value for counseling; peer supervision, supervision of supervision, and consultation; support from counselor education programs; theoretical knowledge related to specific client populations; and support in general, especially when support is absent in their organization.

The results of this study contributed rich descriptions leading to conceptual categories that largely answered the guiding questions. In Chapter V, I present the discussion, analysis, and synthesis of this study along with the socially constructed grounded theory of supervision in applied counseling settings. Chapter V concludes with implications for the field of supervision and recommendations for future research.

CHAPTER V

ANALYSIS, INTERPRETATION, AND SYNTHESIS

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus was on service delivery to client populations in the context of community organizations. For the purposes of this study, applied settings included 11 naturalistic, non-educational, community-based settings where counseling services were provided under the clinical supervision of each participant. In seeking to understand the social processes of supervision, I employed the following guiding questions:

- Q1 What are the social processes of supervision specific to applied settings?
- Q2 What guides supervisors in their interaction with counselors, clients, the organization and community?
- Q3 How do relationships within the organization and relationships with counselors, clients, and community stakeholders play a part in supervision?
- Q4 What is the practice knowledge of supervision in applied settings, specifically what tacit knowledge is found in the supervisory processes?
- Q5 What training or other types of support do supervisors need to be successful in applied settings?
- Q6 What are the constructs (theory) that can describe the social processes of supervision in the applied setting?

The guiding questions provided a framework for the interview protocol used to ascertain the categories that formed the construction of the model of supervision in applied counseling settings. These questions resulted in thick descriptions and saturated conceptual categories as outlined in the results of the study and presented in Chapter IV.

This chapter is organized broadly according to the contexts within which participants worked. Ekstein and Wallerstein's (1958, 1972) original contextual framework of supervision included the contexts of supervisory relationships with counselors, indirectly with clients, within the counseling organization and within the surrounding context of the community. I discuss and analyze the results of this qualitative constructivist grounded theory methodology according to the supervisor's relationship with stakeholders and the community, administration and the organization, supervisees (counselors), and clients. These contextual groups provided a coherent organization of the emergent conceptual categories and were each described as important to participants' experiences as supervisors.

In this chapter, I discuss and analyze the 17 empirically derived theoretical categories, grounding each in the data and literature. Glaser's (1978, 1998) theoretical coding procedure is presented, raising the categories to theoretical relationships and then to the emergence of the grounded theory. Charmaz (2006) recommended Glaser's theoretical coding as a means to remain inclusive the concepts without forcing the data to particular categories. Glaser (1998) asserted, "Theoretical codes conceptualize how the substantive codes will relate to each other as interrelated, multivariate hypotheses in accounting for resolving the main concern" (p. 163). The 18 "coding families" (Glaser, 1978) were used in the analysis as a means to identify relationships between the emerging

conceptual categories. Standard to grounded theory analysis, this advanced level of analysis raised the concepts to theory while addressing the main concern described in the guiding questions. Glaser's coding families provided an analytical framework for codes and emerging categories that might otherwise appear confused and unrelated. The coding families consisted of properties that were inherent in advancing conceptualizations and theory but did not force concepts into the theory; rather, they allowed me the ability to organize and understand conceptual categories as they emerged. The specific relevant coding families used to codify and analyze the emergent categories included *context*, *causes*, *strategies* (responses), *consequences* (reactions), *contingencies*, *covariance* (mutual effects, interaction), *conditions*, *representations*, and *identity-self* (Glaser, 1978).

Context is primarily focused on relationships that occur internally or externally to the applied setting. *Cause* refers to potential reasons, explanations, or consequences that give rise to social interactions or strategies, i.e., reasons for reacting or responding. *Consequences* are the results or effects of social interactions, e.g., a *cause* resulting in a particular outcome, reaction, or action. *Strategies* refer to the social interactions participants used that appeared intentional, a response, interaction, or action that appeared directed as a *cause* or *consequence* within the *context* of relationships. *Contingency* defines some circumstance or outcome that is possible but not necessarily probable. A contingency involves one phenomenon upon which another phenomenon may depend. *Covariance* describes how two variables may change together, be mutually or circularly influential, complementary, interactive, or inter-related. *Representations* describe the conceptualizations or guides used to navigate contexts and relationships that form maps of supervision. These guides may be descriptive, proscriptive, prescriptive or evaluative.

The final coding family utilized, *identity-self*, refers to self-image, self-evaluation of identity, conversions of identity, and self-realization through meaning and motivation.

Analysis of the emergent categories through the coding families provided further synthesis and is outlined in this chapter throughout the discussion. I have italicized each category, as well as each coding family, to give the reader an idea of how the categories were coded according to families and then used to construct the grounded theory.

A constructivist grounded theory of applied setting supervision is presented as a synthesis of the results, discussion, and analysis. I then provide implications and recommendations for training followed by the limitations of this study.

Social Processes with Stakeholders and the Community

Identifying and Meeting Community Needs Through Vested Interests of Stakeholders

This section provides an analysis of the social processes supervisors engaged in within and outside their organization. Their primary focus in this context was to meet a need or solve problems identified within the community or client populations.

Participants identified needs by knowing the client population they worked with, working with community stakeholders, and working to maintain their programs through funding and support. Participants adhered to the mission of their organization, brought stakeholder requirements and administrative requirements into supervision, and carried them into service delivery. *Identifying and meeting needs of clients and the community* was a primary *strategy* of supervision based on the needs of stakeholders, clients, and the community that appeared to give rise (*cause*) to this strategy. The identified *needs* appeared within the *causal* coding family (Glaser, 1978).

Beth described that the overall stakeholder in her organization was “the community in general. And if our work is successful the community is safer.” Serving a greater purpose and mission beyond oneself appeared in supervisors’ statements:

Well I have the sense of commitment to this organization, well I’ve been here 12 years, I started as an intern. And I’m, I’m committed to the mission, cuz if I didn’t I would be here, and this is, it’s not for everybody. I’m committed to the community. (Kirk)

These statements also portrayed participants’ meaning and motivation as a *representation* that included their *identity and self* as motivated to serve the community.

Stakeholders (community agencies, funders, regulatory agencies, courts, etc.) had a major part in participants’ supervision strategies. Depending on the types of clients and severity of their issues, participants were guided by community and client needs. In addition to the participant identifying client needs, stakeholders set predetermined expectations for client needs through specific requirements, regulations, or protocols for service delivery. Increased stakeholder requirements appeared to increase demands of service delivery by acting as a *covariance*.

A key finding of this study was with increased involvement of stakeholders, participants had increasing demands that appeared to influence their supervision strategies to greater needs for accountability, justification, monitoring, and assuring stakeholders of the outcomes of counseling. Service delivery was directed at meeting the needs of clients as well as servicing “customers” who oversaw client needs and had a vested interest in the outcomes. This service to multiple others besides clients appeared similar with Woodruff’s (2002) argument that applied setting supervisors need to consider “the customer”

who is “the individual or group who most wants to see change in a problematic situation” (p. 72). Woodruff observed the customer might not necessarily be the client and might be more likely the referring party such as a judge, other agencies, client family members, or the agency employing the supervisor. The data from this study appeared consistent with Woodruff’s argument. Participants described that they focused across a range of customers that included client demands, administrative demands, and stakeholder demands.

Being Accountable, Justifying, Monitoring, and Assuring Stakeholders

In addition to the usual demands to meet the needs of their supervisees and clients, participants described facing increased demands when there were requirements and regulations from external stakeholders. They were required to use supervision to implement and monitor counselor compliance with treatment protocol set forth by stakeholders. This appeared consistent with Storm and Minuchin’s (1993) observations that supervisors demonstrated accountability to many customers besides the client.

Participants who had higher stakeholder requirements appeared to focus their descriptions on stakeholder needs rather than on those who were not regulated by stakeholders. Those who were not regulated by stakeholders more often described focusing on client needs. The responses to the question--“*What guides your interaction, communication, and decisions as you work in supervision?*” (Interview protocol)--exemplified this focus: “What guides me is the job at hand with you know if I’m supervising them uh, as they do an intent of treatment program I want to make sure that they’re they’re doing what we’re supposed to be doing via our contract” (Ula). In Ula’s case, stakeholders of her organization highly regulated treatment. In Judy’s case, there

were few stakeholders with little oversight involvement: “I just check in on every client fairly regularly so that no one’s sort of hanging out there working with somebody that I don’t have some understanding of how that’s going and what it looks like and what the client’s issues are” (Judy). Participants whose strategies appeared driven by stakeholder needs were consistently similar to Ula in their strategies for supervision: aligning their strategies to the goals and mission of the organization when stakeholder requirements guided their decisions and defined client needs. Henderson (2009) argued similarly that service delivery aligned around the requirements of funding or regulating stakeholders. Those not driven by stakeholders’ needs had strategies similar to Judy’s that were more often focused on directly assessing needs from the client’s standpoint.

The difference in the participant’s focus on needs appeared to be one of a top-down client needs assessment according to stakeholder guidelines or one from the bottom-up where the assessment of needs was based more directly on the client (*covariances*). This finding was consistent with prior research that identified a greater emphasis on outcome and evidence-based practices in health-managed organizations as defined by HMO requirements (Cohen & Lim, 2008; Spring, 2007). The requirements of stakeholders in the applied counseling setting were translated into administrative policies and procedures, i.e., administrative supervision. As Henderson (2009) observed, “There is more emphasis on the context in which the counseling service is provided, counselors’ specific job responsibilities, compliance with legal standards, policies, regulations and expectations for work habits than there is in clinical supervision” (p. 8).

Social Processes with Administration and the Organization

Reacting and Responding to the Demands of Service Delivery

This section includes the analysis of the results in the context of participant relationships with administration and within the organization. *Reacting and responding to the demands of service delivery* appeared to challenge participants' focus on the many possible demands and conflicting priorities, a process I labeled *demand focus*. The result of these demands appeared in participant reactions as stressors, a process I labeled *demand stress*. *Demand stress* might be defined as the reactions, impacts, and emotional consequences supervisors experienced in relationship to the demands of service delivery in an applied counseling setting. Demands of service delivery appeared to be a *cause* that resulted in both reactions and responses (*consequences and strategies*) from participants.

Consequences of service delivery highlighted in the literature appeared similar to participants' descriptions in this study. Cormier and Hackney (2005) observed high caseloads, stressful working conditions, and a wide variety of intense client issues. The reactions for participants ranged from annoyance and conflicting priorities "seems like we spend a lot of time on paperwork . . . not as much on . . . talking about clients . . . it's tricky cuz there's not enough time . . ." (Kirk) to more severe consequences "(the agency) consumed me emotionally to the point I had nightmares several times a week" (Char). These reactions might be akin to job stress and were direct reactions to what I noted as the *usual demands* of service delivery that come with serving clients and what I interpreted as *additional demands* such as overwhelming administrative requirements, complex and difficult client issues, cultural divides, politics, and more.

Literature on job stress related to clinical supervisors was sparse. References related to counselor stress, turnover, and burnout were more common as described previously in the literature review. Knight, Broome, Edwards and Flynn (2011) found turnover amongst supervisors of substance abuse treatment to be impacted by the program's affiliation with parent organizations, the supervisor's level of involvement in providing direct client services, and the collective satisfaction of supervisees. The finding that stakeholder impact increased participant demands might be similar to involvement by parent organizations and how the majority of participants in this study also saw clients. Supervisee needs also exerted demand and are discussed below.

Researchers have found evidence that supervisors under high caseloads might not consider supervision a priority, resulting in diminished time spent with supervisees as well as a loss of focus on the personal developmental needs of supervisees when supervision is conducted (Bogo, 2005; Giddings et al., 2003; Gross, 2005; Ramos-Sanchez et al., 2002). The findings in this study showed that time was still focused on supervisees; all participants reported providing a minimum of one hour of direct supervision as well as opportunities for informal supervision, group supervision, etc., up to five hours per week. However, some of the participants might have shifted their focus with supervisees to protecting and fortifying supervisees, a reduced focus on development, and a greater focus on professional identity (*covariances*).

The results from this study suggested that *supervisee needs* also changed (covariance) with increasing service delivery demands, especially by administrators. Participants appeared to modify their strategies to meet the more immediate and direct needs of supervisees so they could get their jobs completed. I interpreted the results of

participants as somewhat contrary to the literature. Participants' necessity to focus on the administrative needs did not appear driven by the supervisor's administrative role alone but was also driven by the supervisees' needs and the larger context of administrative demands. Administrative demands appeared to be a context that might overwhelm both supervisor and supervisee, requiring both to focus on service delivery demands while both also experienced increasing demand stress.

Kelly, for example, focused on a solution-based approach to supervision to help meet her supervisees' needs and meet the demands of administration and service delivery. Her focus on the needs of the supervisees appeared driven by administrative demand. She described the demand focus of both administration and on supervisee needs, and portrayed the stress in responses to heavy administrative expectations:

I will do kind of this, where's this coming from? I will get to that part because um you know when you (supervisees) struggle with authority when you struggle with respecting administration for the things they say, I know there's just more to that and it's not just our administration, so I might deal with that but it's also um probably a lot of motivational, I want them to come to what they need I'm not going to tell them what they need ...they will say that I'm extremely accommodating that my door is open, I will advocate in whatever way I possibly can (with administration) which doesn't always mean that they'll like the results of that but that I will definitely advocate for them. (Kelly)

Supervisees were also impacted by high demands from administration and looking to the supervisor for guidance. Supervisees' assertion of their needs might have had an equal impact on the supervisor. This appeared to be a mutual and circular impact, such that administration provided high levels of demand, the supervisor presented the demand, and then counselors presented demands to have their needs on the supervisor, all operating as *covariances*. This process appeared similar to Harkness' (1997) findings that as supervisee demands changed in high caseload environments, supervisees have

preferred less empathy or focus on personal processes, preferring rather supervision that helped them get their job done. Their needs became based in responding to the demands of service delivery while driven by heavy expectations from administration and stakeholder demands. How much the supervisor could moderate these processes was unclear from this study except to say that the administrative context seemed to provide high demands for participants and their supervisees.

The above descriptions might provide some insight as to how supervisors become overwhelmed in the administrative role to the detriment of clinical supervision. Administrative demands are communicated by supervisors to supervisees, supervisee needs shift to meet administrative demand as well, and supervisors seek to meet the needs coming from administrators and supervisees while feeling the impact from both directions. Research has described how the combined roles of clinical and administrative supervision could have a negative impact on supervisees (English et al., 1979; Falvey, 1987; Herbert, 1997; Ladany et al., 1996; Tromski-Klingshirn & Davis, 2007; Yourman, 2003). A key finding in this study was that there were negative impacts on supervisors as well, particularly when there were high caseloads.

Prior researchers (Erera & Lazar, 1994) and ethical bodies (AAMFT, 1993) have suggested that supervisors not engage in both administrative and clinical supervision in order to avoid the over-focus on administrative and service demands at the expense of clinical supervision. However, the results of this study suggested that the participants, particularly when stakeholder requirements were high, were the primary conduits to interpret and communicate stakeholder requirements and regulation to supervisees and to monitor the clinical application of the requirements in the counseling relationship.

Administrative functions appeared intertwined with the clinical components of service delivery for participants. By my interpretation, separating administrative and clinical roles appeared a highly unlikely reality for any of the participants in this study.

During this study, I questioned “how can they (participants) deliver the treatment requirements upon which supervisees are evaluated without full involvement in all the relationships in the system, they would not know what to deliver to whom, or how to influence counseling with the supervisee?” (Researcher’s Journal).

I interpreted the results to indicate that upholding requirements (particularly for participants whose clients had high complexity, difficult issues, and thus greater stakeholder involvement) was as critical to service delivery. The combination of roles might provide some benefit in applied settings--that the supervisor is the receiver and messenger of expectations, translating the requirements into clinical service delivery. These findings were also described Kadushin and Harkness (2002) and Tromski-Klingshirn and Davis (2007) who found evidence by supervisees that the combined roles of administrative and clinical supervision were not incompatible and even preferred by supervisees. I provide findings later that could provide alternative reasons as to why the roles might appear incompatible--perhaps due to lack of administrative support, divides of culture, and/or the devaluation of counseling described by participants.

Administrative and clinical roles combined, nonetheless, presented a dilemma for supervisors outlined in the research:

Well I think this is kind of the big dilemma in clinical supervision. I was a clinical supervisor but I was also an administrator, but I was also giving them their performance evaluations at the end of their year, so I always think that’s a little tricky, because you’re really offering support and you know, maybe looking at some, you know transference or counter-transference that might be happening or might be happening on a deeper

level some way, but yet turning around and having to grade their performance, you know, so I always think that's a really tricky piece. As clinical director I did both of those. (Roanna)

Despite the co-existence of these roles, participants appeared to feel the conflicts that emerged between administrative and clinical roles.

Reacting to the Divides of Culture and Devaluation of Counseling

A division of culture was evident between stakeholders-administrators and supervisors-counselors. I used the term *culture* in this framework to describe working groups with a definition similar to organizational culture that broadly includes “the norms and values that drive behavior in the system” (Glisson, 2009, p. 120). Organizational culture also includes the social processes of sharing values, beliefs, and norms (Rousseau, 1990). Psychological climate is related to culture and is defined by Glisson (2009) as “an employee’s perception of the psychological impact of the work environment on his or her personal well being” (p. 120). A positive psychological climate includes a lack of threat to self-identity, includes job security, and reward for effort (Edmonson, 1999).

The results of this study suggested that in the applied counseling setting, a division of culture appeared in the differences in value for quantity and performance by administrative culture over the value for process and relationship that was valued by counseling culture. One of the *consequences* described by participants in how counseling appeared diminished or devalued by administration and at times stakeholders and even the community. Devaluation of counseling came from administrators, stakeholders, service providers within an agency or from the community itself and impacted organizational relationships. Value differences were evident in jokes and stereotypes, differences in language, norms of interaction, views of effectiveness, misunderstanding

of services, allocation of resources, and requirements for production versus focusing on clinical processes. The phenomenon of cultural division and devaluation was also described by Hawkins and Shohet (2006) who argued that any competition along cultural or resource lines would lead to a devaluing and degeneration of supervision.

The reactions to the divides of culture and devaluation were evident in the participants' responses including sadness, anger, stress, disappointment, and even distress. These divides in relationships and that the relational-contextual system ultimately influenced the participants in this study was predicted by Ekstein and Wallerstein, 1958, 1972. As previously discussed in the literature review, Holloway and Brager (1989) recommended that supervision in organizations be studied according to four primary areas: (a) observing supervision from a structuralist perspective according to hierarchy, (b) seeing politics as a predominant feature, (c) understanding the impacts of the human relations approach, and (d) observing the rationalist view of organizational decision making. The results of this study appeared to show a dilemma of how participants responded and navigated the demands of service delivery and divides of culture. Participants appeared to struggle between these four factors. Results of this study supported Holloway and Brager's argument--the participants experienced a dilemma between the human relations approach valued in counseling and the rationalist view of decision-making valued by administration.

Participants appeared to face *consequences* in the divides of culture, which I labeled a *dilemma of empathy and power*. I hypothesized that this was directly related to the administrative-clinical role combination and their involvement in traversing two differently valued cultures. I suggested that there was an internalization of the external

forces of administrative demands and requirements. Participants felt empathy for counselors and staff for whom they also had to extoll administrative expectations and decisions while simultaneously witnessing adverse impacts of their decisions. Char explained the central importance for a human relations approach and the clash with administrative values (rationalist view; e.g., Holloway & Brager, 1989):

It was the heart, it was what it was...as long we are all heart, there was a lot holding us in the community despite the financial challenges. Once we lost that piece (participant sighed deeply) there was a lot going on and I don't want to go into the politics, the board was not doing their part and they hired an executive director who did not know what she was doing and she trashed her jewel--the resources of the agency (the other supervisors) and I, and the interns. But, the heart was important in that agency.... When that was gone, there was nothing left, except for bad management. (Char)

Participants described how politics came into play with competing and disparate values, particularly when stakeholders and administration tended toward the use of reward, punishment, and coercive power as also argued by Holloway and Brager (1989). Copeland (1998) argued that supervisors find themselves in danger due to the impacts of the unhealthy side of organizations. Managers and administrators might fear the affective side of employees and those who work with emotion such as the counselors and supervisors, resulting in adversarial relationships. Bree described this possibility related to other treatment providers who come from different backgrounds:

I laugh about it now because I'm so used to it and I've learned to take it with a grain of salt and they joke. A lot of times I've noticed that they (administration, other non-counseling providers) kind of, they joke about things like that because they're envious about our approaches to clients, they don't trust themselves or let themselves be natural or really try to be empathetic with clients.

To have empathy as a supervisor who also has power in the administrative hierarchy of the applied setting appeared to come with certain *consequences*. Counseling culture appeared devalued by those who did not operate in a human relations approach, resulting

in adversarial relationships occurring in the divides between cultures and resulting in a devaluation of counseling. Consequences were also evident for participants as they felt the pain of seeing the impacts of their decisions on others. Polarities of a supportive-collaborative role and a challenge-accountability-based role of upholding the rules of administration impacted counselors and participants. Bree described having to terminate an impaired counselor:

She wasn't functioning on the job and I gave her a lot of chances. You know and I even had her sign a release to her psychiatrist and all that, it was very uncomfortable for me because I enjoy being more of a therapist than a supervisor.... I like to enjoy the company of my supervisees, I enjoy being with them. I don't want to be their manager, that I'm shy, I've got, I don't consider myself any better than them. And I like to hang out and have a good time, and I'm a family person, family and who you are as a person that's very important to me. (Bree)

I interpreted the results within the dilemma of *empathy and power* to also contain a *covariance* that included the supervisor *identity-self*, which describes how participants provided descriptions of their identification with their role and self-identity. Participants appeared overall to hold a preference for their counselor identity as a supervisor-counselor over the supervisor-administrative identity. To make decisions from a power base as a supervisor-administrator challenged the perhaps more comfortable human relations approach and the counseling cultural *identity*: “A relational challenge to say I disagree with what you think is right and I'm going to make an executive decision, cuz I didn't operate like that very often” (Char). Kelly also echoed this: “Ah, (pause) I'm definitely more compassionate and gentle than I am harsh and so that's why I think so many of the administrative things that come down are not as easy on me. Making administrative decisions and seeing the results impacted participants on a personal level.

Participants appeared to share in the consequences that they might have imparted on others by their decisions:

Closing down our facilities has been hard. It was me and the (director) closing down facilities so telling (clients) they won't be here any more, telling staff they need to find new jobs that was really hard and in fact the last program that we shut down I said, I won't do this again. I just feel very responsible for our staff and for the (clients). It just feels like a, such a loss, and like a, just feeling really defeated. (Participant, name withheld to protect confidentiality).

I interpreted other similar participant descriptions as a felt-dilemma that existed when empathy meets power. Making tough decisions and having empathy for those who were negatively impacted by the decisions was a difficult process for participants. This was perhaps another potential factor in the conflicts that were described in the literature between the administrative and clinical roles in supervision. The divides of culture and devaluation of counseling also appeared to provide a split (*causal*) in administrative versus clinical roles and perhaps exacerbated a dilemma of empathy and power. Participants felt compelled to identify with one culture or another to alleviate the strain of being in-between. This phenomenon was also found in the research of (Patterson, 2000).

Of notable interest to me as the researcher was participant descriptions of cultural divides--participants did not directly address culture as cultural diversity or include the standard definitions of culture as inclusive of race, ethnicity, gender, sexual orientation socioeconomic status, ability, and religion. The theoretical framework of this study included multicultural supervision and was used for theoretical sensitivity to this topic (Charmaz, 2006; see also Campbell, 2006; Estrada et al., 2004; Henderson, 2009; Inman & Ladany, 2008; Smith et al., 2008). I inferred from only two participants that cultural diversity was in the foreground of their supervision processes. One implied that she used

matching of person of the supervisee factors such as sexual orientation to match supervisees with clients.

In another case (name protected), a participant stated off the record that administration and other working groups were primarily male and described it as an “old boys” network. Arredondo and Toperek (2004) argued, “[supervisor] competencies state that environmental oppression contributes to psychological distress and recommend that it is the responsibility of mental health professionals to understand sociopolitical issues and the ways these impinge on professionals as well as on clients” (p. 48). In this case, I inferred that gender was operating within the hierarchy with the potential for oppression between what was described as a very male administrative culture with a predominantly female counseling culture. I would submit that part of the demand stress, through the divides of culture, devaluing of counseling, and a lack support, might also be related to cultural factors such as gender and marginalization.

Responding to the Divides of Culture and Devaluation of Counseling

Participants responded with numerous *strategies* to the divides of culture and devaluation of counseling: trying to empathize and relate to other cultures, tolerating others, standing up to administrators, compromising in their roles between joining the administrative culture and staying in a counselor culture, becoming isolated and working independently, developing personal coping strategies, accepting the influence of administration, and protecting counselors from the hierarchy. Some indicated being supported or at least feeling empowered to seek changes; whereas, others described standing against administration or ultimately isolating in the work.

Responses (*strategies*) by participants appeared to be attempts to hold the value for counseling and create a barrier to protect the counseling culture. A core value demonstrated by the supervisors (*identity-self*) appeared to be their commitment to counseling values and their supervisees' needs in how they *protected and fortified counselors* in their work (see this category below). Levine (2002) argued that organizational policy and culture could overwhelm supervisor and counselor focus on clients and might have a major negative impact on job satisfaction of counselors, reducing their ability to provide effective interventions. Participants in this study appeared to make attempts to buffer their supervisees from the impacts of policy, politics, culture, and the devaluation of counseling.

However, the needs of the supervisees appeared to change with greater expectations from administration or a deeper reach of stakeholder requirements (*covariance*). The tendency for supervisors to meet administrative and supervisees needs appeared to demonstrate that they were overwhelmed and absorbed by administrative cultural demands. As discussed above, when bureaucratic efficiency became the focus, the clinical supervision focus on relationships and understanding might be avoided, especially when situations were driven by crisis (Hawkins & Shoet, 2006). Standing up to administration, isolating from administration, or compromising their administrative roles appeared to be a way supervisors retained counseling values as part of their preferred culture and *identity-self* as a counselor in the midst of divides in cultures, especially when support was lacking from administrative culture for supervision and counseling or when counseling was devalued. Schiff (2009) determined that interpersonal professional relationships, professional counseling values, managerial

support, organizational bureaucracy, and climate were essential measures specific to organizational culture in mental health clinics. This research appeared to parallel the described factors of participants related to devaluing, support from administration, overwhelming administrative demand, and the resultant climate.

Seeking and finding support to do the supervision work. One of the primary responses (*strategies*) participants had to the demands of service delivery as well as the divides of culture and devaluation of counseling was *seeking and finding support to the supervision work* both inside and outside of their organizations. The support participants sought was related to working with difficult clients, working with administrator demand, or addressing critical moments such as impaired supervisees. Some strategies appeared intentional such as Char hiring peer supervisors (also related to *facilitating working relationships and structures to enhance the supervision process*) to form her team or Kelly joining with peers from local organizations who served similar clients. Others sought support as a reaction to a crisis, such as Jan seeking support from her husband and friends in the absence of internal administrative support:

It's a boundary issue again, being a supervisor and having all these things go on here and really not having any support here...to talk about those things with anybody. So my support was outside of here with friends and husband and all that but as far as in the organization there wasn't any support for that so it was, then that effects what's going on with me and trying to keep that boundary with the intern and not start talking about all that with them. (Jan)

The position of supervisor in the hierarchy might have resulted in *consequences* for participants that appeared demanding, isolating, or at times lonely. Participants described the impacts of demands of administration or the divides of culture and devaluing with poignant, emotional descriptions. In addition, there seemed to be a breaking point where relationships with administrators were not sought out for supportive

purposes. Administrators who had clinical backgrounds were described as supportive by some participants (*covariance*). Roanna, Bree, and Ula described being supported by their supervisors, particularly because the supervisors had been in a clinical role and also served as a buffer between them and stakeholders and administration.

The necessity for participants to have an alliance and protection from those above them in the hierarchy appeared evident in Bree's description:

He does protect me though, he gives me, he's hard on me because they're (stakeholders) hard on him. I feel like that he's kind of this middle person that fights for me too, which is kind of interesting cuz I told him at a certain point, I said I'm a big girl I can do my own battles, I don't want you in that position, and he said, 'I don't understand.' He said 'you can't survive here without having a middle person.' And I'm learning to embrace that. (Bree).

For other participants, they might have been the only "middle" person in the hierarchy between the administrators and the counselors. Position in hierarchy could have played a part in how they experienced support or demand from administration.

With many of the participants in this study concurrently providing counseling along with supervision, they might have been exposed to additional demands and demand stress including vicarious trauma or secondary stress both from client and supervisees. Stressors (*consequences*) appeared for participants both from above in administrative demand and below from knowing clients and seeing the impacts on counselors. In these cases, I would predict that burnout (*contingencies*) could be as likely for supervisors as for the counselors--this prediction has been confirmed in the research (Altun, 2002; Ramos-Sanchez et al., 2002).

Participants also described the necessity to use their own *strategies* of self-care and wellness, particularly in the absence of supportive hierarchy or high demands. How

supervisors in applied settings obtained support for their own wellness was relatively sparse in the literature. Nash (1999) proposed peer consultation with other site supervisors. Granello, Kindsvatter, Granello, Underfer-Babalis, and Moorhead (2008) suggested a peer consultation model for supervisors to enhance their cognitive development. Lewis (1988) described a structural/hierarchical model of supervision to create multiple levels of supervision including peer supervision so supervisors are not alone and isolated in their role. Each of the researchers' suggestions mirrored the phenomenon of potential isolation participants described in their role as well as their strategies for seeking support to do the supervision work.

I hypothesized that in the absence of shared cultural values, a devaluation of counseling, high service demands without support from administrators, and having administrators who did not have a clinical background or align with counseling values all contributed to the lack of felt support by the supervisor and greater demand stress. Several researchers provided evidence that without support, supervision could become ineffective due to numerous organizational constraints (Copeland, 1998; Globerman & Bogo, 2003; Sommer & Cox, 2005). Hawkins and Shohet (2006) argued that for the entire organization, the lack of support for supervision was both an ethical and pragmatic problem that had significant costs in failures to conduct best practices and resulted in high staff turnover, poor morale, and client complaints. While the literature was filled with research related to supervisors working to prevent burnout in supervisees, I found few references in my search for burnout and wellness related directly to the supervisors. A focus on clients and supervisee, i.e., how to work with the impacts of clients and vicarious traumatization, was more common (Trippany, Kress, & Wilcoxon, 2004). This

category also related highly to supervisors identifying needs for training and support discussed further below.

Facilitating working relationships and structures to enhance the supervision process. Participants described active and intention *strategies* to create and foster of a complex variety of working relationships and structures to accomplish supervision. They described, similar to Henderson's (2009) description of applied setting supervision, involvement in a high number of relationships (*context*), resulting in numerous expectations and needs both within and outside of the organization. Participants appeared to focus on the functioning of relationships as a means to get the job done. Judy described working with a less than supportive administrator, yet her necessity to try to facilitate the existing relationship:

There are some changes happening currently that give her more challenge so my interactions with her currently are more perfunctory and I'm tending to it without splitting get a more general sense from other people right now who have more history with the institution of what's kind of what the community is like and what enrollment is like, but without undermining her. (Judy)

Participants' *strategies* to facilitate relationships included how they monitored the relationships around them to assure they were functioning. They chose functional and pragmatic responses to facilitate working relationships in both formal and informal structures. Formal structures included supervision modalities such as individual, group, case management, program, administrative, training, informal supervision and other forms of supervision. They described setting the structure for a variety of supervision modalities to achieve their goals. The various supervision modalities participants described (individual, group, case consultation, training supervision, therapy specific supervision, etc.) contrasted the binary view of supervision in applied settings as either

administrative or clinical portrayed in the literature (Ellis et al., 2008; Henderson, 2009; Patterson, 2000). While these supervision modalities could easily be divided into administrative versus clinical modes, participants in this study appeared to view supervision (as *representations*) in more complex and functional ways. The expansion of the binary view of supervision appeared to be supported by researchers who had described applied setting supervisor roles also focused on the being a change agent (Copeland, 1998; Falvey, 1987; Storm & Minuchin, 1993), advocate (ACA, 2005; Falvey, 1987; Henderson & Gysbars, 1998), and as customer service representative (Woodruff, 2002). Supervision, according to the results of this study, was offered in unique, pragmatic, and multiple modalities with the supervisor functioning in multiple and complex roles.

If counselor supervisors are to be change agents in their organizational cultures, the results of this study suggested that participants' beliefs (*representations*) in change through the relationship of counseling were also directly translated into their strategies at facilitating change through their relationships with others in the organization. Hawkins and Shohet (2006) and Kadushin and Harkness (2002) described approaches to deal with power of politics and how supervisors must work as change agents within organizational culture, i.e., the supervisor's relationship within the organization. The key finding in this category was that supervisors were immersed in the relationship process, described interactions and an active approach to building interconnections, and kept watch over the relationships of the members of their working group, the members of other working groups, and outside the organization with stakeholders and the community.

I inferred from the data that support from administration played a part in participants' personal agency to make a difference. Their ability to facilitate administrative relationships appeared *contingent* upon support from administration while also *covarying* with the amount of support. Several of the participants had made multiple attempts at change relationships with administrators who did not appear responsive: "They just don't get it and it doesn't matter how many times we can tell them (other service providers in the organization) or try to show them they don't get it because it's not a fix" (Jan).

I fought for that and I got it which again did not make me very ah desirable! Because I fought and that entire year I fought for the needs of my family... and for the very first time I wasn't able to hold that and people were really, people were just so distraught, they were like abused...it was horrifying...and the whole intern team was really upset because I couldn't hold the barriers. (Char)

Kelly also described a potential need to go to her administrators' superiors to find ways to help her supervisees complete their work. Bree also described being blocked in this area. Falvey's (1987) suggestion that administrative supervisors lead the way for advocacy by guiding organizational change at all levels, from client through counselor, up through administrative levels, might be more of an ideal for supervisors than the reality some of the participants faced in this study. When a pragmatic outcome no longer seemed possible, participants' active facilitation of relationships was diminished. In an economy of energy, participants focused their efforts on other strategies such as inward with their department or coping personally with their situation.

Maintaining a Professional Image

Charmaz (2006) advised that in a study such as this, participants might take a "public relations rhetoric, rather than one reflecting the realities people struggle with . . ."

(p. 20). I expected and accounted for this in the methodology of this study. To air dirty laundry could jeopardize existing political relationships for the participants as described by researchers (Hawkins & Shohet, 2006; Henderson, 2009). As the researcher, I was aware of this possibility. During my interviews with participants, I experienced how they maintained a professional image as well as revealed to me the personal and emotional experiences of working in the applied setting. What emerged in their descriptions were very real *consequences*. The experiences of high stress and demand were also described by Murphy and Pardeck (1986) as conflicting politics (Hawkins & Shohet, 2006) and limited time based on service demand (Bogo, 2005).

These elements were not only *consequences*, they were the norm and appeared as a kind of meta-*representation* for the applied setting *climate*. Hawkins and Shohet (2006) argued that in light of cultural divides, supervisors might work to appear that they had no problems or inadequacies and presented themselves in a positive manner. By my interpretation, maintaining a professional image was related to potential contingencies such as credibility to stakeholders, assuring confidence to supervisees, maintaining a sense of control, etc. Participants noted or had reactions to revealing personal reactions that often appeared related to their concerns for how they might be viewed in their job. In light of the divides of culture, participants reported divides of culture and a devaluation of counseling. The divides of culture and devaluation of counseling might have been a threat to the counseling profession, such that maintaining professionalism with stakeholders and administrators was a matter of credibility and thus job security.

Social Processes with Supervisees

Supporting-Collaborating and Challenging-Holding Accountable

Common within descriptions of all participants was an approach (*strategy*) to supervisor-supervisee relationships that held both the relational components of support and collaboration with the necessity to challenge supervisees and hold them accountable. Roanna offered the view that support and accountability were not in opposition; rather, both were necessary: “I even think of that supervision style, it’s offering a lot of support with a lot of accountability.” Support and collaboration related to the shared agenda where supervisors described giving the supervisee choice in what was needed (*representation* is that they are *guided by needs of supervisee*) in supervision along with empowering them to make decisions on client interventions and trusting their experience:

It comes mostly from experience and it’s where it comes from for them too, and I want them to get to that point so if they’re new, they’ll be in here all the time and I’ll say well ok what do you think, I want them to learn how to trust themselves in their clinical decisions because they’re not that green, so, I empower them, I trust them. (Kelly)

Bordin’s (1983) definition of the working alliance included agreements between the supervisor and supervisee on goals, on tasks, and focused on the bonds shared between them. The alliance, according to Bordin, was based in mutual collaboration aimed at client change. Participants used disclosure and told stories about their difficulties with clients to *level the hierarchy* between them and their supervisees, thus building collaboration. Downplaying hierarchy during supervision has been found as a means to create equality with supervisees (Behan, 2003) and was evidenced in this study in the ways participants *leveled the hierarchy* with supervisees. Neufeldt (1997)

proposed that in a constructivist approach to supervision "trainees and supervisors engage as collaborators in learning and teaching rather than as novices with a knowledgeable authority" (p. 199).

Osborn (2004) believed that accountability was a key factor of clinical supervision that provided credibility to services, both internally and externally. The alliance, as Bordin (1983) defined, included bonds between supervisor and supervisee as well as shared goals and tasks. Discussion of goals was consistent for some participants and a regular part of collaboration and holding supervisees accountable: "We'll look at um kind of what our goals are for what else are we going to do, what are we working on for our next time so we'll check in to see if we're on track with that and then we'll continue with this. Other things maybe I want to add" (Ula). The goals and tasks would require strategies that challenge supervisees to meet their goals and hold them accountable for doing so in the evaluation process. However, researchers found that a poorly conducted evaluation could compromise the supervisory alliance (Ladany et al., 1999). I hypothesized that there was a circular, mutual effect (*covariance*) between how well support and collaboration (alliance) occurred and on how challenge and accountability (evaluation) was conducted.

Participants' use of the strategy of supporting-collaborating and challenging-holding accountable appeared closely related to *assuring stakeholders, being accountable, monitoring and justifying services*. Participants assured that supervisees adhered to treatment or specific protocol required by stakeholders and administration; yet they also used the alliance to assure they had accurate information about client relationships and could trust supervisees to perform the work. This was supported by

Patton and Kivlaghan (1997) who determined that the outcome of a strong supervisory alliance led to a greater likelihood that supervisees would adhere to treatment protocols (*covariance*). Participants in this study also used the closeness of the alliance to determine if supervisees were delivering adequate services:

building a connection with the interns where I can trust that they're speaking candidly with me and feel comfortable bringing in what they're actually working with even the things that feel kind of embarrassing or oh my god maybe I'm not doing it right or maybe I should be better at this. (Judy)

Thus, both the challenging-holding accountable and supporting-collaboration strategies operated in tandem, appearing interwoven in the supervision strategies of the participants of this study.

Bringing in the personal and the person of the counselor. Participants engaged in social interactions that encouraged supervisees to disclose their reactions to clients. Many of the social interactions appeared to involve facilitating supervisees to share their emotional experiences about clients while participants offered empathy and support. Herlihy and Corey (1992) argued that supervisors would likely reduce their empathy with supervisees in order to maintain professional distance and boundaries with their supervisees. Cohen and Lim (2008) challenged the prevailing assumptions of researchers that counselors who became supervisors would likely be more empathic with their supervisees--they found no such evidence for this assumption. The results of this study contradicted both Herlily and Corey's argument and the findings of Cohen and Lim. The participants in this study utilized disclosure and empathy as social interactions that facilitated their relationships with supervisees.

Simultaneously, these processes appeared to allow participants to ascertain the quality of the counseling relationship through supervisee disclosure. This process served

as a means for identifying transference and counter-transference and was highly related to *addressing the mutual impacts between client and counselor* as well as *influencing change in the counseling relationship*. The supervisee's ability to form a secure adult attachment has been found to predict greater supervisory alliance (Renfro-Michel & Sheperis, 2009). Participants used their felt sense of relationship with supervisees as a *strategy* to make inferences to the counselor-client relationship, the *consequences* on the client relationship, and as an assessment (*representation*) for the supervisees' relationship with the client:

So if I notice something in their stature if they're closed off to me if their answers are shorter or um I can tell if somebody's comfortable with me and I can assess it, I assess it it that they're, I know how their relationship (in counseling) is going, if there's trust in there. (Beth)

Participants appeared to make a functional choice in facilitating supervisees to share emotionally and to disclose. Bernard and Goodyear (2009) described the potential consequences of doing otherwise: "Supervisees' failure to disclose relevant information to supervisors hinders their learning. It also puts the supervisor at risk legally, for the supervisor is liable if the supervisee is engaged in unethical or illegal activities" (p. 164). Building an alliance and facilitating disclosure, while part of *supporting-collaborating*, appeared to result in the assessing of risk-management (*contingencies*) that might not have otherwise occurred if they were to engage exclusively in *challenging-holding accountable*. One of the contingencies that supervisors face in applied settings is that risky counselor actions may result in unintended consequences if the supervisor cannot "see" into the counseling relationship via the supervisory relationship. This opening into the emotional processes might have allowed participants to support supervisees while realistically challenging and holding them accountable.

In addition to the *strategy* of facilitating emotional sharing and disclosure, participants brought in *the person of the counselor*. This conceptual category refers to the personal strengths, approaches, and characteristics the counselor would use to be useful and influential in counseling. For some of the participants, the person delivering the service appeared as important as the services as illustrated by this participant describing talking to a supervisee who was struggling with a client: “What if you show up as a human being and let them know that you don’t believe they’re working as hard as you?what is there about their own humanity that they’re not bringing to the session?” (Ed). Kirk encouraged the person of the counselor to develop his or her unique and individual counseling style: “I try to meet the intern in this way and not impose my own style or values on them. I try to guide them to develop their own style and use who they are to become a better therapist” (Kirk).

Person of the counselor as a factor in counseling appeared to be addressed differently in counseling or marriage and family therapy literature. Person of the counselor appeared related to counselor identity literature (McGlaughlin & Boettcher, 2009) or as a psychodynamic principle (McTighe, 2011). Marriage and family therapy researchers have identified *person of the therapist* as an important factor for supervision and influencing change in therapy. For example, Aponte et al. (2009) argued that person of the therapist is “a philosophy that views the full person of the therapists, and their personal vulnerabilities in particular, as the central tool through which therapists do their work in the context of the client-therapists relationship” (p. 381). Participants in this study considering person of the counselor variables useful in supervision made sense in light of this research. Person of the therapist variables were found to be common factors

in the effectiveness of counseling. This factor contributed 10-20% toward client change according to Beutler et al., (2004).

My rationale for *bringing in the personal and the person of the counselor* was that while related to counselor identity, this category remained distinct. Participants who engaged in *bringing in the personal and the person of the counselor* (supervisee) appeared to focus the supervisee on their use of self to understand, empathize with, relate to, and work with clients similar to McTighe's (2011) descriptions of supervising counseling on their use of self in counseling.

I also discovered that four out of five participants whose organizations were influenced the most by stakeholder requirements appeared to show a greater orientation toward the person of the counselor as a professional in their descriptions (*covariance*). Demands from stakeholder or administrative requirements might have influenced supervisors to focus on the professional role of service delivery with counselors.

Bringing in the Personal and the Person of the Supervisor

Participants used *strategies* of self-disclosure as described above to *level the hierarchy* and create greater alliance with supervisees through means of self-disclosure. Self-disclosure by the supervisor was found by Ladany and Lehrman-Waterman (1999) to be an antecedent to the supervisory alliance as long as the disclosure was personal, neutral, and related to counseling experiences. Participants shared stories about their experiences as a counselor and with clients that included a combination of both referent (relational) and expert power bases, linking empathy and understanding with their prior experiences as a counselor. Thus, one of the *consequences* of the strategy of *leveling the hierarchy*, i.e., disclosing to supervisees and attempting closeness with them, appeared to

be a way that participants modified power in the supervision relationship and thus influenced their alliance with supervisees. Shultz, Ososkie, Fried, Nelson, and Bardos (2002) discovered evidence that the supervisory alliance was improved when supervisees felt similar to supervisors when combined with the sharing knowledge and expertise by the supervisors. Similarity was developed with Kirk as he shared similar struggles:

A lot of times I do it to join with them, it's like 'yeah, you're not the only one whose had this situation, you're not alone in this'.... I think it helps them see me as someone who, who struggles with some of the same things they struggle with. I don't have all the answers. (Kirk)

According to researchers, as the alliance was built, supervisees might be more likely to be willing to disclose to supervisors (Ladany et al., 1996; Webb & Wheeler, 1998). The supervisory alliance was found to be at the core of supervision effectiveness (Inman & Ladany, 2008). The participants in this study appeared to engage in a mutual process of encouraging the supervisee to disclose, encouraging emotional sharing, bringing in personal factors, and modeling a similar process with supervisees.

At present, although person of the therapist factors are known to impact client change (Beutler et al., 2004), no current research addressed person of the supervisor as a factor in supervisee or client change. I hypothesized that these strategies might modify power, increase alliance, and influence supervisees to engage similar strategies with their supervisor and perhaps their clients. In addition, as supervisors brought in the person and the person of the supervisor elements into the relationship and facilitated supervisees to do the same, they fulfilled both functional administrative needs (adherence, monitoring, accountability, risk-management) as well as clinical needs (assessing transference-countertransference, counseling relationship, assessing supervisee interaction, skills, impacts on clients) of supervision.

Fostering Learning in a Shared Learning Environment

The category *fostering learning in a shared learning environment* and three resultant subcategories *focusing the role and identity of the counselor, building on strengths and prior experiences*, and *developing new skills, abilities, and awareness* is described in this section. This overall category describes how participants trained supervisees and helped them learn their role as a counselor in the applied setting environment. Participants' *strategies* included facilitating learning relationships with supervisees and their work groups and sharing in the learning processes. Participants' descriptions appeared to describe a teaching role (*identity-self*) that has been described in supervision models (Bernard, 1979; 1997; Littrell et al., 1979).

Participants' descriptions of how they taught and learned from their supervisees in a process of shared learning was a key finding in this study. These social interactions appeared to influence the supervisory alliance (*covariance*) while assuring competence and service delivery (*contingencies*). Sharing in the learning with supervisees also appeared to *level the hierarchy*, creating a more collegial experience during moments of shared learning. This process likely created greater supervisee perception of similarity to the supervisor and thus greater supervisory alliance, similar to the research described by Shultz et al. (2002).

Participants encouraged supervisees to use their personal experiences and to participate in the learning experience including learning from their mistakes. Bree described, "Giving them room to grow allowing them to make some mistakes and learning from them." Learning included supervisees reflecting on their decisions as Jan described:

I just sat there and I didn't say anything and about 30 seconds later she said 'I can't do that that would be breaking confidentiality!' ... she said for her that was the beginning of knowing that a) she would make mistakes and b) I wouldn't jump on her or not let her have her own process.

Such reflective processes described by participants appeared similar to literature describing the use of reflectivity to influence counselor professional development (Baer, 2006; Skovholt & Ronnestad, 1992, 1995). Schon (1983, 1987) believed that reflection was the bridge between theory and practice; the processes described by participants indicated constructing this bridge was a part of supervision in the applied setting. The finding from this study indicated that participants potentially used reflective processes as part of learning.

Focusing the role and identity of the counselor. Participants focused the supervisee on their role in counseling and their identity as a counselor as a *strategy* of supervision. Counselor *identity* development is a central part of counselor growth according to Loganbill et al. (1982). The focus on role and identity appeared to include *strategies* of preparing the supervisee for the role through setting expectations, describing the role, and focusing on their identity as counselors. Participants set expectations for supervision with supervisees, often as part of internship program goals, as well as goals within the applied setting. Agreed upon tasks and goals are vital components to the supervisee alliance according to Bordin (1983) and expectations part of the supervisory contract according to Ellis and Douce (1994).

Participants prepared supervisees in how to use supervision, developing their role-identity as a supervisee:

So there's definitely that initial thing of like what is supervision, how do we use supervision.... I would tell her that this is, you know, how we're going to use

supervision and its going to be a case review of all your clients it's going to be things that are coming up for you that you're needing help with.... There are also times when I have administrative things to talk about. (Roanna)

Holloway and Carroll (1996) described the importance of preparing supervisees for their role in supervision. Role induction has been found to reduce supervisee anxiety (Ellis, Ladany, Krenzel, & Schult, 1996). The focus on role and identity appeared to result in setting the job description, guiding supervisees, and was part of the alliance with them.

How participants influenced the development of their supervisees' personal style, i.e., their developed approach, was explored earlier in the category *bringing in the personal and the person of the counselor*, especially in how participants encouraged supervisees to develop their personal style: "That they learn what their own way is, how their own, what their style is and so they don't have to copy you know think they have to be like somebody else but just develop their own who they are in their style" (Jan). Personal style included strategies where participants supported the personal approach of the counselor, using their own personality and influence as well as following their own theoretical preferences. Schon (1987) argued that theory learned as a result of practice and application offered greater opportunities for appropriate developmental self-reflection versus learning theory during education. Providing an opportunity for the supervisee to determine his or her personal frame of reference for change has been considered a precursor for developing theoretical orientation. Guiffrida (2005) argued that theoretical orientation effectively emerges from the counselor's personal style, including their personal instincts to help, observation of their practice, and their exploration of theoretical application.

Thus, the social interactions of this study appeared to suggest that the experience of being with clients challenged supervisees to develop their personal style and personal frame of reference from which their theoretical orientation might emerge more fully as a *consequence*. Developing theoretical style appeared *contingent* on the supervisee developing their own frame of reference and applying their understanding. Participants in this study appeared to allow an opening for personal frame of reference while allowing supervisees, in most cases, to utilize their own theoretical preference in counseling. The results of this study appeared related to Polkinghorne's (1992) hypothesis that reflective processes included both personal and practice (clinical) knowledge.

Another *strategy* described by participants in this category was helping counselors explore and identify a career path or counseling niche, i.e., their career *identity*. This resulted in a functional *consequence* such that some of the participants could find employees for the applied setting; for other participants, their supervisees understood where they fit in as counselors, as a kind of niche-identity:

You know we talk about that as you know I'm going to have to pull you out of that because you need you know we have to take a look at the type of therapist are you working to be. You know some therapists are just very educational in their process and some are more therapeutic so we talk about you know the opportunity while they're here to stretch themselves. (Ula)

Developing professional identity amongst counselors has historically been a challenge for educators and supervisors (Calley & Hawley, 2008; Mellin, Hunt, & Nichols, 2011).

Bernard and Goodyear (2009) noted that "supervisees are developing a sense of professional identity, and this is best acquired through association with more senior members of the supervisees' own professional discipline" (p. 10).

For less than half of the participants, career guidance seemed to fulfill the functional role of securing employees for their organization. Participants seemed to see some portion of career guidance (*causal*) as a *supervisee need*. They appeared to guide them toward opportunities (jobs) that existed within the internship setting or guided them elsewhere if there were no opportunities or the supervisee had a better job-fit elsewhere. Luzzo (2000) suggested that graduate students are often at the latter stages of career exploration or initial stages of career establishment. Internship through licensure appears to be an optimal time for career counseling as a part of supervision, serving both the functional needs of the supervisor and the development of the supervisee. The results of this study appeared similar to the findings of Skovholt and Ronnestad (1995) who found that at the exploratory stage of counselor development, counselors might confirm their counselor identity through titles and positions. This confirmation appeared to occur as participants helped supervisees identify career options as part of applied setting supervision.

A particular finding in within this sub-category was the way in which some participants encouraged counselors as they described the uniqueness of their role as a counselor. There was a kind of elevating of the specialness of the supervisees role--that their work was unusual, held a kind of moral level of service, served the greater good, or had a greater meaning (*identity-self*). Participants also described that not everyone could perform such a role. This appeared to reinforce a cultural value for counseling as well as the identity of the supervisee.

Building on strengths and prior experiences. Participants engaged in the *strategy* of building on strengths and prior experiences of their supervisees. These

strategies also included an assessment of capability as described also by Lampropoulos (2002), a valuing of the supervisee's prior experience as also argued as important by Neufeldt (1997), and assessing the developmental level and needs of the supervisee suggested for supervision by Loganbill et al. (1982). Building on strengths and prior experiences appeared to be a foundation from which participants in this study built their supervisees' abilities and motivation, roles, and identity:

The emphasis that my supervisors put on this with me and that I put on as a supervisor is find my supervisees strengths. Get them to own that and help support them to grow in self confidence that what they do is something only they can do because of who they are and that nobody else can do this intervention they way that they do it. (Ed)

Building on supervisees' strengths appeared to set a foundation of competence and confidence. The use of a strengths-based competence approach by participants in this study appeared well supported in the supervisory literature. Competence is a described component of supervision such as Loganbill et al.'s (1982) developmental model. Establishing self-efficacy has been identified as a primary variable in supervisee development (Larson & Daniels, 1998). Edwards and Chen (1999) promoted the use of strengths-based supervision as a means to promote person-of-the counselor development. Failing to focus on the strengths and interests of supervisees was found to contribute negatively to supervisee development (Wulf & Nelson, 2000). Fall, Lyons, and Lewis (2003) argued that applied setting supervisors benefit from supervisees' contributions of "free labor, a positive attitude, recent content knowledge, and a fresh ethical perspective" (p. 15) and asserted that recognition of such contributions as strengths would boost supervisee confidence.

Developing new skills, abilities, and awareness. Participants used *strategies* assessing strengths and understood that supervisees also required further development of their skills, abilities, and awareness, as this participant described: “I think being honest, people want you to be honest with them. So finding the strength, finding the positive, but at the same the time being really clear and honest about what’s not positive” (Roanna). That participants engaged supervisees in developing new skills, ability, and awareness was perhaps the most expected of all findings. This fit the primary definition of supervision by Bernard and Goodyear (2009)--that a more experienced professional is working with less experienced professionals and guiding them toward greater professional functioning. According to researchers, the primary tasks of clinical supervision include counselor skill development, case conceptualization, development of counselor awareness, maintaining adherence to ethics and standards, and development of treatment plans and interventions (Campbell, 2006; Holloway, 1995).

Perhaps a more revealing result from this study was the wide variety of skills participants worked to develop across supervisees, situations, and *contexts*. Skills varied from basic paperwork skills to identifying and addressing personal burnout. Participants addressed limitations of supervisees’ theoretical knowledge as well as how they might be more professional in the community. Others helped counselors to consider their reactions to clients in a clinical way or a specific strategy to work with a particular client population. According to Coll (1995) and Culbreth (1999), counselors who worked with specific client populations preferred also to work with site supervisors who were also knowledgeable and skilled in working with the specific population, i.e., those who understood the needs of clients and the interventions that would be successful.

Participants appeared to provide these opportunities for their supervisees. Expert power, i.e., the knowledge of supervisors sought by supervisees, appeared related to the supervisory alliance (*covariance*). Shultz et al. (2002) confirmed this relationship in their research. Role competence, task and knowledge problem solving, and general competence were related to supervisee satisfaction with supervision (Ben-Porat & Itzhaky, 2011).

Participants were required to meet the demands of stakeholders and administrators and assure that supervisees directly addressed requirements with clients and or to meet the needs of clients. This process appeared to fit the findings of Bambling et al. (2006) who conducted one of the few controlled studies of applied supervision--trainees altered their skills or were more able to directly address issues in counseling when the particular skill or content area was focused upon in supervision. This also fit my observation of how participants were intentional in their choices and sought functional and pragmatic outcomes during their social interactions with supervisees.

Protecting and Fortifying Counselors

This section describes how participants took a protective role with supervisees and worked to impart confidence, wellness, and skills to work with difficult client issues. Many of the descriptions of this section were related directly to the categories: *reacting and responding to the demands of service delivery* and *reacting and responding to the divides of culture and devaluation of counseling*.

Participants protected supervisees in their relationships with clients, from the outside community, and from administrative demands within the organization.

Protecting refers to the strategies supervisors used to buffer or create a boundary between

the supervisee and some other group within the relationships external or internal to the organization, e.g., stakeholders or clients. *Fortifying* refers to the *strategies* supervisors used to protect counselors by teaching them specific skills to work with difficult clients as well as using self-care and wellness to help protect counselors from the emotional impacts of difficult clients and the stressors of high service delivery demands.

Participants appeared to use their *prior experience as counselors and knowledge of clients* to guide them (*representation*) in their interactions with supervisees to teach them what they knew about how to handle difficult interactions. They fortified supervisees emotionally in their responses to difficult clients and fortified them with specific skill sets to intervene with particular client responses:

Because they're (the supervisee) new to this I want them to know that they're working with somebody who has offended on somebody or somebody who has been victimized so they can kind of have an idea of how to approach a situation because with our clients they can be easily manipulated if they're not sure. (Beth)

Participants used expert knowledge from their *prior experience as counselors and as supervisors* to teach supervisees client population specific skills and competencies.

Difficult and specialized client populations appeared to be primary reasons (*causes*) that participants fortified supervisees with specific skills.

The demand of the work itself might be a primary contributor (cause) whereby supervisors added their skill by setting limits on what could be accomplished:

I know the community needs this and we can only do this, this is as far, we can only do so many groups we can't try to we can't just keep on opening groups because we need more groups we have to at some point we have to stop...and they're finally realizing it because once they get to almost the burnt stage they're like oh your right lets back off I can't do this. (Kelly)

Supervision focused on fortifying supervisees to include developing their ability to brace against the stressors of heavy service demands. Participants mentioned burnout

as a concern as well. The literature was rife with research and suggestions for preventing burnout. Typical to human service agencies are high levels of counselor burnout (Altun, 2002; Farber, 1990; Powell, 2004). Cross and Brown (1983) asserted that the supervisor is a manager in which client care might be improved through the reduction of counselor burnout. Teasedale et al. (2000) confirmed Cross and Brown's assertion in their study that determined clinical supervision had a positive impact on coping skills, job satisfaction, and was found to decrease stress related to the job.

Burnout seemed to be closely related to the context of the organization, the demands and demand stress in the environment, and the demands of working with difficult clients. Burnout itself might have been another demand for participants to focus upon, i.e., a problem to solve, a need for supervisees who worked in applied setting environments. Murphy and Pardeck (1986) were some of the first researchers to argue that counselor burnout was attributed to challenges of the organization of applied settings, more than due to the problem of supervisor skill. Bogo et al.'s (2007) research provided evidence that service demands and ineffective administration were related to counselor burnout in agencies. This literature seemed to fit the participants' descriptions of responding to the administrative demand and the demand of service delivery as a reason for implementing wellness strategies.

A *covariance* that was evident in the findings from this study was that of a circular effect--the greater the demands, greater protection and fortification occurred. As supervisors protected and fortified, the impacts of the demands were reduced for supervisees. Participants in this study focused on self-care and wellness specifically: including it in conversations in their regular meetings and documentation, making

wellness plans, and even mandating that wellness be utilized as well as other strategies such as allowing days off, sharing the work load to ease overburdened counselors, identifying burnout in one another, and more.

Myers and Sweeney (2005) viewed wellness as a primary foundation of counseling including addressing wellness in counselors, a value that appeared to be shared by participants:

I and my co-supervisors had a huge emphasis on self-care, that if you were going to do this work and not burn out across years that self-care and self-awareness had to be a huge component of therapy training for interns...knowing how to identify their own triggers, how to identify burnout and how to take care of themselves in a way that would fill them back up so that they could continue with the work.
(Char)

Lenz and Smith (2010) recently proposed the Wellness Model of Supervision (WELMS) that incorporated Myers and Sweeney's (2005) wellness factors of education, assessment, planning, and evaluation into the supervision process. The necessity of wellness in high demand environments described by participants supported Lenz and Smith's proposed model as well as the pragmatic need of participants to support counselors emotionally and fortify their ability to avoid burn out. Gibson, Grey, and Hastings' (2009) research mirrored this finding such that as supervisees received greater support, they were also likely to have decreased levels of burnout and experienced greater levels of self-efficacy.

Participants' protection of supervisees and use of wellness approaches provided a key finding. Participants identified with wellness similar to Mellin et al.'s (2011) finding that counselor's "professional identities seemed to be grounded in a developmental, prevention, and *wellness* [emphasis added] orientation toward helping" (p. 140). From the descriptions given by over half of the participants, I concluded that they worked with

highly difficult client populations who had a strong emotional impact on supervisees. Newell and MacNeil (2010) recommended greater attention be given to educate practitioners in the applied setting on vicarious trauma, secondary traumatic stress, and compassion fatigue, with greater discrimination between addressing burnout and trauma related stress. By the results of this study, participants appeared focused on fortifying counselors and protecting them from burnout. I inferred that participants used strategies to assess, discuss, and prevent trauma-related stress based on their descriptions of client impact on supervisees. Fortifying supervisees to manage this impact was a strategy that is also described further in the category below: *addressing the mutual impact between counselor and clients*. Applied setting supervisors, by necessity, incorporated wellness into their supervisory processes as a *response to the demands of service delivery* in the applied setting and as a means to *protect counselors and fortify them to do the work*.

Responding to Supervisee Inability and Impairment

Supervisee inability and impairment appeared to have a strong impact on participants as indicated by their reactions and descriptions. For six participants, supervisee impairment was described as a critical incident. Inability and impairment were direct threats to the needs of the client and client welfare, a risk management factor for the supervisor, and at times a threat to working relationships in the applied setting (*contingencies*). In situations of impairment, participants described that supervisees had reached a point where they could not meet their needs and were at a point beyond providing any functional or pragmatic solutions. Impairment was a direct threat to the client welfare, something participants described as a psychological threat (*conditions*): “It’s hard for me because of that feels a little like thin ice to me because I’m not so

confident about how that person is performing with the clients and I'm not so sure what the clients are receiving" (Judy). The dangers were not only to clients but serious counselor mistakes threatened (*conditions*) professional relationships outside the organization as well. Beth stated, "It was actually one of the worst incidences with an intern and it turned out to be pretty ugly for a while. It affected us out in the system." The necessity for participants to monitor for inability and impairment was included in Bernard and Goodyear's (2009) definition of supervision: "monitoring the quality of professional services offered to the client that she, he or they see; and *servng as a gatekeeper* [emphasis added] for those who are to enter the particular profession" (p. 7). Gatekeeping, i.e., "gate" implies at the beginning or entry and has been unequivocally argued by researchers as a necessary for novice and pre-licensed counselors (Lumadue & Duffey, 1999; Magnuson et al., 2000a; Ziomek-Daigle & Christensen, 2010). The results of this study suggested the necessity for participants to address the removal of impaired supervisees regardless of their professional level or experience, a necessity also noted by Lehrman-Waterman and Ladany (2001).

Some participants in this study experienced a dilemma related to administrative support as a cause for failure to engage in gatekeeping:

It has to do with that clinician we had to fire.... I was at a point where I've never been before where I felt like my supervisor was being unethical (name) because I felt like because of her (supervisee's) mental illness (the supervisor) was afraid of liability and because clients were being harassed openly and we had evidence of that every day and so I almost felt that I needed to make a report to DORA.... Every single day people were crying in my office for weeks and I'd tell (name) about it and he'd say er; 'there's nothing I can do about it, I can't fire her.' (Name withheld to protect confidentiality)

This finding expanded Bogo et al.'s (2007) observations that supervisors had been criticized for lacking efficacy for gatekeeping. According to the results of this study, the

ability to perform gatekeeping functions might covary with factors beyond the supervisor's ability such as the direct support of administration.

By my observations of the responses of participants during interviews, inability or impairment appeared to bring strong reactions (*consequences*) of frustration, increased demands, and feeling as if hands were tied: "there's nothing I can do about it" (Bree). The intense complexity of the relationships across contexts might increase the ethical dilemmas involved as also observed by researchers (Henderson, 2009; Herlihy, 2006; Tromski-Klingshirn, 2006). Impairment was described as a critical incident requiring responses to protect clients, maintaining a professional image, protecting counselors, and including the necessity to challenge and confront tough issues and make the tough calls. Supervisee impairment was highly disruptive to the system and to working relationships (*consequences*).

Social Processes with Counselors and Clients

Relating to Clients and Seeing Into Their World

Participants in this study used strategies to understand, monitor, and make decisions about client treatment. They related to clients both directly and indirectly. *Indirect* relationships implied how participants knew clients through the descriptions of supervisee during supervision or feedback gathered from clients or other observers. A unique finding in this study was that participants also related *directly* to clients in ways not usually described in the literature. They knew and understood clients directly by counseling clients in the organization concurrently with being a supervisor. Direct contact also occurred in co-therapy with supervisees or in the participant's direct immersion in the client environment. Nina performed all client intake and assessments

for her department: “you know also when I do intakes I mean I know several thousand client stories.” As supervisors, participants also found ways to make direct contact with client to know and understand their world.

Supervision research is often focused highly on the popular construct of the supervisor-supervisee relationship (Bordin, 1983; Ellis et al., 2008). Hawkins and Shoheit (2006) described the supervisor-client relationship as a *fantasy relationship*, such that clients were usually only known through the supervisees’ report of the counseling relationship and the supervisor was left to guess if their report was true: “I would say one of my core principles as a supervisor is creating an environment for student interns so that they feel like they can actually tell me what’s going on and if I can’t get that that worries me” (Judy). Participants in this study found multiple direct and indirect ways to not have to rely solely on the supervisee’s report, i.e., avoiding the knowledge of clients being based on fantasy. Suggestions for live supervision, use of recordings, and other means to look more fully into the client experience have been addressed in the literature (Bubbenzer, West, & Gold, 1991; Kagan, 1980). Less attention has been given to supervisors’ contact with clients and the impact on supervision. The participants in this study, by nature of the context of the service delivery environment, worked more closely in relationships with clients than prior supervision research might otherwise imply.

Influencing Client Change and Counselor Interaction with Clients

Participants focused inward on the supervisor-supervisee relationship. They addressed the mutual impacts between client and counselor, focused on change, and

worked to influence change in parallel with the supervision relationship. These categories are now described.

Addressing the mutual impacts between client and counselor. This *strategy* appeared central as a means to assess the counseling relationship, monitor client welfare, and to monitor the impact of clients on supervisees. Participants assessed potentially reactive situations and processed emotional responses between client and supervisee while assuring counseling effectiveness:

I think part of my job is making, making sure the intern is aware of their own stuff, their own process and their own triggers.... In order to your, do your best practice as a therapist that you've got to be aware of your own transference, countertransference your own issues that come up when you're sitting with people. (Kirk).

These social interactions also appeared to be geared toward understanding the influence that the supervisee might have had on change as well as assessing the client's response to the supervisees' interventions.

Addressing the mutual impact between client and counselor was the primary social process participants used in counselor supervision. This same phenomenon has been frequently addressed in supervision literature as addressing transference and countertransference common to multiple supervision models (Hawkins & Shohet, 2006; Watkins, 1994).

I inferred from my observations of the organizations I visited and the testimonies of participants that for many of the supervisees, the impact of clients in the applied setting was often high. Supervisees might have been compelled to disclose their experiences and gained support and ideas for how to respond to their clients or as participants understood the impact of clients on their supervisees, they needed to

encourage disclosure: “So you know our (clients) are talking about sex abuse, and the abuse that they, were, you know, that they inflicted on other people, this is hard to hear, you know, and so a lot of it is just processing what they are hearing” (Roanna).

Transference and counter-transference appeared closely related to the category *influencing the counseling relationship in parallel with the supervision relationship* described in detail below.

Focusing on change: What it is and how it works. Participants’ counselor supervision *strategies* also focused counselors on their role in change, the pacing of change, and what was expected of supervisees to change with particular client populations. Their interactions appeared focused on the process of change itself. All of the participants appeared to use similar strategies to address change in supervision despite their wide variety of counseling theoretical orientations. Addressing change processes appeared to match the processes of trans-theoretical change described by Prochaska and DiClemente (1982) as this participant revealed:

I want to hear a kind of the, the um the sense of the sessions, you now was there connection, what interventions used, um, you know frustration, resistance, blocks, counter-transference, I mean we went over all kinds of stuff, based on what, who the client, what the client system was, what their goals were, what the process was in the session, were, you know, were the clients moving, what the therapists expectations were, were they expecting too much. (Char)

Included in the focus on change was the client’s readiness and the pacing and timing of the counselor: “Something I often worked with, with new interns, they wanted to the clients to make huge strides because the interns saw what the difficulty might be, and thought if they just told the client the client would be able to change immediately” (Char). Participants worked to help counselors identify their role in change as a counselor:

It's not their job to change the client. It's not their job to ensure that their client stays married or divorces. It's their job to provide the best intervention with what is. You are married. How I'm going to do the best I can to have you really as a as a supervisee feel the dilemma in their client because it exists in you. Now how have you experienced a dilemma similar to that? (Ed)

Participants described that supervisees had a number of roles of influencing change with clients: from psychoeducational processes, to emotional change, to holding clients accountable according to stakeholder requirements. This fit Olk and Friedlander's (1992) observations that supervisees might be subject to multiple roles in an applied setting. In the complex setting, defining change and the counselor's role could have been a means to avoid the role ambiguity that might merge as a result of unclear expectations for any given role, an approach also recommended by Ladany and Friedlander (1994). By further defining role expectations, participants could have also contributed to a greater alliance with supervisees (*consequence*) as also described in the research of Nelson and Friedlander (2001).

Defining change was interwoven in participant descriptions that produced the categories of *meeting the needs of clients through the vested interests of stakeholders* and *following stakeholder requirements* (representation/guide). From a functional and pragmatic standpoint, this social process focused counselors on their job description as a counselor and changes they were expected to make with clients. It also assured that the requirements for change were met according to the expectations of all stakeholders (including clients) involved in the process.

Influencing change in the counseling relationship. A primary *strategy* of participants appeared directed at influencing client change. This strategy appeared in parallel to the goal outlined by researchers asserting that supervisees provided more

effective services when supervised than when they were not supervised (Bernard & Goodyear, 2009; Ellis & Ladany, 1997). One sub-strategy participants used to influence change appeared to be how participants listened for change and monitored change processes:

How I know that our supervision is working for them is when they come back and share, they tried what was or I'll ask um if I suggest something and they like the idea at the time, how did journal writing go for example, they loved it, ok so I know, we talked about it. (Beth)

Participants interacted with supervisees to assure necessary interventions were completed. This process appeared related to *(covariance) assuring stakeholders, being accountable, monitoring, and justifying services and assuring client welfare (contingencies)*. The oversight of client welfare and the charge of providing quality service delivery, especially when stakeholder requirements were in place, postured the administrative supervisor in a role inherent with power (ACES, 1990; Henderson, 2009). Participants in this study appeared to recognize that the use of power was a strategy to challenge and hold supervisees accountable:

A lot of it is what they report back to me and how they run with it, you know sometimes I'll suggest something and I'll notice that they're hesitant, they're not going to go about doing it or it's not getting back so I'll ask about it. When I was, two years ago I think I made that mistake a lot more I said hey just do this and then I'd notice that it's not getting done. There was that ambivalence. (Bree)

Participants described using social influence strategies similar to those described by Petty and Cacioppo (1986). Social influence involved supervisors stating their position and stance followed by influencing the supervisees to elaborate on the stance and to develop their perception that the supervisor's stance is relevant to their work (*strategy*). This participant described how she stated her position and her strategy to facilitate elaboration: "Probably because I didn't ask if they were ok with that. How does this sound to you, are

you ok with this or do you what's your thought what would you do, you know?" (Bree).

According to Petty and Cacioppo, supervisors also used indirect influence and other strategies such as creating awareness of other cues, rules of supervision (ethics, policies, stakeholder requirements, protocol), or environmental cues (client's needs, a needed response). This type of influence was evident with participants as well:

We had a therapist a couple of weeks ago say, this is what's happening for me in group and how do I handle it, this one kid is getting targeted, and how do I, do I pull them out? Well let's go back to your group norms and talk about, oh right group norms. (Roanna)

Thus, influences from participants appeared both in the personal aspects of influence through the alliance with the supervisee and influence of position as someone with knowledge, as an employer, as providing needed resources, as well as influence in the hierarchy to reinforce the requirements of stakeholders, the administration, and the organization. The results of this study suggested that participants engaged in a set of social processes similar to the power bases named by French and Raven (1959) including legitimate, information, coercive, expert, referent, reward, and connecting bases of power.

Influencing the counseling relationship in parallel with the supervision relationship. This section describes the manner in which participants identified parallel influences between their relationship with supervisees and supervisee relationships with clients. Although parallel process is one of the most commonly accepted processes of supervision across all disciplines (Bernard & Goodyear, 2009), none of the participants ever stated the term "parallel process" during their interviews. However, the participants appeared to have an understanding (*representation*) of a parallel that occurred between their relationship with their supervisee and the supervisee's relationship with clients. For

example, Ula, who expressed her goal of influencing supervisee development stated, “During supervision I explain that a therapist cannot take a client beyond the, the therapist’s personal growth.” Ula expected personal growth with her supervisees and appeared to recognize the supervisee’s growth would directly influence (or not influence) clients. Dixon and Claiborn (1987) argued that the supervisory influence with the supervisee would parallel the supervisees’ influence with clients, such that as supervisees perceived a supervisor as having resources they hoped to obtain, clients would do the same with supervisees. Ula’s resource appeared to be her ability to foster supervisee growth.

Participants used their experience of their relationship with their supervisee as a gauge for the relationship between the supervisee and client (*strategy*):

So if I notice something in their stature if they’re closed off to me if their answers are shorter or um I can tell if somebody’s comfortable with me and I can assess it, I assess it it that they’re, I know how their relationship (in counseling) is going, if there’s trust in there. (Beth).

Several studies provided evidence of parallel processes in supervision (Doehrman, 1976; Friedlander et al., 1989; McNeill & Worthen, 1989). Participants in this study described a broad understanding that their relationship with the supervisee would *represent* the supervisee-client relationship, addressed the relationship through exploration of the emotional processes between supervisee and client, and took notice of their emotional processes with the supervisee. This finding also supported the results of one of the few controlled studies of supervision in an applied private practice context from Bambling et al. (2006) who found evidence of parallel processes in supervisor-supervisee-client relationships.

Participants *addressed the mutual impacts between client and counselor* and in so doing described that they were using as a *representation* their knowledge about *transference* and *countertransference*. An understanding of transference and countertransference was considered by Rodenhauser (1997) as required in the supervisor's awareness to further explore parallel process. Teitelbaum (1990) labeled the countertransference of supervisors toward supervisees *supertransference*. Ladany et al. (2000) described the contextual (environmental) nature of transference and countertransference as occurring

in response to both the trainee's interpersonal style and the supervisor's unresolved personal issues and may also be in response to trainee-supervision environmental interactions, problematic client-trainee interactions, trainee-supervisor interactions or supervisor-supervision environment interactions. (p. 111)

Supertransference was described by three participants only, although all participants had various reactions throughout interviews that might be indicative of a countertransference in supervision. In one case, the supervisor's reactions appeared related to the participant's involvement with clients that she believed made her potentially less objective as a supervisor:

I don't think that I was able to step back enough from it, to help be as objective as I needed to be when I was listening to the staff or the interns with what was going on. I found that since I've ,well I went from working with you know working with clients full time to then working as (a supervisor) well just that separation that extra time gave me enough to set back, to be more objective. Ula

Inman and Ladany (2008) concluded from their meta-review that super-transference influenced supervision outcomes. That only a few participants expressed their awareness of their own reactions to supervisees in this category could imply that they did not fully use parallel process as a strategy, although they appeared to understand that their

relationship with supervisees mirrored the counselors' relationship with clients such that the influence with supervisees would lead to influencing clients.

Mapping and Navigating Supervision: Guides to Supervision in the Applied Counseling Setting

The primary category, *guides to supervision*, emerged from direct questions about what guided supervisors in their social interactions: from their initial perceptions and from my analysis of their descriptions of social interactions during supervision. This category was based on participants' perceptions of what they thought about or considered as they interacted, communicated, made decisions during supervision, and how they assessed their success with the community, the organization, clients, and supervisees. These guides constituted the theoretical coding family of *representations* (Glaser, 1978). The results provided a cursory broad map participants used as a guide to navigate the complex set of relationships in the applied setting context. I divided these guiding *representations* into three categories: (a) contextual guides, (b) needs and relationships guides, and (c) guides internal to the supervisor.

Guides External to the Supervisor

The first set of guides (*representations*) participants used appeared to be external guides that were based in the context of the profession, the community, or the organization. They included ethics, the organizational mission, stakeholder requirements, and the policies and procedures from administration within the organization.

Maintaining ethical boundaries in supervision. That participants followed ethical requirements might be expected as ethics are the foundation of the counseling and supervision profession (ACA, 2005; ACES, 1995). Results of this study suggested a strong orientation of participants toward the supervisory alliance, combined with

maintaining ethical boundaries in their social interactions with supervisees, appeared similar to research indicating that such adherence to ethical decisions and behavior might have prevented disruptions to the supervisor-supervisee alliance (Ladany et al., 1999). Adherence to client welfare, also supported by professional ethical standards of the ACA (2005), was also central in their interactions. The use of ethics as a guide and to influence supervisees might have provided an external set of circumstances, i.e., cues of the environment (as identified by Petty and Cacioppo, 1986) that participants utilized with counselors and with administrators to influence change or to assure accountability in making larger administrative decisions:

I learn that in some situations you absolutely have to stick to your guns and really that is a supervisor's role sometimes.... Sometimes the employees will be difficult and you'll be in very difficult situations where maybe there's not a right or wrong answer.... It's nice to have the DSM and the ACA code of ethics more than I thought. Because especially when you're speaking to people like that (administration) in the hierarchy you need something to base yourself, it's like going to court without evidence.... Having a guide, you know the code of ethics and all that is important. (Bree)

Ethical codes were considered part of the contextual focus recommended by Holloway (1995) and Hawkins and Shohet (2006). Using ethical standards as a *strategy* allowed participants to influence difficult circumstances of reporting, hold appropriate boundaries in their relationships with supervisees, as leverage and influence with administrators, for gatekeeping, and as just cause to terminate impaired counselors.

Commitment to the mission of the organization. Although just over half of the participants used their organization's mission statements as a guide, it played a part in their work as a central guide to overall processes. The mission held a central tenet or belief (*representation*) for the participants who adhered to it as a guide. The mission appeared as a kind of anchor that was referenced by participants who appeared to hold

onto a consistent value (*strategy*) when faced with challenges of demands and divides:
“...and half the staff say therapy is a joke you might as well just house em and not waste our money...we believe in what we do.... I'd say that we really feel that we're doing our part to help people change (according to the mission). (name removed for confidentiality)

Participant use of their organizational mission statement was described in supervision literature. Commitment to a mission statement might be a factor in innovating change in human service organizations (Jaskyte, 2010). Henderson (2009) proposed that a focus on the mission and values of the applied setting was function of the role of administrative supervisors. Hawkins (1997) defined organizational mission statements as one of the primary artifacts of an organization to describe its organizational culture. The administrative supervisor is responsible for the work environment and the incorporation of the agency mission and policies in client service delivery (Henderson, 2009).

Following stakeholder requirements. As previously described, the context of stakeholder and community relationships played a part in participants' clinical decisions and influenced interactions with supervisees. Their roles were described as bringing treatment requirements and policies and procedures to the level of supervisor-supervisee interactions, team decision-making, treatment planning, and the use of specific counseling interventions with clients (*covariance*). When stakeholder requirements existed, they were foundational to the funding and existence of the organization and created an authority-structure in the *climate*. Participants described that they were responsible to many customers (*contingency*), similar to the descriptions of community supervisor roles from Storm and Minuchin (1993) as well as Woodruff (2002).

Stakeholders have a vested interest in client outcomes and therefore fit as a primary customer whose needs are assurance of client outcome (*contingency*). One pattern noted in this study was that the greater the difficulty of the clients, e.g., working with a prison population, the greater the number of stakeholders outside the organization who were involved in treatment decisions (*covariance*).

Following administrative policies and procedures. Participants were in the organizational hierarchy in-between administration and counselors, a hierarchical position noted by Holloway and Brager (1989) and Kadushin and Harkness (2002). They described being in the center between the demands of clients and from administrators (*causes and consequences*). Participants were required to uphold the policies and procedures required by administration that were also related to stakeholder requirements (*strategy*) while serving the needs of supervisees and clients. The results of this study were supported by literature that described the inherent administrative functions of supervision. Upholding policy and procedural requirements in supervision was a reality in applied settings as described by participants and evidenced in research (Ellis & Ladany, 1997; Henderson, 2009; Holloway, 1995; Kadushin, 1992). One of the primary tasks of the administrative supervisor is to align their department's service delivery outcomes with the mission and goals of their agency and the expectations of agency stakeholders (Henderson, 2009).

Guides Found in Needs and Relationships

This subset of *guides to supervision* was based on the participants' understanding of what was needed in the supervision relationship according to the needs of the supervisee, their developmental needs as counselors, the client's needs, using theories of

counseling to facilitate and guide the supervision relationship, and to inform counseling. Each is described here.

Meeting the needs of the supervisee. Participants were guided by what supervisees identified they needed during any given supervision meeting. Supervisee needs covered a range from basic help with paperwork (*organization context*), treatment planning (*stakeholder/ administrative context*), interventions with difficult clients (*context*), ethical concerns (*professional context*), and needs for support. Supervisee needs formed a primary *representation* (guide) for participants in their communication and strategies for supervision.

Research has supported the necessity of supervisors to meet supervisee needs. Worthen and McNeill's (1996) research found that meeting emotional needs of supervisees was considered effective supervision. Other specific needs and preferences were also addressed, e.g., skills to be learned, theoretical orientation, learning goals, and more, all part of developing a contract to build the supervision alliance (Lampropoulos, 2002). Needs described in the literature also included what was needed based on the experience of supervisees, their developmental needs (Stoltenberg, Pierce, & McNeill, 1987), and needs discussed previously in this chapter. Other categories (supporting-collaborating and challenging-holding accountable) discussed earlier in this chapter included descriptions of how participants in this study allowed them to take control of the agenda and voice their needs in supervision. These strategies were supported by Magnuson's (1995) research showing that pre-licensed counselors and supervisors believed supervision was to promote the professional needs of supervisees along with supportive relationships and challenging professional growth.

Seeing and charting counselor development. A key finding of this study was that participants had the awareness of (*representation*) and used *strategies* for focusing on supervisee development of strengths, skills, and learning. Participants recognized developmental changes over time and used their understanding (*representation*) of supervisee development to guide supervision. Participants described stages of supervisee development (*representations*) that outlined skill development, changes in autonomy, and learning over time. Descriptions also appeared tailored to the uniqueness of each organization, client population, and service delivery requirements.

Participants noted specific changes in development that were influenced also by contextual factors specific to the applied counseling setting such as the difficulty of the specific client population as also described by Edelwich and Brodsky (1980). Participants also noted influences of the caseload size on supervisees as found by Harkness (1997) and influences of stakeholder or administrative requirements on paperwork procedures or treatment protocol such as being required to confront and hold clients accountable (*contexts/covariances*). Participants' recognition of the contextual influences was supported by Holloway (1987) who asserted that contextual factors had a greater influence on counselor development than supervision and argued that contextual factors of the supervisor, supervisee, client, and the institution exerted greater forces on counselor development than supervision (*contingency*).

Supervisors adjusted their responses to the level of development of autonomy by supervisees (*strategy/covariance*), a prescription offered by a number of supervision theorists (Loganbill et al., 1982; Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998). Littrell et al. (1979) described how the roles and responsibilities of supervisors changed

according to the changing needs of supervisee (*covariance*). Participants' awareness of developmental changes in confidence, skill and ability, and motivation were also supported in developmental supervision models (Stoltenberg, et al., 1998).

Meeting the needs of the client and assuring client welfare. A central focus on client welfare is part of the ethical standards of supervision (ACA, 2005). Ethics were one of the guides for supervisors noted previously. In addition to welfare, which might provide a baseline of do no harm, participants also focused on the *needs of the client*. Client needs appeared as a central focus of their social interactions and explorations of the supervisee-client relationship. Participants spoke of client needs and welfare as an ethical requirement and a personal responsibility as a supervisor. As supervisors, participants used the strategy of *seeing into the client's world* as a means to assess client needs. Participants also had a strong working knowledge of client needs and exposure to clients from their prior experience or current work as counselors. This experience or navigational map is also sought by supervisees, i.e., their supervisor's expert knowledge. (Coll, 1995; Culbreth, 1999)

Using theories of counseling in supervision. Participants used their preferred theory (*representation*) of counseling to guide their understanding of the needs of individuals and relationships in the applied setting. Preferred theories are counseling theories that are primarily used with clients. Participants used counseling theories to model interventions and used interventions to facilitate supervision processes. One participant used a particular counseling theory as a measure of client progress. The vast majority integrated their personal theory within supervision to inform client work. Some

participants used their theory as an approach to facilitate relationships within the organization.

All participants allowed or supported supervisees to use the supervisee's preferred theoretical orientation. Ten participants did not expect the supervisee to conform to the supervisor's preferred theories. The exception occurred in one agency where stakeholders required use of a specific theory; however, the participant allowed supervisees to use their preferred counseling theory as long as the protocol was met. Another participant required that the required theoretical protocol of stakeholders be used as a measure of client outcomes but supported the supervisee's choice to use any approach that was preferred and helpful to clients.

Drapela and Drapela (1986) and Dye and Borders (1990) argued that supervisors would use their preferred counseling theories and even act as counselors to their supervisees. The results of this study did not indicate that participants acted solely in a counseling role with supervisees. They provided empathy and support, appeared to facilitate supervision processes, and expanded to include other roles such as teaching. Researchers have argued the limitations of using counseling-based theories for supervision as their use might result in supervisors failing to see other roles such as teaching (Bernard & Goodyear, 2009). Participants in this study *fostered learning in a shared learning environment* and did not appear to ignore the teaching and training role. Pearson (2006) recommended an integration of counseling based-theories and the application of role model theories to supervision, particularly to assure supervisors engaged in a teaching role. Participants of this study included the teaching role.

Counseling theories were clearly a guide for participants in this study that included both client conceptualizations and facilitated social interaction with supervisees. Participants appeared to use them to facilitate supervision, to facilitate an understanding of change in the counselor-client relationship, or to facilitate organizational relationships (*strategies/contexts*). Bradley and Gould (2001) argued that when supervisors utilized counseling theories in supervision, they brought the strengths of each theory, e.g., a focus on empathy, working alliance, goal setting and other facilitative interventions found in each theory, supporting the findings of this study that use of theory provided a facilitative function in supervision.

Despite two participants obtaining supervision training prior to becoming a supervisor and all but two participants having received supervisor training following becoming a supervisor, all participants adhered to their personal counseling theories to inform supervision. Only one participant provided a contrasting approach; her Certified Addictions Counselor training provided a strengths-based structured supervision approach that she utilized with supervisees. This finding appeared to fit Ekstein and Wallerstein's (1972) and Friedlander and Ward's (1984) arguments that supervisors would rely on their existing maps (prior conceptualizations, models, theories) to conduct supervision in applied settings in the absence of a known supervision model. Why supervision models were not used as guides by the participants in this study remained unclear.

Guides Internal to the Supervisor

This set of guides to supervision described the sub-categories related to participants' experiences as counselors and supervisors, personally held attributes or

skills, and the meaning and motivation they derived from supervision. These guides were internal as they are held by the supervisor on a more personal level, e.g., the level of memory, beliefs, values, and meaning.

Experience as a counselor and knowledge of clients. Participants in this study regularly relied on their prior experiences as counselors, their experience in counseling specific client populations, and their knowledge of clients gained while working also as a supervisor (*representations*) to guide their social interactions (*strategies*) with supervisees. Although it has been argued that effective counselors might not always make effective supervisors (Drapela & Drapela, 1986; Dye & Borders, 1990), results of this study suggested that experiences as a counselor transferred directly into the supervision experience. Coll (1995) and Culbreth (1999) found that counselors preferred working with supervisors who understood specific client needs and the interventions necessary to be successful in counseling. Participants in this study had a history of client experience and continued to be immersed in client populations through direct contact, e.g., providing counseling. Carfio and Hess (1987) found that clinical insight and success at counseling resulted in supervisors becoming more able to provide a collaborative relationship that included trust, openness, and respect focused on the needs of clients. The focus on *collaboration-support*, as well as *bringing in the personal and the person of the supervisee*, supported Carfio and Hess's findings. Participants in this study identified client-specific knowledge that was important to supervision, especially skills used to fortify supervisees to work with complex and difficult client issues.

According to this study, knowledge appeared derived from participants' current and prior experiences as counselors integrated with their experience as supervisors. Their

experience was a map for them to guide supervisees with clients. Participants' experiences as a counselor helped them be empathic with supervisees during interactions where they *brought in the personal and the person of the counselor* and also shared their experiences through *bringing in the personal and the person of the supervisor*. Their tacit knowledge provided the practice knowledge sought by supervisees and highlighted in the literature as a primary purpose of supervision. The purpose of supervision continuing beyond education and training, according to numerous researchers, was for counselors to gain an understanding of the application of theory into practice, i.e., to develop practice knowledge (*consequences*; Beavers, 1986; Gross, 2005; Holloway & Wolleat, 1994; Magnuson, 1995; Schon, 1983; Skovholt & Ronnestad, 1992, 1995; Sutton & Page, 1994; Williams, 1995). According to Thielsen and Leahy (2001), there was a significant body of knowledge uniquely known to supervisors in applied settings based on their experiences in practice. Participants' understanding of clients from their own experience as counselors, immersion in the client's world, and ongoing experience as supervisors demonstrated this knowledge.

Using past experiences of being a supervisor. Supervisors learned on the job and used their experience to guide them further. Critical moments such as confronting impaired supervisees resulted in learning and expansion of participants' understanding of supervision (*cause*). Toporek, Ortega-Villalobos, and Pope-Davis (2004) found that supervisors and supervisees increased their awareness following critical incidents of conflicts in communication and relationships based on culture and that the results were positive when the supervisory relationship was strong. According to Neufeldt (1997), "practitioners construct knowledge from their experience of counseling and

psychotherapy with individuals, families, or small groups” (p. 191). In addition to mapping supervision according to practice knowledge with clients, participants in this study mapped supervision according to their experiences as supervisors.

Relying on personal abilities, awareness, understanding, and/or values. This category was related to *bringing in the personal and the person of the supervisor*, i.e., participants used their personal skill, understanding, or values to help navigate the complexity of supervision in applied settings (*strategies*). This category related closely with using past experiences of being a counselor and supervisor. For example, participants cited their experiences as parents, leaders, and prior jobs such as casework or business. This category also included values such as holding a larger spiritual view or a sense of wanting to pass on a legacy of the profession to other counselors. Person of the supervisor might be a factor of supervision, just as person of the therapist and counselor identity factors were described by researchers (Aponte et al., 2009; Beutler et al., 2004).

Making meaning and finding motivation. The identification of meaningful experiences or descriptions of motivation was prevalent throughout all participant interviews. During interviews, I witnessed the dichotomy of reactions that appeared as stress and despair at critical events or crises as well as on the pole of joy and celebration of client or supervisee progress. Supervisors described significant meaning (*representations*) from both polarities. Meaningful events included serving others, serving the greater good, passing on a legacy of the profession, making a difference, witnessing change in clients, and having an influence on supervisee growth. During their descriptions of trials or triumphs (*causes*), I heard participants respond with meaningful statements that appeared to be meta-guides or meta-motivations. Perhaps these were

participants' "vision" in the context of supervision. They often cited meaningful reasons or priorities while describing the conflicts they experienced.

Supervisors' use of personal meaning and motivation had some reference in supervision literature. Hawkins (1997) outlined a model of organizational culture that included emotional ground or the patterns of feeling that shaped the making of meaning. Also included were motivational roots or the fundamental aspirations that drove choices. That meaning emerged from this study was not happenstance in my opinion. Constructivist interpretation of social interactions included the inherent and described meanings of the participants (Charmaz, 2006). Social action included, as Schwandt (2001) asserted, "the meaning, character, and nature of social life" (p. 173).

Motivation was described in several supervision models focused on *counselors* (Loganbill et al., 1982; Petty & Cacioppo, 1986; Stoltenberg et al., 1998). Supervisor motivation did not appear firmly addressed in the literature according to my search.

Influences on Supervision: Preparation, Training, Experience, and Identity

Preparing For and Becoming a Supervisor

In the exploration of the guides participants used to navigate supervision, the influences on supervision were also described. These influences were similar to guides in that they helped form a map (*representation*) of supervision, yet the social interactions appeared to happen early and during participant's development as a counselor leading up to becoming a supervisor. This section recounts the historical factors found in participant descriptions of supervision.

Training for supervision. My initial assumption based on the literature review was that this sample of participants would not be likely to have been trained specifically to become a supervisor and this turned out to be partially true. Only two participants had no supervision training of any kind. Two participants had received training to become a supervisor--one for clinical supervision and the other for supervising certified alcohol counselors. Eight participants had received some form of training including on-the-job training, in-house training while working as a supervisor, training courses, supervision of supervision, learning through peer supervision, and training through university internship programs. In the absence of direct supervision training for the vast majority of supervisors, other influences on supervision were described (*cause*).

Influenced by prior supervisors. Participants described being influenced by effective supervisors and lousy supervisors, similar to the findings of (Magnuson et al., 2000b) describing the impacts of lousy supervisors. Although it might be expected that a lousy supervisor might have impacted the participants negatively, participants in this study indicated (*causes*) their experiences led them to adopt a supervision style opposite from the lousy supervisor. Rodenhauser (1994, 1997) argued that as supervisors developed, they would first as novice supervisors emulate prior supervisors, followed by recognizing their limitations, using others for support, a revaluing of the supervisory relationship, and then integrating learning and experiences of supervision beyond their prior role models. This also seemed to be true for participants in this study.

Participant descriptions in this area did not provide enough clarity as to how participants continued strategies similar to prior supervisors. Researchers also argued that untrained supervisors might default to the way they were trained or supervised in

counselor training programs (Friedlander & Ward, 1984) or that they might continue to perform the ineffective practices learned from their untrained supervisors (Worthington, 1987). Regardless, the influence of prior supervisors was strong for the participants in this study, such that they took with them their experiences from effective supervisors or used their learning to develop an approach that differed from their lousy supervisors.

Influenced by prior education in counseling programs. Just under half of the participants believed their prior counselor education programs prepared them for supervision. Descriptions of theoretical understanding, knowledge of clients, and knowledge of gaining personal understanding were included in the described influences (representation). Just over half of the participants related that in-vivo, experiential learning provided the most preparation during their education or training that, in my observation, included an emotional memory of appreciation and excitement for the experience (*consequence*).

Influence by prior life experiences. The results of this study suggested prior experiences of participants had an influence on their approach to supervision. Experiences other than prior experiences as a counselor and in education also appeared important. Life experience, prior jobs, leadership roles, etc. were also included in the category *relying on personal abilities, awareness, understanding, and/or values*. Participants described transferable life experiences and skills that were important to social actions in supervision gained outside of training, education, and direct counseling experiences. According to Neufeldt (1997), experiences of all kinds are considered influential in the development of counselors and important to supervision. Consideration

of such experiences might be important to training and the formation of supervisor identity.

Identifying with becoming a supervisor. Differences appeared between participants in how they identified with their role or position (*identity-self*) in becoming a supervisor. Participant descriptions of their supervisor identity appeared different based on whether they had prior supervision training, experiences leading to supervision, no prior training or experiences related to supervision, and “suddenly” found themselves in a supervision position.

Participants who trained specifically for supervision prior to becoming a supervisor appeared to identify early and seek supervision positions, i.e., *identified with supervision through early training and preparation*. Participants in this study who had on-the-job training or supervision that included preparing them to become supervisors, i.e. *experience leading to identity*, described coming into the supervision identity over time. Some of the participants with no prior training described *not identifying with supervision*--where they had no initial identity or did not perceive themselves in the role until the position opened or they were pressed into service.

References to the development of supervisor identity appeared relatively sparse in relationship to the formation of supervisor identity within applied settings. Borders et al. (1991) suggested a supervision curriculum that included “possesses a sense of own professional identity that is independent of regulatory issues” (p. 15). Cohen and Lim’s (2008) review of developmental models of supervision appeared to describe the experience of participants who found themselves in the role of supervisor without prior identification--a role shock transition into supervision: “Whether called role shock,

imposter syndrome, or another label, the experience of angst and struggle are common when a supervisee transitions to becoming a supervisor” (p. 86). From the descriptions of participants in this study, I hypothesized that role shock was more likely when counselors became supervisors with no prior training or experience that led them toward the identification of their potential role as a supervisor. I found no references to the development of supervisor identity related to experience and on-the-job training in the applied setting.

A Socially Constructed Grounded Theory of Supervision in Applied Counseling Settings

Advanced Coding: Adoption of Categories as Theoretical Concepts

Glaser (1978) used theoretical coding as a procedure to develop grounded theory. I utilized Glaser’s method based on Charmaz’s (2006) suggestion that coding not limit “what and how researchers learn about their studied worlds and, thus, restricts the codes they construct” (p. 62). Theoretical coding (Glaser, 1978) is the specification of relationships between codes and categories. Glaser’s (1998) coding families included the primary analytic categories: *causes*, *context*, *contingencies*, *consequences*, *covariance*, and *conditions*. I utilized this method of coding to create the analytical framework to bring together the conceptual categories that emerged from this study. Glaser’s (1978) theoretical codes were mapped and diagrammed along with the use of *situational analysis maps* to describe positions and processes of the social worlds of participants and their organizations (Clarke, 2003).

I divided the elements and conceptual categories from this study according to the coding families of Glaser (1978, 1998): contexts, conditions, causes, consequences of

causes, consequences of strategies, and contingencies. The theory emerged according to strategies of supervision that appeared organizationally focused and strategies that appeared focused on counselor supervision. Figure 1 represents Part 1 of the grounded theory: *Organizational Supervision*. Part 2 of the grounded theory is represented in Figure 2, *Counselor Supervision*.

In each part of part of the theory, the contexts, conditions, causes, and contingencies change in order, indicating that supervisors might change their focus to prioritize certain elements as a result of being focused on the demands of the organization versus the demands of counseling supervision. My numbering of various coding families does not imply that I accurately assessed the priority of any of the listed elements. The social interactions described by participants were far too complex to make such a judgment. Each figure of the coding families (analytic categories) of the primary strategies of applied setting supervision is followed by a description and explanation.

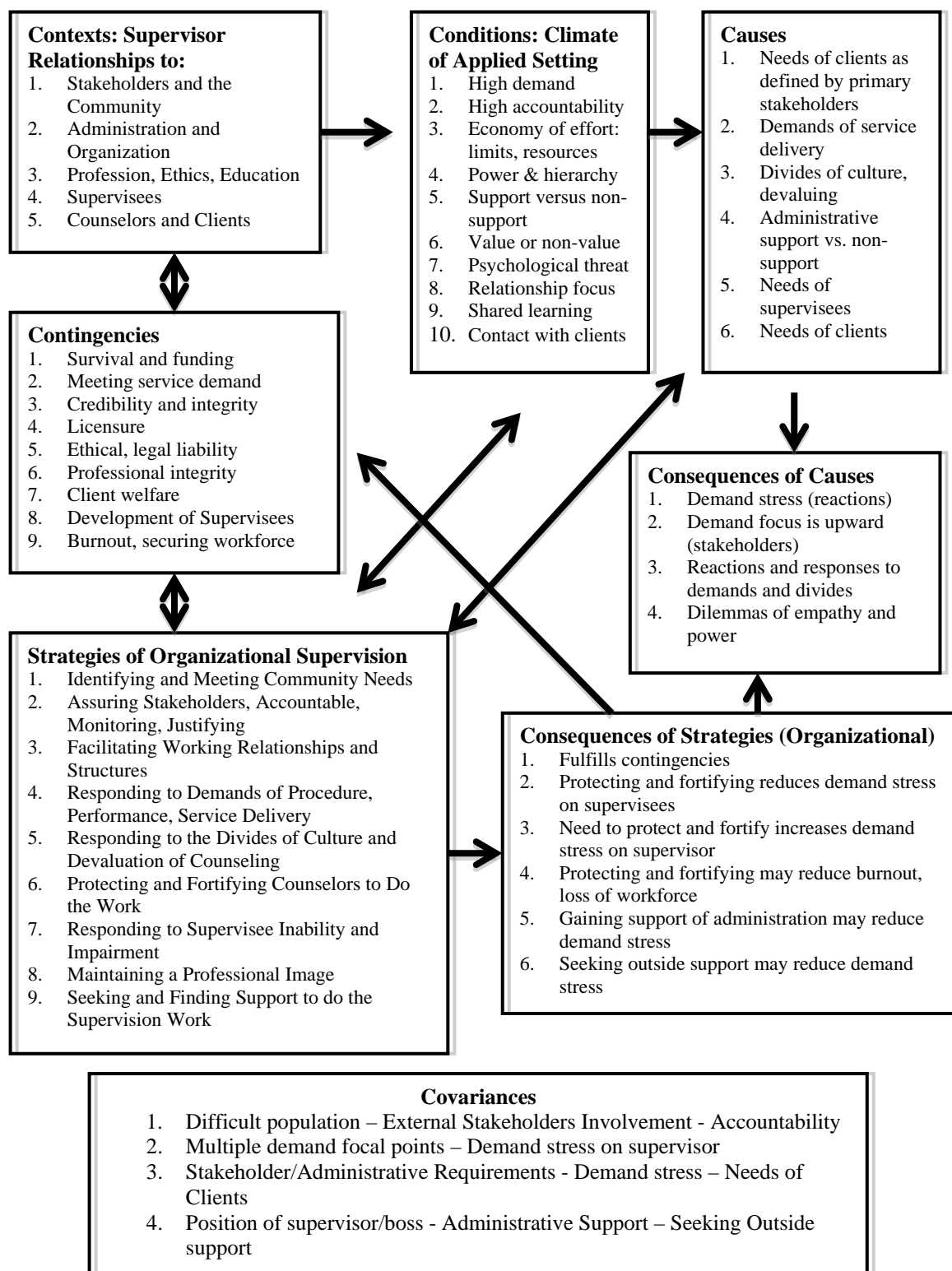


Figure 1. A socially constructed grounded theory of supervision in applied counseling settings: Part 1, Elements of Organizational Supervision.

**Description of Part 1:
Organizational
Supervision**

Contexts. The contexts of organizational supervision describe the relationships of supervisors to various working groups external and internal to the organization. Primary relationships of organizational supervision begin with the stakeholders and community, administration, and the organization itself. Another context that appeared related, although somewhat in the background of supervisors' experiences, was the general context of the counseling profession. This context might include ethics and laws, regulating bodies, counseling associations, and also counselor education programs. Supervisee relationships are important organizationally for supervisors to communicate expectations of service delivery. The context of counselors and clients involves the primary context where direct delivery of services occurs as a means to meet the goals of the organization.

Contingencies. Supervisors in applied settings might face a number of contingencies related to all contexts. Survival and funding might be contingent on meeting service demands. Maintaining credibility and integrity is included in these social processes throughout all contexts. The contingency of licensure for supervisors is based on the maintenance of ethical standards and laws related to credibility and professional integrity. Professional integrity is contingent on the supervisor's performance in meeting service delivery requirements. Client welfare is contingent on supervisors assuring service delivery, protecting clients, monitoring outcomes, etc. Development of supervisees is a contingency related to assuring their ability to deliver services and the contingency of assuring client welfare. Having a workforce that is competent and

capable is a contingency based in retaining and training counselors and preventing burnout and turnover.

Conditions. The climate of the applied setting is one of high demand and high accountability for supervisors and counselors. There is an economy of effort, such that there are limitations on time and resources that lead to focusing efforts on the primary demands. Power and hierarchy are elements of relationships throughout all of the contexts of the organization. Support or non-support between work groups, shared values, or non-shared values create additional conditions that might impact supervision. Psychological threat might be experienced as a condition in the environment when there are divisions in work cultures, devaluation of counseling, or a lack of support of supervision by administration. Psychological threat might also come from client populations who provide difficult interactions. Supervisors who identify with the counseling profession might be likely to value a relationship focus as well as creating shared learning conditions. The climate of the applied setting might also include increased or decreased supervisor contact with clients, depending on their concurrent role as counselors or their supervisory position in the hierarchy. Supervisors might be more involved with clients or administration depending on their level in the hierarchy.

Causes. Causes may be defined by the needs of others across various contexts, the goals for service delivery, and the conditions of the organization that lead supervisors to engage in specific strategies around the needs and condition. The needs of clients, as defined by stakeholders, is a cause leading to consequences (reactions) and strategies (responses) that are passed through all levels of the organization through administration and to clinical services. Demands for service delivery are central to the organization.

Divides of cultures and devaluation of counseling might occur when there are differences between members of working groups (contexts). Supervisors might experience support or non-support from administration. The needs of supervisees are causal, e.g., needs for development, emotional support, and guidance required for effective service delivery. Needs of clients are causal as they also result in strategies of counseling, supervision, overall service delivery, and stakeholder involvement.

Consequences of causes. Each of the causes might provide direct impacts on supervisors, resulting in reactions and responses. Demand stress describes the resultant stressors of each of the causes, e.g., the stress of meeting high demands from administration or complex client needs. Demand focus is the description of any demand that becomes a priority and gains supervisors' attention and effort. Demand focus is a consequence of changing supervisor focus on various demands that occur within the organization such as the demands of client needs or addressing critical incidents such as supervisee impairment, the demands of addressing stakeholder needs, etc. Demand focus related to organizational supervision is generally directed upward in the hierarchy, particularly with stakeholders and administration. Demand focus related to counseling supervision is directed toward supervisees and clients. An additional consequence of supervisory decisions is that of dilemmas of empathy and power. A dilemma of empathy and power is potentially based in cultural differences of counselor and administrative identity and supervisors' awareness and empathy for impacts of difficult decisions they make from an administrative position. The result is that as supervisors understand the emotional consequences of their decisions, they might feel some conflict with the use of

decisions that involved the use of hierarchical power based on their identity as counselors.

Strategies of organizational supervision. The strategies of supervision emerge across all organizational contexts, are based on assuring or preventing contingencies, and emerge as a response to conditions and causes of the setting. In the applied setting, the priority of strategies was based in the priority of service delivery. The strategies of supervision were already defined and described elsewhere in this dissertation. The primary strategies of organizational supervision involved identifying and meeting community needs that included assuring stakeholders, being accountable for services, and monitoring and justifying treatment. Supervisors actively facilitated working relationships and structures in the organization to assure effective cooperation between working groups and effective delivery of counseling services. Strategies also included responses focused on meeting the demands of procedures, performance, and service delivery. When divides of culture or a devaluation of counseling existed as causes, supervisors also responded with strategies focused on their relationships with others or to support supervisees. One of the responses included protecting and fortifying counselors as a means of emotional protection including wellness and assuring their capability to do the work. An additional strategy included maintaining a professional image across contexts. In the absence of administrative support, or with high demands for service delivery, or in the case of high demand stress, supervisors might also seek and find support to do the supervision work.

Consequences of strategies of organizational supervision. Each of the organizational strategies employed by counselors might have potential consequences.

Consequences of strategies might have direct results such as completing service delivery or have indirect results such as being directed toward contingencies or modifying conditions in the applied setting. Strategies might fulfill or prevent contingencies such as fulfilling stakeholder requirements, assuring program survival, or preventing counselor burnout. Protecting and fortifying supervisees might reduce demand stress on supervisees; however, the need to protect and fortify might increase demand stress on the supervisor in having to act as a buffer between supervisees and administration for example. Facilitating relationships with administration might reduce demand stress or seeking outside support might also reduce demand stress.

Covariances. A number of covariances might occur in the relationships between each of the contexts, conditions, causes, consequences, and strategies. The more difficult or complex a client population, the more likely that stakeholders external to the organization, such as courts or regulating bodies, would be involved in service delivery requirements. As such, supervisors might be more likely to have to assure stakeholders, be accountable, and monitor and justify services to stakeholders. Another covariance of organizational supervision appeared to be multiple demand focal points that changed for supervisors. Focal points might have been service delivery, stakeholder needs, supervisee needs, etc. Each of these potential focal points might create more or less demand covarying with demand stress upon the supervisor. Another covariance might be stakeholder requirements combined with client needs covarying with the demand stress upon supervisors. As stakeholder and administrative requirements increased or needs of clients increased, the demand stress on supervisors might increase. Needs of clients might also covary with stakeholder or administrative requirements based on the needs of

clients. A final covariance might be the supervisor's position in the hierarchy and relationship with administration that could lead to greater or lesser support or the supervisor seeking outside support.

Part Two of the grounded theory is organized around the strategies of counselor supervision and is presented in Figure 2.

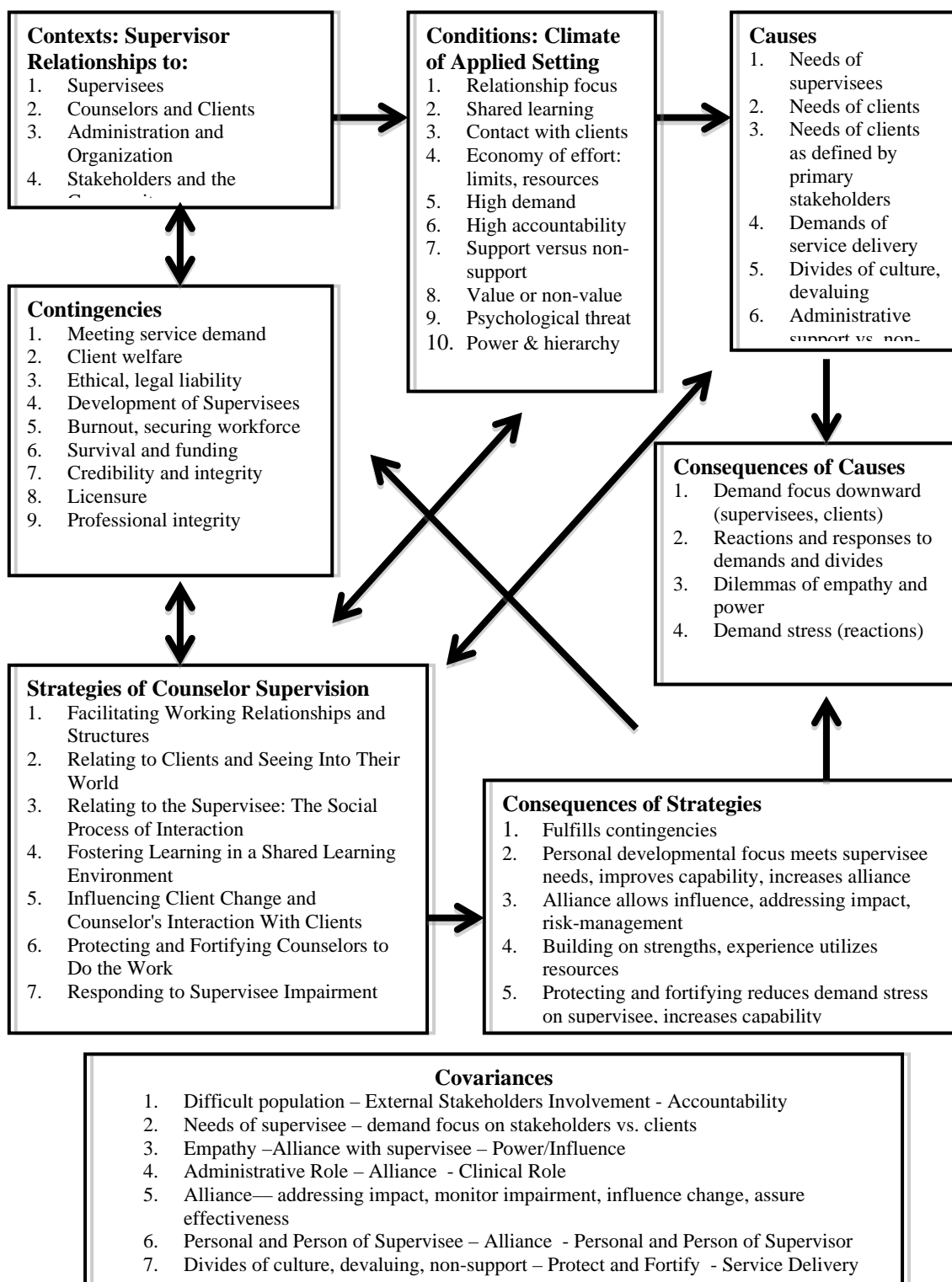


Figure 2. A socially constructed grounded theory of supervision in applied counseling settings: Part 2, Elements of Counseling Supervision.

**Description of Part 2:
Counselor Supervision**

This section follows the grounded theory pictorial representation above and describes Part 2 of the grounded theory, *Counselor Supervision*. The overall coding families were the same as Part 1, *Organizational Supervision*. The strategies, however, are different and oriented toward supervisees and supervision of counseling. The order of the other categories within each coding family is placed in different order than in the *Organizational Supervision* theory. This different order represents the differences in demand focus and priority of each category. Each of the coding families is described below.

Contexts. The contexts are similar to organizational supervision except that the focus of counseling strategies is on the context of the supervisor-supervisee relationship and the counselor and client relationships. Administration and the organizational context and the stakeholder and community relationships play a part insofar as they impact the requirements, policies, and procedures for counseling service delivery.

Contingencies. The contingencies are similar to organizational supervision; however, the priorities for supervisors may change. It is likely that meeting service demands remains a high priority, followed by any order of assuring client welfare, ethical and legal liabilities, and development of supervisees. Securing a workforce and preventing burnout may be important contingencies followed by survival and funding, credibility and integrity, licensure, and professional integrity. The latter contingencies may operate in the background or may be considered more directly within the supervisee or counselor-client relationships.

Conditions. Although the strategies of organizational and counseling supervision are conducted within the same setting, the climate of the setting that may be in the foreground for supervisors may be a greater relationship focus, shared learning, contact with clients, etc. Economy of effort plays a part, such that there is limited time and resources for supervision and addressing service delivery to clients. High demand, high accountability, and support or non-support for counseling supervision may influence conditions. Counseling itself may be valued or not valued in the various working groups and organizational culture. Psychological threats may emerge from any number of sources such as culturally different work groups, lack of administrative support, high demands and expectations, or difficult clients. Power and hierarchy is also part of counseling supervision, and although listed last on this diagram, it may share importance as a condition of supervisory relationship, such as the use of various types of power (expert, referent, reward, etc.).

Causes. The causes relevant to counselor supervision include the needs of supervisees, needs of clients, and the needs of clients as defined by primary stakeholders. These causes may shift in impacts; for example, with a high number of external stakeholders, requirements for counseling may be defined heavily from stakeholders. Demands of service delivery remain a cause inherent in the organization. Divides of culture and devaluing of counseling by administration, stakeholders, or the community are possible as well as supervisors experiencing support or non-support from administration. Causes imply phenomena that lead to actions or strategies by supervisors.

Consequences of causes. The causes indicated may also result in consequences for supervisors. Because the focus of strategies is on counselor supervision, demand

focus may shift downward in the hierarchy from stakeholder or administration to supervisees and clients. Supervisors may continue to be impacted, i.e., have reactions to service delivery demands, as well as potential divides of culture in the organization, or devaluing of counseling. Demand stress is a resultant consequence of the causes. When demands rise to high levels, i.e. additional demands, additional stressors are a consequence.

Strategies of counselor supervision. The causes and conditions may lead supervisors to choose specific strategies, either to respond to the cause or conditions. In counselor supervision, facilitating working relationships and structures continue as a strategy similar to organizational supervision. The remaining strategies of counselor supervision focus highly on the supervisee and counselor client contexts. Relating to clients and seeing into their world is a strategy supervisors may engage in to assess clients need, assess counselor-client interactions, etc. Relating to the supervisee may include sub-strategies of supporting and collaborating with supervisees as well as challenging them and holding them accountable. Supervisors may also bring in emotional and personal disclosure as well as person of the counselor elements. A final sub-strategy may include the supervisor bringing in their personal disclosure and experiences and person of the supervisor elements with supervisees.

Fostering learning in a shared learning environment is another counselor supervision strategy related to the particular causes of supervisee needs and development. Sub-strategies of focusing the role and identity of the counselor, building on strengths and prior experiences, and developing new skills, abilities, and awareness are included in fostering learning. Related to causes of supervisee need combined with client needs and

the demands of service delivery, supervisors are likely to influence client change and counselor interaction with clients. To do so supervisors may focus on addressing mutual impacts between counselor and client to assure no adverse impact and effectiveness of counseling.

Supervisors may also focus the counselor on their role in client change as well as influencing change in the counseling relationship. Influencing change in the counseling relationship may employ strategies within the supervisor-supervisee relationship that have a parallel influence on the counselor-client relationship. A final strategy of counselor supervision related to causes and conditions may include protecting counselors from demands and stressors and fortifying them to do the work through skills enhancement and wellness strategies.

Consequences of counselor supervision strategies. Each of the strategies may have results (consequences) related to the causes, consequences of causes, conditions, and contingencies. Many of these strategies may fulfill contingencies such as influencing client change leading to meeting service demands or fortifying counselors preventing burnout and securing the workforce. Counselor supervision strategies in the applied setting may result in a personal developmental focus with supervisees that meets their personal and professional needs, improves their capability, while also increasing the alliance between supervisor and supervisee. The alliance developed through counselor supervision strategies may have a further consequence of allowing supervisors greater influence to address impact on client and to assure risk management. The strategies of building on strengths and developing skills and experiences of supervisees may increase competent service delivery as well as utilize important resources beneficial for clients and

the organization. Protecting and fortifying counselors may provide a similar result as well as reduce demand stress on supervisees while increasing their capability both through skills building and a wellness focus.

Covariances. The covariances in counselor supervision may be interwoven and complex. Difficult and complex populations are likely to have increased stakeholder involvement resulting in higher levels of requirements and thus accountability. The needs of supervisees may change according to supervisor perceptions as demand focus on stakeholders increases, i.e., supervisees may express greater needs to meet service delivery expectations over their support or developmental needs. Developmental needs of supervisees still remain a causal factor, however. An additional covariance appeared to be that of power, balanced by empathy, and resultant effects on the alliance with the supervisee. A variety of power bases (expert, referent, etc.) may be useful as means to influence supervisees while maintaining a support-collaboration and challenge-holding accountable strategies. A covariance may exist with a demand focus on the supervisor's administrative role balanced by their clinical role focus, also impacting their alliance with the supervisee. The alliance also may be impacted by supervisors' inclusion of personal and person of the supervisee and supervisor factors. The strength of the impacts of divides of culture, devaluing of counseling, and non-support may increase the need to protect and fortify supervisees; each of these may possibly help or hinder service delivery demand and the resultant demand stress supervisors experience. Many more covariances are likely in this complex array of factors.

The next section describes a concentrated area of the social processes of supervision related to both Organizational and Counselor supervision as presented in the

above descriptions. The next section explains further the conceptual ideas related to demand focus and demand stress.

Demand Focus and Demand Stress in Applied Setting Service Delivery

A central process of applied setting supervision includes both of the strategies of organizational supervision and counselor supervision. I used the term *organizational* supervision to differentiate from administrative supervision, a supervisory role commonly described in the literature. I included organizational as a term since the supervisor's role extends across and outside the organization and combines administrative and clinical tasks central to the goals of service delivery. The following description highlights the social processes of supervision that involve how supervisors might focus on demands from various areas: *demand focus* while experiencing impacts labeled as *demand stress*. This description is summarized in Figure 3, *Funnels of Demand Focus and Demand Stressors*.

The primary strategies of organizational supervision and counselor supervision are responses to the demands that arise and gain the attention of the supervisor. Demands related to organizational supervision include the expected demands of administrative requirements and stakeholder requirements. Additional demands may be placed on supervisors in such circumstances as when divides of culture, devaluing of counseling, or lack of support exist. Supervisors will respond with strategies directed at organizational supervision, meeting the usual and expected demands, as well as responding to additional demands and stressors.

The primary strategies of counselor supervision focus on client needs and impact; supervisee needs and impact as usual, and demands expected in counselor supervision.

Supervisors may experience additional demands of complex and difficult client issues and counselor ability and impairment. In such cases, additional strategies such as protecting and fortifying counselors may be employed.

The supervisor is positioned at the center of the funnels of demand and demand stress. The primary goal for the supervisor in both organizational and counselor supervision strategies is the delivery of services. The delivery of services is based on each of the focal areas within each funnel. The supervisor may experience the need to focus on any one demand (circle) at any time, drawing them into strategies related to the overall focus on the organization, counselors, or strategies that are responses to the particular focal area. For example, counselor inability and impairment might require a response to both address the organizational aspects such as evaluation or termination as an employee while addressing client needs and impact. Various strategies listed under the social process categories may be employed.

The pictorial representation for the funnels of demand focus and demand stress is found in Figure 3.

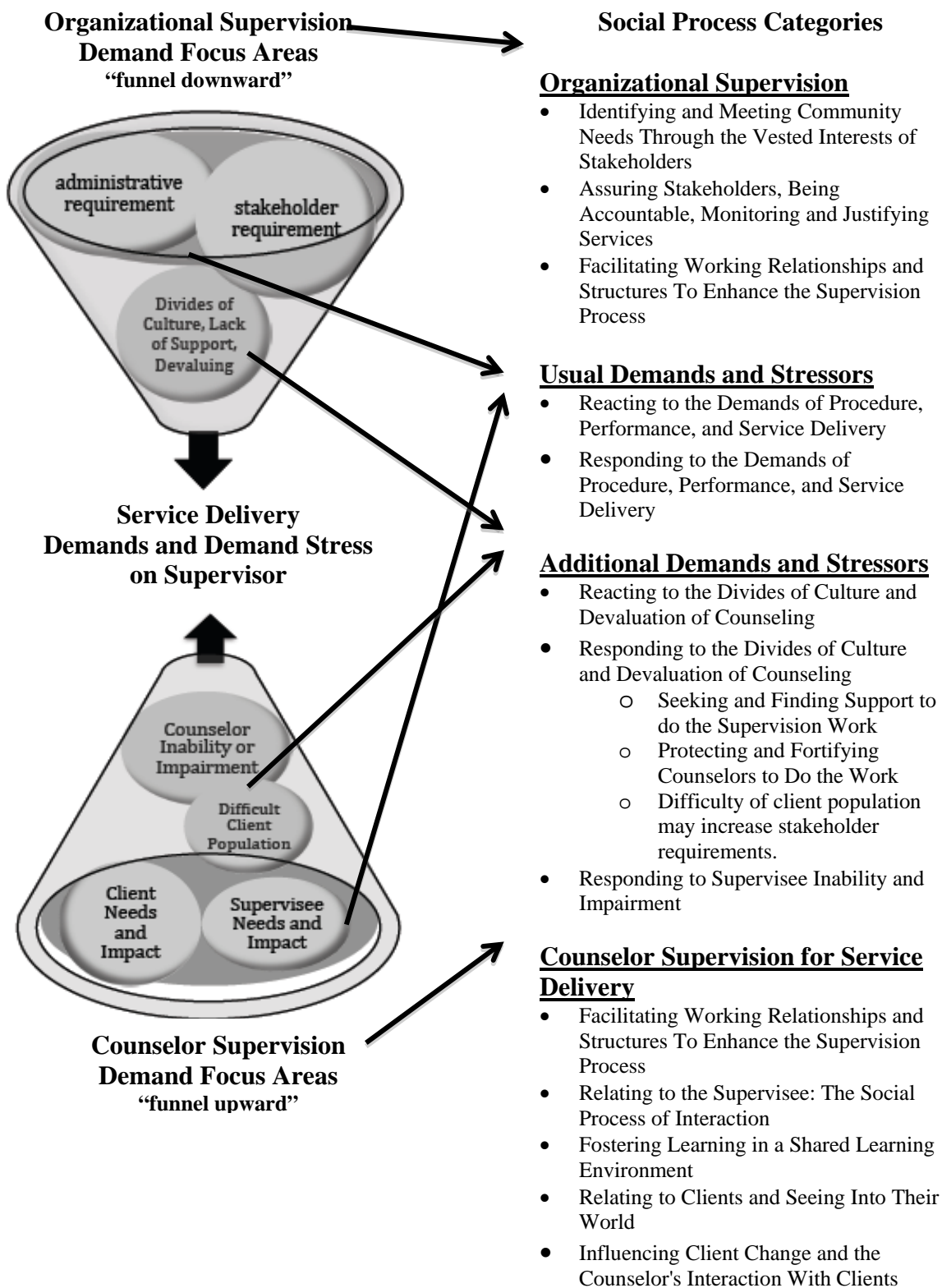


Figure 3. A socially constructed grounded theory of supervision in applied counseling settings: Funnels of Demand Focus and Demand Stressors on Applied Setting Supervisors.

Social Processes of Organizational Supervision

Organizational supervision in the applied setting may exist under an umbrella of community and client population needs as well as a smaller umbrella of stakeholder, administrator, and client needs. Each of the groups involved have a vested interest in the outcomes of clients. Each exerts a downward force of needs that result in the usual or additional demands and demand stress onto the applied setting supervisor.

As client populations face more difficult issues, greater external stakeholder and/or regulator requirements may exist to address the complexity and difficulty of client issues. That, combined with greater impact on counselors by difficult clients, exerts additional demands and demand stress upon the supervisor. Potential divides of culture, devaluing of counseling, or a lack of support for counseling may also may additional demands and demand stress.

At the center of the organizational supervision strategies is the applied setting supervisor. Looking upward to the umbrellas of community, client populations, stakeholders, administration, the supervisors primary strategies are directed at identifying and meeting the needs of those involved as well as being accountable for and justifying services. The supervisor also focuses on the demands of meeting client needs through the use of counselor supervision strategies. Meeting the needs of clients may include assuring that stakeholder requirements and that administrative policy and procedure is followed.

The larger goals of service delivery are accomplished through counseling supervision. Supervisors may focus on counselors and clients, responding to the usual demands of service delivery. They may find support to do the work or protect and fortify

counselors based on the usual demands and stressors. When additional demands and stressors exist, supervisors may react and respond to the additional demands with similar strategies as well as additional strategies directed at the cultural divides, devaluation, or lack of support.

The entire system is held at the foundation by the supervisor facilitating working relationships and structures to enhance the supervision process. I hypothesized that the supervisors' ability to maintain the working structures might become off balance when the additional demands and demand stress exert forces to which the supervisor can no longer respond effectively, i.e., to meet the needs of others within the multiple relationships of the organization. The emergent definition of organizational supervision that I interpreted from the results of this study was as follows: social strategies conducted in the applied counseling setting that are directed at the alliance between community, stakeholders, and the organization, encompassing administrative and client service delivery functions.

The social processes of organizational supervision strategies in the applied setting are depicted in Figure 4 below.

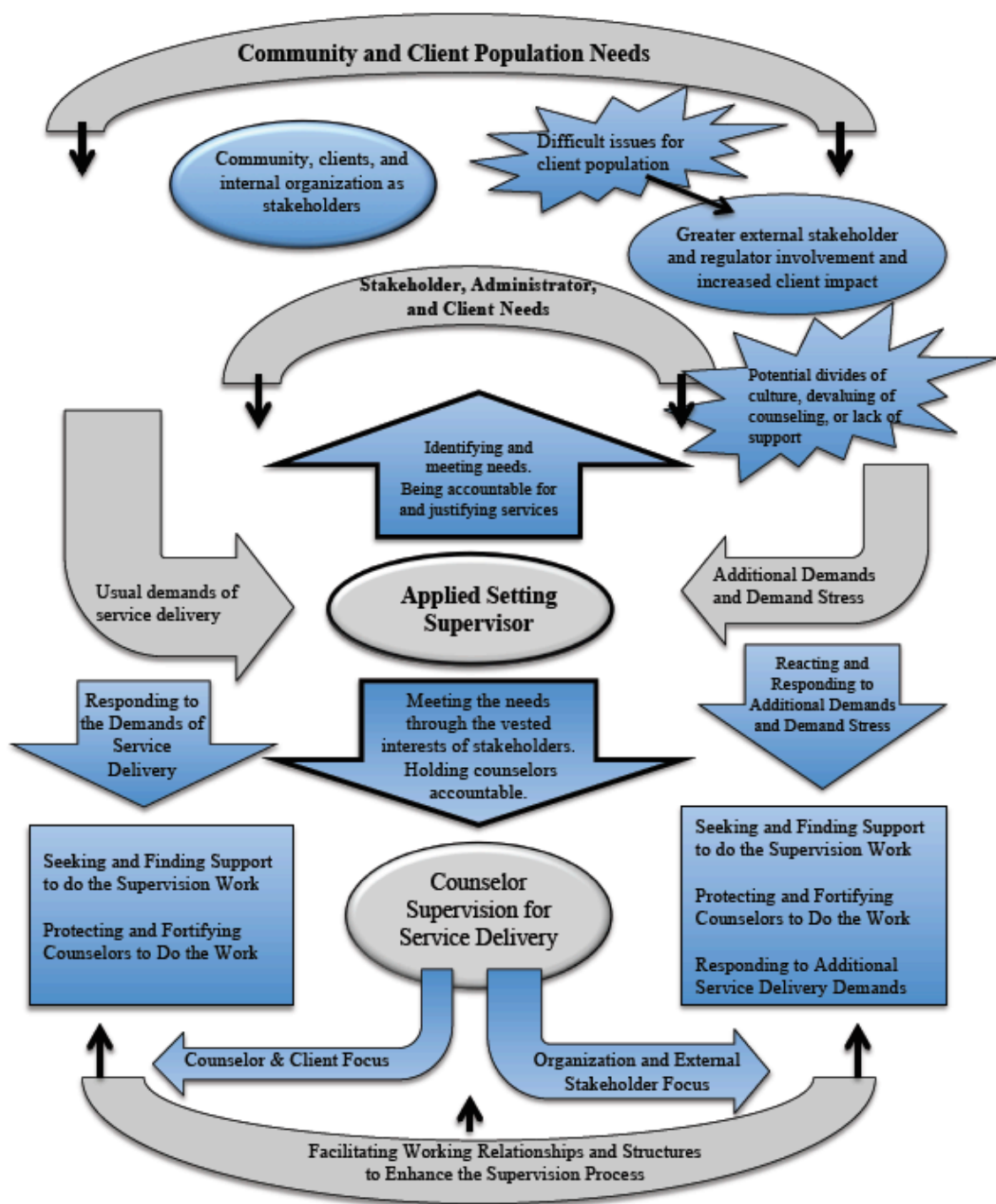


Figure 4. A socially constructed grounded theory of supervision in applied counseling settings: Social Processes of Organizational Supervision Strategies in the Applied Counseling Setting.

The Social Processes of Counselor Supervision

The social processes of counselor supervision are centered within relationship alliance processes between the applied setting supervisor and the person of the supervisee. This relationship is couched in the contexts of community, stakeholders, administrators as well as clients and the client population. The role of the supervisor in counseling supervision is focused on two sets of processes: (a) those processes of supervision related to the organization and the stakeholder, and (b) those processes focused on the supervisee (counselor). Counselor supervision involves meeting the needs of the supervisee in conjunction with clients, the client population, the community, stakeholders, and administrators.

Organizational and stakeholder-focused processes include adherence to counseling or treatment protocols, managing risk, assuring counselor capability, maintaining a workforce and preventing burnout, assuring effective counseling and service delivery, and meeting the needs of clients and assuring client welfare. The supervisor relates to clients and sees into the client world to assess progress and welfare, looking in through the counselor-client relationship, as well as through other direct and indirect means.

Supervision processes focused on the supervisee include focusing the supervisee's role in client change and focusing the supervisee upon their role and identity as a counselor. Supervisors build on strengths and prior experiences of supervisees as well as develop new skills, abilities, and awareness. The supervisor focuses on the relationship between the supervisee and clients by addressing mutual impacts in the relationship and particularly the impacts of difficult clients. It is at this relational context that supervisors

also protect and fortify the supervisee to do the work through developing wellness and self-care expectations as well as additional skills for working with difficult client populations.

At the center of counselor supervision, between the organizational and stakeholder focused processes and supervisee focused processes, is the relationship between supervisor and supervisee--relationship-alliance processes. The person of the supervisor forms a relationship and builds the alliance by bringing in the personal and the person of the supervisee and the personal and the person of the supervisor. The relationship and alliance also includes providing support and collaborating with the supervisee in the counseling process. The supervisor also challenges the supervisee as well as holds them accountable in their development and for meeting client needs. Learning is fostered in a shared learning environment focused on development and passing on the tacit knowledge of the supervisor about how to work with the client population. The supervisor influences client change and counselor interaction with clients in a parallel process with the supervision relationship.

If divides of culture, devaluing of counseling, or high demands exist in the organization, supervisors may provide protection and fortify counselors with skills to help them manage within their environment. If the client population and client needs are complex and client impact is high, supervisors may also protect and fortify counselors through wellness strategies as well as specific skills to work with clients. The emergent definition of *applied setting counselor supervision* is as follows: social strategies focused on facilitating community and organizational relationships to assure service delivery via the supervisor-supervisee alliance, influencing client change through counselor-client

relationship, and supporting the personal and professional development and wellness of counselors

This description is further depicted in Figure 5, Social Processes of Counselor Supervision in the Applied Counseling Setting.

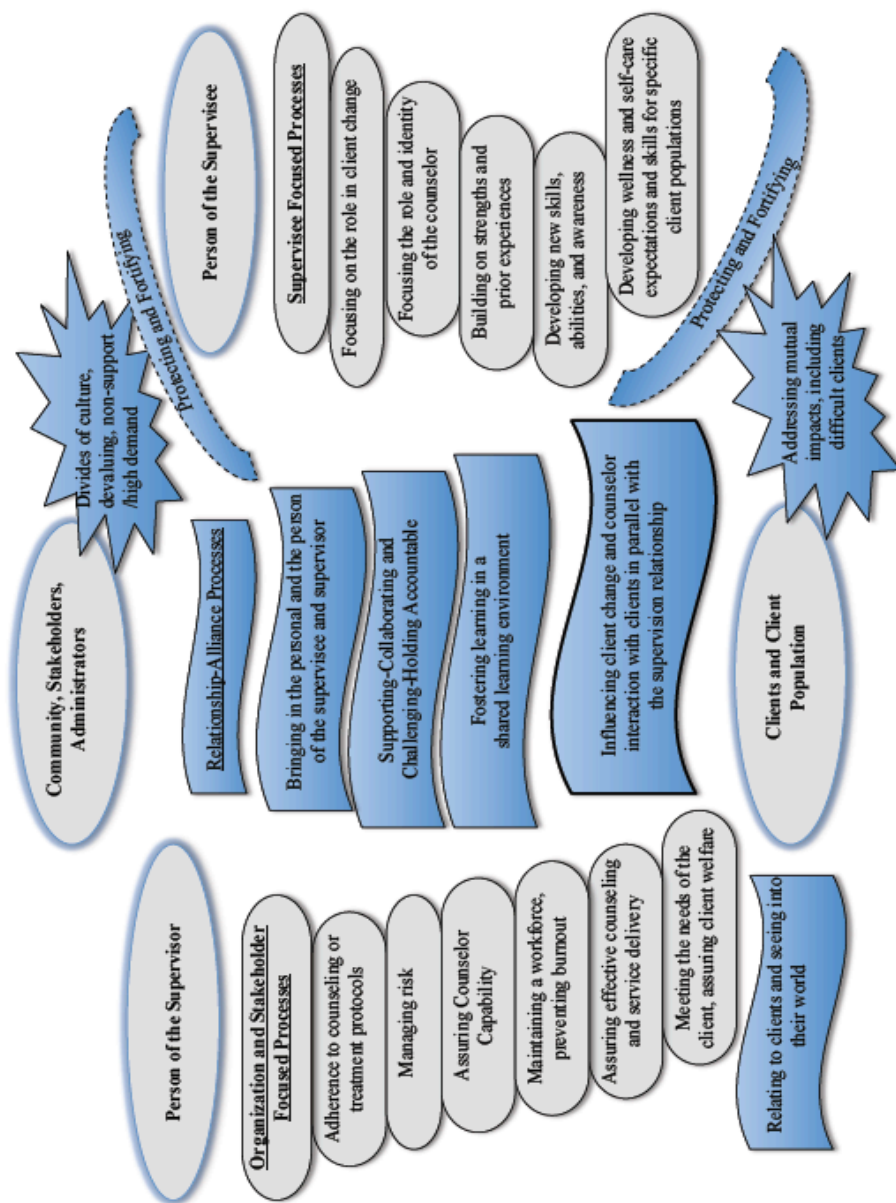


Figure 5. A socially constructed grounded theory of supervision in applied counseling settings: Social Processes of Counselor Supervision Strategies in the Applied Counseling Setting.

Representations: Guides to Supervision in the Applied Counseling Setting

Participants shared their perceptions of what guided their interactions, communication, and decisions in supervision. The resultant map provided a framework for a model of participants' schematic maps or guides. I divided 13 resulting categories into three broad types according a locus of interaction described by participants: guides *external* to the supervisor, guides found in the *needs and relationships* of others, and guides *internal* to the supervisor.

External guides included *ethics*, the *mission of the organization*, *following stakeholder requirements*, and *following administrative policies and procedures*. Guides found in the many needs and relationships of others included the *needs of the supervisee*, *needs of the client/client welfare*, understanding the *parallel influence* between supervision and counseling, *seeing and charting counselor development*, and *using theories of counseling* to facilitate supervision. Supervisors also used internal guides, such as their *experience as a counselor and knowledge of clients*; *past experiences of supervision*; their *personal ability, awareness, understanding or values*; their *meaning and motivation* in the work; and *prior influences on supervision* such as through prior supervisors, education, training, and their supervisor identity.

These guides allowed supervisors to navigate relationships in the various contexts and relationships within which they supervised. The guides informed their communication and decisions in supervision and might have provided a map that helped supervisors determine if they were on course. The representations, i.e., guides, are provided in pictorial diagram in Figure 6.

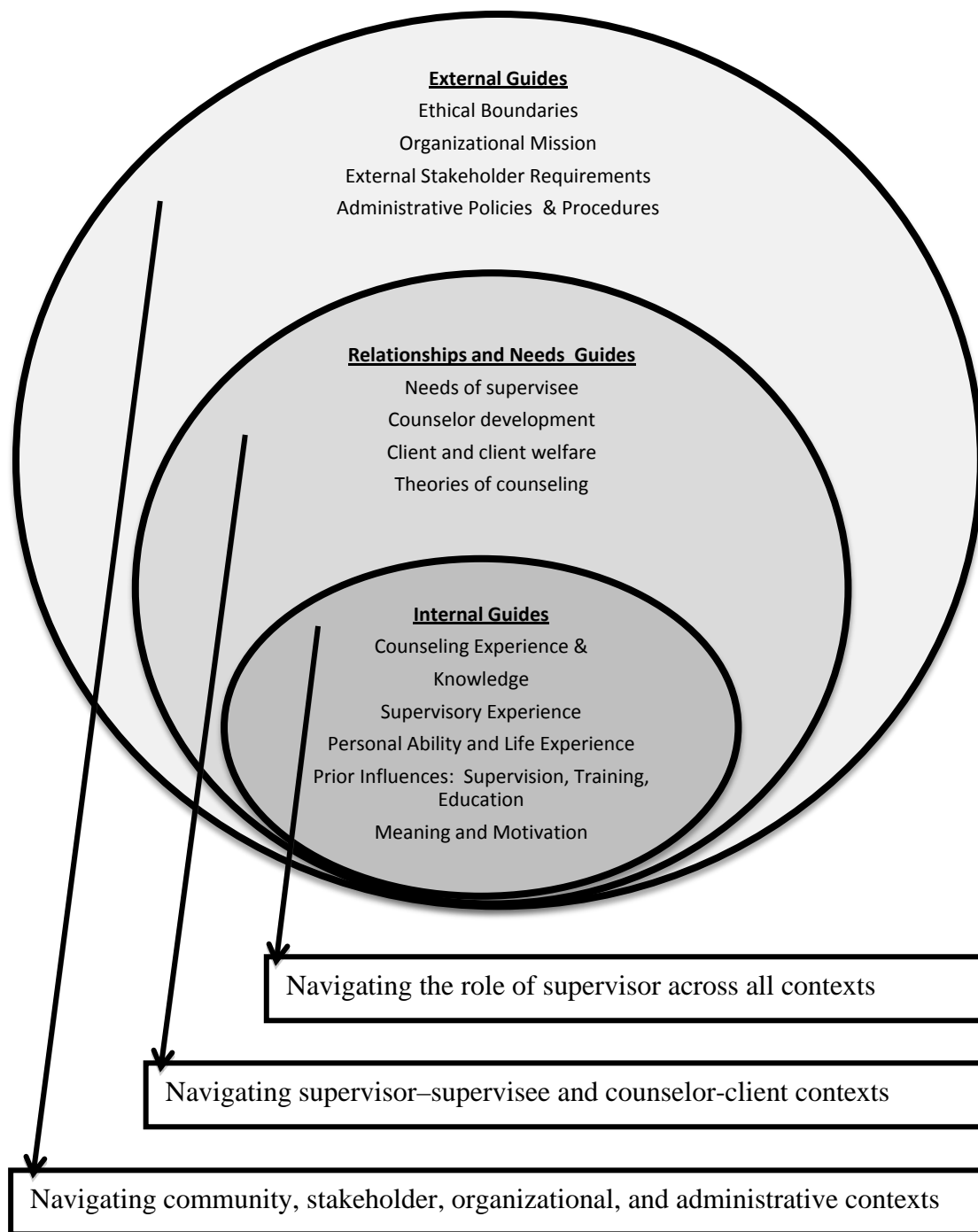


Figure 6. A socially constructed grounded theory of supervision in applied counseling settings: Representations: Guides to Supervision in the Applied Counseling Setting.

Integration of the Theoretical Components

This section integrates the primary conceptual categories of the constructivist grounded theory. In the applied counseling setting, service delivery is at the core of supervision strategy. The socially constructed grounded theory of supervision is presented in Figure 7 and depicts the summary of the theory described in this section.

At the center of all social processes in the applied setting is the primary goal of service delivery, which is focused on identifying and meeting the needs of the community and clients. Two overlapping sets of processes comprise the supervision focus: organizational supervision strategies and counselor supervision strategies. Multiple strategies encircle the goal of service delivery and the organizational and counselor focused strategies. Each of the supervision strategies is interrelated. The entire set of strategies is held in a larger circle that involves the supervisor facilitating working relationships and structures to enhance the supervision process. Supervisors seek to maintain a professional image. They may also require outside support to meet the demands of service delivery or to manage demand stress.

Three overarching guides to supervision are used as maps supervisors use to navigate the contexts of supervision. External guides include ethics, the organizational mission, stakeholder requirements, and administrative policies and procedures. External guides provide a map used by supervisors to navigate community, stakeholder, organizational, and administrative contexts.

Relationship and needs guides include guides based on the needs of the supervisee, counselor developmental needs, client needs and client welfare, and theories of counseling that help supervisors facilitate relationships and understand relational and

personal needs of others. Relationships and needs guides provide a map supervisors use to navigate supervisor-supervisee and counselor-client contexts.

The third set of guides, internal guides, includes the supervisors counseling experience and knowledge, personal ability and life experience, prior influences of supervision, training, or education, and their meaning and motivation. Internal guides allow supervisors to navigate their role across all areas of supervision.

The strategies and guides are interwoven in complexity as are the various contexts and relationship of the organization and community (see Figure 7).

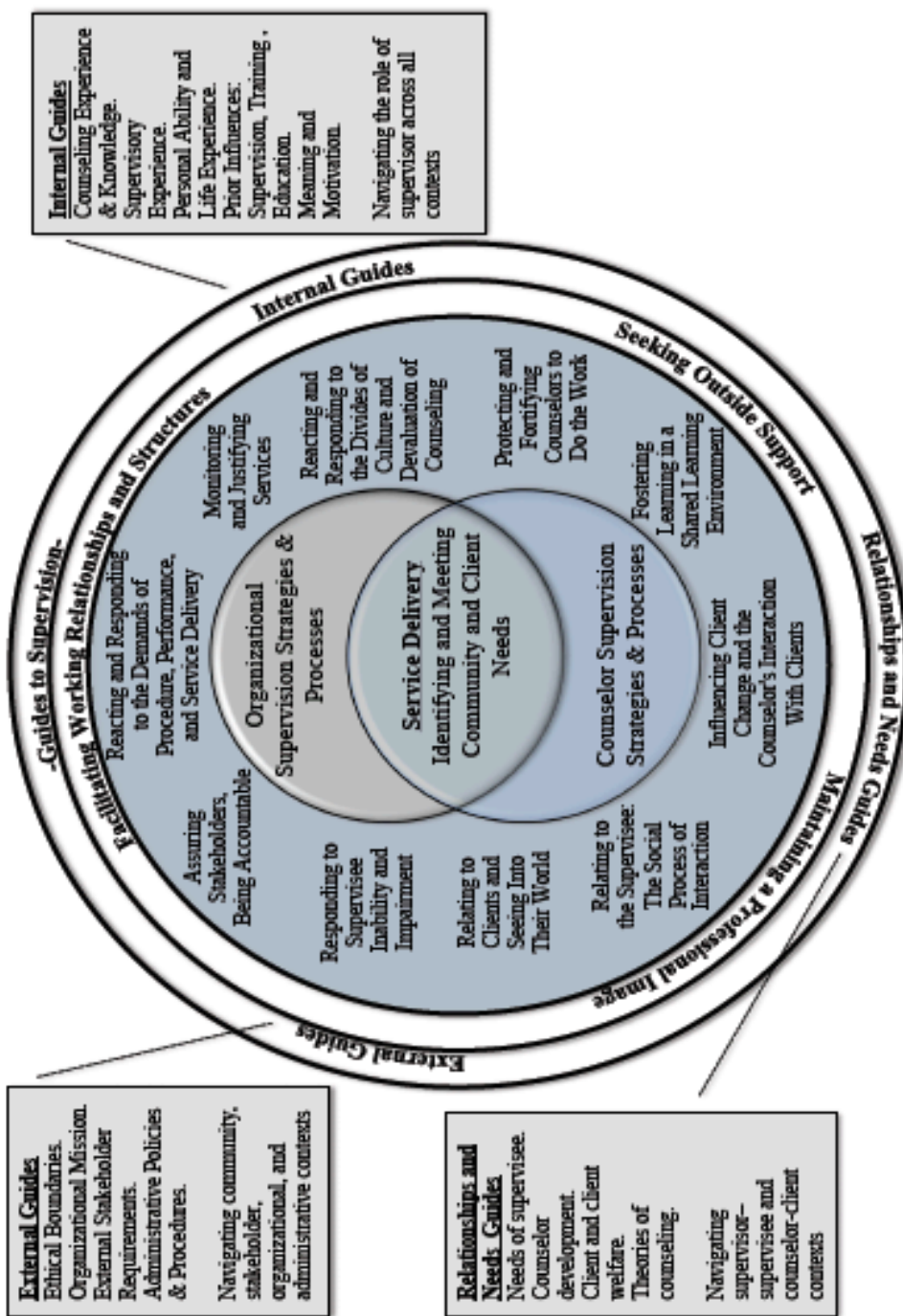


Figure 7. A socially constructed grounded theory of supervision in applied counseling settings.

Implications and Recommendations

Identifying Support and Training Needs for Supervisors in Applied Settings

Participants in this study identified specific training they felt would support their work in the applied setting. Training included *working with and managing supervisees*. Participants shared strong reactions to when supervisees were impaired, as well as the impacts service delivery had on supervisees. Support for gatekeeping processes from administrators might augment supervisor efficacy in responding to supervisee impairment.

Participants also identified *supervision training on models, approaches, skills, roles, and legal aspects*. Participants identified supervisee development as a guide to their interactions and their use of counseling theories. Developmental supervision models might provide useful information as well as role model theories of supervision. Another key finding of this study was the primary influence of contextual factors of working with the entire system--from stakeholders to administrators to supervisees and clients. It is my opinion that participants could also have benefited from learning supervision models that were direct, functional, and pragmatic to help them solve problems in the applied setting context.

Greater organizational support and valuing counseling was identified in relationship to participants' needs to meet the demands of service delivery and to respond to the divides of culture or a devaluing of counseling. Participants appeared to attempt multiple strategies to address these influences and could benefit from training or support directed at their roles as advocates for counseling and counselors and change agents

within their organizations. They asked for training that might help them manage relationships with administration and garner support. I would recommend also that supervisor training include an understanding of the robustness and efficacy of counseling and supervision that will promote the value of counseling and supervision as well as the identity of counselors and counselor supervisors.

Participants also described *peer supervision, supervision of supervision and consultation* as areas for support. The use of such modalities appeared to have a positive result, benefitted their work with stakeholder needs, led them to identify with becoming a supervisor, or resulted in the sharing of tacit knowledge needed to serve clients. Peer supervision and supervision of supervision and consulting supervision might provide training and oversight as well as provide a problem-solving and supportive role for supervisors.

Participants also identified a need for additional support from counselor education programs (such as internship programs). Although only two participants identified this need, the role of counselor educators with applied setting supervisors includes providing direct supervision training (CACREP, 2009). I recommend that counselor educators become aware of the social processes and needs of supervisors in the field and tailor training to their specific needs.

Finally although only one participant identified their training needs to include *theoretical knowledge related to specific client populations*, nearly all of the participants described that they used specific client knowledge during supervision. The results of this study demonstrated that communication and decisions made during supervision by participants was directly influenced by the specific needs of clients served, i.e., the type

of population served. *Population specific supervision* appeared a necessity throughout the organizations I visited and would be an important component in the training of applied setting supervisors.

In addition to the identified support and training needs, I recommend that supervisor training program and trainers consider each of the identified categories of this study as important to include in training. Participants identified important influences on their supervision prior to becoming a supervisor. Supervision prior to becoming a supervisor, supervision training, on-the-job supervision training, peer and supervision of supervisors, and in-vivo experiential learning all had influences on supervisors' learning and identity.

Implications for Applied Setting Administrators

An understanding of the social processes of applied setting supervision might benefit administrators. Administrative support or non-support appeared a determining factor in the reactions and responses of participants. The results of this study suggested that administration played a key role in supporting supervisors to bridge stakeholder and administrative requirements with counseling. Recognitions of differing cultural values and a means of holding values as complementary versus competing seemed a vital dynamic to be addressed in the relationships between administrators and service-delivery staff. Administrators are encouraged to address cultural divides and negotiate working relationships that promote tolerance and shared goals. Administrators might rely on the relationship skills of supervisors in this process.

Support of supervisors in the organizational goal of service delivery might also include meeting the social, personal, and wellness needs related to the impacts of demand

stress on both counselors and supervisors. Support of this nature could help retain well-qualified and experienced mid-level managerial personnel as well as the workforce of counselors. Based on this study, I concluded that applied setting supervisors were not immune to the same forces of burnout that applied to counselors. They may be more likely to experience these forces as they are in a central role, with demand stress, such as the traumatic stories of clients or difficult organizational demands funneled toward their position. Administrators may benefit from greater attention to protecting supervisors from the impacts of the various demands and demand stress in the applied setting.

Implications for Supervisors in Applied Settings

The influence of stakeholders, community, administration, and organizational culture was evident according to the results of this study. Supervisors would benefit by their awareness of organizational culture, acting as change agent in the organizational culture and advocating for counselors. Understanding cultural divides and the politics that emerged between various groups with differing values and strategies to facilitate working relationships appeared a vital part of how supervisors survived and worked in the applied setting. Participants in this study appeared to experience at times a dilemma of empathy and power, such that they felt the impact of their decisions as administrators while adhering to the value of empathy for those upon whom the consequences of their decisions fell. Awareness of the division of the human relations culture and administrative rationalist culture may help supervisors navigate both cultures. Supervisors may experience conflicts as they work within and identify with their roles as administrators contrasted by their roles as counselors.

Supervisors may also consider how culture (such as race, ethnicity, gender, sexual orientation, etc.) may play a further part in the divides of culture and the devaluing of counseling. As previously noted, oppression in the organization may be a result of marginalization around cultural lines as well as between organizational working groups.

An additional factor for supervisors to consider is that as service delivery demands increase along with client demands, their perception of supervisee needs may change. Supervisees may appear focused on the demands to provide services and such developmental needs or a clinical focus could move to the background of supervision strategies.

Supervisors in applied settings are encouraged to seek additional training, support, consultation, supervision, and peer supervision. Particularly where training is not required or credentials for supervision have not been established, practicing within an area of knowledge, training, and expertise is an ethical requirement.

Related to supervisor identity was the category of *bringing in the personal and the person of the supervisor*. Person of the supervisor factors might be a key influence in supporting person of the counselor factors. I concurred with Aponte et al. (2009) who argued that the person of the therapist involved a philosophy that views the full person of the therapists and their personal vulnerabilities in particular, as the central tool through which therapists do their work in the context of the client-therapist relationship. I share the opinion and extend this view to supervisors. In so doing, I now overwrite Aponte et al.'s quote to include *the person of the supervisor*:

Person of the supervisor is a philosophy that views the full person of the supervisor, and their personal vulnerabilities, organizational challenges, experience, abilities and strengths in particular, as the central tool through which

supervisors do their work in the context of the supervisee-client relationship as well as the many complex relationships in the context of the applied setting.

Recognition of the personal and person of the supervisor factors might be at the core of applied setting supervision.

Implications for Counselor Educators and Educational Programs

Counselor educators are responsible for educating their students about what clinical supervision is supposed to entail (Borders & Leddick, 1988). The 2009 CACREP guidelines included requirements for faculty, supervisors, and masters level trainees that addressed multiple needs described above in both clinical and administrative aspects of supervision.

These requirements point to the need for helping students become aware of supervision in applied settings. Although general in description, they appeared to require evidence that students had received education that included both administrative and clinical functions of supervision.

As previously discussed, supervision training prior to obtaining the supervision role including training in masters level counselor training programs might be a key factor in developing supervisor identity at an early stage. A greater understanding of the social interactions of supervision including the contexts of stakeholders, administrators, supervisor-supervisee, and counselor-client relationships would provide a foundation for students as counselors to better navigate their experiences in the field.

Counselor-interns would benefit from understanding how supervisors might focus on supervisee needs but could be impacted by the stakeholder-administrator-and client demands of service delivery. Counselors may need to advocate for their own learning

and development while understanding that they are focused on meeting client needs and the demands of service delivery related to the organization.

I recommend that counselor education programs consider the organizational awareness required of supervisors as an important component of counselor training. In addition, the resultant grounded theory of applied setting supervision and the categories within might provide a framework for greater understanding of the social processes that counselors and supervisors may find themselves engaged in the applied setting.

Counselor education programs might provide a direct support role for supervisors in the field. My hope in this study was that counselor education programs and researchers begin a dialogue with applied setting supervisors to learn and share the tacit knowledge of supervision within academia.

Implications for Regulating Bodies

According to the participants in this study, additional support and training would benefit supervisors in applied counseling settings. Supervision training is not only recommended, it is also an ethical imperative (ACA, 2005; Ethical Code, F.2.a):

Supervisor Preparation - prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (p. 14)

At present, the Approved Clinical Supervisor (ACS; Bernard, 1998) is offered in 48 states and five districts. It is unknown how many states have adopted the credential as a requirement (Center for Credentialing and Education, personal communication, October 5, 2010). According David Kaplan of the American Counseling Association (personal communication, October 4, 2010), state regulatory agencies across the United States continue to vary widely in training requirements or certification of supervisors.

Lack of unified standards and training requirements might indicate that there are untrained supervisors in applied settings practicing outside of their level of training, experience, or expertise. The results of this study were more positive in this direction; the majority of participants had sought out supervision training despite that it was not a state requirement. I concur with Henderson (2009), Herlihy (2006), and Magnuson et al. (2002a) and others who have called for greater continuity in standards, training, and credentialing for supervisors nationwide. Additional support and training would benefit applied setting supervisors, supervisees, and clients and would give greater value to counseling and supervision.

Implications for Counseling Supervision Researchers

Ellis et al. (2008) in their meta-review of supervision research suggested there is still no clear definition nor agreement on supervision. According to Aasheim (2007), there remains a necessity to create an operational definition of clinical supervision as it applies to an agency (applied) setting. First, I recommend that a definition of supervision combine research on actual agency practices combined with the recommended practices. According to the results of this study, supervision entailed multiple modalities, focal points, and included contextual factors as a primary determinant of supervision strategies and conceptualization by participants.

Second, it is my opinion that researchers need a clearer model of supervision roles than the current binary system of *administrative* versus *clinical* supervision and a greater understanding of the vicissitudes of the social interactions within applied settings. This study provided multiple modalities of supervision that exceeded the usual binary roles. Supervision consisted of administrative tasks that included evaluation, upholding

stakeholder and administrative requirements, working with cases on treatment plans and the counseling relationship, and pragmatic factors such as case management as necessitated by working in the community system. There was not a clear delineation between administration and clinical, and more often an integration.

The supervisor is a primary guide in navigating and implementing administrative and clinical procedures. A separation of the administrative and clinical roles in the applied setting might be unrealistic. What appeared to interfere with the roles working together could have been related to the divides of culture, high demands of service delivery, the devaluation of counseling, and non-support from administration.

Several key findings emerged related to supervision models and theories that might warrant further investigation. Supervision included strengths-based approaches, developmental strategies, and included the community and organizational contexts within the strategies of counselor supervision. Developmental theory might be relevant and useful within the applied setting. Researches might want to consider that counselor development could be influenced by the contextual factors of severity of client issues, expectation of stakeholders, and the impacts of the client on the supervisee.

Third, parallel process appeared to be an additional factor of supervision that participants understood and used within their conceptualization of supervision and in their strategies. Supervisors used their relationships as a means to assess and influence the supervisee-client relationship. Parallel process theory appeared to apply to counselor supervision in applied settings and warrants further investigation.

Fourth, contextual factors are a vital part of supervision in the applied setting. Community, stakeholder, organizational, administrative, and supervisee-client

relationships are intertwined in a complex fashion. As client issues become more complex, stakeholders become more involved in the collaborative efforts of service delivery, requiring more complex levels of relationships. Stakeholder requirements have a far reaching influence into applied settings, to the level that supervisee needs might have changed, influencing the focus of supervisors.

Fifth, the supervision relationship played a key role in social interactions of supervision. Bringing in the person and personal of the counselor and the supervisor were primary social interactions along with the use of influence and power. Person of the counselor as well as person of the supervisor factors played in influential role in the supervision relationship-alliance. Supervisors also used strategies to influence counselor interactions with clients. It is my sense that a resurrection of power and influence models of supervision would be of benefit to the supervision field, particularly in the applied setting.

Sixth, a study of protective factors for counselors, such as strategies of supervisors to protect the welfare of supervisees, including wellness strategies were evident. Wellness strategies directed toward supervisees and the wellness of supervisors appeared as a key finding of this study and deserves further attention in the research.

Claiborn et al. (1995) argued that the study of the supervision process including the social interactions that influence how and what happens in actual supervision provided a more compelling hypothesis of supervision than studying supervision models alone. It has been my experience as a researcher that to hear the how and the what from the voices of those immersed in the applied setting context has led to many compelling hypotheses. This study was designed to be expansive, vast, and inclusive. The results

provided a large list of variables, potential mediators, and moderators that may be relevant further research within the applied counseling setting. The large set of conceptual categories and sub-categories resulted in an emergent grounded theory of counselor supervision in the applied counseling setting.

Limitations of This Study

This study was significant in that it explored the perceptions and experiences of supervisors in applied counseling settings. The categories were saturated with data and the results addressed each of the guiding questions. A grounded theory of supervision in applied settings emerged from the data. Participants in organizational settings might be prone to maintain their professional image and provide limited disclosure (Charmaz, 2006). While I perceived that each participant was authentic and forthcoming, I also recognized that their disclosure of the difficulties they experienced in the professional environment might have been limited. Limitations in disclosure, if they did occur, could be related to participants' fear of potential employment-related consequences related to criticizing their organization. Participants might have had a greater degree of demand stressors, difficulties, or problems within applied settings than was disclosed.

Conclusion

The purpose of this grounded theory study was to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, I sought to understand the process of supervision where the primary focus of supervision was on service delivery to client populations in the context of the counseling organization. For the purposes of this study, applied settings included 11 naturalistic, non-educational, community-based settings where counseling

services were provided under the clinical supervision of each participant. The interviews conducted with participants provided data that were analyzed according to constructivist grounded theory methodology, resulting in a substantive theory of supervision in applied counseling settings.

This study provided a preliminary model of supervision in applied counseling settings based on the perceptions of supervisors who worked directly in the field of counseling in community-based organizations. This grounded theory could serve as a foundational theory with substantive, empirically derived categories that are descriptive of the social processes of supervision within the contexts of community, stakeholder, organizational, administrative, supervisor, supervisee, counselor, and client relationships. The categories of this grounded theory provided additional variables as well as mediators and moderators for additional research into supervision. The results of this study suggested a new model of supervision for applied counseling settings.

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APPENDIX A

**SUMMARY OF SENSITIZING DOMAINS FROM THE
LITERATURE RELATED TO THE
INTERVIEW PROTOCOL**

Research from the literature review informing the conceptual framework leading to the interview protocol is summarized here. The subjects described, taken from the literature developed theoretical sensitivity (Creswell, 2009; Glaser, 1978; Corbin & Strauss, 2008) or what Charmaz (2006) described as, “sensitizing concepts and theoretical codes to work in the theoretical framework” (p. 169).

1. The ethical necessity for supervision and trained supervisors in applied settings (ACA, 2005; ACES, 1993; AAMFT, 2003)
2. A focus on maintaining the ethics and standards of the counseling field in applied settings (ACA, 2005; ACES, 1993; Henderson, 2009; Holloway and Neufeldt, 1995; Herlihy, 2006; Lehrman-Waterman & Ladany, 2001; Magnuson, Norem, & Wilcoxon, 2002; Theilsen & Leahy, 2001).
3. Assuring best practices to meet the needs and welfare of clients (Ellis, D'Iuso, & Ladany, 2008).
4. The dedication of supervisors to ongoing counselor professional development throughout the counselor lifespan (Bernard, 1997; Borders & Leddick, 1988; Campbell, 2006; Gabbay, Kiemle, & Maguire, 1999; Hawkins & Shohet, 2006; Powell, 2004; Skovholt & Ronnestad, 1995).
5. Assuring positive client outcome and effective service delivery (Freitas, 2002; Falvey, 1987; Osborn, 2004).
6. Differences in educational versus applied settings, how higher education and training programs support supervisors in applied settings. What is unique to applied settings that is unknown to higher education (CACREP, 2009; Bogo, Regehr, Power, & Regehr, 2007; Dodds, 1986; Elman, Forrest, Vacha-Haase, & Gizara, 1999; Lewis, Hatcher, & Pate, 2005) Magnuson, Norem, & Wilcoxon, 2002; Peleg-Oren & Even-Zahav, 2004; Ronnestad & Skovholt, 1993; Theilsen & Leahy, 2001).
7. Important knowledge and processes gained from applied settings that may inform supervision theory, higher education, counselors in training, and supervision in applied settings (Gross, 2005; Holloway & Wolleat, 1994; Schon, 1983; Sutton & Page, 1994; Theilsen & Leahy, 2001).
8. Specific strengths, skills, knowledge, as well as needs of counselors being supervised in applied settings (Henderson, 2009; Kennard, Steward & Gluck, 1987; Magnuson, 1995).

9. Specific strengths, skills, knowledge, and needs of supervisors in applied settings (Coll, 1995; Culbreth, 1999, Thielson & Leihy, 2001, Walsh, 1990).
10. The transition to becoming a supervisor in applied settings, requirements, longevity, level of degree, changes in status and challenges in role shift, transitional stress, alliance changes, hierarchy etc. (Austin, 2002; Campbell, 2006; Cohen and Lim 2008; Henderson, 2009; Lee, 2002; Liddle, Breunlin, & Schwartz, 1988; Ronnestad, Orlinsky, Parks, & Davis, 1997; Rainey, Crutchfield, & Martin 1996; Walsh, 1990).
11. Specific roles of supervisors in applied settings, such as administrative, clinical, case management, change agent (ACA, 2005; Copeland, 1998; Ellis, D'luo, & Ladany 2008; Falvey, 1987; Henderson, 2009; Kadushin, 1985; Straton, 2000; Storm & Minuchin, 1993; Woodruff, 2002).
12. Conflicts and strain, complementarity and compatibility of roles within applied settings and the impact on supervision (AAMFT, 1993; Borders & Brown, 2005; Erera & Lazar (1994) Henderson, 2009; Herbert & Trusty, 2006; Kadushin & Harkness, 2002; Ladany, Hill, Corbett, & Nutt, 1996; Magnuson, Wilcoxon, & Norem 2000b; Patterson, 2000; Storm & Todd, 2002; Tromski-Klingshirn, & Davis, 2007; Walsh, 1990; Webb & Wheeler; 1998; Yourman, 2003).
13. The administrative role, organizational hierarchy, and the influence of power upon supervision including evaluation, gatekeeping, management, employment (ACA, 2005; Henderson, 2009; Kadushin & Harkness. 2002; Lumadue & Duffy, 1999).
14. Specific factors of community and organizational context, culture, relationships and dynamics influencing supervision (Bernard & Goodyear, 2009; Carroll, 1996; Congress, 1992; Ekstein & Wallerstein (1958, 1972; Hawkins and Shohet, 2006; Holloway & Brager, 1989; Kadushin & Harkness, 2002)
15. Supervisor responses to the impact of service delivery and the organizational factors and the impact on counselors (e.g. Altun, 2002; Bogo 2005; Cormier & Hackney, 2005; Gross, 2005; Farber, 1990; Levine, 2002; Powell, 2004; Edelwich & Brodsky, 1980; Murphy & Pardeck; 1986).
16. Knowledge or concepts (theories and models) that inform supervision including:
 - Personal theories or maps – also including experience, personal values, how used to inform how to supervise (Ekstein & Wallerstein, 1958, 1972; Johnson & Stewart, 2000; Walsh, 1990),
 - Use of therapy/counseling models (Jacobs, David, & Meyer, 1995; Lambert & Arnold, 1987),

- Counselor development approaches (e.g. Stoltenberg, 1981; Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1995; Ronnestad and Skovholt, 2003), (d) supervisor roles (e.g. Littrell, Lee-Borden, & Lorenz, 1979; Bernard, 1979/1997), (e) supervisor development and identity (Alonso, 1983; Hess, 1986, 1987; Watkins, 1994; Rodenhauser, 1994, 1997),
- Combined counselor and supervisor development (Stoltenberg, McNeil, & Delworth, 1998)
- Process specific to supervision in the organizational context (Hawkin's & Shohet, 2000).
- Social influence (Dixon & Claiborn, 1987; Petty and Cacioppo, 1986),
- Roles and tasks related to systemic and contextual influences (Holloway, 1995) and/or
- Specific approaches based in the applied/service setting context (Kadushin (1985, 1992; Lewis, 1988; Nelson, Johnson, & Thorngren, 2000; Osborn, 2004; Proctor, 1994; Triantafillou, 1997).

17. Common processes of supervision in the applied setting that may include:

- Supervisory relationship and alliance (Bordin, 1983; Ellis & Ladany, 2008; Holloway, 1982; Ladany, Friedlander, & Nelson, 2005),
- Parallel process (Doehrman, 1976; Bernard & Goodyear, 2009; Ekstein & Wallerstein, 1972; Searles, 1955) isomorphism (Liddle & Saba, 1983; Liddle, 1988; Wier, 2005).
- Reflectivity in supervision (Baer, 2006; Griffith & Frieden, 2000; Hanna, Giordano, & Bernak, 1996; Neufeldt, Iversen, and Juntunen, 1995, 2009; Schon, 1983; Skovholt & Ronnestad, 1995).
- Practice knowledge and tacit knowledge (Alavi & Leidner, 2001; Fuchs, 1983; Nonaka, 1994; Polkinghorne, 1992; Polyani, 1975; Richmond, 2009; Schon, 1983; Skovholt & Ronnestad, 1992, 1995).
- Cultural diversity and multicultural supervision (ACA, 2005; Ancis & Ladany, 2001; Burkard, Johnson, Hess, Madson, Pruitt, Contreras-Tadych, & Koslowski, 2006; Campbell, 2006; Constantine & Sue, 2007; Dressel, Consoli, Kim, & Atkinson, 2007; Estrada, Frame & Williams, 2004; Henderson, 2005; Inman & Ladany, 2008; Siegel, Haugland, & Chambers, 2003; Smith, Kok-Mun, Brinson, & Mityagin, 2008).

18. A post modern social constructivist approach to supervision (Neufeldt, 1997).
19. Supervisor training received, and training needed for supervision in applied settings (Borders & Bernard, 1991; Bernard & Goodyear, 2009; Borders, Bernard, Dye, Fong, Henderson, & Nance, 1991 CACREP, 2009 Campbell, 2006; Ellis & Douce, 1994; Holloway, 1982; Holloway, 1995; Leddick & Stone, 1982; Scott, Ingram, Vitanza, & Smith, 2000; Storm, Todd, McDowell, & Sutherland, 1997; Wilcoxon, 1992).
20. Mandates for supervisor education and training (ACES, 1993; ACA, 1995; CACREP, 2009; Borders & Bernard, 1991; Campbell, 2006; Holloway, 1982; Holloway, 1995; Leddick & Stone, 1982
21. Certification and licensure of counseling supervisors (Borders, 1989; Borders & Cashwell, 1992).
22. Research support for supervisor training (Johnson & Stewart, 2000; McMahon & Simons, 2004; Milne & James, 2002; Steven, Goodyear, & Robertson, 1998;
23. Field Expert Panel Domains: Theilsen & Leahy (2001) determined six field setting domains important to supervisors that I included within the initial questions: Legal and ethical issues, theories and models, intervention techniques and methods, evaluation and assessment, counselor knowledge, and supervisory relationships. White's (1995) review of supervision experts provided me with the following domains/variables being defined as primary; The supervisee, supervisor-supervisee relationship, supervisory interaction, and contextual variables, also included in the guiding questions and resultant protocol.
24. Bloomberg and Volpe, (2008): (a) demographic information, (b) perceptions of supervisors, (c) cultural and contextual factors of supervision in applied settings, (d) theoretical models of supervision

APPENDIX B

FINAL INTERVIEW PROTOCOL

The primary focus of this study is upon the social processes of supervision in the applied counseling setting. The researcher seeks to understand the social processes, i.e. what happens in supervision, and the social relationships and interactions with the context of the applied setting, closely related to supervision. Demographic information (see below) will be gathered during initial contact with supervisors to determine their fit, the appropriateness of the setting, and to assess variability of participant experiences and variability in the setting.

Demographic Information:

- Please tell me about the following (demographic) information related to the supervisor and the organization:
 - What is your position?
 - What was your degree?
 - What is your current licensure? How long licensed?
 - How many years as a counselor? As a supervisor?
 - What is your organization's primary purpose?
 - Who does your organization serve? What client population? Stakeholders? (who refers, who are you responsible toward?)
 - How many counselors (on average) do you oversee? How many clients (on average)?
 - What additional training have you had for supervision?
 - What are the modalities you use for supervision? Individual? Group? What frequency?
 - How many hours per week do you spend in supervision?
 - What is your gender? How do you identify by race or ethnicity? Age?

Questions:

1. What is your role here in your organization in relationship to supervision? What is your primary focus and responsibility as a supervisor?
2. Describe the various ways you conduct supervision and what you are doing during any supervision session? What is your primary focus? What do you explore together? What decisions are made during supervision?

3. What guides your interactions and decisions as you work in supervision? In your relationship with the counselors? How do you assess if those interactions have been effective?
 - a. Also: above with “In relationship to the clients?” “Administration?”
4. What are your greatest struggles, obstacles, or barriers in your work as a supervisor? How do you manage these?
5. Describe a critical moment or incident in supervision? What happened? What did you learn about supervision from this experience?
6. What do you see that you most need to be successful in working with your clients, in this organization, in this community?
7. Tell me about the awareness, understanding, or knowledge you have as a supervisor that people might only know if they worked closely with you in a trusting relationship?
8. What practice knowledge do you have about how you can most effectively supervise counselors who work with your particular clients in this setting. Again – this is knowledge or understanding that only those who have been in your experience would fully understand?
9. What from your education and training prepared you the most for being a supervisor? What was the least helpful?

APPENDIX C

DISCLOSURE AND INFORMED CONSENT FORMS

UNIVERSITY of
NORTHERN COLORADO



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

INDIVIDUAL CONSENT FORM

Project Title: Social Processes of Supervision in Applied Counseling Settings
Researcher: Tom Lonneman-Doroff, School of Applied Psychology and Counselor
Education
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The purpose of this document is to inform you of your participation in this study, and request your permission to participate. This document outlines the purpose of the study, your involvement, confidentiality, the use of the results of this study, potential risks of involvement, and voluntary participation in this study.

Purpose and Description: The purpose of this grounded theory study is to construct a preliminary model of community-based supervision based on the perceptions of supervisors from applied counseling settings. Specifically, the researcher seeks to understand the process of supervision where the primary focus of supervision is on service delivery to client populations. Applied settings will include mental health agencies and non-profit organizations.

Your Involvement: You will participate in a 90-minute interview with the researcher. Questions concerning the social processes of supervision will be asked with follow-up questions to clarify your responses. Questions will cover your involvement as a supervisor with counselors, clients, and administrators. The questions will address your interactions, relationships, and your perceptions of providing supervision in your organization. Your interview will be recorded on an audio format that will be transcribed to written text. Your transcription will be returned to you and you will be asked to verify the authenticity of your transcript. Each transcript will be reviewed by the researcher and coded for themes and concepts leading to a model of supervision based on the perceptions of the entire group of supervisor participants. You may be asked to participate in a follow-up interview to clarify and expand upon your initial interview. Additional time requirements beyond the 90 minute interview may vary from 30 – 60 minutes.

Confidentiality: Every effort will be made to assure the confidentiality of the participant and the participating applied setting organization. In addition to informed consent for participants, administrators and directors of institutions will be contacted for organizational consent for supervisor participation. Participants will be assigned a random identification number and associated data will be coded according to participant

identification number. All data will have identifying information removed to preserve anonymity. All transcripts, data, disclosures, documents, and consent forms will be stored for six years in a locked file in the University of Northern Colorado office of the doctoral dissertation advisor, Dr. Heather Helm. The data is confidential and available only to the primary researcher and the doctoral dissertation advisor. All data will be destroyed following the six year period.

Potential Risks: The risks in this study are no greater than those that would likely be experienced during regular supervision sessions. You may experience mild discomfort as you identify personal feelings, stressors, or dissatisfaction of supervision. Moderate fatigue is possible in sustaining a 90-minute interview. You may also encounter moderate stress in providing 90 minutes of you work or personal time to conduct the interview at the expense of other task completion.

Potential Benefits: It is possible that you may benefit from the study by identifying unique knowledge or processes specific to your supervision practices. Results from the study may provide knowledge that would enhance your ability as a supervisor, or results may identify social processes important to applied setting supervision.

Costs and Compensation: Costs include the commitment of supervisor time to the interview at the expense of providing other labor or services. The potential costs to organizations may include participant pay for involvement in the interview at the expense of completion of other labor. In the case that the organization does not approve of participant involvement during work time, participants may need to complete the interview during personal time. Ninety minutes may be necessary for completion of the interview. Additional time (approximately 30-60 minutes) may be required to authenticate transcripts, participate in follow-up interviews, and to authenticate themes from the results of the study.

Participants will receive a summary of results upon request. All participants will receive a \$10 gift card to a local coffee shop, upon completion of the initial interview, as a gesture of gratitude for participation in the study. Participants may feel satisfaction by contributing to significant research in counseling supervision and counselor education literature.

Use of the results of this study: The results of this study are contributory toward a doctoral dissertation focused upon the development of a model of supervision based on perceptions of supervisors from applied counseling settings. Data from your interview will be coded for themes leading to a conceptualization of supervision. A portion of your responses may be quoted within the dissertation and further publications as examples of the themes and concepts derived from the study. All identifying information will be removed. A further publication will result from this study that will be submitted to a professional refereed journal. At the end of the experiment, I would be happy to share a summary of the results at your request.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Subject's Signature

Date

Researcher's Signature

Date



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ORGANIZATIONAL CONSENT FORM

In certain organizations, employee participation in research requires the consent of administrators, board of directors, supervisors, or managers. This form provides additional information related to the study as outlined on the Individual Consent Form (see attached). A signature may be required from organizational representatives prior to individual consent by participants. In addition to the information provided on the Individual Consent Form (see attached) organizational representatives may consider the following information:

Confidentiality: Every effort will be made to assure confidentiality of participants and the organization that they represent, clientele served, and any associated relationships with any other community organization. Sensitive information that reveals specific organizational information or procedures or processes specific to client treatment, such as trade information, will be kept confidential and not reported in any detail that would identify participants, the clientele, or organizations within which participants are employed.

Rights to information: The data collected in this study is confidential, including the information gathered by the supervisor/participant from this organization. Information regarding his or her responses will not be available to anyone from this organization. You may be informed further about the purpose and goals of this study at any time. Your consent to participate will provide benefits to the field of counseling supervision. Upon request, a summary of the results of this study will be provided.

Participation is voluntary. You may decide not to allow your employee(s) to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to allow the supervisors from your organization to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Your consent to allow _____ to participate permits the researcher to complete the research process and gather information necessary to achieve the goals of this supervisor study.

Organizational Representative

Position/Title

Signature of Organizational Representative

Date

APPENDIX D

DEMOGRAPHICS OVERVIEW CHART

Participant Demographics			
Age	Range 31-65 yrs., M = 50.91		
Gender	Female, n = 9, 82%		Male, n = 2, 18%
Ethnicity	Caucasian, n = 9, 82%	Middle-Eastern American, n = 1, 9%	Eastern European, n = 1, 9%

Professional Demographics		
Degree/Program	Masters Degree, Counseling n=11, 100%	
Years Degree Held	Range = 4 – 38 yrs., M = 16.66	
CACREP vs. Equivalent	CACREP Accredited, n = 5, 45%	Equivalent Program for LPC, n = 6, 55%
LPC, Years Held	LPC n = 11, 100%	Range 1 – 19 years, (M=10.91)
Additional Training and Certificates	Certified Addictions Counselor, n = 4; MFT Training, n = 3; Sex Offender Provider, n = 2; EMDR, n = 1; Approved MFT Supervisor, n = 1; Theology degree, n=1; Depression Treatment, n = 1; Gestalt Certificate, n = 1; Trauma Debriefer, n = 1; NCC, n = 1; Certified Forensic Interviewer, n =1; No additional training, n = 2.	
Training for Supervision Range = 0 – 200 hours, M = 90.55	Supervised/trained for supervision as part of Certified Addictions Counselor levels, n = 4; Training at university internship program after becoming a supervisor, n = 4; Supervised to become supervisor, n =2; Trained in current organization after becoming a supervisor n=1; supervision practicum/training during education, n = 1; No direct supervision training n = 3.	

Supervisor Demographics			
Counseling Prior to Becoming Supervisor	Range = 1 – 18 yrs., M=6.45 yrs.		
Years as a Supervisor	Range = 1 – 30 , M=10.72		
Counseling and Supervising Concurrently	Range = 4 – 30 yrs., M = 10.72 yrs.		
Organizations Supervised Within	Range = 1 – 3 M = 1.65		
Supervisees Currently Being Supervised	Range = 1 – 15, M = 6.36		
Number of Clients Per Supervisee	Range = 6 – 35, M = 14.68		
Total Number of Supervisees Lifetime	Range 7 to 180 M = 43.36		
Supervisee Types Currently Supervised	Interns only 2, 18%	Interns, pre- & post-licensed counselors, 8, 73%	interns and post-licensed counselors 3, 27%
Supervision Hours Per Week	Range 1 – 5 hours, all modalities		
Types of Supervision x Participant x Hours	Individual 1 – 2 hrs, (M= 1.09, n = 11); Informal non-scheduled (n = 10); Group, 1x@ 2hrs/month to 4 hrs./wk., (M = 2.0, n = 9); In-vivo, live, mirror or co-therapy (n = 5); Program/treatment specific supervision (e.g. alcohol, play therapy, domestic violence) from 1 to 2 hours (n = 4); Peer supervision with supervisor's peers/colleagues (n=4); Policy and procedure supervision (n=2); Training & Education supervision 1.5 – 6 hrs/mo. (M = 3.17, n = 3); Case management supervision 1 – 2 hrs. (M = 1.67, n = 3); supervision of other counseling supervisors (n=2); Structured Peer Supervision for Supervisees (n = 1)		

Applied Counseling Setting “Organization” Demographics				
Total Clients Served, Current Census		Range = 15 – 3500, (M=515.3, n = 10); 10,000 clients per year (n = 1).		
Staff Totals per Organization	Supervisors Range = 1-27 M = 8.36	Interns Range = 0 – 35 M = 3.18	Paid Counselors (non-supervisor) Range = 0 – 140 M = 27.09	Paid Employees Range = 6 – 280 M = 89.65
Clients Served by Organization	Adult outpatient counseling (n = 4); family counseling (n = 4); Couples counseling (n = 1); Adult alcohol treatment (n = 3) Children under age 12/counseling/play therapy (n = 3); Low socio-economic status programs/all ages (n = 3); Adolescents non-offender counseling (N = 2); Adult offenders treatment (n = 2); Adolescent offender treatment (n = 2); Adult students participating in the college setting (n = 1); Terminally ill adults/grief counseling (n = 1); Victims of domestic violence (n = 1); Domestic violence offenders (n = 1). (n=11 organizations with combined clients types).			
Stakeholders: Referral Sources	Self-referred (n = 7), Community/youth or department of corrections including court system and probation (n = 6); Department of human services/social services (n = 6); faculty/instructors/ (n = 1); Other mental health centers (n = 1); schools (n = 1). (n = 11, organizations may have 1 or more referral sources).			
Stakeholders: Funding and Grant Sources	Grant/philanthropic organizations (n = 8), Medicaid (n = 6), private pay self/pay (n = 6); Private insurance (n = 4), Department of corrections (n = 4), Victim’s compensation (n = 1), County/city (n = 1). (n=11, organizations may have 1 or more funding sources).			
Complexity of Hierarchy, All Organizations Range = 4 – 9 layers, M = 6.54	9 levels (n = 3); 8 levels (n = 1); 7 levels (n = 1); 6 levels (n = 2); 5 levels (n = 2); 4 levels (n = 2). N=11 organizations. Levels Key: 1) the board of directors, 2) executive director (or CEO), 3) directors or managers (or executive team, in some cases clinical supervisors located here), 4) specialists (medical, psychiatric, housing), 5) clinical or program directors (clinical supervisors), 6) service delivery personnel including interns, case managers and/or counselors, 7) administrators or coordinators, 8) line staff and 9) non-skilled/volunteers.			

APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY of
NORTHERN COLORADO
 Institutional Review Board (IRB)



December 13, 2010

TO: Megan Babkes Stellino
 School of Sport and Exercise Science

FROM: The Office of Sponsored Programs

RE: Exempt Review of *Supervision in Applied Counseling Setting: A Socially Constructed Grounded Theory*, submitted by Tom Lonneman-Doroff
 (Research Advisor: Heather Helm)

The above proposal is being submitted to you for exemption review. When approved, return the proposal to Sherry May in the Office of Sponsored Programs.

I recommend approval.

Megan Babkes Stellino 1/13/11
 Signature of Co-Chair Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines for ethical principles in human subjects research. The decision of the Institutional Review Board is that the project is exempt from further review.

IT IS THE ADVISOR'S RESPONSIBILITY TO NOTIFY THE STUDENT OF THIS STATUS.

Comments:

- o contact letter? telephone script?
- o minor revisions to consent forms - A to OSP info
- o store data for 3 years
- o email 1/11

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