AN EXPLORATION OF SUPERVISORS' EXPERIENCES OF SUPERVISORY
WORKING ALLIANCE AND SESSION FACTORS WHEN FACILITATING
DISTANCE-DELIVERED CLINICAL SUPERVISION

by

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ABSTRACT

DOMINIQUE SHADAE HAMMONDS. An exploration of supervisors' experiences of supervisory working alliance and session factors when facilitating distance-delivered clinical supervision. (Under the direction of DR. JOHN R. CULBRETH)

This dissertation examined supervisors' experiences of factors that may affect the facilitation of distance-delivered clinical supervision. Factors impacting the facilitation of face-to-face supervision such as supervisory working alliance, session factors, and specific approaches and techniques were used as a guide for future exploration of these same factors in distance-delivered clinical supervision. This study utilized a phenomenological approach to analyze supervisor interviews conducted via teleconference. The primary researcher and an independent analyst used a combination of open and axial coding procedures to analyze data. Study results were presented textually and graphically, illustrating potential relationships between themes and subthemes illuminated from the data.

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DEDICATION

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CHAPTER 1: INTRODUCTION

Background and Overview

Advances in technology-assisted communication have impacted the national

educational landscape, health care systems, and community mental health. The Institute

of Higher Education Policy (2000) reported that over 90% of universities and colleges

utilize online instruction. This trend is mirrored in counselor education and has

impacted how counselors and supervisors facilitate sessions across various contexts.

One extension of this trend is clinical supervision conducted across distances or

distance-delivered clinical supervision (DDCS). DDCS, first introduced in the

counseling literature over a decade ago has increased in utilization; however, the

modality still struggles with stubborn attitudes of counselors and counselor educators

deeming it to be less effective and less professional than traditionally-delivered

supervision (Finn & Barak, 2010).

This chapter contains an overview of the literature around traditional and

distance-delivered counseling and supervision. This chapter will identify factors

relevant to the facilitation of face-to-face counseling and explore the presence of these

factors in distance counseling, face-to-face supervision, and finally DDCS. There is

limited empirical research describing factors relevant to the facilitation of DDCS, thus

qualitative exploration of supervisors' experiences of these factors will be explored.

Face-to-Face Counseling

The field of psychotherapy is well established and factors impacting the facilitation of face-to-face counseling have permeated the literature. These factors may be captured by three categories: (a) working alliance, (b) session factors, and (c) specific approaches and techniques. Working alliance (Bordin, 1983) is a collaboration for change. Relevant aspects of the working alliance were identified as mutual agreements and understanding of the goals of the change process, the tasks of each party, and the bonds between the parties necessary to sustain the interaction (Bordin, 1983). Building a strong working alliance is a significant aspect of the change process and it has been suggested that change may be largely attributed to the building and repair of this alliance (Bordin, 1983). Researchers estimate that between 30-45% of the variance in therapeutic outcome may be attributed to working alliance (Horvath & Greenberg, 1986; Luborky, Crits-Christoph, Mintz, & Auerbach, 1988). Due to the importance of working alliance in the counseling relationship, increased alliance has been linked to therapeutic outcomes such as success of therapy (Horvath & Bedi, 2002; Martin, Garske, & Davis, 2000), perceived therapist credibility (Beutler, Johnson, Neville, Elkins & Jobe, 1975), and increased perception of therapist engagement in the relationship (Friedlander, 1981; Jones & Zoppel, 1982).

In addition to working alliance, session factors, defined as "elements of psychotherapy associated with the organization and framework of the sessions" (Whiston & Sexton, 1993 p. 46) represent a second category impacting session facilitation. Factors such as timing (Piester, 1982), style (Rudy, 1983), and role induction (Friedlander, 1981) contribute to session facilitation. Clients prefer beginning

counseling immediately after applying for services and regularly attending sessions. Similar to working alliance, clients prefer the counselor utilize a collaborative style in which clients have input in the process of therapy. Friedlander (1981) found that counselors who conducted role induction, discussion with clients about the structure of therapy, what is expected of them in the process, and the role of the counselor contributed to increased client outcomes.

Specific approaches and techniques represent a third category of factors impacting session facilitation and client outcomes. It has been well established that many psychotherapy approaches are effective (Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988) yet; cognitive behavioral approaches are slightly more effective for specific presenting concerns such as phobias, anxiety, and mood disorders (Lambert, Shapiro, & Bergin, 1986). This trend may become increasingly relevant when conducting developing modalities such as distance counseling and DDCS.

Factors impacting traditionally delivered counseling, working alliance, session factors, and specific approaches and techniques have been well established in the literature. With the progression of technology counselors began conducting sessions across distances (Ritterband, et al., 2003). Similar to the factors impacting traditionally delivered counseling, potential factors impacting distance counseling may be segmented into the categories of working alliance, session factors, and specific approaches and techniques.

Counseling Across Distances

Practitioners benefit from this mode of service delivery because of cost effective facilitation, more effective use of time, and reduced waiting lists. Clients also benefit

from decreased travel time making it easier for clients whom access to traditional services was previously limited. Increased control and trust have also been identified as benefits of distance counseling (Hanley, 2009). Some clients prefer to remain in a comfortable environment while accessing services, potentially increasing the client's ability to trust the counselor.

Although there are many benefits of distance counseling, there are also many limitations. Significant challenges of this mode of service delivery is the general lack of non-verbal communication, miscommunication, and the tendency to become easily distracted when receiving services in a comfortable environment (Banach & Bernat, 2000; Cook & Doyle, 2002; Haberstroh, 2009; Hanley, 2009). Critics of this treatment modality state that the lack of non-verbal cues may lead to increases in inaccurate diagnosis and treatment and thus may not appropriately meet the needs of clients with more severe diagnoses. Although literature describes both benefits and limitations of distance counseling, researchers studied working alliance, helpfulness, and client improvement and satisfaction of distance counseling and positively evaluated this modality (White & Queener, 2003).

Similar categories of factors impacting the facilitation of face-to-face counseling may be used to describe factors impacting the facilitation of distance counseling. It is noted that more research can be found describing factors of working alliance and session factors than specific approaches or techniques as it applies to distance counseling. Although, the research around working alliance in distance counseling relationships is fairly limited compared to the well established literature base in the area of working alliance in face-to-face counseling, trends can still be illuminated.

Positive working alliance indicating a collaborative and bonding relationship was identified in counseling conducted via chat, email, phone, and teleconference. Cook and Doyle (2002) found that distance counseling scores on the Working Alliance Inventory were similar in strength to counseling conducted face-to-face.

Research has also explored the experiences of distance counseling clients and found evidence of positive experiences and discussion of advantages over face-to-face counseling. Distance counseling has been linked to increased sharing, encouraged self-reflection, and an established sense of safety as identified by the client (Haberstroh, 2009). Barriers of the relationship were also identified, focusing on difficulty interpreting the meaning of counselor statements. Clients stated they needed more time to build rapport; however, they did not detect the degree of difference that they expected from face-to-face counseling (Haberstroh, 2009). Some clients noted that it was difficult to detect the counselor's genuineness due to the lack of non-verbal cues. Similarly, clients stated that not communicating face-to-face contributed to limited self-expression and ability to trust. The same aspect of online service delivery has also been linked to a degree of anonymity, increased trust, and alleviation of interpersonal pressure because clients experienced less pressure to respond immediately after the counselor's statement.

Research describing session factors of distance counseling focused on the organization and facilitation of this mode of service delivery. Haberstroh (2009) discussed the pacing of online sessions, particularly text-based delivery such as chat. Clients reported that they often shortened responses to avoid spending the time typing out their statements. This trend led to slower paced sessions; however, client's

experiences of pacing varied. Some clients identified the slower pace as aiding deeper, more thoughtful responses.

It is clear that there is limited research describing factors impacting distance counseling, and the available data dwindles when describing working alliance, session factors, and especially specific approaches and techniques applied to distance counseling. Themes of available research highlight the positive experiences of clients, outcomes, and ratings of working alliance comparable to those in face-to-face counseling. It is clear that client experiences of the same aspects of distance counseling vary highlighting the need for further exploration of factors impacting distance counseling, including appropriate application. The following sections use working alliance, session factors, and specific approaches and techniques in the therapeutic relationship as a template for the discussion of these same factors in the supervisory relationship.

<p align="center">Face-to-Face Supervision</p>

Supervision is an "intervention provided by a more senior member of a profession to a more junior member or members of that same profession" (Bernard & Goodyear, 2009, p. 7). Hallmarks of this intervention include evaluation as well as the hierarchical and time extended nature of supervision. According to Bernard and Goodyear the two main purposes of supervision are "to foster the supervisee's professional development and to ensure client welfare" (Bernard & Goodyear, 2009, p.12). Counselors and supervisees at all levels of development are encouraged to receive supervision as a means of maintaining a high level of client care.

Whiston and Sexton (1993) created a framework that categorizes factors impacting face-to-face counseling and this framework will be used to discuss factors impacting distance counseling, face-to-face supervision, and distance-delivered supervision. Factors impacting the facilitation of the supervisory relationship mirror those of the therapeutic relationship. The supervisory relationship (Holloway, 1995), also referred to as supervisory alliance, is critical to the outcomes for the supervisee and therefore client. Researchers indicate that good working alliance has a positive relationship with trainee self-efficacy and positive ratings of the therapeutic relationship (Efstation, Patton, & Kardash, 1990; Patton & Kivlighan, 1997). The concept of supervisory working alliance, established by Bordin (1983), combined aspects relevant to the therapeutic alliance and applied them to the supervisory relationship. Researchers identify the supervisory alliance as one of the most important factors of the supervision process (Bordin, 1983; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001) and contribute to the quality of supervision as rated by the supervisee (Worthington & Stern, 1985). A poor supervisory alliance can negatively impact the supervisee's experience of supervision and, potentially, impact client care.

Session factors, described by Whiston and Sexton (1993) as "elements of psychotherapy associated with the organization and framework of the sessions" will be applied to the supervision intervention. Therefore, session factors will refer to supervision session factors describing factors impacting the organization and framework of supervision sessions. Factors previously identified as important to the facilitation of therapy sessions, including factors highlighted in the counseling literature, but were not found to be significant will be discussed in the following

section. These factors may have increased importance in the realm of supervision and thus, will be explored.

The structure of supervision, individual versus group, may impact supervisee outcomes. Researchers found that when facilitating group supervision, group cohesion may be a better predictor of outcomes than supervisory alliance (Bernard et al., 2008; Burlingame, Fuhriman, & Johnson, 2001). However, they have also found that counselors in training prefer individual supervision over group (Newgent, Davis, & Farley, 2004). Style, as previously mentioned, may impact the therapeutic relationship as the client may or may not perceive the counselor's style as helpful or facilitative of his goals. Supervisor style may also impact the supervisee's perception of helpfulness in the supervisory relationship. Supervisees also indicate that learning about the process of supervision and expectations of the supervisor contributed to positive outcomes of the interaction. For example, Lehrman-Waterman and Ladany (2001) found that effective goal setting and feedback practices led to higher supervisee satisfaction and higher working alliance scores. Factors such as session frequency, cost of session for the supervisee, and session attendance may impact the facilitation of face-to-face supervision and supervisee experiences of the interaction.

Lastly, specific approaches and techniques in the therapeutic relationship have been linked to positive client outcomes, particularly for specific presenting concerns that required more structured interventions. A similar pattern may be found in the supervision literature. Although there are many developmental, role-based, and theory-based models of supervision, there is a lack of research comparing the efficacy of these

models. These models are considered effective with little discussion of appropriate application, such as appropriate population and circumstance of use.

Factors impacting traditionally delivered supervision, working alliance, session factors, and specific approaches and techniques, have been well established in the literature. With the progression of technology, supervisors began conducting sessions across distances. Similar to the factors impacting traditionally delivered supervision, factors impacting DDCS may be segmented into categories of working alliance, session factors, and specific approaches and techniques.

Distance-Delivered Clinical Supervision

The following factors have been identified as benefits of DDCS: lower costs to supervisees, increased flexibility in scheduling, timely responses in crisis situations, greater cost-effectiveness for educational institutions, increased supervision opportunities for those in rural areas, and increased diversity of counselor trainees based on increased accessibility (Bloom & Walz, 2000; Gainor & Constantine, 2002; Oravec, 2000; Watson, 2003). Utilizing technology as a means of conducting clinical supervision has many challenges. It may be difficult to maintain similar standards that guide face-to-face supervision, particularly concerning ethical guidelines, informed consent, security, limited non-verbal cues, risk of miscommunication between supervisor and supervisee, and legal responsibility for services (Alleman, 2002; Kanz, 2001; Vaccaro & Lambie, 2007). Based on the categories illuminated within the counseling, distance counseling, and traditional supervision literature, it is assumed that similar themes of factors impacting the facilitation of DDCS may immerge as more research is conducted.

Supervisory Working Alliance

While the research around supervisory working alliance and face-to-face supervision has been well established, there is a growing body of knowledge around supervisory working alliance and supervision across distances. Although every supervisory relationship is unique, stronger working alliance is predictive of less trainee conflict and ambiguity in supervision (Ladany & Friedlander, 1995), positive client perceptions about the counseling working relationship (Patton & Kivilighan, 1997), trainee adherence to treatment protocols (Patton & Kivilighan, 1997), trainee satisfaction with supervision (Ladany, Ellis, & Friedlander, 1999), and higher levels of job satisfaction (Mena & Bailey, 2007). The supervisory alliance is critical to developmental and clinical outcomes for the supervisee and the client, thus care must be taken to ensure that the same facilitative elements of the face-to-face supervisory alliance are present via distance supervision.

Session Factors

Vaccaro and Lambie (2007) explored application considerations of computer-based clinical supervision, concluding that considerations can be segmented into two main categories, ethics and technological competencies. While this is a good beginning framework, there may be additional factors that impact the facilitation of DDCS. Mode of service delivery, or the technological means used to provide supervision via distance, represents an important additional factor impacting this modality. Mode of service delivery, which encompasses chat, e-mail, forum, teleconference, and videoconference, includes important factors of cultural components of communication and components of supervisory interaction. It is believed that appropriate selection of

mode of service delivery may impact supervisee ratings of satisfaction with supervision and general supervisee outcomes. Other session factors that may impact the organization and framework of supervision sessions delivered across distances may include session type, style, and role induction. These factors may be increasingly important when organizing supervision sessions across distances because of the differing locations of supervisor and supervisee and unfamiliarity with this developing treatment modality.

Specific Approaches and Techniques

There are many supervision theories and approaches. Some approaches have received substantial empirical support due to their structured nature and ability to more appropriately address specific client concerns. The supervision literature does not suggest that one model or approach is more effective than another; further, it is unclear if this holds true for DDCS.

Statement of the Problem

DDCS has been widely utilized in various community mental health, hospital, and educational settings (Janoff & Schoenholtz - Read, 1999; Kanz, 2001; Marrow, Hollyoake, Hame, & Kenrick, 2002; Schultz & Finger, 2003; Stebnicki & Glover, 2001; Vaccaro & Lambie, 2007; Wood, Miller, & Hargrove, 2005). Although utilization has increased, it has been unstructured, with limited guidelines for use, and little knowledge of factors impacting the facilitation of this developing modality. Themes of current literature reflect a more established empirical research base around the face-to-face modalities of counseling and supervision; however, the amount of empirical data available describing distance-delivered counseling and supervision is

limited. Working alliance, session factors, and specific approaches and techniques have been identified as factors impacting counseling outcomes. These same factors have also been associated with supervision outcomes; however, there is little research detailing supervisors' perceptions of how facilitating supervision delivered across distances impacts these factors.

In summary, there's a growing body of literature around DDCS, however, little is known about best practices for conducting DDCS and what makes this modality different than others. For example, mention of DDCS in supervision textbooks published recently is often relegated to a selection within a single chapter near the end of the book focusing on innovative approaches or future directions of supervision (Bernard & Goodyear, 2008). In addition, if one conducts an informal review of literature databases on this topic, disproportionally non-empirical articles will be found. These articles might discuss a researcher's attempt at facilitating DDCS as part of a class project or may include researchers' specific suggestions for use based on previous literature (Rosenfield, 2012; Stretch, Nagel, & Anthony, 2012; Vaccaro & Lambie, 2007). Empirical articles in which a study was conducted are primarily focused on supervisees' experiences of DDCS (Chapman, Baker, McMillan & Gerler, 2011; Reese et al., 2009; Yeh, Chang, Chiang, Drust, Spellisoy, Carter, & Chang, 2008). Supervisee focused literature represents only one portion of the interaction and fails to fully speak to the facilitative factors of online supervision. Facilitative factors of DDCS often fall under the responsibility of the supervisor. Studies describing factors that impact the facilitation of DDCS could not be found at the time of this

review, thus, due to the sparse empirical research in this area, a qualitative examination of supervisors' experiences facilitating DDCS is proposed.

Purpose of Study

The purpose of this phenomenological study was to qualitatively explore supervisors' experiences of supervisory working alliance and session factors in DDCS. Data were obtained through in-depth interviews conducted with the use of teleconference. Study results describe the relationship between themes and subthemes illuminated by participants' descriptions of the phenomenon being explored.

Significance and Need for the Study

Clinical supervision, a necessary component of trainee development, is increasingly conducted across distances. Importantly, use of technology in traditional counselor education programs and predominantly distance education programs, has progressed faster than the research examining relevant factors affecting the implementation of supervision across distances. Researchers have focused on philosophical debates about the future of supervision across distances and on how to conduct DDCS with special focus on ethical considerations and technological applications; however, few studies focus on supervisors' experiences of factors impacting the facilitation of this developing modality.

By exploring supervisors' experiences of factors impacting the facilitation of DDCS it is believed that researchers may gain insight into structural changes that supervisors make in how they facilitate the intervention and the perceived impact of these changes on trainees. This study is unique in that it examines supervisors' beliefs about factors important to the facilitation of DDCS by qualitatively exploring

participants' past experiences supervising trainees across distances. The current study

contributed to the literature by focusing primarily on issues of facilitation and structure,

specifically working alliance and session factors from the supervisors' perspective

rather than on issues relevant to the facilitation of DDCS from the trainees'

perspective. This study also utilized a combination of open and axial coding procedures

which allowed the researcher to visually represent the participants' experiences and

explain relationships between important concepts yielded from the data. While the aim

of this study was not to build theory, important concepts may point to potential avenues

of further research that may contribute to future theoretical exploration in this area.

Delimitations

For the purpose of this study, the following delimitations were established:

1.   Participants will be limited to supervisors with one semester or four consecutive

months prior experience facilitating DDCS.

2.   Study participation will be limited to people who agree to be interviewed and

recorded.

3.   Participants will be members of the counseling field, excluding counseling

psychology.

4.   Study participation will be limited to those who have a high level of

technological competence.

Limitations

It is important to define the scope of the study and to highlight any potential

weaknesses of the study design. The following limitations may exist:

1. Participants will be limited to the first eight to ten people who volunteer for the study, potentially excluding more knowledgeable and experienced supervisors from participation.

Definition of Terms

1. Chat – an asynchronous, high context form of communication in which sender and receiver send short messages back and forth.

2. Clinical supervision- defined as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession" (Bernard and Goodyear, 2009, p. 7).

3. Distance education – a mode of delivering education and instruction, often on an individual basis, to students who are not physically present in a traditional setting such as a classroom.

4. E-mail - an asynchronous, high context form of communication, similar to a letter, with each party having an opportunity to reflect on their thoughts before composing the message.

5. Forum – an asynchronous, high context form of communication in which the sender posts a message to many receivers.

6. Listserv - a program that automatically sends messages to multiple e-mail addresses on a mailing list.

7. Mode of service delivery – technological method of conducting distance supervision (chat, e-mail, forum, teleconference, or videoconference).

8.   Session Factors – organizational factors such as structure, ethics, technology competencies, session type, and supervision style that may impact supervisee and supervisor perceptions of the intervention.

9.   Teleconference – a synchronous, high context form of communication in which each party communicates with audio in the absence of visual cues.

10.   Videoconference - a synchronous, low context form of communication in which each party communicates with audio and visual cues from the other.

11.   Working Alliance - a collaboration for change in which supervisor and supervisee work together to achieve mutually agreed upon goals of the supervisee (Bordin, 1983).

<div align="center">Summary</div>

This chapter establishes the basic theme of the proposed study, the statement of the problem, the purpose and significance of the study, the research questions, the need for the study, study delimitations and limitations, and operational definitions. Chapter two will provide a review of relevant literature directly related to the purpose of the study. While there are studies on the utilization of DDCS, there is little or no research outlining supervisor's perceptions of the factors impacting the facilitation of DDCS and the potential impact of these factors on supervisee outcomes. Chapter three details the methodology of the proposed study, including the research design, description of participants, instrumentation, data collection, data analysis, and summary. Chapter four will present the findings of the study, including excerpts from the interview transcripts in order to create an understanding of the collective experience of counselor

supervisors. Chapter five will present conclusions and implications for this study for

counselor educators and recommendations for future research.

CHAPTER 2: LITERATURE REVIEW

Distance-Delivered Clinical Supervision

Clinical supervision is defined as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession" (Bernard & Goodyear, 2009, p. 7). Hallmarks of this intervention include evaluation as well as the hierarchical and time extended nature of supervision. According to Bernard and Goodyear (2009), the two main purposes of supervision are "to foster the supervisee's professional development and to ensure client welfare" (p.12). Traditionally, supervision has been delivered face-to-face; however, exploration of distance-delivered supervision has permeated recent literature (Janoff & Schoenholtz-Read, 1999; Kanz, 2001; Marrow, Hollyoake, Hamer, & Kenrick, 2002; Schultz & Finger, 2003; Stebnicki & Glover, 2001;Vaccaro & Lambie, 2007; Wood, Miller, & Hargrove, 2005). Although the concept of DDCS has permeated the recent literature, there is a lack of empirical data detailing DDCS methods and efficacious facilitation of these methods (Marrow, Hollyoake, Hamer, & Kenrick, 2002; Stebnicki & Glover, 2001).

It is clear that utilization has progressed faster than the research examining relevant factors affecting the implementation of supervision across distances. Researchers have focused on philosophical debates about the future of supervision across distances and on how to conduct DDCS with special focus on ethical

considerations and technological applications; however, few studies focus on supervisors' experiences of factors impacting the facilitation of this developing modality. This review will explore empirical examinations of DDCS in the literature and briefly summarize conceptual contributions to the literature on this subject. This review will focus on a selection of the most recent literature about internet-based supervision and does not represent an exhaustive review. The following sections will focus on studies describing supervisee development, working alliance and satisfaction with supervision, and conceptual contributions to the literature.

<div align="center">Distance-Delivered Clinical Supervision in Helping Professions</div>

Increased access, decreased travel, cost effectiveness, increased sense of peer support, and satisfaction with supervision and working alliance in helping professions were themes of empirical literature reviewed (Janoff & Schoenholtz-Read, 1999; Kranz, 2001; Marrow, Hollyoake, Hamer, & Kenrick, 2002; Schultz & Finger, 2003; Wood, Miller, & Hargrove, 2005). Disadvantages of online supervision include absence of non-verbal cues, decreased comfort revealing emotionally sensitive information, and the potential for technology malfunctions (Kanz, 2001; Wood, Miller, & Hargrove, 2005. In the subsequent sections, the author will summarize the findings of both empirical and conceptual literature and their impact on DDCS.

Wood, Miller, and Hargrove (2005) explored the historical development of telesupervision, the use of electronic information and telecommunications technologies to support long-distance supervision, and the current utilization of this electronic method for clinical supervision. Telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient

and professional health-related education, public health and health administration, was utilized in addition to the face-to-face supervision of nurse practitioners (Wood, Miller, & Hargrove, 2005). Researchers structured communication into four models representing training, preparation for, and participation in distance-based supervision with the use of the telehealth technology (Wood, Miller, & Hargrove, 2005).

Among educators, DDCS was explored as a mode of service delivery in addition to on- campus face-to-face supervision. Educators referenced travel time and busy schedules as barriers to regular individual supervision (Janoff & Schoenholtz-Read, 1999; Schultz & Finger, 2003; Stebnicki & Glover, 2001). For example, Janoff and Schoenholtz- Read (2001) implemented a non-face-to-face group supervision and training model to be used in addition to regular face-to-face supervision as a part of a graduate-level group psychotherapy course. Students served as facilitators for community-based group clients and discussed their experiences with their classmates as part of class meetings between class asynchronous online group supervision (1999). During the week after a face-to-face class meeting students were instructed to post about a specific concern online via online course software such as Moodle™ or Blackboard™. The supervisor allowed all students to respond to the concern highlighted by the original post before posting his feedback.

Psychology educators have also explored the use of DDCS (Stebnicki & Glover, 2001). In a graduate-level group psychotherapy course as part of a psychology program instructors utilized e-mail as a complementary approach to traditional face-to-face supervision. Supervisees received a combination of group, individual, and DDCS. Students participated in group supervision, met individually with a doctoral-level

student from the program, and received DDCS from a faculty member. Supervisees were instructed to email their faculty supervisor once a week about practicum site-related issues, therapeutic concerns, or personal awareness reactions related to their site.

Participants indicated that participating in e-mail supervision allowed more access to supervisors between weekly individual face-to-face supervision sessions. It was also reported that the dynamics of communicating through e-mail allowed for a more relaxed and informal style of communication that contributed to the establishment of working alliance between supervisor and supervisee. Participants also reported that receiving supervision through e-mail allowed them time to reflect on supervisors' comments between sessions. Supervisees stated that they often spent more than an hour per session preparing for and writing thoughtful descriptions of their session topics. Finally, participants reported that receiving more immediate feedback from supervisors was helpful in their development, potentially leading to more rapid skill development.

Stebnicki and Glover's (2001) investigation of e-mail supervision as a complementary approach to face-to-face sessions and explored e-mail as a means of achieving supervisee development in counselor trainees. It seems the use of e-mail forced supervisees to take more time to conceptualize their experiences in order to thoughtfully communicate them to supervisors. While additional conceptualization time may be helpful for supervisees during the learning process, receiving one or more e-mails from each supervisee per week that requires thoughtful responses may be

overwhelming and too time consuming for supervisors, thereby minimizing the practical application of this modality.

Schultz and Finger (2003) developed the clinical supervision unit, which allows for real time face-to-face video review. They conducted supervision via MSN messenger, a videoconference technology. Prior to the supervision session, supervisees were instructed to videotape a counseling session for review and digitize it by converting it into MPEG format. The supervisor showed the digital video on a laptop in view of the video camera so that the supervisee can see video playback.

This method represents an early attempt at replicating the video review aspect of face-to-face supervision, online. As technology permits, this method allows both supervisor and supervisee to comment on supervisee counseling tapes in real-time. While this method may have been successful in application, utilizing a camera, a video portable playback device, and additional software implementation may be complicated without training or guidelines for use. Future investigation of software that allows for video playback and video recording in the same window may be helpful in offering an alternative to combining multiple technologies.

The use of telehealth as a model for DDCS among nurse practitioners, as detailed by Marrow, Hollyoake, Hamer, and Kenrick (2002), demonstrates an attempt to implement distance supervision in the health science field. This type of integrated system allows practitioners to engage in consultation and supervision across vast distances; however, the system itself can only be accessed through large facilities such as government-funded hospitals. Telehealth technology is very expensive, and

therefore, may reduce the likelihood that supervisees working in traditional counseling settings, such as schools and agencies, will be able to participate.

In education, the use of DDCS may vary. For instance, Janoff and Schoenholtz-Read (1999) implemented a student-driven model of online group supervision in which one student posts and shares an issue and other students respond by helping the author of the original post reflect on his or her experiences, clarify needs, and address the original concern. In contrast, Stebnicki and Glover (2001) explored use of e-mail as a complementary approach to traditional face-to-face supervision. Both sets of researchers utilized text-based asynchronous communication, however, each in a different way. Additionally, while Janoff and Schoenholtz- Read (1999) attended more to group processes and allowed each member of the course to participate in large group supervision, Stebnicki and Glover (2001) did not. Although, the online course software restricts viewers of the course site to only currently enrolled students and e-mail is inherently viewable to only the user with the correct password, confidentiality is a significant concern. Few researchers explored the use of videoconferencing technology in educational settings (Coker, Jones, Staples, & Harbach, 2002; Gammon, Sorlie, Bervgik, & Hoifodt, 1998; Scholtz & Finger, 2003; Sorlie, Gammon, Bergvik, & Sexton, 1999). For example, Scholtz and Finger (2003) utilized the clinical supervision unit method that allowed the supervisee to view his tape along with the supervisor and speak about specific examples from the taped session. This method may prove time consuming because supervisees would need to digitize their videotape and transport it to their supervisors in a secure and confidential manner prior to the session. If this process is overly complicated, it may defeat the purpose of conducting online

supervision. Although the process may be complicated to facilitate, utilization of the videotape during a videoconference session allows the supervisor to pull directly from the supervisee's experience and may easily lend itself to the use of specific approaches and techniques of supervision such as Interpersonal Process Recall (IPR) (Kagan, 1969).

It is clear from the literature that educators view DDCS as a viable method of providing supervision to students, however, preferably in addition to face-to-face supervision or class meeting facilitated by a faculty member (Janoff & Schoenholtz-Read, 1999; Schultz & Finger, 2003; Stebnicki & Glover, 2001). In the context of counseling supervision, due to the supervisor's strong emphasis on developing supervisees' clinical skill and ability to self-supervise, it may be important to maintain face-to-face contact with supervisees (Bernard & Goodyear, 2009). Counselor educators and supervisors have the unique task of evaluating supervisees for grading purposes, and this may be difficult to achieve without face-to-face contact.

Wood, Miller, and Hargrove (2005) sought to enhance their supervision of psychology interns by bringing in regionally accredited supervisors to help train supervisees. These researchers suggested that by utilizing DDCS, supervisors with specializations could communicate directly with psychology interns from miles away, potentially decreasing the cost of receiving specialized supervision. The convenience of DDCS may contribute to the cost effectiveness of providing or receiving supervision online; however, the cost of equipment and technology could potentially outweigh the benefit.

Kanz (2001) explored the cost of technology required to conduct DDCS.

Kanz mentioned emerging technology such as digital subscriber lines, what we now call Digital Subscriber Line (DSL) or cable modems, which allow for fast playback of digital media. Prior to the creation of DSL, videoconferencing would have been difficult to conduct via slower dial-up modems. Kanz also discussed the cost and convenience of dedicated videoconferencing technology versus desktop software and webcam capability (Kanz, 2001). With the wide availability of DSL and webcam technology, the feasibility of DDCS has never been higher.

Whether saving travel fees or exploring the feasibility of DDCS in educational settings, cost is a relevant concern. With ever-changing technology, costs of required software will continue to decrease. Kanz (2001) reviewed the historical development of technologies required; however, the suggested costs in 2001 might have significantly changed over the past 10 years. More research is needed to survey the current costs of various technologies that could be used to implement DDCS. Additionally, a comparison study of multiple technologies in terms of costs and ease of usage utilized for DDCS based on user ratings would add significantly to the literature.

Supervisee Development

It is clear that DDCS has been utilized within a range of helping professions and a primary theme illuminated from the research in this area is exploration of how participating in DDCS affects supervisee development. Exploration of the viability and efficacy of the use of DDCS with supervisees has been measured using ratings of sense of connectedness between peers (Marrow, Hollyoake, Hamer, & Kenrick, 2002); self-esteem (Butler & Constantine, 2006; Reese, Aldarondo, Anderson, Lee, Miller, & Burton, 2013), counseling competence (Chapman, Baker, Nassar-McMillan, & Gerler,

2011), and conceptualization ability (Butler & Constantine, 2006; Yeh et al., 2008).
Supervisors help trainees develop their sense of connectedness or rapport with peers
and other professionals through class meetings, group supervision or other work
environments (Bernard & Goodyear, 2009). It is important for supervisees to practice
the skill of developing rapport for their own professional and personal development.
Supervisee self-efficacy and self-confidence represents other areas of focus for
supervisors as they help supervisees enhance their belief that they are capable and
skilled clinicians. Lastly, conceptualization represents a cornerstone skill and focus of
supervision according to Stoltenberg, McNeill, and Delworth (1998). Thus, exploration
of these factors in relation to supervision online is necessary in working toward
establishing DDCS efficacy.

Similar studies exploring online group supervision were conducted by three
groups of researchers several years later; Butler and Constantine (2006) explored
collective self-esteem and written case conceptualization ability, while Yeh et al.
(2008) examined computer and technology use and trainee assessment of comfort,
confidence, and openness to online peer support groups. Reese et al. (2013) more
recently examined counselor self-efficacy, and several other variables mentioned in
subsequent sections of this review, in psychology interns participating in face-to-face
and videoconference online supervision. Results supported the findings of the two
earlier studies done by Butlter and Constantine (2006) and Yeh et al. (2008) using
discussion threads, electronic mail and text-chat (Butler and Constantine, 2006; Reese
et al., 2013; Yeh, et al., 2008).

Butler, Kent, and Madonna (2006) facilitated web-based group supervision utilizing an online group chat software, conducted one hour per week over a 12-week period with school counseling interns. These sessions were conducted in addition to weekly one-hour face-to-face individual supervision sessions. The researchers compared trainee ratings of collective self-esteem as rated by the Collective Self-Esteem Scale (CES) (Luhtanen & Crocker, 1992) and case conceptualization ability as measured by a qualitative assessment of a vignette coded for the extent to which participants integrated issues deemed salient to the conceptualization. Butler and Constantine (2006) compared students who participated in the group chat and face-to-face individual supervision with students who participated is face-to-face individual supervision only. After finding no pre-existing differences between groups on CES scores and case conceptualization etiology, results revealed significantly higher collective self-esteem and conceptualization etiology scores in trainees who participated in the online peer supervision group. While it is unclear if supervisees who participated in the online supervision group benefited from additional supervision, the results of this examination may point to potential benefits of participating in online supervision, thus further exploration of the participation in online and face-to-face supervision is needed.

Supervisee rating of counseling confidence and competence was explored by Chapman, Baker, Nassar-McMillan, and Gerler (2011). They met with a small group of practicum-level counselor trainees via WebCT™ online course software for individual and group supervision using discussion threads, electronic mail, VHS video, and text-chat. Discussion threads were used by the supervisor to facilitate group supervision and

text-chat was used to facilitate individual supervision between supervisor and supervisee. VHS video and e-mail was used to demonstrate supervisee counselor skills and communicate between sessions respectively. Results of this study indicate that ratings of supervisee counseling confidence, as assessed by the Counselor Self-Efficacy Scale increased over the 14-week online intervention. Results also indicated that ratings of supervisee counseling competence, as assessed by the Interview Ratings Scale increased over the course of the semester. Study findings are similar to those of Butler and Constantine (2006) indicating that various methods of DDCS, online forums, e-mail, and text-chat may be effective in facilitating supervisee development. This outcome is also important because it contradicts the findings of Stebnicki and Glover (2001) who reported concern about practical application of text-based modalities such as chat when compared to face-to-face supervision.

Similarly, Yeh et al. (2008) used an online bulletin board or forum to facilitate group peer supervision in which internship-level counseling trainees posted and replied to message threads about professional identity, specific clients, case conceptualization, supervision, interpersonal issues, ethics, and counseling techniques. A noteworthy methodological choice of the authors was to require the trainees to participate anonymously, using aliases online. Qualitative analysis, using a modified version of the taxonomy of verbal response modes (Chang, Yeh, & Krumboltz, 2001) revealed that trainees readily accessed the bulletin board, with over 875 messages over the eight-month data collection period. Participants posted an average of 7.81 messages per month about, professional development (40.10%), therapeutic technique (22.27%), case conceptualization (18.51%), ethical issues (5.30%), with miscellaneous topics

making up the remainder. Participants also reported feeling comfortable with the format of the online peer support group, stating that they felt as though they could share more sensitive issues, that continuous feedback from peers was useful, and that the web-base format was helpful to their learning.

The studies mentioned in this section explored online group supervision utilizing videoconference, group chat, and online bulletin boards, and forums. It is clear that group supervision online, whether with a supervisor or functioning more as a peer support group, can be helpful in increasing counselor trainees' sense of support from other practitioners and connectivity (Butler and Constantine, 2006; Marrow et al., 2002; Yeh et al., 2008), reflectiveness (Marrow et al., 2002), collective self-esteem (Butler and Constantine, 2006; Reese et al., 2013) conceptualization ability (Butler & Constantine, 2006), and confidence that they can function appropriately as practitioners (Chapman et al., 2011). Yet, each examination is not without limitations and considerations of generalizability. For example, the utilization of comparison groups varied across examinations. Comparison groups allow researchers to appropriately attribute study findings to the intervention provided (Glesne, 2010). Marrow et al. (2002) and Yeh et al. (2008) did not make use of comparison groups in their studies, thus limiting the application of their findings. While Butler and Constantine (2006) compared their online intervention to a group that received no intervention at all, this is often difficult to do with counselor trainees as participants because practicum and internship-level supervisees require supervision to complete their course expectations. It seems more likely that researchers would compare an online intervention in addition to face-to-face group to a face-to-face only group in order to comply with ethical

standards of supervision and course requirements. Thus, it may be difficult to interpret study findings in the area of DDCS because findings reported are likely to be yielded from studies that conduct online supervision in addition to face-to-face supervision, potentially confounding the results unless preexisting differences between groups are ruled out. It is noted that the use of pre-tests and the concept of generalizability may not be the focus of exploratory or qualitative examinations; however, the inclusion of this type of methodology may help to further legitimize the use of DDCS as an adjunct to or in place of face-to-face supervision.

Reflecting specifically on study results, participating in online group supervision helped to increase sense of connectedness and support between peers (Butler & Constantine, 2006; Marrow et al., 2002; Yeh et al., 2008). The online intervention, especially peer group supervision in the absence of a supervisor, gave participants a place to share openly and receive feedback in a way they might not have in class about a range of issues. Receiving continuous feedback from a range of sources in written format also allows participants to carefully consider responses or suggestions which may help to expand the trainees ability to offer more complex interpretations or conceptualizations of issues (Butler & Constantine, 2006).

These results may lend further evidence to the disinhibition effect, referring to the phenomenon of increasing sense of comfort and lowered inhibitions when communicating online (Suler, 2004). Suler (2004) referenced six interacting factors that create the disinhibition effect including dissociative anonymity, invisibility, asynchronicity, solipsistic introjection, dissociative imagination, and minimization of authority. Dissociative anonymity refers to the ability to separate ones face-to-face

identity from online identity. Invisibility describes the ability to observe online environments, particularly text-based environments such as e-mail, chat, bulletin boards, and blogs. The potential for delayed response in communication describes asynchronicty while solipsistic introjection refers to the alteration of self boundaries in the absence of face-to-face cues. Suler (2004) describes the conscious or unconscious dissociation of one's actual persona from one's online persona as dissociative imagination. Lastly, the author describes minimization of status and authority as the reduction of the impact of authority due to the absence of environmental or other cues that convey power. Based on the interaction of these six factors, it is clear that interacting in an online environment, particularly in the case of DDCS, there is potential for supervisees to have negative online experiences in which they overly share personal information, or lurk on forums and chat sessions without engaged participation; however, there may be great potential for utilizing this phenomena in achieving increased working alliance, joining with peers, or increased awareness through more genuine disclosures by the supervisee.

Satisfaction with Supervision and Supervisory Working Alliance

Exploration of the viability and efficacy of the use of DDCS with supervisees has been measured using indicators of relationship such as rating of sense of connectedness between peers (Marrow et al., 2002), rating of satisfaction with supervision (Coker et al., 2002; Conn, Roberts, & Powell, 2009; Cummings, 2002; Reese et al., 2009), and supervisory working alliance (Coker et al., 2002; Conn et al., 2009; Reese et al., 2009; Sorlie et al., 1999). Relationship represents a necessary component of the supervision intervention. It is well established that working alliance

can contribute to the success of the intervention and buffer supervisee negative experiences (Bordin, 1983), thus it is important to establish the potential for supervisees to develop working relationships online similar to those in face-to-face supervision.

Sense of connectedness between peers. Marrow et al. (2002) noted that some practitioners feel isolated in the field. In response, these researchers explored the use of DDCS emphasizing the development of reflective practitioners and professional relationships. The case study examined three nurses' experiences of different formats of clinical supervision. Two of the nurses participated in online group supervision while one received individual online supervision. Overall, the nurses indicated that when the initial structure was outlined, it was helpful in clarifying expectations of the process. Ground rules and confidentiality were discussed during the initial session and included such elements as "all matters must be professionally related, content of the discussions to remain in group, and the session to last for 1 hour" (Marrow et al., 2002 p. 277). Referring specifically to the sense of connection between practitioners, Nurse 1 stated:

> I've found it really supportive because I have been so isolated and I'm sure...feels the same way because we are the only two at this end...it is very rare to get together. Therefore, to link with another two people doing the same job, it is really supportive. It's been good (Marrow et al., 2002, pp. 277).

All participants mentioned the use of reflective journals helped them clarify their own thoughts and processes in order to improve clinical care. It should also be noted that Participants 2 and 3 indicated that in order to feel comfortable disclosing information

to their supervisor they arranged to meet face-to-face initially and this helped to establish a good working relationship.

Results of the study indicated that the participants described benefits of receiving DDCS as a decrease in feelings of isolation from other practitioners, greater support, connectivity, and increased reflectiveness. However, the qualitative nature of this study limits the generalizability of its findings. More representative studies using larger sample sizes as well as supervisees in other fields of study should be conducted to verify the findings of this study.

Quality of supervision and supervisory working alliance. The quality of supervision represents a theme of the literature around distance-delivered supervision (Coker et al., 2002; Conn et al., 2009; Cummings, 2002; Reese et al., 2009). No significant difference was found between quality of text-chat supervision and quality of supervision delivered via text-chat with video, where quality of supervision was assessed using the supervision working alliance inventory (Coker et al., 2002). Similarly, no significant difference was found between quality of online supervision and quality of face-to-face supervision (Coker et al., 2002). These findings may imply that the absence of visual cues in text-based online supervision may not represent a significant factor contributing to working alliance or quality of supervision overall. Study findings contradict themes reported by Cummings (2002) including qualitative statements of participants of their own investigation (Coker et al., 2002).

Of note, Coker et al. (2002) also reported that supervisees' rating of overall supervision technique was much lower for online supervision sessions. Overall ratings for this question may have been influenced by a single outlier response reported by

authors; however, one must consider if there were differences in the way the supervision intervention was facilitated across modalities. Thus, further examination of online supervision and specific approaches and techniques may be important.

Reese et al. (2009) explored supervisee perceptions of supervision, satisfaction with supervision, and the supervisory relationship with practicum level psychology students whom participated in a face-to-face and distance group supervision using videoconferencing technology. Participants completed the Supervisory Satisfaction Questionnaire, Supervisory Working Alliance Inventory-Trainee Version, and Counseling Self-Estimate Inventory and reported no statistical difference between videoconferencing and face-to-face sessions in satisfaction with supervision, supervisory relationship, and perceptions of supervision. These results represent further evidence that distance supervision, particularly videoconferencing may facilitate supervisee development. Qualitative reports from this study highlighted themes of recommendations for use, differences between face-to-face and videoconferencing supervision, supervisory relationship, and videoconferencing concerns and recommendations. Participants noted their comfort with videoconference technology, stating that they believed this supervision format was a viable option for participating in clinical supervision as long as the technology was functioning and they received the same amount of support and feedback as they would face-to-face. Trainees believed there were palpable differences between supervision online rather than face-to-face. For example, participants reported that videoconferencing was more structured and rigid than in face-to-face sessions. Supervisees reported that they believed the supervisory relationship developed online was comparable to that in face-to-face

sessions; however, they would feel more comfortable establishing a working relationship in person prior to beginning online sessions. Similarly, trainees reported that they would prefer to meet with a supervisor online, concurrently with face-to-face sessions instead of videoconferencing sessions only. Lastly, participants commented on their recommendations for use, noting their concerns about the quality of video, technology malfunctions, loss of subtle non-verbal cues, and other structural and facilitative elements. Structurally, participants reported that they would prefer to use videoconference supervision with more advanced supervisees, in small groups, and with well established rules organizing the session ensuring that all participants spoke in turn without speaking over one another.

Overall, supervisees report that they feel comfortable with the videoconferencing format and do not believe it interferes with their learning; however, this format dictates a different way of communicating. Although, while some participants reported that because of the format they were able to focus more and decrease unnecessary conversation, other supervisees also felt that some of the emotional elements of supervision were lost in this format. Implications of these results may help to further structure recommendations for the use of DDCS, perhaps suggesting that videoconferencing should be used to communicate conceptualization, professional development, or other less emotion laden topics. Study results, particularly participants' suggestion of reserving videoconference supervision for more advanced supervisees should be further explored.

Cummings (2002) qualitatively assessed quality of supervision by examining synchronous group online chat supervision sessions. The researcher analyzed

transcripts of sessions as well as supervisee post-session journals. Participants described their experiences of online supervision as enjoyable, at times frustrating, confusing, particularly noting a sense of personal exposure and decreased sense of hierarchy between supervisor and supervisee. Participants reported that they enjoyed their online supervision experience, finding it helpful to their learning, and also identified advantages and disadvantages of the text-chat modality. Participants described an advantage of this supervision modality, stating that the urgency of the fast-paced chat-room environment forced them to contribute more genuinely due to less time to contemplate and edit their statements. Other advantages were listed as the need to concentrate more than in other online supervision modalities in order to keep up with the fast pace environment and sense of distraction. Absence of non-verbal cues was reported to be both an advantage and disadvantage of the text-based modality. Participants stated that absence of non-verbal cues helped to lower their inhibitions online; however, it also contributed to the potential to mask emotions or reactions and an uncertainty about how challenges were received by other peers.

While participants qualitatively reported experiencing a sense of satisfaction with the overall quality of their text-based supervision experience, a noteworthy contribution of this study was the advantages and disadvantages of the chat-based modality as perceived by supervisees. Themes of the study findings may later be used for developing implications for facilitation of chat-based supervision and potentially inform future investigations of supervisory working alliance, session factors, and specific approaches and techniques for DDCS.

Conn et al.'s 2009 study offers support for other similar researcher's investigation of satisfaction of online supervision experience (Coker et al., 2002; Conn, et al., 2009; Cummings, 2002; Reese et al., 2009). Conn et al. (2009) examined group supervision of counseling trainees conducted using a hybrid supervision model and face-to-face only. Measuring satisfaction with supervision with the Supervision Questionnaire, no significant difference was found between groups.

It is clear that satisfaction with supervision is not effected by method of delivery (Coker et al., 2002; Conn et al., 2009; Cummings, 2002; Reese et al., 2009). Limitations of using technology in supervision may include, but are not limited to, difficulty maintaining confidentiality, potential for limited rapport in some modalities, and concerns about lack of non-verbal cues (Kanz, 2001; Watson, 2003). Although, there may be drawbacks to each method of delivery, further research should be done that establishes how supervisors continue to effectively address these concerns and structure each method of delivery in order to work toward supervisee development.

Supervisory rapport. Several authors briefly mentioned concern around maintaining the supervisory relationship with the absence of non-verbal cues (Janoff & Schoenholtz-Read, 1999; Kanz, 2001; Stebnicki & Glover, 2001; Vaccaro & Lambie, 2007). Detailed description of this concept has largely been overlooked, however. Hence, research exploring specific visual and auditory cues that may negatively or positively impact the supervisory relationship and how these challenges may be overcome is needed. Additionally, it is recommended that a systematic method of training supervisees and supervisors to effectively communicate via distance-delivery

for DDCS be developed. It is hoped that such training may be developed based on best practices and empirical evidence.

While there is limited literature describing the absence of non-verbal cues in relation to supervisory working alliance in DDCS, more in-depth and empirical explorations of supervisory working alliance and DDCS can readily be found. For example, no significant difference was found between supervisee perceptions of supervisory rapport in hybrid or online supervision and face-to-face models of supervision (Coker et al., 2002; Conn et al., 2009; Reese et al., 2009; Sorlie et al., 1999). Without comparing methods of distance delivery to face-to-face supervision, there has also been significant reference to supervisees' ratings of relationship in DDCS in the literature (Chapman, et al., 2011; Coker et al., 2002; Cummings, 2002; Gammon, Sorlie et al., 1998; Stebnicki & Glover, 2001). Overall, results indicated that supervisees experienced a sense of rapport with supervisors and did not believe that being supervised online significantly hindered the supervisory relationship.

In order to fully understand the positive reports of the relationship between supervisory working alliance and DDCS, and participants' positive descriptions of supervisory working alliance across various methods of DDCS, it is necessary to also explore participant critiques of their experiences. For example, while the majority of participants indicated they were comfortable with the technology used to facilitate DDCS, it was reported that discomfort with technology impacted their rating of the use of technology in supervision, which could impact supervisory working alliance (Coker et al., 2002). There were also some conflicting statements about the viability of the chat format in reference to how participants believed the format affected their ratings of

relationship. Coker et al. (2002) reported that participants noted some concern about the lag time between messages, where as Cummings (2002) reported participants found the fast-paced environment of text-chat in their online supervision group challenging yet helpful in keeping them engaged. Special attention should be paid to the software used to facilitate DDCS; it should be noted that researchers reported utilizing online course software such as WebCT™. Appropriate software choice may be important for effective facilitation of DDCS. Coker et al. (2002) did not report data that relates the specific participant's satisfaction with text-chat supervision and the participant's level of comfort with technology; but, results seem to imply that supervisees should be aware of their comfort level with technology prior to engaging in DDCS.

Conceptual Contributions and Implementation Suggestions

Central to the role of a supervisor is to facilitate supervisee development and ensure client welfare (Bernard & Goodyear, 2009). The supervisor works to ensure that the client is not subjected to undue harm and is treated fairly; therefore, they must be mindful of potential breaches in confidentiality, vague informed consent, and the manner in which DDCS is facilitated. Examination of these concepts in DDCS represents developing themes in the counseling literature. The following section reviews the conceptual contributions to the literature around maintaining ethical standards and the facilitation of DDCS.

Ethical Standards

When conducting DDCS, confidentiality was of concern for supervisors (Abbass, et al., 2011; Barnette, 2011; Byrne & Hartley, 2010; Kanz, 2001; Orr, 2010; Schultz & Finger, 2003; Stretch, Nagel, & Anthony, 2012; Trepal, Haberstroh, Duffey,

& Evans, 2007; Vaccaro & Lambie, 2007; Wolf, 2011). As such, researchers have offered recommendations for addressing confidentiality including implementing procedures that prevent disclosure of protected information such as use of codes (Stretch et al., 2012), password protecting computer files (Stretch et al., 2012), policies about file storage and deletion (Byrne & Hartley, 2010; Stretch et al., 2012), file encryption (Abbass et al., 2011; Orr, 2010; Vaccaro & Lambie, 2007, Wilczenski, 2006), use of a HIPPA compliant framework (Wolf, 2011), and a clear policy about saving transcripts or tapes of sessions (Orr, 2010). For example, encryption was the most discussed recommendation and Schultz and Finger's (2003) exploration of this concept will be discussed below.

Schultz and Finger (2003) explored the viability of conducting clinical supervision from a distance and created a clinical supervision unit that allows for real time face-to-face video review. These authors discussed considerations for clinical supervision unity utilization including cost, estimated at $3,000, as well as required technology for students. They suggested that educators establish a Virtual Private Network (VPN) with university computer services that allows students to establish a dedicated and encrypted connection with their supervisors via a DSL or cable internet connection. With the use of a VPN, the probability of a third party interrupting the conference is very low.

However, establishing a VPN may be complicated and Kanz (2001) compared the use of VPN with running encryption software. VPNs may be more accessible for large community agencies, government agencies, or universities. Therefore, students would not have easy access to this software. Encryption software may be the most cost

effective and may need to be used by both parties in the session in order to ensure that the data being sent and received are being adequately encrypted.

With the use of both of these technologies, the responsibility is placed on the agency or university associated with the supervisor; therefore, supervisors must consider the potential risks of DDCS and weigh the potential benefits. In short, will DDCS improve client care? Perhaps the most important component necessary in ensuring client welfare is maintaining confidentiality. Supervisors must consider the most appropriate method of DDCS for their purposes and ensure that necessary precautions have been taken to protect the client. Supervisors may not be knowledgeable or comfortable with the necessary software technologies needed to facilitate DDCS and may require the help of a networking administrator. It should be noted that the determination to use VPN or encryption software may be optional. Those who implemented DDCS in educational settings with the use of web-based forums enacted a strict code of communication that dictated communication between students and supervisors (Kanz, 2001). Without the mention of client names or identifying information it may not be necessary to use VPN or encryption. Although it may be feasible to facilitate text-based group supervision via web-based forums, this method may have limited applications and some situations may require other forms of supervision.

Researchers also discussed the need for an augmented informed consent document for supervisees to review with their clients (Abbass et al., 2011; Barnett, 2010; Kanz, 2001; Oravec, 2009; Stretch et al., 2012). In the case of using web-based technologies to conduct supervision, creating a clear and organized informed consent

document may add an extra level of protection for the client and work toward

enhancing client welfare (Kanz, 2001). The informed consent document may be used to

communicate details of the supervisory relationship, including the fact that supervision

may occur online and relevant risk for the client associated with this intervention

(Abbass et al., 2011; Barnett, 2010; Kanz, 2001; Oravec, 2009; Stretch et al., 2012).

Summary

Benefits and limits of DDCS have been identified over the past decade.

Benefits identified include increased access to supervisors, decreased travel, cost

effectiveness, increased sense of peer support, more productive supervision sessions,

and more effective use of time were among the identified benefits. Additional themes

illuminated were satisfaction with supervision and working alliance were themes of

literature reviewed (Janoff & Schoenholtz- Read, 1999; Kanz, 2001; Marrow et al.,

2002; Schultz & Finger, 2003; Watson, 2003; Wood et al., 2005). Disadvantages of

online supervision include absence of non-verbal cues, decreased comfort revealing

emotionally sensitive information, expense of technology, and the potential for

technology malfunctions (Kanz, 2001; Watson, 2003; Wood et al., 2005).

This review highlighted themes within the literature around the area of DDCS

including supervisee development and supervisee rating of working alliance and

satisfaction with supervision. Overall, supervisees demonstrated the ability to make

gains in self-esteem (Butler & Constantine, 2001), self-confidence (Chapman et al.,

2011; Reese et al., 2013), and conceptualization ability (Yeh et al., 2008). Supervisees

also reported no significant difference between their experiences of supervisory

working alliance and satisfaction with supervision across distance and face-to-face

modalities (Coker et al., 2002; Conn et al., 2009; Cummings, 2008; Reese et al., 2009).

Of note, a review of these studies also yielded themes relevant to session factors and

facilitation of DDCS, such as conceptual exploration, group preference, preponderance

of text-based supervision, and complimentary approach.

Supervisory Working Alliance

Introduction

Supervisory working alliance (SWA) is described as a "collaboration for change"

(Bordin, 1983, p. 73) in which supervisor and supervisee work toward developing

supervisee skills and ensuring client welfare (Bernard & Goodyear, 2009). This

relationship has been identified as "potentially one of the most important common

factors in the change process of supervision" (Ladanany, Ellis, & Friedlander, 1999, p.

447). As such, SWA was found to be associated with complementarity (Chen &

Bernstein, 2000), racial identity (Bhat & Davis, 2007), real relationship variables

(Watkins, 2011), supervisee assessment of supervisor adherence to ethical guidelines

(Ladany, Ellis, & Friedlander, 1999), role conflict and role ambiguity (Ladany &

Friedlander, 1995), ratings of supervisors including commitment to supervisory

alliance (Bucky, Marques, Daly, Alley, & Karp, 2010), and supervisee development

level (Ramos-Sanchez et al., 2002). This review, divided in sections highlighting dyad

variables and supervisee variables, will focus on empirical literature published between

2000 and 2013 with the inclusion of a few studies conducted earlier because of their

unique contribution to the SWA literature. The purpose of this review is to explore the

relationship between SWA and supervisee outcomes in order to expand our

understanding of the SWA in DDCS.

Dyad Variables

Each participant in the supervision interaction brings unique characteristics that interact with the unique characteristics of the other. Thus, dyad pairing, specifically complementarity (Chen & Bernstein, 2000), perception of SWA (White & Queener, 2003), racial identity (Bhat & Davis, 2007), and real relationship variables (Watkins, 2011) have been associated with supervisory styles and working alliance. Complementarity was described by Chen and Berstein (2000) as a relationship in which two individuals of unequal status work together in an interpersonal interaction. Researchers examined the relationship between complementarity within the supervision relationship and SWA, measured by The Supervisory Working Alliance Inventory (Baker, 1990), Supervisory Styles Inventory (Friedlander & Ward, 1984), and The Critical Incidents Questionnaire (Heppner & Roehlke, 1984). Complementarity was measured by two indices, The Topic Determination Initiation Coding System and Relational Communication Coding System (Tracey, 1991) that give ratios that describe how supervisee and supervisor communicate back and forth by coding speaker turns. Utilizing a research informed case study, researchers found that dyads with high working alliance endorsed specific supervisory issues such as issues of purpose and direction, emotional awareness, supervisory relationship, and personal issues. They also found that dyads with low working alliance tended to endorse issues of competence, supervisory relationship, purpose and direction, and professional ethics. In other words, the strength of the supervisory alliance is associated with what supervisor and supervisee discuss in session. It is unclear if the association between alliance and topic determination will be replicated in DDCS.

Results seem to indicate that what dyads focus on varies depending on ratings of relationship. In face-to-face supervision, as well as DDCS, it will be important for supervisees to focus on a full range of supervisory issues. Of note, high working alliance dyads seemed to focus more on relational issues, which are an important part of developing a strong working alliance and supervisee progress toward change. It will be important to further explore how to maintain SWA, in which supervisees can explore a full range of supervisory issues in DDCS.

Focusing on complementarity, researchers found complementarity to be associated with ratings of working alliance. Higher alliance dyads demonstrated a higher degree of complementarity in their speaking patterns than did low alliance dyads. As such, the conversational patterns of low working alliance dyads seemed to reveal a troublesome pattern of building tension across sessions. Researchers implied that supervisors should be skilled at introducing supervisory issues into the conversation with supervisees, particularly attending to the order in which issues. For example, if personal issues and issues of emotional awareness are introduced too soon, supervisees may respond in a non-following manner that is not complementary to the statement of the supervisor, which may then negatively impact ratings of working alliance.

Other interactional variables, such as racial identity, have been associated with increased SWA. Bhat and Davis (2007) investigated racial matching, racial identity, and SWA. While no association was found between racial matching and SWA, a positive relationship was found between supervisory dyads with parallel high racial

identity. Additionally, authors noted that dyads in which both individuals had low racial identity had the weakest ratings of working alliance.

Study results could point to the importance of the intentional matching of supervisor and supervisee. Of note, researchers did not study non-parallel dyads with the supervisor and supervisee being at opposite racial identity development phases. Because the researchers did not report if supervisors openly discussed cultural issues with supervisees, it is assumed that racial identity development is related to how supervisees and supervisors contribute to the SWA. Individuals with high racial identity development may feel comfortable addressing not only issues of culture in session, but they may have a more developed sense of self-awareness and other relational skills. This skill set may be necessary to developing a strong working alliance, both face-to-face and online.

The relationship between supervisor and supervisee characteristics of social provisions, adult attachment, and SWA was the focus of White and Queener's (2003) investigation of interactional factors impacting SWA. The authors explored social provisions, conceptualized as level of social support, and adult attachment, defined by Bowlby (1969) as the ability to make attachments and the interaction between attachment security and insecurity. The researchers found that supervisors and supervisees rated SWA higher when working with individuals who report characteristics of social provision, such as being comfortable with closeness in relationships.

Further, White and Queener (2003) found that neither social provisions nor adult attachment were significant to ratings of SWA. It should be noted that this finding

contradicts previous research (Dunkle & Friedlander, 1996). White and Queener (2003) attempted to explain this contradiction by suggesting that social relationships differ from the supervisory relationship in that the supervisory relationship is more structured and less social, requiring less emotional disclosure. Thus, the ability to connect to others is less important in a professional relationship such as clinical supervision. This finding suggests that it may not be necessary to consider individual characteristics such as social support and patterned way of relating or attachment in understanding the dynamics of the SWA. While there may be some discrepancies between the current findings and prior research, this study still holds significance due to researchers finding that there was a significant relationship between supervisor's and supervisee's perceptions of working alliance. In essence, each participant had a universal understanding of feelings of agreement on goals, tasks, and bonds within the supervisory relationship. This finding may have practical significance for the interaction, especially in light of a subsequent publication by Watkins in 2011.

While White and Queener (2003) suggested that social relationship factors are less relevant in the supervisory relation, Watkins (2011) conceptually explored the potential significance of the real relationship in psychotherapy supervision. The author emphasizes the importance of developing a personal relationship within the supervisory dyad and argues that there has been no mention of the real relationship in the supervision literature. Watkins (2011) suggests that the supervisory relationship consists of a complex interaction of SWA, transference-countertransference interactions, and real relationship. The author grounds the concept of real relationship in psychoanalysis, stating that the real relationship is difficult to capture, yet, he

implied the real relationship refers to "person to person, therapist-patient interactions or experiences and their impact on the treatment relationship" (Watkins, 2011 p. 101). Watkins describe examples of real relationship behaviors as:

> Greetings and salutations, parting comments, shaking hands, tact, courtesy, friendly interest, self-expression, warmth, liking, "clicking," trust, expressing feelings about events that impact the supervisee's life (e.g., birth of a child, death of a parent), and the genuine and appropriate feelings the supervisor and supervisee experiences toward one another as a part of the supervisory process (e.g., sadness over supervision's termination, happiness over supervisee success) (Watkins, 2011, p. 108).

It is believed that these behaviors may contribute to the development and maintenance of the real relationship, thus it may be important to explore the relationship between this concept and SWA in DDCS.

The literature describing dyad pairing indicates that SWA is related to the mutual endorsement of supervisory and personal issues in supervision, similar racial identity statuses of supervisee and supervisor, and agreement on goals, tasks, and bonds within the supervision relationship. In addition, it is argued that specific relationally bound behaviors may be related to SWA and rating of the supervision experience. It should be noted that these findings were generated based on the examination of traditionally delivered supervision; however, no such information could be found describing the importance of these factors in distance-delivered clinical supervision. It is speculated that the interaction between supervisee and supervisor characteristics will be related to supervisory working alliance in distance supervision as

well. It is assumed that greater importance will be placed on the dyad matching, intentionally selecting partners that mirror characteristics highlighted in the literature such as racial identity development or attachment. Similarly, differing professional issues endorsed in supervision may also represent a factor relevant to SWA in distance supervision relationships, suggesting that supervisors may want to be intentional about attending to issues of purpose and direction, emotional awareness, the supervisory relationship, and personal issues.

Supervisee Variables

Dyad variables represent factors that each member of the supervisory relationship brings to the interaction that impact supervisory working alliance; thus, it stands to reason that the supervisor and supervisee individually have the potential to impact working alliance. A review of literature found that supervisee variables such as supervisee assessment of supervisor adherence to ethical guidelines (Ladany, Ellis, & Friedlander, 1999), role conflict and role ambiguity (Ladany & Friedlander, 1995), ratings of supervisors including commitment to supervisory alliance (Bucky et al., 2010) and supervisee development level (Ramos- Sanchez et al., 2002), were associated with supervisory working alliance. The following section will focus on the relationship between SWA and supervisee variables.

The relationship between SWA, supervisee perception of satisfaction with supervision, and self-efficacy expectation was explored by Ladany, Ellis, and Friedlander (1999). In this examination the authors hypothesized that increased SWA would be related to increased perception of emotional bonding, self-efficacy, and satisfaction with supervision. Researchers found that the supervisees' rating of SWA

did not predict trainee self-efficacy and they also found no evidence for the inclusion of trainee experience level. These findings directly contradict the results of Efstation's 1990 study on self-efficacy and contribute to the inconsistent findings around the concept of supervisee level of development in the literature (Efstation, 1990). While the investigations being compared were published in 1990 and 1999, no subsequent studies could be found that empirically explored the relationship between supervisee level of development and SWA. In the absence of empirically validated data, participants of qualitative explorations have suggested that participation in DDCS should be restricted to more advanced supervisees, potentially having implications for SWA and other supervision outcome variables.

While no relationship was found between supervisory working alliance, self-efficacy, and supervisee level of development, the authors make a unique contribution to the literature finding that supervisees who perceive that their supervisors adhere to ethical guidelines rate their working relationship more favorably, indicating stronger working alliance in terms of greater agreement on goals, task, and stronger emotional bonds. Supervisees who believe that supervisors practice ethically may more readily trust in their supervisors' abilities, and therefore may be more agreeable when negotiating the goals and tasks of the supervision intervention. Results of this study highlight the need for further exploration of the role of supervisee level of development, perception of ethical practice, and working alliance in DDCS.

Ladany and Friedlander (1995) examined the relationship between supervisee rating of SWA and role conflict and role ambiguity. As suggested by the authors, role conflict can result when supervisees are required to engage in behaviors that conflict

with their personal beliefs or to engage in roles that require conflicting behaviors

(Ladany & Friedlander, 1995). Similarly, role ambiguity results when supervisees lack

clarity in what is expected of them in supervision. The authors found that supervisees'

perceptions of working alliance were significantly related to perceptions of role

conflict and role ambiguity. More specifically, when trainees perceived a stronger

working alliance they experienced less role conflict and role ambiguity. It is noted that

regardless of the supervisor and supervisee agreement of goals and tasks of

supervision, less role conflict was experienced by the trainee. The findings of this

research further support the dyad explicitly attending to each component of SWA. Not

doing so could negatively impact the trainee's understanding of how to conduct him or

herself in supervision. This relationship is important in supervision conducted face-to-

face and may be significantly important when conducting supervision across distances.

Receiving DDCS may require a unique set of expectations in addition to that of

traditionally delivered supervision. The supervisor and supervisee must attend to

establishing common goals and tasks for the interaction. In addition, as the authors

suggest, a strong working alliance may help the dyad work through any disagreements.

Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999) explored trainee's

perceptions of supervisors' adherence to ethical practices in supervision. Results

indicated that 51% of supervisees reported at least one ethical violation, with the most

violated guidelines being: performance evaluation and monitoring, confidentiality in

supervision, and ability to work with alternative theoretical orientation. Researchers

found that the most adhered to guidelines were sexual issues, differentiation of

supervision from psychotherapy, and termination and follow-up issues. Notably,

supervisees who believe their supervisors display greater adherence to ethical guidelines also rate their working alliance as high. The authors also assert that greater than "47% of the variance in the perceived supervisory working alliance can be accounted for by supervisors' adherence to ethical guideless" (Ladany et al., 1999, p. 466). Supervisor's ability to uphold ethical standards may have a significant effect on supervisory relationship. While this study examined the relationship between ethical guidelines and SWA in traditionally facilitated supervision, it may be important to explore the potential relationship between supervisor adherence to ethical guidelines and working alliance in distance supervision relationships.

Bucky et al. (2010) explored variables that may contribute to supervisees' positive or negative evaluation of supervisors, including commitment to supervisory alliance. They found no significant relationship between supervisee development level and ratings of supervisors. Results also indicated that the majority of participants rated their supervisors positively, including having a positive attitude toward themselves, ethical integrity, and strong listening skills. Most notably, supervisees indicated that supervisors should improve awareness of countertransference in supervision, ability to stay focused, ability to meet time constraints, and commitment to SWA (Bucky et al., 2010) These results may imply that it is important for supervisors to make commitments to the structure of supervision, which may contribute to the development and maintenance of SWA. These results also support the results of Efstation (1990) and Ladany, Ellis, and Friedlander (1999) in that supervisee level of development was not related to ratings of supervisors and SWA.

Rarick and Ladany (2007) examined supervisee gender attitudes and ratings of working alliance. Researchers matched supervisory dyads based on gender attitudes and found no significant relationship between gender attitudes on sexual relationship, stereotypes, and the dyads' rating of SWA or supervisory style. This finding suggests that gender attitudes do not impact satisfaction with supervision and they should not be considered when creating dyad pairs. Of note, authors also presented an additional finding, reporting that supervisors who utilized a cognitive behavioral supervision approach were rated higher on bond than supervisors who used a developmental approach. Given this finding, it is assumed that supervision theory may impact ratings of alliance and satisfaction with the intervention. While this study compared supervisees' rating of supervision conducted face-to-face, further exploration of the efficacy of specific supervision approaches utilized within distance-delivered supervision may be necessary. The use of specific approaches and techniques within supervision conducted across distances will be addressed later in this review.

Mena and Bailey (2007) and Sterner (2009) examined the relationship between work related variables and SWA. As anticipated, these studies yielded similar results. Increased supervisory relationship was associated with higher job satisfaction (Mena & Bailey, 2007; Sterner, 2009) and lower ratings of work related stress (Sterner, 2009). These results seem to indicate that the relationship between supervisor and supervisee extends beyond supervision and into the working relationship between trainee and client.

It should also be noted that the two studies differ in that Mena and Bailey (2007) restricted their examination of SWA to worksite supervision, whereas Sterner

(2009) did not. While both studies discuss the importance of SWA, examining this relationship within the context of worksite supervision may also speak to issues of organizational culture in addition to level of burnout and satisfaction with supervision. Researchers did not tease apart these potentially confounding variables, leaving a question about the strength of the relationship between SWA and job satisfaction. It is wondered what impact would including supervisors not affiliated with the worksite have had on study results; yet, it is believed that the decision to examine a supervisory relationship in a non-academic setting represents a unique contribution to the literature. Distance-delivered clinical supervision for trainees not enrolled in traditional degree programs, such as post-degree counselors or counselors receiving supervision from professionals with special skill sets outside of their agency, hospital, or school, will likely be conducted by supervisors outside of the worksite. Thus, it will be important to further explore the relationship between work related variables and the relationship between supervisees and supervisors not affiliated with the trainees' school or worksite.

Ramos-Sanchez et al. (2002) attempted to assess the relationship between supervisee development level, working alliance, attachment and negative experiences, defined as interpersonal relationship and style, supervision tasks and responsibilities, conceptualization and theoretical orientation, and ethical, legal, and multicultural issues, in supervision. Researchers found a significant positive relationship between supervisee level of development, indicated by level of development and measures of alliance. Authors noted that supervisees with higher levels of development were more likely to report a better working alliance. These results could suggest that more

advanced supervisees may engage in less didactic and more relational interactions with supervisors. This finding seems to support Watkins' (2011) conceptualization of the importance of relational factors in supervision. While Ramos-Sanchez et al. (2002) found a relationship between SWA and supervisee level of development, study results contradict those of Bucky et al. (2010), Efstation (1990), and Ladany, Ellis, and Friedlander (1999). Authors also found that participants who reported negative experiences in supervision also scored lower on supervisory alliance and satisfaction with supervision than those who did not. Results further suggest that supervisors should invest in relationship building, particularly with trainees early in their development, to buffer against the damaging effects of negative events in supervision.

Reese et al. (2009) examined supervisee satisfaction with supervision and the supervisory relationship across different supervision modalities. Researchers studied a small group of practicum level counseling students, requiring them to meet with a faculty supervisor rotating between face-to-face and DDCS conducted via video-conferencing software. A portion of the students participated in several computer-based sessions utilizing the audio only capability of Skype software. Authors found no statistical difference in satisfaction with supervision conducted via videoconferencing software or face-to-face, more specifically trainees reported a high level of satisfaction with both formats. A similar pattern was found with SWA.

Researchers also found that advanced trainees reported higher ratings of supervision than did less experienced counselor trainees. This finding may support the notion that more advanced students may feel more comfortable participating in distance-delivered clinical supervision, potentially indicating that considering

supervisee level of developmental could be important when selecting trainees

appropriate for participating in supervision across distances. Qualitative examination of

videoconferencing and audio-only supervision illuminated participants' preferences

regarding the structure and facilitation of distance-delivered clinical supervision.

Participants described videoconference supervision as "more structured and more

rigid" (Reese et al., 2009, p. 359) than face-to-face. Further, participants reported that

they felt that there was more emphasis on staying on task and being clear verbally. This

may be further support for the inclusion of real relationship behaviors as described by

Wakins (2011) in DDCS in order to ensure increased rating of supervisory alliance and

satisfaction with supervision.

Reese et al. (2009) discussed a paradoxical benefit conducting supervision

across distances, noting that some supervisees reported feeling more productive but

less personal than in face-to-face supervision; however, these participants did not

believe that the quality or goals of supervision were compromised. Specifically,

supervisees noted that they felt as though some of the emotional elements were lost in

videoconferencing, leading participants to recommend that a strong relationship be

established prior to engaging in a videoconferencing supervisory relationship. This

study presented a mixed method examination of SWA and other factors across face-to-

face and distance-delivered supervision formats. Highlights of the authors' findings

include similar ratings of satisfaction with supervision regardless of format, and

comments on structure and relationship within distance-delivered formats. This article

further contributes to the literature around supervision across distances and begins to

establish recommendations for the facilitation of videoconferencing and audio-only

formats. Given these results, implications for practice may include restricting participation in videoconference or audio-only supervision to more advanced trainees, keeping supervision groups small utilizing individual distance-delivered supervision if possible, and utilizing distance formats in addition to face-to-face.

Inman (2006) explored the relationship between trainees' perceptions of their supervisor's multicultural competence and SWA. Supervisor multicultural competence, as assessed by the Supervisor Multicultural Competence Inventory (Inman, 2006), was found to be strongly associated with SWA. In addition, supervisory working alliance mediated the relationship between supervisor multicultural competence and satisfaction with supervision as rated by the supervisee. Practical implications of study results imply that it is important for supervisors to develop a culturally responsive supervisory relationship. In doing so, it may also be important to consider the supervisee's readiness for these discussions and it's potential impact on supervisory alliance.

Summary

SWA was found to be associated with complementarity (Chen & Bernstein, 2000), perception of SWA (White & Queener, 2003), racial identity (Bhat & Davis, 2007), real relationship variables (Watkins, 2011), supervisee assessment of supervisor adherence to ethical guidelines (Ladany, Ellis, & Friedlander, 1999), role conflict and role ambiguity (Ladany & Friedlander, 1995), ratings of supervisors including commitment to supervisory alliance (Bucky et al., 2010), and supervisee development level (Ramos- Sanchez et al., 2002.) SWA is a complex concept that impacts supervisee and dyad variables. The interaction between the dyad, particular the way in which they communicate, impacts supervisees ratings of working alliance. When the

supervisee perceives the supervisor to have certain characteristics, including adherence to ethical stands, the supervisee rates the relationship more favorably. In addition to behaviors of supervisor and supervisee, individual characteristics of both supervisor and supervisee, such as racial identity, also impact the relationship.

Exploration of supervisee characteristics was more prevalent in the literature. While the relationship between role conflict and role ambiguity, ratings of supervisors commitment to supervisory alliance, and SWA seem straightforward, the variables of supervisee level of development and supervisee self-efficacy and their relationship to supervisory alliance is unclear. Further exploration of the relationship between these variables and SWA may be necessary in order to understand their impact on distance relationships.

Authors utilized a myriad of indicators of supervisory working alliance, such as The Supervisory Working Alliance Inventory (Baker, 1990), The Working Alliance Inventory- Trainee Version (Bahrick, 1990), and The Working Alliance Inventory- Short Form (Tracey & Kokotovic, 1989). While quantitative measures of working alliance are well established in the literature, it is argued that qualitative explorations of relationship may offer a valuable contribution to the literature around supervisory relationships conducted across distances. A hallmark of qualitative inquiry is its ability to explore nuanced phenomena through the lens of those who have experienced it (Glesne, 2010). Given that DDCS is still a relatively new intervention, and the lack of qualitative exploration of supervisors' beliefs about working alliance, specific approaches and techniques, and session factors that impact the successful intervention of DDCS will offer a unique look into the nuances of the intervention.

Session Factors

In addition to supervisory working alliance, it is believed that session factors are impacted by the facilitation of DDCS. Vaccaro and Lambie (2007) explored application considerations of computer-based clinical supervision, concluding that considerations can be segmented into two main categories, ethics and technological competencies. While this is a good beginning framework, there may be additional factors that impact the facilitation of DDCS. Mode of service delivery, or the technological means used to provide supervision via distance, represents an important additional factor impacting this modality. It is believed that appropriate selection of mode of service delivery may impact supervisee ratings of satisfaction with supervision and general supervisee outcomes. Other session factors that may impact the organization and framework of supervision sessions delivered across distances may include session type and supervisor style. These factors may be increasingly important when organizing supervision sessions across distances because of the differing locations of supervisor and supervisee and unfamiliarity with this developing treatment modality. The following sections will address session modality and supervisor style; however, mode of service delivery will not be discussed here as it was discussed at length in the overall review of distance-delivered clinical supervision.

Style of supervision, described by Bernard and Goodyear (2009) as the "distinctive manner of responding to supervisees" and the "different approaches the supervisors use" (p. 263) has been associated with supervisee satisfaction with supervision and trainee self-report of self-efficacy (Fernando & Hulse-Killacky, 2005). Researchers have also explored various methods of measuring supervisory styles and

supervisees' preferred style of supervision (Fernando & Hulse-Killacky, 2005; Howard, Nance, & Myers 1986, 1987). The Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) uses three subscales that measure supervisors' attractiveness, task-oriented nature, and interpersonally sensitive behavior. Attractiveness and interpersonally sensitive styles were found to influence supervisee ratings of supervision, while task-oriented styles did not affect supervisee satisfaction, instead only affecting supervisees' perceived self-efficacy (Fernando & Hulse-Killacky, 2005).

Hart and Nance (2003) utilized Howard, Nance, and Myers' (1986, 1987) matrix that describes four styles of supervision, styles A through D, in assessing supervisees' preferred supervision style. Style A represents a directive, expert role in which the supervisor provides high direction and low support, and does not focus on supervisee feelings. Style B describes a supportive teacher who provides both high direction and support. This supervisor tends to focus on supervisee feeling as well as more conceptualization focused interventions. Style C represents a supervisor role that is similar to that of a counselor (Bernard, 1997) and provides high support and low direction. Lastly, Style D is similar to the role of consultant (Bernard, 1997) and provides both low support and direction. Supervisees rank ordered their perceptions of their supervisors across different stages of supervision, identifying their preference of styles. Researchers found that supervisors indicated that they preferred styles B and C, supportive teacher and counselor, over directive teacher and consultant. Similarly, supervisees rated the style of supportive teacher highest, followed by directive teacher, counselor, and consultant.

Miller and Ivey (2006) explored the relationship between spirituality, gender, and supervisory style among a sample of masters and doctoral level supervisees. Miller and Ivey (2006) utilizing the Supervisory Styles Inventory which uses a feminist framework to identify three sets of complimentary supervisory styles: Affiliative/ Authoritative, Directive/Non-directive, and Self-disclosing/ Non-self-disclosing (Long, Lawless, & Dotson, 1996. Researchers found that the affiliative style was found to be used more by male supervisors and there was no significant relationship between supervisee gender and preferred supervisor style. The affiliative and authoritative subscale was related to self-disclosure and spirituality in supervisors. For example, supervisors rated as affiliative were more likely to address issues of spirituality in supervision and utilize self-disclosure in session.

It is clear that supervisees prefer a balance of support and direction, favoring styles that provide some direction but also support in which they can focus on conceptualization, counseling techniques, and supervisee emotion (Fernando & Hulse-Killacky, 2005; Hart & Nance, 2003). Researchers indicated that self-disclosure and discussion of potentially overlooked topics such as spirituality also relate to supervisees' positive experience of supervision. It is noted that researchers commented on the potential impact of supervisee level of development, as Hart and Nance (2003) utilized doctoral level trainees whom they indicated may have been Level Two or Level Three trainees. It is believed that the participants' level of development may explain the low ratings of task-oriented and direction-focused supervision styles. This inference is supported by the research of Shechtman and Wirzberger (1999) who insisted that all supervision roles should be incorporated regardless of supervisee

experience level; however, they do suggest a less marked teaching and directive style for more experiences trainees. While researchers found associations between supervisory style and satisfaction with supervision, identified supervisees' preferred style of supervision, and potentially linked supervisee level of development with supervisees' preferred style of supervision, it is not clear which supervisory styles may be more effective in distance-delivered clinical supervision (Fernando & Hulse-Killacky; 2005; Hart & Nance, 2003; Shechtman & Wirzberger; 1999).

Another session factor that may impact supervisee outcomes and satisfaction with supervision is supervision modality, particularly individual versus group supervision. It has been well established in the literature that group supervision tends to be task oriented, focusing on problem solving, rather than on supportive or emotional interventions (Kruger, Cherniss, Maher, & Leichtman, 1988). Supervisees indicated a moderate level of satisfaction with group modalities (Kruger et al., 1988). Results of the literature seem to support the subsequent findings of Fernando and Hulse-Killacky (2005) suggesting that task-oriented interventions may be more appropriate for group supervision, rather than individual.

Subsequent investigation of the effects of supervision modality on working alliance and supervisee outcomes yielded similar results (Livni, Crowe, & Gonsalvez, 2012). The authors compared individual versus group supervision effect for supervisees. They found a relationship between supervisory working alliance and perceived effectiveness in both individual and group supervision. Supervisory working alliance in both modalities was related to higher levels of job satisfaction. Supervisees positively rated both group and individual format; however, higher ratings of

supervisory alliance and satisfaction with supervision were found in individual compared to group supervision interventions. Given that DDCS is disproportionately conducted using group supervision, further exploration of appropriate structure and facilitation of group supervision online is necessary to ensure that supervision meets the learning needs and personal preferences of supervisees.

<div align="center">Specific Approaches and Techniques</div>

Clinical supervision is vital for the professional development of counselor trainees (Watkins, 2012). Psychotherapy supervision models, the theoretical underpinning that guides the supervision intervention, vary widely. Of the many supervision models, psychotherapy-based, integrative, competency-based, or developmental, no evidence has been found that suggests that one model or approach is more effective than another; further, it is unclear if this holds true for DDCS.

Several themes were found by reviewing the literature published between 2000-2013 that focused on psychotherapy supervision models, interventions, and techniques. Themes included discussion of competency-based approaches, integrated approaches, and emotion as a means of development. Thus, this section will briefly explore themes illuminated from the literature and discuss the potential relevance of these issues in DDCS.

Competency-Based Approaches

Competency-based clinical supervision focuses on intentional use of competencies in supervision and training. Rodolfa et al. (2005) defined competence as characteristics of someone who is:

qualified, capable, and able to understand and do certain things in an appropriate

and effective manner…[which] connotes that behaviors are carried out in a

manner consistent with standards and guidelines of peer review, ethical

principles and values of the profession, especially those that protect and

otherwise benefit the public (Rodolfa et al., 2005, p. 348).

While the competencies are continually developing and being refined supervisors can

focus on helping supervisees progress toward demonstrating competence by facilitating

task analysis, frequent feedback, and assessment of the trainees' knowledge skills and

attitudes (Falender & Shafranske, 2012). Falender and Shafranske (2012) and Watkins

(2012) highlighted through conceptual exploration the importance of competency-

based clinical supervision suggesting that it will be the future of psychotherapy

training. Falender and Shafranske (2012) present a rational for the use of competency-

based clinical supervision, noting that the competency based framework articulates

training goals and learning objectives, identifies knowledge, skills, attitudes, and

values that connotes competence, supports trainee learning by identifying areas of

improvement, and encourages lifelong skill development.

　　Similarly, Watkins (2012) reviewed six supervision modalities, including

competency-based and evidence-based practice, psychoanalytic psychotherapy

supervision, cognitive behavioral psychotherapy supervision, humanistic-existential

psychotherapy supervision, and integrative psychotherapy supervision, and their

contribution to the supervision literature, highlighting several themes across modalities.

Watkins (2012) noted exploration of creative and engaging interventions in

supervision, the push toward competency and evidenced-based supervision, and also the lack of clearly developed competencies in the literature.

Integrative Approaches

Watkins and Scaturo (2013) offered critiques of psychotherapy-based models of supervision stating that they ignore supervision's integrative nature and they do not use a common language that bridges understanding and practice. The authors describe supervision as predominantly an educational activity and make a case for linking learning theory with psychotherapy supervision. They aimed to combine the most salient factors across supervision approaches with an educational framework. Borrowing from Bloom and colleagues, (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956; Krathwohl, Bloom, & Masia, 1964; Simpson, 1972) the authors highlight the three domains of learning: cognitive, affective, and psychomotor. Each domain of learning can be linked to specific supervision activities. For example, cognitive domain activities focus on the acquisition of factual knowledge, thought processing, and the development of intellectual skills and may include "recall of pertinent patient data, identifying and evaluating interpersonal patterns and formulating case conceptualizations" (Watkins & Scaturo, 2013, p. 77). The affective domain focuses on the ways in which trainees process and use emotional information such as feelings, values, and attitudes to inform clinical decisions. Behaviors consistent with the affective domain may include active listening, empathy, actively participating and engaging with client treatment, and demonstrating a valuing of one's clients. The psychomotor domain focuses on the use of active behaviors to contribute to skill acquisition. Behaviors consistent with the psychomotor domain include role-play,

practicing specific techniques, and attending to the reflection of cognitive and affective content in counselor responses.

James, Milne, Marie-Blackburn, and Armstrong (2006) offer another approach to integrating theories of supervision with learning-based models. The Authors suggest that appropriate learning theories should be utilized for different steps of the learning process within supervision. Five steps and seven theories combined to create this integrative approach. Supervision begins by assessing learning needs and learning context by utilizing the Newcastle Cake Stand Model (NCSM) (Armstrong & Freeston, 2006). The NCSM is comprised of four levels, tier one focuses on what each participant in the supervision intervention brings to the interaction, while tier two focuses on components underpinning the delivery of supervision such as clarifying goals and discussing what is necessary to conduct successful supervision. The third tier outlines discussions that will be the focus of the remainder of the sessions, such as therapeutic task, therapeutic relationship, supervisee relationship, supervisee contexts, and safety issues. Finally, the fourth tier focuses on reflection of supervision experiences and development.

In step two the supervisor and supervisee establish baselines and develop competencies for learning. It is suggested that the dyad use the Zone of Proximal Development (Vygotsky, 1978) that identifies an upper limit of ideal goal attainment for the trainee. Step three focuses on working within the zone of proximal development using Tharp and Gallimore's (2002) four-stage model. This model describes learner performance suggesting that the performance begins with the assistance of a more capable person, shifts to being assisted by self, then becomes an automatized process,

and finally becomes de-automatized. Step four focuses on applying effective techniques in supervision and utilizes Milne and James' (2002) Process Evaluation of Training and Supervision model (PETS). The PETS model identifies 13 activities that contribute to successful supervision interventions and was not included in the articles reviewed. Finally, step five focuses on evaluating trainee progress with the use of the Therapist Evaluation Checklist (Hall-Marley, 2000) or Interpersonal Process Recall (Kagan & Kagan, 1977) in a more interactive and empowering method of promoting trainee self-awareness.

Similarly, Morgan and Sprenkle (2007) insist that supervision is comprised of components such as teaching, administration, and clinical work that cross theoretical borders. As a result Morgan and Sprenkle (2007) propose a common factors approach, highlighting common factors across supervision theories. Further, authors note that the use of clinical-based supervision models can result in too narrow of a focus potentially limiting the use of effective interventions from other theories. As such, researchers sought to identify common factors across supervision modalities by conducting a meta-review. Results of the review yielded general foci of emphasis, specificity, and relationship. Emphasis describes the dyad's location on the continuum from clinical competence and professional competence. Specificity describes how the dyad chooses to examine supervision issues on a continuum from idiosyncratic or particular to nomothetic or general. Morgan and Sprenkle (2007) use another continuum to describe the dyad's focus on relationship, going from a collaborative to directive emphasis. Combined, the emphasis and specificity continua create a plane that allows for easy identification of relevant supervisor roles. Authors identified the roles of coach,

teacher, mentor, and administrator. It is suggested that supervisors be flexible in their emphasis, specificity, and relationship as these take varied roles in order to meet the supervisee's needs.

Integrative approaches as proposed by James, Milne, Marie-Blackburn, and Armstrong (2006), Morgan and Sprenkle (2007), and Watkins and Scaturo (2013) represent attempts of authors to bridge potential gaps in research around the effectiveness of supervision models. The interdisciplinary nature of integrative approaches may suggest that these models may be more widely applied and evaluated across fields. As such, integrative approaches minimize the use of specific interventions of psychotherapy, role-based, and developmental models, instead focusing on the broad integration of learning theories and common factors of various models of supervision. While researchers suggested the use of these integrative approaches in face-to-face supervision, it is unclear how these approaches will fare in DDCS. It is assumed that the step-by-step processes of these integrative approaches may offer guidance and direction to online supervision, further ensuring that supervisors attend to cognitive, affective, and psychomotor ways of learning as the trainee develops.

Emotion as a Means of Learning

Using Lazarus' (1991, 2000) transactional models as a springboard, Lombardo, Milne, and Proctor (2009) suggested that emotion results when meaning is placed on an event during cognitive appraisal. Lazarus suggested that events can be primarily appraised as irrelevant, benign, or stressful. If the individual determines that the event is undesirable, he engage in secondary appraisal in order to work toward changing what

he perceives to be undesirable through use of coping skills. Lombardo, Milne, and Proctor (2009) discuss using this complex interaction between relational, motivational, cognitive, environmental, social-cultural variables, and emotions in Cognitive Behavioral Therapy (CBT) supervision. It is suggested that supervisors should help trainees work toward deskilling, as state of disequilibrium, that often causes confusion and anxiety. This process is similar to the rupture and repair process of supervisory working alliance that has been well documented by Bordin (1983). Most notably, Lombardo, Milne, and Proctor (2009) offer suggestions for the use of emotion within the four learning modes of CBT supervision. Examples include highlighting emotional aspects of conducting therapy, developing supervisees' ability to recognize, differentiate, and use these emotions in therapy, reflecting on emotionally charged experiences, drawing on helpful patterns within the trainees' coping skill-set, using a sound theoretical base to anchor the supervisees' experiences through conceptualization, and experimenting about how to address supervisee emotions and ruptures in working alliance between client and counselor.

Lombardo, Milne, and Proctor (2009) and Angus and Kagan (2007) highlight the importance of the use of emotion in the facilitation of clinical supervision. They suggest that it is necessary to attend to how the supervisees experience emotion by helping them ground their experiences in theoretical conceptualization, mentoring them through the deskilling and development processes, and facilitating the trainees' development of empathetic relational bonds. Similarly, Angus and Kagan (2007) argue the need for further development of empathetic emotional bonds between client, counselor, and supervisor in clinical supervision. The Authors briefly discussed their

method of attending to trainee development of emotion and linked it to client outcomes.

Both Lombardo, Milne, and Proctor (2009) and Angus and Kagan (2007) suggest that use of emotion in supervision is helpful to the trainee's development and therefore beneficial to client outcomes. It is noted that both of these conceptual contributions were written with face-to-face supervision in mind, and discuss how to work with emotion face-to-face. It is still unclear how supervisors can facilitate emotional development in the absence of face-to-face interaction. Further exploration of how supervisors facilitate emotion-focused interventions online is needed.

Summary

There has been much discussion about competencies and the rational for their use, but no clear information about competencies for integrative, psychotherapy-based, and developmental supervision modalities exists. While DDCS does not represent its own distinct modality, instead requiring that supervisors a utilize a theory of supervision while facilitating DDCS, it is still unclear which, if any, theory may be more effective for use when conducting supervision across distances. Given that the domains of learning have been well documented (Bloom et al., 1956; Krathwohl et al., 1964; Simpson, 1972) and more recently integrated into clinical supervision (James, Milne, Marie-Blackburn, & Armstrong, 2006; Morgan & Sprenkle, 2007; Watkins & Scaturo, 2013) it can be assumed that any supervision intervention that facilitates the cognitive, affective, and psychomotor development of trainees will be facilitative in helping supervisees work toward reaching competencies.

Similarly, use of emotion and empathetic relational bonds in supervision help trainees begin to use themselves as therapeutic instruments and mentor the development of a clinical voice, guiding the use of emotion in session with clients. It seems that successful supervision interventions are increasingly integrative, competency-based, and intentionally attend to use of emotion. Further research should be done that investigates supervisors' experiences of successful supervision interventions and modalities in DDCS.

Supervisory working alliance, session factors, and specific approaches and techniques were identified as factors organizing face-to-face counseling (Whiston & Sexton, 1993). This chapter explored these factors in clinical supervision and DDCS. First, while the relationship between role conflict and role ambiguity, ratings of supervisors commitment to supervisory alliance, and SWA were straightforward, the variables of supervisee level of development and supervisee self-efficacy and their relationship to supervisory alliance was unclear. Further, supervision modality, mode of service delivery, and supervisory styles impact supervisee outcomes. Finally, competency-based approaches, integrated approaches, and emotion as a means of learning represent growing trends in supervisory interventions. These trends were found among studies primarily examining face-to-face supervision and it is unclear if these trends exist within DDCS.

CHAPTER 3: METHODOLOGY

The purpose of this study was to qualitatively explore supervisors' experiences facilitating DDCS and gain insight into their perceptions of factors impacting facilitation. This chapter is divided into eight subsections. The first subsection describes the research question guiding the current study. The second subsection will outline the design of the study. The third section will describe the specific qualitative inquiry utilized in the current study, phenomenology, and its application. Participants and eligibility criteria will be discussed in the fourth section. The fifth section will describe the researcher's plans for data collection and study procedures. The sixth section will discuss data analysis procedures. The seventh section will explore rigor and trustworthiness concerns and discuss steps the researcher will take to address these concerns. Finally, the eighth section will describe potential benefits and risks of study participation.

Research Questions

Clinical supervision, a necessary component of trainee development, is increasingly conducted across distances (Janoff & Schoenholtz - Read, 1999; Kanz, 2001; Marrow et al., 2002; Schultz & Finger, 2003; Stebnicki & Glover, 2001; Vaccaro & Lambie, 2007; Wood et al., 2005). Importantly, use of technology as a part of traditional counselor education programs or predominantly distance education programs has progressed faster than the research examining relevant factors affecting

the implementation of supervision across distances. Researchers have focused on philosophical debates about the future of supervision across distances, supervisees' experiences of DDCS, and on how to conduct DDCS with special focus on ethical considerations and technological applications; however, few studies focus on supervisors' experiences of factors impacting the facilitation of this developing modality. This research seeks to gain insight into supervisors' perceptions of factors impacting the facilitation of DDCS. Extending Whiston and Sexton's (1993) framework that identified categories relevant to the facilitation of face-to-face counseling, the researcher will proceed with the following research questions:

1.   What are supervisors' perceptions of factors that impact supervisory working alliance in DDCS?

2.   What are supervisors' beliefs about how delivering supervision online affects session factors?

3.   What are supervisors' beliefs about how supervisory working alliance and session factors differ in DDCS versus in face-to-face supervision?

Method

Origins of the philosophical method of inquiry, phenomenology, can be traced to German philosopher, Edmund Husserl (Roberts, 2013). Husserl believed that experimental research could not adequately capture human phenomena suggesting that the use of traditional scientific exploration in examining human experiences limits the depth of understanding that can be gleaned (Roberts, 2013). Qualitative investigation involves several methods of deriving meaning from broad experiences in context. Furthermore, phenomenology describes a specific method of qualitative examination in

which investigators utilize "thick description and close analysis of lived experiences to understand how meaning is created through embodied perception" (Starks & Brown Trinidad, 2007, p. 1373).

Phenomenology is described as the "search for the essential, invariant structure (or essence) or the central underlying meaning of the experience and emphasize the intentionality of consciousness where experiences contain both the outward appearance and inward consciousness based on memory, image, and meaning (Creswell, 1998). In other words, phenomenology describes the process of determining the meaning of the experiences of those who have had them (Moustakas, 1994). Researchers operating from this approach do not hypothesis test, do not use a theoretical model to determine research questions, do not aim for predictive or replicable results, and instead aim to describe and make meaning of the experiences of those who lived the phenomena. Transcendental phenomenology is based on the assumption that "meaning is created when the object as it appears in our consciousness, mingles with the object in nature" (Moustakas, 1994, p. 27). This suggests that the event, experience, or object researchers aim to describe has no inherent meaning without the consciousness or beliefs of co-researchers. Therefore phenomenologists believe that perception, rather than absolute truth, is the basis for meaning.

Empirical phenomenology involves capturing the experiences of participants highlighting commonalities of these experiences, distilling themes of data presented, and maintaining replicable and rigorous procedures (Cohen, 1960). It is suggested that research questions guide the focus of the study, setting the "scene for explorative and flexible study" (Roberts, 2013, p. 216). Therefore, researchers utilize small purposive

homogenous samples and flexible, semi-structured interviews. This ensures that participants provide enough information to yield themes, and information provided is not constricted due to overly structured questions.

In addition to exploring the theoretical underpinnings of phenomenology, Creswell (1998) also discussed several challenges of conducting this type of study. Creswell (1998) stated that: (a) researchers must have an in-depth knowledge of the philosophical underpinnings of phenomenology, (b) participants must be carefully chosen to individuals who have experienced the phenomena being explored, (c) bracketing the researcher's own opinions about the experience may be difficulty, and (d) the researcher must determine how and in what way her personal experiences will be introduced into the study. These considerations will be discussed in subsequent sections of this chapter.

Procedures

Gaining access to study sites and participants is a significant step in the process of qualitative research. Since participants were not solicited from a physical location, the researcher established credibility and solicited participants from places in which qualified participants may be easily contacted, such as online. The researcher submitted a letter of explanation (Appendix B) along with an introductory message sent via e-mail that explained the timing of the study, inclusion criteria, and contact information of the researcher to the Aces Technology Interest Network (ACESTIN), and the Counselor Education and Supervision Network Listserv (CESNET-L). At the time of data collection, these listservs were unmoderated and did not require principle

involvement from a governing entity. This allowed the researcher immediate and unrestricted access to potential participants.

Participants

This study utilized a homogeneous purposive sample in which participants were purposefully recruited based on their similar characteristics. This method allowed the researcher to describe characteristics of participants' experiences in depth (Patton, 1990). The researcher conducted interviews with six participants who met the following criteria: current status as a Licensed Professional Counselor (LPC) or a Licensed Professional Counselor Supervisor (LPC-S), a minimum of three years experience providing clinical supervision, a minimum of one semester defined as four consecutive months of experience conducing distance-delivered clinical supervision, ability to access teleconference software (www.freeconferencecall.com), and the ability to schedule a 45-90 minute interview during the spring of 2014.

Participant 01 was a Caucasian male between the ages of 41-49 with a doctoral degree working in counselor education with between 0-2 year's experience conducting DDCS. Participant 02 was a Caucasian female between the ages of 41-49 employed in community mental health and private practice settings with between 0-2 year's experience facilitating DDCS. Participant 02 held a Master's degree and was working toward her Ph.D. Participant 03 was a Caucasian male between the ages of 31-35 working with a Master's degree and working on his Ph.D. in counseling. He was employed at a hospital-based clinic and had between 0-2 year's experience conducting DDCS. Participant 04 was a Caucasian female between the ages of 31-35 who primarily identified as a counselor educator; however, she also engaged in private

practice. Participant 04 held a doctoral degree and at the time of data collection had between 0-2 year's experience facilitating DDCS. Participant 05 was a Caucasian female between the ages of 50-59 with a doctoral degree. Participant 05 worked as a counselor educator and private practitioner, and had between 3-5 year's experience facilitating DDCS. Participant 07 was a doctoral educated Asian male between the ages of 50-59. Participant 07 worked as a counselor educator and had between 0-2 year's experience conducting DDCS. All participants received supervision training from a formal degree program. It is clear that each participant contributed to the study by providing unique outlook and varied experiences for the researcher to gather information about.

Creswell (1998) suggests that utilizing up to 10 participants while conducting phenomenological examinations, especially using homogenous samples (Guest, Bunce, & Johnson, 2006) will provide enough data to accurately describe the phenomenon being examined. Creswell (1998) provides a general guideline for participant recruitment, while Morse (1994) suggests that a minimum of six participants should be used. It is possible, according to Strauss and Corbin (1998) that data saturation, the point at which no new codes have been identified during the process of data analysis, may be reached prior to completing the analysis of all 10 participant transcripts. Supporting this notion Guest, Bunce, and Johnson (2006) systematically analyzed the process of their data analysis of over 60 interviews and found that 34 of the 36 codes identified were illuminated after coding as few as six transcripts. Given these suggestions, this study utilized a minimum of six participants and an open-ended procedure to identify data saturation based on time constraints, energy, and availability

of participants (Strauss & Corbin, 1998). In addition, a plan was put into place incase study volunteers exceeded 10 participants. The researcher planned to narrow participants to include diversity of supervision setting, range of supervision experience, age, and race. Seven participants volunteered for study participation; however, one withdrew participation due to illness. Due to time constraints the researcher concluded the recruitment stage of the study and moved toward data analysis.

Data Collection Procedures

Individual interviews were conducted via teleconference in the 2013-2014 academic year. Data collection procedures occurred in several steps. After receiving approval from the university institutional review board (IRB), the researcher submitted requests for study participation to the Association for Counselor Education and Supervision's Technology Interest Network (ACESTIN) and Counselor Education and Supervision Network Listserv (CESNET-L). After potential participants expressed interest in study participation, they were e-mailed the Participant Eligibility Questionnaire (Appendix C) to verify that they met inclusion criteria.

If potential participant met inclusion criteria, participants were e-mailed informed consent (Appendix A) and demographic questionnaire (Appendix D) forms. These documents ensured confidentiality, requested permission to audio record and publish participant reflections, and gathered background information. Once each participant returned the documents via e-mail, the researcher scheduled individual phone interviews with each participant. These interviews were 45-90 minutes in duration and were semi-structured, which allowed for an adequate depth and breadth of information to be collected as guided by the researcher and participant. Interviews were

automatically recorded through a service provided by freeconferencecall.com. Each teleconference interview was assigned a reference number, and saved to a secure server that was only accessible by the investigator with the use of a private access code and pin number. Data was archived for six months on the online server then deleted. At any point during the six-month period the investigator could have been downloaded the recordings to a personal computer; however, once the data was stored for the allotted time it could no longer be retrieved including by the researcher and system administrators. The researcher, omitted identifying information, transcribed each interview and used these transcriptions for data analysis.

Data Analysis

Once the interviews were transcribed and checked for accuracy by the researcher, each transcription was analyzed using content analysis in order to highlight preliminary codes. The researcher used the sentence as the primary content unit of analysis. The process of open coding as described by Strauss and Corbin (1998) consists of utilizing a specific and consistent set of questions to analyze data and analyzing the data, moving from a broad understanding of the data to a more minute and focused view of the data. Strauss (1987) suggests that researchers will eventually saturate the document with no new codes emerging. Further, Strauss and Corbin (1998) suggested that open coding requires that the researcher also interrupt the coding process to make note about important elements of the document and do not assume that variables such as age, sex, or any such variable will be relevant to the data analysis.

The researcher used a combination of open and axial coding, first reviewing all transcripts, reading sentence by sentence, and noting the concept or idea communicated

within each sentence. Themes refer to phenomena, events, happening, or problems (Strauss & Corbin, 1998). Once themes were identified, the researcher then highlighted subthemes of the data, where subthemes answer questions about the phenomena being described. Finally, the researcher denoted how themes and subthemes related to each other. These relationships will be presented in Chapter 4 through a combination of participant textual descriptions and researcher interpretation. Given the limited sample size and nature of the research project, the researcher chose not use a qualitative data analysis software package, instead utilizing a traditional word processing program to complete the coding process.

Researcher Bias and Subjectivity Statement

Contrary to quantitative data analysis, qualitative inquiry requires that the researcher engage the subjective data presented by the participants in an objective way (Bogdon & Biklen, 1982). Potential sources of bias in research can include biases in sampling procedures, value preferences of the researcher, and the researcher's strengths and knowledge of specific skills (Bogdon & Biklen, 1982). It is the researcher's responsibility to maintain the integrity of the data while providing a thick description of the co-researcher's experiences, thus it may be pertinent for the researcher to describe any potential bias she will bring to the research study.

The researcher served as the primary instrument for data collection and analysis and has a keen interest in the facilitation of distance counseling and DDCS. The researcher is a Distance Certified Counselor (DCC) and hopes to provide counseling and supervision across distances in her future career as a counselor educator and

clinician. Thus, the researcher attempted to be mindful of maintaining ethics, rigor, and credibility of the research study by attending to internal reliability.

One method of maintaining the credibility of the research was utilization of the services of an independent analyst who alongside myself as the primary researcher, followed the same data analysis plan. This process was very helpful for the researcher and it is believed that this process strengthened the study. The analyst and the primary researcher met via teleconference several times and exchanged coded transcripts only after they each completed full coding rounds. Comparing initial codes and illustrations of this data was reassuring as the analyst and researcher derived very similar understandings of codes and themes. When there were questions or discussions of the strength of the themes illuminated, they discussed these discrepancies until a shared understanding could be reached. This process was useful in the example of discussion of a participant's experience of highlighting issues of cultural competence. The researcher immediately focused on that experience, identifying it as a theme; however, the independent analyst challenged the primary researcher and helped her to realize that her excitement about this theme was due to a personal bias and interest in diversity. Without the inclusion of this process, the data may have been unduly impacted by biases and may not have truly reflected the essence of the participants' experiences.

Rigor and Trustworthiness

Rigor and trustworthiness must be evaluated in order to verify the quality of methodology. Due to the nature of qualitative research, it cannot be evaluated using the customary quantitative understanding of validity and reliability assessments

(Sandelowski, 1986). Instead, validity in a qualitative sense refers to how well the researcher captured the understanding of the phenomenon being studied.

Guba (1981) identified four criteria describing trustworthiness in both quantitative and qualitative designs. This model was utilized to structure the assessment of trustworthiness in this study. Credibility measures the researcher's ability to capture the multiple realities represented in the study. The researcher addressed the issue of credibility through use of reflexivity and peer examination. Interview notes, in a process called bracketing, were taken while conducting interviews. This helped the researcher remain reflective about her personal experiences and judgments of the co-researcher's statements in order to help separate her experiences from those of the participants. Peer examination or use of a peer examiner involves review of data analysis procedures by an impartial colleague skilled in qualitative research. An independent analyst may challenge the primary researcher about manifestations of biases and offer feedback about categories and codes, looking for disconfirming cases (Guba, 1981).

The second criterion is transferability. Research is transferable when findings fit different contexts other than the situation in which the study originated. Lincoln and Guba (1981) suggested that transferability is primarily the responsibility of the individual wishing to transfer the findings; however, the original researcher is said to have addressed this criterion if he or she has presented sufficient description of procedures to enable comparison. Thus, the researcher addressed this criterion by providing thick description of data collection and analysis procedures.

The third criterion of dependability refers to the ability to identify sources of variability in the data. Sources of variability may include informant fatigue, researcher insight, or inclusion of atypical cases (Krefting, 1991). Thus, the researcher addressed this criterion similarly to the criterion of transferability by providing thick description of research methods and utilizing peer examination.

The final criterion is confirmability. Confirmability refers to the worth of the findings and describes the neutrality of the data collected. Data is said to be confirmed when truth-value and applicability have been established (Krefting, 1991). Confirmability can be ensured through triangulation. Triangulation is the processes of collecting data from different participants in a predetermined setting. This study triangulated data by exploring the experiences of participants of varying ages, ethnicities, experience levels from both community agency and counselor education settings.

<center>Risks and Benefits</center>

The benefits of participation in this human subject study include contributing to the current knowledge, characteristics, and views regarding current issues in the field of clinical supervision. Use of technology in supervision is a growing topic in the counseling literature (Stebnicki & Glover, 2001; Vaccaro & Lambie, 2007; Wood et al., 2005); however, there is a lack of empirical research exploring supervisor's experiences facilitating sessions across distances. Due to the nature of this study participants incurred minimal emotional and physical risk.

Summary

This chapter presented a rationale for using a method of qualitative inquiry, phenomenology, to explore supervisors' perceptions of how delivering supervision across distances affects supervisory working alliance, session factors, and specific approaches and techniques. This chapter also presented thick descriptions of the methodology of the proposed study, including the research design, description of participants, instrumentation, data collection, and data analysis.

CHAPTER 4: RESULTS

This chapter presents an overview of the results of the current study. The purpose of this qualitative study was to explore supervisors' experiences of facilitating DDCS. Semi-structured interviews with six supervisors experienced with in-person, as well as DDCS, offered insight into their experiences associated with the supervisory working alliance and supervision session factors in DDCS. Guiding research questions of this study were: (a) What are supervisors' perceptions of factors that impact the supervisory working alliance in DDCS? (b) What are supervisors' beliefs about how delivering supervision across distances affects session factors? (c) What are supervisors' beliefs about how supervisory working alliance and session factors differ in DDCS versus face-to-face supervision?

Two themes, intentionality and personalization, were developed from the data and will be described in this chapter. A graphic description of the themes and subthemes illuminated from this study can be found in Appendix F. The theme of intentionality described supervisors' awareness of and purposeful selection of factors associated with DDCS. This theme captured subthemes of strategies, structural considerations, and multiple quality technologies.

After beginning to facilitate DDCS, participants quickly developed awareness around additional responsibilities of the supervisor to successfully conduct sessions in order to meet the needs of supervisees. In doing so, participants realized that they must

be more intentional about strategies they utilized in conducting sessions, how they structured sessions, and use of technology within sessions. This theme also represents supervisors' interaction with external extrinsic factors related to DDCS engagement.

The theme of personalization describes supervisors' recognition of strengths and challenges of facilitating DDCS and their personal interactions with these experiences. Subthemes of personalization included challenge recognition, awareness of strengths and capabilities, and personal impact of experience. As part of their experiences facilitating DDCS, participants also developed an increased awareness of strengths and challenges of the online supervision modality. The following sections present textual descriptions of participants' experiences in support of themes illuminated from the data. Participants spoke to how they interacted with these challenges and new experiences, and how they internalized these experiences as part of their development as supervisors.

<div align="center">Theme 1: Intentionality</div>

Supervisors' growing awareness of challenges of the online modality required them to be more intentional about session facilitation.

> I find myself having to work harder because I wasn't sure what was going on and how and why, I wanted to make sure I was able to foster or create a learning environment as good, if not better than the face-to-face one. (Participant 07)

This quote illustrates awareness of the challenges of DDCS. This participant, like others in the study, described his experience of recognizing challenges such as difficulty fostering learning environment, lack of visual cues, and difficulty covering material within allotted supervision time. Study participants overcame these challenges

through intentional behaviors in order to meet the needs of supervisees. Thus, this theme refers to supervisors' attempts to successfully facilitate DDCS through deliberate selection of translational strategies, structural considerations, and use of multiple quality technologies.

Translational Strategies

Translational strategies represent behavioral adjustments made on behalf of the supervisor in order to address identified challenges of DDCS. Supervisors were creative in translating behaviors they found successful in in-person supervision to supervision facilitated across distances. Behavioral adjustments included supervisor initiated in-person meetings prior to DDCS, increased attendance to supervisor voice quality, increased use of vocal descriptors in session, supervisor use of clear and expedient communication, supervisor focus on nurturing behaviors, and increased attunement to supervisee. While strategies represent a larger theme that captures supervisors' descriptions of behavioral adjustments, this theme can be broken down into two subthemes: supervisor role and development and maintenance of rapport. A summarization of this thematic cluster is presented in Table 1.

Table 1. Supervisors' Translational Strategies

Supervisors' Translational Strategies	
Supervisor Role - Intentional Selection of Supervisor Responses	
• Mirror in-person theory of supervision • Focus on case-staffing, roles of teacher and consultant	• Peer consultation
Development and Maintenance of Rapport – Intentional Attendance to Relational Aspects of the Supervisory Relationship	
• Humanization • Projection of warmth through voice quality • Increased use of vocal descriptors in session • Supervisor initiated in-person meetings prior to DDCS • Increased transparency	• Focus on nurturing behaviors • Use of clear and expedient communication • More frequently checking-in about personal issues • Attunement to supervisee vocal inflections

Supervisor role. Supervisor role refers to the intentional selection of the way in which supervisors respond to the needs of trainees. Supervisor role specifically highlights supervisors' selection of the role of counselor, teacher, or consultant (Bernard, 1979). These roles refer to ways in which supervisors may respond to supervisees at any given point within a supervision session depending on the needs of the supervisee. When responding from the role of counselor, supervisors may attend to more personal issues of the supervisee and their relationship to work with clients. In the role of teacher supervisors may provide information, demonstrating strategies for use with clients. In the role of consultant, supervisors may act as peers, offering advice, yet, encouraging supervisees to use their own knowledge to meet the needs of the client. Generally, there has been discussion of three supervisor roles; however, there has been some argument for the inclusion of diversity as a role in peer supervision (Lassiter, Napolitano, Culbreth, & Ng, 2008). The following presents a brief discussion of supervisors experiences related to supervisor role, including that of diversity.

Participants reported experiences of viewing their roles in relation to counselor and supervision related theory. For example Participant 05 stated:

From the distance perspective it might be easier to be more authoritative.

Similarly, Participant 03 reported:

[I am] supervisee centered. I'm generally a person-centered kind of therapist so that kind of bleeds over into supervision and teaching. As far as techniques…I still try to follow like asking open-ended questions and…I like letting the supervisee figure out the answer for themselves rather than me telling them the answer. So I kind of assess what their needs are and where they're at you know at the beginning of the meeting and then we kind of go from there.

Supervisors described allowing the supervisee to guide the session based on their needs. Supervisors addressed these needs through the intentional use of theory-based models of supervision. In addition to theory-based models of supervision, participants also reported use of social role based models.

Participants' discussion of supervisor role centered around the tendency to focus on case staffing, neglect of cultural issues, and use of theory. Participant 07 referred to his experience of case staffing and negotiation of roles by stating:

I see it as an exploration of two professionals and…I have more, more experience in some areas I'm going to try to help my supervisees in more of a mentorship capacity grow into their own counseling skin.

Further, Participant 07 more specifically referenced supervisor role by noting:

What comes to my mind is among the three roles like the counselor role, or the teacher role, and the consultant role. In the online environment if you're not

careful you can just be so focused on the case and not provide enough process and develop rapport through that working alliance.

This participant alluded to his tendency to neglect other supervisor roles in the absence of the in-person relationship. This seemed to be a consistent comment among the participants as Participant 03 also referenced the conscious focus on other supervisor roles, neglecting that of counselor. She stated:

Being more of like a teacher role [be]cause I find that new supervisees have a lot of questions. So, I do a lot of answering questions and things like that…and it moves on toward more like a peer consultation model at the other end.

Supervisors noted a tendency to respond to supervisees in the role of teacher and consultant and neglect that of counselor. The analysis suggests that in the absence of non-verbal cues and proximity it may be more difficult to relate to the supervisee on a more personal and individual level. Additionally, without the felt presence of a human being in the room, supervision can easily become very task oriented and more about checking-in rather than about the individual.

There is evidence of the importance of the inclusion of diversity in face-to-face supervision (Lassiter, Napolitano, Culbreth, & Ng, 2008). Interestingly, according to five out of six participants of the current study, this concept did not translate into their experiences with DDCS. While participants' discussion of supervisor role related to multicultural competence was not a consistent theme across supervisors, it is noted that one participant offered an in-depth description of his experience navigating issues of diversity across distances. Participant 07 reported:

I do find myself needing to set the tone about multicultural issues because if I
don't bring that up, my experience is that most of the time students will not even
tune into those [issues].

While it is noted that other study participants did not reference issues of diversity, the
lack of discussion about issues of culture does not necessarily support the assertion that
the participants have or have not experienced it. Lack of attention to diversity as a
supervisor role may warrant further investigation, as Participant 07 was the only
participant of color in the study.

Development and maintenance of rapport. An additional strategy participants
used to ensure the successful facilitation of DDCS was development and maintenance
of rapport. This theme represents supervisors' recognition of their increased
responsibility to attend to relational aspects of the supervisory relationship in DDCS.
Through participants' descriptions of their experiences it became clear that supervisors
placed emphasis both on initial development of rapport and maintenance of this rapport
through distinct behaviors. Participants noted that they initially developed rapport with
supervisees through humanization and personal connection.

For example, Participant 03 stated:

One way to build rapport is to be maybe a little more human with your
supervisees…and by that I mean be a little bit more transparent.

Increased transparency represents a rapport building behavior as supervisees are offered
a glimpse into supervisors' internal thought processes. This helps supervisees learn the
supervisors' patterns and feel more comfortable interacting with them.

Participants noted that they maintained rapport and humanized themselves with supervisees through intentional use of behaviors that guard against potential misunderstandings or rupture of the relationship between supervisor and supervisees. Participant 03 discussed increased attendance to supervisor voice quality stating:

I think you have to be somebody that can project some warm and open presence through the phone which isn't always easy. And I think that happens through like your tone of voice and inflection and stuff. Because it's really important for those kinds of things to be present [in order] to have a good supervision call.

In addition, Participant 03 further commented on use of vocal descriptors in session. He reported:

I try to translate it, try to translate in-person supervision into distance supervision as closely as possible with a few differences of being more vocal, describing emotions that they can't see or body language that they can't see.

Attendance to voice quality and use of vocal descriptors represent rapport maintenance behaviors because highlighting unacknowledged messages helps to minimize misunderstandings and offers opportunities for clarification of intended message during session.

Participant 07 also spoke about initially owning the responsibility of building rapport with distance supervisees. He reported:

The first time when you meet students online, they don't know you. They have not seen you, they have not talked to you before and so, they probably heard about you and have read something online about you or heard somebody

mention you, but there's really no way for you to treat that first encounter as

similar to a face-to-face encounter. You can actually…observe the non-verbals.

This supervisor makes a poignant comment that summarizes supervisors' experiences

of initially developing rapport with supervisees across distances. He suggested that the

process of developing rapport in DDCS cannot be treated the same as in-person

supervision. Thus behaviors such as humanizing yourself and allowing supervisees to

make a personal connection with you in-person or a more relaxed environment that is

not formal supervision help to minimize challenges related to proximity in DDCS,

potentially improving supervisors' ability to make connection.

Another way supervisors initially built rapport was to develop a personal

connection with supervisees.

What I did was that weekend, to join them for lunch to introduce myself to

them as part of me preparing myself and allowing them to see me face-to-face

and interact with me face-to-face. (Participant 07)

Participant 07 referenced a supervisor initiated in-person meeting that he felt allowed

he and his supervisees to establish a relationship prior to beginning to work online. The

supervisor further noted in his working environment, a counselor education program in

which most courses are offered online, that students may not have the ability to meet

with him in-person and may be curious about his personal attributes and have some

reservations about sharing personal information with him in supervision. The

supervisor believed that meeting with supervisees in-person minimized any detractors

of their online relationship.

Similarly, use of clear and expedient communication helps to minimize misunderstandings between supervisor and supervisees.

At the beginning when I'm contacted by a potential supervisee at that time I will…make sure that I get their materials as soon as possible [so] that I answer their e-mails…within a timely manner, [so] that I don't let those things sit there. Then I make sure that my language in those e-mails and that communication is very friendly and open. (Participant 04)

This participant reported that clear and friendly communication was one of her responsibilities as a distance supervisor because she felt that lack of clear communication could be more impactful working with supervisees via distance. Because supervisees are not in-person with the supervisor, they cannot easily ask questions or relay on other factors that communicate meaning such as gestures and non-verbal cues, leaving more room for misinterpretation and unintended results.

Similarly, Participant 07 noted:

I try to crack jokes and make the situation light and fun but often times, in online when students can decide to mute the mic[rophone] or decide to just freeze the camera and you don't know he's not there other than not responding to you. So it is very hard to gauge whether they are authentic, engaged with you or not.

This supervisor is describing his experience of intentional joining with supervisees in order to minimize their distraction and disengagement with sessions conducted across distances. Supervisee disengagement is more a challenge in DDCS where supervisees

can easily not pay attention and remain present online while drawing minimal attention to themselves from other peers as well as the supervisor.

Supervisors also believed that being more nurturing was helpful in establishing a personal connection and maintaining rapport. Participant 04 commented on the supervisor focus of nurturing by stating:

With face-to-face…of course you have the ability to have those non-verbal gestures… shaking the hand, patting the back, being able to…being able to feel that physical touch, that physical presence that you don't get online. That's why it's more important to be more nurturing in an online format. So, I feel like there's an opportunity to be more flexible and you have to make concessions with formality.

In contrast to the behaviors that communicate support and caring in-person, more frequently checking-in about personal issues, acknowledging emotion aloud, and attending to real relationship behaviors help nurture the working alliance online. This supervisor also spoke a great deal about flexibility and its impact on formality. She noted that being more flexible with supervisees can lend itself to decreased formality in that supervisees have more power to dictate relational factors and other factors impacting structure of session, which tends to communicate less power on the part of the supervisor or a more egalitarian approach to supervision.

Participant 05 described her experience of increased attunement to supervisees by noting:

You need to listen for the sighs, you need to in some ways interpret the silence to see what that silence is about, try as best you can to maybe listen for changes

in respiration, you know in how they're breathing but it really is, I mean it's

difficult, you know when you, and for me I'm a very visual person, so for me to

not be able to see their face is difficult.

This supervisor described her experience of bridging the relational gap with

supervisees by relying on other senses. Supervising in-person, participants have the

benefit of sight and felt presence to help them attune to supervisees.

Supervisors offered other suggestions of ways that they maintain rapport, by

continually encouraging engagement through open communication and humor.

Participant 04 stated:

I encourage my supervisees to talk to…me about anything that I may be doing

that may be getting in the way of supervision. So we talk about barriers

…because you have to work more at the personal connection with…your clients

and your supervisees when you're online.

In summary, supervisors spoke about their increased attendance to building

relationship with supervisees via distance. While all participants discussed this

awareness, Participant 04 gave a succinct summary of the experience of relationship in

DDCS. She noted:

Being mindful of the relationship piece is so much more important. I cannot take

that for granted. In person, you can work on that slowly [with] the student or

supervisee and you can warm up pretty quick but in [the] online environment

it's not that easy. Or at least the perception of having established the working

alliance, it doesn't come that easily. So in a sense looking at the theory or the

component of online supervision I think we have to place great emphasis on establishing working alliance in the first stage of the supervision relationship.

It is clear that participants took ownership of the responsibility to develop and maintain rapport within DDCS. This was a strategy that supervisors' intentionally engaged in in order to minimize the challenges of DDCS. Their descriptions highlight increased responsibility to attend to relational factors in DDCS, this level of deliberateness was not needed in the in-person modality. They also indicated that in DDCS they needed to go above and beyond their typical responsibilities. Acknowledgement of this responsibility is a unique finding that may speak to not only the differences between DDCS and traditional supervision, but also the need for more specific exploration of translational strategies and training in the area of DDCS.

Structural Considerations

In addition to strategies discussed above, structural considerations represent another way in which supervisors intentionally adjusted to barriers or challenges of DDCS. More specifically, structural considerations refer to supervisors' intentional selection of how to organize or facilitate DDCS sessions. Dimensions of these structural considerations include external motivations and session design. A summarization of these considerations is found in Table 2.

Table 2. Supervisors' Structural Considerations

Supervisors' Structural Considerations	
External Motivation - recognition of external factors prompting DDCS engagement	
• Childbirth • Emergency • Limited access to supervisors	• Natural disaster • Professional mandates • Supervisee request
Supervisor Design - supervisors' increased planning and organization of DDCS sessions	
• Pre-session preparation time • Dissemination of resources prior to session • Agenda setting • Case review • Balance of session offering time • Individual in addition to group • Additional supervisor time commitment	• Pre-session agenda setting/ instructions • Trouble-shooting • Balance of challenge and praise • Processing of supervisee questions • Limit group size • Extend session duration • Pre and post session supervisee interaction time

Table 2. Supervisors' Structural Considerations
Supervisors' intentional selection of organization and facilitative factors related to DDCS.

External Motivation. This dimension refers to supervisors' recognition of external factors prompting their engagement in DDCS and the resulting way in which they chose to meet this need. Initially participants did not point to a curiosity about exploring supervision modalities other than in-person, traditionally-delivered supervision. Thus, study participants described their experiences of responding to being required to engage in DDCS for various reasons. External motivations may be clustered into two categories: social and environmental factors and professional mandates.

Social and environmental factors included childbirth, supervisee emergency and natural disasters. Participant 02 described her experience of external motivation due to natural disaster. For example, She was supervising a group in Louisiana after Hurricane Katrina. She noted that one of her supervisees could not get to class for an extended period of time to meet with the group in-person so she allowed her to utilize

teleconference because the supervisee had limited resources at the time, through no fault of her own, and needed to fulfill the requirements of the course.

Supervisors also describe professional mandates that prompted them to engage in DDCS. For example, Participant 05 stated that the online university where she was employed requested that she begin to use teleconference and then eventually videoconference software to meet the needs of supervisees enrolled in clinical courses. Participant 02 also referred to external motivations. After beginning to supervise in a rural area, she soon found that her services were needed beyond the confines of the classroom. She stated:

> Across the state of Ohio. . . there were three professional counselors in an area about three hours away from where our main office is and they [trainees] haven't been able to work toward their independent licensure because it's kind of a super supervisor deprived area.

Social and environmental factors and professional mandates represent participants' structural considerations of DDCS in that supervisors intentionally organized and structured sessions based on the reasons why they felt motivated to participate in DDCS. For example, in the case of Participant 02 addressing the challenge of limited supervisors in her area, she utilized videoconference to work with supervisees based on state licensure requirements. The same participant addressed a different challenge, natural disaster and an uncontrollable event preventing some supervisees from participating is session consistently, she utilized teleconference given limited resources of the supervisees.

Session Design. Session design captures structural considerations related to supervisors' translational strategies in organizing and preparing session content and logistical factors in DDCS. Participants described supervisor preparation, session focus, and logistics as dimensions of session design. The next section will highlight textual examples and researcher description of these dimensions.

Supervisor preparation captures descriptions of supervisors' increased planning for DDCS sessions. Participants seemed to allude to an additional supervisor demand and structural consideration, in that they became increasingly aware that increased supervisor preparation time was necessary in order to smoothly facilitate sessions with distance supervisees. For example, Participant 04 gave an in-depth example of her experience of preparation. She stated:

> What I have to do is maybe more preparation on the front end before I'm actually in that supervision session and so if there are materials that I feel like we may need I will go ahead and post them. I will go ahead and post those on the Dropbox™ folder.

This participant further stated:

> Face-to-face, there is not as much need to prepare on the back end of supervision…you're able to do a lot of that actually in the session with the person.

Participant 04 was referring to supervisors' experiences of additional time commitment due to engaging in DDCS. More specifically, supervisors spent additional time preparing for session ensuring that sessions run smoothly.

Also, sending them e-mails, like for example, what I tend to do, like the day

before or a few hours before class I would send them something. Ok, this is

what's going to happen.

While this participant was particularly describing spending more time before session

ensuring that sessions run smoothly, the issue of time is actually more broad.

Supervisors suggested that DDCS required supervisors to commit more of their time

before session and in session meaning that supervisors dedicate more time in general to

providing supervision across distances than they do in-person. This could be an

important consideration for supervisors as they plan their week or semester; they must

be aware that engaging in DDCS may take time away from other professional

responsibilities and they must plan accordingly.

Supervisors' descriptions of sending e-mails and ensuring that supervisees have

access to resources that they can download during session seemed to help participants

smoothly session run sessions. This is a structural consideration of DDCS in that

DDCS requires increased pre-session preparation time and this type of consideration of

providing materials for supervisees during session due to lack of proximity and human

presence.

Participants also described the need to plan ahead for unplanned events such as

malfunctions with technology or emergency.

I send them the link to go onto the break-out room and give them instructions, so

I give them…instructions, sometimes my instructions are not that clear. If my

instructions are not that clear they can get confused. So I found out that you

have to be very clear in what you want to do. At times I do have an agenda

particularly my first week, my first week I would have a PowerPoint™ posted on

one of the shared parts, the agenda for the day so that when everybody logs onto

the room they have everything there.

He further reported:

I think you just have to trouble shoot, be more planful than normally you would

have to in face-to-face. (Participant 07)

This supervisor described the need to give clear directions for immediate session

facilitation and in the case of future uncontrollable events by noting that he found it

helpful to "troubleshoot", meaning he provided directions ahead of time telling

supervisees what to do if specific cases arose. Examples of troubleshooting directions

may center around dropped supervision calls and how and when to reconnect or

instructions for missing a session and watching it back to stay informed of the group

process. These considerations are unique to DDCS.

Session focus refers to supervisors' intentional organization of session content in

order to address challenges of DDCS and supervisee needs. Supervisors reflected on

experiences in terms of agenda setting, case review, processing of supervisee

questions, and balance of challenge and praise. Participant 04 offered a detailed

example of her online supervision session content by reporting:

I have them identify a client that they really feel like is a potential challenge for

them in some way either they don't feel confident working with that particular

client's issues or maybe it's…a client that they are struggling with…because of

their own personal experiences…or they're concerned about their behaviors

within their session and so I'll have them identity one in that way and then, I'll

encourage them to identify a client that they feel like is going well and then we will alternate sessions with those two clients and you know one that they feel really comfortable with and one that they're really struggling with and this reduces the stress on them.

Supervisors described intentional organization of session context including systematically requiring trainees to identify challenges, process their personal and professional experiences, and balance descriptions of growth versus shining moments. It is noted that supervisors' descriptions of session focus in DDCS mirrors that in-person supervision. This is important as participants suggested that they were vigilant in maintaining the essence of clinical supervision, specifically the goals and focus of sessions, when providing DDCS.

Similar to the report of Participant 04, supervisors reported that they allowed the supervisees' need at the moment to dictate the focus of their DDCS sessions. It is noted that supervisors' description of their session content mirrored that of in-person supervision. Participants stated that they worked to maintain the essence of traditional supervision while engaging in DDCS.

Supervisors also dictated the logistics of supervision sessions as another method of structural consideration. This dimension represents supervisors' intentional selection of logistical factors related to the design of supervision sessions. Supervisors referenced factors such as timing, size of supervision group, and length of session as structural considerations that may impact their supervision sessions. For example Participant 03 spoke to his experience of timing by stating:

I'm in class with people all over the county so…getting everyone's schedule to

line up at the same time across several time zones is difficult." He further noted

" I think that's another aspect of timing, is that it's not only convenient, but it

should be at a time where people are awake.

This participant referenced his experience facilitating group supervision with

supervisees who live in different time zones, which made it difficult to find a time of

day that convenient to all group members. Some of his group members were forced to

participate in supervision at 9pm when they were not as alert as other peers who lived

in time zones where it was earlier in the day. He also spoke about difficulty

negotiating whose schedule would dictate the meeting time, stating that students

receiving in-person supervision have no choice but to accept less flexible meeting

times. Supervisors' intentional selection of the logistical factor of time is increasingly

important in DDCS. Supervisors must design the session so that time is used wisely

and each supervisee can participant at a time that is conducive to learning. Given the

challenges of proximity, time zone differences, and lack of human presence, intentional

organization of logistics such as time become increasingly important in DDCS.

Participant 07 gave two logistical structural considerations that he found helpful

in organizing his supervision sessions. He spoke about extending each meeting time

and splitting the semester so that he met with supervisees individually in the beginning

and as part of a triad the later half of the semester. Examples of these suggestions

include:

What I did the second time around is extended it to two hours and I remember

that when I did the face-to-face supervision…I remember feedback from

students that they wanted, they appreciated if they had time in the beginning

even 5-10 minutes for them, among themselves to touch base, catch up with

each other to share some of the, like to vent together without me being there so I

tried to replicate that this semester…I was able to spend more time interacting

one-on-one more personally in a more personable way. So what I have done this

semester is, in the individual time, I don't do triadic, I just do individual.

Factors about organization and facilitation included overtly communicating the

structure of sessions to supervisees and use of groups to ensure a more focused use of

time Participant 07 and 03 respectively reported:

We have to structure it, if not some of the things we think are useful or

important would not surface" and "I think it has to be more structured.

Participant 07 added:

I want to break them into two groups, you go into two breakout groups in

separate rooms and spend time just touching base, just hang out and shoot the

breeze.

This participant referred to his experience of supervisees requesting additional

time before beginning the formal supervision process to informally process experiences

with peers. He noted that adding this structure to his supervision sessions seemed

helpful for his supervisees in mimicking the in-person classroom experience.

Similar to participants' experiences of supervisor preparation, supervisors also

highlighted increased time commitment as part of their experience of logistics.

Supervisors' description of factors related to the design of DDCS sessions represent

structural considerations in that they helped supervisors organize sessions based on the

supervisees needs. It is noted that these structural considerations also worked to build and maintain rapport in that they guard against misunderstandings and help establish trustworthiness of the supervisor.

Multiple Quality Technologies

Thus far, descriptions of participants' experiences of intentionally selecting factors associated with DDCS by attending to translational strategies and structural considerations have been presented. Multiple quality technologies represents supervisors' ownership of the responsibility to manage technologies in a purposeful manner. Multiple quality technologies also refers to awareness of the supervisors need to balance the use of these technologies with the responsibility to meet the needs of supervisees. This subtheme can further be explained by the dimension of need to be available and intentional modality choice,

Need to be available. Need to be available refers to supervisors' awareness of how to utilize technologies in order to better meet the needs of the supervisees. For example Participant 03 stated:

If it's for supervision, for new counselors that just graduated then there is no reason they can't get a hold of me because they all have my cell phone number and hmm I always have that on me. So I mean they can, the lack of physical presence I don't think is a barrier.

Participant 05 also spoke to the increased need for supervisors to be available to supervisees due to the distance-nature of their supervision relationship. She stated that:

They might call or text me…or they may post the question in the course room for everybody to see.

Supervisors seemed to suggest that being more available to supervisees between sessions helped them minimize any sense that use of technology was a barrier or challenge to them performing their role as a supervisor, meeting the needs of supervisees, or maintaining rapport. This experience is unique to DDCS because in-person supervisors noted that the need to be available was not as important when they could physically meet with supervisees. Without the ability to meet with supervisees, supervisors often felt uneasy about just being available during one 2-hour timeslot every week.

Intentional modality choice. Intentional modality choice reflects thoughtful consideration of the characteristics of the in-person or technological means used to facilitate DDCS. Supervisors' descriptions of intentional technology choice centered around comfort, security, and capability. A sampling of participant textual examples speaks to this phenomenon.

Participant 02 stated:

Our agency has tele-psychiatry equipment and so they already do psychiatry long distance because it's also a psychiatry deprived area and so I agreed to…give it a try.

She noted that she felt more comfortable working with supervisees across distances due to the technology selected for her by her university. She attributed this level of increased comfort to HIPPA (Health Information Privacy and Portability Act) compliance and technological reliability. HIPPA compliant programs decrease the likelihood of protected supervisee or client information being accessed without

permission. This helped the supervisor feel more comfortable with DDCS because she took necessary steps to guard against unintentional breaches in confidentiality.

The capability and comfort with the technology was also an important factor for supervisors. Participant 04 reported:

I use Skype™ and the reason I chose Skype™ is that a lot of people are very comfortable with Skype™ and they have [it] programmed on their computer and…it's a little bit more user friendly.

Participant 05 also mentioned that being able to comply with HIPPA standards through selected technology increased her level of comfort as a DDCS supervisor. Additionally, she referenced her university's use of an advanced videoconference technology, Adobe Connect™ as an example of the role that technology plays in DDCS. She stated:

Everybody's in there and you can see each [person] and everybody is kinda looking at each other…it's like the opening shot of the Brady Bunch™ when all of the family is looking at each other. You can upload documents, you can, we call them learners, the learners will upload sessions for us to look at. Um, they can upload really anything that you'd want to share so it's like you are in the same room together.

This supervisor spoke to the university's choice of this technology again, because of HIPPA compliance and the ability to mimic a classroom-like atmosphere.

Participant 07 discussed his use of course software in addition to videoconference software to facilitate DDCS. He stated:

I use the Blackboard™, like what I used before in Moodle™ and I post a lot of

resources for students, it's up to them if they want to refer to them, those

training materials and I would. I would use the Blackboard™ to do something on

the discussion board to introduce themselves at little bit, where they are at, what

they are doing, so just saying hello to each other that way so that that way, other

than touching base with each other online through Adobe Connect™ they also

have something on the Blackboard™ page from each other.

These participants described their experiences of selecting technology that was

appropriate for their needs based on capability, specifically what the technology

allowed them to do. Supervisors recognized that different technologies may or may not

be appropriate for use with their supervisees based on why they needed to use it. For

example, Participant 02 and 07 spoke to how the same technology may or may not be

appropriate based on needs.

I use email for follow-up or if they just have a general agency procedure

process type question. Hmm, you know I think that…it's difficult to try and process a

case through an email. I think you lose something so I'm more apt to pick up the

telephone if I get a question about one of their cases [via e-mail]. (Participant 02)

Lastly, Participant 07 noted:

I don't use text, I just primarily use e-mail to communicate with them if they

have specific issues they could talk to me and then we could schedule a time to

go into Adobe Connect™ and have that face-to-face time with them in real time.

The theme of intentionality was one of two main categories highlighted by

study participants. This theme was broken into three subthemes: strategies, structural

considerations, and multiple quality technologies. Supervisors perceived that these factors impacted the use of DDCS because attending to these factors helped to maintain rapport with supervisees and effectively facilitate sessions.

Theme 2: Personalization

The theme of personalization describes supervisors' recognition of strengths and challenges of facilitating DDCS and their personal interactions with these experiences. This theme captures the subthemes of challenge recognition, awareness of strengths and capabilities, and personal impact of experience. Supervisors' description of personalization also represents more intrinsic experiences related to their facilitation of DDCS.

Challenge Recognition

Challenge recognition describes supervisors' acknowledgment of negative factors associated with DDCS. Developing an awareness of these challenges and managing personal reaction to these challenges seemed to be part of supervisors' personal and professional development. It should be noted that these negative aspects have been further segmented into three subcategories: supervisee characteristics, technological challenges, and proximity.

Supervisee characteristics. Before engaging in distance supervision, supervisors identified attributes of supervisees describing their appropriateness for participation in DDCS. Consideration of supervisee characteristics played in a role in deciding whether or not to engage in the online modality. Participants seem to suggest that certain supervisees may be less appropriate for DDCS. Supervisors identified characteristics of supervisees such as independence and amount of clinical experience as

characteristics that influenced the effectiveness of DDCS. Supervisors seemed to suggest that supervisees without these characteristics may find DDCS more challenging and it may be more difficult to meet their needs via distance.

Participant 04 stated:

I think that the supervisees that do best with online or distance supervision would be folks that are self starters that are pretty, I don't want to say motivated because I think a lot of people are motivated. I think some folks are more independent, they're more comfortable.

Participant 02 offered an in-depth description of how specific characteristics of the supervisee relate to supervisors assessment of their ability to move forward with engaging in distance supervision. She stated:

I think if someone was not maybe as confident, hmm and I don't mean to say that the ones that I have are overly confident, but if they weren't as confident it might be a little more difficult for them to do the distance, you know?

Participant 02 further added:

I think if they needed more teaching it [distance supervision] might not be as effective. While Participant 02 described the characteristic of confidence, other participants referred to a similar concept noting supervisees' level of development, prior evidence of effective practice, comfort in online environment, and ability to function independently contributed to their level of comfort for accepting them as distance supervisees.

Consideration of supervisee characteristics seemed to be a necessary step for supervisors and they recognized the challenges presented by supervisees who lacked

the requisite traits. Participants seemed to suggest that supervisee characteristics may represent a challenge to DDCS facilitation because some supervisees may find it more difficult to engage in the distance modality. They may not feel like they have enough connection with the supervisor or they may find it difficult to function without the level of guidance that may be provided in-person. It is noted that some participants described meeting with supervisees informally to help them gauge supervisees' appropriateness for participation; however, in some cases this may not be possible. As such, supervisors learned to internalize this experience as part of their professional development.

Technological challenges. Technological challenges describe negative aspects of the technology or electronic equipment used to facilitate DDCS. Supervisors shared a common sense of frustration, noting a lack of control over these experiences that impacted the supervisory relationship. Participants described technological challenges when discussing nearly every aspect of their experiences facilitating DDCS. Experiences such as interruptions in technology feed, lack of non-verbal cues, slow internet speed, and other aspects of the technology were named. Participant 02 discussed her experience of technological challenges by stating:

You're online and doing Skype™ and stuff like that, things fall in and out and I imagine that that can be frustrating and I think that it interrupts the momentum of your supervision.

She described the unique challenges of DDCS that arise from uncontrollable glitches with technology which result in interruptions that in turn lead to frustration. Further Participant 02 stated:

I'll admit the phone call was a short session versus you know the full hour long

supervision cause I think talking on the phone is different and is kind of a

barrier, I'd say.

This participant shared that her teleconference sessions were unintentionally shorter

than sessions in which other types of technology are used. It became evident through

the interviews that participants believed the structure of the technologies had an impact

their supervisors' experiences of the session. Most interestingly, Participant 03 offered

an additional viewpoint about technological limitations experienced when conducting

group supervision across distances. He stated:

In a group format…it's not always easy to follow along especially if hmm like if

someone's phone isn't muted or if there is a lot of background noise cause

they're driving or if they have kids at home or dogs or whatever it can kind of

disrupt the flow of the meeting.

The use of technology allows supervisees to multitask and not seem present in the

session. Technology is this case creates increased opportunities for distraction for the

supervisor as well as the supervisee.

Proximity. While supervisors discussed challenges associated with technologies

used to conduct supervision across distances they also highlighted negative aspects of

DDCS related to the physical distance between themselves and supervisees. Physical

distance or proximity was a category of participants' experiences that referenced

limitations such as reduced ability to model interventions, decreased depth of

processing, and lack of physical presence. For example, participants offered

descriptions of their experiences facing difficulties conveying information to supervisees across distances. Participant 03 noted:

> I'm a very visual person and so I…in face-to-face situations it's not uncommon, if I am able to, you know, pull out a blank piece of paper to start mapping out what my supervisee is saying to me and…have that visual. We don't have that ability online, at a distance.

Similarly, Participant 01 added:

> It's more difficult to model counseling interventions when we are at a distance than when we are face-to-face and those counseling interventions include an emphasis on content, her self awareness, or her subjective experience um, so certainly the modeling aspect.

In addition Participant 02 furthered discussed sharing information with supervisees adding:

> We have electronic health records so it's more of a challenge like if you want to bring up and process a specific case and you want to look through documentation. I have to make sure to print that out first because in the room that I'm in I don't have a computer with the video equipment.

In addition to difficulty modeling counseling interventions and sharing information with supervisees, participants reported decreases in the depth of processing they were able to do across distances with supervisees. For example Participant 01 stated:

> I think there are missed opportunities of going in-depth when we are at two different sites. When she is in my office…I have found that there is a greater

depth to our meetings, it is easier and more effective to focus on her as a

counselor.

Participants also referenced challenges that arose from not being physically

present with supervisees and how this impacted session facilitation. Participant 01

spoke to a felt difference in focus when one is providing in-person supervision. He

noted:

I just describe it as sort of an intangible energy that you feel…when you're in

someone's presence. You know our empathy skills as a counselor really kick in

more so versus with the more two dimensional image of a person on a computer.

Participant 05 also spoke to how proximity impacted her sessions.

I probably will stick around for longer in the face-to-face, you know in the same

room type of format because when group is over online basically everybody

leaves, you know you close out of the Adobe Connect™ room…you're done.

(Participant 05)

In addition to supervisees immediately signing off after session, losing valuable post-

session processing time with peers or supervisors, participants noted that due to

physical proximity they found it difficult to engage with other supervisors and

principle supporters of the supervisee. Participant 05 reported.

One of the challenges is that when I'm in a classroom environment, when I'm

meeting with the students and I'm in the same city. If I need to or if I want to, I

can go to their site and visit it.

It is evident that participants found proximity to be a limiting factor when

conducting DDCS. Participants 04 and 05 uniquely comment on this experience

referencing lack of visual cues resulting from lack of physical presence. Participant 04 stated the:

> Lack of the visual cues…sort of that round robin kind of check-in. If you're sitting in a room and you finish up, someone's finishing up checking in, you can kind of lean forward or do something to indicate that you're going to go next.

This supervisor is referring to awkward silence or unintentionally interrupting other peers when trying to discern who will speak next. In his experience this phenomena led to disruptions in the flow of session. Participant 05 reported a unique experience in which lack of visual cues extremely limited the supervisors' ability to gather clinically relevant information about the supervisee. She described a time when she was supervising a counselor who was responsible for leading a body image support group. Her supervisee was significantly overweight but because of the distance modality, the supervisor initially only saw the supervisee's face. She stated:

> It had become this big stinky dead elephant in the room. For them at the site when they were talking about group process and who would run the groups and she [a supervisee] really wanted to run the group because she loved group work but yet, she was like how can I run…this kind of group when I might trigger people. But you know her face was full, but I would never had known that weight was an issue unless she had brought this up and so after bringing this up she was more willing to push the computer further away so that we could see more of her.

Because the supervisor was unable to view the supervisees' entire body, she was unaware of issues that may have been impacting the supervisee's work facilitating a

body image support group. As a result, the supervisor missed valuable information that could have helped the supervisee explore issues of personalization in the session.

Awareness of Strengths/Capabilities

This subtheme describes supervisors' recognition of numerous benefits facilitating DDCS. Benefits included reduced anxiety about facilitation, increased confidence in personal ability to facilitate DDCS, and increased comfort with technology. Further, the theme of awareness of strengths and capabilities can be divided into three subsections including benefits, supervisee enhanced engagement, and parallel experiences.

Benefits. This subtheme refers to helpful or positive results of engaging in DDCS. Supervisors identified benefits of DDCS as part of their increased awareness of strengths and capabilities of the online supervision modality. Participants highlighted positive results of DDCS engagement including decreased chance of dual relationships due to distance, increased supervisee autonomy, increased flexibility for supervisor and supervisee, increased supervisor accessibility, availability of clinical resources for supervisees, and increased peer and supervisor feedback for supervisees. Participants referenced a sampling of the identified benefits. For example Participant 01 stated:

It [DDCS] really preserves her time and allows her to…focus on her caseload and it also in another kind of way helps foster her autonomy.

This participant also noted there is the:

Added benefit of preserving her time, she's able to see her clients and I was able to get better access to her records through her.

In addition, Participant 05 referenced accessibility by reporting:

I believe the students perceive that I am more accessible to them than possibly what my local face-to-face may have felt.

She also stated:

Someone might put, pose a question out there that would have typically been posed in a group setting and may get 10-15 responses in a couple of days time that they would not have gotten if they had just asked it in [in-person] group, but having it on Blackboard™ allowed for flexibility and time to be able to go in and say you know I know something about that, whatever Jane is asking about…let me see if I can find it and then when they come across it they can put it there.

Increased supervisee participation. Increased supervisee participation refers to supervisee experiences of increased participation and time commitment in supervision interventions due to the distance format as reported by the supervisor. Increased supervisee participation was related to additional preparation time, continuous engagement, and increased time commitment. For example Participant 02 stated:

It's not that I can just walk in, they have to be more ready because they don't have all their case stuff available to them. They have to be more ready to talk about stuff.

Similarly, Participant 04 also spoke to additional preparation time by stating:

I've also found that there's not really travel time and all of that involved…they're able to take the time that they would be driving and use that time to prepare themselves for supervision.

Further, she added:

What's wonderful about the online is that it doesn't infringe upon my time to

give the supervisee the extra time she needs to prepare for the sessions.

Study participants suggested that supervisees' additional time commitment helped

them to be more engaged in the process of supervision. Supervisors believed that

additional supervisee engagement boosted the legitimacy of DDCS and seemed to

internalize it as part of their positive experiences with the modality.

Supervisors also attributed supervisees increased engagement to the

organization of DDCS and the online course environment. Participant 05 described her

experience of continuous supervisee engagement by noting:

The students are actually taking a class so they have an online course room that

they have to interact with each other and they interact with me so, so they're

engaged on a regular basis throughout the week because it's a requirement of

their course. They have discussions every week that they have to post to and

they have to reply to other individuals and then we both have to reply and

interact with them. So it goes beyond just the group supervision.

According to Participant 05 use of course software contributes to this phenomena. She

stated:

In the online environment with the discussion board I can respond to a learner,

other learners will see my response and sometimes chime in and so that, then

there's kinda this back and forth that happens. So, that I actually think in terms

of the follow-up learning, I think it's higher in the Blackboard™ environment

than it is in the face-to-face in the same room environment.

Participant 07 discussed his experience of increased time commitment by noting:

I spend tremendous [amounts of] time with some of my supervisees because

both parties were willing to put in the time and the effort and …we can be

authentic as possible even when we are online like in face-to-face. So I see great

potential for quality work, but the starting point is not that easy, so to get

everybody t that shared perspective that takes time and experience, I suppose.

Parallel experiences. Part of participants' experiences of developing the

awareness of the strengths and capabilities of DDCS was identification of experiences

that mirror in-person experiences. As such, parallel experiences refers to similarities

between supervisors' experiences facilitating in-person and DDCS. Parallels drawn by

participants included the working relationship and quality of supervision, sense of

presence, and factors about facilitation.

Participant 01 discussed similarities in the working relationship by stating:

Having that visual has been critical. I would say that um, we still, we've been

able to maintain a lot of things from a face-to-face sort of in person interaction.

Participant 02 stated:

The quality of the supervision I think isn't impacted by if it's over the phone or

not. Participant 04 discussed her experience of supervision quality. She noted:

It was a good choice and…it's definitely shown me that online can be just as

rigorous and beneficial as face-to-face.

Further, she reported:

They're different and I think they're both very effective. It comes down to what

the needs of the supervisee are and how, uh which one would be most

appropriate to meet those needs.

Participants noted that their sense of presence with supervisees across distances was not significantly impacted by facilitating DDCS. For example, Participant 02 stated:

It kind of feels like you're in the room. I have the luxury of you know we're on video, fortunately we don't have any delays or anything like that, so it feels like you right in the room with them.

Additionally, Participant 04 stated:

I was concerned when I first started thinking about doing it this way I was thinking that maybe the connection wouldn't necessarily be there or my supervisees wouldn't feel supported or um that somehow it would seem less professional and there would be less of an investment in the professional process but…instead I'm not finding that.

These statements suggest that participants had similar experiences of relationship and quality of supervision in DDCS. These similar experiences lend further evidence to the notion that adequate working relationship and good quality supervision can be provided across distances. This awareness also seemed to contribute to the supervisors' personal impact of their experiences of DDCS.

In addition supervisors' referenced similarities in some facilitation factors including how they would address ethical challenges and use of supervision methods such as Interpersonal Process Recall (Kegan,1980). For example supervisors described initially being hesitant about providing DDCS because of fear that they would not be able to facilitate sessions smoothly.

The fear of using technology and inadvertently, you know, breach

confidentiality or to have that technology fail or just be too unreliable" as

reasons for hesitation…those did not come to bare either. (Participant 01)

Participants 01 and 02 succinctly highlighted supervisors' experiences of

limited technological limitations. Participant 01 also noted:

I came to find out that anything I did lose, in terms of communication or

modeling was really minimal um and almost negligible [because] the technology

glitches have really been manageable and it works reliably way more times than

not.

Similarly Participant 02 added:

I feel really confident and comfortable that…the equipment and the means I'm

using is encrypted and…nobody's information is getting out there that

shouldn't… the same with our emails.

Supervisors were surprised that use of technology did not significantly limit their

ability to smoothly run sessions. These experiences helped to build perceived

credibility of the modality and increase their comfort with facilitation.

Participant 03 and 05 describe parallel experiences addressing ethical challenges

and overall supervisory approach used in DDCS and in-person supervision. Participant

03 added:

In general I would handle any ethical challenges the same way I would if it were

an in-person on the ground supervision session.

Participant 05 noted:

Instead of pretty much that once a week engagement, I'm having engagement on a more regular basis throughout the week but that didn't necessarily change my approach or my interventions that I would have done.

Overall, supervisors insisted that the main factors about supervision should remain the same, whether participating across distances or in-person. Participants offered support for this assertion by stating:

I think if you're gonna do distance supervision…you shouldn't have to change it up that much. Otherwise, distance supervision isn't a good idea is what I'd say. If it has to be vastly different than what you would do live then I don't know that it would be as effective.

Participant 07 also offered support for this assertion noting:

It's uh, a different learning and just like in face-to-face traditional learning, nobody can guarantee 100% percent success in outcomes, the same too in online learning formats.

Interestingly, study participants noted many parallels between in-person and DDCS; yet, they also describe many translational strategies and structural considerations for the facilitation of DDCS. When describing session content, supervisors also reported many similarities between the overall process of supervision and what they focused on during session. These results may suggest that there is a delicate balance between translating in-person supervision to DDCS while acknowledging the subtle differences between the two modalities.

Personal Impact of Experience

Personal impact of experience refers to supervisors' subjective descriptions of attitudes, emotional adjustment, and personal and professional development as a result of participation in DDCS. It seems supervisors spoke about their personal experiences of encountering strengths and limitations of the modality and developed a personalized meaning of these experiences.

Participants discussed a consistent experience of development over the duration of their DDCS engagement. For example, Participant 01 stated:

I am a lot less reluctant to engage in online supervision at this point. I feel a lot less concerned or scared about the use of technology. I feel like I've got enough experience even with just one supervisee that I can sort of project the issues or dilemmas, the drawbacks as well as advantages, so I'm more of an advocate or a fan and likely to use it in the future."

Similarly, Participant 07 stated:

I do like it a lot and professionally it pushes me to a different level and it required me to be more creative and to be more willing to go out of the box to do things and I have to develop a different bag of tricks so to speak and I can no longer rely on what my previous experiences have been. I think overall it's a good thing too. I welcome the experience. It stretched me to new learning levels and domains and it's been good for me.

Participant 03 also noted positive overall experiences as part of her personal development by stating:

I particularly like doing it. I think it's equally as effective …as in-person supervision.

Although supervisors report growth in their comfort and acceptance of DDCS as an effective and respected method of providing clinical supervision, they also note their preference for in-person supervision. For example, Participant 07 stated:

I'm biased because I spent more than 10 years doing traditional supervision and I've only spent maybe…four months doing online supervision. Of course I prefer the, my experience, my personal bias is, my personal value is, I prefer face-to-face. But on the other hand, my experience online supervision also tells me that you can get quality work accomplished with my supervisees even online.

This theme captured participants' discussion of internalizing challenges and strengths of DDCS and working toward increased professional and personal development. Supervisors seemed to acknowledge these new experiences and use them as a new dimension or tool in their supervision toolbox. Supervisors reported growth in their in-person supervision skills as well as in DDCS as a result of engagement in this modality.

Summary

This chapter presented an overview of the results of the current study. A brief description of study participants, themes and subthemes, and supporting textual examples were also presented. Highlights of the themes and subthemes presented will be discussed in further detail within chapter five.

CHAPTER 5: DISCUSSION

The purpose of this qualitative study was to explore supervisors' experiences of facilitating distance-delivered clinical supervision. Semi-structured interviews with six supervisors experienced with in-person, as well as DDCS, offered insight into supervisors' experiences associated with the supervisory working alliance and supervision session factors. Guiding research questions of this study were: (a) What are supervisors' perceptions of factors that impact the supervisory working alliance in DDCS? (b) What are supervisors' beliefs about how delivering supervision across distances affects session factors? (c) What are supervisors' beliefs about how supervisory working alliance and session factors differ in DDCS versus face-to-face supervision? This chapter includes a summary and discussion of study findings followed by a discussion of its limitations. Finally, implications for supervisors and future research are presented.

Discussion of Findings

Research Question One: Factors Impacting SWA

SWA in the in-person supervision relationship was found to be associated with complementarity (Chen & Bernstein, 2000), perception of SWA (White & Queener, 2003), racial identity (Bhat & Davis, 2007), real relationship variables (Watkins, 2011), supervisee assessment of supervisor adherence to ethical guidelines (Ladany, Ellis, & Friedlander, 1999), role conflict and role ambiguity (Ladany & Friedlander,

1995), ratings of supervisors including commitment to supervisory alliance (Bucky, Marques, Daly, Alley, & Karp, 2010), and supervisee development level (Ramos-Sanchez et al., 2002). Study participants perceived technological challenges, proximity, increased supervisee participation, parallel experiences, benefits, multiple quality technologies, need to be available, and enhanced supervisor role as impacting the supervisory working alliance. Supervisors believed limitations of DDCS, including supervisee characteristics, technological limitations and proximity, impacted their working relationship with supervisees. Supervisors stated that supervisee level of development, dropped calls, buffering, loss of video feed, and loss of the felt sense of human presence slightly impacted their ability to establish and maintain rapport with supervisees. It is noted that while participants acknowledged these limitations, they stated that these limitations were not significant enough to encourage them to cease the use of DDCS. Instead, they reacted positively to these limitations by creating translational strategies to help them continue engaging in the modality while meeting the needs of their supervisees.

These findings mirror those of previous studies in that participants reported similar challenges of DDCS (Kanz, 2001; Wood, Miller, & Hargrove, 2005). The current study established three clear categories, supervisee characteristics, technological challenges, and proximity, and a qualitative link between these challenges and supervisors' experiences of rapport. These categories may be used to help guide future exploration of how to minimize these challenges. The current study also highlighted the importance of maintaining a felt sense of human presence when

engaging in DDCS. Supervisors found it necessary to incorporate strategies that helped them mimic this rapport via distance.

Participants endorsed use of course software and additional supervision preparation time for supervisees. They believed that their supervisees were required to interact more with peers and supervisors online as part of course requirements. They believed that in doing so, supervisees benefited from additional feedback, processing, and opportunities to interact with the supervisor, which led to a stronger connection, or working alliance.

Participants described many parallel experiences in which their experiences facilitating DDCS mirrored those of in-person supervision. They also reported experiencing personal benefits of the modality including flexibility and enhanced supervisor development. Due to these experiences, participants described the increased sense of comfort with the modality potentially leading to an increased sense of connection with supervisees.

Supervisors previously reported experiencing flexibility as a result of their participation in DDCS (Janoff & Schoenholtz-Read, 1999; Wood, Miller, & Hargrove, 2005); however, the current study augments previous research by establishing the need for further investigation of supervisors' enhanced development. Typically, authors (Butler & Constantine, 2006; Reese, Aldarondo, Anderson, Lee, Miller, & Burton, 2013; Yeh et al., 2008) discussed development from the supervisees' perspective, highlighting the trainees' experience of cycling through predicable stages that indicate their potential emotional and professional experiences as they interact with their clinical environment at any given point in time. Supervisors' indicated that beginning

to participate in DDCS pushed them to stretch their skill set and re-experience emotions that mirror those of the early stages of supervisee development.

Participants also believed that use of multiple quality technologies and an effort to be available to supervisees positively impacted their experience of the supervisory working alliance. Supervisors were flexible in their selection of mode of service delivery, often using more than one type of technology, including videoconference, teleconference, forum, e-mail, and text message to communicate with supervisees. They noted that the use of multiple technologies was helpful in more adequately meeting the needs of supervisees. They also communicated a need to be more available to supervisees outside of scheduled sessions, which they believed positively impacted the working alliance.

Current study findings mirrored past experiences of supervisors' intentional use of more than one type of technology in order to meet the needs of the supervisee (Coker, Jones, Staples, & Harbach, 2002; Schultz & Finger, 2003; Stebnicki & Glover, 2001). The current study participants also illuminated the unique experience of feeling as though they needed to be more available to supervisees since they did not have regular interaction with them in-person. This finding may have implications in how supervisors choose to structure their sessions and attend to working alliance in DDCS.

Enhanced supervisor role, supervisors' recognition of increased responsibility to build and maintain rapport was also associated with supervisory working alliance. In addition to other supervisor roles, they described having to spend additional time and effort building rapport with supervisees compared to the amount of time and effort

expended in in-person supervision. By taking on this responsibility supervisors believed they could positively impact the supervisory working alliance.

Current study findings are unique in they highlight supervisors' experiences developing awareness of additional responsibilities required of the DDCS supervisor. Participants offered support for further exploration around the role of rapport builder in addition to traditionally prescribed supervisor roles in DDCS. This finding could also offer some support for the assertion that in-person supervision and DDCS should be treated as two distinct modalities, further warranting discussion of separate DDCS strategies and training.

Research Question Two: Impact of DDCS on Session Factors

Participants operationalized session factors as session type (group versus individual), meeting time, duration of session, supervisor time investment, mode of service delivery, and supervisor style. Study participants primarily used group supervision because of the distance nature of the session. These supervisors primarily identified as counselor educators and used DDCS with students within traditional, hybrid, and completely online programs. Because counselor educators had numerous students to supervise as part of course offerings, group supervision was more prevalent. In general, DDCS impacted session type by dictating the organization of individual and group supervision. Participants held individual meetings prior to beginning group supervision in an attempt to build the relationship and discuss the supervisees' appropriateness for DDCS. Although participants admitted to not consistently utilizing individual supervision as part of their coursework, they seemed to suggest that use of individual supervision, if possible, would help decrease distractions and decrease the

task orientated nature of online group supervision. In addition, they noted that using individual supervision helped increase their ability to concentrate on more personal issues.

The current study, similar to previous literature (Kruger, Cherniss, Maher, & Leichtman, 1988; Livni, Crowe, & Gonsalvez, 2012), noted the prevalence of group supervision over individual; however, study participants also offered in-depth descriptions of how facilitating supervision online impacted the way they structured their group supervision sessions. This finding further offers support for the creation of structured guidelines for use of DDCS that include session type, type of technology used, and number of participants per session. Further exploration of this topic is needed.

The utilization of DDCS also seemed to impact the length of sessions, meeting times, and the supervisors' time investment per week. Participants reported that due to the nature of not being in-person with supervisees, they often needed extra time to ensure that necessary tasks and foci of sessions were being attended to. For example, one participant reported extending session duration from 1.5 hours to 2 hours per group session. They also described more flexible, but also more restrictive meeting times depending on circumstance. They noted that delivering supervision via distance allowed both parties to schedule meetings based on what was convenient for them at the moment. They stated that they could meet with supervisees while in the office or from home, and they often had the flexibility to push the session back if necessary because of childcare, traffic, or other emergencies.

Interestingly, supervisors also noted that the nature of DDCS contributed to more restrictive meeting times when conducting sessions across time zones. Specifically, supervisors within hybrid counselor education programs experienced some difficulty with scheduling sessions during times that were within working hours for all supervisees. Participants also reported that facilitating DDCS often led them to spend more time and effort preparing for sessions, as well as facilitating sessions compared to in-person supervision. They noted that it was more difficult to provide supervisees with resources, review notes or supporting documents, and model counseling interventions while using technology to provide supervision. As such, they needed to prepare by uploading documents prior to sessions, provide more structured information about session content, and review supporting documents prior to beginning sessions in order to feel prepared during meeting times. No evidence of a similar focus on supervisor preparation and demands on time could be found in the literature at the time of this study. The current study highlighted the impact of DDCS on time, both in additional time commitment per session and time of session offering. This study is unique in that it offers descriptions of supervisors' experiences of this phenomena and their adjustment to these additional requirements. Resulting strategies should be explored as part of future research.

Mode of service delivery represented an additional factor that was impacted by DDCS. Participants described the experience of selecting the technological means that they used to facilitate sessions based not only on HIPPA requirements and university standards, but also based on the needs of the supervisees. It is noted that participants gravitated to forms of communication, such as videoconference and course software,

that allowed them to maintain as many non-verbal cues as possible and easily utilize multiple types of technology supervisees.

Finally, participants reported that DDCS impacted the way in which they facilitated their supervision sessions. Supervisors were very clear about preserving their supervisory style and they attempted to preserve their favored theory of supervision for use via distance. However, they found that while their theory of supervision was not affected they noticed themselves become more structured, task orientated, and less empathetic when facilitating DDCS.

Supervisees receiving traditionally delivered supervision believed task-oriented, supervisee-focused styles were most affective (Fernando & Hulse-Killacky, 2005). However, the literature is void of information describing supervisors' experiences of supervision theory and supervisory style in DDCS. The current study is unique in that it lays the framework for further study about these concepts in DDCS. Although, study participants indicated that they tend to use similar styles and theories of supervision as they would in-person, the relationship between the supervisors' chosen style or theory and supervisees' rating of working alliance or satisfaction with supervision online is not yet clear.

Research Question Three: SWA and Session Factors Across Modalities

In comparing their experiences of facilitating supervision in-person versus across distances, participants reported that DDCS required more supervisor time and effort to build and maintain rapport with supervisees, more time spent facilitating supervision per week, and additional supervisor preparation. They also noted increased organization and structure in order to ensure that session goals are met, increased

supervisee participation, and an increased sense of duty to be more available to supervisees outside of supervision time. Lastly, participants described engaging in translational strategies in which supervisors attempted to mirror experiences of in-person supervision in DDCS. In describing their overall experiences, participants stated that while after engaging in DDCS they felt more comfortable and confident in their skills as a supervisor, they still preferred to meet with supervisees in-person.

The current study speaks to overall experiences of supervisors facilitating DDCS. When comparing participants' experiences of in-person supervision and DDCS, these experiences may be captured by one word: more. For example, participants described more time, effort, structure, and strategies in order to facilitation DDCS appropriately. This comparison further supports the need for further research about effective translational strategies for conducting DDCS.

Limitations

Participants were solicited from online professional counseling listservs. Seven potential participants expressed interest, with one dropping out due to illness. Study participants were disproportionately Caucasian counselor educators working in hybrid or completely online programs. While the demographics of the participants may mirror those of the counseling field, lack of diversity in race and work environment may limit the breadth of phenomenological experiences studied.

Lack of diversity of work environment, in particular, may have affected the behavioral adjustments and strategies that participants suggested as part of the current study. Because participants were primarily counselor educators, their experiences related to use of DDCS with counselor student trainees. Further exploration of

supervisors' experiences with DDCS in work settings outside of universities may offer a more full description of strategies that can be more universally applied.

It is also noted that due to the nature of the study and data collection period, with data being collected for several weeks at the end of December and early January, the demographics of potential participants may have been affected. Participants who volunteered may have had an increased interest in DDCS, while those who were less interested in the modality may not have volunteered for participation. While study participants did not endorse initial interest in the modality, they may have had a bias toward DDCS after having gained experience with facilitation and thus they were more willing to volunteer, especially during the limited data collection period.

This study qualitatively examined six participants' experiences of facilitating distance-delivered clinical supervision. Qualitative examination provided rich description of the participants who have experienced the phenomenon being studied; however, it does not allow for generalization of study results. Therefore, implications presented below merely represent points of further consideration for supervisors and exploration for researchers.

<div align="center">Implications</div>

Implications for Supervisors

Session type (Livni, Crowe, & Gonsalvez, 2012) and supervisory style (Fernando & Hulse-Killacky, 2005) have been associated with supervisee satisfaction with supervision and trainee self-report of self-efficacy. It was believed that these variables might impact the organization and framework of supervision sessions delivered across distances. While the phenomenological structure of the current study

does not allow for the direct association and generalization of strategies adopted in an effort to organize session factors and SWA, supervisors acknowledged the importance of intentional organization of supervision sessions conducted across distances.

Similar to the literature, participants favored group supervision over individual (Livni, Crowe, & Gonsalvez, 2012) only in ease of facilitation; however, they noted the drawbacks of group supervision such as excess noise, difficulty concentrating, and difficulty scheduling sessions with several supervisees located in various time zones. Participants who conducted individual distance supervision sessions noted their ability in individual supervision, versus group, to focus on the supervisee in the supervisor role of counselor and process issues of personalization.

Supervisory style represented another factor believed to impact the facilitation of DDCS. Task-oriented interventions were found to be more appropriate for group supervision, rather than individual supervision and impacted supervisee ratings of self-efficacy (Fernando & Hulse-Killacky 2005). Study participants referenced an aversion to task oriented styles in their experiences of DDCS, noting that they were often pulled to be more task orientated in an effort to manage proximity and technological challenges of this modality. It is also noted that participants resisted this tendency and hoped to incorporate a more supervisee-focused style into their work. Thus, it was suggested that supervisors be intentional in balancing styles that incorporate support and direction when working across distances. Other implications for practice may include restricting participation in videoconference or audio-only supervision to more advanced trainees, keeping supervision groups small, utilizing individual distance-delivered supervision if possible, and utilizing distance formats in addition to face-to-

face. Further investigation of the relationship between supervisee level of development, supervisory style, session type and satisfaction with supervision is necessary.

Recognition of translational strategies. Supervisors acknowledged limitations of DDCS, including proximity and technological limitations. In doing so, they also accepted responsibility to meet additional demands on the supervisor required to successfully facilitate sessions across distances. It is clear from the experience of study participants that supervisors cannot conduct DDCS exactly as they would in-person supervision. While there are many parallels of the two modalities, there were also significant behavioral adjustments supervisors made in order to smoothly facilitate sessions and meet the needs of supervisees. It is suggested that supervisors beginning to engage in DDCS be aware of translational strategies and intentionally attend to the supervisory working alliance and session factors as part of preparation for supervision.

Supervisory working alliance. In preparation for the current study, a review of literature was completed. SWA was found to be associated with complementarity (Chen & Bernstein, 2000), racial identity (Bhat & Davis, 2007), real relationship variables (Watkins, 2011), supervisee assessment of supervisor adherence to ethical guidelines (Ladany, Ellis, & Friedlander, 1999), role conflict and role ambiguity (Ladany & Friedlander, 1995), ratings of supervisors including commitment to supervisory alliance (Bucky, Marques, Daly, Alley, & Karp, 2010), and supervisee development level (Ramos-Sanchez et al., 2002). Results of the current study augment the findings of (Watkins, 2011) and (Ramos-Sanchez et al., 2002).

Watkins (2011) suggested that the supervisory relationship consisted of a complex interaction of SWA, transference-countertransference interactions, and the

real relationship. While formal measurements of SWA and transference-countertransference were not assessed as part of the current study, parallels in Watkins' (2010) description of the real relationship, that is "person to person, therapist-patient interactions or experiences and their impact on the treatment relationship" (Watkins, 2011 p. 101), could be found in participants' experiences of building rapport as distance supervisors. Watkins described examples of real relationship behaviors as:

> Greetings and salutations, parting comments, shaking hands, tact, courtesy, friendly interest, self-expression, warmth, liking, "clicking," trust, expressing feelings about events that impact the supervisee's life (e.g., birth of a child, death of a parent), and the genuine and appropriate feelings the supervisor and supervisee experiences toward one another as a part of the supervisory process (e.g., sadness over supervision's termination, happiness over supervisee success). (Watkins, 2011, p. 108)

It is believed that these behaviors may contribute to the development and maintenance of SWA in supervision, especially in DDCS where there is an absence of non-verbal cues. Thus, the relationship between real relationship behaviors and the development and maintenance of rapport in DDCS may be more significant than in face-to-face relationships.

Participants spoke to the increased importance of real relationship factors in DDCS. Increased focus on rapport building and development and maintenance of rapport points to differences in supervisors' experiences building rapport in-person with supervisees versus at a distance in that they spent more time and expended more effort trying to ensure the development of a satisfactory working alliance. Participants

found these behaviors helped them build rapport with supervisees across distances. This finding offers support for Watkins' (2011) assertion of the importance of felt relational behaviors in supervision and suggests that such behaviors may carry increased importance in the absence of physical presence of an individual, such as in DDCS.

Inconsistent findings around the concept of supervisee level of development were identified in that some researchers found support for the relationship between level of development and ratings of alliance while others did not (Efstation, 1990; Ramos- Sanchez et al., 2002; Reese et al., 2009). The literature discussed the relationship between supervisee level of development, supervisory working alliance, and satisfaction with supervision. Participants of these studies seemed to suggest that participation in DDCS should be restricted to more advanced supervisees, potentially having implications for SWA and other supervision outcome variables (Ramos-Sanchez et al., 2002; Reese et al., 2009).

Participants of the current study also reported similar beliefs about supervisee characteristics making supervisees appropriate candidates for DDCS. Study participants noted that they believed level of experience and confidence contributed to supervisees' appropriateness for DDCS. This finding may support the notion that more advanced trainees may feel more comfortable participating in distance-delivered clinical supervision, potentially indicating that considering supervisee level of development could be important when gauging supervisees' readiness for this intervention.

Policy implications may also impact supervisors' use of DDCS including ethical implications, training of supervisors, and factors to be considered when deciding to engage in the modality. It is recommended that supervisors maintain ethical practice when facilitating DDCS by considering mode of service delivery, working to ensure that protected health information is not inadvertently disclosed. Study participants seemed to suggest that using software that has been deemed HIPPA compliant or omitting identifying client information was sufficient for maintaining confidentiality.

Supervisor training represented an additional policy implication in that it is suggested that supervisors receive regulated training in DDCS. At the time of this study, there was no standardized training that included translational strategies or structural considerations to help supervisors develop their skills as distance supervisors. It is recommended that entities such as the Counsel for Accreditation of Counseling and Related Educational Programs and the National Board for Certified Counselors work toward developing competencies for supervisor trainees while they are obtaining course credit and continuing education.

Based on participants' experiences, it is suggested that supervisors consider factors such as reasons prompting their engagement in DDCS, benefits and potential barriers of participation for both supervisor and supervisees, and supervisors' possession of the skill level and training necessary to facilitate supervision across distances. Study participants highlighted the benefits of engaging in DDCS; however, participation should be tempered by purposeful consideration of personal beliefs about the modality and needs of the supervisee. While DDCS is comparable to face-to-face

supervision in many ways, it may be harmful to the relationship and detract from the goals of the supervisee if the supervisor and supervisee not do not feel comfortable with distance delivery or do not engage in the translational strategies and structural considerations necessary to ensure the success of the intervention.

Implications for Future Research

The current study explored supervisors' experiences of factors impacting SWA and session factors when conducting DDCS. Supervisors indicated their preferences, personal experiences, and strategies used to facilitate supervision across distances. The following section discusses implications for future research based on the current findings.

Supervisors acknowledged challenges of DDCS and attempted to adjust to these limitations. Participants of the current study reported that behaviors such as extending the duration of session, use of additional preparation time, and increased attendance to the supervisory working alliance were among some of the suggestions given. Research is needed that further details supervisors' translational strategies, behavioral adjustments made in order to more smoothly facilitate DDCS. In addition, the link between supervisors who engaged in these strategies versus those who did not and supervisee ratings of rapport or other supervision outcomes should be also be explored.

As noted above, the current study was unique in that participants highlighted the very prevalent experience of managing the development and maintenance of rapport when facilitating DDCS. Given the strength of this phenomenon it is believed that potential implications of this concept will be important to explore. Thus, it is

suggested that future exploration of the balance of supervisor roles in DDCS be conducted. Further, investigation of and support for the addition of a "rapport role" in DDCS should also be explored.

Trainees' perceptions of supervisor multicultural competence has been found to be strongly associated with SWA (Inman, 2006). In addition, supervisory working alliance mediated the relationship between supervisor multicultural competence and satisfaction with supervision as rated by the supervisee. Inman (2006) found that supervisors' display of multicultural competence in supervision was related to supervision outcomes, thus, this factor was important for the supervisory dyad. Interestingly, multicultural competence was not a focus of participants' descriptions of their experiences conducting DDCS in the current study. It is noted that study results highlighted minimal discussion of diversity, with the one non-White participant describing awareness of the responsibility to facilitate culturally responsive supervision across distances. Further examination of this phenomenon is warranted.

Participants indicated experiencing a developmental transition as supervisors, moving from hesitance to increased comfort working via distance. Participants also attributed positive learning experiences to conducting DDCS to augmented skills as an in-person supervisor. While this is an ideal outcome for the participants, it is unclear what can be done to smooth the transition for supervisors beginning to engage in DDCS. Therefore, the author suggests that increased educational efforts highlighting DDCS for supervisors in training is necessary. Based on findings of the current study, it is suggested that more research be done in this area in order to justify increased presence of this topic in supervision textbooks. It is also suggested that training about

DDCS be included in traditional supervision coursework so that more supervisors will be exposed to the modality earlier, have more opportunities to practice facilitation, and potentially minimize anxiety resulting from "transitional distress."

Summary

This final chapter presented discussion and practical implications of study results. An overview of implications for future research was also discussed. Lastly, personal reflections of the author were included as evidence of the personal nature of the dissertation process and acknowledgment of biases in the process of qualitative research.

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UNCCHARLOTTE

APPENDIX A: INFORMED CONSENT FORM

Dear Participant,

You are invited to participate in a qualitative research study that will explore the experiences of supervisors who have facilitated distance-delivered clinical supervision. You are eligible to participate because you answered "yes" to the inclusion criteria questions listed on the Participant Eligibility Questionnaire.

If you decide to participate, you will be one of approximately six participants in the study. Please be aware that this study utilizes e-mail and online data storage. Participant packets will be received via e-mail. E-mail is not guaranteed to be secure and care must be taken to ensure that data sent and received be protected. It is recommended that you either destroy your completed participant packets or store them using a password on your computer after sending them to the researcher. In order to protect your data after it has been received the researcher will remove your data from online and save it electronically using multiple layers of password protection.

Participant interviews will be saved using an online audio recording and storage program. The interview will take approximately 45 to 90 minutes. Interviews will be audio recorded, backed-up to a secure online server, and deleted from the online server within six months of your interview. Your information will be kept confidential by keeping data secure and limiting access to just the researchers working with the data. Your privacy will be protected by de-identifying transcripts and using pseudonyms on the audio recordings.

The benefits of your participation in this human subject study include contributing to the current knowledge, characteristics, and views regarding current issues in the area of clinical supervision. You may withdraw or decline without penalty at any time.

You are a volunteer. The decision to participate in this study is your choice. If you decide to participate in the study, you may change your mind and stop at any time.

UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the University's Research Compliance Office 704-687-1871, if you have any questions about how you are treated as a study participant. If you have any questions about the project, please contact me, Dominique S. Hammonds, at dmill122@uncc.edu or Dr. John R. Culbreth, at jrculbreth@uncc.edu.

By signing at the bottom of this page I am indicating that I have read the information above and give my consent to participate in this study.

Thank you for taking the time to participate.

Sincerely,

Dominique S. Hammonds, M.S.   Dr. John R. Culbreth
Doctoral Candidate   Dissertation Chair
Department of Counseling   Department of Counseling
University of North Carolina at Charlotte   University of North Carolina at Charlotte

_____   _____
Participant's Signature   Date

UNCCHARLOTTE

APPENDIX B: LETTER OF EXPLANATION

Dear Potential Participant,

You have been invited to participate in a research study concerning the facilitation of distance-delivered clinical supervision. As a doctoral candidate in the Department of Counselor Education and Supervision at the University of North Carolina at Charlotte, I am currently in the process of collecting data for my dissertation.

The purpose of the study is to examine the experiences of counselor supervisors conducting supervision across distances. The information that is gathered from the study will provide insight on how delivering supervision across distances effects supervisory working alliance, session factions, and specific approaches and techniques.

Your generous participation in this study will be greatly appreciated. This study will consist of two different data collection methods: an initial screening followed by an interview. The screening should take approximately 2 minutes to complete. If eligible, I will contact you to arrange a time for the interview. The interview will take approximately 45 to 90 minutes and will be audio-taped and then transcribed. Please note that this study utilizes e-mail and online audio recording and storage software. If you choose to participate in this study, your information will be kept confidential by keeping data secure and limiting access to just the researchers. Your privacy will be protected by de-identifying transcripts and using pseudonyms on the audio recordings. Multiple methods will be used to protect data submitted to the researcher by e-mail and audio recording; however, due to the nature of electronic files data cannot be guaranteed secure. You may withdraw or decline participation without penalty at any time.

Your participation and time is greatly appreciated.

Sincerely,

Dominique S. Hammonds, M.S.
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

APPENDIX C: PARTICIPANT ELIGIBILITY QUESTIONNAIRE

Thank you for your interest in study participation. This study is a qualitative

investigation of supervisor's experiences facilitating distance-delivered clinical

supervision. Please answer the following questions to indicate eligibility for study

participation.

1. Are you a Licensed Professional Counselor (LPC) or a Licensed Professional

    Counselor Supervisor (LPC-S)?

    ☐ Yes   ☐No   ☐Unsure

2. Do you have a minimum of one semester or four consecutive months of experience

    conducting distance supervision via chat, forum, e-mail, teleconference, or

    videoconference?

    ☐ Yes   ☐No   ☐Unsure

3. Do you have access to teleconference software (www.freeconferencecall.com)?

    ☐ Yes   ☐No   ☐Unsure

4. Will you be able to schedule a 45-90 minute interview during the spring of 2014?

    ☐ Yes   ☐No   ☐Unsure

    By submitting this document you are attesting that you have completed the above
    questionnaire truthfully and to the best of your ability.

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APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE

Instructions: Please answer the following demographic questions by marking an "X" or filling in the appropriate line.

1. What is your sex?
☐ Male ☐ Female ☐ Other

2. Which of the following best identifies your race?
☐ African American ☐ Caucasian ☐ Hispanic/ Latino
☐ Asian/ Pacific Islander ☐ American Indian ☐ Multi-Racial
☐ Other _____

3. Please identify your age range.
☐ 25-30 ☐ 31-35 ☐ 36-40
☐ 41-49 ☐ 50-59 ☐ 60+

4. What is your current level of education?
☐ Master's Degree ☐ Doctorate Degree ☐ Other _____

5. Where are you employed?
☐ Counselor Education ☐ Private Practice ☐ Community Mental Health
☐ College Counseling Center ☐ Other_____

6. Where did you receive your supervision training?
☐ Formal Degree Program ☐ Continuing Education

7. Which best describes your level of supervision experience?
☐ 0-2 years ☐ 3-5 years ☐ 5-10 years
☐ 11-15 years ☐ 16-20 years ☐ 21+ years

8. Which best describes your level of experience conducting distance-delivered clinical supervision?
☐ 0-2 years ☐ 3-5 years ☐ 5-10 years
☐ 11-15 years ☐ 16-20 years ☐ 21+ years

APPENDIX E: INTERVIEW PROTOCOL

Research Study Title: An exploration of supervisors' experiences of supervisory working alliance and session factors when facilitating distance-delivered clinical supervision

Thank you for your participation today. The goal of this interview is to gain an in-depth description of your experience facilitating distance-delivered clinical supervision. As a participant your identity and information provided will be confidential. This interview will last about 45-90 minutes and will be semi-structured. This format allows the interviewer to gather specific information from you and it leaves room for you to add information that you think is necessary to more fully understand your experience. After the completion of this interview you may contact me regarding study participation at dmill122@uncc.edu.

Building Rapport

1.   Tell me about why you decided to go into counseling.

Description of Supervision Experience

1.   Tell me about how you became a clinical supervisor.

        a.   What led you to use DDCS in your work?

        b.   How long have you been a supervisor?

        c.   How long have you facilitated DDCS?

        d.   What do you enjoy about being a supervisor?

Description of Distance-Delivered Clinical Supervision

1.   How do you build and maintain rapport with supervisees?

2.   What influences your ability to build SWA?

3.   How does delivering supervision across distances affect how you organize and structure your supervision sessions?

4.   What are ethical considerations when conducting DDCS and how do you address those considerations?

5.   How do you select the technological means (chat, e-mail, forum, teleconference, and videoconference) that you use to facilitate the supervision session?

6.   How do you structure/ organize DDCS sessions? (Why?)

7.   Describe barriers of effective session facilitation.

8.   Describe your supervision style and how you convey that style across distances.

9.   What factors impact how you facilitate DDCS?

10.   How does delivering supervision across distances affect which theories of supervision, specific approaches, or techniques you use?

11.   Tell me about what theories of supervision, specific approaches, or techniques you use.

12.   When facilitating DDCS, what makes a specific supervision theory/ approach effective?

13.   Compare your experience of facilitating DDCS with traditional face-to-face supervision.
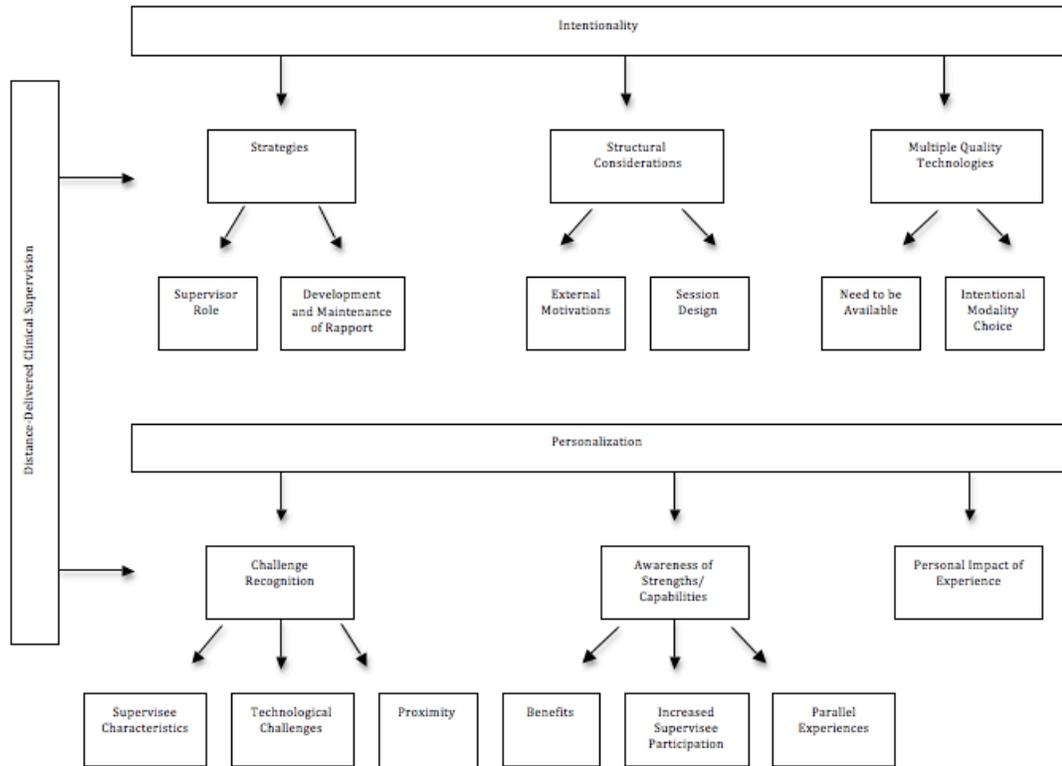
APPENDIX F: DISTANCE DELIVERED CLINICAL SUPERVISION

Figure 1. Relationship between supervisors' experiences of distance-delivered clinical supervision.
Large horizontal rectangles represent themes of supervisors' experiences. Arrows denote relationship between corresponding categories and subcategories.