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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

DEVELOPMENT OF COUNSELORS ACROSS SUPERVISION: A STUDY OF THE INTEGRATED DEVELOPMENTAL MODEL OF SUPERVISION

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

By

HUGH C. CRETHAR

Norman, Oklahoma

1997

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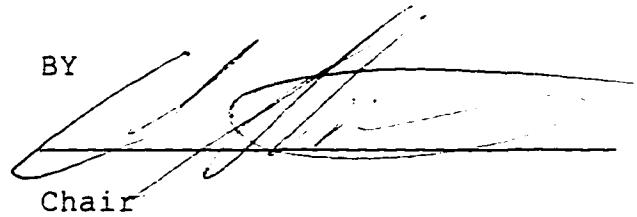
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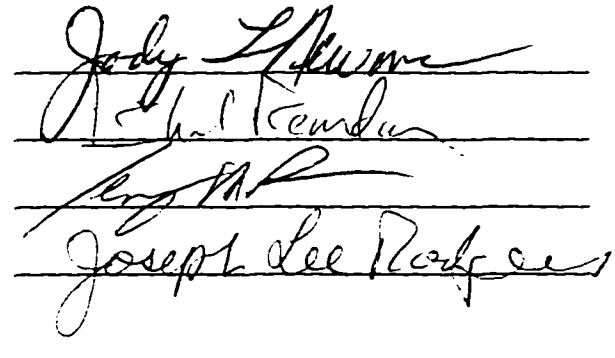
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Chair



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Abstract

The purpose of this study was to examine counselor trainees in the areas of supervisory needs and counseling developmental levels. This study also measures counselor trainees' reactions to three counseling scenarios as well as their preferences for supervisory interventions regarding each scenario. The participants were examined in a cross-sectional fashion in their first, second, third, fourth, and internship years. Both qualitative and quantitative results indicated limited evidence of domain-specific development of counselors. In the qualitative data, this evidence occurred for level 3 responses on the model of supervision assessed. Limited evidence for overall development of counselors was also found. Results indicated a need for qualitative and naturalistic studies which attend to variance in experience across different domains.

DEVELOPMENT OF COUNSELORS ACROSS SUPERVISION: A STUDY OF THE INTEGRATED DEVELOPMENTAL MODEL OF SUPERVISION

INTRODUCTION

Clinical supervision, defined as "...an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person," (Loganbill, Hardy, & Delworth, 1982, p. 3) plays a crucial role in the development of counselors and therapists. The supervision of counselors and therapists in training has been noted as a fundamental component in the development of counseling and clinical psychologists (Banikiotes, 1977; Gerkin, 1969; Lambert, 1980; Robiner & Schofield, 1990), and one of the central activities of the profession of psychologists (Loganbill, Hardy & Delworth, 1982; Stoltenberg & Delworth, 1987). Supervision is also considered to be within the top five activities in which psychologists spend time (Garfield & Kurtz, 1976; Norcross, Prochaska, & Gallagher, 1989).

In 1980, the American Psychological Association established the educational requirement that clinical, counseling and school psychology trainees needed to receive

supervised practicum and internship experiences as part of their education towards a doctoral degree (American Psychological Association, 1980), emphasizing the critical importance of supervision in the development of a counselor. Since that time, supervision has developed into a strong focal area of research and discussion amongst applied psychologists. Surprisingly, only a small percentage (no more than 10% to 15%) of licensed psychologists have experienced formal coursework in supervision (Hess & Hess, 1983; McColley & Baker, 1982). These data argue for the need for more research and a greater focus on issues relevant to the supervision of developing counselors.

Regardless of the approach of the supervisor to supervision, what is taught, how fast it is taught, and what is assumed to be known by the trainee differs in accordance with her or his level of experience (Worthington, 1987). To what degree and how supervision changes as counselors gain experience depends on the supervisor's beliefs regarding counseling and supervision (Bartlett, Goodyear, & Bradley, 1983). One of the most prominent approaches to supervision is the developmental approach. In this approach, counselors and therapists are thought to change in abilities and needs as they gain experience in counseling. The supervisors' interventions vary in accordance with their perceptions of their trainee's developmental stage of counseling.

Supervisory interventions are not based primarily on the content of the trainee's theoretical approach. Although counselors may not develop cleanly along precise developmental lines, it can be very helpful to a supervisor to be aware of expected developmental changes in organizing her or his supervisory approach.

This study is based on the most comprehensive and detailed model of counselor development and supervision to date, known as the Integrated Developmental Model (IDM) and recently introduced by Stoltenberg and Delworth (1987). This model was based on the work of Hogan (1964), Stoltenberg (1981), Loganbill, Hardy, and Delworth (1982), and Piaget (1970, 1971), as well as several empirical studies of counselor development conducted prior to 1987. In this model, the trainee is described as progressing within given domains in three basic structures: motivation, self and other awareness, and autonomy. This progression is described as occurring in eight domains: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.

According to the IDM, upward movement as a counselor trainee results in accordance with the twin processes of assimilation and accommodation. Piaget (1970) defined

assimilation as the process of fitting reality into one's current cognitive organization, while accommodation was defined as significant adjustments in cognitive organization that result from the demands of reality. Piaget considered assimilation and accommodation to be closely interrelated in every cognitive activity (Miller, 1989). Attempts to assimilate reality involve minor changes in the individual's cognitive structures as these adjust to new ideas, whereas accommodation involves the formation of new constructs through the loosening of old ones.

The IDM traces changes in self and other awareness, motivation, and autonomy across three stages of development. The Level 1 trainee demonstrates a primary focus on her or himself which is a result of apprehension regarding evaluation by the supervisor and the client. This level of trainee is believed to have a high degree of motivation toward the activities associated with becoming a counselor that is characterized by a desire to learn the "correct" way of counseling. This trainee also exhibits dependency on authority figures, especially the supervisor. This is a period of assimilation of new knowledge for the trainee.

The Level 2 trainees begin to focus more attention on the cognitive and emotional experience of the client even to the extent that they may lose track of themselves by delving too far into the client's experience. This change in focus

is the point at which the trainees have begun the process of accommodating therapeutic constructs. Due to disappointment in the experience of trying to become an adept counselor with contrasting periods of success, these trainees are likely to experience a fluctuation of motivation at this point of development. They also experience a dependency-autonomy conflict, wherein they may at times want to be treated as independent therapists, while at other times maintaining feelings of dependence on the supervisor.

When the trainees reach Level 3, they have attained an ability to productively use the dual processes of accommodation and assimilation. They are now able to comfortably move back and forth between focusing on their own cognitive and emotional processes relating to the client and the experiences of the client. Their motivation moves into a more consistent pattern at this time, resulting from the learning of idiosyncratic strengths and weaknesses, an understanding of the limitations of counseling, and the development of the ability to integrate individual identity with therapeutic style. This level of trainee has resolved the dependency-autonomy conflict resulting in a feeling of confidence in his or her ability to function as an autonomous counselor. The Level 3 trainees feel comfortable

seeking out qualified advice when they have questions, evaluate this advice, coming to their own final decisions.

The final level of development in the IDM is the Level 3 Integrated Counselor. This level may take considerable time and experience to be achieved, if at all. Such a therapist has developed into a highly skilled counselor who has managed to integrate Level 3 knowledge and skills across all therapeutic domains relevant to their current practice. This therapist is not only consistently motivated, appropriately autonomous, and well-focused, but "creative, able to learn from self and others and able to evolve strong and appropriate accommodations and assimilations throughout the life cycle" (Stoltenberg & Delworth, 1987, p. 45).

Empirical Evidence of Counselor Development

One of the earliest empirical studies of the development of counselors was conducted by Miars, Tracey, Ray, Cornfeld, O'Farrell, and Gelso (1983). They examined Stoltenberg's (1981) Counselor Complexity Model by asking 37 counseling or clinical psychologists to rate their supervisory behavior with first semester, second semester, advanced practicum and intern level trainees. Supervisors perceived themselves as behaving differently toward trainees at the second semester and advanced practicum levels of experience. They saw themselves as providing more instruction, direction, monitoring, and support while using

less emphasis on client resistance and personal issues for the less experienced trainees. Less direction, structure, support and teaching were considered necessary for the more experienced counselors.

The constructs of Hogan's (1964) developmental model were studied by Reising and Daniels (1983) through a survey of 141 counselor trainees from 20 universities, which is relevant to the IDM. The trainees were partitioned by experience into premasters, masters, advanced masters, and Ph.D. level counselors. The trainees in the premasters and masters levels reported higher levels of dependence on their supervisors, more technique orientation, more feelings of anxiety relevant to counseling, and less readiness for confrontation in the supervisory relationship than did the advanced masters and Ph.D. level trainees. Reports of independence in the supervisory relationship also increased as a result of the experience of the trainees.

In a series of three studies surveying a total of 145 supervisees, Heppner and Roehlke (1984) evaluated constructs relating to developmental models of supervision. Together these studies revealed that beginning trainees preferred their supervisors to offer more support and skill training than did more experienced trainees. Critical incidences in the trainees' supervisory experience occurred earlier for interns than they did for other practicum students, and the

interns' critical incidences centered around personal issues and their own defensiveness in therapy. Both beginning and advanced trainees' critical incidences centered around issues of emotional self awareness, confrontation, competence and support.

Classifying trainees into first, second, third, fourth year, and predoctoral interns, Worthington (1984) surveyed 237 counselors at eleven agencies. He found that supervision differed across levels of experience on independence with direction, preference for infrequently taught skills, and establishing goals. Trainees in practica 2, 3, and 4 rated their supervisors as encouraging independent actions by counselors while giving support and explicit instruction more frequently than practicum 1 trainees. Practicum 1 trainees were highly satisfied when given literature and reference material, while this was not found to be true for trainees at other levels of experience. Practica 3, 4, and internship trainees were highly satisfied when observed live by their supervisors, while this was not found to be true for practica 1 and 2 trainees. Supervisors received high ratings when they set and later renegotiated goals with practica 1 and 2 trainees, but not at higher levels of experience. Overall, supervisors were seen as behaving in such a way that they promoted increasing

independence in their trainees as they became more experienced counselors.

Yogev and Pion (1984) conducted a study looking at perceptions of 31 supervisors' goals, expectations, and procedures with first year, second year and internship year trainees. Results indicated no differences perceived by supervisors on any of these variables across supervisee levels of experience.

McNeill, Stoltenberg, and Pierce (1985), focusing on 91 trainees' self-perceptions both in counseling and supervision found differences on the Supervisee Levels Questionnaire (SLQ) for trainees with a beginning versus an intermediate level of experience in self awareness and dependency-autonomy. They also found differences between trainees with intermediate experience and trainees with advanced experience in the areas of theory/skills acquisition and dependency-autonomy. Differences were found between beginning and advanced trainees on dependency-autonomy, self awareness, and theory/skills acquisition. Level of experience in this study was an aggregate of level of education, counseling and supervision experience. They found that as the trainees' levels of experience increased, they reported increased levels of self awareness and knowledge of counseling skills, less dependence on the

supervisor, and a greater desire for autonomy in counseling and supervision.

Ellis and Dell (1986) examined the perceptions of 19 supervisors relating to their supervisory roles as derived from Bernard's (1979) model of nine supervisor roles. Although different levels of supervisors and supervisees were included in the study, general reactions or "cognitive maps" to supervisor roles were assessed rather than the perceptions of propriety of these roles across different levels of trainees. The results yielded no evidence that the experience level of the trainee nor that of the supervisor alone affected the supervisor's description of the supervision. However, results suggested a trend toward an interaction of supervisor and trainee experience levels consistent with Littrell, Lee-Borden, & Lorenz's (1979) model of supervision.

Rabinowitz, Heppner, & Roehlke (1986) collected the perceptions of trainees at the beginning, advanced practicum, and internship levels regarding the most important supervisor interventions following each weekly supervision session and upon the termination of the supervisory relationship, thus examining differences across experience levels and changes throughout the semester long supervisory relationship. In general, results indicated that the pattern of supervision for all three levels was one

of establishing a working supervisory relationship "...followed by a movement from dependency toward autonomy" (p. 299). This movement varied in rate, with beginning trainees maintaining dependence on structure and support the longest. In the middle stage of the supervisory relationship personal issues heightened in focus. These issues were most significant for the advanced practicum students. As the supervisory relationship approached termination, all levels of "...trainees were more likely to make more autonomous interventions and show greater conceptual understanding" (pg. 299). Even though there were more similarities among the trainees of varying levels of experience, the existing differences were generally supportive of developmental models of supervision both across experience levels and throughout the four month supervisory relationships.

Wiley and Ray (1986) had 71 supervisors, who were members of 107 supervision dyads at nine counseling centers, rate their supervisees on an instrument developed for this study (Supervision Level Scale: SLS). The SLS was intended to measure both characteristics of supervision environments and trainees in a manner consistent with Stoltenberg's (1981) developmental model of supervision. Both the trainees and the supervisors were asked to rate their satisfaction with the supervision as well as how much they

felt the supervision contributed to improvement in the trainee's counseling ability. Results indicated that most of the supervisees were in supervision environments that were congruent with their developmental level as hypothesized by Stoltenberg (1981). Results indicated that there were significant differences in the supervised counseling experience of trainees grouped by developmental level, thus supporting the validity of the SLS and the developmental model. No differences were found in the amount of unsupervised counseling experience among levels identified by the SLS. Satisfaction and learning, as perceived by trainees and their supervisors, however, were not related to the degree of congruency of the developmental level of the trainee and the supervision environment.

Zucker and Worthington (1986) conducted a study focusing on the supervision experiences of 34 psychology interns and 25 post-Ph.D. psychologists being supervised for licensure. Interns and post-Ph.D. psychologists perceived their supervisors' behavior similarly with the exception of evaluation and the amount of time spent in supervision. Interns received less evaluation and more supervision than the postdoctoral psychologists.

Stoltenberg, Peirce, & McNeill (1987) studied differences in trainee perceptions of supervisory needs across beginning, intermediate, and advanced training as

measured by education level, and supervised counseling experience. They found discrepancy in needs between levels 1 and 3 (education) for structure, feedback, structure and overall needs. They also found differences between levels 2 and 3 for structure and overall needs. Results indicated differences between levels 1 and 3 for structure, feedback, and overall needs and levels 1 and 2 (counseling experience) for feedback.

Guest and Beutler (1988) noted some developmental changes in 16 trainees over a three to five year period of data collection. In general, beginning trainees valued support and technical direction from their supervisors and increasingly preferred supervisors who held complex and dynamic views of change as well as technical guidance as they gained experience. Also, assessment of personal issues and relationships affecting the psychotherapy process increased in importance for trainees as they gained experience.

In a survey of 87 supervisors and 77 trainees from 31 schools, Krause and Allen (1988) studied Stoltenberg's (1981) model. Trainees were classified into developmental levels by selection of one of four paragraphs, based on Stoltenberg's (1981) model, that describe four levels of trainees. Supervisors classified their trainees and the trainees classified themselves according to this system.

Results from a new instrument developed to measure perceptions of supervisory behaviors, feelings of satisfaction, and personal impact of supervision, indicated that supervisors perceived themselves as varying supervision environments for different levels of trainees in a manner consistent with Stoltenberg's (1981) model. The trainees, on the other hand, did not perceive these differences in their supervisors' behavior. Trainees in congruent dyads, matching their developmental level ratings by themselves and those of their supervisors, reported greater impact and satisfaction in supervision than did trainees in noncongruent dyads. Congruency of dyads, however, had no affect on the supervisors' ratings of satisfaction.

Fisher (1989) conducted a study of five American Association for Marriage and Family Therapy (AAMFT) approved supervisors working with 16 trainees. All five supervisors claimed a systems orientation and the trainees met the minimum criteria of a Master's degree. The trainees were clustered into "beginning" and "advanced" categories based on the AAMFT cutoffs of 500 clinical hours and 100 supervision hours. No significant differences were noted between the supervision of "beginning" and "advanced" trainees in either supervisory relationship nor supervisory style.

Tracey, Ellickson, & Sherry (1989) compared 40 first year practicum counselors to 38 advanced practicum counselors on their reactions to different supervisory environments. They found that, in a condition of crisis, both groups of trainees preferred structured supervision. In a non-crisis condition, the beginning trainees preferred structured supervision in the form of directive teaching, while the more experienced counselors preferred a less structured supervisory environment. This finding is evidence for domains of counselor ability as is reflected in the IDM. Although more experienced counselors generally prefer a less structured supervisory environment, when confronted with a new challenge, they reverted to preferring the structure which is generally preferred by less experienced counselors. This study also showed evidence that the advanced trainees who were high in "reactance" preferred supervision with less structure than did advanced trainees with low reactance.

McNeill, Stoltenberg, and Romans (1992) examined 104 trainees in eight training sites across the nation with an instrument (Supervisee Levels Questionnaire-Revised, SLQ-R) intended to measure the developmental constructs of the IDM (Stoltenberg & Delworth, 1987). Results showed consistent differences between levels 1 and 3, and levels 2 and 3 across self and other awareness, dependency-autonomy, and

motivation. No differences were found between levels 1 and 2. The lack of ceiling effects was postulated as being responsible for not accounting for a higher possible range of scores of trainees possessing more experience.

There appears to be clear evidence that trainees develop in their supervisory needs as they gain experience, that perceptions of supervisors and trainees are consistent with developmental theories, that the behaviors of supervisors change as trainees gain experience, and that the supervision relationship changes as counselors gain experience, as noted in a recent review of the literature (Stoltenberg, McNeill, & Crethar, 1994). Although there is evidence supporting general models of counselor development, the field continues to lack clear evidence of the existence of some of the characteristics of level 2 trainees as hypothesized by Stoltenberg and Delworth (1987). The fluctuation in the motivation, the vacillation between autonomy and dependency, the client centered focus of the trainee, and a lack of interest in labeling clientele with a diagnosis, are noteworthy examples of hypothesized differences between level 2 trainees and other trainees.

In answer to the need to further evaluate the different levels of development in psychologists through the formative years of training (Stoltenberg et al., 1994), this study examines trainees in a cross-sectional fashion in their

first, second, third, fourth, and internship year of supervised experience. Comparing trainees across supervised experience, this study examines differences in supervisee levels, differences in supervisee needs, differences in preferences for supervisory responses to three therapeutic scenarios, and trainee cognitions relevant to those scenarios. Specifically, the Counselor Scenario Reaction Form (CSRF), used for a first time in this study, attempts to evaluate supervisee level across different domains of supervisory experience.

Method

Participants

Participants consisted of counseling psychology graduate students recruited from a sample intentionally selected for availability from 8 training sites. The training sites were selected for variability thoughout the United States, and were accredited by the American Psychological Association. The final sample included 45 counseling psychology trainees, split across first, second, third, fourth, and their internship years of training. The sample size for this study was determined by a power analysis done with data from the Supervisee Level Questionnaire-Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992). A representative distribution of gender, as well as a return rate of greater than 60 percent, was sought

in the sample. The sample was contacted with the assistance of the training directors at each site who were blind to the responses of the participants.

Instruments

Supervisee levels of all participants were assessed using the SLQ-R (McNeill, Stoltenberg, & Romans, 1992). The SLQ-R is a 30-item Likert-style instrument constructed to tap characteristics on a continuum of development associated with levels hypothesized by Stoltenberg and Delworth (1987). It has three subscales that are based on Stoltenberg and Delworth's model: Self and Other Awareness, Motivation, and Dependency-Autonomy. The study by McNeill, Stoltenberg, and Romans (1992) focused on focused on the following reliability and validity measures for the SLQ-R. Chronbach alpha reliability coefficients calculated for the three subscales resulted in reliability estimates of .83, .74,.64, and .88 for the Self and Other Awareness, Motivation, Dependency-Autonomy subscales and total scores, respectively. Pearson correlation coefficients were calculated on the above subscales to assess the construct validity of the SLQ-R. The scores indicate that the subscales were significantly related for Self and Other Awareness and Dependency Autonomy, $r = .53$, $p < .001$; for Self and Other Awareness and Motivation, $r = .58$, $p < .001$; and Motivation and Dependency Autonomy, $r = .43$, $p < .001$.

A multivariate analysis of variance (MANOVA) using trainee experience as the independent variable and the SLQ-R subscales as dependent variables was used to initially explore for differences in SLQ-R subscale scores between the groups. Hotelling's test of significance indicated that the beginning, intermediate, and advanced groups differed on a linear combination of SLQ-R subscale scores, $F(6,198) = 2.45$, $p < .05$. An analysis of variance (ANOVA), again using the independent variable of trainee experience, indicated that the total SLQ-R scores of the groups differed, $F(2,102) = 7.37$, $p < .05$. Finally, McNeill et al. (1992) conducted a series of focused, one-way planned contrasts in the form of one-tailed t-tests to test the hypothesis that subscale and total scores on the SLQ-R would increase as a result of trainee experience. Using an alpha level of .05, they found consistent significant differences in mean subscale and total SLQ-R scores between the beginning and advanced trainee groups as well as the intermediate and advanced trainee groups. Thus, the SLQ-R has been found to be a valid and reliable instrument for delineating the level of development of the trainee within Stoltenberg and Delworth's (1987) developmental model.

The participants' supervisee needs were assessed with the Supervisee Needs Questionnaire (SNQ; Stoltenberg, Pierce, & McNeill, 1987). The SNQ consists of 30 items in a

Likert scale format. The SNQ was designed to assess the needs of trainees within supervision along five conceptual categories: (1) Structure--the need to have one's supervisor provide the structure in supervision, (2) Instruction--the need to receive specific instruction in areas such as assessment, diagnosis, and therapeutic skills and techniques, (3) Feedback--the need to receive direct feedback in regard to professional strengths and weaknesses, progress as a counselor, etc., (4) Support/Availability--the need of the supervisor's support, counsel, and availability for emergency consultation, and (5) Self-Directed--the need to define one's own structure and criteria in supervision. The SNQ was found to be a valid measure of the trainee's self-reported needs in supervision at various levels of professional development (Stoltenberg, Pierce, & McNeill, 1987). One-tailed t-tests based on levels of education indicated differences in the predicted direction between levels 2 and 3 for structure and overall needs, as well as between levels 1 and 3 for structure, feedback, and overall needs. One-tailed t-tests based on semesters of previous counseling experience indicated differences in the predicted direction between levels 1 and 3 for structure, feedback, and overall needs, and between levels 1 and 2 for feedback. Finally, one-tailed t-tests based on number of semesters of previous supervision indicated differences in the predicted

direction between levels 1 and 3 for structure, feedback, and overall needs, and between levels 2 and 3 for feedback and overall needs.

The measure constructed by the author for this study, the Counselor Scenario Reaction Form (CSRF, Appendix 1), was intended to accurately represent constructs defined by the IDM (Stoltenberg & Delworth, 1987). The goals of the instrument are to evaluate the following: (1) Given identical clients, do trainees at levels 1, 2, and 3 experience clusters of thought similar to those hypothesized by the IDM? (2) Given this same identical client, do trainees at these three levels of development prefer the type of supervision prescribed by the IDM, or what do they feel meets their needs best in supervisor response?

In designing the CSRF, paragraphs were developed to be representative of cognitions that a trainee at each level might have if experiencing the therapy scenario described in the first part of the instrument. Paragraphs were also developed to represent supervisory commentary similar to that prescribed by the IDM for trainees at the different levels of development. The scenarios were designed to present therapeutic situations which are congruent with a trainee's experience, while simultaneously maintaining sufficient complexity to cause the trainees at any level of development or experience to put thought and time into the

case. The intent of this design was to simulate scenarios sufficiently realistic for any trainee to be able to relate to them, and sufficiently motivating to maintain even the most experienced trainee's attention. The scenarios, and the supervisor and trainee responses, were evaluated by four experts on the IDM to ensure fit of the measure to the constructs of the theory. A qualitative portion was also included in the study. This qualitative portion was intended to offer a richness of information from the participants regarding their views of the three scenarios as well as allow for any clustering of responses to be noted. The supervisee responses and supervisor responses to the CSRF were administered in varying order of presentation of level of response.

Demographic information was collected on a questionnaire prior to the administration of the above instruments (Appendix 2). The demographic questionnaire was designed to collect data regarding the participants' exposure to supervision and counseling in general. A question at the end of the CSRF also addresses the participants' specific experience with clientele similar to the type described in the scenario. This is done in order to account for any domain specific development that may have occurred in the trainees relating to the challenges of similar clients.

Procedures

All instruments were administered to the participants by coordinators at the various practicum and internship sites. The instruments were enclosed in numerically encoded envelopes to insure anonymity. The packets were returned by the site coordinators to the experimenter as well as directly by mail to the experimenter. One hundred and four packets were delivered to prospective participants and 45 complete packets were returned.

Results

Participants included first-year (n=11), second-year (n=10), third-year (n=8), fourth-year students (n=4), and interns (n=12) from 8 American Psychological Association (APA) approved Counseling Psychology training sites throughout the United States. Distribution of participants throughout training experience appeared to be equivalent. The mean age of participants was 31.56 years, while the mean experience in years was 2.91. Seventeen of the participants were male and 28 were female, which is representative of graduate students in counseling. With a total of 45 respondents out of 104 packets sent, the return rate of this study was 43.27%. In survey data, a optimal return rate would be at, or above 60%. This study was not comprised of survey data, but instead presented stumuli and asked participants for responses to that stimuli. Due to the

study's non-survey nature and the fact that this study was exploratory in nature, a response rate below 60% is not necessarily relevant to the validity of the study.

Survey responses on the SNQ were analyzed using Pearson Correlation Coefficients. Correlations yielded no relationships between reported months of counseling experience or months of supervision received and responses on the SNQ. A marginal relationship was found between months of counselor experience and responses on the SLQ-R (see Table 1). No relationship was found between reported months of supervision received and responses on the SLQ-R. Overall means for the SNQ, SLQ-R, months of counseling experience, and months of supervision received can be found in Table 2.

Stepwise regression analyses on the subscales of the SLQR yielded results that the variables SLQR-SOA and SLQR-Motivation had predictability to months of experience counseling. The two subscales were able to predict 16.98 percent of the variance of months of experience when combined (see Table 3). No predictability was found with stepwise regression analyses on the subscales of the SNQ.

Survey responses on the CSRF were analyzed using one-way Analysis of Variance (ANOVA) procedures (see Tables 4-6). There were no significant main effects for experience as measured by the number of sessions of clinical experience

participants reported in any of the scenarios, due to the need to decrease the power across all comparisons. The experimentwise alpha level was adjusted to 0.016 causing the power to be too low to reach any significant findings.

Although this conservative approach yielded no significant differences between means, it did indicate some possible direction for future studies. In terms of the exploratory nature of this study, effects that warrant future studies include the following results from this study. A marginal effect was found in Scenario 2, Supervisor Response, IDM Level 3 ($F(2,42)=3.81$, $p=.0303$). The Dunn multiple comparison procedure found that there was a marginal difference between participants with the most experience and participants with the least experience with clients similar to that of Scenario 2 (Toothaker, 1991). The mean of the participants with the most experience was found to be larger than mean of the participants with the least experience. This signified that with the given sample of trainees, as domain-specific experience increased, participants demonstrated a tendency to prefer the supervisor response designed for a level 3 trainee, as defined by the IDM.

A marginal effect was found for experience as measured by the number of sessions of clinical experience participants reported with clients similar to the client in

Scenario 3, Supervisor Response, IDM Level 3 ($F(2,42)=3.34$, $p=.0449$). The Dunn multiple comparison procedure yielded results indicating that there was a marginal difference between participants with the most experience and participants with the least experience with clients similar to that of Scenario 3 (Toothaker, 1991). The mean of the participants with the most experience was found to be larger than the mean of the participants with the least experience. Similar to Scenario 2, this result signifies that with this sample of trainees, as domain-specific experience increased, participants demonstrated a tendency to prefer the supervisor response designed for a level 3 trainee, as defined by the IDM. Both of these findings serve as evidence that participants may vary in their preferences in accordance with domain-specific experience in the domains covered by the two scenarios in the CSRF.

Analyses of the qualitative data in this study provided evidence of some clustering of answers into categories in accordance with domain-specific experience. It is important to note that the author received no assistance in sorting, rating, and clustering the qualitative data in this study. Participants who had a low amount of experience with clientele with symptomology similar to each given scenario (domain specific experience) appeared to respond to each scenario with phrases that demonstrated "stuckness," and

phrases that demonstrated a desire to receive direct suggestions from their supervisors. Examples of such statements include, "From my supervisor, I would want direction and support," "I'd want my supervisor to help me understand their situation better as well as how to open the communication lines between them," "I would use my supervisor to help me 'uncover' the 'layers,' i.e., real issues." and "I'd feel stuck." Participant's overall experience as counselors and overall amount of supervision did not appear to vary with these clusters of statements. It is interesting to note that there was also a contingency of participants who, although they had little or no experience with a given type of client, rated themselves as having a good deal of experience within a given domain.

Those participants who had intermediate experience with clientele with symptomology similar to each given scenario did not appear to respond in any manner that clustered together. Participants who had a high amount of experience with clientele with symptomology similar to each given scenario appeared to respond with phrases that demonstrated a desire to generate their own therapeutic approach and then take the ideas to supervision, where feedback would be expected. Examples of such statements include, "there are interventions I would undertake and then bring the results to supervision and process them there," and "I would

approach my supervisor as a vehicle to get feedback on my career exploration and decision-making treatment plan for this client."

Conclusions

Stoltenberg and Delworth (1987) noted that "Adherence to a 'supervisee uniformity myth' -comparable to Kielsler's (1966) 'client uniformity myth' -serves to deter rather than encourage development." Stoltenberg, McNeill, and Crethar (1994) added that the "supervisee uniformity myth" also serves to deter useful supervision research. The CSRF was designed not to utilize the "supervisee uniformity myth," but instead to focus on differences in supervisees across differential domains of experience. More specifically, the CSRF was intended to look at supervisee development across domains of experience. It appears that the instrument was marginally successful in accomplishing this task. The findings from the SNQ and the SLQ-R were comparable to findings from previous studies that used them (McNeill, Stoltenberg, & Romans, 1992; Stoltenberg, Pierce, McNeill, 1987), indicating that the data from this study are analogous to those of past studies.

The CRSF, when compared to the SNQ and SLQ-R, demonstrated that it is not a precise measure of overall supervisee development. It was hypothesized that trainees scoring higher on the SLQ-R would choose higher trainee and

supervisor responses for each scenario. This hypothesis was not found to be true in this study. It was also hypothesized that trainees scoring higher on the SNQ would choose higher trainee and supervisor responses for each scenario on the CSRF. This relationship was not evident in this study.

There are several possible explanations why the findings of this study were negligible. It is important to note that the nature of this study was exploratory, and thus at higher risk of producing any significant findings. Of course, this also signifies that there may not have been any significant information to be found in the areas examined in this study. It is also important to note that the distribution of responses appeared to be skewed, such that there was one outlier with significantly higher levels of overall and domain-specific experience. Another failing point of this study appears to be the design flaw of too little power. Without sufficient power, the probability of significant findings is negligible.

Finally, it was hypothesized that trainees with greater domain-specific experience as compared to the scenarios in the CSRF would prefer higher levels of counselor and supervisor reactions. Results were limited for this hypothesis. The CSRF demonstrated very limited evidence of level 3 development across different experience domains.

Specifically, findings hinted that trainees may vary in their preferences for counselor responses in accordance with domain-specific experience. This is to say, that although there was no quantitative evidence for overall counselor development in the participants, there was limited suggestive evidence of domain-specific development in this sample.

Evidence of the different levels of supervisee development in a domain-specific manner, was manifest in a rudimentary qualitative measure as well. The qualitative measure in the CSRF demonstrated a clustering of answers according to domain-specific experience level in each of the scenarios given in the measure. Participants who had a low level of domain-specific experience, responded with phrases that demonstrated "stuckness." Those participants who had intermediate domain-specific experience did not respond in any manner that clustered together. Participants who had a high amount of domain-specific experience responded with phrases that demonstrated a desire to generate their own therapeutic approach and then take the ideas to supervision, where feedback would be expected. These qualitative findings are akin to previous findings which clarified the existence of development of counselors from a lower to a higher level, but did not clarify the existence of an intermediary level of development (McNeill, Stoltenberg, &

Romans, 1992). This study provides suggestive evidence of counselor development in domain-specific experience, but not for experience across overall development.

It is important to note that given the generality of the measures achieved by the SLQ-R and the SNQ, it would not be likely that they would be able to tap domain specific development. Both instruments were designed to measure overall development of counselors, paying no heed to domain-specific development.

Future studies should take care to avoid the following possible limitations to the findings in this study. The results of this study and others like it, might have been contaminated by the fact that a large portion of the participants in the study may have been familiar with the IDM through learning it as a training model for supervision classes. Thus, the subjects may
have been familiar with the model, which may have impacted their response set. Another bias to the data may have resulted due to the factor of self-selection. Agreeable participants were asked to respond to a specific manipulation across selected training sites. Data would more accurately represent the population if participants were selected at random from random training sites.

Along these lines, non-response-bias may have also played a role in the outcome of this study. With 58% of

those contacted not responding to the study, a clear threat to the validity of the study is raised. These non-responders may have qualities and traits in common that attributed to their lack of response. Participants were approached by program directors to participate in the study. It is possible that the non-responders might have had a higher level of frustration or stress due to their counseling work and/or supervision that may have played a role in their choice to not respond. Future studies should be designed to avoid or account for any non-response biases that might occur in this type of study.

Although these findings were limited, they do provide suggestive evidence to argue that more qualitative studies should be carried out attending to variance in experience across different domains. It is clear that there have been a limited number of studies using qualitative or naturalistic data focused on supervisee development, (Cummings, Hallberg, Martin, Slemon, & Heibert, 1990; Ellis, 1991; Martin, Goodyear, & Newton, 1987; Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Stone & Edmundson, 1989). This paucity of studies, paired with the limited qualitative findings of this study, serve as evidence that considerably more work is needed in examining the supervision process and outcomes affected by changes in supervisee experience and development.

In conclusion, it appears clear that "supervision research needs to continue in its growth in specificity and sophistication" (Stoltenberg, McNeill, & Crethar, 1994). This study adds suggestive support for the argument that counselors in training develop along a specific path, and that their development varies across different domains of experience and expertise. Further studies focused on clarifying the developmental path of counselors in training should look specifically at the developmental process across years of supervision in representative populations. Well designed and meticulous qualitative studies will help to clarify through what processes counselors pass on their journey from level 1 to level 3 expertise. Particular heed should be paid to domain-specific development in future studies. The design of the CSRF may also serve as a good template in the design of future studies.

References

American Psychological Association. (1980). Criteria for accreditation of doctoral training programs and internships in professional psychology. Washington, DC: American Psychological Association.

Banikiotes, P. G. (1977). The training of counseling psychologists. The Counseling Psychologist, 7(2), 23-26.

Bartlett, W. E., Goodyear, R. K., & Bradley, F. O. (Eds.). (1983). Special issue: Supervision in counseling II. The Counseling Psychologist, 11(1), 7-79.

Bernard, J. M. (1979). Supervisory training: A discrimination model. Counselor Education and Supervision, 19, 60-68.

Chickering, A. W. (1969). Education and Identity. San Francisco: Jossey-Bass.

Cummings, A. L., Hallberg, E. T., Martin, J., Slemon, A., & Hiebert, B. (1990). Implications of counselor conceptualizations for counselor education. Counselor Education and Supervision, 30(2), 120-134.

Ellis, M. V., & Dell, D. M. (1986). Dimensionality of supervisor roles: Supervisors' perceptions of supervision. Journal of Counseling Psychology, 33(3), 282-291.

Erikson, E. H. (1968). Identity, youth, and crisis. New York: Norton.

Fisher, B. L. (1989). Differences between supervision of beginning and advanced therapists: Hogan's Hypothesis empirically revisited. The Clinical Supervisor, 7(1), 57-74.

Fleming, J. (1953). The role of supervision in psychiatric training. Bulletin of the Menninger Clinic, 17, 157-159.

Garfield, S. L., & Kurtz, R. (1976). Clinical psychologists in the 1970s. American Psychologist, 31, 1-9.

Gerkin, C. (1969). An objective method for evaluating training programs in counseling psychology. Journal of Counseling Psychology, 16, 227-237.

Grotjahn, M. (1955). Problems and techniques of supervision. Psychiatry, 18, 9-15.

Guest, P. D., & Beutler, L. E. (1988). Impact of psychotherapy supervision on therapist orientation and values. Journal of Consulting and Clinical Psychology, 56(5), 653-658.

Harvey, O. J., Hunt, D. E., & Schroder, H. M. (1961). Conceptual systems and personality organization. New York: Wiley.

Heppner, P. P., & Roehlke, H. J. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. Journal of Counseling Psychology, 31, 76-90.

Hess, A. K., & Hess, K. A. (1983). Psychotherapy supervision: A survey of internship practices. Professional Psychology: Research and Practice, 14, 504-513.

Hogan, R. A. (1964). Issues and approaches in supervision. Psychotherapy: Theory, Research, and Practice, 1, 139-141.

Hunt, D. E. (1971). Matching models in education: The coordination of teaching methods with student characteristics. Toronto: Ontario Institute for Studies in Education.

Krause, A. A., & Allen, G. J. (1988). Perceptions of counselor supervision: An examination of Stoltenberg's Model from the perspectives of supervisor and supervisee. Journal of Counseling Psychology, 35(1), 77-80.

Lambert, M. J. (1980). Research and the supervisory process. In A. K. Hess (Ed.), Psychotherapy supervison: Theory, research, and practice (pp. 423-450). New York: Wiley.

Littrel, J. M., Lee-Borden, N., Lorenz, J. (1979). A developmental framework for counseling supervision. Counselor Education and Supervision, 19, 129-136.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. The Counseling Psychologist, 10(1), 3-42.

Mahler, M. S. (1979). Separation-individuation. The selected papers of Margaret S. Mahler, M.D., (Vol. II). New York: Wiley.

Martin, J. S., Goodyear, R. K., & Newton, F. B. (1987). Clinical supervision: An intensive case study. Professional Psychology: Research and Practice, 18(3), 225-235.

Martin, J., Slemon, A. G., Hiebert, B., Hallberg, E. T., & Cummings, A. L. (1989). Conceptualizations of novice and experienced counselors. Journal of Counseling Psychology, 36, 393-396.

McColley, S. H., & Baker, E. L. (1982). Training activities and styles of beginning supervisors: A survey. Professional Psychology: Research and Practice, 13, 283-292.

McNeill, B. W., Stoltenberg, C. D., & Pierce, R. A. (1985). Supervisees' perceptions of their development: A test of the counselor complexity model. Journal of Counseling Psychology, 32(4), 630-633.

McNeill, B. W., Stoltenberg, C. D., & Romans, J. S. (1992). The integrated developmental model of supervision: Scale development and validation procedures. Professional Psychology: Research and Practice, 23(6), 504-508.

Miars, R. D., Tracey, T. J., Ray, P. B., Cornfeld, J. L., O'Farrell, M., & Gelso, C. J. (1983). Variation in

supervision process across trainee experience levels. Journal of Counseling Psychology, 30, 403-412.

Miller, P. H. (1989). Theories of developmental psychology. (2nd Ed.). New York: W. H. Freeman and Company.

Norcross, J. C., Prochaska, J. O., & Gallagher, K. M. (1989). Clinical psychologists in the 1980s: Theory, research, and practice. The Clinical Psychologist, 42(3), 45-53.

Piaget, J. (1970). Structuralism. New York: Basic Books.

Piaget, J. (1971). Biology and knowledge: An essay on the relations between organic regulations and cognitive processes. Chicago: University of Chicago Press.

Rabinowitz, F. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process outcome variables of supervision over time. Journal of Counseling Psychology, 33(3), 292-300.

Reising, G. N., & Daniels, M. H. (1983). A study of Hogan's model of counselor development and supervision. Journal of Counseling Psychology, 30, 235-244.

Robiner, W. N., & Schofield, W. (1990). References on supervision in clinical and counseling psychology. Professional Psychology: Research and Practice, 21(4), 297-312.

Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. Journal of Counseling Psychology, 28(1), 59-65.

Stoltenberg, C. D., & Delworth, U. (1987). Supervising counselors and therapists. San Francisco: Jossey-Bass.

Stoltenberg, C. D., McNeill, B. W., & Crethar, H. C. (1994). Changes in supervision as counselors and therapists gain experience: A review. Professional Psychology: Research and Practice, 25(4), 416-449.

Stoltenberg, C. D., Pierce, R. A., & McNeill, B. W. (1987). Effects of experience on counselor trainee's needs. The Clinical Supervisor, 5(1), 23-32.

Stone, D., & Amundson, N. (1989). Counselor Supervision: An exploratory study of the metaphoric case drawing method of case presentation in a clinical setting. Canadian Journal of Counseling, 23(4), 360-371.

Toothaker, L. E. (1991). Multiple comparisons for researchers. Newbury Park, CA: Sage.

Tracey, T. J., Ellickson, J. L., & Sherry, P. (1989). Reactance in relation to different supervisory environments and counselor development. Journal of Counseling Psychology, 36(3), 336-344.

Wiley, M. O., & Ray, P. B. (1986). Counseling supervision by developmental level. Journal of Counseling Psychology, 33(4), 439-445.

Worthington, E. L., Jr. (1984). Empirical investigation of supervision of counselors as they gain experience. Journal of Counseling Psychology, 31(1), 63-75.

Worthington, E. L., Jr. (1987). Changes in supervision as counselors and supervisors gain experience. Professional Psychology: Research and Practice, 18(3), 189-208.

Yogev, S., & Pion, G. M. (1984). Do supervisors modify psychotherapy supervision according to supervisees' level of experience? Psychotherapy, 21(2), 206-208.

Zucker, P. J., & Worthington, E. L., Jr. (1986). Supervision of interns and postdoctoral applicants for licensure in university counseling centers. Journal of Counseling Psychology, 33, 87-89.

Table 1

Pearson Correlation Coefficients for SNQ, SLQ-R, and Counseling and Supervision Experience

	SLQ-R	SNQ	Months of Counseling Experience	Months of Total Supervision
SLQ-R	1.00	0.09	0.28	0.25
	0.0	0.58	0.057	0.10
SNQ		1.00	-0.17962	-0.20
		0.00	0.24	0.19
Months of Counseling Experience			1.00	0.96
			0.00	0.0001
Months of Total Supervision				1.00
				0.00

Prob>|R| under Ho: Rho=0/ N=45

Table 2

Means and Standard Deviations of Scores on SLQ-R and SNQ and Counseling and Supervision Experience Means of Participants

Variable	Mean	Standard Deviation
SLQ-R	4.9482	0.3962
SNQ	4.2785	0.6661
Months of Counseling Experience	37.7333	30.4977
Months of Total Supervision	34.2222	30.6007

Table 3

Summary of Stepwise Regression Analysis for Variables Predicting Supervisees' Months of Experience (N = 45).

Variable	B	SE B	b	R^2 to Enter
SLQR-SOA	2.8228	0.8511	0.5748	.2076
SLQR-MOT	-2.1748	1.0617	-0.3550	

Note. p = 0.0468

Table 4

Dunn Multiple Comparisons: Scenario 1, CSRF

Type of Response	Level of Response	Mean A	Mean B	Mean C	F	Pr>F
Counselor	1	1.75	1.60	1.50	0.69	.5048
	2	2.68	3.07	3.29	2.31	.1120
	3	2.06	1.80	2.00	0.62	.5411
Supervisor	1	2.14	2.13	2.25	0.11	.8945
	2	2.43	2.53	2.75	0.53	.5909
	3	1.78	2.13	2.19	1.29	.2861

Table 5

Dunn Multiple Comparisons: Scenario 2, CSRF

Type of Response	Level of Response	Mean A	Mean B	Mean C	F	Pr>F
Counselor	1	2.65	2.78	2.07	0.55	.5806
	2	2.29	2.50	2.21	2.30	.1124
	3	1.70	1.71	1.93	0.73	.4881
Supervisor	1	1.71	2.50	2.29	2.08	.1380
	2	2.21	1.78	1.88	1.53	.2274
	3	2.14	2.21	2.52	3.81	.0303

Table 6

Dunn Multiple Comparisons: Scenario 3, CSRF

Type of Response	Level of Response	Mean A	Mean B	Mean C	F	Pr>F
Counselor	1	2.46	2.50	2.50	0.01	.9900
	2	2.00	2.64	2.38	2.54	.1163
	3	2.46	1.92	2.19	0.71	.4337
Supervisor	1	1.75	1.80	1.93	0.67	.4908
	2	2.56	2.80	2.14	0.32	.7275
	3	1.94	1.93	2.42	3.34	.0449

Development of Counselors Across Supervision:
A Study of the Integrated Developmental Model of Supervision

CHAPTER I

INTRODUCTION

Clinical supervision, defined as "...an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person," (Loganbill, Hardy, & Delworth, 1982, p. 3) plays a crucial role in the development of counselors and therapists. The supervision of counselors and therapists in training has been noted as a fundamental component in the development of counseling and clinical psychologists (Banikiotes, 1977; Gerkin, 1969; Lambert, 1980; Robiner & Schofield, 1990), and one of the central activities of the profession of psychologists (Loganbill, Hardy & Delworth, 1982; Stoltenberg & Delworth, 1987). Supervision is also considered to be within the top five activities in which psychologists spend time (Garfield & Kurtz, 1976; Norcross, Prochaska, & Gallagher, 1989).

In 1980, the American Psychological Association established the educational requirement that clinical, counseling and school psychology trainees needed to receive

supervised practicum and internship experiences as part of their education towards a doctoral degree (American Psychological Association, 1980), emphasizing the critical importance of supervision in the development of a counselor. Since that time, supervision has developed into a strong focal area of research and discussion amongst applied psychologists. Surprisingly, only a small percentage (no more than 10% to 15%) of licensed psychologists have experienced formal coursework in supervision (Hess & Hess, 1983; McColley & Baker, 1982). These data argue for the need for more research and a greater focus on issues relevant to the supervision of developing counselors.

CHAPTER II

REVIEW OF LITERATURE

Regardless of the approach of the supervisor to supervision, what is taught, how fast it is taught, and what is assumed to be known by the trainee differs in accordance with her or his level of experience (Worthington, 1987). To what degree and how supervision changes as counselors gain experience depends on the supervisor's beliefs regarding counseling and supervision (Bartlett, Goodyear, & Bradley, 1983). One of the most prominent approaches to supervision is the developmental approach. In this approach, counselors and therapists are thought to change in abilities and needs as they gain experience in counseling. The supervisors' interventions vary in accordance with their perceptions of their trainee's developmental stage of counseling. Supervisory interventions are not based primarily on the content of the trainee's theoretical approach. Although counselors may not develop cleanly along precise developmental lines, it can be very helpful to a supervisor to be aware of expected developmental changes in organizing her or his supervisory approach.

Human Development

In order to have a clear understanding of developmental theories of supervision, it is important that one first has

a clear understanding of the basics of theories of human development. A critical difference between developmental theories and other theories of supervision is that the former focus on counselor change over time while the latter may or may not include such a focus. The three major tasks of any developmental theory are that it should (1) describe changes within one or more areas of behavior over time, (2) describe changes in the relationships among areas of behavior, and (3) explain the course that the development has taken (Miller, 1989). If a developmental theory clearly describes and explains a path of development, it should both organize and lend meaning to facts as well as guide further research regarding this information.

Stoltenberg and Delworth (1987) stated that a developmental theory, "...must first be sufficient to describe behavior changes across time and across individuals and must then go on to explain why these changes occur in the order in which they are observed" (p. 2). They continue with the criterion that a theory should also define an environment for encouraging the process of development the theory describes. Finally, such a theory should be able to predict changes in both the counselor and the supervisory environment through the counselor's development.

History of Developmental Theories in Supervision

The history of a developmental perspective of counseling supervision takes its roots in the 50's with theoretical articles by Fleming (1953) and Grotjahn (1955). Fleming's (1953) stages of development were a) imitative learning, b) corrective learning, and c) creative learning. In the imitative learning stage, the trainees, undergoing anxiety over the newness of the therapeutic experience, learn through imitating their supervisors who demonstrate methods of counseling and offer suggestions. The corrective learning stage calls for less support from the supervisor due to relatively high trainee self-confidence. The supervisor focuses her or his energy instead in correcting inaccurate techniques and interpretations. The creative learning stage of trainee development is the most autonomous stage for the trainee. In this stage the supervisor allows the trainee optimal room to develop a therapeutic style while investigating her or his personal reactions to the client and how these reactions affect counseling.

Grotjahn's (1955) developmental theory is similar to Fleming's (1953) in that it also describes three stages, although they are somewhat different: a) period of preparation, b) period of elaboration on the therapist's knowledge of the client, c) period of working through. In the period of trainee preparation, the supervisor is to

provide support, technical help, respect, and encouragement to the trainee. The second phase is one of supervisory focus on the personality dynamics and psychopathology of the client. The working through phase of counselor development suggests a supervisory focus on the trainee's feelings and conflicts as they relate to the therapeutic process.

The next influential theory of counselor development was a two-page outline of a supervision process written by Hogan (1964). Hogan's model included four stages of development for psychotherapists. The first stage, characterized by the dependence of the trainee on the supervisor, describes this neophyte counselor as insecure, anxious, and uninsightful, although highly motivated. Hogan advises supervisors working with this Level 1 trainee to use interpretation, support, and self-awareness training through a process of modeling and exemplification.

Hogan's Level 2 trainee, having left his method-bound proclivities behind, is enveloped in a dependency-autonomy conflict regarding the supervision relationship. While experiencing a fluctuation in motivation, this trainee vacillates between feelings of bewilderment and overconfidence. This trainee is also described as feeling ambivalent about how well he or she relates in the therapeutic relationship, as well as experiencing a vast fluctuation in motivation from deep commitment to extreme

misgivings. Clarification of the above feelings of ambivalence was added to the list of appropriate supervisory behaviors recommended for the supervisor working with the Level 2 trainee.

Increased professional self-confidence and conditional dependency on the supervisor comprise the experience of the Level 3 trainee. This trainee's motivation has become increasingly stable by this point in the trainee's development in addition to an increased ability to be insightful. As the trainee moves into Level 3, the supervision relationship becomes defined as more collegial in format, with the supervisor displaying a blend of sharing, example, and personal confrontation.

Hogan's Level 4 trainee is characterized by security in him- or herself, autonomy from the supervisor, insightfulness coupled with awareness of the limitations of insight, stabilized motivation, as well an awareness of the need to confront and focus on both personal and professional problems. The supervision relationship, if one exists, is collegial by this point in the trainee's development. At this level of professional development, Hogan emphasizes what he refers to as the peer supervisor model, which is comprised of sharing, confrontation, and mutual consultation.

Littrel, Lee-Borden, and Lorenz (1979) offered a four stage model of supervision based on the integration of models of counselor training designed to encourage counselor competency. In Stage 1, the primary focuses for the supervisor are to build a supportive and non-judgmental supervision relationship, explore and set goals, and develop a learning contract centered on criteria for counselor competency. Stage 2 of this model is a period consisting of a counseling/therapeutic relationship where the supervisor focuses on the actions feelings and thoughts of the trainee with the goal of overcoming therapeutic blocks. The supervisor also places specific emphasis on the teaching of specific conceptualization and counseling skills. In Stage 3, the trainee is encouraged to set her or his own goals and use self-evaluation more. Stage 4 of this model is the time when the counselor has become effective enough to self-supervise.

Based on Hogan's (1964) outline, Stoltenberg (1981) presented a highly influential model of trainee development known as the Counselor Complexity Model (CCM). This model was also influenced by the works of Harvey, Hunt, and Schroeder (1961) and Hunt's (1971) Conceptual Systems Theory. The CCM posits that as the counselor trainee develops, he or she is thought to become more cognitively complex and therapeutically capable. Stoltenberg (1981)

described how supervisors might create growth-producing environments for the trainees as they develop through four levels of complexity. Level 1 is a period of dependency on the supervisor. In this level, the trainee imitates the supervisor, is lacking in both self- and other-awareness, and thinks categorically about counseling. A supervisor appropriately working with such a trainee encourages autonomy through instruction, interpretation, support, awareness training and exemplification in a very structured environment.

In Level 2, the trainee moves into a stage of conflict between dependency and autonomy from the supervisor. Striving for greater independence, the trainee becomes more self-assertive and less imitative while increasing in self-awareness and experiencing fluctuating motivation. The optimal supervisory environment for this level is defined as less structured and highly autonomous. The supervisor uses ambivalence clarification, support, exemplification, and less instruction to encourage trainee development in this level.

Level 3 is defined as a period of conditional dependency. The trainee develops a personal counselor identity with increased insight, more consistent motivation, increased empathy, and more differentiated interpersonal orientation. At this level the supervisor optimally

encourages the structure of supervision to be provided by the counselor, treating her or him more like a peer and less like a student. Sharing, mutual exemplification, and confrontation are recommended supervisory behaviors at this level.

In the final level of counselor development the trainee is considered a master counselor. A counselor who attains this level of development has adequate self- and other-awareness in therapy, is insightful of her or his own therapeutic strengths and weaknesses, has been able to integrate personal identity with high professional standards, and is able to maintain willful interdependence with the supervisor. At this point, supervision becomes collegial, if utilized at all.

Loganbill, Hardy, and Delworth's (1982) model of supervision was based on Chickering (1969), Erikson (1968), and Mahler's (1979) models of development. Their model includes three stages of development through which the trainee travels across eight areas of content. The first stage, stagnation, is characterized by a naive unawareness for the neophyte counselor, or "stuckness" for a more experienced counselor who has low experience in the given area of content. The second stage, confusion, consists of conflict, disorganization, confusion and fluctuations in motivation. During this phase, the trainee experiences

ambivalence while seeking a sense of equilibrium. The third stage is integration. Stage three is characterized by integration of learning, reorganization of understanding, flexibility, and feelings of security based on awareness of areas of insecurity. In this stage, the counselor assimilates the intense emotional factors that were experienced in the second stage and integrates them with a cognitive conceptual learning.

According to this theory, the above three stages are sequentially experienced by trainees across eight different content areas: autonomy, competence, emotional awareness, personal motivation, purpose and direction, professional ethics, respect for individual differences, and theoretical identity. The theory assumes that trainees recycle through the three different stages in an increasingly deepening fashion, gradually improving as counselors.

The most comprehensive and detailed model of counselor development and supervision to date, known as the Integrated Developmental Model (IDM) was recently introduced by Stoltenberg and Delworth (1987). This model was based on the work of Hogan (1964), Stoltenberg (1981), Loganbill, Hardy, and Delworth (1982), Piaget (1970, 1971) as well as several empirical studies of counselor development conducted prior to 1987. In this model, the trainee is described as progressing in a continuous manner in three basic

structures: motivation, self- and other-awareness, and autonomy. This progression occurs in eight domains, some of which were adapted from the Loganbill, Hardy and Delworth (1982) model: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.

According to the IDM, upward movement as a counselor trainee results in accordance with the twin processes of assimilation and accommodation. Piaget (1970) defined assimilation as the process of fitting reality into one's current cognitive organization. While accommodation was defined as significant adjustments in cognitive organization that result from the demands of reality. Piaget considered assimilation and accommodation to be closely interrelated in every cognitive activity (Miller, 1989). Attempts to assimilate reality involve minor changes in the individual's cognitive structures as these adjust to new ideas, whereas accommodation involves the formation of new constructs through the loosening of old ones.

The IDM traces changes in self- and other-awareness, motivation, and autonomy across three stages of development. The Level 1 trainee demonstrates a primary focus on her- or himself which is a result of apprehension regarding

evaluation by the supervisor and the client. This level of trainee is believed to have a high degree of motivation toward the activities associated with becoming a counselor which is characterized by a desire to learn the "correct" way of counseling. This trainee is characterized also by dependency on authority figures, especially the supervisor. This is a period of assimilation of new knowledge for the trainee.

The Level 2 trainee begins to focus more attention on the cognitive and emotional experience of the client even to the extent that he or she may lose track of him- or herself by delving too far into the client's experience. This change in focus is the point at which the trainee has begun the process of accommodating her or his therapeutic constructs. Due to experiences of disappointment in the experience of trying to become an adept counselor and contrasting periods of success, the trainee is likely to experience a fluctuation of motivation at this point of development. This trainee also experiences a dependency-autonomy conflict, wherein he or she may at times, want to be treated as an independent therapist, while at other times maintaining feelings of dependence on the supervisor.

When the trainee reaches Level 3, he or she has attained an ability to productively use the dual processes of accommodation and assimilation. This trainee is now able

to comfortably move back and forth between focusing on her or his own cognitive and emotional processes relating to the client and the experiences of the client. Her or his motivation moves into a more consistent pattern at this time, resulting from the learning of idiosyncratic strengths and weaknesses, an understanding of the limitations of counseling, and the development of the ability to integrate individual identity with therapeutic style. This level of trainee has resolved the above dependency-autonomy conflict resulting in a feeling of confidence in his or her ability to function as an autonomous counselor. The Level 3 trainee feels comfortable seeking out qualified advice when he or she has questions, then evaluates this advice, coming to his or her own final decision.

The final level of development in the IDM is the Level 3 Integrated Counselor. This level may take considerable time and experience to be achieved, if at all. Such a therapist has developed into a highly skilled counselor who has managed to integrate Level 3 knowledge and skills across all therapeutic domains relevant to her or his current practice. This therapist is not only consistently motivated, appropriately autonomous, and well focused, but he or she "is creative, able to learn from self and others and able to evolve strong and appropriate accommodations and

assimilations throughout the life cycle" (Stoltenberg & Delworth, 1987, p. 45).

Empirical Evidence of Counselor Development

One of the earliest empirical studies of the development of counselors was conducted by Miars et al. (1983). These researchers examined Stoltenberg's (1981) Counselor Complexity Model by asking 37 counseling or clinical psychologists to rate their supervisory behavior with first semester, second semester, advanced practicum and intern level trainees. Supervisors perceived themselves as behaving differently between trainees at the second semester and advanced practicum levels of experience. These supervisors saw themselves as providing more instruction, direction, monitoring, and support while using less emphasis on client resistance and personal issues for the less experienced trainees. Less direction, structure, support and teaching were considered necessary for the more experienced counselors.

The constructs within Hogan's (1964) developmental model were studied by Reising and Daniels (1983) through a survey of 141 counselor trainees from 20 universities. The trainees were partitioned by experience into premaster-, master-, advanced master-, and Ph.D. level counselors. The trainees in the premaster- and master levels reported higher levels of dependence on their supervisors, more technique

orientation, more feelings of anxiety relevant to counseling, and less readiness for confrontation in the supervisory relationship than did the advanced master- and Ph.D. level trainees. Reports of independence in the supervisory relationship also increased as a result of the experience of the trainees.

In a series of three studies surveying a total of 145 supervisees, Heppner and Roehlke (1984) evaluated constructs relating to developmental models of supervision. Together these studies revealed that beginning trainees preferred their supervisors to offer more support and skill training than did more experienced trainees. Critical incidences in the trainees' supervisory experience occurred earlier for interns than they did for other practicum students, and the interns critical incidences centered around personal issues and their own defensiveness in therapy. Both beginning and advanced trainees' critical incidences centered around issues of emotional self-awareness, confrontation, competence and support.

Classifying trainees into first-, second-, third-, fourth-year, and predoctoral interns, Worthington (1984) surveyed 237 counselors at eleven agencies. He found that supervision differed across levels of experience on independence with direction, preference for infrequently taught skills, and establishing goals. Trainees in practica

2, 3, and 4 rated their supervisors as encouraging independent actions by counselors while giving support and explicit instruction more frequently than practicum 1 trainees. Practicum 1 trainees were highly satisfied when given literature and reference material, while this was not found to be true for trainees at other levels of experience. Practica 3, 4, and internship trainees were highly satisfied when observed live by their supervisors, while this was not found to be true for practica 1 and 2 trainees. Supervisors received high ratings when they set and later re-negotiated goals with practica 1 and 2 trainees, but not at higher levels of experience. Overall, supervisors were seen as behaving in such a way that they promoted increasing independence in their trainees as they became more experienced counselors.

Yogev and Pion (1984) conducted a study looking at perceptions of 31 supervisors' goals, expectations, and procedures with first-year, second-year and internship-year trainees. Results indicated no differences perceived by supervisors on any of these variables across supervisee levels of experience.

McNeill, Stoltenberg, and Pierce (1985), focusing on 91 trainees' self-perceptions both in counseling and supervision found differences on the Supervisee Levels Questionnaire (SLQ) for trainees with a beginning versus an

intermediate level of experience in self-awareness and dependency-autonomy. They also found differences between trainees with intermediate experience and trainees with advanced experience in the areas of theory/skills acquisition and dependency-autonomy. Differences were found between beginning and advanced trainees on dependency-autonomy, self-awareness, and theory/skills acquisition. Level of experience in this study was an aggregate of level of education, counseling and supervision experience. They found that as the trainees' levels of experience increased, they reported increased levels of self-awareness and knowledge of counseling skills, less dependence on the supervisor, and a greater desire for autonomy in counseling and supervision.

Ellis and Dell (1986) examined the perceptions of 19 supervisors relating to their supervisory roles as derived from Bernard's (1979) model of nine supervisor roles. Although different levels of supervisors and supervisees were included in the study, general reactions or "cognitive maps" to supervisor roles were assessed rather than the perceptions of propriety of these roles across different levels of trainees. The results yielded no evidence that the experience level of the trainee nor that of the supervisor alone affected the supervisor's description of the supervision. However, results suggested a trend toward

an interaction of supervisor and trainee experience levels consistent with Littrell, Lee-Borden, & Lorenz's (1979) model of supervision.

Rabinowitz, Heppner, & Roehlke (1986) collected the perceptions of trainees at the beginning, advanced practicum, and internship levels regarding the most important supervisor interventions following each weekly supervision session and upon the termination of the supervisory relationship, thus examining differences across experience levels and changes throughout the semester long supervisory relationship. In general, results indicated that the pattern of supervision for all three levels was one of establishing a working supervisory relationship "...followed by a movement from dependency toward autonomy" (p. 299). This movement varied in rate, with beginning trainees maintaining dependence on structure and support the longest. In the middle stage of the supervisory relationship personal issues heightened in focus. These issues were most significant for the advanced practicum students. As the supervisory relationship approached termination, all levels of "...trainees were more likely to make more autonomous interventions and show greater conceptual understanding" (pg. 299). Even though there were more similarities among the trainees of varying levels of experience, the existing differences were generally

supportive of developmental models of supervision both across experience levels and throughout the four-month supervisory relationships.

Wiley and Ray (1986) had 71 supervisors, who were members of 107 supervision dyads at nine counseling centers, rate their supervisees on an instrument developed for this study (Supervision Level Scale: SLS). The SLS was intended to measure both characteristics of supervision environments and trainees in a manner consistent with Stoltenberg's (1981) developmental model of supervision. Both the trainees and the supervisors were asked to rate their satisfaction with the supervision as well as how much they felt the supervision contributed to improvement in the trainee's counseling ability. Results indicated that most of the supervisees were in supervision environments that were congruent with their developmental level as hypothesized by Stoltenberg (1981) Results indicated that there were significant differences in the supervised counseling experience of trainees grouped by developmental level, thus supporting the validity of the SLS and the developmental model. No differences were found in the amount of unsupervised counseling experience among levels identified by the SLS. Satisfaction and learning as perceived by trainees and their supervisors, however, were

not related to the degree of congruency of the developmental level of the trainee and the supervision environment.

Zucker and Worthington (1986) conducted a study focusing on the supervision experiences of 34 psychology interns and 25 post-Ph.D. psychologists being supervised for licensure. Interns and post-Ph.D. psychologists perceived their supervisors' behavior similarly with the exception of evaluation and the amount of time spent in supervision. Interns received less evaluation and more supervision than the postdoctoral psychologists.

Stoltenberg, Peirce, & McNeill (1987) studied differences in trainee perceptions of supervisory needs across beginning, intermediate, and advanced training as measured by education level, and supervised counseling experience. They found discrepancy in needs between levels 1 and 3 (education) for structure, feedback, structure and overall needs. They also found differences between levels 2 and 3 for structure and overall needs. Results indicated differences between levels 1 and 3 for structure, feedback, and overall needs and levels 1 and 2 (counseling experience) for feedback.

Guest and Beutler (1988) noted some developmental changes in 16 trainees over a three to five year period of data collection. In general, beginning trainees valued support and technical direction from their supervisors and

increasingly preferred supervisors who held complex and dynamic views of change as well as technical guidance as they gained experience. Also, assessment of personal issues and relationships affecting the psychotherapy process increased in importance for trainees as they gained experience.

In a survey of 87 supervisors and 77 trainees from 31 schools, Krause and Allen (1988) studied Stoltenberg's (1981) model. Trainees were classified into developmental levels by selection of one of four paragraphs, based on Stoltenberg's (1981) model, that describe four levels of trainees. Supervisors classified their trainees and the trainees classified themselves according to this system. Results from a new instrument developed to measure perceptions of supervisory behaviors, feelings of satisfaction, and personal impact of supervision, indicated that supervisors perceived themselves as varying supervision environments for different levels of trainees in a manner consistent with Stoltenberg's (1981) model. The trainees, on the other hand, did not perceive these differences in their supervisors' behavior. Trainees in congruent dyads, matching their developmental level ratings by themselves and those of their supervisors, reported greater impact and satisfaction in supervision than did trainees in

noncongruent dyads. Congruency of dyads, however, had no affect on the supervisors' ratings of satisfaction.

Fisher (1989) conducted a study of five American Association for Marriage and Family Therapy (AAMFT) approved supervisors working with 16 trainees. All five supervisors claimed a systems orientation and the trainees met the minimum criteria of a Master's degree. The trainees were clustered into "beginning" and "advanced" categories based on the AAMFT cutoffs of 500 clinical hours and 100 supervision hours. No significant differences were noted between the supervision of "beginning" and "advanced" trainees in either supervisory relationship nor supervisory style.

Tracey, Ellickson, & Sherry (1989) compared 40 first-year practicum counselors to 38 advanced practicum counselors on their reactions to different supervisory environments. They found that in a condition of crisis, both groups of trainees preferred structured supervision. In a non-crisis condition, the beginning trainees preferred structured supervision in the form of directive teaching, while the more experienced counselors preferred a less structured supervisory environment. This study also showed evidence that the advanced trainees who were high in "reactance" preferred supervision with less structure than did advanced trainees with low reactance.

McNeill, Stoltenberg, and Romans (1992) examined 104 trainees in eight training sites across the nation with an instrument (Supervisee Levels Questionnaire-Revised, SLQ-R) intended to measure the developmental constructs of the IDM (Stoltenberg & Delworth, 1987). Results showed consistent differences between levels 1 and 3, and levels 2 and 3 across self and other awareness, dependency-autonomy, and motivation. No differences were found between levels 1 and 2. The lack of ceiling effects was postulated as being responsible for not accounting for a higher possible range of scores of trainees possessing more experience.

There appears to be clear evidence that trainees develop in their supervisory needs as they gain experience, that perceptions of supervisors and trainees are consistent with developmental theories, that the behaviors of supervisors change as trainees gain experience, and that the supervision relationship changes as counselors gain experience, as noted in a recent review of the literature (Stoltenberg, McNeill, & Crethar, 1994). Although there is evidence supporting general models of counselor development, the field still lacks clear evidence of the existence of some of the characteristics of level 2 trainees as hypothesized by Stoltenberg and Delworth (1987). The fluctuation in the motivation, the vacillation between autonomy and dependency, the client centered focus of the

trainee, and a lack of interest in labeling clientele with a diagnosis, are noteworthy examples of hypothesized differences between level 2 trainees and other trainees.

In answer to the need to further evaluate the different levels of development in psychologists through the formative years of training (Stoltenberg et al., 1994), this study proposes to evaluate trainees in a cross-sectional fashion in their first, second, third, fourth, internship year of supervised experience. Comparing trainees across supervised experience, this study will examine differences in supervisee levels, differences in supervisee needs, differences in preferences for supervisory responses to three therapeutic scenarios, and trainee cognitions relevant to those scenarios.

Hypotheses

H1: Trainees scoring higher on the Supervisee Levels Questionnaire-Revised will choose higher trainee and supervisor responses for each scenario on the Counselor Scenario Reaction Form.

H2 : Trainees scoring higher on the Supervisee Needs Questionnaire will choose higher trainee and supervisor responses for each scenario on the Counselor Scenario Reaction Form.

H3: Trainees with greater domain-specific experience as compared to the scenarios in the Counselor Scenario Reaction

Form will prefer higher levels of counselor and supervisor reactions.

METHOD

Participants

Participants will be counseling psychology graduate students recruited from a sample purposively selected for availability from 4-5 training sites. The training sites will be selected for variability and will all be accredited by the American Psychological Association. The final sample will include approximately 75 trainees, split across first-, second-, third-, fourth-, and their internship years of training. The N for this study is the result of a power analysis done with data from the Supervisee Level Questionnaire-Revised (SLQ-R, McNeill, Stoltenberg, & Romans, 1992). A representative distribution of gender, as well as a return rate of greater than 60 percent will be sought in the sample. The sample will be contacted with the assistance of the training directors of each site, blind to the responses of the participants.

Instruments

Supervisee levels of all participants will be assessed using the Supervisee Level Questionnaire-Revised (SLQ-R, McNeill, Stoltenberg, & Romans, 1992). The SLQ-R is a 30-item Likert-style instrument constructed to tap

characteristics on a continuum of development associated with levels hypothesized by Stoltenberg and Delworth (1987). It has three subscales which are based on Stoltenberg and Delworth's model: Self and Other Awareness, Motivation, and Dependency-Autonomy. Chronbach alpha reliability coefficients calculated for the three subscales resulted in reliability estimates of .83, .74,.64, and .88 for the Self- and Other Awareness, Motivation, Dependency-Autonomy subscales and total scores respectively. Pearson correlation coefficients were calculated on the above subscales to assess the construct validity of the SLQ-R. The scores indicate that the subscales were significantly related for Self and Other Awareness and Dependency Autonomy, r = .53, p < .001; for Self and Other Awareness and Motivation, r = .58, p < .001; and Motivation and Dependency Autonomy, r = ..43, p < .001. A multivariate analysis of variance (MANOVA) using trainee experience as the independent variable and the SLQ-R subscales as dependent variables was used to initially explore for differences in SLQ-R subscale scores between the groups. Hotelling's test of significance indicated that the beginning, intermediate, and advanced groups differed on a linear combination of SLQ-R subscale scores, $F(6,198)$ = 2.45, p <.05. An analysis of variance (ANOVA), again using the independent variable of trainee experience, indicated

that the total SLQ-R scores of the groups differed, $F(2,102) = 7.37$, $p < .05$. Finally, McNeill et al. (1992) conducted a series of focused, one-way planned contrasts in the form of one-tailed t-tests to test the hypothesis that subscale and total scores on the SLQ-R would increase as a result of trainee experience. Using an alpha level of .05, they found consistent significant differences in mean subscale and total SLQ-R scores between the beginning and advanced trainee groups as well as the intermediate and advanced trainee groups. Thus, the SLQ-R has been found to be a valid and reliable instrument for delineating the level of development of the trainee within Stoltenberg and Delworth's (1987) developmental model.

The participants' supervisee needs will be assessed with the Supervisee Needs Questionnaire (SNQ; Stoltenberg, Pierce, & McNeill, 1987). The SNQ consists of 30 items in a Likert scale format. The SNQ was designed to assess the needs of trainees within supervision along five conceptual categories: (1) Structure--the need to have one's supervisor provide the structure in supervision, (2) Instruction--the need to receive specific instruction in areas such as assessment, diagnosis, and therapeutic skills and techniques, (3) Feedback--the need to receive direct feedback in regard to professional strengths and weaknesses, progress as a counselor, etc., (4) Support/Availability--the

need of the supervisor's support, counsel, and availability for emergency consultation, (5) Self-Directed--the need to define one's own structure and criteria in supervision. The SNQ was found to be a valid measure of the trainee's self-reported needs in supervision at various levels of professional development (Stoltenberg, Pierce, & McNeill, 1987). One-tailed t-tests based on levels of education indicated differences in the predicted direction between levels 2 and 3 for structure and overall needs, as well as between levels 1 and 3 for structure, feedback, and overall needs. One-tailed t-tests based on semesters of previous counseling experience indicated differences in the predicted direction between levels 1 and 3 for structure, feedback, and overall needs, and between levels 1 and 2 for feedback. Finally, one-tailed t-tests based on number of semesters of previous supervision indicated differences in the predicted direction between levels 1 and 3 for structure, feedback, and overall needs, and between levels 2 and 3 for feedback and overall needs.

The measure constructed by the author for this study, labeled the Counselor Scenario Reaction Form (CSRF, Appendix 1), was intended to accurately represent constructs defined by the IDM (Stoltenberg & Delworth, 1987). The goals of the instrument are to evaluate the following: (1) Given identical clients, do trainees at levels 1, 2, and 3

experience clusters of thought similar to those hypothesized by the IDM? (2) Given this same identical client, do trainees at these three levels of development prefer the type of supervision prescribed by the IDM, or what do they feel meets their needs best in supervisor response?

In designing the CSRF, paragraphs were developed to be representative of cognitions that a trainee at each level might have if experiencing the therapy scenario described in the first part of the instrument. Paragraphs were also developed to represent supervisory commentary similar to that prescribed by the IDM for trainees at the different levels of development. The scenarios were designed to present therapeutic situations which are congruent with a trainee's experience, while simultaneously maintaining sufficient complexity to cause the trainees at any level of development or experience to put thought and time into the case. The intent of this design was to simulate scenarios realistic enough for any trainee to be able to relate to them, and motivating enough to maintain even the most experienced trainee's attention. The scenarios, and the supervisor and trainee responses were evaluated by four experts on the IDM to ensure fit of the measure to the constructs of the theory. The supervisee responses and supervisor responses in the CSRF will be administered in varying order of presentation of level of response.

Demographic information will be collected on a questionnaire prior to the administration of the above instruments (Appendix 2). The demographic questionnaire was designed to collect data regarding the participants' exposure to supervision and counseling in general. A question at the end of the CSRF, also addresses the participants' experience specifically with clientele similar to the one described in the scenario. This is done in order to account for any domain-specific development that the participants may have undergone relating to the challenges of like clients.

Procedures

All instruments will be administered to the participants via coordinators at the various practicum and internship sites. The instruments were enclosed in numerically encoded envelopes to insure anonymity. The packets will be returned by the site coordinators as well as directly by mail to the experimenter.

References

American Psychological Association. (1980). Criteria for accreditation of doctoral training programs and internships in professional psychology. Washington, DC: American Psychological Association.

Banikiotes, P. G. (1977). The training of counseling psychologists. The Counseling Psychologist, 7(2), 23-26.

Bartlett, W. E., Goodyear, R. K., & Bradley, F. O. (Eds.). (1983). Special issue: Supervision in counseling II. The Counseling Psychologist, 11(1), 7-79.

Bernard, J. M. (1979). Supervisory training: A discrimination model. Counselor Education and Supervision, 19, 60-68.

Chickering, A. W. (1969). Education and Identity. San Francisco: Jossey-Bass.

Ellis, M. V., & Dell, D. M. (1986). Dimensionality of supervisor roles: Supervisors' perceptions of supervision. Journal of Counseling Psychology, 33(3), 282-291.

Erikson, E. H. (1968). Identity, youth, and crisis. New York: Norton.

Fisher, B. L. (1989). Differences between supervision of beginning and advanced therapists: Hogan's Hypothesis empirically revisited. The Clinical Supervisor, 7(1), 57-74.

Fleming, J. (1953). The role of supervision in psychiatric training. Bulletin of the Menninger Clinic, 17, 157-159.

Garfield, S. L., & Kurtz, R. (1976). Clinical psychologists in the 1970s. American Psychologist, 31, 1-9.

Gerkin, C. (1969). An objective method for evaluating training programs in counseling psychology. Journal of Counseling Psychology, 16, 227-237.

Grotjahn, M. (1955). Problems and techniques of supervision. Psychiatry, 18, 9-15.

Guest, P. D., & Beutler, L. E. (1988). Impact of psychotherapy supervision on therapist orientation and values. Journal of Consulting and Clinical Psychology, 56(5), 653-658.

Harvey, O. J., Hunt, D. E., & Schroder, H. M. (1961). Conceptual systems and personality organization. New York: Wiley.

Heppner, P. P., & Roehlke, H. J. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. Journal of Counseling Psychology, 31, 76-90.

Hess, A. K., & Hess, K. A. (1983). Psychotherapy supervision: A survey of internship practices. Professional Psychology: Research and Practice, 14, 504-513.

Hogan, R. A. (1964). Issues and approaches in supervision. Psychotherapy: Theory, Research, and Practice, 1, 139-141.

Hunt, D. E. (1971). Matching models in education: The coordination of teaching methods with student characteristics. Toronto: Ontario Institute for Studies in Education.

Krause, A. A., & Allen, G. J. (1988). Perceptions of counselor supervision: An examination of Stoltenberg's Model from the perspectives of supervisor and supervisee. Journal of Counseling Psychology, 35(1), 77-80.

Lambert, M. J. (1980). Research and the supervisory process. In A. K. Hess (Ed.), Psychotherapy supervison: Theory, research, and practice (pp. 423-450). New York: Wiley.

Littrel, J. M., Lee-Borden, N., Lorenz, J. (1979). A developmental framework for counseling supervision. Counselor Education and Supervision, 19, 129-136.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. The Counseling Psychologist, 10(1), 3-42.

Mahler, M. S. (1979). Separation-individuation. The selected papers of Margaret S. Mahler, M.D., (Vol. II). New York: Wiley.

McColley, S. H., & Baker, E. L. (1982). Training activities and styles of beginning supervisors: A survey. Professional Psychology: Research and Practice, 13, 283-292.

McNeill, B. W., Stoltenberg, C. D., & Pierce, R. A. (1985). Supervisees' perceptions of their development: A test of the counselor complexity model. Journal of Counseling Psychology, 32(4), 630-633.

McNeill, B. W., Stoltenberg, C. D., & Romans, J. S. (1992). The integrated developmental model of supervision: Scale development and validation procedures. Professional Psychology: Research and Practice, 23(6), 504-508.

Miars, R. D., Tracey, T. J., Ray, P. B., Cornfeld, J. L., O'Farrell, M., & Gelso, C. J. (1983). Variation in supervision process across trainee experience levels. Journal of Counseling Psychology, 30, 403-412.

Miller, P. H. (1989). Theories of developmental psychology. (2nd Ed.). New York: W. H. Freeman and Company.

Norcross, J. C., Prochaska, J. O., & Gallagher, K. M. (1989). Clinical psychologists in the 1980s: Theory, research, and practice. The Clinical Psychologist, 42(3), 45-53.

Piaget, J. (1970). Structuralism. New York: Basic Books.

Piaget, J. (1971). Biology and knowledge: An essay on the relations between organic regulations and cognitive processes. Chicago: University of Chicago Press.

Rabinowitz, F. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process outcome variables of supervision over time. Journal of Counseling Psychology, 33(3), 292-300.

Reising, G. N., & Daniels, M. H. (1983). A study of Hogan's model of counselor development and supervision. Journal of Counseling Psychology, 30, 235-244.

Robiner, W. N., & Schofield, W. (1990). References on supervision in clinical and counseling psychology. Professional Psychology: Research and Practice, 21(4), 297-312.

Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. Journal of Counseling Psychology, 28(1), 59-65.

Stoltenberg, C. D., & Delworth, U. (1987). Supervising counselors and therapists. San Francisco: Jossey-Bass.

Stoltenberg, C. D., McNeill, B. W., & Crethar, H. C. (1994). Changes in supervision as counselors and therapists gain experience: A review. Professional Psychology: Research and Practice, 25(4), 416-449.

Stoltenberg, C. D., Pierce, R. A., & McNeill, B. W. (1987). Effects of experience on counselor trainee's needs. The Clinical Supervisor, 5(1), 23-32.

Toothaker, L. E. (1991). Multiple comparisons for researchers. Newbury Park, CA: Sage.

Tracey, T. J., Ellickson, J. L., & Sherry, P. (1989). Reactance in relation to different supervisory environments and counselor development. Journal of Counseling Psychology, 36(3), 336-344.

Wiley, M. O., & Ray, P. B. (1986). Counseling supervision by developmental level. Journal of Counseling Psychology, 33(4), 439-445.

Worthington, E. L., Jr. (1984). Empirical investigation of supervision of counselors as they gain experience. Journal of Counseling Psychology, 31(1), 63-75.

Worthington, E. L., Jr. (1987). Changes in supervision as counselors and supervisors gain experience. Professional Psychology: Research and Practice, 18(3), 189-208.

Yogev, S., & Pion, G. M. (1984). Do supervisors modify psychotherapy supervision according to supervisees' level of experience? Psychotherapy, 21(2), 206-208.

Zucker, P. J., & Worthington, E. L., Jr. (1986). Supervision of interns and postdoctoral applicants for

licensure in university counseling centers. Journal of Counseling Psychology, 33, 87-89.

Appendix A:

Counselor Scenario Reaction Form

Directions: Read the following therapy scenario paying careful attention to your reactions to it. Then follow the directions in the two reaction sections which follow. Please take care to give honest reactions while keeping in mind your complete anonymity in this study.

Scenario 1

Jay and Shelly have been married for 12 years and have two healthy children, ages 8 and 10. They both work full time and are active in social and professional organizations as well. Although they love their work and involvements, they complain that they are so exhausted by the time they get home that neither has the energy or inclination to play or do homework with their children. The couple has begun to feel a sense of strain in their relationship, partially due to issues surrounding the children, as well as what they describe as an "unexplainable" dwindling affection between each other.

In session, Shelly presents as comfortable discussing her feelings about the children as well as her relationship with her husband. Jay, on the other hand, appears to be more comfortable discussing and analyzing familial issues than he is in discussing any of his feelings. He appears to

shut down and stare off into space whenever Shelly shows any affect. Shelly recently stated in session, "It really feel very alone when Jay won't let me know what he feels about what's going on between us. I'm very frustrated, it makes me feel that he no longer cares about me." Jay responded by quietly stating, while shaking his head, "I don't know why she says things like that." Although the couple does not openly argue in session, there is a clearly tension between them, which is commonly displayed as periods of uncomfortable silence. The couple does appear willing to continue coming to therapy, but movement in therapy does seem to have become somewhat stagnant.

How much experience do you have with clients with similar symptoms, as well as similar responsiveness to therapy? If you recall, please list:

Approximate number of clients (more than one session):_____

_____

Approximate number of sessions:_____

In general, mark how much experience do you believe you have had with similar clients?

None						A lot

What are your reactions to this client? What kinds of issues would you bring to supervision regarding this client? (Please limit your response to no more than four sentences.)

_____

_____

Counselor Responses: Scenario 1

Instructions: Read the following possible responses to the above client and rate them as they would pertain to you if the above client were your client right now.

Level 1 Counselor Response

Although working with a couple such as this is likely to be somewhat challenging, I'm sure that with supervision, I will be able to help them through this challenging time in their relationship. This should be a great case to give me the type of experience I need to better understand the dynamics of couples therapy. We've discussed couples such as this in our marital therapy class. I know that the approach we learned there will likely work with this couple.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Counselor Response

This must really be a trying place to be in as a couple. I am glad that they chose to come in for help before things got out of hand in their relationship. Although I feel pretty skilled in counseling and psychotherapy, I'm not so sure of my skills in working with a couple such as this.

Maybe I should consider referring this case to someone who has more expertise with couples.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Counselor Response

This couple clearly has a few things going their way, such as their eagerness to work, and the fact that they came in to therapy before their problems got out of hand. Working with them should prove interesting and challenging. I probably should focus on the strengths of their relationship while assessing for where it breaks down. My supervisor will likely have some useful feedback to accompany my conceptualization of this case.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Supervisor Responses: Scenario 1

Directions: Read the following possible responses of supervisors and rate them as they would pertain to you if the above client were your client right now.

Level 1 Supervisor Response

When working with couples such as Jay and Shelly, there are several issues one should keep in mind. One of the first things that you need to focus on is gather background information on how the relationship started and how it got to where it currently is. As the couple brings up current problems, you need to make a conscious effort to relable them into skill deficits. As you do this, you will further pull the couple into therapy through making them feel attended to and hopeful. I have had a good deal of experience with couples such as this, and have some of my work with them on video tape. Would you like to view some of these tapes to help you gather a better understanding of couples therapy?

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Supervisor Response

When working with couples such as Jay and Shelly, it is often difficult to not get too caught up in the strong emotions that they bring into session. It is often helpful to emotionally step back from the couple and gain a clear assessment of the roots of their troubles. What are you doing to achieve this? How are you going about assessing this couple's difficulties? I'm going to resist giving you suggestions and ask you to walk me through your decision making regarding this client.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Supervisor Response

I'm wondering what you conceptualize as this couple's greatest assets and deficits. It seems clear that one of Jay and Shelly's largest areas of stress has to do with work as it conflicts with parental duties. Do you have any personal issues regarding their roles as parents? If you do, how are you dealing with these issues? How do you plan to help this couple overcome or cope with their apparent communication gap and build a solid therapeutic alliance?

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Scenario 2

You have seen Veronica, a 35-year-old single mother of two children, three times in session. Her 13-year-old girl is currently in day-treatment for depression and oppositional defiant disorder. Her nine-year old boy appears to be becoming involved in a neighborhood gang. Veronica is unemployed and lives with an unemployed male. She has a history of suicidal ideation, having attempted suicide once in the past two years. She reports that she is unable to pay her bills and is on the verge of being evicted from her home. She states that she is unable to go out and look for a job due to the fact that she feels miserable and hopeless.

Veronica presents as a distressed and anxious woman in session. She is able to talk about the above information in session, but then turns to you for the answers to her problems. She spends much of the session wringing her hands. She often says little more than phrases such as "What do I do? There's nothing I can do. I have so many problems I don't know where to start!" Regardless of the suggestions you make, she returns the following session having made no progress and done nothing to change her life. Her most popular excuse for her inaction is that she "doesn't have enough time." She spends much of her time dwelling on the problems of other family members, how life always deals her a bad hand, and apparently has very little

insight into her own behavior nor does she take any responsibility for her difficulties.

How much experience do you have with clients with similar symptoms, as well as similar responsiveness to therapy? If you recall, please list:

Approximate number of clients (more than one session):_____

_____

Approximate number of sessions:_____

In general, mark how much experience do you believe you have had with similar clients?

None						A lot

What are your reactions to this client? What kinds of issues would you bring to supervision regarding this client? (Please limit your response to no more than four sentences.)

_____

_____

Counselor Responses: Scenario 2

Instructions: Read the following possible responses to the above client and rate them as they would pertain to you if the above client were your client right now.

Level 1 Counselor Response

If I approach this client in the correct way, I know I can help her overcome her difficulties. I'm really am pretty excited to work with her therapeutically because I think I can learn a lot from the experience. I'm sure my supervisor can help me understand her better and help me develop an intervention plan. We need to take it a step at a time in supervision, focusing first on what I need to do in the next session.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Counselor Response

I can really sense Veronica's frustration, depression, and how hopeless her situation must seem to her. I seem to be having difficulty seeing the whole picture with Veronica. How can I begin to help her when she has so many problems? I'm sure there are several options I can pursue with her,

but I don't know which will have the best impact. I wish I had a clearer idea in my mind which way to go to best help Veronica.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Counselor Response

I wonder if this client has come to this point in her life due to socio-cultural issues, a personality pattern, or another reason. What's my reaction to this person? Do I feel a pull towards being a "rescuer" with her or am I put off by her depression and helplessness? Her personality dynamics should prove both challenging and fulfilling. Further assessment will help me get a clearer understanding. I would likely serve her best with a combination of techniques like those I have used with a similar client.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Supervisor Responses: Scenario 2

Directions: Read the following possible responses of supervisors and rate them as they would pertain to you if the above client were your client right now.

Level 1 Supervisor Response

I can see you are anxious about how to help this client. It is important to take care in working with a client such as this to beware of an inclination to assume responsibility for her. I would recommend that you do some personality assessment to help clarify what is going on with this client. One issue to examine is to what extent her current situation is due to unfortunate circumstances or to a consistent personality pattern. You can begin this by helping her identify the resources that she has in her environment she can call on for assistance. When we have a clear understanding of the source of her difficulties, we will be able to develop a therapeutic plan.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Supervisor Response

This woman's life situation appears to be very challenging. I can see that you can sense her pain and understand how frustrated she is with her plight which looks pretty hopeless. Have you considered formal assessment? How might you approach that? What kinds of options do you think you would consider in helping this woman begin to overcome her difficulties? Do you see any way out? How do you feel you can help her begin to turn her life in the direction she would like it to go? Perhaps some role play will help to clarify issues that are relevant to working with a client such as this.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Supervisor Response

This sounds like a difficult client, but you appear both confident and at ease with her. What assessment approach have you taken with this client, and how does that fit with your clinical impressions of her? I'm wondering how you have worked with clients experiencing similar problems. What do you think would be an appropriate plan of action in helping this woman to change her life situation?

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Scenario 3

Alice is a 20-year-old, single, female, a junior in college, who has complaints of "turbulence" in her life. She experiences this turbulence as vague feelings of anxiety, depression, and worries about the uncertainty of her future. She feels confused and directionless, and these feelings often interfere with her ability to concentrate on her schoolwork.

Alice had looked forward to attending college in her freshman year, and thus was excited by the diversity of people she met upon arrival. Sometimes she enjoyed being out with her "arty, more way-out, and kind of radical" friends, and at other times she felt more comfortable with her "traditional, more moderate, preppie" friends. In the past year, however, she has increasingly had the feeling that she does not fit into any one group of friends, and is confused about who she "really is." Alice seems particularly wistful when she speaks of her best friend from high school who has recently married. She experiences this confusion not only with regard to her friends but with her academic studies as well. As a second semester junior, she still does not have a clear idea of what she really wants to study nor what she wants to do with her life after graduation. At the end of her sophomore year, she decided on chemistry, but then changed to sociology at the beginning

of her junior year, and has recently changed to art history. She is not completely happy with her current choice either. She stated, "It's as if I want to do everything and yet I don't really want to do anything in particular."

How much experience do you have with clients with similar symptoms, as well as similar responsiveness to therapy? If you recall, please list:

Approximate number of clients (more than one session):_____

_____

Approximate number of sessions:_____

In general, check how much experience do you believe you have had with similar clients?

None						A lot

What are your reactions to this client? What kinds of issues would you bring to supervision regarding her? (Please limit your response to no more than four sentences.)

_____

_____

Counselor Responses: Scenario 3

Instructions: Read the following possible responses to the above client and rate them as they would pertain to you if the above client were your client right now.

Level 1 Counselor Response

I think my usual approach with clients such as this should work well. This should be a really good case to hone my skills in working with this sort of client. My supervisor probably will help me see the best way to go about therapy with her. I wonder if there are any good articles or chapters that would help me better conceptualize this case.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Counselor Response

I can't help but empathize with Alice's confusion as she describes her experiences. Although I think that I have a good idea on a way to help her overcome her ambivalence, I'm not completely sure that it will be effective. I wonder if a career focus, for example, would be appropriate early on or later in working with Alice.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Counselor Response

After I get a clear picture of this client's difficulties, I will have a better idea what route to take in therapy. This client clearly reminds me of some of my past clients with whom I have worked. I'm sure that I'll be able to help her through her troubles. I wonder if my supervisor has any suggestions to augment my approach with this client.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Supervisor Responses: Scenario 3

Directions: Read the following possible responses of supervisors and rate them as they would pertain to you if the above client were your client right now.

Level 1 Supervisor Response

I sense some ambivalence regarding how to approach this client. You should take care to avoid trying to solve all her problems for her, but instead focus on how you can help her solve them. A question you should address with this client is why is she undergoing such ambivalence regarding her direction in life. An effective place to begin would be to focus on gaining a clear understanding of this client's value system. Let's role play a therapy situation with this client to see if that is helpful.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 2 Supervisor Response

It's clear to me that you understand the frustrations that Alice is experiencing. What are the options that you are considering in working with her? Do you feel that you have

a good handle on how you will approach therapy with her? What can I do to best assist you in your decision process?

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

Level 3 Supervisor Response

When you worked with clients similar to Alice in the past, what were the most effective approaches that you used? What are the issues you are considering regarding your assessment of this client? Help me to understand the route you intend to take in your therapeutic work with her.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

APPENDIX B:

Demographic Questionnaire: Personal Data

Age_____

Gender_____

Theoretical Orientation:

_____

Current Educational Status:

_____1st Graduate Year

_____2nd Graduate Year

_____3rd Graduate Year

_____4th Graduate Year

_____Internship Year

Estimate the amount of total supervision you have received:

_____Years

or

_____Months

How much counseling/therapy experience do you have?

_____Years

or

_____Months

APPENDIX C:

Supervisee Needs Questionnaire

In terms of your own current needs/expectations for supervision, please answer (circle) the items below according to the following scale.

NEVER	1
RARELY	2
SOMETIMES	3
HALF THE TIME	4
OFTEN	5
MOST OF THE TIME	6
ALWAYS	7

<u>In supervision, I need/expect to:</u>

1. Have clear goals for my progress within supervision established by my supervisor.

   1 2 3 4 5 6 7

2. Receive as to how to write appropriate interview notes and case summaries.

   1 2 3 4 5 6 7

3. Have audio tapes of my therapy sessions listened to and critiqued on a regular basis.

   1 2 3 4 5 6 7

4. Receive written/verbal evaluations from my supervisor at both semi-annual and annual reviews.

   1 2 3 4 5 6 7

5. Receive positive feedback about what I am doing right, rather than receiving criticisms about what I am doing wrong.

1 2 3 4 5 6 7

6. Receive help in developing my self-confidence as a therapist.

1 2 3 4 5 6 7

7. Receive help from my supervisor for personal problems, which may be occurring at the time of supervision.

1 2 3 4 5 6 7

8. Have my supervisor provide me with alternative ways of conceptualizing my clients cases.

1 2 3 4 5 6 7

9. Have my supervisor available for emergency consultations.

1 2 3 4 5 6 7

10. Be allowed/encouraged to participate in co-therapy with my supervisor.

1 2 3 4 5 6 7

11. Have my supervisor provide me with alternative interview strategies.

1 2 3 4 5 6 7

12. Set my own goals/criteria for supervision.

1 2 3 4 5 6 7

13. Receive instruction as to the proper policies/procedures to be used in the supervision setting/agency.

1 2 3 4 5 6 7

14. Have relevant literature/references on specific treatment/assessment techniques made available to me.

1 2 3 4 5 6 7

15. Have my supervisor observe me (either live or videotaped) in actual therapy sessions.

1 2 3 4 5 6 7

16. Receive explicit feedback regarding specific behaviors and techniques while conducting

1 2 3 4 5 6 7

17. Be treated as an equal professional by my supervisor.

1 2 3 4 5 6 7

18. Have my supervisor role-play proper assessment/treatment techniques.

1 2 3 4 5 6 7

19. Have my supervisor model appropriate therapeutic task-oriented skills.

1 2 3 4 5 6 7

20. Receive extensive instructions on the proper use of assessment instruments.

1 2 3 4 5 6 7

21. Receive encouragement to experiment with new and different assessment and/or treatment approaches.

1 2 3 4 5 6 7

22. Have my supervisor provide the structure and direction for our supervision sessions.

1 2 3 4 5 6 7

23. Have someone I can rely on to "help out" when I am lost with a particular client.

1 2 3 4 5 6 7

24. Have most of my supervision session focused on overall professional development, going beyond client concerns.

1 2 3 4 5 6 7

25. Assess my own therapeutic strengths and weaknesses rather than relying on my supervisor.

1 2 3 4 5 6 7

26. Receive explicit feedback regarding my own needs/defenses which may be affecting my therapeutic performance.

1 2 3 4 5 6 7

27. Receive frequent emotional support and encouragement.

1 2 3 4 5 6 7

28. Work together with my supervisor in jointly forming conceptualizations of my clients' cases.

1 2 3 4 5 6 7

29. Have my supervisor available to me at times other than regularly scheduled meetings.

1 2 3 4 5 6 7

30. Be allowed/encouraged to observe my supervisor (live or taped) during an actual therapy session.

1 2 3 4 5 6 7

APPENDIX D:

SUPERVISEE LEVEL QUESTIONNAIRE - REVISED

In terms of your own current behavior, please answer the items below according to the following scale as explained previously.

NEVER	1
RARELY	2
SOMETIMES	3
HALF THE TIME	4
OFTEN	5
MOST OF THE TIME	6
ALWAYS	7

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

1 2 3 4 5 6 7

2. I am able to critique counseling tapes an gain insights with minimum help from my supervisor.

1 2 3 4 5 6 7

(I do not review tapes_____)

3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

1 2 3 4 5 6 7

4. I lack self confidence in establishing counseling relationships with diverse client types.

1 2 3 4 5 6 7

5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.

1 2 3 4 5 6 7

6. I tend to get confused when things don't go according to plan and lack confidence in my ability to handle the unexpected.

1 2 3 4 5 6 7

7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.

1 2 3 4 5 6 7

8. I depend upon my supervisor considerably in figuring out how to deal with my clients.

1 2 3 4 5 6 7

9. I feel comfortable in confronting my clients.

1 2 3 4 5 6 7

10. Much of the time in counseling/therapy, I fond myself thinking about my next response, instead of fitting my intervention to the overall picture.

1 2 3 4 5 6 7

11. My motivation fluctuates from day to day.

1 2 3 4 5 6 7

12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

1 2 3 4 5 6 7

13. During counseling/therapy sessions, I find it difficult to concentrate because of my concern with my own performance.

1 2 3 4 5 6 7

14. Although at times I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

1 2 3 4 5 6 7

15. Sometimes the client's situation seems so helpless, I just don't know what to do.

1 2 3 4 5 6 7

16. It is important that my supervisor allow me to make my own mistakes.

1 2 3 4 5 6 7

17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don't.

1 2 3 4 5 6 7

18. Sometimes I question how suited I am to be a counselor/therapist.

1 2 3 4 5 6 7

19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

1 2 3 4 5 6 7

20. Sometimes I feel that counseling/therapy is so complex, I will never be able to learn it at all.

1 2 3 4 5 6 7

21. I believe I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations.

1 2 3 4 5 6 7

22. Regarding counseling/therapy, I view my supervisor as a peer/colleague.

1 2 3 4 5 6 7

23. I think I know myself well and am able to integrate that into my therapeutic style.

1 2 3 4 5 6 7

24. I find I am able to understand my clients' view of the world, yet help them objectively evaluate alternatives.

1 2 3 4 5 6 7

25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day.

1 2 3 4 5 6 7

26. I find I am able to empathize with my clients' feeling states, but still help them focus on problem resolution.

1 2 3 4 5 6 7

27. I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.

1 2 3 4 5 6 7

28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically.

1 2 3 4 5 6 7

29. I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor without undue over-involvement with my clients.

1 2 3 4 5 6 7

30. I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor without excessive distance from my clients.

1 2 3 4 5 6 7