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Supervision Satisfaction: What Impacts Masters Level Supervision When Reviewing Supervisor Category and Student Concentration?

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SUPERVISION SATISFACTION: WHAT IMPACTS MASTERS LEVEL SUPERVISION WHEN REVIEWING SUPERVISOR CATEGORY AND STUDENT CONCENTRATION?

by

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Abstract

The purpose of this study is to examine the satisfaction ratings of master's level counseling students with their group, doctoral, and off-site supervisors. The researcher hypothesized that doctoral student supervisors and clinical mental health supervisors would demonstrate higher levels of overall student satisfaction. Two-hundred and ninety-eight supervisor evaluations were utilized for this study. A regression was initially run to test for satisfaction ratings, but no power or significance was found after running the statistical analysis. Therefore, the researcher ran a one-way ANOVA (after categorizing the type of supervision into two subgroups: faculty and nonfaculty). The results were as follows: the faculty yielded higher ratings of satisfaction, and students in the school program indicated higher levels of satisfaction.

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Chapter One: Introduction

Supervision is currently a popular and hot topic within the counseling field; especially when considering the counseling field, as well as the requirements for licensure. One requirement for licensure in the state of Tennessee states that counselors-in-training must obtain 150 supervision hours. To obtain a Licensed Professional Counselor with a Mental Health Service Provder (LPC-MHSP) status, counselors-in-training must execute 75 of the required supervision hours with a LPC-MHSP, while the rest of the hours can be completed with a social worker, psychologist, or psychiatrist. Moreover, the LPC-MSHP must also be an Approved Clinical Supervisor (ACS) (TN Department of Health, n.d.), which means five years of continuing education via workshops and other trainings.

There is little current consensus on the definition of clinical supervision (Bernard & Goodyear, 2014; CACREP, 2016; Falender & Shafrankse, 2007; Falender & Shafranska, 2014). Thus, this paper defines supervision as a process in which counselors-in-training receive guidance on theory, interventions, assessment, professional and ethical issues, conceptualization, protecting the well-fare of clients, and the licensure process.

Before the supervisory relationship can begin, the supervisor and supervisee establish goals and sign a mutually agreed upon informed consent contract (Ladany, 2014). The contract commonly covers things such as fees, the supervisor's supervision style, and expectations of the supervisor and supervisee. It will also typically include information about the limits of confidentiality and an overview of the supervisor's experience within the field.

Empathy in the supervisory relationship

According to Ladany (2014), the most important aspect of any supervisory relationship is based on empathy on the part of the supervisor. Indeed, without empathy, rapport cannot be built, and a truly effective relationship will not form. While supervision failure may result from a lack of empathy, it can also be the result of not operating from an established supervision model, chronic criticism, not paying attention to multicultural aspects of the supervisee, power struggles, and the use of over-evaluative assessment techniques.

Walker, Ladany, and Pate-Carolan (2007) have found that much of the existing literature focuses on supervision within a clinical setting. Indeed, only a limited number of studies focus on supervision and supervisee satisfaction in an academic setting, specifically doctoral students with faculty supervision. Current literature also focuses on the attachment style of both the supervisor and supervisee, and how attachment styles affect the supervisory relationship, as well as disclosure within the supervision setting. Regardless, none of the existent literature focuses on site supervision and its effects on practicum and internship students in a master's level counseling program. Thus, the present study proposed to not only fill in this gap of literature, but to also hopefully fill in any gaps that are related to supervision satisfaction and supervision models presented in the supervision setting on behalf of the supervisor, as well as the different categories of supervision and overall satisfaction (e.g., faculty, doctoral students, and off-site supervisors).

The purpose of this study included several different components: First, to examine the effects of site, faculty and doctoral supervision on the overall level of satisfaction of the supervisory process from the perspective of students in a master's level counseling program; Second, to examine the possible effects of program concentration on the overall perceived

satisfaction of master's level counseling students. The researcher was also interested in looking at what supervision models fit best with the questions on the group supervisor evaluation form?; and which theoretical models of supervision are viewed more positively by the three counseling groups (e.g., CMH, School, and Rehab)?

Introduction to Methodology

This study examined supervision evaluations that were completed by master's level counseling students at the University of Memphis. The evaluation forms were based on a Likert-type scale. Students were required to submit evaluations on their off-site, faculty, and doctoral-student supervisors at the end of every semester. For the purpose of this study, the researcher examined practicum student evaluations only. The researcher obtained the evaluations from the practicum and internship coordinator in the counseling department. There were no student identifiers, such as name used, on the evaluations. Supervisors' names were employed only to facilitate coding into doctoral, faculty or off-site supervisors. Also, none of the supervisors' names were used after the coding process to ensure anonymity.

The purpose of this study was to examine the satisfaction of practicum students with type of supervisor and the impact of the students' concentrations. Thus, the following two research questions were proposed: Does the type of supervision (doctoral, faculty or site) affect master's level students' overall satisfaction with their supervision? Does academic concentration affect master's level students' overall satisfaction with the supervisory relationship?

The researcher's hypotheses were as follows: First, the author hypothesized that individual doctoral supervision would result in the highest level of satisfaction for master's level students, because master's level students will be able to connect better with doctoral students due

to their shared student statuses. Second, the clinical mental health concentration (CMH) would have greater levels of satisfaction from master's level students due to there being more clinical mental health (CMH) students and their supervisors having a more diverse clinical background.

Two additional research questions were added. Including, "What supervision models fit best with the questions on the group supervisor evaluation form?" It is important to study both of supervision satisfaction and supervision models because we need to gain a better understanding of what effects supervision within both an academic and clinical setting. Thus second added research question was "Which theoretical models of supervision are viewed more positively by the three counseling groups?" The latter research question was added due to the existing literature not providing sufficient evidence to support the creation of a directional hypothesis with regard to particular counseling orientations for supervision styles.

Demographics of Populations

This study utilized a total 298 evaluations. When examining the evaluations via concentrations, the N's were as follows: 200 of the evaluations were clinical mental health, 64 were school, and 10 were rehabilitation. The researcher was unable to identify the concentration for 24 of the evaluations. Therefore, the researcher removed these particular evaluations out when analyzing the following things: supervision satisfaction based on concentration, and the total number of times each theoretical supervision model correlated with a concentration via the supervisor evaluations.

All of the evaluations were generated by students 18 years of age or older. Moreover, they were all enrolled in the master's counseling program at the University of Memphis. No demographic information was available for the students' race or gender.

The demographics also included the following types of supervisors: off-site, faculty and doctoral students. Off-site supervisors refer to supervisors at a counseling community facility; the faculty are program university faculty at the University of Memphis, and nonfaculty included doctoral students and adjunct professors. Evaluations were collected between 2010-2013.

Chapter Two: Literature Review

What is Clinical Supervision?

Clinical supervision is a major component of the counseling profession as it begins in one's masters level program, and is provided in master's level counseling programs until a counseling professional reaches licensure status. Moreover, supervision is recommended throughout one's career as a mental health professional (American Counseling Association, 2014). A search of "supervision definition" on PsychInfo, conducted on July 7, 2018, yielded 565 articles, although none were viable resources to identify a concrete definition of supervision. Various definitions emphasize different perspectives and aspects of supervision.

While some of these different supervision definitions focus on the supervisory relationship, they also focus on such topics as increasing the skillset and professional competence of the supervisee, critical factors involved in the learning process, skill level, knowledge, values/attitudes, and approaches to evaluation and feedback (Falender & Shafranska, 2014). Other definitions focus on such aspects of the profession as protecting the public, gatekeeping, monitoring professional counseling services, and increasing overall professional functioning throughout mental health professionals' careers (Falender & Shafranska, 2014). The various definitions of supervision from each substantive orientation are discussed in detail below.

Definitions of Supervision

Bernard and Goodyear (2014) define clinical supervision as "an intervention provided by a more senior member of a profession to a more junior colleague of colleagues who typically (but do not always) are members of that same profession" (p. 9). They maintain that there are various components to the supervisory relationship, and indeed that the supervisory relationship is hierarchical and evaluative, that it extends over a period of time, and that its primary purpose is to enhance the skillset of junior members of the profession. To accomplish the latter, supervisors must monitor the quality of counseling provided to clients, and thus serve as gatekeepers for the counseling profession. This definition focuses on the supervisor's power to evaluate and critique in a supervisory relationship to improve the supervisee's overall counseling skillset.

The previously mentioned definition has been expanded to note that the supervisory relationship can also exist between a supervisor and supervisee from differing professions; for example, a social worker or psychiatrist may supervise a counseling professional seeking licensure in the counseling field. Moreover, it should further be noted that supervisors not only serve as gatekeepers for individuals entering the profession, but also for others as well, such as counseling professionals and colleagues (Bernard and Goodyear, 2014).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2016) characterizes supervision as focusing strictly on individual and didactic supervision between a supervisor and master's level counseling student. For example, they define individual supervision as a "tutorial and mentoring relationship between a member of the counseling professional and one counseling student" (p. 42); Didactic supervision is defined as "a tutorial and mentoring relationship between a member of the counseling professional and

more than two counseling students" (p. 41). This definition focuses on the relationship between two or three individuals, e.g., the supervisor and supervisee(s). According to this definition, the supervisory relationship is similar to a mentor/mentee relationship that one may encounter within the clinical community.

Falender and Shafranske (2007) have defined supervision as "an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidenced-based practices and the requirements of the local clinical setting" (p. 233). Their definition focuses on teaching, the evaluative process of supervision, and enhancing counseling competency skills. They assert that this definition of supervision helps establish supervisory goals and evaluation methods, including assessments (both from the supervisor and by self-assessment), goals, the supervisory process, and an overall collaborative relationship between the supervisor and supervisee.

Effective supervision can be defined as a relationship that focuses on both the professional enhancement of the counselor, that protects the client and public, and that enhances supervisory outcomes (Falender & Shafranska, 2014). Abidden (2008) has suggested that effective clinical supervision focuses on counselor self-development, as well as career and professional growth of all supervisees. Supervision is also considered proactive, goal-oriented and purposeful (Borders & Brown, 2005).

Rousmaniere and Ellis (2013) have found that supervisees prefer a more collaborative approach to supervision, and that greater collaboration engenders higher levels of satisfaction. However, they found that, according to most supervisees, supervisors tend to take a moderate collaborative approach.

Best Practices in Clinical Supervision

With supervision being intentional, goal-oriented, planned, and purposeful, it is crucial that supervisors employ best practices and evidenced-based protocols (Borders & Brown, 2005). Indeed, doing so is an ethical mandate of the profession. To maintain best practices, supervisors must review previous supervision sessions and plan for future ones (Borders, 2014). This allows supervisors to not only remember what was discussed during previous sessions but enables them to plan for future sessions as well. Since supervision is developmental, supervisors must adjust the supervision environment to fit the supervisee's current developmental level and needs in the moment. The process will not only differ in regard to each supervisee, but also change throughout the supervisory relationship (Borders, 2014).

To maintain best practice, supervisors must be flexible with their supervisory roles and be able to focus on many different professional competencies at once (Borders, 2014). Supervisors can also maintain best practice by realizing that supervision is an educational process that should be "informed by knowledge, and research from relevant fields such as learning theory, teacher education, and cognitive science" (p. 158). Moreover, supervisors should focus on and address diversity and multicultural issues within supervision. Supervisors can further preserve best practice by continually receiving training in supervision (Borders, 2014). Thus, it should be apparent why evidenced-based clinical supervision is needed.

Evidence Based Supervision

Evidenced-based clinical supervision's (EBCS) main objective is to help facilitate a full and balanced experiential learning environment for supervisees. The most important aspect of EBCS is fitness-for-practice. Fitness-for-practice can be defined as "achieving the standards

expected by others, such as service commissioners, removing quackery, guiding training, and affording a sound basis for professional regulation" (p. 143). When considering operating from a scientist-practitioner model, EBCS endorses a methodological stance for the supervision process. Evidenced-based clinical supervision also provides an ethical and objective measurement, so that corrective and appropriate feedback can be given to supervisees (Milne & Reiser, 2012). Evidence-based supervision allows for constant monitoring of both clinical and professional outcomes in clinical supervision (Worthen & Lambert, 2007).

Competency Based Supervision

Competence refers to when someone is qualified, knowledgeable, and capable of supervising in an appropriate and effective way (Rodolfa, Bent, Eisman, Nelson, Rehmn, & Ricthie, 2005). Falender and Shafraske (2012) have discussed the importance of competency-based supervision. Indeed, they have stated that it is not enough to assume that someone has been adequately trained to supervise merely because they have attended trainings or been enrolled in a doctoral counselor education supervision class. A demonstration of competence is more important. Thus, it is recommended that supervisors utilize EBCS practices. Examples of competent supervision include the supervisory alliance, multicultural and diversity competence, ethical and legal competence, evaluation and feedback, and confidentiality (Falender, Shafranske, & Ofek, 2014).

Supervisor Competence

Falender and Shafraske (2012) have found that competent supervision requires that supervisors receive continuous education to continue to grow throughout their careers, same as counselors. When supervisors are not competent, issues such as multicultural/diversity

insensitivity, gatekeeping issues, and/or harmful supervision affecting both supervisees and clients can arise. Lack of supervisor competence can also hinder the supervisee's attainment of knowledge, as well as their skill level. Competent supervision can be a challenging practice, as many supervisors of master's level students and practicum at internship sites do not have adequate training, or even any training at all. There are very few graduate counseling programs that provide an opportunity for supervisor training, such as a clinical supervision class, at the mater's level. This is an issue because the majority of supervisors supervising practicum and internship master's level students, are master's level clinicians within the field. This means that many off-site supervisors may be training future counselors/clinicians without the proper training. Therefore, the importance of training and EBCS/competent supervision is evident.

Models of Supervision

Introduction to Models

Since the 1970s, an abundance of supervision models have emerged (Leddick & Bernard, 1980). Most early supervision models stem from a psychotherapy model (Leddick & Barnard, 1980). Supervision models (just like counseling models) focus on theoretical interventions, professional development and ethical codes, and key issues within the counseling field (such as multicultural issues) (Bernard & Goodyear, 2014). However, it is important to note that, just like theoretical orientations for counseling, new supervision models continue to emerge, while older models are flushed out and refined (Bernard & Goodyear, 2014).

Before discussing each model in detail, it is important to first differentiate between theory and model in regards to supervision. Bernard and Goodyear (2014) differentiate between the two as follows: "theories of counseling and psychotherapy attempt to cover fairly comprehensive

worldviews of problem etiology, maintenance, and resolution" (p. 22), whereas models "of supervision can be simple or complex and may not be intended as stand-alone entities" (p. 22). Supervision models can be just as eclectic as therapeutic models. There are three separate categories of supervision models: psychotherapy theory models, developmental models, and process models.

While psychotherapy supervision models derive their theoretical orientation from therapy, the developmental models of supervision focus on the supervisee's current stage of development, and relatedly, the means by which to increase the cognitive bases and skillset of the supervisee throughout the supervision process. The third category, process models, focuses on explaining the activity of the supervision process itself (Bernard & Goodyear, 2014).

There are two generations of process models (the definition of the first generation of process models was previously discussed). The second generation of models are combined, target, and common factor models, and they include more eclectic and integrative models.

The combined models, as the name states, combine two or more supervision models from the same or different categories. Target models were developed to focus on specific, important issues, such as multicultural and ethical issues; Target models may or may not infuse models from the same or other categories. Target models were developed to be utilized with other models of supervision, and not as a stand-online primary modality (Bernard & Goodyear, 2014). Lastly, common factor models were developed to determine what specific characteristics all of the models have in common (Bernard & Goodyear, 2014).

Psychotherapy Models of Supervision

Since clinical supervisors often begin their careers as counselors and therapists, it is reasonable that some supervision models are based on psychotherapy and theoretical interventions. There are hundreds of different theoretical orientations, as well as numerous psychotherapy models. These different psychotherapy models have been discussed from cognitive behavioral, psychodynamic, humanistic, systemic and constructivist perspectives (Bernard & Goodyear, 2014). Models have also been discussed via reality therapy, Adlerian, Jungian, and Gestalt lens (Smadi & Landreth, 1988; Kopp & Robles, 1989; Hoyt & Goulding, 1989; Resnick & Estrup, 2000).

Friedlander and Ward (1984) have suggested that choosing a supervision model is similar to choosing a theory in therapy. They called this process the assumptive world of the therapists' and supervisors' choice of theory. Topolinski and Hertel (2007), along with others (Shoben 1962; Arthur, 2000), maintain that therapists operate from the perspective of human nature, which ultimately influences how therapists understand personality development, interpersonal relationships and behavior, and dysfunctional behavior and development. This is also true for supervisors' process of choosing their supervision model or models, as well as the techniques and interventions utilized in supervision (Bernard & Goodyear, 2014).

Psychodynamic Model. The psychodynamic model originated from Sigmund Freud's early work in psychoanalysis. Indeed, he is said to have been the first supervisor in the therapy field (Bernard & Goodyear, 2014). Freud's supervisory role began when he held staffing meetings with other doctors whom were interested in learning from and practicing with him, as well as in teaching others about psychoanalysis (Freud, 1986). Once students began learning about Freud's supervision with his staff, it quickly became an integral part of the supervision

process. In fact, the International Psychoanalytic Society adopted standardized requirements for supervision as early as 1922 (Caligor, 1984).

The main psychodynamic model utilized by supervisors was developed by Ekstein and Wallerstein in 1972 (Bernard & Goodyear, 2014). They described supervision as a learning process that focuses on the relationships between the supervisor, the supervisee, and the client. They also described the importance of the interplay and parallel processing between the three individuals (Ekstein & Wallerstein, 1972).

Parallel Processing. Parallel processing (which is a dominant aspect of all models) refers to the phenomenon in which "supervisees unconsciously presented themselves to their supervisors as their clients have presented to them (Friedlander, Siegal, & Brenock, 1989). The process reverses when the supervisee adopts attitudes and behaviors of the supervisor in relationship to the client" (Friedlander, Siegal, & Brenock, 1989, p. 149).

Ekstein and Wallerstein (1972) have suggested that the purpose of the psychodynamic model is not to provide therapy to supervisees, but to teach supervisees how to understand the different dynamics of conflict within relationships that interplay in the supervision process between supervisees and supervisors. This, in turn, can help supervisees work with their clients.

Supervisor Competencies

Sarnat (2010) has identified four categories of competencies that supervisors must help their supervisees establish within psychodynamic supervision. The first competency is the supervisees' ability to relate to their clients, as well as their supervisors; A working alliance, or relationship, is the most crucial aspect to healing and therapeutic change. The second competency is the ability of supervisees to self-reflect, both within the moment and during the

therapeutic relationship, via emotions and bodily/psychological reactions. The third competency is the ability of supervisees to diagnose and assess clients from a psychodynamic perspective. The last competency is supervisees' ability to deliver and maintain interventions that are relevant and central to the working alliance from a psychodynamic perspective.

Psychodynamic supervision involves both supervisees' level of learning and accomplished competencies. Frawley-O'Dea and Sarnat (2001) reviewed the development of psychodynamic supervisions models and found that while the earlier models are patient-centered (which focuses on the dynamics with clients and maintaining and didactic role), later models moved towards being more supervisee-centered, and thus focused more on supervisees' dynamics (Ekstein & Wallerstein, 1972). Moreover, both placed supervisors in an "uninvolved expert on theory and technique" role (Bernard & Goodyear, 2014, p. 25).

Relational Model. Sanart (1992) developed a relational model in which supervisors are allowed to focus on the relationship with their supervisees. In this particular model, the supervisors' role in the relationship involves participating in a mutual supervisory relationship. Expanding on Sarnat's 1992 model, Frawley-O'Dea and Sarnat (2001) offer three dimensions of import to psychodynamic supervision: supervisors' level of authority over supervisees, supervisors' focus on the relationship, and supervisors' level of participation. In regard to the first dimension, they proposed that the supervisor's level of authority can exist on two ends of a continuum, and that this authority depends on supervisees' level of knowledge. For example, when supervisors work with supervisees who have less knowledge, they should take on a more authoritative role. Conversely, when supervisees are more knowledgeable, supervision relationships should be more collaborative.

In regard to the second dimension, supervisors can focus on clients, the relationship between the supervisor and the supervisee, or on the supervisee completely. Finally, the last dimension concerns the roles and dynamics that supervisors may incorporate into their supervisor-supervisee relationships (Frawley-O'Dea & Sarnat, 2001), as these may inhibit supervisee growth.

Humanistic-Relationship Oriented Supervision

"Central to humanistic-relationship approaches is increasing experiential awareness and using the therapeutic relationship to promote change" (Bernard & Goodyear, 2014, p. 26); This is a key definition of humanistic approaches for psychotherapy. Humanistic supervision emphasizes helping supervisees expand their knowledge base and skillset regarding theory and technique, in addition to their aptitude for using self-exploration with clients and their use of self as change (Farber, 2012). Bernard and Goodyear (2014) have defined the use of self as supervisees' "ability to be fully present, transparent, genuine, and accepting with clients" (p. 26). The major theoretical developer of this particular supervision model is Carl Rogers.

Rogers (1942) has suggested that nondirective methods of supervision are adequate, maintaining that supervisees who have access to their recordings and transcripts are much more likely to identify any clinical issues when advising clients and/or when attempting to control sessions, e.g., with a more direct approach. He further articulated that the same aspects that are necessary for client change (such as empathy, genuineness and warmth) are also necessary in the supervisory relationship (Bernard & Goodyear, 2014). Rice (1980) has noted that effective humanistic supervisors trust that their supervisees have the skillset and ability to not only help their clients explore and grow, but that they also can do this within themselves. Nevertheless,

Farber (2012) has found that the most important aspect of person-centered supervision is supervisors' level of respect for supervisees as unique individuals with varying learning needs.

Cognitive-Behavioral Supervision

Cognitive-behavioral therapists focus on negative cognitions (automatic, intermediate and core), as well as maladaptive and adaptive behavior (Beck, 2011; Bernard & Goodyear, 2014) with the aim of changing these into more positive thoughts and adaptive behaviors. There are specific protocols that one must follow when administering Cognitive-behavioral therapy (CBT), and therapists must first attend specialized trainings before administering CBT (Beck, 2011). Indeed, CBT therapists must follow a strict, session-by-session 'play book' per say. A significant amount of at-home work is assigned to clients with CBT informed treatment; The homework can focus on challenging automatic thoughts, and eventually core beliefs, as well as behavioral homework, such as mindfulness-based techniques to help clients identify their faulty thinking and begin to challenge and change their negative beliefs (Beck, 2011).

CBT Supervision. Cognitive-behavioral therapy supervisors follow a similarly strict, manualized treatment approach to CBT therapists. Indeed, CBT supervisors must establish a specific agenda for each session that focuses on what will be discussed during the supervision session. Supervisors will collaborate on the development of homework assignments with the supervisees, and complete assessments at both the beginning and the end of each supervision session to determine what has been learned (Beck, Sarnat, & Berstein, 2008; Newman, 2010; Reiser & Milne, 2012).

Boyd (1978) has developed suggestions for CBT supervisors to use in their supervision sessions. The first suggestion focuses on a behavioral perspective; It emphasizes that the main

purpose of supervision is to terminate old, inappropriate and maladaptive supervisory behaviors, and replace them with new ones. The second suggestion articulates that CBT supervisors are responsible for helping supervisees develop new professional skills that allow them to transfer said skills into the workplace. The third suggestion maintains that supervisees' therapy skills are behaviorally measurable and identifiable; Therefore, these skills should be adjusted according to the CBT supervisory learning environment. The last suggestion maintains that "supervision should employ the principles of learning theory within its procedures" (p. 89). This should be done with learning theory as a main component of CBT therapy.

In regard to CBT supervision, Liese and Beck (1997) have developed a template that CBT supervisors can follow during each supervisory session. They recommend that each session begin with a check-in to lessen any tension or anxiety and create a sense of warmth and rapport within the supervision session. Subsequently, they recommend collaboratively setting an agenda for the session. Third, they suggest asking supervisees to summarize what they learned from the previous session that they can employ into their professional work. Fourth, supervisors are advised to inquire about any cases with clients that were discussed during the last session and follow-up. Fifth, Liese and Beck (1997) recommend that supervisors review any homework assigned at the end of the previous session; The assigning of homework should be a collaborative effort between the supervisor and supervisee(s). Sixth, supervisors and supervisees must prioritize the agenda and discuss agenda items in relation to importance. The three items on the template include assigning new homework to supervisees based on what was discussed in session, supervisors' summary of the session, and session feedback.

In CBT supervision, it is important that supervisors not only create a warm and welcoming environment, but also that they listen to supervisees' tapes in between sessions to

ensure proper feedback is provided (Newman, 2010). When listening to session recordings, supervisors can help supervisees identify negative and faulty beliefs they hold about themselves that are ultimately affecting their ability to counsel their clients (Liese & Beck, 1997). Overall, CBT supervisors are more engaged in assessment and evaluation, with the supervisee, than any of the other supervision models.

Constructivist Approaches

Constructivist approaches to supervision include narrative and solution-focused models of supervision. In a constructivist approach to supervision, there is a heavy reliance on the consultant role of the supervisor (Behan, 2003). Constructivist approaches also focus heavily on supervisees' strengths within their profession (Behan, 2003). The first model discussed in this paper is the narrative approach.

Narrative Supervision. The narrative supervisor's role is not only to help supervisees develop and establish their own professional narrative (or story), but also to guide supervisees in editing and evaluating their clients' narratives. Narrative supervisors must encompass knowledge and curiosity (Bernard & Goodyear, 2014). In order for narrative supervisors to accomplish all of this, they must abandon their 'expert' position/ideology in the supervisory relationship (Whiting, 2007).

Solution-Focused Supervision. Solution-focused supervision (SFS) is based on Solution-Focused Therapy (SFT) (Bernard & Goodyear, 2014). However, SFT focuses on helping enable clients obtain what they want, rather than focusing on what is wrong with them (Molnar & de Shazer, 1987). Moreover, SFT maintains the following assumption: that clients know what is best for them; that there are various ways to conceptualize things; that it is

essential to focus on what is changeable; and that clients' curiosity is imperative to the healing process (Bernard & Goodyear, 2014).

Hsu (2009) has identified seven important components of SFS supervision. The first component is that SFS should begin in a positive manner and then follow up with a problem discussion/description. The second component is the identification of positive supervision goals. Third, exceptions for both supervisees and clients should be explored. The fourth component is the development of other possibilities through the use of hypothetical situations involving supervisees, as well as the discussion of supervisees' anxiety over possible worst-case scenarios. The fifth component involves supervisors providing clinical feedback to supervisees. The sixth component includes supervisors helping supervisees formulate the first steps of their counseling session. Finally, the last component encompasses supervisors following up in subsequent supervision sessions about any changes that occurred for both supervisees and clients; These will be based of SFT therapy, techniques and interventions.

In SFS, supervisors assume more of a consultant role (Bernard & Goodyear, 2014). Moreover, SFS employs more a language-focused approach to supervision (Bernard & Goodyear, 2014). There are two different language focuses in SFS: subjunctive language and presuppositional language. Presbury, Echterling, and McKee (1999) have defined subjunctive language as supposing a possibility with supervisees, whereas presuppositional language is defined as supposing an actuality. Moreover, they assumed that supervisees would be more receptive to the presuppositional language, as presuppositional language also conveys supervisees' competency levels.

Integrative Supervision

Integrative supervision is a psychotherapy-based model that focuses on guiding supervisees toward competence in various theoretical approaches that they can use with their clients (Bernard & Goodyear, 2014). Boswell, Nelson, Nordberg, McAleavey, and Castonguay (2010) have noted that supervisees should be mentored through the use of various case studies from a specific therapeutic orientation. However, supervision approaches and techniques may need to be adjusted as supervisees counsel the clients. The authors have also articulated that the implications of integrating techniques and theory should be thoroughly discussed with the supervisees. Moreover, supervisors must be able to supervise supervisees from multiple theoretical perspectives. Supervisors should also be able to guide supervisees in understanding any constraints and/or implications of integrating various theoretical techniques and concepts.

Developmental Approaches to Supervision

The developmental models of supervision are not new additions in the supervision field. Indeed, developmental models have been around since the 1950s and 1960s (Bernard & Goodyear, 2014). However, the focus on developmental supervision models has decreased since the 1980s when developmental models were integrated into other supervision models (Bernard & Goodyear, 2014). Nevertheless, it is important to note that not all developmental supervision models are the same.

Some developmental supervision models focus more heavily on psychosocial development, while others stem from more of an Erikson developmental approach by supplying linear and discrete stages of development (as cited in Bernard & Goodyear, 2014). All developmental supervision models center around supervisees' current level of development in

the supervision process; The evaluation of the level of supervisee development is based on assessments that are completed at the beginning and during supervision (Bernard & Goodyear, 2014).

The Loganbill, Hardy, and Delworth Model. Loganbill, Hardy, and Delworth (1982) have developed a developmental supervision model that focuses on three different stages of supervisees' development throughout the supervision process. They have further identified development tasks that are pertinent to the training of supervisees, including "competence, emotional awareness, autonomy, professional identity, respect for individual differences, purpose and direction, personal motivation, and professional ethics" (Bernard & Goodyear, 2014, p. 34). The stages of development Loganbill, Hardy, and Delworth (1982) focus on are stagnation, confusion, and integration (Bernard & Goodyear, 2014).

The first stage, the stagnation stage, is used for both experienced and newer supervisees. For more experienced supervisees, this stage addresses any difficulties supervisees may be experiencing in particular areas of their development tasks. However, for newer supervisees, this stage focuses on supervisees' unawareness of any difficulties or deficiencies within the counseling relationship. Newer supervisees, in this stage, are more than likely operating from all-or-none, black-and-white thinking patterns. They may also lack awareness about their impact on both clients and their supervisors. Supervisees in this particular developmental stage can exhibit two different characteristics: The first involves supervisees idealizing and becoming dependent on their supervisors. The second characteristic encompasses the notion that supervisees could potentially view their supervisors as inadequate and irrelevant in the area in which they are struggling (Bernard & Goodyear, 2014).

In the second stage, the confusion stage, supervisees' state of confusion could be either gradual or abrupt and unexpected (Bernard & Goodyear, 2014). This stage's key identifying factors include "instability, disorganization, erratic fluctuations, disturbance, confusion, and conflict" (Loganbill et al., 1982, p. 18). Throughout this process, supervisees will begin realizing that confusion arises in respect to their skillset; However, they may be unsure about how to work around their confusion. Supervisees will also gain an awareness of the fact that the answers they seek will not come from their supervisors. This, in turn, will transform their feelings of dependency to frustration and anger toward both their supervisors and the supervision process (Bernard & Goodyear, 2014).

The third stage is the integration stage, which occurs when there is "a new cognitive understanding, flexibility, personal security based on awareness of insecurity and an ongoing continual monitoring of the important issues of supervision" (Loganbill et al., 1982, p. 19). At this stage, supervisees' feelings of frustration and anger toward their supervisors will begin to subside, and a more realistic view of their supervisor will begin to emerge. Supervisees will thus begin to take responsibility for their actions in both supervision and counseling sessions (Bernard & Goodyear, 2014).

In contrast to other developmental supervision models, this model maintains that supervisees do not progress through supervision in a linear pattern. They, however, cycle through the different stages continuously (Bernard & Goodyear, 2014)

Integrated Developmental Model. The Integrated Developmental Model (IDM) was developed by Stoltenberg, McNeil, and Delworth in 1998. This particular model is the most widely used developmental model within the supervision community. It provides supervisors with particular interventions based on supervisees' level of development within their

professional identity (Bernard & Goodyear, 2014). Nevertheless, it is important to note that Stoltenberg (1981) initially developed a four-stage model that eventually evolved into the model it is today. His initial four-stage model was a combination of Hogan's (1964) and Harvey, Hunt, and Schroeder's (1961) models. Hogan's (1964) model focuses on the stages through which supervisees' progress, whereas Harvey et al.'s (1961) model explores supervision from a conceptual perspective.

While the IDM has more of a cognitive and thinking base to it, it also incorporates the work of Anderson's (1996) model, which focuses on the development of supervisees' level of expertise. The IDM describes supervisees' level of development as moving through four different stages, which all provide measures to evaluate supervisees' level of professional growth (Bernard & Goodyear, 2014; Stoltenberg et al., 1998). There are three different constructs upon which supervisees' are measured: self-other awareness, motivation, and autonomy. The first construct determines supervisees' preoccupation with self, awareness of clients' personal world, and their own personal enlightened self-awareness. The second construct focuses on supervisees' motivation, interest, effort, and investment in clinical training and practice. The third construct refers to supervisees' level of independence and dependency on supervisors (Stoltenberg & McNeil, 2010). These three constructs are then assessed via four developmental levels.

Most supervisees are placed in the first level when they have limited training and/or limited experience in the area within which they work. In this particular level, in relation to motivation, supervisees have high anxiety and motivation and want to know the 'best' techniques for working with clients. With autonomy, supervisees are dependent on their supervisor, and require structure and positive feedback. In relation to awareness, supervisees have a high self-

focus, limited self-awareness, and are worried and anxious about evaluation methods (Stoltenberg & McNeil, 2010).

In the second level, supervisees are transitioning from being dependent on their supervisor to becoming more autonomous, and this level usually occurs after two to three semesters of practicum or internship. Supervisees will typically vacillate between being confident in their skills and being confused and unconfident as they evolve. Although supervisees are more autonomous, they are prone to confuse autonomy with dependence on clients. Autonomy and dependence can become apparent by high levels of resistance to supervisors; For example, supervisees could experience conflict with their supervisors, cancel supervision sessions, or constantly challenge their supervisors' suggestions.

Supervisees will also demonstrate a greater ability to empathize with their clients, which could cause supervisees to rotate between enmeshment with clients and confusion (Stoltenberg & McNeil, 2010). For example, supervisees could become too involved with their clients' healing process and therapeutic progress; In other words, countertransference occurs. Moreover, supervisees could possibly feel confused on how to best treat their clients.

In the third level, supervisees focus more on a personalized approach and theoretical orientation and are thus able to practice utilizing self in therapy. In this level, supervisees will present with consistent confidence with various episodes of self-doubt, but it will not be inhibiting to them. Supervisees will develop a high belief in their own personal and professional judgement as they move into more independent practice with clients; Consequently, supervision will assume a more collegial, consultation role. Supervisees will also become more self-aware. They will be able to pay attention to the client while also learning how to leave self out of the

therapy sessions and process any countertransference outside of the therapy sessions (Stoltenberg & McNeil, 2010).

The fourth level is level three i (3i), which is an integrated level. In this level, supervisees have reached competency across several different domains. Supervisees will also be able to demonstrate a personalized approach across domains. Indeed, at this level, they are more aware of their personal strengths and weaknesses (Stoltenberg & McNeil, 2010).

IDM Domain Competency. Stoltenberg and McNeil (2010) have identified eight different domains in which supervisees should exhibit competency. The first domain is intervention skills competence, where supervisees exhibit increased confidence and ability to execute specific therapeutic interventions. The second domain is assessment techniques, where supervisees demonstrate confidence when conducting assessments with clients. The third domain is interpersonal assessment, where supervisees increasingly use the self when conceptualizing clients and problems. The fourth domain is client conceptualization, where supervisees exhibit an increased understanding of diagnosis, as well as a greater deal of understanding how clients' personal, occupation, familial, and historical characteristics affect them.

The fifth domain is individual differences, where supervisees exhibit an increased understanding of how ethnic and cultural differences play out within therapy sessions.

The sixth domain is theoretical orientation, which pertains to supervisees overall level of sophistication in the utilization and delivery of techniques based on a theoretical model.

The seventh domain is treatment plans and goals, where supervisees develop a plan and roadmap for working with clients. The last domain is professional ethics, where supervisees

demonstrate an increased understanding of how personal ethics correlate with, and differ from, professional ethics (Stoltenberg & McNeil, 2010). While all of the previously discussed domains are levels through which supervisees pass, there are also two specific categories of interventions that supervisors utilize.

IDM Interventions. First, supervisors can use facilitative interventions. These particular interventions allow clients or supervisees to maintain control within the relationship. The first intervention within this category is cathartic interventions; These allow for emotional and affective responses. The second intervention within the facilitative category is catalytic interventions; These utilize open-ended questions to initiate self-exploration and/or problem solving. The third type of intervention is supportive interventions; These validate supervisees in their experiences with both supervision and therapy sessions (Stoltenberg & McNeil, 2010).

The second category of interventions is authoritative interventions. In this category, more control is given to supervisors and/or clients. The first intervention within this category is prescriptive; In these interventions, supervisors advise supervisees. The second intervention is informative; In these, information is provided to supervisees. The last intervention is confronting; Here, supervisors note discrepancies between supervisees' attitudes, feelings, and/or behaviors (Stoltenberg & McNeil, 2010).

Supervision Process Models

In process models, both supervisors and supervisees consider the supervision process from an objective viewpoint. Process models can be simple or complex. How complex or simple a process model will be is determined by how much of the process is utilized and how many systemic levels there are within the model (Bernard & Goodyear, 2014).

The Discrimination Model. The Discrimination Model (DM) was developed by Bernard in the mid 1970s (Bernard, 1979; Bernard & Goodyear, 2014). It was primarily developed to help supervisors-in-training to separate and identify the different options when working with supervisees. It is an integrative and eclectic model that is mostly chosen by novice supervisors. The discrimination model has three different foci for the supervision process, as well as three separate roles that supervisors assume (Bernard & Goodyear, 2014).

The foci of the discrimination model are the supervisees' skills: intervention, conceptualization, and personalization. Supervisors can choose to assess one, two, or all three skill areas. The first area of focus is intervention, which refers to what supervisees do during a session that is visually observable to the supervisors; i.e., the skill levels demonstrated by the supervisees and their ability to perform therapeutic interventions. The second area of focus is conceptualization. Conceptualization refers to supervisees' ability to understand what is going on with clients, including what is occurring in session, various patterns clients present with, and what is their overall presenting problem (Bernard & Goodyear, 2014). The third area of focus is personalization. Personalization concerns how supervisees incorporate their personal counseling style into their client sessions, while keeping sessions uncontaminated by personal biases (Bernard & Goodyear, 2014). Lanning (1986) has added a fourth focus area, entitled "professional issues." This area refers to when supervisors observe supervisees' outside of the counseling setting.

After supervisors decide on a focus area, or foci, they must subsequently identify a role that best meets supervisees' needs and helps accomplish their supervision goals. The first role supervisors assume is the role of teacher. In this particular role, supervisors believe that the supervisee requires instruction, structure, modeling, guidance, and education about the topic at

hand. The second role supervisors assume is that of counselor. When supervisors assume the counselor role, they do so to increase supervisees' self-reflection, especially in regard to emotions, although cognition is explored as well. The last role supervisors assume is that of consultant. Consultation is usually utilized with more experienced supervisees (Bernard & Goodyear, 2014).

The discrimination model is "situation specific, meaning that the supervisor's roles and foci should change not only across sessions, but also within sessions" (Bernard & Goodyear, 2014, p. 52). Therefore, supervisors can respond to supervisees via one focus area and role or several different foci and roles.

Second-Generation Models of Supervision, Combined Models, and Target Issue Models

Second-generation models aim to identify and incorporate similarities between all of the models to help generate new models of supervision (Bernard & Goodyear, 2014). Combined models can be simple or complex, and the degree of complexity depends on which model(s) supervisors choose to combine (Bernard & Goodyear, 2014). Target issue models were developed to target a specific supervision issue (Bernard & Goodyear, 2014). Ober, Granello, and Henfield's (2009) The Synergistic Model for Multicultural Supervision is an example of a target model that focuses strictly on multicultural issues within supervision and counseling sessions.

Supervisory Relationship

The supervisory relationship is similar to a therapist/client relationship, and it must be strong to facilitate supervisee change and growth (Watkins, 2014). Rapport must first be built before any work can be done. Supervisors' level of 'attractiveness', i.e., being knowledgeable and competent, also plays a huge factor in the supervisory relationship. The supervisory alliance encompasses everything from supervisory style, transference and counter-transference issues, a real relationship, and anxiety from the supervisee, to issues regarding differences and diversity (Beinart, 2012). Nevertheless, several other factors could also affect the supervisory relationship. Such factors that affect supervisees are their transference, competence concerns, anxiety, shame, attachment style, and resistance (Bernard & Goodyear, 2014). Supervisor factors that can affect the supervisory alliance include counter-transference, exercise of power, and attachment style (Bernard & Goodyear, 2014).

In regard to the supervisory alliance, limited research has been conducted on the topic. Much of the existing literature does not identify the supervisory alliance as the main focus of the study. Watkins (2014) determined that 30 of the 40 extant studies were completed in university settings; The studies focused mainly on doctoral students' supervisor training, and their supervision with master's level students. He found that only 6 studies focused on supervision within the work place.

High levels of quality supervision have been found to be correlated with higher supervisee self-efficacy, greater ability to disclose within supervision sessions, greater satisfaction with supervision, more secure attachment styles on the part of supervisees, and less resistance (Watkins, 2014). Without a quality supervisory relationship, supervisees are more

likely to present as resistant to the supervisor. They are also less likely to disclose within supervision sessions (Hess et al., 2008).

Nondisclosure

In relation to the nondisclosure of intimate details, only five studies found. A study completed by Reichelt et al. (2009) determined several reasons why supervisees may not disclose information to their supervisors within supervision sessions. The first reason includes the presumed power differential between supervisors and supervisees: Supervisees found it difficult to disclose their reactions to and disappointment over the supervisory relationship, as well as personal reactions to the supervisory process. Second, they also found that perceived supervisor incompetence was a mediating factor of non-disclosure. Third, the study concluded that supervisees were hesitant to bring personal issues into supervision, even if supervisees may be hindering their therapeutic abilities and/or relationships with clients. The fourth topic involved group supervision. Many supervisees reported feeling anxious and stressed. Therefore, they did not disclose as much in-group supervision as they would have in individual or dyad supervision. It is important to note that this particular study was a survey-based study of master's level supervisees. Since the authors distributed the surveys toward the end of the semester, they only received 55 surveys in return. Therefore, it is important that more studies be completed on this topic due to the small sample size (Reichelt et al., 2009).

Although Yourman (2003) obtained similar results regarding nondisclosure, his study focused mainly on shame supervisees felt within the relationship. He found that supervisees did not disclose as much because they wanted to hide aspects of their therapeutic sessions in which they believed they did not perform well. He articulated that supervisees' desire for approval generated higher levels of shame within supervisees whenever they had to disclose mistakes to

their supervisor. They expressed the importance of noticing supervisees' nonverbal cues to elicit open communication. Moreover, it is important to note that while this study focused on supervisees' levels of shame and non-disclosure, none of the data discussed any compromises in client care, which the author of this paper believes is important to explore.

A qualitative study completed by Hess et al. (2008) focused on predoctoral interns and found that such interns also withheld information from their supervisors, both within satisfactory and unsatisfactory supervisory relationships. This demonstrates that regardless of supervisees' perception of the relationship, they are likely to withhold important information. The main reason provided by the predoctoral interns for not disclosing information concerned their fear of being evaluated poorly if they disclosed clinical mistakes to their supervisors. Moreover, the lack of disclosure was also due to the predoctoral interns experiencing high levels of self-doubt, anxiety and confusion. The third reason involved the power differential within the supervisory relationship – which has been a predominant theme in much of the literature. Since the power differential will always exist, it is important to determine how to lessen it so that supervisees feel more comfortable disclosing information. It is also crucial to determine at which point can supervisees' withholding information be damaging and harmful to clients or supervisees.

Skjerve et al. (2009) have also focused on supervisor nondisclosure within the supervisory relationship. They distributed questionnaires to 30 supervisors about their levels of disclosure within the supervisory relationship, and subsequently found that the most typical reasons for supervisor non-disclosure include fear of disclosing personal reactions to supervisees, fear of disclosing personal things about themselves, adjusting feedback from a personal standpoint, and fear of confronting supervisees about their holding back in supervision. Thus, supervisors should be transparent with supervisees to help create a safe and open environment

for supervisee disclosure. However, it is important to recognize that the authors' data is only based on 30 returned questionnaires; Therefore, a bigger sample size would be needed to generalize these results.

Blocher (1983) has noted that it is imperative for supervisors to disclose information to create effective communication in the supervisory relationship; Indeed, disclosure creates an atmosphere in which both supervisors and supervisees can express themselves freely. Supervisors are allowed to be more transparent with their supervisees, which allows for the resolution of the professional struggle of self-disclosure (Frawley-O'Dea & Sarnat, 2001); Therefore, one would expect more self-disclosure and openness within supervision. Supervisor self-disclosure can help facilitate disclosure in supervisees as well, although it can also induce anxiety in supervisees (Hoffman, Hill, Holmes, & Freitas, 2005).

To gain mutual trust and improve the supervisory working alliance, it is recommended that supervisors discuss their own personal experiences in counseling, such as making mistakes, therapeutic intervention style, and so forth (Blocher, 1983). One study found that as many as 98% of supervisors withheld disclosure from their supervisees. A main reason for nondisclosure was to withhold negative reactions to supervisees' counseling skills and overall professional performance (Ladany & Melincoff, 1999). Disclosure and nondisclosure brings up an interesting question about attachment style within the supervisory relationship: Does attachment style affect the supervisory relationship?

When considering attachment styles, one must refer to Bowlby's theory of attachment. He originally hypothesized that there are two primary pathological attachment styles: anxious attachment and compulsive self-reliance. He posited that attachment styles develop in early childhood, and subsequently transition into adult life. Supervisees with anxious attachment

styles are more likely to be dependent on their supervisors; Meanwhile supervisees with compulsive self-reliance are more likely to refuse suggestions and be resistant to the supervision process (as cited in Bernard & Goodyear, 2014; Bretherton, 1992). A third attachment style was later added, i.e., the attachment style of compulsive caregiving. This attachment style may present itself in supervisees who are constantly wanting to rescue clients; These supervisees are more likely to be anxious and uncomfortable in the supervisory context because they are sensitive to feedback and do not want to examine their caregiving behaviors (as cited in Bernard & Goodyear, 2014).

Gnilka, Rice, Ashby, and Moate (2016) have examined anxious and avoidant attachment styles within supervisees and found that supervisees with higher anxious attachment styles reported less satisfaction with their supervisors. The authors did not discuss the avoidant attachment style, even though they said it was being measured, which is a limitation of this particular study. Dickson, Moberly, Marshall, and Reilly (2010) have found that supervisees' level of satisfaction with the supervisory working alliance was based on supervisees' perceptions of their supervisors' attachment style. They found that ratings of the supervisory alliance were lower when supervisees perceived their supervisor to have an insecure attachment style.

In correlation with Gnilka et al. (2016), Dickson et al. (2010) have found that the only pathological attachment style that truly affects the supervisory alliance is compulsive self-reliance. They have also found that supervisees' perception of their supervisors' attachment style also affects the supervisory alliance. The authors correspondingly discussed the importance of graduate level courses that train future supervisors in clinical supervision, and that the training focuses on the importance of supervisor and supervisee attachment styles.

Training of Supervisors

Approved Clinical Supervisors

To obtain the credential of Approved Clinical Supervisor (ACS), supervisors-in-training must complete a substantial number of prerequisites, including earning a master's degree or higher in a mental health field, becoming certified as a Nationally Certified Counselor, and receiving licensure as a professional counselor or certified clinical supervisor. Potential ACS's must also have completed a three-semester hour graduate course in supervision, a 45-hour National Board of Certified Counselors approved workshop training, or a total of 45-hours of supervision-specific training. Additionally, ACS applicants must submit proof of 100 hours of their own supervision experience, whether individually, as a group, or both (Center for Credentialing & Education, 2016).

Finally, ACS applicants must have at least five years of post-graduate experience and 4,000 post-graduate direct contact with clients. If an applicant for ACS is completing a doctoral degree, then 900 hours, or up to three years of internship, can be utilized toward the total 4,000 direct client hours. Therefore, each school year of internship counts as 300 hours. To apply for the ACS credential, applicants must also submit a professional disclosure statement that they plan to give potential supervisees, as well as a statement of adherence to the Approved Clinical Supervisor Code of Ethics (Center for Credentialing & Education, 2016).

All of the training requirements for approved clinical supervisors are new; They came into effect in 2013 due to stricter requirements for trained and certified supervisors. Before 2013, the training requirements were not as strict, and many novice clinicians were applying for

supervisor status. Moreover, with licensure requirements becoming more and more stringent, it is only reasonable that the approved clinical supervisor license should as well.

Training of Doctoral Students as Supervisors

When considering doctoral students' training as supervisors, one must first examine CACREP's (2016) standards for training of doctoral students in supervision. Thus, CACREP (2016) emphasizes that doctoral students in counselor education and supervision programs must undertake supervision themselves. Moreover, doctoral students should supervise practicum-level counseling students as a part of a doctoral supervision class. Doctoral students will supervise their students while being supervised by an experienced faculty member, both on a group and individual basis. They also recommend that doctoral students be given other chances to supervise, such as during their internship, and throughout their time in the doctoral program.

Frick and Glossof (2014) have found that doctoral students experience role ambiguity when supervising counselors-in-training. DeDiego and Burgin (2016) have also found that doctoral students were unsure of their complete role in evaluating master's level students and gatekeeping when needed. Moreover, doctoral students were unsure about their part in, as well as felt uncomfortable when, creating remediation plans for their counselors-in-training. The authors maintained that the majority of doctoral supervisors-in-training were unaware of their program's remediation plan.

Doctoral students must assume gatekeeping roles in situations where supervisees are not meeting program or professional requirements, e.g., when the supervisee is impaired. By definition, a supervisee is impaired when they fail to fulfill the ethical and clinical responsibilities required of counseling professionals. As uncomfortable as these discussions can

be, it is imperative that the occur, otherwise the doctoral supervisor is violating the ethical codes of the profession (Corey, Haynes, Moulton, & Muratori, 2010).

However, the requirement to have such discussions does not negate the anxiety and confusion that doctoral students can experience when discussing impairment with their supervisees and more experienced faculty. This dilemma is problematic, as novice doctoral students will usually assume one of two stances: They will either hope that a more experienced faculty member notices and reports it, or they will communicate the impairment to faculty, but hope it is not observed in the classroom (Bernard & Goodyear, 2014; DeDiego & Burgin, 2016). When either occurs, gate slippage can occur. Gate slippage is when supervisees that are not fully ready for the profession are not intervened by supervisors, and this allows for the potential of harm being caused to clients (DeDiego & Burgin, 2016). Gate slippage occurs when supervisors do not initiate remediation practices with impaired supervisees. Gaubatz and Vera (2006) have found that as many as 10% of master's level counseling students were marginally, or not at all, qualified for clinical work.

Doctoral student supervisors are not only anxious about having difficult conversations with supervisees and faculty, they are also anxious about the evaluation process (Nelson, Oliver, & Capps, 2006). To help ease the anxiety of evaluating supervisees, it is recommended that more objective evaluations be employed (Corey et al., 2016). Objective evaluations should focus on "personal and professional dispositions in addition to basic counseling skills" (DeDiego & Burgin, 2016, p. 180). Swank and Smith-Adcock (2010) have agreed that evaluation methods should be more objective, and further suggest that counseling student evaluations should begin as early as the admissions process so that professional and personal standards are well understood by the time supervisees enter into practicum and internship. Nevertheless, with doctoral

supervisors and master's level counseling students attending the same university, and the same area of focus, the possibility of dual relationships exists.

With doctoral students usually vacillating between teacher, supervisor, student supervisee, counselor, mentor, mentee, and classmate; Multiple relationships in counseling programs are unavoidable. Doctoral supervisors and master's level counseling students see each other around the same halls, attend some of the same classes, and may even be in the same professional organizations (such as Chi Sigma Iota). Herlihy and Corey (1997) have defined multiple relationships as counseling professionals assuming two or more roles consecutively.

While multiple relationships between doctoral supervisors and supervisees are typically harmless, it becomes an issue whenever a supervisor begins favoring a particular supervisee, or when a supervisor utilizes a power differential against the supervisee. An abusive supervisory relationship can occur whenever doctoral supervisors utilize their power in the supervisory relationship to extort supervisees for their own advantage (Minor, Pimpleton, Stinchfield, Stevens, & Othman2013).

The extant literature indicates that doctoral supervisors are usually less sensitive to the power differential than supervisees (Scarborough, Bernard, & Morse, 2006). These particular types of situations are difficult for supervisees to handle due to their fear of negative evaluation (Scarborough, Bernard, & Morse, 2006). The American Counseling Association (2014) code of ethics states that doctoral counseling supervisors need to "clearly define and maintain ethical professional, personal, and social relationships with their supervisees" (F.3.a).

Scarborough, Bernard, and Morse (2016) have suggested that doctoral students receive orientation, guidance, or clear codes of behavior whenever supervising master's level students.

They have further suggested that specific guidelines should be employed to accomplish the previously mentioned. Indeed, they recommend that doctoral students receive information about multiple relationships in an orientation style format to create a safe environment in which to initiate a discussion about this topic. An orientation also increases the notion that, while multiple relationships in counseling programs are unavoidable, boundary violations are completely avoidable. Second, they advise that, as a part of this orientation, doctoral students should receive information about and discuss the power differential that occurs within the supervisory context.

Concentration and Overall Supervision Satisfaction

A search on PsychInfo on February 3, 2019 yielded zero results when searching for existing literature on different counseling domains/concentrations and overall supervision satisfaction.

Supervision Model and Supervision Satisfaction

A search on PsychInfo on February 3, 2019 found no literature on supervision models and overall supervision satisfaction.

Chapter Three: Methodology

Background

The data for this study consisted of supervisor evaluations completed by students at the end of every semester. The data included evaluations on off-site, faculty and doctoral supervisors. All of the evaluations were returned to the practicum and internship coordinator at the University of Memphis. All of the students were above 18 years of age, and were in the school, clinical mental health, and rehabilitation programs. The practicum course is both a

CACREP (2016) and program requirement for master's level counselors-in-training. Students must pass their practicum level requirements to be able to transition into the internship phase and subsequently graduate. For the purpose of this study, evaluations from the years 2013, 2012, 2011, and 2010 were utilized. Although student evaluations were completed anonymously. The supervisors' names were used to code each supervisor appropriately as an off-site, faculty, or doctoral student supervisor. The practicum and internship coordinator assisted in the coding and supervisor names were then kept private after the coding process.

Participants

The participants of this research consisted of currently enrolled master's level students in the required CACREP-accredited counseling program at a mid-sized urban public university in the Southeast. As a requirement of the practicum course, all students must evaluate their off-site, faculty and doctoral-student supervisors. This dissertation utilized archival data, and therefore participation in this study was neither mandatory or voluntary. A total number of 298 evaluations were utilized. As previously stated, all evaluations used for the purpose of this study were collected during 2013, 2012, 2011 and 2010.

Procedure

The completed evaluations were first reviewed by the department's practicum and internship supervisor to ensure that no student information or identifiers were included in the data. Subsequently, all evaluations were provided to the researcher and then coded and entered into a two-step method involving the student's dissertation chair.

The student-completed evaluations assess a number of areas (see below) for each of the three types of supervisors; e.g., faculty, doctoral student and off-site (see Appendix one and

two). These questions evaluate students' off-site, doctoral-student and faculty supervision experience. All evaluations focus on the perceived effectiveness and quality of supervision provided by each of the three different supervisors. They assess professionalism, the structure of supervision, the supervision environment, supervisor knowledge, communication between supervisor and supervisee, evaluation, legal and ethical procedures, and so forth. The evaluations provide a well-rounded view of the supervisors' skill sets. All of the evaluation items are based on a seven-point Likert-type rating scale, with lower scores indicating degrees of disagreement and higher scores indicating degrees of agreement. There are a total of 22 questions on the off-site and doctoral-student supervisor evaluation form, as well as space for additional comments. For the purpose of the current study, however, the additional comments section was not utilized. Questions from the evaluation form include: "Structures supervision appropriately; provides me with specific help in areas I need to work on; helps me focus on how my counseling behavior influences the client; and enables me to become actively involved in the supervision process." Students were also asked to identify their site supervisor's name and the year/term of their practicum experience on the form (See Appendix One for evaluation).

The faculty supervisors' scale is similar to that of the off-site supervisors and the doctoral-student supervisors. A similar seven-point Likert-type scale was employed. The evaluations include a total of 19 questions, with a separate section for any additional comments. Example questions for the group/faculty supervisor form include: "I feel included and involved in the group; makes group a constructive learning process; addresses issues relevant to group concerns as a counselor; and help group members focus on how counseling behavior influences client." Students were asked to identify their group supervisor's name as well as the term of their practicum on the evaluation form. See Appendix one for evaluations.

In regard to the supervision models, the researcher developed a coding sheet, via Excel, that correlated different supervision models to questions on the group evaluation form. There were a total of 19 questions that received a matching supervision model; See Appendix two for the matching of the supervision models to the evaluation questions. The researcher reviewed the Excel sheet, for the matching of the supervision models, one counseling concentration at a time. The researcher then recorded how many times each supervision model was mentioned on the evaluation; This was accomplished by recording the models associated with a rating of five and above on the evaluation questions. The supervision models that correlated with the questions were: the IDM, Discrimination, Psychodynamic, Relational, Solution Focused, Loganbill, Hardy and Delworth, Humanistic, and CBT models.

Data Analysis

A one-way ANOVA and Regression was used to evaluate any differences between the type of supervisor (i.e., faculty, off-site or doctoral-student) and the students' overall satisfaction with the supervisory relationship. Concentration and overall satisfaction were also evaluated via a one-way ANOVA. Evaluation questions from the supervisor evaluation were also utilized to match evaluation questions with the supervision models discussed earlier in this dissertation. To accomplish this, the researcher matched the questions to models and had three supervision experts review the matches.

IRB

An IRB was submitted to the University of Memphis. Since this dissertation utilized evaluations from 2010–2013, the data was considered archival in nature, and therefore the researcher was able to continue with her study. See Appendix three.

Chapter Four: Results

Type of Supervision

A one-way ANOVA was initially performed to examine any type of difference between the type of supervision (faculty, off-site or doctoral-student) and overall satisfaction with the supervisory process/relationship from the supervisees' perspective. The mean for doctoral student was 2012.13, the standard deviation was .875; the mean for faculty was 2022.7, the standard deviation was 1.001; the mean for off-site was 2011.74, and the standard deviation was .906 (see table one). However, the results from the one-way ANOVA were not significant F (1, 295) = 1.811, p = 0.170; r = .078 (see table two and three). Therefore, there is little to no difference between the type of supervision and overall satisfaction with the supervisory relationship. See Table one for the one-way ANOVA statistical analysis for the type of supervision.

Table 1

Mean and Standard Deviation for Type of Supervisor

	Mean	Standard Deviation
Doctoral Student	2012.13	.875
Faculty	2022.79	1.001
Off-site	2011.74	.906

Table 2

One-way ANOVA Results for Supervision Satisfaction with Type of Supervisor

Model 1	Sum of Squares	DF	Mean Square	F	Sig.
Regression	895.910	1	895.950	1.88	.179[b]
Residual	145914.036	295	494.624		
Total	146809.946	296			

Table 3

Coefficients for Supervision Satisfaction for Type of Supervisor

						95% CI	
		Unstand. B	Std. Error	Standard. Co. Beta	t	Sig.	LB	UB
	(Constant)	128.870	4.744		27.166	.000	119.534	138.206
	Type	2.715	2.018	.078	1.346	.179	-1.255	6.686

Table 4

Model Summary for Faculty vs. Nonfaculty

					Change Statistics			
Model 1	R	R^2	Std. Error	R^2 Change	F Change	df1	df2	Sig. F Change
	.978[a]	.006	22.24104	.006	1.811	1	295	.179

Since there was no power or significance found, the researcher then classified the three different types of supervision into two groups; These two groups were further classified during data analysis as either faculty or nonfaculty (doctoral students and off-site supervisors) to create a proxy variable. The three different types of supervisors were further grouped into faculty and nonfaculty supervisors.

The statistical analysis for the two groups are as follows: The mean for faculty was 138.46, the standard deviation was 20.69; the mean for nonfaculty was 132.27, and the standard deviation was 23.94 (see table five). In regard to the One-way ANOVA, $F(1, 295) = 4.947$, $p = 0.027$ (.027< .05) (see table six, seven, and eight). The statistics indicate that students exhibit higher levels of satisfaction with supervision from faculty members. Since $r = 0.128$, there is little to no relationship between faculty and nonfaculty and overall supervision satisfaction

levels. This statistical analysis was completed by conducting a one-way ANOVA to examine any differences between faculty and nonfaculty supervision on overall satisfaction of the supervisory relationship.

Table 5

Mean and Standard Deviation for Supervision Satisfaction with Faculty vs. Nonfaculty

	Mean	Standard Deviation
Faculty	138.46	20.69
Nonfaculty	132.27	23.94

Table 6

One-way ANOVA Results for Faculty vs. Nonfaculty

Model 1	Sum of Squares	DF	Mean Square	F	Sig.
Regression	2421.415	1	2421.415	4.947	.027[b]
Residual	144388.531	295	489.453		
Total	146809.946	296			

Table 7

Coefficients for Faculty vs. Nonfaculty

					95% CI	
	Unstand. B	Std. Error	Standard. Co. Beta	t	Sig.	LB	UB
(Constant)	129.867	2.646		49.080	.000	124.660	135.075
Faculty vs. Nonfaculty	2.956	1.329	.128	2.224	.027	.341	5.572

Table 8

Model Summary for Faculty vs. Nonfaculty

				Change Statistics				
Model 1	R	R^2	Std. Error	R^2 Change	F Change	df1	df2	Sig. F Change
	.128[a]	.016	.013	22.12358	4.947	1	295	.027

Table 9

F and R^2 Values for Faculty vs. Nonfaculty

F value	R^2
Type: 1.811	.006
Faculty/nonfaculty: 4.947	.128

Supervision Satisfaction for Concentration

The first statistical test run on the concentration of the supervisor, e.g., CMH, Rehab, School, was a one-way ANOVA. The mean for CMH was 133.40, the standard deviation was 20.69; the mean for Rehab was 134.13, the standard deviation was 32.88; and the mean for school was 144.81, and the standard deviation was 23.94 (see table 10). A One-way ANOVA was performed to determine a link between supervisor concentration and overall satisfaction with the supervisory relationship based on the supervisees This statistical measure was determined to be significant; F (1, 295) = 9.334, p = 0.002 (see table nine). Thus, a between-subjects design was conducted to further examine the effects, which were also found to be significant; F (2, 294) = 7.655, p = 0.001 (see table 14).

Table 10

Mean and Standard Deviation for Supervision Satisfaction for Concentration

	Mean	Standard Deviation
CMH	133.40	20.69
Rehab	134.13	32.88
School	144.81	23.94

Table 11

One-way ANOVA Results for Supervision Satisfaction with Concentration

Model 1	Sum of Squares	DF	Mean Square	F	Sig.
Regression	4502.613	1	4502.613	9.334	.002[b]
Residual	140327.334	295	482.398		
Total	146809.946	296			

Table 12

Coefficients for Supervision Satisfaction for Concentration

						95% CI	
	Unstand. B	Std. Error	Standard. Co. Beta	t	Sig.	LB	UB
(Constant)	125.280	3.431		36.511	.000	118.527	132.033
Concentration	7.607	2.490	.175	3.055	.002	2.707	12.508

Table 13

Model Summary for Supervision Satisfaction for Concentration

				Change Statistics				
Model 1	R	R^2	Std. Error	R^2 Change	F Change	df1	df2	Sig. F Change
	.175[a]	.031	21.96355	.031	9.334	1	295	.002

Table 14

Between Subjects Design for Supervision Satisfaction for Concentration

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	7266.734[a]	2	3633.367	7.655	.001
Intercept	1288967.318	1	1288967.318	2715.692	.000
Concentration	7266.734	2	3633.367	7.655	.001
Error	139543.213	294	474.637		
Total	5560715.000	297			
Correct. Total	146809.946	296			

Table 15

F and R^2 Values for Supervision Satisfaction with Concentration

F value	R^2
9.334	.031

A post-hoc test (multiple comparisons) was then run to examine the concentrations independently and against one another to test for significance. After running post-hoc test – an LSD – it was determined that the school concentration evaluations exhibited the highest ratings of overall satisfaction with the supervisory relationship when compared to CMH and Rehab. For example, when comparing CMH and school, the significance level was 0.000; When comparing CMH to rehab, the significance level was 0.798 (see table 16).

Table 16

Post Hoc/Multiple Comparisons Chart for Supervision Satisfaction with Concentration

(I) Concentration	(J) Concentration	Mean Difference	St. Error	Sig.	95% CI LL	95% CI UL
CMH	School	-12.0111	3.07092	.000	-18.0549	-5.9673
	Rehab	-1.8949	7.40715	.798	-16.4726	12.6829
School	CMH	12.0111	3.07092	.000	5.9673	18.0549
	Rehab	10.1162	7.74852	.193	-5.1334	25.3658
Rahab	CMH	1.8949	7.40715	.798	-12.6829	16.4726
	School	-10.1162	7.74852	.193	-25.3658	5.1334

Type of Supervisor Versus Concentration

A one-way ANOVA was then run to compare the effects of the type of supervisor (faculty or nonfaculty) and concentration on overall satisfaction with the supervisory relationship. There results concerning the type of supervisor were not significant; F (2, 296) = 5.922, p = 0.118 (see table 19). However, significance was determined when comparing concentration and overall satisfaction levels; F (2, 296) = 5.992, p = 0.010 (see table 19). The mean for faculty/nonfaculty was 1.7407, and the standard deviation was 22.7060 (see table 17). The mean for concentration was 1.28, and the standard deviation was .513 (see table 17).

Table 17

Mean and Standard Deviation for Faculty vs. Nonfaculty and Concentration

	Mean	Standard Deviation
Faculty	138.46	20.69
Nonfaculty	132.27	23.94
Concentration	1.28	.513

Table 18

One-way ANOVA Results for Supervision Satisfaction with Faculty vs. Nonfaculty and Concentration

Model 1		Sum of Squares	DF	Mean Square	F	Sig.
	Regression	5685.663	2	2842.831	5.922	.003[b]
	Residual	141124.283	294	480.015		
	Total	146809.946	296			

Table 19

Coefficients for Supervision Satisfaction for Faculty vs. Nonfaculty and Concentration

						95% CI	
	Unstand. B	Std. Error	Standard. Co. Beta	t	Sig.	LB	UB
(Constant)	122.786	3.774		32.359	.000	115.360	130.213
Faculty	2.126	1.354	.092	1.570	.118	-.539	4.791
Nonfaculty							
Concentration	6.664	2.555	.153	2.608	.010	1.635	11.693

Table 20

Model Summary for Supervision Satisfaction for Faculty vs. Nonfaculty and Concentration

						Change Statistics		
Model 1	R	R^2	Std. Error	R^2 Change	F Change	df1	df2	Sig. F Change

Table 21

F and R^2 Values for Supervision Satisfaction with Concentration

	F value					R^2		
	5.922					.039		
.197[a]	.039	21.90923	.039	5.922	2	294	.003

Questions from Evaluations and Matching to Supervision Models

When examining the faculty supervisor evaluation form, several different models were found to correlate to the evaluation questions asked. The most prominent models associated with the questions were the IDM and the Discrimination and Psychodynamic models; However, several other models matched the questions as well. For example, question one of the evaluation, "Structures group supervision appropriately," matched with the IDM and Discrimination models. Question two, "I feel included and involved in the group," coincided with the Relational mode. Question three, "Makes group a constructive learning process," correlated with the IDM. Question four, "Provides group members with specific help in areas they need to work on," matched with the Discrimination model. See Appendix two for the full list of questions and matching models.

Number of Supervision Models Included in Evaluation Questions

The supervision models used for the coding were the IDM, Discrimination, Relational, Psychodynamic, Solution Focused, Humanistic, CBT, and the Loganbill, Hardy and Delworth models. Theory one is IDM; theory two is Discrimination, theory three is Psychodynamic, theory four is relational, theory five is Solution Focused; theory six is Loganbill, Hardy and Delworth; theory seven is CBT; and theory eight is Humanistic (see table 22). When looking at

how many times each supervision model correlated with a concentration, the IDM and Discrimination model showed up the most (see table 22).

Table 22

Models and Evaluation Questions

	Th. 1	Th. 2	Th. 3	Th. 4	Th. 5	Th. 6	Th. 7	Th. 8
CMH	1,021	1,361	524	508	450	167	346	526
School	359	485	187	173	159	58	118	199
Rehab	53	68	24	27	27	9	16	24

Random Sample of Supervision Models

When looking at the ratings of the student supervisor evaluations it was noticed that the majority of the surveys were highly rated in favor of the supervisor; this created a Halo effect. Therefore, the rating scores ceilinged out were constantly at the high end of the Likert scale. Since the ratings were so positively rated, the researchers pulled a random sample of 30 student, supervisor surveys and to determine the mean and standard deviation. The mean of the 30 student surveys; the mean was 133.32, and the standard deviation was 20.16 (see table 23). The mean and standard deviation demonstrated a leptokurtic curve; therefore, the researcher was unable to statistically analyze the data for any significant effects.

There were 22 questions on the evaluations on a Likert rating, one to seven, so a total possibly score was a 154 rating. During analysis ratings were observed to extremely high and there appeared to be a Halo Effect in operation. To determine this, a random sample of 30 evaluations were pulled. The mean of those evaluations was 133.43, which gives an average of 6.05

Table 23

Mean and Standard Deviation for 30 Random Surveys

Mean	Standard Deviation
133.43	20.16

Table 24

Total Number of Times Supervision Models Were Correlated with Supervision Evaluation Questions

Discr.	IDM	Relational	Psychodynamic	SF	LB&H	CBT	Human.
1,914	1,433	735	708	636	234	480	738

Most Identified Supervision Models in Evaluations

The researcher coded and counted the number of times each supervision model presented in the students' supervisor evaluations. The results are as follows: the total number of times the Discrimination model showed up was 1,914 times. The total number of times the other models showed up are as follows: IDM – 1,433 times; Relational – 735 times; Psychodynamic – 708 times; Solution Focused – 636 times; Longabill, Hardy and Delworth – 234 times; CBT – 480 times; and Humanistic – 738 times (see table 23). This finding demonstrates that supervision models are incorporated into the evaluation questions. This ties in with two research questions asked at the beginning of this dissertation. These research questions were: What supervision models fit best with the questions on the group supervisor evaluation form?" "Which supervision model is endorsed the most?

Chapter Five: Discussion

Limitations

There are several limitations of this dissertation that need to be addressed. First, the data utilized for this dissertation was limited to pre-existing data. Second, the archival data was limited to one institution. Therefore, the data may not be generalizable to other institutions. Third, 298 evaluations is a relatively small sample size when compared to the overall population of students that could be enrolled in a practicum course in CACREP-accredited programs. Fourth, the current study did not have enough evaluations to separate into the three different type of supervisors for data analysis. Fifth, the evaluations post a small amount of information about the supervisors; information such as supervisors' background, level of degree, and level of supervision training were not provided. This is a limitation because the researcher does not know if the supervisor has training or operates from a specific supervision model. Sixth, the evaluations all tended to be positive in nature, which may cause one to question their reliability as objective measures of supervisor performance. Moreover, the evaluations could be biased due to the fact that the students worked with the faculty supervisors in other classes.

The researcher was unable to obtain an accurate picture of supervision performance. Indeed, it is likely that the data is compromised by a halo effect due to the students' pre-existing impressions of and interactions with supervising faculty. With regard to off-site supervisors, the researcher hypothesized that the halo effect may be due to both the reputations of off-site supervisors among the student population and fear that a negative evaluation will hinder their counseling career.

Findings

The results of the data analysis reveal several findings. First, although no significance was found when examining the three different types of supervisors, significance was found when the three different types of supervision were grouped into faculty and nonfaculty supervisors. The significance found when grouping into faculty and nonfaculty could possibly be due to the fact that faculty member supervisors have been trained in supervision, as well as because students had previously worked with faculty member supervisors. Nevertheless, little to no difference was found between the type of supervisor and overall satisfaction with the supervisory relationship. Thus, it is likely that other factors may be influencing the levels of satisfaction with the supervisory relationship.

Second, when examining the statistical output from the different counseling concentrations' influence on overall supervision satisfaction, the output concludes that school supervision of the practicum experience yields higher satisfactory supervision results than the other two concentrations of counseling programs. One possible explanation is that school supervision includes students who are all in the same practicum environment. Moreover, it is possible that school supervision is more structured since all of the students are in similar environments. Regardless, this is an interesting finding.

Third, when examining and coding the supervision models with the evaluation questions, the Discrimination model was identified the most often within the evaluation questions. The researcher believes that this is due to the fact that the discrimination model is the simplest model to implement within a supervisory context. The researcher believes this is due to the Discrimination model being comprehensive and easily implemented since there are only three different subareas that a supervisor can operate from (e.g., teacher, counselor, or supervisor), as

well as due to there being specific interventions that correlated with each subarea. For example, if a supervisor is operating from the teacher area of the model, the supervisor would provide more psychoeducation and guidance within the supervision sessions. Second, if the supervisor is operating from the counselor area, then the supervisor is helping the supervisee process his/her countertransference toward clients, supervisee emotions, and anything that is hindering client or supervisee growth. Last, if the supervisor is operating form the supervisor area, then the supervisor is providing guidance and a safe place of growth for the supervisee. The researcher also believes that there is more of a lack of use with the other supervision models because they can be more complex to implement within a supervision settings, especially for a novice supervisor.

Implications

Several implications can be drawn from this study. First, counseling programs should educate counseling graduate students on what is good/bad supervision, as well as explore (with students) what they need in a supervisory relationship. As a result, evaluations may be more realistic than positive to provide an objective view of how faculty and nonfaculty supervisors are performing.

Second, it is necessary to investigate why faculty supervisors create higher levels of satisfaction in the supervisory relationship. First, this may be due to the fact that students may be previously exposed to faculty members from other classes within the counseling program, while they may not meet the doctoral and off-site supervisors until their practicum experience. Thus, students may have more confidence in the faculty members. Students may also believe that faculty members have more training and knowledge about the counseling profession due to their training as counselor educators. This coincides with the idea that doctoral students are still

in training, and off-site supervisors may have no supervision training whatsoever; Therefore, students are wary about their capabilities of being effective/competent supervisors.

The third implication involves the notion that the counseling program should investigate school supervision to determine why school concentration receives higher satisfaction ratings in supervision over the other two concentrations. The researcher believes that this may be due to the fact that all school students are in the same type of environment for practicum (i.e., a school). Although students attend different schools and are within different age groups, they all receive basically the same training. They are also typically supervised by a school-focused counselor in their group supervision experience; Therefore, the supervisor understands more about what the students are experiencing in the school system. This is in contrast to the CMH and rehab concentration, as both concentrations are in different agencies. For example, a student in the CMH program may be in a psychiatric facility, while another one is completing a practicum in a private practice. However, the group supervisor may not have any experience working in a psychiatric facility or private practice.

The fourth implication involves supervisor training: for example, should accredited counseling programs require that off-site supervisors receive training in supervision in a classroom like setting? As previously articulated, off-site supervisors (more than likely) do not have any formal training in supervision or knowledge about supervision models. Therefore, one can assume that off-site supervisors are somewhat 'winging' their supervision. The researcher thus wonders if a lack of training could create ethical or gatekeeping issues. For example, if an off-site supervisor has not been trained in supervision, should they be providing supervision to counselors-in-training? Do they have the necessary skillset to handle and deal with any ethical issues that may arise in the supervisory relationship between supervisee and supervisor? In

regard to gatekeeping, do untrained supervisors understand how to fully address gatekeeping issues? These are all unanswered questions that remain.

Future Directions

Future research should consider why school supervision exhibits higher satisfaction ratings than the other two concentrations. Moreover, future research should consider providing training for off-site supervisors to assess whether it has an effect on nonfaculty supervision satisfaction ratings.

Recommendations

The researcher recommends that schools complete program evaluations of their supervision evaluations. Doing so will allow counseling graduate programs to continually monitor the satisfaction levels for supervision with their master's level students. This will also allow programs to change and grow their supervisor evaluations- which can then allow for a more comprehensive understanding of how well their students are being supervised. Programs could also begin to incorporate questions of supervisors that inquire about supervision training, theoretical supervision model, and highest degree level.

References

American Counseling Association (2014). *ACA Code of Ethics*. Alexandria, VA: Author.

Anderson, J. R. (1996). ACT: A simple theory of complex cognition. *American Psychologist, 51*(4), 355-365. doi: 10.1037/0003-066X.51.4.355

Arthur, A. R. (2000). The personality and cognitive-epistemological traits of cognitive behavioural and psychoanalytic psychotherapists. *British Journal Medical Psychology, 73*(2), 243-257. doi: 10.1348/000711200160453

Beck, J. S. (2011). *Cognitive behavior therapy basics and beyond.* New York, NY: Guilford Publications, Inc.

Beck, J. S., Sarnat, J. E., & Barenstein, V. (2008). Psychotherapy-based approaches to supervision. In C. A. Falender & E. P. Shafranske (Eds.). *Case-book for clinical supervision: A competency-based approach* (pp. 57-96). Washington, DC: American Psychological Association.

Behan, C. P. (2003). Some ground to stand on: Narrative supervision. *Journal of Systemic Therapist, 22*(4), 29-42. doi: 10.1521/jsyt.22.4.29.25325

Beinart, H. (2012). Models of supervision and the supervisory relationship. In L. Fleming & L. Steen (Eds.). *Supervision and clinical psychology: Theory, practice, and perspectives* (2nd ed; pp. 47-61). London: Routledge.

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision, 19*(1), 60-69. doi: 10.1002/j.1556-6978.1979.tn00906.x

Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NY: Pearson Education Inc.

Blocher, D. H. (1983). Toward a cognitive developmental approach to counseling supervision. *The Counseling Psychologist, 11*, 27-34. doi: 10.1177/0011000083111006

Borders, A. (2014). Best practices in clinical supervision: another step in delineating effective supervision practice. *American Journal of Psychotherapy, 68*(2), 151- 162. doi: 10.1176/appi.psychotherapy.2014.68.2.151

Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision.* Mahwaw, NJ: Lashaka Press.

Boswell, J. F., Nelson, D. L., Nordberg, S. S., McAleavey, A. A., & Castonguay, L. G. (2010). Competency in integrative psychotherapy: Perspectives on training and supervision. *Psychotherapy Theory, Research, Practice, Training, 47*(1), 3-11. doi: 10.1037/a0018846

Boyd, J. (1978). *Counselor supervision: Approaches, preparation, practices.* Muncie, IN: Accelerated Development, Inc.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and mary ainsworth. *Developmental Psychology, 28*(5), 759-775. Retrieved from http://cmapspublic2.ihmc.us/rid=1LQX400NM-RBVKH9-1KL6/the%20origins%20of%20attachment%20theory%20john%20bowlby%20and_mary_ainsworth.pdf

Caligor, L. (1984). Parallel and reciprocal processes in psychoanalytic supervision. *Clinical perspectives on the supervision of psychoanalysis and psychotherapy,* 1-28. New York, NY: Plenum.

Counsel for Accreditation of Counseling and Related Education Programs [CACREP] (2016). 2016 standards for accreditation. Alexandria, NV: Author.

Center for Credentialing and Education (2016). *Requirements approved clinical supervisor.* Retrieved from http://www.easybib.com/reference/guide/apa/website

Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2010). *Clinical supervision in the helping professions: A practical guide.* Alexandria, VA: American Counseling Association.

DeDiego, A. C., & Burgin, E. C. (2016). The doctoral student as university supervisor: Challenges in fulfilling the gatekeeping role. *Journal of Counselor Leadership and Advocacy, 3*(2), 173-183. doi: 10.1080/2326716X.1187096

Dickson, J. M., Moberly, N. J., Marshall, Y., Reilly, J. Attachment style and its relationship to working alliance in the supervision of british clinical psychology trainees. *Clinical Psychological Psychotherapy, 18*(4), 322-330. doi: 10.1002/cpp.715

Ekstein, R., & Wallerstein, R. S. (1972). *The teaching and learning of psychotherapy* (2nd ed.). New York, NY: International Universities Press, Inc.

Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice, 38*(3), 232-240. doi: 10.1037/0735-7028.38.3.232

Falender, C. A., & Shafranske, E. P. (2012). The importance of competency-based clinical supervision and training in the twenty-first century: Why bother? *Journal of Contemporary Psychotherapy, 42,* 129-137. doi: 10.1007/s10879-011-9198-9

Falender, C. A., & Shafranske, E. P. (2014). Clinical supervision: The state of the art. *Journal of Clinical Psychology: In Session, 70*(11)*,* 1030-1041. doi: 10.1002/lclp.22124

Falender, C. A., Shafranske, E. P., & Ofek, A. (2014). Competent clinical supervision: Emerging effective practices. *Counseling and Psychology Quarterly, 27*(4), 393-408. doi: 10.1080/09515070.2014.9345

Farber, E. W. (2012). Humanistic-existential psychotherapy competencies and the supervisory process. *Psychotherapy Theory, Research, Practice, Training, 47*(1), 28-34. doi: 10.1037/a0018847

Frawley-O'Dea, M. G., & Sarnat, J. E. (2001). *The supervisory relationship: A contemporary psychodynamic approach.* New York, NY: Guildford Press.

Freidlander, M. L., & Ward, L. G. (1983). Development and validation of the supervisory styles inventory. *Journal of Counseling Psychology, 31*(4), 542-558. doi: 10.1030022-0617.31.4.541

Frick, M. H., & Glosoff, H. L. (2014). Becoming a supervisor: Qualitative findings on self-efficacy beliefs of doctoral supervisors-in-training. *The Professional Counselor, 4*(1), 35-48. doi: 10.15241/mhr.4.1.35

Friendlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel process in counseling and supervision: A case study. *Journal of Counseling Psychology, 36*(2), 149-157. doi: 10.1037/0022-0167.36.2.149

Freud, S. (1986). On the history of the psychanalytic movement. In *Historical and expository works on psychoanalysis.* Harmondsworth, UK: Penguin.

Gaubatz, M. D., & Vera, E. M. (2006). Trainee competence in master's-level counseling programs: A comparison of counselor educators' and students' views. *Counselor Education and Supervision, 46*(1), 32- 42. doi: 10.002/j.1556-6978.2006.tb00010.x

Gnilka, P. B., Rice, K. G., Ashby, J. S., & Moate, R. M. (2016). Adult attachment, multidimensional perfectionism, and the alliance among counselor supervisors. *Journal of Counseling Development, 94*, 285-296. doi: 10.1002/jcad.12085

Harvey, O. J., Hunt, D. E., & Schroeder, H. M. (1961). *Conceptual systems and personality organization.* New York, NY: Holt, Rinehart, & Winston.

Herlihy, B., & Corey, G. (1997). *Boundary issues in counseling: Multiple roles and responsibilities.* Alexandria, VA: American Counseling Association.

Hess, S. A., Knox, S., Schultz, J. M., Hill, C. E., Sloan, L. Brandt, S., … Hoffman, M. A. (2008). Predoctoral interns' nondisclosure in supervision. *Psychotherapy Research, 18*(4). 400-411. doi: 10.1080/10503300701697505

Hogan, R. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research, & Practice, 1*(3), 139-141. doi: 10/.1037/h0088589

Hoffman, M. A., Holmes, C. E., & Freitas, G. F. (2005). Supervisor perspective on the process and outcome of giving easy, difficult, or no feedback to supervisees. *Journal of Counseling Psychology, 52*(1), 3-13. doi: 10.1037/0022-0617.52.1.3

Hoyt, M. F., & Goulding, R. (1989). Resolution of a transference-countertransference impasse: Using gestalt techniques in supervision. *Transactional Analysis Journal, 19*, 201-211. doi: 10.1177/036215378901900405

Hsu, W. (2009). The components of solution-focused supervision. *Bulletin of Education Psychology, 41*(2), 475-496. Retrieved from https://www.epc.ntnu.edu.tw/files/writing/1639_cafa5c85.pdf

Kopp, R. R., & Robles, L. (1989). A single-session, therapist-focused model of supervision of resistance based on Adlerian Psychology. *Individual Psychology, 45*(1-2), 212-219. Retrieved from http://psycnet.apa.org/record/1989-30261-001

Ladany, N. (2014). The ingredients of supervisor failure. *The Journal of Clinical Psychology: In Session, 70*(11), 1094-1103. doi: 10.1002/jclp.22130

Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervisor nondisclosure. *Counselor Education and Supervision, 38*, 161-175. doi: 10.1002/j.1556-6978.1999.tb00568.x

Lanning, W. (1986). Development of the supervisor emphasis rating form. *Counselor Education and Supervision, 25*(3), 191-196. doi: 10.1002/j.1556-6978.1986.tb00667.x

Leddick, G. R., & Bernard, J. M. (1980). The history of supervision: A critical review. *Counselor Education and Supervision, 19*(3), 186-196. doi: 10.1002/j.1556-6978.1980.tb00913.x

Liese, B. S., & Beck, J. S. (1997). Cognitive therapy supervision. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 114-133). New York, NY: Wiley.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*, 3-42. doi: 10.1177/00110000082101002

Milne, D., & Riser, R. P. (2012). A rationale for evidenced-based clinical supervision. *Journal of Contemporary Psychotherapy, 42.* doi: 10.1007/s10879-011-9199-8

Minor, A. J., Pimpleton, A., Stinchfield, T., Stevens, H., & Othman, N. A. (2013). Peer support in negotiating multiple relationships within supervision among counselor education doctoral students. *International Journal of Advanced Counseling, 35*, 33-45. doi: 10.1007/s10447-012-9161-9

Molnar, A., & de Shazer, S. (1987). Solution-focused therapy: Toward the identification of therapeutic tasks. *Journal of Marital Family Therapy, 13*(4), 349-358. doi: 10.1111/j.1752-0606.1987.tb00716.x

Nelson, K. W., Oliver, M., & Capps, F. (2006). Becoming a supervisor: Doctoral student perceptions of the training experience. *Counselor Education and Supervision, 46*(1), 17-31. doi: 10.1002/j.1556-6978.2006.tb00009.x

Newman, C. F. (2010). Competency in conducting cognitive-behavioral therapy: Foundational, functional, and supervisory aspects. *Psychotherapy Theory, Research, Practice, Training, 47*(1), 12-9. doi: 10.1036/a0018849

Ober, A. M., Granello, D. H., & Henfield, M. S. (2009). A synergistic model to enhance multicultural competence in supervision. *Counselor Education and Supervision, 48*(3), 204-221. doi: 10.1002/j.1556-6978.2009.tb00075.x

Presbury, J., Echterling, L. G., & McKee, J. E. (1999). Supervision for inner-vision: Solution focused strategies. *Counselor Education and Supervision, 39*(2), 146-155. doi: 10.1002/j.1556.1999.tb01226.x

Reiser, R. P., & Milne, D. (2012). Supervision cognitive-behavioral psychotherapy: Pressing needs, impressing possibility. *Journal of Contemporary Psychotherapy, 42*(3), 161-171. doi: 10.1007/s10879-011-9200-6

Rice, L. N. (1980). A client-centered approach to the supervision of psychotherapy. In A. K. Hess (Ed.). *Psychotherapy supervision: Theory research and practice* (pp. 136-147). New York, NY: Wiley.

Resnick, R. F., & Estrup, L. (2000). Supervision: A collaborative endeavor. *Gestalt Review, 4*(2), 121-137. doi: 10.5235/gestaltreview.4.2.0121

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehlm, L., & Ritchie, P. (2005). A cube model with competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*(4), 347- 354. doi: 10.1037/a0018846

Rogers, C. R. (1942). The use of electrically recorded interviews in a multi-service setting. *American Journal Orthopsychiatry, 12*, 429-434. doi: 10.1111/j.1939-0025.1942.tb05930.x

Rousmaniere, T. G., & Ellis, M. V. (2013). Developing the construct and measure of collaborative supervision: The supervisee's perspective. *Training and Education in Professional Psychology, 7*(4), 300-308. doi: 10.1037/a0033796

Sarnat, J. E. (1992). Supervision in relationship: Resolving the teach-treat controversy in psychanalytic supervision. *Psychoanalytic Psychology, 9*(3), 387-304. doi: 10.1037/h0079388

Sarnat, J. E. (2010). Key competencies of the psychodynamic psychotherapist and how to teach them in supervision. *Psychotherapy: Theory, research, Practice, Training, 47*(1), 151-160. doi: 10.1037/a0018846

Scarborough, J. L, Bernard, J. M., & Morese, R. E. (2006). Boundary considerations between doctoral students and master's students. *Counseling and Values, 51*(1), 53-65. doi: 10.1002/j.2161-007X.2006.tb00065.x

Shoben, E. J. (1962). The counselor's theory as personal trait. *Personal and Guidance Journal, 40*(7), 617-621. doi: 10.1002/j.2164-4918.1962.tb02171.x

Skjerve, J., Gullestad, S. E., Hansen, B. R., Ronnestad, M. H., Torgersen, A. M., Jacobsen, C. H., … Skjerve, J. (2009). Nondisclosure in psychotherapy group supervision: The supervisee perspective. *Nordic Psychology, 61*(4), 5-27. doi: 10.1027/1901-2276.61.3.5

Skjerve, J., Hostmark, G., Haugaard, J., Gullestad, S. R., Hansen, B. R., Reichelt, S., … Torgerson, A. M. (2009). Nondisclosure in psychotherapy group supervision: The supervisor perspective. *Nordic Psychology, 61*(4), 28-48. doi: 10.1027/1901-2276.61.3.28

Smadi, A. A., & Landreth, G. G. (1988). Reality therapy supervision with counselor from a different theoretical orientation. *Journal of Reality Therapy, 7*(2), 18-26. Retrieved from http://psycnet.apa.org/record/1989-10003-001

Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM supervision: An integrative developmental model for supervising counselors & therapists* (3rd ed.). New York, NY: Routhledge

Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1998). *IDM: An integrated development model for supervising counselors and therapists.* San Francisco, CA: Jossey-Bass

Swank, J. M., & Smith-Adcock, S. (2014). Gatekeeping during admissions: A survey of counselor education programs. *Counselor Education and Supervision, 51*(1), 47-61. doi: 10.1002/j.1556-6978.2014.00048.x

Tennessee Department of Health (n.d.) *Licensure requirements.* Retrieved https://umdrive.memphis.edu/pcogdal/Public/ClinicalFieldWorkForms/Licensure/Rules%20for%20Licensure%20MHSP%20Tennessee.pdf

Topolinski, S., & Herttel, G. (2007). The role of personality in psychotherapists' careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research, 17*(3), 365-375. doi: 10.1080/10503300600830736

Walker, J. A., Ladany, N., & Pate-Carolan, L. M. (2007). Gender-related events in psychotherapy supervision: Female trainee perspectives. *Counseling and Psychotherapy Research, 7*(1), 12-18. doi: 10.1080/14733140601140881

Watkins, C. E. (2014). Clinical supervision in the 21st century: Revisiting pressing needs and impressing possibilities. *American Journal of Psychotherapy, 68*(2), 251-272. doi: 10.1176/appi.psychotherapy.2014.68.2.251

Watkins, C. E. (2014). The supervisory alliance: A half century of theory, practice, and research in critical perspective. *America Journal of Psychotherapy, 68*(1), 19-55. doi: 10.1176/appi.psychotherapy.2014.68.1.19

Watkins, C. E. (2017). Reconsidering parallel process in psychotherapy supervision: On parsimony, rival hypotheses, and alternate explanations. *Psychoanalytic Psychology, 34*(4), 506-515. doi: 10.1037/pap0000127

Whiting, J. B. (2007). Authors, artists, and social constructionism: A case study of narrative supervision. *American Journal of Family Therapy, 35*(2), 139-150. doi: 10.1080/01926180600698434

Worthen, V. E, & Lambert, M. J. (2007). Outcome oriented supervision: Advantages of adding systemic client tracking to supportive consultations. *Counseling and Psychotherapy Research, 7*(1), 48-53. doi: 10.1080/14733140601140873

Yourman, D. B. (2003). Trainee disclosure in psychotherapy supervision: The impact of shame. *Journal of Clinical Psychology, 59*(5), 601-609. doi: 10.1002/jclp.10162

Appendix One

Students' Evaluation of Supervisors
Site Supervisor or Individual Supervisor (circle one)

The University of Memphis

Department of Counseling, Educational Psychology and Research

Supervisor_____ **Term**_____

		Strongly disagree			**Somewhat agree**		**Strongly agree**	
1.	Structures supervision appropriately	1	2	3	4	5	6	7
2.	Helps me feel at ease with the supervision process.	1	2	3	4	5	6	7
3.	Makes supervision a constructive learning process.	1	2	3	4	5	6	7
4.	Provides me with specific help in areas I need to work on.	1	2	3	4	5	6	7
5.	Addresses issues relevant to my current concerns as a counselor.	1	2	3	4	5	6	7
6.	Helps me focus on new alternative counseling strategies that I can use with my client.	1	2	3	4	5	6	7
7.	Helps me focus on how my counseling	1	2	3	4	5	6	7

behavior influences the client.

8.	Adequately emphasizes the development of my strengths and capabilities.	1	2	3	4	5	6	7
9.	Enables me to become actively involved in the supervision process.	1	2	3	4	5	6	7
10.	Makes me feel accepted and respected as a person.	1	2	3	4	5	6	7
11.	Helps me to define and achieve specific concrete goals for myself during the practicum experience.	1	2	3	4	5	6	7
12.	Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1	2	3	4	5	6	7
13.	Appropriately addresses interpersonal dynamics between self and counselor.	1	2	3	4	5	6	7

		Strongly disagree			**Somewhat agree**			**Strongly agree**
14.	Enables me to express opinions, questions, and concerns about my counseling.	1	2	3	4	5	6	7
15.	Motivates me and encourages me.	1	2	3	4	5	6	7

16. Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.	1	2	3	4	5	6	7
17. Allows and encourages me to evaluate myself.	1	2	3	4	5	6	7
18. Explains the criteria for evaluation clearly and in behavioral terms.	1	2	3	4	5	6	7
19. Applies criteria fairly in evaluating my counseling performance.	1	2	3	4	5	6	7
20. Orients and articulates professional role and function within the system	1	2	3	4	5	6	7
21. Familiarizes me with functions of support, peer and supervisory staff.	1	2	3	4	5	6	7
22. Familiarizes me with common legal and ethical issues pertinent to the setting.	1	2	3	4	5	6	7

Please feel free to add any additional comments:

The University of Memphis

Department of Counseling, Educational Psychology and Research

(Student's Evaluation of Supervisor)

Group Supervisor_____ **Term**_____

		Strongly disagree			**Somewhat agree**			**Strongly agree**
1.	Structures group supervision appropriately.	1	2	3	4	5	6	7
2.	I feel included and involved in the group.	1	2	3	4	5	6	7
3.	Makes group a constructive learning process.	1	2	3	4	5	6	7
4.	Provides group members with specific help in areas they need to work on.	1	2	3	4	5	6	7
5.	Addresses issues relevant to group concerns as a counselor.	1	2	3	4	5	6	7
6.	Helps the group focus on new alternative counseling strategies that can be used with clients.	1	2	3	4	5	6	7
7.	Helps group members focus on how counseling behavior influences the client.	1	2	3	4	5	6	7
8.	Adequately emphasizes the development of group members' strengths and capabilities.	1	2	3	4	5	6	7

9.	Enables me to become actively involved in the group process.	1	2	3	4	5	6	7
10.	Makes me feel accepted and respected as a person within the group.	1	2	3	4	5	6	7
11.	Helps me to define and achieve specific concrete goals for myself during the practicum experience.	1	2	3	4	5	6	7
12.	Helps me develop increased skill understanding and using ethical standards.	1	2	3	4	5	6	7

		Strongly disagree			**Somewhat agree**		**Strongly agree**
13.	Appropriately addresses interpersonal dynamics between group members and group supervisor.	1	2	3	4	5	6	7
14.	Enables me to express opinions, questions, and concerns about my counseling in the group.	1	2	3	4	5	6	7
15.	Motivates me and encourages me to participate in group and in becoming a better counselor.	1	2	3	4	5	6	7
16.	Challenges me to accurately perceive the	1	2	3	4	5	6	7

thoughts, feelings, and goals of my client and myself during counseling.

17. Allows and encourages me to evaluate myself.	1	2	3	4	5	6	7
18. Explains the criteria for group supervision clearly and in behavioral terms.	1	2	3	4	5	6	7
19. Applies criteria fairly in evaluating my performance in group.	1	2	3	4	5	6	7

Please add any additional comments you would like to share:

Appendix Two

Question	Supervision Model(s)
1. Structures group supervision appropriately.	IDM, Discrimination
2. I feel included and involved in the group.	Relational
3. Makes group a constructive learning process	IDM
4. Provides group members with specific help in areas they need to work on.	Discrimination
5. Addresses issues relevant to group concerns as a counselor.	Psychodynamic
6. Helps the group focus on new alternative counseling strategies that can be used with clients.	IDM, Discrimination, Solution Focused
7. Help group members focus on how counseling behavior influences the client.	Loganbill, Hardy & Delworth Model, Psychodynamic, Humanistic
8. Adequately emphasizes the development of group members' strengths and capabilities.	IDM, Discrimination
9. Enables me to become actively involved in the group process.	Relational
10. Makes me feel accepted and respected as a person within the group.	Humanistic, Discrimination, CBT
11. Helps me to define and achieve specific concrete goals for myself during the practicum experience.	IDM, Solution-focused
12. Helps me to develop increased skill understanding and using ethical standards.	Solution focused
13. Appropriately addresses interpersonal dynamics between group members and group supervisor.	Psychodynamic
14. Enables me to express my opinions, questions, and	Relational

concerns about my counseling in the group.	
15. Motivates me and encourages me to participate in group and in becoming a better counselor.	Humanistic, Discrimination
16. Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.	CBT
17. Allows and encourages me to evaluate myself.	IDM
18. Explains the criteria for group supervision clearly and in behavioral terms.	Discrimination
19. Applies criteria fairly in evaluating my performance in group.	Discrimination

Appendix Three

Kellie Watson (kwtson10)
Thu 3/22/2018, 3:40 PM

Dear Leigh Pitre

From the information provided in your determination for protocols PRO-FY2018-513 –" Doctoral student, faculty, and site supervision. Which one is more preferred by graduate level counseling practicum students?" and PRO-FY2018-514: "Doctoral student, faculty and site supervision. Which one is preferred by graduate level counseling practicum students?" the IRB has determined that your activity does not meet the Office of Human Subjects Research Protections' definition of human subjects research and 45 CFR part 46 does not apply.

This study does not require IRB approval nor review. Your determination file will be administratively withdrawn from Cayuse IRB and you will receive an automated email similar to this correspondence. Your protocol will be archived in Cayuse IRB.

Thanks,
-KW

Kellie Watson
Research Compliance Coordinator
IRB Administrator

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