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Effects of the Supervisory Relationship on Counselors Development of Self-Efficacy

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by

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Dedication

This paper is dedicated to the two most important men in my life. To my grandfather, who instilled the love of life-long learning and encouraged me to pursue more out of life. He knew I could accomplish much more than I gave myself credit for. His legacy will be forever carried in my heart. And to my husband, who has always been my rock and continues to encourage, love, and support me and my dreams every day. I could not have found a better partner in life. Thank you for loving me and choosing this life together. This accomplishment would not be possible without you.

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Abstract

The growing need and use of mental health services illustrates how critical the development of competent counselors is to the nation's health. Level of counselor self-efficacy is suggested to strongly influence counselor development and competency in practice. Several supervisory factors have been identified in the literature as significantly influencing counselors' level of self-efficacy. However, the effect of the supervisory relationship and its impact on post-graduate counselor-in-training self-efficacy is unknown. The purpose of this phenomenological study was to explore the construct of counselor self-efficacy in relation to the supervisory relationship and the development of counseling skills in a post-graduate sample. Bandura's Social Cognitive Theory was the theoretical framework used for this study. Participants consisted of eight post-graduate master's degree level counselors' who graduated from CACREP accredited graduate programs. Semi-structured interviews were conducted virtually and face-to-face to answer research questions focused on participants perceptions of their current supervisory relationship and its perceived effectiveness in the development of self-efficacy and counseling skills. Interviews were digitally recorded, transcribed, and analyzed using NVivo 12 software. All participants reported feeling supported by their current clinical supervisor and all, but one participant perceived their supervisory relationship helped them build their self-efficacy. Six major themes were identified as factors that attributed to a supportive supervisory relationship with optimal clinical skill development. The six themes included building of counselor identity, constructive supervisory feedback, the perception of the supervisor as a secure base, the supervisors perceived breadth of knowledge, structure and boundaries in the supervisory relationship, and the supervisor's

availability/accessibility. Of these six themes, development of counselor identity, the supervisor as a secure base, and constructive supervisory feedback predominated over all interview questions suggesting that the perception of supervisor's vested interest in developing participants counselor identity while providing a secure base and constructive feedback are essential in developing counselor's self-efficacy and clinical skill sets. Potential implications of the research findings include increasing the clinical supervisory experience requirements, the implementation of a universally accepted and employed guideline on structured supervision to include a minimum level of accessibility and enforced weekly supervision hours, and implementation of instruction for supervisors regarding evidence-based practices about providing constructive feedback to counselors-in-training. Several recommendations for future studies and practice are also discussed.

Keywords: counselor self-efficacy, social learning theory, counselor in training, supervision, supervision relationship, counseling skills, counselor identity, constructive supervisory feedback.

Chapter 1: Introduction

Effects of the Supervisory Relationship on Counselors Development of Self-Efficacy

The prevalence of mental illness has resulted in the disability of a total of one-third of the world's population (Nguyen & Davis, 2017). Lake and Turner (2017) suggest that mental illness will be the pandemic of the 21st century as depression, bipolar disorder, suicide, and substance abuse continue to rise annually. Further, suicide is the leading preventable cause of death in adolescents and young adults in the United States (U.S.) (Lake & Turner, 2017). Although psychotropic medications in conjunction with talk therapy are a main staple for individuals suffering from severe mental illness (major depressive disorder, bipolar disorder), after decades of research and implementation of these drugs, the evidence of the effectiveness of psychotropic medications is not compelling (Fournier et al., 2010; Kelley, 2010). With the prevalence of mental illness on the rise and an increase in access of mental health services (Xiao et al., 2017) and utilization rates (DeBate, Gatto, & Rafal, 2018), the need for competent counselors is imperative.

Background of the Problem

Counselor self-efficacy (CSE) is the perception of competence to conduct counseling which includes the beliefs and attitudes held by counselors that influences their capacity for the effective delivery of counseling or psychotherapy services (Larson & Daniels, 1998). Self-efficacy plays a vital part in the understanding of how counselors-in-training (CIT) subjectively construct their counseling and training experiences and develop into competent counselors (Barnes, 2004). Therefore, counselor self-efficacy is generally accepted as being an integral predecessor to competent practice and should be a

significant focus of counselor education. According to Bandura (1986), people engage in activities in which they feel competent and effective. This leads to the assumption that self-efficacy is a strong predictor of counselor effectiveness and the continuation of building counseling skills and competency.

Theoretical Framework

As an integral part of any study, the theoretical framework provides a foundation from which theory-driven conceptualization can be applied to every aspect of the study design. Specifically, the theoretical framework is considered when selecting a topic of study, developing the research question and study design, and when conducting the literature review. Ultimately, the theoretical framework provides a foundation from which to conceptualize the research topic (Grant & Osanloo, 2014). The theoretical framework for this study is based on Bandura's Social Cognitive Theory (SCT). The SCT suggests that learning is affected by social contexts and is reciprocal with the environment (Bandura, 1986). As a result, this theory can be used to describe the individual development of counselor self-efficacy (CSE) (Lent, 2016). The proposed research study will use Bandura's four proposed postulates of self-efficacy development, *performance accomplishments, vicarious learning, verbal persuasion, and affective reaction and physiological state* as a lens through which to view the research findings (Bandura, 1986; Morrison & Lent, 2018).

Preliminary Review of the Literature

A preliminary review of the research literature suggests that the development of CSE is essential in the development of counselor skills and directly affects counselors' level of confidence in their ability to effectively treat clients (Mullen, Uwamahoro,

Blount, & Lambie, 2015). The development of self-efficacy is suggested to be linked to both individual (Ikonomopoulos, Vela, Smith, & Dell'Aquila, 2016) and supervisory factors (Bandura, 1986; Morrison & Lent, 2018).

Individual factors suggested to affect the development of CSE include duration of training (Ikonomopoulos et al., 2016), level of experience (Mesrie, Diener, & Clark, 2018), and anxiety (Goreczny, Hamilton, Lubinski, & Pasquinelli, 2015). The literature also revealed the importance of the supervisory relationship on the development of CSE (Crockett & Hays, 2015). Specific supervisory factors that affected CSE included the type of feedback given (Motley, Reese, & Campos, 2014) and the level of supervisory attachment (Mesrie et al., 2018). The preliminary literature review revealed the importance of the supervisory relationship in the development of CSE (Morrison & Lent, 2018). However, the national supervisory hourly requirements for licensure vary from state to state, thereby creating an inconsistency in the level of training and overall competence of newly graduated counselors (CACREP, 2019a; Nate & Haddock, 2014). Hence, a better understanding of the supervisory factors perceived to significantly affect the development of CSE is warranted. It is important to note that the initial literature review revealed a heavy concentration of quantitative studies conducted in academia with little to no research found on the supervisory experience of post-graduate CIT (Mesrie et al., 2018; Morrison & Lent, 2018; Suh et al., 2018). Therefore, the proposed research study aims to close the gap found in the literature by employing a qualitative methodology and exploring the perceived effects of the supervisory relationship on the development of CSE in a post-graduate population.

Problem Statement

The effect of the supervisory relationship and its impact on CIT self-efficacy is unknown. Current research suggests supervision strongly affects undergraduate and graduate students' self-efficacy by providing: models for practice, a secure base for exploration affording clinical growth (Bernard & Goodyear, 2014; Cashwell & Dooley, 2001), and a link between theory and practical application (Uellendahl & Tenenbaum, 2015). However, little to no research was found in examining the relationship between these two variables in a post-graduate population wherein supervision is required by the state to obtain licensure (CACREP, 2019b). Further, state supervision requirements for licensure across the U.S. are inconsistent, thereby suggesting an inherent variation in post-graduate reported self-efficacy. Finally, there are several counseling disciplines with varying state requirements for licensure (ACA, 2019). None of the research studies found in the literature review examined levels of self-efficacy and supervisory relationships across multiple counseling disciplines.

Purpose of the Study

The purpose of this qualitative phenomenological study is to explore the construct of CSE in relation to the supervisory relationship and the development of counseling skills in a post-graduate sample. The construct of self-efficacy has been mainstreamed into counseling research over the years (Lent, Lopez, Brown, & Gore, 1996; Lockwood, Mcclure, Sealander, & Baker, 2017; Mesrie, Diener, & Clark, 2018; Morrison & Lent, 2018; Mullen, Uwamahoro, Blount, & Lambie, 2015). The need for counselors to feel confident in their ability to effectively help clients is crucial to the counseling experience and therapeutic alliance (Mesrie et al., 2018; Morrison & Lent, 2018). Many clinicians

graduating from a Master's-level program feel confident in their ability to work effectively with clients. However, the training is not complete. Graduates must still receive supervision to strengthen their skills and meet requirements for full state licensing. Substantial client contact and supervision are still required for licensing in all states. Therefore, many skills are still able to be refined and self-efficacy continues to play a significant role in counselor development.

Research Questions

1. What are post-graduate master's level counselors' perceptions of their current supervisory relationship?

2. What are master's level counselors' perceptions of their post-graduate supervisory relationship's effect on the development of their self-efficacy and counseling skills?

Significance of the Study

The proposed research findings will contribute to the current body of literature concerning the effect of supervision on the development of CSE. Further, these findings will add to the literature by examining an under studied population of post-graduate CIT from various counseling professions. These research findings will be pertinent to various stakeholders within the field. Specifically, findings can inform administrative and policy changes that focus on practices that increase CSE resulting in improved counselor development. Moreover, the study findings could inform the supervisory requirements/policies for both internship requirements in academia and state requirements for licensing. Finally, current supervisors within the field could also benefit

from the research findings as a result of the identification of variables within the

supervisor-supervisee relationship that could significantly contribute to CIT self-efficacy.

Organization of the Remainder of the Paper

Subsequent chapters include a comprehensive review of pertinent literature

relating to the research question in chapter two. Relevant literature chosen for the review

will be discussed and primarily include studies conducted since 2015 to present and will

be selected from peer-reviewed journals. Seminal works/literature are also included to

establish the foundation from which future studies were derived. However, the purpose of

concentrating the literature review on studies conducted within the last five years is to

ensure the premise for this research study are grounded upon current research knowledge

on the topic. Chapter three describes the qualitative methodology and design selected for

the proposed research study. Further, this section will discuss the research question and

purpose, selection of the sample, data collection procedures, data analysis, validity and

reliability measures, and ethical considerations. Chapter four presents the analysis of the

results, while chapter five will provide a discussion of the research findings, limitations,

and suggest future study direction.

Chapter 2: Literature Review

Introduction

CIT self-efficacy is an integral component of a counselor's development. The level of CSE determines their belief in whether they can effectively treat a client (Mullen et al., 2015). The literature review revealed several important factors that affect the development of CSE which include duration and level of training and experience (Goreczny, Hamilton, Lubinski, & Pasquinelli, 2015; Mesrie, Diener, & Clark, 2018; Mullen et al., 2015), type of feedback from supervisors and colleagues (Lamprecht & Sneha, 2018), dispositional mindfulness (Butts & Gutierrez, 2018), level of attachment to the supervisor (Mesrie et al., 2018) and working alliance (Morrison & Lent, 2018) to name a few.

The current chapter will provide a literature review of factors that affect CIT self-efficacy. Specifically, the aim of the current study is primarily concentrated in exploring the supervisory relationship and its effect on CIT development of self-efficacy. However, the chapter will begin with several key definitions and theories. First, an overview of the Social Learning Theory (SLT), and the Social Cognitive Theory (SCT) wherein Bandura's four postulates will be discussed, and then the Rational Efficacy Model will be described (Bandura, 1986; Morrison & Lent, 2018). The review will then discuss individual and supervisory factors that affect CIT development of self-efficacy (Cashwell & Dooley, 2001; Ikonomopoulos, Vela, Smith, & Dell'Aquila, 2016; Lent, 2016; Mesrie et al., 2018; Suh et al., 2018) and conclude with a discussion of the current standards and requirements associated with becoming a competent counselor supervisor and a brief overview of supervision models (APA, 2014; Leddick, 1994; Wiley, 2014). It is

important to note that the research literature used the terms patient and client

interchangeable. For the purposes of this study, the term client will be used throughout.

The term client refers to any individual in treatment or care of a mental health counselor

(Joseph, 2013).

Theories of Self-Efficacy

Social Cognitive Theory

      SCT was coined in the late 1980's by Bandura (1986) and is an extension of his

1960's theory on Social Learning called the Social Learning Theory (SLT) (Bandura,

Ross, & Ross, 1961). The SLT purported that the process of learning is cognitive but

occurs in a social context which exerts external forces upon it. Learning occurs through

direct experience or observation, imitation, and modeling and is influenced by

motivation, attention, and memory. The theory is purported to be a bridge between

cognitive and social learning theories because it encompasses motivation, attention, and

memory. Learning is further modulated by the observed rewards and consequences which

reinforces the desired behaviors the learner will acquire (Bandura, 1971). Since SLT's

inception, Albert Bandura has contributed significantly to the development of the SCT

and the theory of self-efficacy. The SCTs premise is that learning occurs in a social

context and is reciprocal with the environment (Bandura, 1986). As a result, the SCT

describes the way in which counselor self-efficacy develops on an individual level (Lent,

2016). Self-efficacy is an individual's belief about their own competencies and abilities

to perform a task (Bandura, 1994). Proposed by Albert Bandura in 1997, the theory of

self-efficacy can be used as a lens to examine an individual's beliefs about their own

capabilities and has a significant effect on an individual's level of confidence and

motivation (Mullen et al., 2015). Bandura postulated that self-efficacy is built from four

possible sources within a performance domain (Bandura, 1986; Morrison & Lent, 2018).

Self-efficacy is built from *performance accomplishments* experienced through the

mastery or failure of prior attempts at a task, *vicarious learning* or by watching or

listening to how others perform a task from which to model, through social or *verbal*

persuasion, that is experienced through communication from others on performance

capabilities, and *affective reaction and physiological state* experienced interpersonally

and through social cues on whether the individual exhibits task anxiety or is poised

(Bandura, 1986; Lent, 2016; Morrison & Lent, 2018).

CSE includes the counselors' individual beliefs about their own competency to

perform counseling related skills. As a result, self-efficacy is an essential component of a

CITs development because it plays a vital role in influencing their capacity to deliver

effective therapy (Larson & Daniels, 1998). Based on Bandura's four postulates, a CITs

self-efficacy is bolstered when individuals are successful on task performance, have

competent mentors to model, receive positive feedback regarding their performance, as

well as feel and show confidence during task execution (Bandura, 1986; Butts &

Gutierrez, 2018; Lent, 2016; Morrison & Lent, 2018). Bandura's (1986) four postulates

are empirically supported both directly and indirectly within the research literature

(Daniels & Larson, 2001; Fernando, 2013; Kozina, Grabovari, Stefano, & Drapeau, 2010;

Lent, Lopez, Brown, & Gore, 1996; Mullen et al., 2015).

Performance Accomplishment. A quantitative longitudinal study conducted by

Mullen and colleagues (2015) examined the development of CITs self-efficacy over the

duration of their preparation program. Research findings suggested an increase in entry-

level CITs self-efficacy over the course of their preparatory program offering support to Bandura's performance accomplishments postulate (Mesrie et al., 2018; Mullen et al., 2015). Contrary to prior research findings, Mullen and colleagues (2015) concluded that completion of pre-requisite course work had a larger impact on CITs development of self-efficacy as opposed to their time spent in a clinical experience (Goreczny et al., 2015; Kozina et al., 2010; Mullen et al., 2015). It is important to note that Mullen and colleagues (2015) research offers support to models of supervision and education that use the social cognitive framework.

The study consisted of entry-level master's students ($n = 179$) and was conducted from 2008 through 2013. Researchers used the Counseling Self-Efficacy Scale (CSES) to measure CITs self-efficacy at three separate times over the course of their preparatory program. The study's strengths included its longitudinal design, sampling of participants within their preparatory courses through their clinical experience, and use of the CSES as a previously validated research instrument. Weaknesses included the study's sample size and selection of participants from a single university within an entry-level counselor education program, resulting in a lack of generalizability, the use of a single survey (CSES) as opposed to multiple, practice effects and testing threats as a result of participants taking the same survey three times thereby threatening internal validity, and a high survey participant attrition rate (79.91%) (Mullen et al., 2015).

Vicarious Learning and Verbal Persuasion. Regarding Bandura's postulate of vicarious learning, indirect support could be offered by the relationship between supervisor-supervisee work alliance and level of self-efficacy (Morrison & Lent, 2018). A quasi-experimental study conducted by Daniels and Larson (2001) suggested a direct

relationship between CIT ($n = 45$) self-efficacy and performance feedback. In Daniels and Larson's 2001 study, graduate level students were given either positive or negative feedback on their performance in a mock session with a fictitious client. Researchers found that CIT given positive feedback in the form of a high rating out of 100 reported higher levels of self-efficacy as opposed to those that received low numbers. This study also supported Bandura's verbal persuasion postulate in that the negative or positive feedback was exaggerated. Participants were told how they compared to their colleagues (scored higher or lower) and the researcher giving the feedback would note how the participant was deficient. CIT that received low scores also reported higher levels of anxiety suggesting a possible link between performance scores and level of anxiety (Daniels & Larson, 2001).

Strengths of the research study included the variety of graduate programs represented in the sample. Participants consisted of graduate students ($n = 45$) from four separate programs: counseling psychology, school/education counseling, clinical psychology, and marriage and family therapy graduate programs. Many of the students that participated in the study were seeking degrees in counseling psychology or school/education counseling ($n = 32$ or 71%). Instruments used for data collection consisted of surveys with high internal validity and reliability measures and consisted of the Counseling Self-Efficacy Estimate Inventory (COSE) and State Anxiety Inventory (STAI-T). A pre- and post-test feedback manipulation check was also administered wherein participants were asked to rate their own performance on the mock counseling session using a Likert-scale of 1 (I really blew it) to 9 (I did great) to increase the likelihood that researchers were measuring the effects of the feedback given. Sampling

size and demographics of the participants consisted of 45 primarily White (83%) females

(87%) from midwestern universities, thereby increasing this study's external validity and

generalizability because it is representative of the current counselor demographics within

the United States (Drew, Hardman, & Hosp, 2014; Lin, Stamm, & Christidis, 2018).

Weaknesses of the study included possible testing fatigue (total survey questions = 57),

extreme or overly exaggerated negative and positive feedback, controlled or laboratory

like setting, and the fact that the study only measured the immediate effect of feedback as

opposed to the effects over time (Daniels & Larson, 2001).

Affective State Reaction and Physical State. The current research literature also

supported Bandura's affective state reaction and physical state as demonstrated in

research findings suggesting an association between emotional state and level of self-

efficacy. As previously mentioned in Daniels and Larson's (2001) study, CIT that

received lower scores in their mock interviews also reported higher levels of anxiety

suggesting a link could exist between the two. CIT with high levels of anxiety

concurrently reported low self-efficacy scores thereby providing evidence for Bandura's

emotional state effects on self-efficacy (affective state reaction and physical state)

(Daniels & Larson, 2001).

Relational Efficacy Model

Lent (2016) developed a theory of efficacy that complemented Bandura's

postulates but moved into the interpersonal domain. Lent (2016) created the tripartite

model that focuses on the transmission of efficacy through interpersonal relationships.

The model contains three forms of efficacy: self-efficacy, other-efficacy, and relation-

inferred self-efficacy (RISE). The theory proposes that self-efficacy is derived from

beliefs about how others view one's own efficacy and how one views the efficacy of relationship partners. If an individual believes that a relationship partner thinks they are efficacious, then that individual will develop greater self-efficacy (Lent, 2016).

Morrison and Lent (2018) used the model proposed by Lent (2016) to examine the implication of counselor's self-efficacy as it related to the tripartite model of relational efficacy. Bandura's four postulates on the source of self-efficacy laid the foundation for the tripartite model of relational efficacy to explain the close interpersonal relationship between how CIT self-efficacy beliefs were molded by the close relationships formed between supervisor-supervisee and counselor-client (Lent, 2016). In the 2018 study, researchers examined the relationship between a counselor's self-efficacy and what the counselor believed their supervisor's perception of their own efficacy referred to by the researchers as relation inferred self-efficacy (RISE) (Morrison & Lent, 2018). Participants consisted of master's and doctoral level CIT ($n = 240$) in their practicum experience. Several surveys were administered to measure CSE, working alliance, relation-inferred self-efficacy (RISE), other-self-efficacy, and client distress. Research findings suggested a significant correlation between CIT self-efficacy and RISE beliefs. When CIT believed that their supervisors were confident in their abilities to effectively treat clients, they did. Researchers also concluded that an association existed between RISE beliefs and other efficacy as it related to CITs perception of the working alliance. CIT had a more favorable view of their supervisor when the supervisor showed competence in treating CITs most difficult clients. This demonstration of an effective model facilitated CITs desire to facilitate a stronger working alliance with their supervisor. As previously found in other studies, CITs self-efficacy levels were positively

associated with RISE beliefs and clinical experience. As a result of this research study, the relational efficacy model was a viable framework for exploring CITs self-efficacy as it relates to their relationship with both supervisors and clients (Morrison & Lent, 2018).

Factors That Impact CIT Self-Efficacy

There are several variables that affect CIT self-efficacy to include both individual and supervisory factors. Individual factors such as duration of training and level of experience (Ikonomopoulos et al., 2016; Mesrie et al., 2018; Suh et al., 2018), dispositional mindfulness and personal distress (Butts & Gutierrez, 2018), and anxiety affect a CITs level of self-efficacy (Haley, Romero Marin, & Gelgand, 2015; Horsburgh & Ippolito, 2018; Lent, Hill, & Hoffman, 2003; Mehr, Ladany, & Caskie, 2015; Morrison & Lent, 2018).

Factors that relate to the supervisor-supervisee dyad also play a significant role in a CITs level of self-efficacy. Factors such as type of feedback given by counselor supervisors versus non-counselor supervisors (Cinotti & Springer, 2016; Daniels & Larson, 2001; Lamprecht & Sneha, 2018; Swank & McCarthy, 2015), level of supervisor attachment (Mesrie et al., 2018), supervisors multicultural competence (Crockett & Hays, 2015; Soheilian & Inman, 2015), and working relationships/alliances (Mehr et al., 2015; Morrison & Lent, 2018), make a significant contribution to CITs level of self-efficacy. All can be classified into one of Bandura's original four postulated sources of self-efficacy (Lent, 2016). It is important to note that research has shown that supervision and supervisory relationships are some of the most important variables in predicting CITs self-efficacy (Cashwell & Dooley, 2001; Crockett & Hays, 2015; Daniels & Larson,

2001; Gibson, Grey, & Hastings, 2009; Kozina et al., 2010; Lent, 2016; Mehr et al., 2015; Mesrie et al., 2018; Morrison & Lent, 2018).

Individual Factors

Duration of Training and Level of Experience. Mullen and colleagues (2015) longitudinal research study on the development of self-efficacy in entry-level graduate students over the duration of their program suggested that self-efficacy increased over time as experience, confidence, and perceived mastery of the subject increased. A cross-cultural comparative study conducted in both the U.S. and Korea aimed to explore cultural differences in self-esteem (collective and individual) and self-efficacy levels among graduate students (Suh et al., 2018). Researchers were interested in a cross-cultural comparison of levels of self-esteem and self-efficacy to inform the curriculum of counseling programs. Research findings suggested a positive correlation between CIT self-efficacy in the United States and duration and level of experience as it relates to activities such as handling difficult counseling situations, the counseling process, and conducting helping skills (counselor activity self-efficacy). The study also suggested that hours of supervision were also positively correlated with U.S. CIT level of self-efficacy. CIT self-efficacy and self-esteem were different between graduate students of the two countries. Age was associated with an increase in both collective and individual self-esteem and CSE, implying that a general overall increase in self-esteem as a result of aging bolsters self-efficacy (Suh et al., 2018).

The research study consisted of master's (57%) and doctoral (43%) level students ($n = 323$) both from a university located in the southern region of the U.S., and a university in Seoul, Korea. In addition to a demographics survey, researchers used three

scales to collect their data: the Rosenberg Self-Esteem Scale (RSES) (U.S./Korean

Cronbach's alphas (αs) = 0.88/0.77), the Collective Self-Esteem Scale (CSES)

(U.S./Korean αs = 0.80/0.84), and the Counselor Activity Self-Efficacy Scale (CASES)

(U.S./Korean αs = 0.97/0.95). A Multiple Analysis of Co-Variance (MANCOVA) was

used to compare participants' responses on the three scales (Suh et. al., 2018).

The selection of a quantitative research design was utilized to answer the research

question. The scales used to measure self-esteem and self-efficacy were previously

validated providing strength to the research findings. Quantitative research is grounded in

the premise that the variable being measured can be observed and quantified numerically

(Creswell & Creswell, 2018; Mertler, 2016). This research method usually requires a

large sample size as compared to qualitative studies and is used to test numerical

information by finding correlations among sample attributes so that the results can be

applied to the general public. Hence, quantitative research methods are best used to

answer quantifiable questions such as exploring the levels of self-efficacy over time in a

population (Creswell & Creswell, 2018). A quantitative research design is predetermined

and structured with the goal of controlling, confirming, and testing hypothesis design

characteristics (Creswell & Creswell, 2018; Mertler, 2016). Data is collected by an

external research instrument such as a survey. Weaknesses and limitations of the study

included that the surveys were self-reported creating the opportunity for response bias,

the various academic levels sampled varied (both master's and doctoral students), which

could have created too wide of a variance in experience level thereby affecting research

findings, translation of the English scales could have altered the operational definition of

the constructs for the Korean graduate students thereby eliciting erroneous responses, and

variations within the curriculum at the graduate level between the two universities could propose to be a confounding variable that significantly affected participants levels of self-esteem and self-efficacy (Suh et al., 2018).

These research findings suggested the importance of individual factors such as ethnicity/race and self-esteem in the development and maintenance of self-efficacy in CIT. These findings could inform both counselor education programs and supervisory strategies in the development of CIT. Counselor education programs should incorporate curriculum and learning opportunities that bolster self-esteem and increase the number of supervision hours required of CIT to increase levels of self-efficacy (Suh et al., 2018).

A research study aimed at examining the relationship between CIT self-efficacy and a practicum experience that included direct counseling services, group, and triadic supervision suggested that a significant correlation exists between the two. CIT reported weekly scores on their self-efficacy. The effectiveness of the practicum experience in increasing levels of CIT self-efficacy ranged from moderate (Percentage Exceeding the Median (PEM) = 0.77) to very effective (PEM = 1.00) over the duration of the program (Ikonomopoulos et al., 2016).

A single-case research design (SCRD) was used and a total of 11 participants within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) -accredited graduate program located in the southwest of the Unites States was used. All participants of the program identified as Mexican American and in their first year of practicum experience. The study was conducted over the course of 14 weeks (Lawson, Hein, & Getz, 2009). Researchers used the CASES (Counselor Activity Self-Efficacy Scale) (αs = 0.96-0.97) survey to measure students' self-efficacy levels

(Ikonomopoulos et al., 2016). The researchers followed the Lawson, Hein, and Gertz (2009) triadic supervision model and conducted wellness checks during this time (Ikonomopoulos et al., 2016; Lawson et al., 2009). CIT conducted 40 hours of direct client contact hours, 25 hours of group supervision, and 12 hours of triadic supervision. Researchers collected a baseline of the CASES surveys over the first three weeks of the study resulting in a total of three sets of baseline surveys and ten sets during the treatment phase of the study (Ikonomopoulos et al., 2016).

Based on the research studies aim to explore the association between levels of self-efficacy as it related to their supervisory experience during practicum, a quantitative research design was appropriate because these variables are historically established in the research as quantifiable, and the CASES survey is a validated data collection tool for measuring self-efficacy. Possible weaknesses of the study included low ethnic diversity within the sample (100% Mexican American) thereby hindering the research findings applicability to the general public or case samples of graduate level counseling students in other universities. The responses were based on participants self-reports thereby increasing the chances of response bias. Further, the weekly testing requirements could have resulted in testing fatigue (survey fatigue) thereby possibly biasing the findings (Ikonomopoulos et al., 2016).

These research findings suggested that not only does the duration of time spent in practicum influence CIT self-efficacy, but the type of practicum experience offered does too. This research study provided insights for counselor education programs, administrators, supervisors, and key stakeholders in this field as it pertains to implementing measures/policies aimed at bolstering CIT self-efficacy through curriculum

and supervisory strategies/policy. This study also offered evidence of the effectiveness of using the triadic supervision model within the practicum experience (Ikonomopoulos et al., 2016).

In conclusion, the current research literature suggested that the duration of training and level of experience CIT acquired directly affects their reported level of self-efficacy. These findings also implied that individual factors such as ethnicity/race, age, self-esteem, and level of confidence played a significant role in the development and maintenance of self-efficacy as well as the type of practicum program experienced. Research findings also provided evidence for increasing the number of supervision hours required for CIT and supported the use of triadic supervision models. Counselor education programs should incorporate curriculum and learning opportunities that attempt to bolster self-esteem and confidence while incorporating evidence-based strategies within the curriculum and supervision models aimed at increasing CIT level of self-efficacy (Ikonomopoulos et al., 2016; Suh et al., 2018).

Dispositional Mindfulness and Personal Distress. A research study conducted by Butts and Gutierrez (2018) suggested that personal distress is often overlooked in the research literature when considering counselor development. Prior research studies often focused on empathy as a primary factor as opposed to distress. Butts and Gutierrez's (2018) research suggested that internal disposition, as it relates to dispositional mindfulness and personal distress, could significantly impact a CITs development of self-efficacy thereby hindering counselor development (Butts & Gutierrez, 2018).

Participants consisted of master's level students ($n = 162$) enrolled in a CACREP-accredited counseling program. Participants completed a demographics survey, the IRI (α

= 0.77) which measured the global concept of empathy, the Counseling Self-Estimate Inventory (COSE) which was composed of five subscales (micro-skills, process, difficult client behaviors, cultural competence, and awareness of values) and a subscale of the COSE measuring personal distress ($\alpha = 0.93$) either online using the Qualtrics platform or in-person with paper and pencil (Butts & Gutierrez, 2018). Participants consisted of primarily White (75.3%) females (86.4%) (Butts & Gutierrez, 2018). Researcher analysis consisted of a hierarchical multiple regression and an ANOVA (Butts & Gutierrez, 2018).

Strengths of the research study included its choice of research instruments. The COSE and IRI surveys are well established research tools and have historically reported high levels of internal validity as exhibited by Cronbach's alpha measures, 0.93 and 0.77, respectively. Although researchers attempted to broaden the sampling population to include four regions of the United States (western, midwestern, northeast, and southern regions), most of the respondents reported their place of residence was from the southern region (86.4%). This fact in addition to the sample size ($n = 162$) diminished this study's generalizability to other regions of the United States. Other weaknesses of the study included purposive sampling, self-reported data, and a cross-sectional design thereby negating any conclusions of causality (Butts & Gutierrez, 2018).

The research findings suggested that a statistically significant relationship existed between dispositional mindfulness and personal distress independent of empathy. Dispositional mindfulness was found to have a positive correlation with reported levels of self-efficacy, while a negative association was found between personal distress and CIT self-efficacy. These findings suggested that novice psychotherapist and CIT experiencing high levels of personal distress may find it more difficult to engage clients effectively as

a result of low self-efficacy and the inability to moderate personal distress. The importance of supervisory roles is therefore further supported by these research findings as it pertains to assisting CIT development of life-long adaptive skills in moderating personal distress associated with client treatment and personal issues. Supervisors need to be aware of signs of distress in CIT and of the need to bolster dispositional mindfulness as a way to combat distress and low-self efficacy (Butts & Gutierrez, 2018).

Anxiety. A cross-sectional study exploring personal disposition was conducted in 2015 and examined the relationship between undergraduates and master's level CIT self-efficacy and personal feelings of happiness, self-esteem, life satisfaction, and level of anxiety at different levels of training. Undergraduate students reported higher levels of self-efficacy as compared to entry-level graduate students in the counseling psychology program and advanced-level graduate students reported the highest levels of self-efficacy of the three groups sampled. Research findings suggested a significant correlation between level of self-efficacy and several of the subgroups of the CASES survey. CIT levels of anxiety were also statistically significantly associated with global anxiety questions about working with clients and participant's perceptions of their ability to do so. The correlation of global anxiety questions with all CASES subscales and COSE total showed a statistically significant negative correlation with self-reported self-efficacy (Goreczny et al., 2015).

The cross-sectional quantitative study consisted of a total of 97 participants composed of both undergraduate ($n = 21$) and graduate ($n = 76$) level students. Undergraduate students were enrolled in an Abnormal Behaviors course and graduate level participants were enrolled in a master's level graduate program in counseling

psychology. Participants were categorized into one of four groups which consisted of undergraduate students ($n = 21$) in an Abnormal Behaviors course, and graduate students in either their first semester of the program ($n = 31$), in an initial field placement experience ($n = 16$), or in a final field placement experience ($n = 29$). Participants were asked to complete a total of six questionnaires including an experience questionnaire (anxiety scale), the CASES survey ($\alpha = 0.97$), the COSE survey ($\alpha = 0.93$), the Subject Happiness Scale (SHS) ($\alpha = 0.86$), the Satisfaction with Life Scale ($\alpha = 0.82$), and Rosenberg Self-Estimate Scale (RSES) ($\alpha s = 0.77$-0.88). Researchers conducted correlational analysis which revealed a curvilinear relationship in levels of self-efficacy and anxiety regarding seeing clients (Goreczny et al., 2015).

Aside from the experience questionnaire (anxiety scale) created specifically for this study, the research study's strengths included the use of historically reliable survey scales with strong Cronbach's alpha measures. The quantitative research design was appropriate in answering the research question because the variables under study were quantifiable. However, a longitudinal study would have augmented any possible cohort effects. As a cross-sectional design, the research findings cannot be assumed to prove causality. The small predominantly White female (nearly 100%) sample selected from one region of the U.S. threatened the study's generalizability. The number of surveys used resulted in a total of 100 questions which could have resulted in testing fatigue challenging the validity of the research findings (Goreczny et al., 2015).

These research findings suggested that undergraduate students experience an inflated sense of confidence in the beginning of their counselor education program which was then significantly reduced by the first year of graduate school. As with prior research

findings, graduate students in their last year of education reported the highest levels of self-efficacy which suggested that duration in the program and higher levels of experience enabled CIT to develop higher levels of self-efficacy as opposed to their counterparts. The negative association between CIT anxiety levels and self-efficacy as it pertains to treating future clients suggested that CIT anxiety can be situationally induced. These findings could inform counselor education programs and supervisors to focus on providing additional support and training during these anxiety inducing times within the training program (Goreczny et al., 2015).

Supervisory Factors

Clinical supervision is another important factor that has a significant impact on counselor development. Research has suggested that clinical supervision supported the professional growth and development of a CIT (Cashwell & Dooley, 2001; Lent, 2016; Morrison & Lent, 2018). Notwithstanding, many counselors do not receive adequate supervision (Cashwell & Dooley, 2001). Research findings suggested that the supervisor-supervisee relationship facilitates a mentorship and model from which CIT can learn. Supervisors also assisted CIT in integrating skills and implementing theories or strategies into practice (Cashwell & Dooley, 2001). Clinical supervision ultimately provided the feedback and support necessary to assist counselors in developing the professional skills necessary to succeed (Morrison & Lent, 2018). The research findings suggested that supervision plays a critical role in the development of CSE in a multitude of ways (Gibson et al., 2009; Morrison & Lent, 2018).

Since the supervisor could be an important component to the development of good counseling skills, it could have an impact on self-efficacy (Cashwell & Dooley,

2001). The development and practice of good counseling skills could build personal confidence, and an increase in the perceived confidence of one's abilities could translate into higher levels of self-efficacy. The level of a counselor's self-efficacy could determine the level of effort that the counselor applied when performing a task, which tasks the counselor would attempt, and the length of time the counselor would spend on a problem or task. A study conducted by Cashwell and Dooley (2001) used the COSE inventory to measure the self-efficacy of professional counselors and doctoral students. The results indicated that the counselors who received regular clinical supervision scored higher on the COSE inventory for self-efficacy as opposed to those that did not (Cashwell & Dooley, 2001). Factors such as the type of feedback given by counselor supervisors versus non-counselor supervisors (Cinotti & Springer, 2016; Daniels & Larson, 2001; Lamprecht & Sneha, 2018; Swank & McCarthy, 2015), level of supervisor attachment (Mesrie et al., 2018), supervisors multicultural competence (Crockett & Hays, 2015), and working relationships/alliances, played a significant role in CITs level of self-efficacy (Mehr et al., 2015; Morrison & Lent, 2018).

Type of Feedback and by Whom. Daniels and Larson's (2001) supervisory feedback research study is a primary example of the significance of the supervisory role on the development of CIT self-efficacy as it relates to feedback (Bernard & Goodyear, 2014; Cashwell & Dooley, 2001; Daniels & Larson, 2001; Lamprecht & Sneha, 2018). Their research study suggested a direct association between CIT self-efficacy and the type of performance feedback given (Daniels & Larson, 2001). CIT that received positive feedback reported higher levels of self-efficacy as opposed to their counterparts who received negative feedback (Daniels & Larson, 2001). Providing feedback to novice

psychotherapists and CIT is suggested to be an integral part of the supervisory role and has a significant impact on the development of CIT self-efficacy (Bernard & Goodyear, 2014; Borders et al., 2014; Cashwell & Dooley, 2001; Daniels & Larson, 2001). Equally as important as the type of feedback given, who is giving the feedback appears to have a differential effect on CIT reported self-efficacy levels (Cinotti & Springer, 2016).

A research study conducted on school counselors explored their levels of self-efficacy in relation to the supervisor's background as either a counseling or non-counseling supervisor (Cinotti & Springer, 2016). School counselors are purported to receive very little or inadequately trained supervision in their newfound roles (Brown, Olivárez, & DeKruyf, 2017). The research study reported a statistically significant ($p = 0.03$) variation between school counselors self-efficacy levels between the two groups. These findings suggested the importance of supervisors training and background in relation to counselor's development of self-efficacy (Cinotti & Springer, 2016).

Participants were selected from the School Counselor Association website for their state and ($n = 210$) were contacted via e-mail to complete an online survey. All respondents came from the northeast region of the U.S. (Cinotti & Springer, 2016). Researchers used the School Counselor Self-Efficacy (SCSE) scale with a reported Cronbach's alpha of 0.96 (Bodenhorn & Skaggs, 2005; Mullen et al., 2015) as well as a demographics survey asking respondents to list the job title of their direct supervisor (Cinotti & Springer, 2016). Supervisory titles were broken down into counseling supervisors (Director of School Counseling Services or Director of Guidance) or non-counseling supervisors (Teacher, Principal, Vice Principal or "other"). A total of 50.5% of school counselors were supervised by non-counseling supervisors. Score possibilities

on the survey ranged from 43-215 with higher numbers correlating with higher levels of self-efficacy. The mean and standard deviations were calculated along with independent sample t-tests. The mean score for all groups was 180.46 with a standard deviation of 20.25 (Cinotti & Springer, 2016).

Strengths of the research study included the use of the SCSE scale (Bodenhorn & Skaggs, 2005; Cinotti & Springer, 2016). This research tool is heavily vetted within the research literature and historically reported a high internal validity ($\alpha = 0.96$). The study could have been further strengthened by the use of more than one validated survey. Other weaknesses of the study included self-reporting which could result in response bias, a small and confined (northeast region of the U.S.) sample population, and the use of simple statistical analysis (Cinotti & Springer, 2016).

The overall implications of the study suggested that supervisor training and background could significantly impact the development of CSE. Non-counseling supervision of school counselors was purposed to focus the counselor on administrative work and academic advising as opposed to clinical skill development. Non-counseling supervisors may not fully understand a school counselors' roles thereby hindering their ability to provide the appropriate supervision necessary for counselor development. These implications could be extrapolated and applied to all fields wherein mental health counselors provide services (Cinotti & Springer, 2016).

Level of Supervisory Attachment. A quantitative research study conducted in 2018 explored the association between CITs self-efficacy and supervisor attachment. There was a total of three research findings, each of which is suggested to have important implications for supervisory guidelines and counselor education programs. The first

research finding was that CIT with higher levels of experience reported higher levels of

CSE. CIT that exhibited greater avoidance supervisory attachment reported low levels of

CSE and level of experience did not moderate this effect. Contrary to prior research

findings, CIT level of self-efficacy was not significantly associated with levels of anxiety

(Mesrie et al., 2018). Namely, high levels of self-efficacy were not associated with lower

levels of anxiety and vice versa.

      The quantitative research study consisted of 120 (80% female) graduate students

currently providing psychotherapy within their program and under supervision. One

hundred and fifty universities were contacted to participate within the study. Participants

were asked to complete three surveys to include a demographic, a level of experience (α

$= 0.87$), and the Experience in Close Relationships-Relationship Structure (ECR-RS)

surveys (αs $= 0.86$-0.91). The demographics questionnaire included basic demographic

questions as well as a variety of questions about the participants' level of experience and

current clinical setting (Mesrie et al., 2018).

      Strengths of the study included the use of a previously validated research survey

(ECR-RS) and the standardized approach used to ensure replicability in future studies

(Mesrie et al., 2018). Further, the study had a good sample size ($n = 120$). Weaknesses

included the sample population consisting of primarily females (80%) which was not

representative of the sample population at the time of the study (APA, 2010; Mesrie et

al., 2018). Survey information was self-reported resulting in the possibility of response

bias and the instrument measured several constructs which could result in common

method bias which could artificially inflate research findings. Other weaknesses of the

study included the cross-sectional design thereby negating causality and the use of one non-validated survey created specifically for the research study (Mesrie et al., 2018).

These research findings suggested that the supervisory relationship is crucial in the development of CIT self-efficacy in several ways but primarily as a secure base for novice psychotherapists or CIT. These findings indicated that the supervisory relationship acts as a secure base wherein the CIT could explore and grow clinically while developing their professional identity. This study suggested that the supervisor-supervisee relationship was so important that levels of experience do not moderate the negative effects associated with high levels of avoidance supervisory attachment and low CIT self-efficacy (Mesrie et al., 2018).

Supervisory Multicultural Competence. A study conducted by Crockett and Hays (2015) examined the effect of multicultural competence on the supervisory working alliance, CSE, and supervisee satisfaction. Prior research studies suggested that CIT development of self-efficacy is directly affected by their supervisor's multicultural competence and modulated by supervisee satisfaction with the supervisor (Constantine, 2001; Crockett & Hays, 2015; Ladany, Brittan-Powell, & Pannu, 1997). Based on prior research findings, this research study created a Mediation Model wherein researchers suggested a direct relationship between supervisors' multicultural competence and development of supervisee self-efficacy and satisfaction with the supervisor (Crockett & Hays, 2015; Kissil, Davey, & Davey, 2013). The model further predicted a mediated relationship between supervisor multicultural competence and supervisee self-efficacy and satisfaction through the supervisory working alliance (Crockett & Hays, 2015; Kissil et al., 2013). The three major findings of this research study included partial support for

the Mediation Model, supervisees' perceptions of their supervisors' multicultural competence directly affected the strength of the working alliance formed which indirectly affected the level of satisfaction and development of self-efficacy as a result, and a moderate link was found between perceived supervisors multicultural competence and supervisees level of self-efficacy (Crockett & Hays, 2015).

The sample selection began with a list of 2,000 randomly generated American Counseling Association (ACA) graduate student members. Participants that met the inclusion criteria (currently in counseling practicum or internship, one hour per week of supervision, minimum of 10 hours of direct client contact hours) were invited to complete an online survey that contained the Supervisor Multicultural Competence Inventory (SMCI) ($\alpha = 0.98$), the Working Alliance Inventory–Short Form (WAI-SF) to measure supervisees 'perceived alliance with the supervisor across three subscales(αs = 0.78-0.90), the COSE to measure supervisees' self-efficacy on five subscales associated with client treatment (αs = 0.55-0.85), and the Trainee Personal Reaction Scale–Revised (TPRS-R) to measure participants' perceived satisfaction with their supervisors (α = 0.76). The surveys were completed by a total of 221 (84% female and 74% White) participants (Crockett & Hays, 2015).

The sample primarily consisted of White (74%) graduate-level females (84%) thereby increasing the likelihood of generalizability of the research findings to counseling populations within the United States (Crockett & Hays, 2015; Drew et al., 2014). Although the study used research surveys with high internal validity measures, one of the COSE subscales Cronbach's alphas was significantly lower ($\alpha = 0.55$) than the other measured constructs calling into question the reliability of that one subscale. This finding

could have significantly affected research results hindering the validity of research findings as it pertains to supervisee's self-efficacy levels. It is important to note that the SMCI scale had an extremely high Cronbach's alpha ($\alpha = 0.98$) which could be the result of redundancies within the scale thereby affecting the research findings.

These research findings further illustrated the importance of the supervisory relationship on the development of CIT self-efficacy (Bernard & Goodyear, 2014; Borders et al., 2014; Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Crockett & Hays, 2015; Daniels & Larson, 2001; Fernando & Hulse-Killacky, 2005; Gibson et al., 2009; Heppner, Multon, Gysbers, Ellis, & Zook, 1998; Leach, Stoltenberg, McNeill, & Eichenfield, 1997; Lent, 2016; Mesrie et al., 2018; Morrison & Lent, 2018; Suh et al., 2018). As with previous research studies discussed in the literature review, this study's findings could be used to inform both counselor educational programs and supervisory guidelines/policy. Stakeholders should consider the importance of supervisor's multicultural competence as it relates to the working relationship alliance and development of CIT or supervisees self-efficacy. These findings suggested that when supervisees perceive their supervisor as multiculturally competent, a stronger work alliance could be formed thereby increasing supervisees satisfaction with the supervisor and overall level of self-efficacy (Crockett & Hays, 2015).

Working Relationship/Alliance. Another study conducted by Mehr and colleagues (2015) used a structural equation modeling approach to investigate the relationship between CIT self-efficacy, supervisory work alliance, and trainee anxiety in supervision. They also studied the relationship between these variables and a CITs willingness to disclose information to their supervisor (Mehr, Ladany, & Caskie, 2015).

Research findings suggested a significant inverse relationship between CSE and anxiety (Mehr, Ladany, & Caskie, 2015). Participants that reported high levels of self-efficacy reported lower levels of anxiety as compared to their counterparts. The research findings further suggested a stronger supervisory work alliance increased CSE and decreased anxiety in supervision. The last research finding also suggested that CIT were more willing to disclose information to their supervisors when they perceived a strong supervisory work alliance (Mehr et al., 2015).

Program Directors at accredited American Psychological Association (APA) programs in counseling and clinical psychology were contacted and asked to forward online surveys to doctoral students within their program (Mehr et al., 2015). The participants ($n = 201$) consisted of primarily White (85%) female (82%) graduate students. Participants were asked to complete several questionnaires including a demographic questionnaire, the Trainee Anxiety Scale (TAS) ($\alpha = 0.86$) (Mehr, Ladany, & I.L. Caskie, 2010), State–Trait Anxiety Inventory (αs = 0.91-0.93), the Working Alliance Inventory/Supervision (Trainee Version) (WAI/S) (αs = 0.91-0.93), Counseling Activity Self-Efficacy Scales (CASES) ($\alpha = 0.96$), the Self-Efficacy Inventory (SEI) ($\alpha = 0.91$), Trainee Disclosure Scale (TDS) ($\alpha = 0.86$), and the Self-Disclosure Index (SDI) ($\alpha = 0.86$) (Mehr, Ladany, & Caskie, 2015).

Strengths of the research study included a high level of generalizability to counseling populations as a result of the samples demographics (predominantly White (85%) females (82%)) and the use of historically validated surveys as seen by the high reliability measures or the Cronbach's alpha score. One scale's (CASES) Cronbach's alpha score was extremely high ($\alpha = 0.96$), which could suggest redundancies within the

instrument and could significantly affect the research findings (Mehr et al., 2010). Other

weaknesses of the study included the threat of testing or survey fatigue as a result of the

number of survey questions administered ($n = 174$), and self-reported surveys could

result in response bias (Mehr et al., 2015).

These research findings further supported the importance of the supervisory

relationship in facilitating overall CIT or supervisee development. A strong supervisory

work alliance is suggested to be essential in facilitating CIT development and promoting

low anxiety levels, high levels of self-efficacy, and willingness to disclose thoughts and

feelings during supervisory sessions (Mehr et al., 2015). Research findings suggested the

need for both counselor education programs and supervision models to place an emphasis

on building the supervisory work alliance relationship to create competent and confident

counselors through the direct and mediated modulation of self-efficacy (Ghaderi &

Rangaiah, 2011; Mehr et al., 2015).

Supervision

The importance of the supervisory relationship in the professional growth and

development of CIT is evidenced in the literature (Cashwell & Dooley, 2001; Lent, 2016;

Luke & Bernard, 2006; Morrison & Lent, 2018). Supervisors provided models for CIT

from which to learn through observation, imitation, and modeling as well as provided the

secure base needed for CIT to explore and grow clinically while developing their

professional identities (Bandura, 1971, 1997; Bernard & Goodyear, 2014; Cashwell &

Dooley, 2001). Supervisors are suggested to be an integral link between theories learned

within the classroom and practical application within the clinical setting (Uellendahl &

Tenenbaum, 2015). Many elements of supervision are suggested to directly and indirectly

affect CIT levels of self-efficacy which could determine which tasks, the effort, and the

time a CIT may spend trying to complete a task or how hard they may work with a client

(Cashwell & Dooley, 2001). Therefore, making the supervisory role paramount to CIT

development (Bernard & Goodyear, 2014; Luke & Bernard, 2006; Mesrie et al., 2018;

Morrison & Lent, 2018; Suh et al., 2018).

Standards and Requirements

It is important to note that a CIT attending a CACREP-accredited university is

required by the CACREP to complete rigorous standards within their practicum and

internship experience in order to meet the expectations of their institution's degree

granting program. CACREP-accredited universities adhere to academic standards set

forth by the CACREP accreditation but the CACREP does not offer a cohesive

nationwide licensure mandate. Licensing of newly graduated students is regulated by the

state and requirements for licensure vary nationwide. From an accreditation standpoint,

CIT requirements include the completion of one hour of weekly supervision throughout

both their intern and practicum years in addition to individual, group, and/or triadic

supervision. Clinical supervisor requirements on the other hand are loosely defined and

require that the individual have at minimum a master's degree (preferably in counseling,

but not required), licenses and certifications that are relevant, two years of "pertinent"

experience, an understanding of the programs expectations, requirements and evaluation

procedures, and "relevant" training in supervision (CACREP, 2019a). These outlined

requirements offer programs a wide range of interpretation resulting in inconsistent

quality and effectiveness of counselor supervision across the nation (Nate & Haddock,

2014).

CACREP require supervisors to have "relevant" training in counselor supervision as defined by the individual program. Relevant training as indicated by CACREP include workshops, graduate supervision courses, or the possession of some type of supervisory credentials (CACREP, 2019a). The Centers for Credentialing and Education offer an Approved Clinical Supervisor (ACS) certification as a type of national professional supervision standard. As of 2017, the ACS certification was only recognized by 15 states (Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Iowa, Maryland, Mississippi, Nevada, New Jersey, Oregon, Rhode Island, South Dakota, and Tennessee) (CCE, 2019). The APA offers guidelines on the implementation of competent supervision wherein supervisor and diversity competencies, the supervisory relationship, professionalism, assessment/evaluation/feedback, how to deal with supervisees who lack competency in how to counsel clients or that are exhibiting problematic behavior, and ethical, legal, and regulatory considerations are discussed (APA, 2014). Otherwise, there are no nationally agreed upon standards, or governing body, for either clinical supervisory training or cohesive expectations on how to implement competent clinical supervision (Nate & Haddock, 2014).

The research study conducted by Cinotti and Springer (2016) is a clear example of the possible consequences associated with supervision of mental health counselors by inadequately trained personnel. The research findings indicated that supervisor training and background significantly impacted the development of CSE. In the research study, non-counseling supervision of school counselors focused the counselor more on administrative work and academic advising as opposed to clinical skill development. Inadequately or improperly trained non-counseling supervisors may not fully understand

a school counselors' roles thereby hindering their ability to provide the appropriate supervision necessary for counselor development. These findings could be applied to inadequately trained counseling supervisors as well and extrapolated and applied to all fields wherein mental health counselors provide services and are supervised by inadequately trained personnel (Cinotti & Springer, 2016).

The state-specific requirements for both approved supervisor and supervisee licensure also vary significantly nationwide and from what is outlined in the CACREP guidelines. In the state of Washington, both approved supervisor and CIT licensure is regulated by the Washington State Department of Health (DOH) (CW, 2019; DOH, 2019a). CIT must report hours of supervision to the Washington State Department of Health (DOH, 2019a). Mental health counselors are required to have 100 hours of direct supervision; marriage and family counselors require 200 hours, and social workers required a total of 130 hours of direct supervision to obtain licensure by the state. To become an approved supervisor in Washington, slight variations in requirements exist as a result of the supervisees title (DOH, 2019a). The four categories include mental health counselors, social workers, marriage and family therapists, and certified counselors (CW, 2019; DOH, 2019a). Regardless of the supervisees area of specialty, the approved supervisor must have obtained certification or licensure in good standing for a minimum of two years within their profession before being able to apply for supervisory status (CW, 2019; DOH, 2019a). In addition to this requirement, the potential supervisor must also meet the varying requirements outlined for the type of counselor being supervised. Supervision of licensed mental health counselors requires the supervisor to have completed a minimum of 15 hours of supervisory training either through a course,

continuing education on supervision, or supervision of supervision, or any of these in combination. Other requirements include an additional 25 hours of experience supervising in a clinical practice and understanding of the supervisees practice activities (record keeping, ethics and setting practice, financial management, and coverage back-up plan) (DOH, 2019b). For the amount of time CIT are required to meet with a supervisor during their counselor education program, the requirements outlined by the state of Washington to become a supervisor are minimal at best. A result of minimal requirements such as this, many supervisors feel ill prepared to provide competent supervision (Borders, Welfare, Sackett, & Cashwell, 2017; Falender & Shafranske, 2004; Kemer, Sunal, Li, & Burgess, 2019; Nate & Haddock, 2014). As a result, it is evident that national requirements for approved supervisory roles is warranted and essential in creating consistent and competent counselor supervisors.

Supervision Models

In addition to the loosely defined requirements for obtaining and implementing supervision within the intern and practicum years, there are several supervision models. Since a comprehensive list of supervisory models is beyond the scope of this paper, only the three types of supervision models will be discussed with one example for each. These three types of supervision models are the main categories of supervision models with all other theories as a subtype under these categories. The three types of supervision models are orientation-specific, developmental, and integrative based (Falender & Shafranske, 2010; McNeill & Stoltenberg, 2016; Wiley, 2014).

Orientation-specific models of supervision are based on the current therapeutic treatment protocols used with clients. In these models, the CIT is supervised with the

same theoretical models often used on clients (Wiley, 2014). Specific supervision models under orientation-specific include psychoanalytic or psychodynamic, the feminist model, cognitive-behavioral, and person-centered to name a few. The psychoanalytical model consists of three stages, the opening, middle, and resolution stage. During the opening stage, the supervisor and supervisee "measure" each other up looking for weaknesses within the other. The supervisor is expected to prevail at this stage based on their knowledge base. The middle, or second stage involves conflict wherein the supervisor experiences defensiveness, avoidance, and eventually attachment of the supervisee. This middle stage leads into the "working" or resolution stage of the supervisory relationship wherein the supervisor is now able to encourage the supervisee to find their independence or autonomy (Leddick, 1994).

The developmental model is based on the premise that the supervisee experiences continual growth and development therefore they have areas of strength and weakness. It is essential that the supervisor maintains a level of fluidity in their supervisory approach in order to encourage the supervisee to grow in the areas of weakness. In this model, it is important that the supervisor is able to determine the stage the supervisee is in and provide the appropriate feedback and resources for them to flourish (Leddick, 1994; Wiley, 2014). Supervisors can then employ a practice called "scaffolding" wherein the supervisee is expected to draw on their prior skills and knowledge to learn a new concept or practice (Leddick, 1994; Luke & Bernard, 2006; Zimmerman & Schunk, 2003). According to Stoltenberg and Delworth (1987), the developmental model consists of three levels, a beginning, middle, and end where the supervisee pays attention to self-and-other awareness, motivation, and autonomy. An example of supervision models under the

developmental model framework is the Integrated Developmental Model (IDM) (Wiley, 2014).

The IDM was developed in the 1980s by Stoltenberg and colleagues and is one of the more highly studied supervisory models (Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Delworth, 1998). The IDM suggests that CIT experience three levels of development, each building on the other. A CIT focuses on self-and-other awareness, motivation, and autonomy in each level. The first level of the IDM describes CIT at the very beginning stages of their training when they have very little or no direct clinical experience. In the second level of the IDM, the CIT has resolved a number of challenges from the first level and begins to be able to concentrate more on the client. By level three, the CIT has resolved issues from the second level and is now building a strong level of counseling competencies and building self-efficacy (Wiley, 2014). This last level is more stable and characterized by, "a more stable intrinsic motivation toward most activities within given domains of professional practice" (Wiley, 2014, p. 591).

Integrative models are designed to incorporate several therapeutic orientations and are named integrative for this reason. These models use multiple theories and techniques therefore any proposed supervisory model integrated with a couple others could be called "integrative (Leddick, 1994; Wiley, 2014)." There are two approaches to integration that have been defined as either theoretical integration or technical eclecticism (Haynes, Corey, & Moulton, 2003). The theoretical integration aims to create a type of framework from several theoretical approaches to create a better or richer theory from which to work from. The technical eclecticism type of integration focuses on the integration of the differences between theories (Leddick, 1994; Wiley, 2014).

An example of an integrated model is Bernard's Discrimination Model (Bernard, 1979). The Discrimination Model is thought to be a theoretical integration which combines supervisory roles as teacher, counselor, and consultant, and three areas of focus: process, conceptualization, and personalization (Bernard, 1979; Bernard & Goodyear, 2014; Leddick, 1994; Wiley, 2014). Based on this model, the supervisor could react to a situation with the CIT in any one of nine ways (3x3) (Bernard, 1979). Using any one of the variables in the three supervisory roles and one variable from the areas of CIT focus, such as taking on the role of consultant while focusing on the CITs process of treating a client (Bernard, 1979; Bernard & Goodyear, 2014; Luke & Bernard, 2006).

There are over 100 supervisory models proposed within the research literature (Minton, 2019). There are also a significant number of research articles attempting to describe best clinical supervisory practices (Minton, 2019). Determining a supervisory model to use is subjective, but the requirements for obtaining an approved counselor supervisory title should not be (Nate & Haddock, 2014). Regardless of the supervisory model chosen by clinical counseling supervisors, standards and requirements of competent supervision and attainment of an approved supervisory title should be consistent across the U.S. to ensure the best possible professional growth of CIT (Nate & Haddock, 2014).

Summary

In conclusion, Bandura's SLT was the basis for the SCT in which Bandura proposed that self-efficacy is built from four possible sources within a particular performance domain: *performance accomplishments, vicarious learning, verbal persuasion, and affective reaction and physiological state* (Bandura, 1986; Morrison &

Lent, 2018). These four proposed sources of self-efficacy are evident within the research

literature and a sound theory for the basis of CIT development of self-efficacy. The

literature review also revealed a new tripartite model created by Lent (2016) referred to

as the Relational Efficacy Model, which appears to be a functional framework from

which to explore CITs self-efficacy as it relates to their relationship with both supervisors

and clients (Morrison & Lent, 2018). In regard to individual factors that affect the

development of CIT levels of self-efficacy, the literature suggested that duration of

training, level of experience, ethnicity or race, level of self-esteem, dispositional

mindfulness, personal distress, and anxiety all significantly impacted CIT development of

self-efficacy either directly or indirectly (Ikonomopoulos et al., 2016; Mesrie et al., 2018;

Suh et al., 2018). The current research literature also suggested that supervisory factors

such as type of feedback given and from whom, level of supervisory attachment, and the

strength of the working alliance also significantly impacted CIT development of self-

efficacy (Cashwell & Dooley, 2001; Lent, 2016; Morrison & Lent, 2018). Based on these

research findings, it is evident that the supervisory relationship could be an essential

component in the development of CIT self-efficacy and overall professional development

(Barnes, 2004; Cinotti & Springer, 2016; Lent, 2016; Mesrie et al., 2018; Morrison &

Lent, 2018; Suh et al., 2018). Current standards and requirements to become a competent

counselor supervisor and to obtain the supervisory status are inconsistent across the

country and within the states (CACREP, 2019a; Nate & Haddock, 2014). As a result of

the vital importance of competent supervision on the development of CIT self-efficacy

and the nonexistent national guidelines, this literature review warranted further research

on CIT perceptions of their supervisory relationship as it relates to their development of

self-efficacy (CACREP, 2019a; Mesrie et al., 2018; Suh et al., 2018). The literature

further warranted research on self-efficacy as it pertains to new counselors in supervision.

Chapter 3: Methodology

Introduction

The course of a counselor's development is significantly influenced by their perceived level of self-efficacy (Goreczny et al., 2015; Mesrie et al., 2018; Mullen et al., 2015). Level of self-efficacy contributes to whether a counselor feels competent enough to treat clients effectively (Mullen et al., 2015). The literature review revealed several important factors that affect the development of counselors' self-efficacy which include duration and level of training and experience (Mullen et al., 2015), type of supervisory feedback (Lamprecht & Sneha, 2018), how attached a counselor is to their supervisor (Mesrie et al., 2018), and the working alliance (Morrison & Lent, 2018). However, it is important to note that most research findings suggest that supervision and supervisory relationships are some of the most important variables in predicting CITs self-efficacy (Crockett & Hays, 2015; Lent, 2016; Mesrie et al., 2018; Morrison & Lent, 2018).

The researcher is primarily interested in the supervisory relationship and its effect on post-graduate CIT development of self-efficacy. The literature review revealed most of the studies were conducted on undergraduate and graduate level populations. For example, graduate students were used when exploring how the duration of training and level of experience affected CIT self-efficacy (Ikonomopoulos et al., 2016; Mullen et al., 2015; Suh et al., 2018). Conversely, research exploring levels of anxiety on CIT self-efficacy consisted primarily of undergraduate populations (Cashwell & Dooley, 2001; Goreczny et al., 2015). Very little research was found exploring the effect of the supervisory relationship on self-efficacy in master's level post-graduate counselors. Therefore, this gap in the literature warrants further exploration (Kemer et al., 2019).

Research Question

1. What are post-graduate master's level counselors' perceptions of their current supervisory relationship?

2. What are master's level counselors' perceptions of their post-graduate supervisory relationship's effect on the development of their self-efficacy and counseling skills?

Research Purpose

The purpose of this qualitative study is to identify and describe master's degree level counselors' perceptions of their supervisory relationship during their supervised postgraduate experience and its relationship to the development of counseling skills and self-efficacy. The research findings are relevant to multiple stakeholders within the field. Stakeholders include administrators in both educational and workforce domains, including but not limited to college and university counseling programs, community mental health settings, as well as other relevant settings where clinical supervision is provided to counselors. Research findings could inform both graduate level supervisory internship requirements as well as post-graduate supervisory policy. Supervisors could also benefit from these research findings as the key elements of the supervisory relationship in development of counselor's self-efficacy are uncovered.

Research Methodology and Design

This study will use a non-experimental qualitative methodology and design. The objective of the proposed research study is to collect qualitative data through semi-structured interviews (Appendix A). A semi-structured interview protocol (Appendix B) was selected because the study has a predetermined topic and consists of "a balance

between the interests of the researcher and participant" as opposed to an in-depth interview protocol wherein the researcher uses a more "hands-off" approach and does not have a pre-determined topic (Nathan, Newman, & Lancaster, 2018, p. 393). Qualitative research methodologies study implicit as well as explicit phenomena (Willig & Rogers, 2017). This research method focuses on personal perceptions and experiences of people as they create their own reality which generates the rich descriptions necessary to understand the relationship between complex social environments and the people within them (Creswell, 2014; Yin, 2011). The goals of qualitative research are to interpret/understand, describe, or explore/discover meaning or to generate a new hypotheses or theory (Creswell & Creswell, 2018; Yin, 2011). Ultimately, the research method and design attempt to generate meaningful interpretations of events and phenomena. Design characteristics of this methodology are flexible and evolving and the researcher is the main instrument in data collection (Creswell & Creswell, 2018; Yin, 2011). Because of these characteristics, qualitative research can be a powerful tool for social change and is a primary method used in educational research (Willig & Rogers, 2017).

Additionally, quantitative research is grounded in the idea that the variable being measured can be observed and quantified numerically (Creswell & Creswell, 2018; Creswell & Poth, 2016; Mertler, 2016). Large sample sizes are used in this method to test numerical information by finding correlations among sample attributes so that the results can be applied to the general public. Quantitative research methods are best used to answer quantifiable questions (Creswell & Creswell, 2018). Hence, this research design is predetermined and structured with the goal of controlling, confirming, and testing

hypothesis design characteristics (Creswell & Creswell, 2018; Mertler, 2016). Data collection is carried out by an external research instrument usually in the form of a multiple-choice survey, tests, or other quantifiable measurement tools such as secondary data. Based on the characteristics of qualitative and quantitative research, the qualitative methodology is the best design suited to answer the research questions. The proposed research study will use a qualitative methodology and gather data through semi-structured in-depth interviews with participants to explore newly graduated counselors' perceptions of the effect their supervisory relationship has on the development of their counseling skills and self-efficacy.

Participants

A total of eight participants will be recruited through convenience and snowball sampling (Creswell & Creswell, 2018). These nonprobability methods will be used due to the limited availability of the sample and to avoid restrictive guidelines from university alumni associations to access protected information. Snowball sampling is a non-probability sampling technique used in research wherein the sample may be difficult to access or locate. This sampling technique entails asking participants for referrals of other individuals that may match the inclusion criteria for the study for recruitment purposes. The use of convenience and snowball sampling is advantageous for several reasons. Namely, the use of these non-probability sampling techniques could improve the likelihood that contacts will participate in the study due to familiarity with either the researcher or the individual making the referral. It is also suggested that the snowball sampling technique could overcome certain "cultural boundaries such as lower literacy levels and language barriers' (Crouse & Lowe, 2018, p. 1532). Snowball sampling is also

advantageous in that "valuable social and interactional knowledge may be generated" as a result of participants familiarity with one another (Crouse & Lowe, 2018, p. 1532). These sampling techniques were chosen because they were best suited for the non-experimental methodology and targeting of the population desired for inclusion in the study (Alferes, 2013). The recommended sample size for a qualitative study ranges from 5 to 25 individuals (Creswell & Poth, 2016). The proposed sample size falls within this recommended range. Participants targeted will have degrees from master's programs accredited by the CACREP. Because of the CACREP supervisory standards imposed on universities for accreditation, this sample population will have received a minimum number of hours under supervision during their internship and practicum experience prior to graduation (CACREP, 2019a). However, the CACREP does not mandate the post-graduate hours of supervision required to obtain a license in counseling across the country. Licensing of new graduates is the responsibility of the state. Therefore, the hourly standards for supervision required to obtain a license varies between states and counseling disciplines (DOH, 2019a). As a result, to minimize the variation in hours of supervision experienced between participants and to ensure the sample population has had the greatest amount of exposure to the phenomenon of supervision, the proposed study inclusion criteria consist of participants who have graduated from a CACREP accredited university with licensure in the state of Washington in either clinical mental health or marriage and family counseling. It is important to note that the main accrediting body for marriage and family counseling is the COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) and the AAMFT (American Association for Marriage and Family Therapy). However, some university marriage and

family counseling programs also have CACREP accreditation. Therefore, ensuring participants graduated from a CACREP accredited university should yield the best possible sample population for answering the research questions. Therefore, internship coordinators will be asked to contact possible participants that have graduated from CACREP accredited master's degree granting program (M.S., M.A.) with degrees in clinical mental health counseling and marriage and family therapy within the state of Washington. Out of convenience, previously established relationships with internship coordinators at CACREP accredited universities will be used for distribution of recruitment letters to recent graduates. The targeted population are recent masters-level graduates of CACREP accredited universities in Washington state. Participants must have graduated within the last 36 months (time frame for post-graduate supervision requirements through the Washington State Department of Health) (DOH, 2019a).

Data Collection Procedure

Before commencing with data collection, IRB approval will be needed as this study involves human participants (Cugini, 2015). After obtaining permission from the IRB, internship coordinators at targeted universities (CACREP accredited for a minimum of the last 36 months) within the Washington state region will be contacted and asked to participate in the study by disseminating information about the research study to qualifying alumni (recently graduated within the last 36 months with a master's degree in clinical mental health and marriage and family counseling). Internship coordinators will be supplied with a brief synopsis of the proposed research study (purpose, objective) (Appendix D) to include any untoward effects participants may experience if participating and the primary investigators contact information will be provided.

Snowball sampling will be encouraged to help with recruitment of participants. Snowball

sampling is a "non-probability based sampling technique" employed when trying to reach

difficult-to-find sample populations (Dhivyadeepa, 2015, p. 102). Because of the

inclusion criteria for the proposed study, the sample population sought warrants the use

of this sampling technique. Once participants are identified, individual one-on-one semi-

structured interviews will be scheduled and conducted. Interviews will either be in person

or over the phone. One-on-one interviews will allow for a more in-depth discussion

focused on the research topic and place more attention on the participant allowing them

to elaborate their individual perspective as opposed to what can be accomplished in a

focus group interview. Focus group interviews are better suited for less structured

research questions (Morgan & Morgan, 1997). Prior to interviewing, the participant will

be requested to sign an informed consent. Each consultation will range in duration from

15 to 30 minutes and will be recorded for later transcription. Transcribed interviews will

be saved in a private password protected drive only accessible to the researcher and will

be destroyed after three years from completion of the study. No other data will be stored

on this drive. Member checking will be employed to ensure internal validity and

trustworthiness of the research findings. Member checking is the practice of "checking in

with participants in a qualitative study so that participants can consider and respond to

their comments in the data and/or to researchers' interpretations of the data" (Carl &

Ravitch, 2018, p. 1050).

Data Analysis

Both Braun and Clarke's (2006) 6-Phase Thematic Analysis approach and NVivo

12 software will be used to analyse the data. Following Braun and Clarke's 6-Phase

Thematic Analysis (2006) (Table 1), the following procedure will be used to analyse the data: analysis will begin with familiarization of the data by first importing the transcripts into the specialist qualitative data analysis package (NVivo 12) and then reading the transcripts several times to extract prominent ideas. Open coding will then be employed (Braun & Clarke, 2006). While reading the transcripts, expressions of distinct and/or recurring ideas will be examined as initial topics, defined as units of meaning derived from the participants' descriptions of their supervisory relationships in relation to the development of their self-efficacy. After exhaustively reading the data set, codes will then be assigned to the data extracts. NVivo 12 will be used as a supplementary tool to the initial coding process to ensure and account for accuracy. Following the researcher's initial analysis, the software will be used to increase the likelihood of a less biased analysis of the data by removing the researcher as the only tool used in coding. Once coded, the categories and concepts will then be compared to one another to create groupings into major themes using inductive reasoning. As this will be an inductive process, themes will be constructed based on the words of the participants rather than a deductive approach coded to specific theory. The final step will be to generate a report to describe the results obtained from the analysis.

Table 1

Braun and Clarke's 6-step Thematic Analysis Procedure (Anderson & Marshall-Lucette, 2013; Szedlak, Smith, Day, & Greenlees, 2015)

Phase	Description of the process
1. **Familiarization with the data**	Transcribing data, reading and re-reading, take notes of initial thoughts.
2. **Generating initial codes**	Coding interesting features of the data in a systematic fashion across the whole data set, collating data relevant to each code.
3. **Searching for themes**	Collating codes into potential themes, gathering data relevant to each potential theme.
4. **Reviewing themes**	Checking the themes application in relation to the coded extracts (level 1) and the entire data set (level 2). Generating a thematic "map" of the analysis.
5. **Defining and naming themes**	Ongoing analysis to refine the specifics of each theme, and overall narrative by the analysis; producing clear definitions and names for each theme.
6. **Creating the report**	Selecting vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a report on the analysis.

Validity and Reliability

While qualitative research is a useful approach in developing an understanding of a lived experience, it does pose several limitations. In qualitative research, the researcher

serves as the primary instrument and source of data collection (Creswell & Poth, 2016). The proposed study will utilize the researcher's interpretation of responses from standardized interviews. While careful action will be taken to ensure the validity and reliability of the data, it is impossible to completely isolate extraneous variables and subjectivity when utilizing a human instrument. In order to ensure the data collected and discoveries remain pure to form, the research will adopt several of the validity enhancing strategies suggested by Creswell and Poth (2016) and recognize personal assumptions to maintain objectivity. Creswell and Poth (2016) suggest a minimum of two validity strategies to be adopted which include, triangulation, acknowledgement of disconfirming evidence, clarifying researcher bias, member checking, prolonged engagement, collaborating with participants, external audits, generating rich, thick description, and having a peer review or debrief (Creswell & Poth, 2016). The primary validating methods that will be employed include member checking, generating rich and thick description through the use and transcription of mechanically recorded data, clarifying researcher bias and employing reflexivity, and intercoder methods.

The strategy of member checking allows participants to hear the researcher's interpretation of the study's findings allowing them to rebut it if they feel their testimony is not accurately represented (Creswell & Poth, 2016; Saldana, 2012). This method is easily employed and effective. Namely, a follow-up interview with participants to discuss the major themes found within the research ensures that participants feel their contributions were accurately measured and thereby strengthens research findings (Creswell & Poth, 2016; Yin, 2011). The second validity strategy that will be used is the generation of rich/thick description. Rich/thick description is essential to accurately cover

the complexities associated with qualitative methodology design (Creswell & Poth, 2016; Korstjens & Moser, 2018). It is only through a rich description that other researchers can draw similar conclusions. Further, generating rich/thick description will attest to the studies transferability to other research studies (Creswell & Poth, 2016). Transferability "refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings" (Trochim, 2006, p. 1). Therefore, by generating a rich description of the research findings and context, the ability for other researchers to transfer the research findings to other settings is improved.

Researcher biases are those conscious or unconscious tendencies toward certain beliefs. In research, it is essential that the researcher engage in reflexivity wherein how the researcher's values and biographical experiences influence the research design and participants' behavior are considered. Intercoder reliability is the "extent to which two or more independent coders agree on the coding of the content" (Cho, 2008, p. 345). This will be accomplished by using the NVivo 12 program and examining the percentage agreement between the researcher and the program. Percentage agreement is a measure of the percentage of coding that matches in agreement between two coders and is a widely used method of intercoder reliability within the literature (Cho, 2008). While there is no statistical absolute in qualitative data gathering and analysis, the approaches described above as well as the use of consentual mechanically recorded interviews will ensure this study conforms to today's best practices.

Ethical Considerations

Prior to the collection of research data, the researcher will obtain authorization through the Seattle Pacific University (SPU) Institutional Review Board (IRB) to ensure

the protection of participants' human rights. The researcher will also ensure ethical

recruitment strategies will be used which protect the participants' privacy, ensure no

pressure or coercion to participate, and information will be accurately presented without

any misleading statements. For students that may have had a poor supervisory experience

in the past, participation in the study could potentially trigger those painful memories and

retraumatize the participant. If this is the case, resources will be provided to ensure a

prompt recovery. For all other participants, the proposed study poses no known

psychological or physical risks to participate. Participants will also be informed that their

contribution to the study could benefit the field by potentially informing

guidelines/regulations and training for supervisors at the school, state, and national levels.

Participants will be informed of their rights prior to starting an interview, which include

an explanation of the purpose of the study, description of what they will be asked to do,

any risks associated with participating in the study, benefits of participating, who has

access to the data, and informed of their right to stop the interview at any time.

Participation is voluntary and a monetary reward will be offered in the form of a $25

Amazon gift card for participants contributing their time. If a participant is uncomfortable

accepting this monetary reward, the card will be donated to a charity of their choice. To

ensure no coercion, the participant will only be informed of the Amazon gift card after

they have agreed to participate. Participants will be recruited either through a paper or

electronic letter of participation which will be distributed by internship coordinators

known to the researcher. Informed consent (Appendix C) will be required of the

participant before being able to move forward with interviews. All data will be saved in a

password protected drive of which only the researcher has access and will be destroyed

via an electronic wiping of the drive three years after completion of the study.

Chapter 4: Results

The purpose of this qualitative, phenomenological study was to explore the construct of CSE in relation to the supervisory relationship and the development of counseling skills in a post-graduate sample. A total of eight interviews were conducted with post-graduate students who had met the inclusion criteria. This chapter consists of a description of how the data was collected and analyzed. Specifically, the following section consists of (a) data collection results, (b) data and analysis results, and (c) a summary. The first section describes the data collection procedure, while the second section delineates the method used to analyze the data. All participant responses to the interview questions are located in Appendix F.

Data Collection Results

This study used a qualitative methodology and design. Qualitative data can be collected multiple ways including through interviews, observations, and document analysis (Bretschneider, Cirilli, Jones, Lynch, & Wilson, 2017; Sutter, 2012). Qualitative data was collected through digitally recorded semi-structured interviews for this study because it was determined to be the best method for answering the research questions.

Description of the Sample

Recruitment Procedure and Results. Convenience sampling was used to contact internship coordinators for counselor recruitment into the study. Hence, three known internship coordinators were contacted over the phone regarding the study and provided the brief synopsis and inclusion criteria via e-mail. Five participants were recruited through the known internship coordinators while the last three sample participants were recruited through snowball sampling. All potential participants were provided with the

study synopsis and consent form via e-mail. Seven of the eight participants returned the

signed consent form through e-mail, while the last participant physically handed it in.

Once consent forms were received, interview dates and times were set up with each

participant. All eight participants graduated from Clinical Mental Health Counseling

programs. Seven interviews were conducted virtually (over the phone) while one was

conducted face-to-face resulting in a total of eight participants. Participants consisted of

seven females and one male. The high proportion of females to males in the sample is

reflective of the population in the field of counseling and counseling programs (APA,

2018; Cope, Michalski, & Fowler, 2016). Interview times varied from 7:24 minutes to

15:54 minutes and are illustrated in Table 2 with participants' alphanumeric assignment,

gender, and interview type. It is important to note that there is no research standard for

interview length as a result of the variation in research topic, characteristics of the

respondent, and empathetic relationship formed with the researcher during the interview.

Hence, interviews are expected to "have an extremely individual character and will differ

widely in terms of both the topics discussed and the length of the interview itself"

(Corbetta, 2003, p. 276). Support for the use of five to ten-minute semi-structured

interviews can be found within and outside the field of psychology (Ponterotto, Park-

Taylor, & Chen, 2017; Tolin, Frost, & Steketee, 2010; Young et al., 2018).

It is important to note that this study employed the use of member checking to

"ensure the credibility and reliability of the research process, including data collection"

(Carl & Ravitch, 2018, p. 1050). Therefore, once all interviews were transcribed, each

participant was contacted through e-mail for consult to ensure the "experiences,

perspectives, and realities" of participants were accurately captured in the transcripts

(Carl & Ravitch, 2018, p. 1050). Five participants were successfully reached and

affirmed no changes to the transcripts were needed while three participants were non-

responsive.

Table 2

Participant Information

Interview #	Alphanumeric	Pseudonym	Length of Interview (minutes)	Gender	Interview Type
1	SR003	Jill	14:00	Female	Virtual
2	SR004	Lacey	8:54	Female	Virtual
3	SR005	Amanda	15:54	Female	Virtual
4	SR006	Judy	9:05	Female	Virtual
5	SR007	Crystal	15:00	Female	Virtual
6	SR008	Danny	15:19	Male	In-person
7	SR009	Alexis	7:24	female	Virtual
8	SR010	Samantha	13:18	female	Virtual

Data and Analysis Results

The following section describes how the interview data was analyzed to answer

the research questions. Specifically, how the data was transcribed, coded, grouped for

themes, and then merged to identify overall themes. Using both Braun and Clarke's

(2006) 6-Phase Thematic Analysis approach and NVivo 12, the research questions were

answered. The researcher will present the data primarily using tables, word trees, and

theme maps from the NVivo 12 program. Participant were asked seven interview questions.

All interviews were initially transcribed using the audio recording, a head set with a microphone, and word dictation. The recordings were played out loud near the microphone and word dictation automatically transcribed each interview. Then the researcher listened to each recording and followed through the automated dictation to make the appropriate corrections. Once all corrections were made, transcribed interviews were color-coded wherein black and bold text represented the interviewer, and red text represented the interviewee. The transcription was separated by each individual interview question and labeled with a time stamp regarding when the researcher began each question on the recording. Each document was then re-saved with a title that included the words 'edited version' to indicate a copy that would be manipulated from its original version. This new saved version was then cleaned of trivial rhetoric such as the words "like," "um," conversations that skewed off point from the interview question and consisted of small talk not relating to the research questions, and duplicate or repeating words such as "texting, texting" or "I, I' or "so, so," et cetera. Transcript data considered small talk was primarily found at the end of recordings and consisted of closing salutations made between the researcher and interviewee upon conclusion of the interview process. The only other small talk removed that was not at the end of the transcript data consisted of an interruption experienced by the interviewee (Alexis) when a computer pop-up distracted her during the first interview question prompting her to apologize for the interruption and explain what happened. Once all trivial rhetoric was removed, the researcher created a table wherein each participant response for each

interview question were grouped together for initial analysis. The researcher became familiar with the data by reading the responses in relation to the interview questions and taking notes regarding initial thoughts. Then the files were uploaded into NVivo 12 for coding.

To determine the initial themes using NVivo 12, nodes, or placement markers for grouping interview responses to, were created for each of the seven interview questions and all responses to each individual question were coded to the interview question node. Then, the researcher re-read each response and began searching for themes. Once a theme was identified it was added as a node under the respective interview questions until all data had been coded. This was done for each interview question. Upon completion, the researcher then reviewed the themes against the coded sections of each interview to ensure definition and theme names were accurate. Project maps were created for each interview question theme to further explore the relationships of the themes with the coded data. The following section illustrates and describes the research findings.

Interview Question Results

Relationship with Current Supervisor (IntQ1). Participants' description of their current supervisory relationship is illustrated in the project map created by NVivo 12 in Figure 1. Participants described their current supervisory relationship as structured ($n = 3$), with clear boundaries ($n = 3$), that supervisors provided constructive feedback ($n = 3$), and had a vested interest in helping post-graduate counselors develop their counselor identity ($n = 4$). Participants also described their supervisors as open ($n = 2$) caring, ($n = 2$) mentoring, ($n = 2$), and even friends ($n = 2$). Other attributes of the

relationship mentioned included the supervisor's availability ($n = 1$) and as a good

working relationship ($n = 1$).
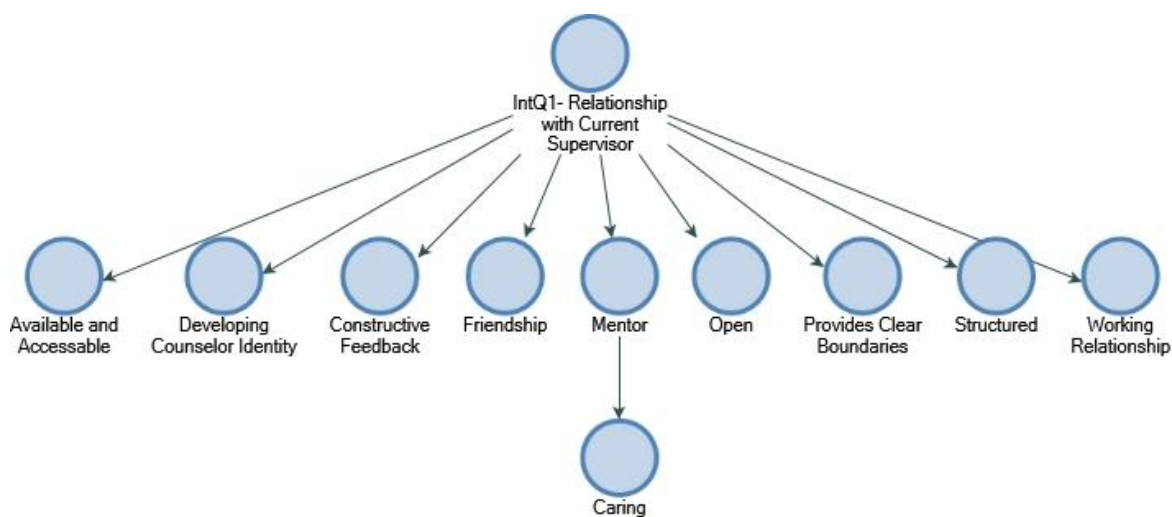
Figure 1. Project Map of CIT Perceptions of Current Supervisory Relationship.

The development of counselor identity ($n = 4$) was a major theme found regarding

this research question followed by supervisors establishing clear boundaries, structure,

and constructive feedback ($n = 3$). Regarding the development of counselor identity,

participants made statements that their supervisors were open, accepting, and explicitly

encouraged exploration of their counselor identities. For example, "Jill" stated that her

supervisor was "open to helping me explore, like you know, where I'm at with my theory

and stuff like that," and "open about the modalities I'm kind of trying on as a new

counselor." "Judy" stated that her supervisor "pushes me a lot, she challenges me, I really

like that."

Regarding establishing clear boundaries, "Samantha" explicitly stated that her supervisor "put up really secure and clear boundaries." "Amanda" stated that "if…I'm being too personal or something…he would be like you know hold on...and just remind me like why we're there and kind of what we're working on." Finally, participant "Alexis" stated that "I feel really comfortable in our relationship, she's the kind of supervisor that has a lot of boundaries and I thrive with that," and "I think the professional relationship of she's not my therapist she's my supervisor, I don't want her to be my therapist, I want her to be my supervisor." Responses relating to structure included a description of the duration and frequency of supervisory sessions and designated contact methods. Constructive feedback was described by participants as an integral component of case consultations and in helping new counselors navigate their new surroundings and role as counselor.

Perceptions of Supervisory Support (IntQ2). Four major themes emerged when analyzing participants' responses to their perceptions of supervisory support which are illustrated in Figure 2. All post-graduate counselors reported feeling supported by their current clinical supervisors. Post-graduate counselors felt supported because their supervisors made themselves available and accessible ($n = 3$), had a wide breath of knowledge and experience ($n = 3$) from which to offer informed and constructive feedback ($n = 2$). Further, six of the eight participants reported they felt supported because their supervisors worked diligently to help them develop their counselor identity. Examples of interview responses for each theme can be found in Table 3.
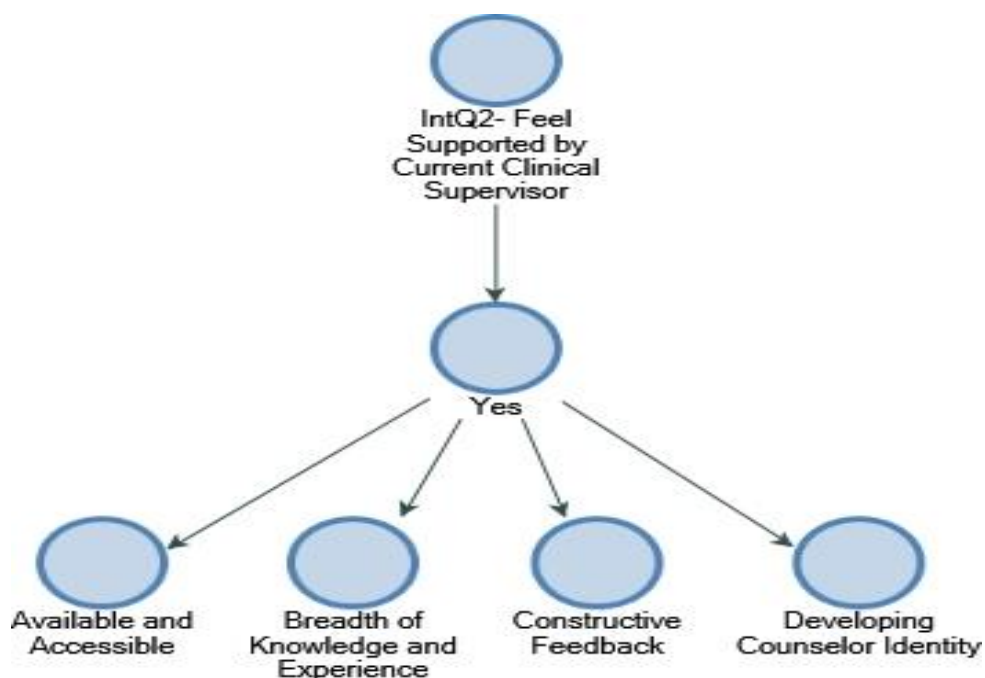
Figure 2. Project Map for Perceptions of Supervisory Support.

Table 3

Themes and Responses Associated with Perceptions of Supervisory Relationship

Theme	Comment
Available and Accessible	"supports by being available" (Jill, January 14, 2020).
	"I have her full undivided attention when we're doing supervision" (Judy, January 19, 2020).
	"always extremely responsive like should I ever reach out with this person and always willing to kind of carve out some time for me like regardless of what else they might have going on" (Danny, January 28, 2020).

Breadth of Knowledge and Experience	"he you know he has the experience like that I so when he talks to me and tells me things I listen because I value what you know he brings to the table" (Lacey, January 17, 2020).
	"he has a lot of his like 30 years of experience and so he's worked you know he worked his way up…he helps me like get them all again kind of that ducks in a row idea getting everything situated uhm, situated as far as like diagnosing well like figuring out you know what are the resources I need to access you know how can we best support this client as an agency [*sic*]" (Amanda, January 17, 2020).
Counselor Identity	"when I have had questions, she's answered appropriately and really helps me figure out what I want to do rather than what she would do**"** (Alexis, January 28, 2020).
	"supported emotionally and she's very aware of my physical health and we check in about that all the time which is important for me (Jill, January 14, 2020).
	"help me harness what I really think or where I really want to be in stuff like [*sic*]…he's very open to how I'm approaching things and what I would do and talking like things through with me like that" (Amanda, January 17, 2020).
	"she's been very supportive in my own growth" (Judy, January 19, 2020).

	"I think there's a lot of room for us to kind of figure out who we are as counselors and yet I never feel adrift" (Crystal, January 20, 2020).
	"she puts a lot of effort towards learning the different systems that I'm involved in now so that she can best support me and figure out what I need" (Samantha, January 28, 2020).
Constructive Feedback	"he's very supportive I think that's the biggest thing about our relationship I haven't had like a case that I'm like Oh this this particular diagnosis is really difficult or something but I've had like all the other pieces be really difficult and he helps me like get them all again kind of that ducks in a row idea getting everything situated uhm, situated as far as like diagnosing well like figuring out you know what are the resources I need to access you know how can we best support this client as an agency" (Amanda, January 17, 2020).
	"I like that openness and yet when uh the supervisor that I have now and also the supervisor prior within this organization when they see a place where maybe another idea or tool from the CBT or this or that might fit that they are open to sharing that" (Crystal, January 20, 2020).

Perception of Supervisory effect on Gaining Clinical Skills (IntQ3). All

participants of the study confirmed that they perceived their supervisory relationship

helped them gain clinical skills. Five of the eight participants stated that their supervisor's

breadth of knowledge and experience allowed for a different perspective when consulting

on client cases. As illustrated in Figure 3, other themes found included participants'

perceptions that their supervisors helped them gain clinical skills by helping them

develop their counselor identities ($n = 4$), and they provided a secure base ($n = 1$) and

constructive feedback ($n = 3$). A sample of post-graduate comments regarding the major

themes are provided in Table 4.
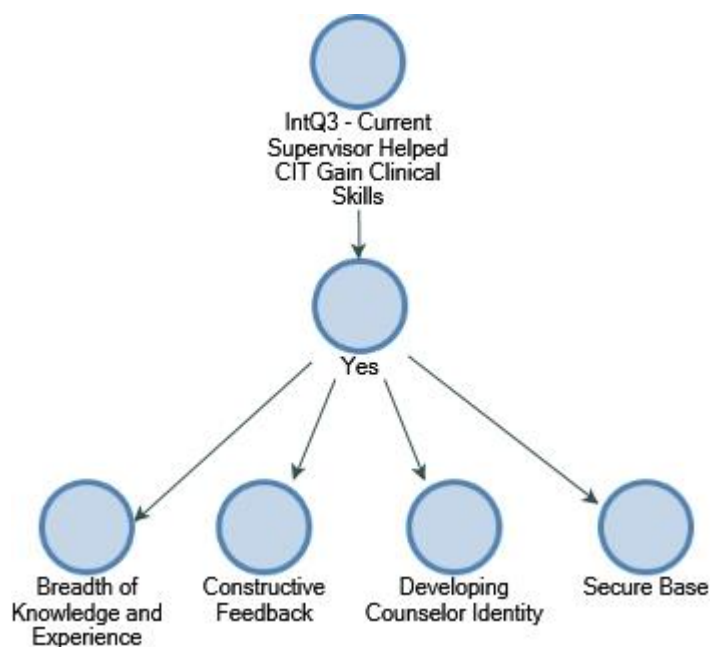
Figure 3. Project Map for Perceptions of Supervisory Effect on Gaining Clinical
Skills.

Table 4

Themes and Responses Associated with How Supervision Has Helped in Gaining Clinical

Skills

Theme	Comment
Breadth of Knowledge and Experience	"I think just being able to have the support in him, again value what I think and either back me up or give me other options or other ways to look at it, uhm especially because of his experience I do value that" (Lacey, January 17, 2020).
	"she has this extra level of knowledge that I'm like Oh I wouldn't have even thought of that, so I don't even know what you call that, yeah, that happens a lot" (Jill, January 14, 2020).
Constructive Feedback	"I was really struggling like what is going on and my supervisor is well from what you described I think this is probably you know a diagnosis that they probably have never gotten but that they're probably dealing with and I was like Oh my God now it makes sense OK got it you know because I'm just not always I just don't

	always have the experience to know that" (Crystal, January 20, 2020).
Developing Counselor Identity	"not agenda oriented, doesn't push his own theory, and values what I bring in… he's open and lets me now it's ok to be open and try things and be more relational with my clients" (Lacey, January 17, 2020).
	"Pushes me to grow in other areas, learning different systems" (Amanda, January 17, 2020).
Secure Base	"and not judgmental I do feel strongly that the supervisor I have now and the one prior I've never felt judged I've always felt supported" (Crystal, January 20, 2020).

Perception of Confidence in Clinical Skills as a Result of Supervision

(IntQ4). Seven post-graduate students stated they felt more confident in their clinical skills as a result of clinical supervision as illustrated in Figure 4. Post-graduates stated they were more confident as a result of their supervisors having focused on developing their counselor identity ($n = 4$), having confidence in their abilities ($n = 4$), providing constructive and validating feedback ($n = 4$), and being accepting of their ideas regarding counseling practice ($n = 2$). One participant, "Danny", stated that he did not feel more

confident in his clinical skills as a result of his clinical supervision and stated that his

confidence was derived from experience and consulting with colleagues regarding cases.

A sample of participant responses for each theme is provided in Table 5.
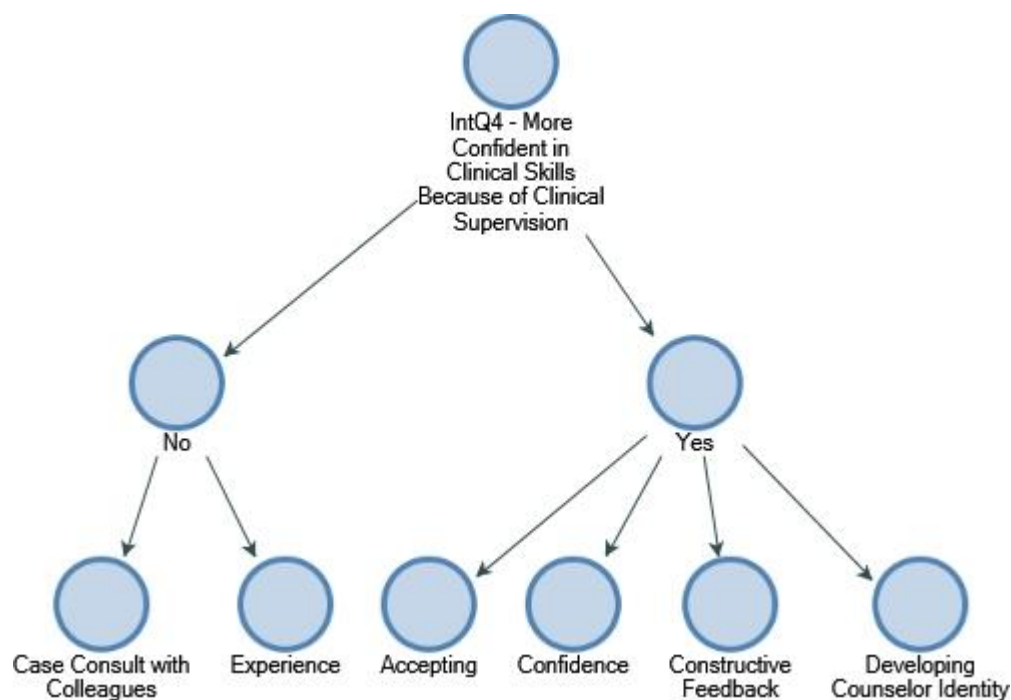
Figure 4. Project Map for how Supervision has Created Confidence in Clinical Skills.

Table 5

Themes and Responses on how Supervision has Created Confidence in Clinical Skills

Theme	Comment
YES:	
Accepting	"open to what I bring to her" (Jill, January 14, 2020).

	"if I push back there's not any issue with that so I feel yeah supported" (Crystal, January 20, 2020).
Confidence	"I feel that my supervisor has confidence in me she's very good at kind of holding me up and helping me see that I don't need to be second guessing myself" (Jill, January 14, 2020).
	"I think after I leave, I feel more confident like coming I leave feeling more like OK I can do this" (Crystal, January 20, 2020).
	"a lot of like validating or I might give an example of something I'd want to do in session and my supervisor be like yes that's exactly the advice that I would have just told you so very validating" (Judy, January 19, 2020).
	"building me up and reinforcing what we learned in school and you know that I'm on the right track and then I'm doing the right things for my clients and stuff like that" (Lacey, January 17, 2020).

Constructive Feedback	"I'm not quite sure where this is going where this should go how far or how much should I push uh how much are how much I just let the client be the leader in this situation in these sessions so I come in not feeling confident I come in with a lot of questions about directions I could go" (Crystal, January 20, 2020).
Development of Counselor Identity	"I think that there's a lot of growth that comes just from experience but from being able to ask those hard questions and being challenged which is something all of my supervisors have done" (Amanda, January 14, 2020).
	"my supervisor will talk to me first about what feelings is it eliciting and me and really trying to understand like where I'm coming from uh instead of just like you know wholesale dispensing device right uhm, then once they got more of a background then we can start getting into a little bit more detail about what I might try some ideas to think about but I'm

	always feel like it's a partnership like how does that sound do you think you might be able to do that [*sic*]" (Crystal, January 20, 2020).
NO:	
Case Consult with Colleagues	"seeking out counsel from my colleagues right in an informal almost supervision you'd call it with colleagues you know or other people I know in the field as opposed to you know the supervision that I've for the most part received" (Danny, January 28, 2020).
Experience	"I would say that any confidence that I've been able to develop as a clinician or as a counselor has much more been the result of you know just going through the process of working with clients myself and certainly making a ton of mistakes and then you know trying to work to rectify that" (Danny, January 28, 2020).

Most Beneficial in Developing Clinical Skills (IntQ5). Participants suggested

several factors as being helpful in the development of their clinical skills as illustrated in

Figure 5. However, at least half stated case consultations with a supervisor or colleague

(n = 5) and clinical supervision (n = 4) were the most helpful in their development of

clinical skills. Specifically, participants noted supervisory feedback and a secure base as

most beneficial in clinical skill development. Participant "Samantha" stated, "I want to

like talk through the whole case and like express what I'm thinking and feeling and

planning and then getting feedback." Participant "Alexis" stated, "I think just again the

consistency having an honest relationship has been really helpful um somebody I feel like

I can go to." Some post-graduate counselors stated that development of their counselor

identity was the most beneficial (n = 2), while others stated additional training (n = 2).

Other factors suggested by participants included developing a depth of knowledge, direct

experience, a growth mindset, prior exposure to the counseling field, having a safe place

to learn (secure base), and role playing as the most beneficial in clinical skill

development. Participant "Crystal" described growth mindset as being "alright if I don't

know what I don't know because that's where I am." Participant responses for the

predominant themes are in Table 6.
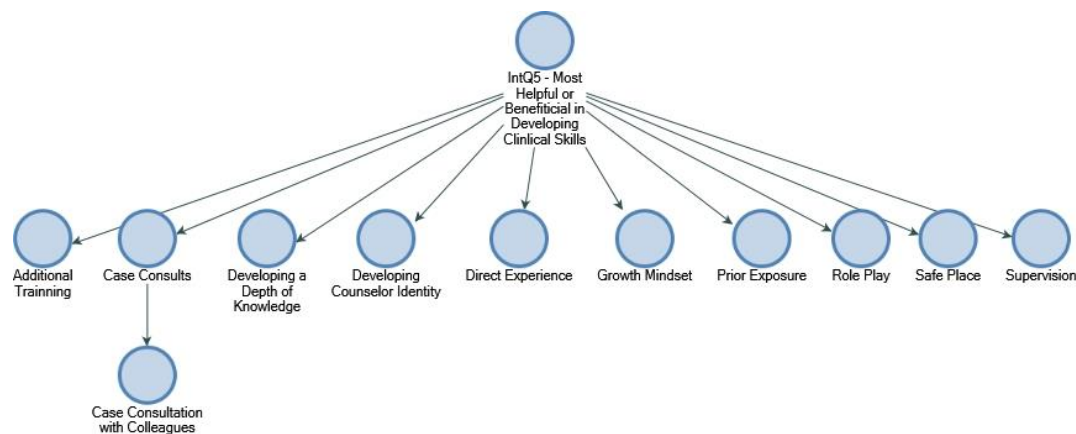
Figure 5. Project Map for Perceptions of Most Beneficial Factors in Developing

Clinical Skills.

Table 6

Themes and Responses Associated with Most Beneficial Factor in Gaining Clinical Skills

Theme	Comment
Supervision	"some of that is learning definitely supervision comes into that I always come in with my you know my list like here's some of the um housekeeping stuff that I need to take care of for sure but then here are like a list of two or 3 clients that I might be kind of struggling with or sometimes" (Crystal, January, 20, 2020).
	"I want to like talk through the whole case and like express what I'm thinking and feeling and planning and then getting feedback one of the supervisor who is also the program manager was really great at doing role play with me and so I was able to you know kind of pre apply what I was thinking with certain clients and talk through really specific interventions and really kind of practiced them on her which I thought was really helpful yeah I think I'm just more of like a type of learner that

	needs to practice and do rather than you know just consider" (Samantha, January 28, 2020).
Case Consults with Supervisor	"I think probably when I've been able to really sit down and conceptualize cases with supervisors and talk through kind of my thought process with each of them. I think that's how I learn best." (Samantha, January 28, 2020).
	"we would even do like case consult so after a staff meeting we would have a case consult and our supervisors would be there so having some actual scenarios but then hypothetical you know what if it was this what if you know if this was happening what would you do" (Amanda, January 17, 2020).
Case Consult with Colleagues	"I feel what has been helpful for me is a lot of like consulting with colleagues" (Judy, January 19, 2020).
	"case consultation you know being able to say what they would do or how you would approach it next time or moving forward

	and things like that is too I mean it's most valuable I think us being able to do that every week and consistently" (Lacey, January 17, 2020).
Development of Counselor Identity	"I think having a supervisor that doesn't push their own stuff onto you um that is letting you flourish in your theory and try things that you want to try within boundaries" (Lacey, January 17, 2020).
	"I think the most important thing for me is just to kind of settle in and be me in the room it just makes sure that I kind of feel like I'm the tool right I'm the tool in my tool bag is [*sic*] so what's going to help me" (Crystal, January 17, 2020).

Most Beneficial of Supervisory Relationship (IntQ6). When asked what the most beneficial aspect of their supervisory relationship was, six out of the eight participants made comments referring to their supervisor as a secure base. Two participants stated that clear boundaries were the most beneficial. Other factors suggested to be helpful in the supervisory relationship included the supervisor's responsiveness or accessibility ($n = 1$), breadth of knowledge and experience ($n = 1$), structured and consistent supervision ($n = 1$), and confidence in the post-graduate counselors' abilities or

clinical skills ($n = 1$). Participant "Amanda" stated, "they also had that ability to know that they would see potential in us that we couldn't see in ourselves, you know we might think Oh we're going to, we're going to fail and they'd be like you know you gotta believe in yourself to help these clients." A sample of participant responses for the two major themes of a safe and secure base and bolstering of confidence are in Table 7.
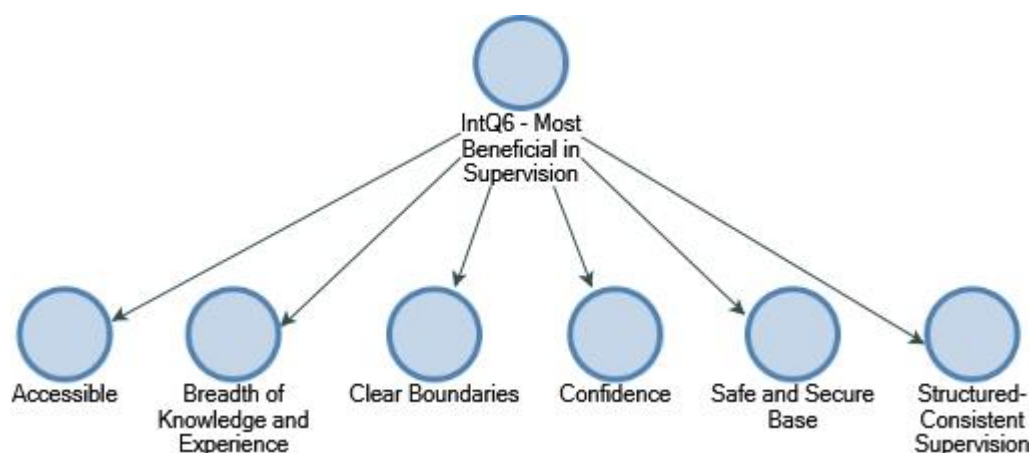
Figure 6. Project Map for Perceptions of Most Beneficial Factors of Supervisory Relationship.

Table 7

Themes and Responses Associated with Most Beneficial Factors in Supervision

Theme	Comment
Safe and Secure Base	"you got a lot of supervision around what you were doing so you were never like yes you were thrown in, but you were kind of like given a life raft that you could hold onto while you figure

	out swimming" (Amanda, January 17, 2020).
	"feel really comfortable with my current supervisor and I'm not afraid to like hold back anything that I might be like nervous of being judged about or get in trouble for say but like so just being able to really just kind of be myself with my supervisor" (Judy, January 19, 2020).
	"I can trust her and really talk about like the difficult client situations I'm having and not feel judged about transference and countertransference" (Samantha, January 28, 2020).
Clear Boundaries	"just having some personal relationship I think that balanced with the professional relationship that we have about doing the work and I think for me it's been a really nice balance I wouldn't want it too far the other way or so I feel like it's a good balance" (Crystal, January 20, 2020).

	"boundaries and trust" (Alexis, January 28, 2020).

Additional Comments (IntQ7). Participants were asked if they had any additional comments regarding either their supervisory relationship or development of confidence in their clinical skills. Seven of the eight participants provided a response on this last interview question. As depicted in Figure 7, participants suggested several factors that contributed to confidence in their clinical skills and efficacy of their supervisory relationship in building those skills. However, the predominant factors suggested to be most beneficial in counselor development was the supervisory relationship with regard to establishing counselor's identity ($n = 3$), followed by providing a secure base ($n = 2$) and promoting post-graduate counselor's confidence ($n = 2$) within themselves. Each item listed under confidence in clinical skills was only mentioned one time. Therefore, no predominant theme was found for additional comments regarding confidence in clinical skills. Table 8 provides examples of the responses given by major themes discovered for this interview question.
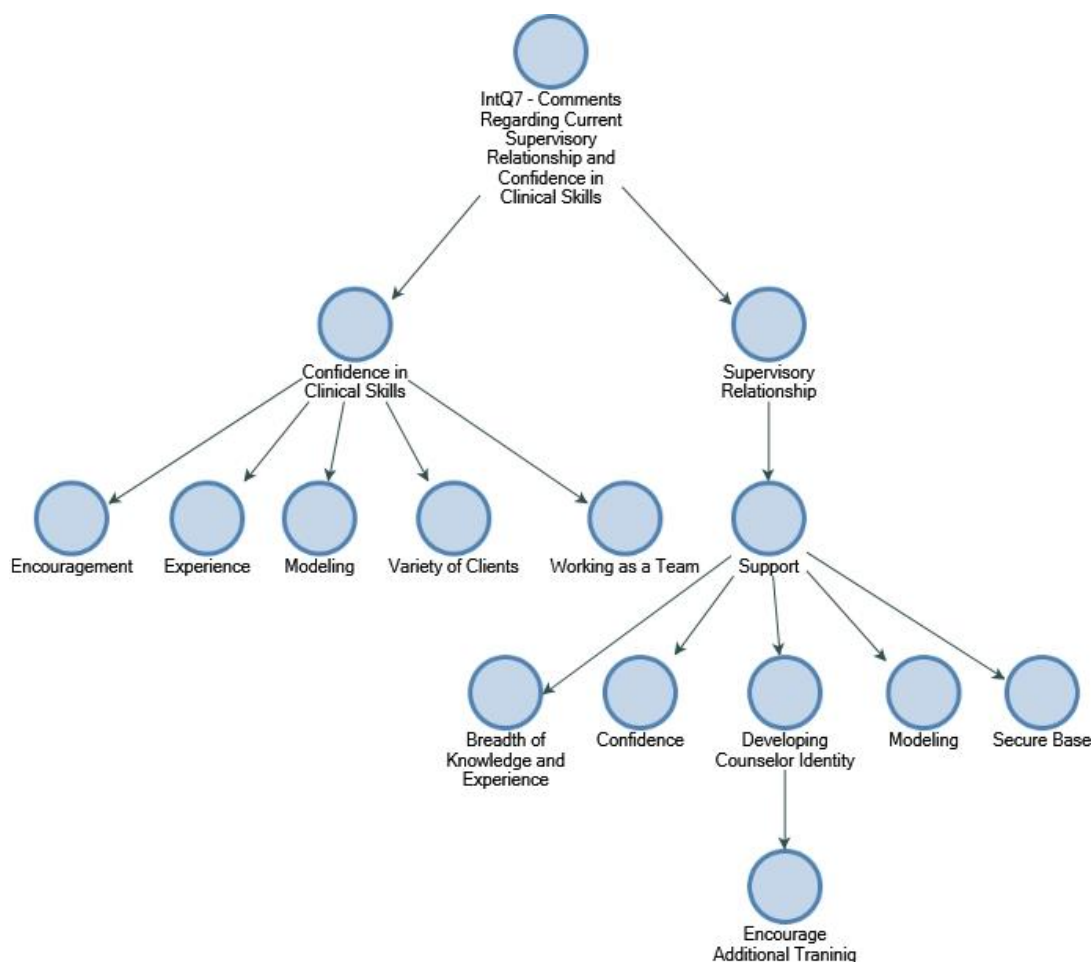
Figure 7. Project Map for Additional Perceptions.

Table 8

Themes and Responses Associated with Participants Additional Comments

Theme	Comment
Counselor Identity	"they're always pushing us to seek training outside you know so like learning from them but also pushing ourselves to go do a training that might be out of our comfort zone" (Amanda, January 17, 2020).

	"acknowledging that it's OK to be me in session 2, like, she's really helping me find that balance, because we wear all different hats in all situations but also like seeing 8 hours of clients a day like of course ourselves are going to come through on that and I used to be very worried about that so I feel with my supervision currently she's like really help me to kind of own that" (Judy, January 19, 2020).
	"for the most part I just feel like my growth and competence as a counselor is really what my supervisor is trying to do and I think because that's their priority I feel really supported by that" (Crystal, January 20, 2020).
Secure Base	"I'm saying and sense of being myself with my supervisor" (Judy, January 20, 2020).
	"I just know that if I didn't have that feeling of being supported if I didn't have that feeling of I'm where I'm at and that's

	OK and um you know not feeling judged or feeling just any of those things that can really cut away in your creativity your problem solving and your confidence I'm not experiencing any of that right now and I think that is really valuable" (Crystal, January 20, 2020).
Confidence	"with my supervision currently she's like really help me to kind of own that and own like oh wait I do know what I'm doing, I have had this training" (Judy, January 20, 2020).

Association Between SCT and the Six Major Themes

As previously discussed in chapter two, Bandura's (1986) postulates include performance accomplishment, vicarious learning, verbal persuasion, affective reaction, and physiological state. Each of the six major themes discovered in this research can provide support to each of these postulates as illustrated in Table 9. Specifically, Bandura (1986) suggested that self-efficacy is built from performance accomplishments experienced through the mastery or failure of prior attempts at a task. Several participants described the increase in their level of confidence and clinical skills as a result of working with clients and gaining experience. Performance accomplishment is an integral component of the development of a counselor's identity since it is through the interaction

with clients that counselors begin to shape their counseling style and choose interests for pursuit within the field.

Table 9

Responses Associated with SCT and Six Major Themes

Theme	Comment
Performance Accomplishment (Development of Counselor Identity)	"access to clients like you know having kind of a…routine and schedule where I'm seeing the same people over and over and it feels like that just builds my clinical skills and having time with people where we can see the progress are making or what they're not making" (Jill, January 17, 2020).
	"a lot of growth that comes just from experience" (Amanda, January 17, 2020).
	"I would say that any confidence that I've been able to develop as a clinician or as a counselor has much more been the result of, you know, just going through the process of working with clients myself and certainly making a ton of mistakes and then, you know, trying to work to rectify that" (Danny, January 28, 2020).

Vicarious Learning (Constructive Feedback)	"being able to come together with … other counselors just in this case consultation you know, being able to say what they would do, or how you would approach it next time, or moving forward, and things like that… it's most valuable I think, us being able to do that every week and consistently" (Lacey, January 20, 2020).
	"getting feedback one of the supervisor who is also the program manager was really great at doing role play with me and so I was able to you know kind of pre apply what I was thinking with certain clients and talk through really specific interventions and really kind of practiced them on her which I thought was really helpful" (Samantha, January 28, 2020).
	"we would even do like case consults, so after a staff meeting we would have a case consult and our supervisors would be there, so having some actual scenarios, but then hypothetical, you know? What if it was this? What is you know if this were happening what would you

	do? And allowing me to answer and be wrong, and then learning from it" (Amanda, January 17, 2020).
	"I leave feeling more like OK I can do this, yeah, so in presenting, you know, you're case of your client and what you're wanting to work on with the client, and then getting the feedback from your supervisor helps. You kind of re-center and kind of affirm your level of knowledge and skill, and then build on your confidence" (Crystal, January 20, 2020).
Verbal Persuasion (Constructive Feedback and Breadth of Knowledge)	"I feel that my supervisor has confidence in me and so, when I'm feeling good… she's very good at kind of holding me up and helping me see that I don't need to be second guessing myself so much" (Jill, January 20, 2020).
	"building me up and reinforcing what we learned in school and, you know, that I'm on the right track and that I'm doing the right things for my clients and stuff like" (Lacey)

	"pushing me to keep going" (Amanda, January 17, 2020).
	"she pushes me a lot, she challenges me which I really like… I would say a lot of like validating or I might give an example of something I'd want to do in session and my supervisor be like, yes that's exactly the advice that I would have just told you, so very validating" (Judy, January 20, 2020)
Affective State Reaction and Physical State (Secure Base, Accessibility, Structure, and Boundaries)	"I'm very comfortable talking about my physical issues you know, and chronic pain, and what that's like, and having that be also part of my growth as a counselor, 'cause it's so intertwined at this point and so I think that's nice she checks in about that a lot" (Jill, January 14, 2020).
	"allowing me to answer and be wrong and then learning from it. I think at first when I was an intern, I was always scared to give a wrong answer so I'd always like tiptoe and skirt around it, be like Oh well you know I don't know all the information

	or whatever, you know, but like because they kept pushing, and they all allowed for it to be … really truly a safe space that I could be wrong and I wasn't going to be ridiculed for it, I think that was part of our like agency culture as well, but then once you saw it like individually, that was something that was really helpful, that ability to be OK with being wrong and learning from it" (Amanda January 17, 2020).
	"I can trust her and really talk about like the difficult client situations I'm having, and not feel judged about transference and countertransference, and 'cause I feel like for me, just being you know an empath, that can be hard for me in a challenge, and so being able to feel supported in that way has been really important" (Samantha, January 28, 2020).
	"always extremely responsive, like should I ever reach out with this person, and

	always willing to kind of carve out some time for me, like regardless of what else they might have going on" (Danny, January 28, 2020).
	"Just having some personal relationship, I think that balanced with the professional relationship that we have about doing the work, and I think for me it's been a really nice balance. I wouldn't want it too far the other way or so I feel like it's a good balance" (Crystal, January 20, 2020).

Vicarious learning is described as learning by watching or listening to how others perform a task from which to model. As previously discussed, a study conducted by Daniels and Larson (2001) suggested a direct relationship between CIT self-efficacy and performance feedback. In the current study, constructive feedback from supervisors encompassed feedback on CIT performance as clinicians. Further, constructive feedback from supervisors involved case consults wherein the CIT could receive instruction and validation of current treatment practices. In addition, during group supervision meetings, some participants described the use of case consultations within the group. During these group meetings, peers could describe their treatment practices as well as conduct role play with peers for learning purposes.

Bandura's (1997) verbal persuasion is experienced through communication from "significant others" on performance capabilities. Participants within this study experienced verbal persuasion from their supervisors while receiving constructive feedback and as a result of their perception of their supervisor's breadth of knowledge. Namely, CIT describe being "persuaded verbally that they possess the capabilities to master given tasks" (Bandura, 1997, p. 101). The weight with which CIT gave supervisory feedback was based upon their perception of their supervisor's breadth of knowledge thereby deeming them a "significant other" or not.

Bandura's (1986) affective reaction and physiological state are experienced interpersonally and through social cues on whether the individual exhibits task anxiety or is poised (Bandura, 1986; Lent, 2016; Morrison & Lent, 2018). Hence, affective and physiological states describe emotional state and corresponding physiological consequence. CIT that felt they had a secure base, that their supervisor was accessible, and that the relationship had clear boundaries, felt 'safe' or comfortable and highly supported by their supervisor which implies a lower anxiety state (Mehr, Ladany, & Caskie, 2015).

Research Questions

Research question 1 was answered using interview questions 1, 2, 6, and 7. Research question 2 was answered using interview questions 3, 4, 5, and 7. The research questions and corresponding interview questions are illustrated in Table 10.

Table 10

Research Questions and Corresponding Interview Questions

Research Questions	Interview Questions

1. What are post-graduate master's level counselors' perceptions of their current supervisory relationship?	(1) Could you briefly describe the relationship you have with your current clinical supervisor?
	(2) Do you feel fully supported by your current clinical supervisor? Why or why not?
	(6) What do you think has been the most helpful or beneficial in your supervisory relationship? Please explain.
	(7) Is there anything more you would like me to know about your current supervisory relationship and/or your confidence in your clinical skills that we have not addressed?
2. What are master's level counselors' perceptions of their post-graduate supervisory relationship's effect on the development of their self-efficacy and counseling skills?	(3) Has your current supervision helped you gain clinical skills? Please explain.
	(4) Do you feel more confident in your clinical skills and ability because of the clinical supervision you received? Why or why not?
	(5) What do you think has been the most helpful or beneficial in developing your clinical skills? Please explain.

	(7) Is there anything more you would like me to know about your current supervisory relationship and/or your confidence in your clinical skills that we have not addressed?

Research Question 1. Major themes for interview questions 1, 2, 6, and 7 were compiled into a table to answer the first research question as illustrated in Table 11. As a result of the predominant themes discovered for interview questions 1, 2, 6, and 7, the research findings suggested that post-graduate counselors perceive their current supervisory relationship as supportive, with structure, making the supervisor available/accessible, and provided clear boundaries which offers post-graduate counselors a secure base; wherein their supervisor provides constructive feedback as a result of their breadth of knowledge and experience which bolsters post-graduate counselors confidence and helps them build their counselor identity.

Table 11

Compilation of Major Themes for Interview Questions 1, 2, 6, 7

RQ1: What are post-graduate master's level counselors' perceptions of their current supervisory relationship?	
IntQ1	Participants described their current supervisory relationship as structured ($n = 3$), with clear boundaries ($n = 3$) that supervisors provided constructive feedback ($n = 3$) and had a vested interest in helping post-graduate counselors develop their counselor identity ($n = 4$).

IntQ2	Yes, feel supported ($n = 8$), Develop counselor identity ($n = 6$), available/accessible ($n = 3$), breadth of knowledge ($n = 3$)
IntQ6	Secure base ($n = 6$) clear boundaries ($n = 2$)
IntQ7	Counselor identity ($n = 3$), secure base ($n = 2$), confidence ($n = 2$)

Research Question 2. Major themes for interview questions 3, 4, 5, and 7 were compiled within a table to answer research question 2 as illustrated in Table 12. Research findings suggest that all participants believed that their supervisory relationships helped them develop their counseling skills. Further, most post-graduate counselors ($n = 7$) perceived their supervisory relationship helped them build their self-efficacy as a result of their supervisors' vested interest in developing their counselor identity and providing constructive feedback. Hence, research findings suggest that post-graduate counselors perceive their supervisory relationship significantly effects their development of both self-efficacy and counseling skills. Further, effects are mediated through the perception of supervisors' vested interest in developing participants counselor identity, constructive feedback, supervisor's breadth of knowledge, and the perception that the supervisor is a secure base from which counselor can make mistakes and ask questions without judgment.

Table 12

Compilation of Major Themes for Interview Questions 3, 4, 5, 7

RQ2: What are master's level counselors' perceptions of their post-graduate supervisory relationship's effect on the development of their self-efficacy and counseling skills?

IntQ3	Supervision helped gain clinical skills (n = 8), breadth of knowledge (n = 5), develop counselor identity (n = 4), provided constructive feedback (n = 3)
IntQ4	Confident in clinical skills as a result of supervision (n = 7), development of counselor identity (n =4), providing constructive feedback (n = 4)
IntQ5	Most beneficial in developing clinical skills: Case consult with colleagues (n = 5) and supervision (n = 4) (constructive feedback and a secure base)
IntQ7	No predominant theme found

Delineating Breadth of Knowledge and Counselor Identity

Further explanation behind the meaning of breadth of knowledge and counselor identity was warranted. Hence, the following section discusses the delineating factors behind these two major themes with the objective of clarification. Ultimately, breadth of knowledge warrants more exploration in future studies while the term counselor identity requires distinction from the term professional counselor identity or development.

Regarding breath of knowledge, it was unclear whether participants' perceptions of their supervisor's breadth of knowledge incorporated both years of experience as a supervisor as well as a therapist. Some participants implied that their supervisor was able to provide competent counsel as a result of their years of experience in the field, while others implied that years of experience as a supervisor was the key factor in acquiring the breadth of knowledge necessary for a positive supervisory experience.

For example, "Amanda" stated that her supervisor "has a lot of his like 30 years of experience and so he's worked you know he worked his way up to being the director starting as a therapist and so I just I get a lot of insight from him." "Amanda" also

suggested that the strong support she received from her past supervisors was attributed to them "having a lot of their own clinical skills, all of my supervisors had been clinicians for between 10 and 30 years." Similarly, "Lacey" attributed her supervisor's breadth of knowledge to his years of experience practicing by stating "he is very relational with his clients. He's been doing this for 30 years… he has the experience… so when he talks to me and tells me things, I listen because I value what you know he brings to the table." Finally, "Jill" attributed her supervisor's breadth of knowledge in helping her develop clinical skills to her experiences as a therapist. Specifically, "Jill" stated "you know [experience] she has from being a therapist for so long like just things that I'll be talking about and she is an extra level of knowledge that I'm like Oh I wouldn't have even thought of that."

Conversely, "Alexis" and "Samantha" both attributed breadth of knowledge to years of practice as a supervisor as opposed to clinical experience years. "Alexis" explicitly stated that she felt unsupported by supervisors with little experience supervising as compared to her current supervisor with 20 years of experience supervising in the field. Specifically, "Alexis" stated:

> I think what's contributed to a positive experience with my supervisor is also her years of experience, also her training, she's been a supervisor for about the past 20 years and I think past supervisors that I have felt unsupported by, they were quite new so I think training and experiences really helps me feel supported.

Similarly, "Samantha" stated:

> When I started out as an intern and then as a full-time clinician having that supervisor that hadn't been a supervisor before. I think it took me awhile to kind

of gain confidence going through that because it's so hard already and then feeling

like the person who's supposed to be teaching, you how, to do it doesn't know

how to do it was a struggle.

Regarding the development of counselor identity, one research article used the

term synonymously with professional identity development (Thacker & Diambra, 2019).

Professional identity development was defined as the "integration of the personal and

professional self " (Moss, Gibson, & Dollarhide, 2014, p. 3). However, within the context

of this study, counselor identity is the post-graduate CITs understanding of their personal

theory choice, the active acquisition of the skills inherent to that theory and based on an

internal development of who post-graduate CIT want to become as counselors without

the consideration of the professional self. Hence, counselor identity is for the individual

and their style and choice of who they are as a counselor. Conversely, professional

identity is who the counselor is within the field and inherently how others may view them

within the field (Moss et al., 2014; Thacker & Diambra, 2019).

Summary

Analysis of each individual interview question in conjunction with the overall

research questions revealed six major themes as they related to the supervisory

relationship and clinical skill building. Namely, as illustrated in Tables 10 and 11, major

themes identified included counselor identity, constructive feedback, secure base, breadth

of knowledge, structure and boundaries, and availability/accessibility.

Of these six themes, counselor identity appeared to be a major theme in five of the

seven interview questions, constructive feedback appeared as a major theme in four of the

seven interview questions, and secure base was found to be a major theme in three of the

seven interview questions. Hence, the research findings suggest that the perception of supervisor's vested interest in developing post-graduate participants' counselor identity while providing a secure base and constructive feedback is essential in developing counselor's self-efficacy and clinical skill sets.

The following chapter will begin with an overview of the research study to include the problem, purpose, research study design, and results. Study limitations will also be discussed. Plausible implications of the research findings will be reviewed in detail along with recommendations for practical use. Finally, recommendations for future research will be suggested.

Chapter 5: Discussion

The effect of the supervisory relationship and its impact on CIT self-efficacy in a post-graduate sample was unknown. Supervision is strongly suggested in the literature to significantly affect both undergraduate and graduate students' self-efficacy (Bernard & Goodyear, 2014; Cashwell & Dooley, 2001). However, minimal research was found exploring the relationship between these two variables, supervisory relationship and CIT self-efficacy, in a post-graduate counselor population wherein supervision is required by the state to obtain licensure (CACREP, 2019b). The purpose of this qualitative phenomenological study was to explore the construct of CSE in relation to the supervisory relationship and the development of counseling skills in post-graduate counselors.

Results from the current study revealed six major themes regarding post-graduate counselors' perceptions of their supervisory relationships and aspects of that relationship that counselors perceived to be integral in their development of self-efficacy and clinical skills. The six major themes found included counselor identity, constructive feedback, secure base, breadth of knowledge, structure and boundaries, and availability/accessibility. Three of the six major themes were predominantly reported across all participants and included counselor identity, constructive feedback, and secure base. Hence, the results suggest that post-graduate counselors perceive their supervisor's vested interest in helping them develop and establish their counselor identity by providing a secure base and constructive feedback are integral in the development of CSE and clinical skills.

The following section discusses the limitations of the current study, implications of the research findings, and provide recommendations for practice and future research. These recommendations are suggested for application by stakeholders within the field of psychology to potentially improve and bolster the development of post-graduate CSE and clinical skill development. The chapter will conclude with a final overview.

Limitations

It is important to explicitly state and discuss the limitations of a research study. Aside from the inherent study design limitations discussed in chapter three, the study had several other limitations to include: (a) the use of convenience and snowball sampling, (b) all respondents came from a Clinical Mental Health Counseling program, (c) a small sample size, (d) potential response bias, and (e) varying levels of experience with supervision and practice in counseling across respondents.

Convenience and snowball sampling are non-probability sampling techniques that reduce the generalizability of the research findings (Crouse & Lowe, 2018; Jager, Putnick, & Bornstein, 2017) and increase the likelihood of selection bias (Crouse & Lowe, 2018). Further, the initial intent for the sample of participants included obtaining responses from post-graduate counselors that graduated from both Marriage and Family and Clinical Mental Health programs. However, the sample only consisted of graduates from Clinical Mental Health thereby mitigating this initial objective of obtaining a diverse perspective on supervision between these two fields.

The small sample size could also present a limitation to the generalizability of these research findings to the population under study as well as the internal validity (Vasileiou, Barnett, Thorpe, & Young, 2018). Although the research findings could be

applied to Clinical Mental Health counselors within the U.S., at the time of the study, respondents worked in the Pacific Northwest (Oregon and Washington state) and all graduated from CACREP accredited programs located in Washington state. Therefore, research findings may not be applicable across the United States where counselors were not sampled. Regarding internal validity and sample size, it is not known that these research findings can account for "the full spectrum and variation of the phenomenon under investigation" (Vasileiou et al., 2018, p. 162). In addition to the limitations associated with a small sample size, it is possible that some participants exhibited response bias when answering the interview questions. The primary response bias of concern for this study include participants responding in a way that is perceived as more socially desirable (social desirability) to the researcher (Villar, 2011). However, other variables relating to the researcher's demographics and interview characteristics could have potentially biased participants' responses. Variables such as the researcher's gender, ethnicity, and the "interviewer's pace of speech" all could significantly facilitate bias in participant response (Villar, 2011, p. 754).

Finally, a variation in the amount of supervision received across the sample as well as level of experience practicing was suggested to influence post-graduate counselor's perspective and response time to interview questions. Specifically, participant "Danny" had three prior supervisors before settling on the current one. This participant had a longer interview time (15:19 minutes) as compared to other interviewees because he had the most experience in both being supervised and in practicing as a counselor. "Danny" stated that he had been practicing in Community Mental Health for ten years. Variations in supervisory history and level of counseling

experience could significantly influence counselor's perceptions regarding the extent of the role supervision played in the initial development of self-efficacy and clinical skill sets. Therefore, participants with more experience in both practice and in being supervised could unintentionally minimize the contribution supervision initially made toward their development.

Implications

Research question one explored post-graduate counselors' perceptions about their current supervisory relationship. Research findings suggested that post-graduate counselors perceived their current supervision as supportive, structured with clear boundaries, supervisors were available/accessible, and provided a secure base from which CIT could receive constructive feedback which supported the development of their counselor identities. They also perceived their supervisors as having a breadth of knowledge and experience.

Research question two explored post-graduate counselors' perceptions of the effect their supervisory relationship had on the development of their self-efficacy and counseling skills. All participants believed their supervisory relationships helped them develop their counseling skills and most ($n = 7$) perceived it helped them build self-efficacy. Participants' perceptions were mediated through the perceived vested interest of their supervisors to build their counselor identities by offering a secure base from which counselors could make mistakes and could ask questions without judgment. Building of post-graduate counselors' identities is suggested to be primarily attributed to receiving constructive feedback and based in their supervisor's extensive experience.

Hence, the six major themes discovered between the two research questions were breadth of knowledge, structure and boundaries, availability/accessibility, secure base, counselor identity, and constructive feedback. Of these six themes, secure base, counselor identity, and constructive feedback were found to be the predominant themes across all responses. The following section will discuss the implications of these findings.

Supervisors with extensive clinical experience (10 years or more) are perceived as having a larger breadth of knowledge and are better received by CIT as having the fundamental skill set necessary to provide competent counsel to CIT. Participant "Alexis" explicitly stated that she perceived her supervisory experience positively as the result of her supervisors 20 years' experience working in the field as a supervisor. "Alexis" further stated, "I think that past supervisors that I have felt unsupported by…were quite new, so I think training and experience really helps me feel supported."

Structure and clear boundaries are also integral in providing supportive supervision to CIT by ensuring supervisors are available/accessible and by delineating professional boundaries. Participants "Jill, Lacey, Judy, and Danny" explicitly stated that they felt more supported in their supervisory relationships when they had a consistent and designated schedule to meet with their supervisor weekly. Further, participants "Amanda, Crystal, Alexis, and Samantha" perceived clear boundaries between professional and personal life as an integral component of their supervisory support. "Amanda" made the following observation between her past and present supervisory experience:

Sometimes things got a little too personal and I don't think it was necessarily

appropriate, like not unethical or anything, but just like, you know, we're talking

about personal life more than clinical stuff, so I like that he has [current

supervisor] more of a structure, so I appreciate that.

Further, participant "Danny" stated that the main factors in previous supervisory

experiences that made him feel unsupported were associated with both a lack of structure

and accessibility. "Danny" stated, "you could never really get ahold of them. There was

no like, frequently scheduled type of meeting that you could count on, it was just like

whenever you can catch this person."

Research findings further suggest that CIT perceived their supervision experience

as more supportive when their supervisor acted as a secure base from which they could

obtain constructive feedback and build their counselor identities. Participants that

described their supervisors as non-judgmental, accepting, and trustworthy reported

feeling more comfortable with their supervisor thereby facilitating open communication.

Participant "Judy" stated the following regarding what she felt was most beneficial about

her supervisory relationship:

I feel really comfortable with my current supervisor and I'm not afraid to, like,

hold back anything that I might be, like, nervous of being judged about or get in

trouble…but like so just being able to really just kind of be myself with my

supervisor.

Participant "Samantha" stated that as a result of feeling comfortable with her supervisor

that "I can trust her and really talk about the difficult client situations I'm having and not

feel judged about transference and countertransference."

These factors in conglomeration contributed to participants' perceptions that their

supervisors were invested in their personal growth and their development of counselor

identity through constructive feedback. For example, participant "Lacey" stated that her supervisor supported her by being "very open to how I'm approaching things and what I would do and talking things through with me like that" and that their supervisor helped them "harness what I really think or where I want to be." Similarly, participant "Alexis" stated, "when I have had questions she's answered appropriately and really helps me figure out what I want to do, rather than what she would do."

These research findings are consistent with existing literature regarding the influence supervision has on the development of counselor skills (Cashwell & Dooley, 2001; Lent, 2016; Morrison & Lent, 2018). Prior research also suggested that supervision could have an impact on self-efficacy by increasing CIT confidence in their counseling abilities which translates into higher levels of self-efficacy (Cashwell & Dooley, 2001). Although levels of self-efficacy were not directly measured in this study, several participants stated that their supervisory experience significantly contributed to their levels of confidence. For example, participant "Crystal" stated that her supervisor made her feel "more confident because a lot of times when I come into supervision it's when I'm feeling not very confident" and "I leave feeling more like, ok, I can do this." Participant "Jill" stated, "I feel that my supervisor has confidence in me. She's very good at kind of holding me up and helping me see that I don't need to be second guessing myself." Yet another participant described that their supervisor increased their level of confidence by affirming their choices in clinical practice. Participant "Judy" stated, "I might give an example of something I'd want to do in session and my supervisor be like, yes that's exactly the advice that I would have just told you, so very validating."

Five of the six themes were consistent with prior research findings. Specifically, structured supervision offers support to Cashwell & Dooley's (2001) findings regarding the positive effects of regular clinical supervision on counselor development. Structured supervision ensures minimal availability of supervisors to the CIT. Duration and frequency of supervision have been suggested in prior research to increase CIT level of satisfaction with the supervisory relationship (Borders, 2005; Shulman & Safyer, 2014). Findings also support prior research regarding supervision as a secure base from which CIT could explore and learn in a non-judgmental environment (Gibson, Grey, & Hastings, 2009; Mesrie et al., 2018; Morrison & Lent, 2018; Vetere & Stratton, 2016), the importance and effect of supervisory feedback on CIT development (Daniels & Larson, 2001; Kim & Lee, 2019; Motley, Reese, & Campos, 2014), and the supervisory effect on the development of counselor identity, sometimes described in the literature as professional identity development (Thacker & Diambra, 2019). The final theme, breadth of knowledge, was described by participants as relating to their supervisor's years of clinical experience and is a new variable to consider in the research literature. Review of the literature returned no studies within the last five years exploring supervisory effects on counselor development as it relates to the supervisor's breadth of knowledge or years of clinical experience.

Recommendations for Practice

Research findings suggest that policy makers and program administrators in counseling should consider increasing the clinical supervisory experience requirements. As previously mentioned in chapter two, supervisor requirements are loosely defined leaving a wide range of possible interpretations (CACREP, 2019a; Nate & Haddock,

2014). The CACREP requirements explicitly state that supervisors must have at minimum a master's degree (preferably in counseling, but not required) and licenses and certifications that are relevant, and two years of "pertinent" experience (CACREP, 2019a). However, several participants within this study stated the importance of their supervisors' clinical experience as it related to the supervisor's breadth of knowledge. Specifically, three participants stated their supervisors' clinical experience ranged from 10 to 30 years. However, the actual number of clinical practice years or experience from which CIT perceive their supervisor has an established breadth of knowledge that translates to a "good" supervisory experience is unknown.

Additional considerations regarding supervision of post-graduate CIT include a defined guideline on structured supervision to include the level of accessibility of supervisors to CIT. Specifically, counseling policy makers and institutions should consider the importance of implementing and enforcing a set weekly quota for supervision of post-graduate CIT. Although the CACREP offers a minimum supervision requirement of one hour per week for students in their practicum and intern years, Washington State DOH supervisory requirement for post-graduate counselors does not (DOH, 2019). Post-graduate supervised experience includes the requirement of 3000 hours of supervised direct client care practice for post-graduates that did not graduate from a CACREP accredited program, and 2,500 hours for those that did (DOH, 2019). However, how those hours are obtained (weekly, bi-weekly, etc.) are not specified. Hence, recommendations for practice based on the research results include the implementation of a structured supervisory protocol.

Educational and administrative counseling stakeholders should consider incorporating instruction for supervisors regarding evidence-based practices about providing constructive feedback to CIT (Daniels & Larson, 2001; Kim & Lee, 2019; Motley et al., 2014). This practice should further incorporate the importance of supervisory feedback and its influence on developing a secure base and building CIT identity (professional counseling identity) (Bernard & Goodyear, 2014; Cashwell & Dooley, 2001; Thacker & Diambra, 2019). How to implement an open, non-judgmental environment for CIT to explore their role as a clinician should be considered in supervisory training.

Recommendations for Future Research

Regarding future research aimed at replicating the current study, researchers should consider using purposeful sampling as opposed to convenient and snowball sampling. Purposeful sampling could reduce the likelihood of selection bias as compared to the sampling technique used in this study. Future studies should also consider broadening the participant sample to include counselors from other backgrounds such as counseling psychology, school/education counseling, clinical psychology, and marriage and family therapy graduates to obtain a diverse perspective on supervision between fields. A larger sample size from across all regions of the U.S. is also recommended to increase the generalizability of the research findings. Although the research design was successful in creating a baseline level of supervision obtained by respondents by only including participants that had attended a CACREP accredited program, it did not account for those individuals with an amount in excess. For example, participants who have had more experience in the field prior to graduate studies or participants who were

closer to meeting the supervision hours required for full licensure. Hence, future studies should consider an inclusion criterion that consists of a maximum number of years of clinical experience and supervision. Finally, future studies should consider sampling respondents that did not attend CACREP accredited programs to see if supervision is perceived differently by graduates from non-accredited universities.

Future research aimed at extrapolating on the current studies research findings should explore the number of clinical experience years successful supervisors have in relation to CIT levels of self-efficacy. Future studies could also explore the relationship between CIT expectations of the supervisory relationship as it relates to their level of self-efficacy. CIT perceptions of breadth of knowledge should also be further explored. For example, future research could examine if supervisor's breadth of knowledge is perceived differently by CIT if they are aware of the supervisor's history as it pertains to years practicing as a therapist versus in a supervisory role. Further, how CIT perceive a supervisor's breadth of knowledge as it relates to supervision style, variations in emphasis of supervisory content, and the type of structure of supervision should be explored.

An exploration of the number of weekly hours in supervision versus the level of CSE should also be examined. Other recommendations for future research include establishing what factors in the supervisory relationship are perceived by CIT to establish a secure base, what variables constitute to counselor identity, and the relationship of constructive feedback on CSE in post-graduate CIT. The association between CSE and multiple demographic variables of both the supervisor and supervisee should be considered. For example, demographic variables to consider include age, gender, and

ethnicity/race of supervisor-supervisee dyads, and their potential effect on levels of CIT

self-efficacy should be explored.

Further, future research should consider creating a developmental model

regarding who facilitates CIT self-efficacy based on CIT's level of experience in the field

and under supervision. In "Danny's" case, he did not feel more confident in his clinical

skills as a result of his supervisory experience. He also noted that he had multiple years

of experience working within the counseling field and had three prior supervisory

experiences. "Danny" stated that he primarily amassed his clinical skills through personal

experience, peer consultation, and individual learning. These statements suggest the

facilitators of self-efficacy may change over time as CIT gain more years of experience in

the field. Finally, future studies should consider the association of CIT self-efficacy with

other measures of competence since level of self-efficacy alone does not translate directly

into level of competency. Regarding the current study, the next step in research would be

to increase the sample size and explore perceptions of post-graduate CIT between

counseling fields.

Conclusions

This study explored the perceived effect of the supervisory relationship and its

impact on CSE and development of counseling skills in a post-graduate sample. Six

major themes were perceived by post-graduate CIT to be integral in their development of

self-efficacy and clinical skills. The six themes included counselor identity, constructive

feedback, secure base, breadth of knowledge, structure and boundaries, and

availability/accessibility. Three of the six major themes predominantly reported across all

participants included counselor identity, constructive feedback, and secure base. Hence,

the results suggested that post-graduate counselors perceive their supervisors' vested interest in helping them develop and establish their counselor identity by providing a secure base and constructive feedback are integral in the development of CSE and clinical skills. This study significantly contributed to prior research in several ways. First, prior research regarding supervision was predominantly carried out in student samples. Hence, the current study adds to the literature by presenting data on post-graduate counselor populations. Second, supervisors' years of clinical experience as it relates to the development of CSE is a new variable presented in the literature for future exploration. Third, this study provides recommendations of practice regarding employing supervision guidelines for post-graduate CIT.

References

ACA. (2019). *Licensure and certification: State professional counselor licensure boards.* **https://www.counseling.org/knowledge-center/licensure-requirements/state-professional-counselor-licensure-boards**

Alferes, V. R. (2013). Randomized experiments. *Methods of randomization in experimental design* (pp. 3). Thousand Oaks, CA.: SAGE Research Methods. **https://methods.sagepub.com/book/methods-of-randomization-in-experimental-design. doi:10.4135/9781452270012**

Anderson, B., & Marshall-Lucette, S. (2013). African and Afro-Caribbean men's experiences of prostate cancer. *British Journal of Nursing (Mark Allen Publishing), 22*, 1296-1307. **doi:10.12968/bjon.2013.22.22.1296**

APA. (2010). 2010 Annual report online for 289 clinical and counseling programs. *American Psychological Association*.

APA. (2014). Guidelines for Clinical Supervision in Health Service Psychology. *American* Psychological Association.

APA. (2018). 2007-16: Demographics of the U.S. psychology workforce. **https://www.apa.org/workforce/publications/16-demographics/**

Ghaderi, A. R. & Rangaiah, B., (2011). Influence of self-efficacy on depression, anxiety and stress among Indian and Iranian students. *Journal of Psychosocial Research, 6*(2), 231-240.

Bandura, A. (1971). *Social learning theory*. New York, NY: General Learning Press.

Bandura, A. (1986). *Social foundation of thought and action: A social cognitive theory*. Englewood Cliffs, N.J.: Prentice-Hall.

Bandura, A. (1994). *Self-efficacy*. In R. i. H. F. [Ed.] (Series Ed.), Encyclopedia of

mental health, Vol. 4. I. V. S. R. (Ed.) (Ed.), *Encyclopedia of human behavior*

(pp. 71-81). **http://www.sciepub.com/reference/46915**

Bandura, A. (1997). *Self-efficacy: The exercise of control*. (pp. 591).

https://books.google.com/books?id=eJ-PN9g_o-

EC&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&

q&f=false

Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through

imitation of aggressive models. *J Abnorm Soc Psychol, 63*, 575-582.

Barnes, K. L. (2004). Applying self-efficacy theory to counselor training and supervision:

A comparison of two approaches. *Counselor Education and Supervision, 44*(1),

56-69. **doi:10.1002/j.1556-6978.2004.tb01860.x**

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education*

and Supervision, 19, 60-68.

Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision*. Boston,

MA: Allyn & Bacon.

Bodenhorn, N., & Skaggs, G. (2005). Development of the school counselor self-efficacy

scale. *Measurement and Evaluation in Counseling and Development, 38*(1), 14-

28. **doi:10.1080/07481756.2005.11909766**

Borders, L. D., Glosoff, H., Welfare, L., Hays, D., DeKruyf, L., Fernando, D., & Page, B.

(2014). Best practices in clinical supervision: Evolution of a counseling specialty.

The Clinical Supervisor, 33(1), 26-44.

https://doi.org/10.1080/07325223.2014.905225

Borders, L. D., Welfare, L. E., Sackett, C. R., & Cashwell, C. (2017). New supervisors'

struggles and successes with corrective feedback. *Counselor Education and*

Supervision, 56(3), 208-224. **doi:10.1002/ceas.12073**

Borders, L. D. (2005). Snapshot of clinical supervision in counseling and counselor
education: A five-year review. *Clinical Supervisor, 24*, 69-113.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative*

Research in Psychology, 3(2), 77-102.

https://core.ac.uk/download/pdf/1347976.pdf

Bretschneider, P. J., Cirilli, S., Jones, T., Lynch, S., & Wilson, N. A. (2017). Document

review as a qualitative research data collection method for teacher research. In

SAGE research methods cases in education. London: SAGE.

https://methods.sagepub.com/case/document-review-qualitative-research-

data-collection-method-teacher. doi:10.4135/9781473957435

Brown, C. H., Olivárez, A., & DeKruyf, L. (2017). The impact of the school counselor

supervision model on the self-efficacy of school counselor site supervisors.

Professional School Counseling, 21(1). **doi:10.5330/1096-2409-21.1.152**

Butts, C. M., & Gutierrez, D. (2018). Dispositional mindfulness and personal distress as

predictors of counseling self-efficacy. *Counselor Education and Supervision,*

57(4), 271-284. **doi:10.1002/ceas.12116**

CACREP. (2019a). *Directory*.

https://www.cacrep.org/directory/?state=&dl%5B%5D=M&pt_id=18&pc%

5B%5D=83&pc%5B%5D=82&pc_logic=any&accr_status%5B%5D=A&key

words=&submitthis=

CACREP. (2019b). *Section 3: Professional practice.* **https://www.cacrep.org/section-3-professional-practice/**

Carl, N. M., & Ravitch, S. M. (2018). Member checking. In B. B. Frey (Ed.), *The SAGE encyclopedia of educational research, measurement, and evaluation* (pp. 1050). Thousand Oaks,, California: SAGE Research Methods.

Cashwell, T. H., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *The Clinical Supervisor, 20*(1), 39-47. **doi:10.1300/J001v20n01_03**

CCE. (2019). *ACS approved clinical supervisor.* **https://www.cce-global.org/Credentialing/ACS**

Cho, Y. (2008). Intercoder reliability. In P. J. Lavrakas (Ed.), *Encyclopedia of survey research methods* (pp. 345). Thousand Oaks, CA.: Sage Research Methods. **https://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods. doi:10.4135/9781412963947**

Cinotti, D., & Springer, S. (2016). Examining the impact of non-counseling supervisors on school counselor self-efficacy. *Vistas, 71.* **https://www.counseling.org/docs/default-source/vistas/article_71_2016**

Constantine, M. G. (2001). Multiculturally-focused counseling supervision. *The Clinical Supervisor, 20*(1), 87-98. **doi:10.1300/J001v20n01_07**

Cope, C., Michalski, D. S., & Fowler, G. A. (2016). Summary report: Student demographics. *American Psychological Association*, *10.*

Corbetta, P. (2003). The qualitative interview. *Social research: Theory, methods and techniques* (pp. 264-286). London, England: Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*: SAGE Publications.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*: SAGE Publications.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. New York, N. Y. : SAGE Publications.

Crockett, S., & Hays, D. G. (2015). The influence of supervisor multicultural competence on the supervisory working alliance, supervisee counseling self-efficacy, and supervisee satisfaction with supervision: A mediation model. *Counselor Education and Supervision, 54*(4), 258-273. **doi:10.1002/ceas.12025**

Crouse, T., & Lowe, P. A. (2018). Snowball sampling. In *The SAGE encyclopedia of educational research, measurement, and evaluation* (pp. 1532). Thousand Oaks,, CA. : SAGE Research Methods. **https://methods.sagepub.com/reference/the-sage-encyclopedia-of-educational-research-measurement-and-evaluation. doi:10.4135/9781506326139**

Cugini, M. (2015). Successfully navigating the human subjects approval process. *American Dental Hygienists Association, 89*(1), 54-56.

CW. (2019). *Washington state approved supervisor requirements*. **https://www.counselingwashington.com/Therapist/PrivatePracticeInfo/Approved-Supervisor-Requirements/**

Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision, 41*(2), 120-130. **doi:10.1002/j.1556-6978.2001.tb01276.x**

DeBate, R. D., Gatto, A., & Rafal, G. (2018). The effects of stigma on determinants of mental health help-seeking behaviors among male college students: An application of the information-motivation-behavioral skills model. *American Journal of Men's Health, 12*(5), 1286-1296. **doi:10.1177/1557988318773656**

Dhivyadeepa, E. (2015). *Sampling techniques in educational research* (1st ed.). New York, N. Y. : Laxmi Book Publication.

DOH. (2019a). *Mental health counselor: Mental health counselor associate licensure requirments*. Olympa, WA.: Washington State Department of Health. **https://app.leg.wa.gov/RCW/default.aspx?cite=18.225.090**

DOH. (2019b). *Mental helath credentialing: Approved supervisor licensed mental health counselor*. Olympia, WA.: Washington State Department of Health. **https://www.doh.wa.gov/Portals/1/Documents/Pubs/670130.pdf.**

Drew, C. J., Hardman, M. L., & Hosp, J. L. (2014). Research design pitfalls. In *Designing and conducting research in education* (pp. 209-240). Thousand Oaks, CA.: SAGE Publications. **https://methods.sagepub.com/book/designing-and-conducting-research-in-education. doi:10.4135/9781483385648**

Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.

Falender, C. A., & Shafranske, E. P. (2010). Psychotherapy-based supervision models in an emerging competency-based era: A commentary. *Psychotherapy (Chic), 47*(1), 45-50. **doi:10.1037/a0018873**

Fernando, D. M. (2013). Supervision by doctoral students: A study of supervisee satisfaction and self-efficacy, and comparison with faculty supervision outcomes. *The Clinical Supervisor, 32*(1), 1-14. **doi:10.1080/07325223.2013.778673**

Fernando, D. M., & Hulse-Killacky, D. (2005). The relationship of supervisory styles to satisfaction with supervision and the perceived self-efficacy of master's-level counseling students. *Counselor Education and Supervision, 44*(4), 293-304. **doi:10.1002/j.1556-6978.2005.tb01757.x**

Fournier, J. C., DeRubeis, R. J., Hollon, S. D., Dimidjian, S., Amsterdam, J. D., Shelton, R. C., & Fawcett, J. (2010). Antidepressant drug effects and depression severity: A patient-level meta-analysis. *Jama, 303*(1), 47-53. **doi:10.1001/jama.2009.1943**

Gibson, J. A., Grey, I. M., & Hastings, R. P. (2009). Supervisor support as a predictor of burnout and therapeutic self-efficacy in therapists working in ABA schools. *J Autism Dev Disord, 39*(7), 1024-1030. **doi:10.1007/s10803-009-0709-4**

Goreczny, A. J., Hamilton, D., Lubinski, L., & Pasquinelli, M. (2015). Exploration of counselor self-efficacy across academic training. *The Clinical Supervisor, 34*(1), 78-97. **doi:10.1080/07325223.2015.1012916**

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house". *Administrative Issues Journal: Connecting Education, Practice, and Research, 4*(2), 12-26. **https://eric.ed.gov/?id=EJ1058505**

Haley, M., Romero Marin, M., & Gelgand, J. C. (2015). Language anxiety and counseling self-efficacy. *Journal of Multicultural Counseling and Development, 43*(3), 162-172. **doi:10.1002/jmcd.12012**

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide.* Pacific Grove, CA: Brooks/Cole.

Heppner, M. J., Multon, K. D., Gysbers, N. C., Ellis, C. A., & Zook, C. E. (1998). The relationship of trainee self-efficacy to the process and outcome of career counseling. *Journal of Counseling Psychology, 45*(4), 393-402. **doi:10.1037/0022-0167.45.4.393**

Horsburgh, J., & Ippolito, K. (2018). A skill to be worked at: using social learning theory to explore the process of learning from role models in clinical settings. *BMC Medical Education, 18*(1), 156. doi:10.1186/s12909-018-1251-x

Ikonomopoulos, J., Vela, J., Smith, W., & Dell'Aquila, J. (2016). *Examining the practicum experience to increase counseling students' self-efficacy* (Vol. 6).

Jager, J., Putnick, D. L., & Bornstein, M. H. (2017). More than just convenient: The scientific merits of homogeneous convenience samples. *Monographs of the Society for Research in Child Development, 82*(2), 13-30. **doi:10.1111/mono.12296**

Joseph, S. (2013). *Patients or clients? What word should psychologists use to describe the people they help?* **https://www.psychologytoday.com/us/blog/what-doesnt-kill-us/201308/patients-or-clients**

Kelley, J. (2010). *Antidepressants: Do they "work" or don't they?.* **www.scientificamerican.com/article/antidepressants-do-they-work-or-dont-they/.**

Kemer, G., Sunal, Z., Li, C., & Burgess, M. (2019). Beginning and expert supervisors'
descriptions of effective and less effective supervision. *The Clinical Supervisor,
38*(1), 116-134. **doi:10.1080/07325223.2018.1514676**

Kim, E. J., & Lee, K. R. (2019). Effects of an examiner's positive and negative feedback
on self-assessment of skill performance, emotional response, and self-efficacy in
Korea: a quasi-experimental study. *BMC Medical Education, 19*(1), 142.
doi:10.1186/s12909-019-1595-x

Kissil, K., Davey, M., & Davey, A. (2013). Foreign-born therapists in the United States:
Supervisors' multicultural competence, supervision satisfaction, and counseling
self-efficacy. *The Clinical Supervisor, 32*(2), 185-211.
doi:10.1080/07325223.2013.846746

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part
4: Trustworthiness and publishing. *Eur J Gen Pract, 24*(1), 120-124.
doi:10.1080/13814788.2017.1375092

Kozina, K., Grabovari, N., Stefano, J. D., & Drapeau, M. (2010). Measuring changes in
counselor self-efficacy: further validation and implications for training and
supervision. *The Clinical Supervisor, 29*(2), 117-127.
doi:10.1080/07325223.2010.517483

Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory
racial identity interaction and racial matching on the supervisory work alliance
and the supervisee multicultural competence. *Counselor Education and
Supervision, 36*, 284–304.

Lake, J., & Turner, M. S. (2017). Urgent need for improved mental health care and a more collaborative model of care *The Permanente Journal, 21*, 17-024. **doi:10.7812/TPP/17-024**

Lamprecht, L. M., & Sneha, P. M. (2018). Developing a pre-practicum environment for beginning counselors: Growing my counselor educator self. *Journal of Counselor Preparation and Supervision, 11*(2), 1-34. **https://repository.wcsu.edu/jcps/vol11/iss2/3/?utm_source=repository.wcsu.e du%2Fjcps%2Fvol11%2Fiss2%2F3&utm_medium=PDF&utm_campaign= PDFCoverPages**

Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26*(2), 179-218. **doi:10.1177/0011000098262001**

Lawson, G., Hein, S. F., & Getz, H. (2009). A model for using triadic supervision in counselor preparation programs. *Counselor Education and Supervision, 48*(4), 257-270. **doi:10.1002/j.1556-6978.2009.tb00079.x**

Leach, M. M., Stoltenberg, C. D., McNeill, B., & Eichenfield, G. A. (1997). *Self-efficacy and counselor development: Testing the integrated developmental model* (Vol. 37).

Leddick, G. R. (1994). Models of Clinical Supervision. *ERIC Digest*. **http://www.eric.ed.gov**

Lent, R. W. (2016). Self-efficacy in a relational world: Social cognitive mechanisms of adaptation and development. *The Counseling Psychologist, 44*(4), 573-594. **doi:10.1177/0011000016638742**

Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the counselor activity self-efficacy scales. *Journal of Counseling Psychology, 50*(1), 97-108. **doi:10.1037/0022-0167.50.1.97**

Lent, R. W., Lopez, F. G., Brown, S. D., & Gore, J. P. A. (1996). Latent structure of the sources of mathematics self-efficacy. *Journal of Vocational Behavior, 49*(3), 292-308. **https://doi.org/10.1006/jvbe.1996.0045**

Lin, L., Stamm, K., & Christidis, P. (2018). *Demographics of the U.S. psychology workforce*. **https://www.apa.org/workforce/publications/16-demographics/report.pdf**

Lockwood, A. B., Mcclure, J., Sealander, K., & Baker, C. N. (2017). Measuring school psychology trainee self-efficacy. *Psychology in the Schools, 54*(6), 655-670. **doi:10.1002/pits.22016**

Luke, M., & Bernard, J. M. (2006). The school counseling supervision model: An extension of the discrimination model. *Counselor Education and Supervision, 45*(4), 282-295. **doi:10.1002/j.1556-6978.2006.tb00004.x**

McNeill, B., & Stoltenberg, C. D. (2016). *Supervision essentials for the integrative developmental model*: American Psychological Association.

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2015). Factors influencing trainee willingness to disclose in supervision. *Training and Education in Professional Psychology, 9*(1), 44-51. **doi:10.1037/tep0000028 10.1037/tep0000028.supp**

Mehr, K. E., Ladany, N., & I.L. Caskie, G. (2010). *Trainee nondisclosure in supervision: What are they not telling you?* (Vol. 10).

Mertler, C. A. (2016). *Action research: Improving schools and empowering educators*: SAGE Publications.

Mesrie, V., Diener, M. J., & Clark, A. (2018). Trainee attachment to supervisor and perceptions of novice psychotherapist counseling self-efficacy: The moderating role of level of experience. *Psychotherapy, 55*(3), 216-221. **doi:10.1037/pst0000191**

Minton, C. A. B. (2019). Counselor education and supervision: 2017 Inaugural review. *Counselor Education and Supervision, 58*(1), 4-17. **doi:10.1002/ceas.12120**

Morgan, D. L., & Morgan, D. (1997). *Focus groups as qualitative research*. New York, N. Y. : SAGE Publications.

Morrison, M. A., & Lent, R. W. (2018). The working alliance, beliefs about the supervisor, and counseling self-efficacy: Applying the relational efficacy model to counselor supervision. *J Couns Psychol, 65*(4), 512-522. **doi:10.1037/cou0000267**

Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling & Development, 92*(1), 3-12. **doi:10.1002/j.1556-6676.2014.00124.x**

Motley, V., Reese, M. K., & Campos, P. (2014). Evaluating corrective feedback self-efficacy changes among counselor educators and site supervisors. *Counselor Education and Supervision, 53*(1), 34-46. **doi:10.1002/j.1556-6978.2014.00047.x**

Mullen, P. R., Uwamahoro, O., Blount, A. W., & Lambie, G. W. (2015). Development of counseling students' self-efficacy during their preparation program. *The Professional Counselor, 5*(1), 175-184. **doi:10.15241/prm.5.1.175**

Nate, R. D., & Haddock, L. R. (2014). An exploration of counselor supervisor requirements across the united states. *Amercian Counseling Association: VISTAS*, 1-14.

Nathan, S., Newman, C. E., & Lancaster, K. (2018). Qualitative Interviewing. *Handbook of Research Methods in Health Social Sciences*. Singapore: Springer. **doi:10.1007/978-981-10-2779-6 77-1**

Nguyen, T., & Davis, K. (2017). *The state ofmental health in America 2017*. **www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf.**

Ponterotto, J. G., Park-Taylor, J., & Chen, E. C. (2017). Qualitative research in counseling and psychotherapy: History, methods, ethics and impact. In *The SAGE handbook of qualitative research in psychology* (pp. 496-517). London: SAGE Publications. **https://methods.sagepub.com/book/the-sage-handbook-of-qualitative-research-in-psychology-second-edition.** **doi:10.4135/9781526405555**

Saldana, J. (2012). *The coding manual for qualitative researchers*. New York, N.Y.: SAGE Publications.

Shulman, L., & Safyer, A. (2014). *Supervision in counseling: Interdisciplinary issues and research*. New York, N. Y. : Taylor & Francis.

Soheilian, S. S., & Inman, A. G. (2015). Competent counseling for middle eastern

    american clients: Implications for trainees. *Journal of Multicultural Counseling*

    and Development, 43(3), 173-190. **doi:10.1002/jmcd.12013**

Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists*. San

    Francisco: Jossey-Bass.

Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated*

    developmental model for supervising counselors and therapists. San Francisco:

    Jossey-Bass.

Suh, S., Crawford, V. C., Hansing, K., Fox, S., Cho, M., Chang, E., Lee, S., & Lee, S.

    (2018). A cross-cultural study of the self-confidence of counselors-in-

    training.*International Journal for the Advancement of Counseling, 40*, 255-266.

    https://doi.org/10.1007/s10447-018-9324-4

Sutter, N. W. (2012). Qualitative data, analysis and design. In *Introduction to educational*

    research: A critical thinking approach (2nd ed., pp. 45). Thousand Oaks,

    California: SAGE Publications, Inc.

    https://methods.sagepub.com/book/introduction-to-educational-research.

    doi:10.4135/9781483384443

Swank, J. M., & McCarthy, S. (2015). Effectiveness of the counselor feedback training

    model. *Journal of Counselor Preparation and Supervision, 7*(1).

    http://dx.doi.org/10.7729/71.1078

Szedlak, C., Smith, M., Day, M., & Greenlees, I. (2015). Effective behaviours of strength

    and conditioning coaches as perceived by athletes. *International Journal of Sports*

    Science & Coaching, 10(5), 967-984. **doi:10.1260/1747-9541.10.5.967**

Thacker, N. E., & Diambra, J. F. (2019). Parallel process of professional identity development during clinical supervision. *The Journal of Counselor Preparation and Supervision, 12*(3).

Tolin, D. F., Frost, R. O., & Steketee, G. (2010). A brief interview for assessing compulsive hoarding: the Hoarding Rating Scale-Interview. *Psychiatry Research, 178*(1), 147-152. **doi:10.1016/j.psychres.2009.05.001**

Trochim, W. (2006, 01/01). Qualitative validity. *Research methods knowledge base.* **http://www.socialresearchmethods.net/kb/qualval.php**

Uellendahl, G. E., & Tenenbaum, M. N. (2015). Supervision training, practices, and interests of California site supervisors. *Counselor Education and Supervision, 54*(4), 274-287. **doi:10.1002/ceas.12026**

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*(1), 148-176. **doi:10.1186/s12874-018-0594-7**

Vetere, A., & Stratton, P. (2016). Supervision and attachment narratives: Using an attachment narrative. In *Interacting selves: systemic solutions for personal and professional development in counselling and psychotherapy* (pp. 99-107). New York, N. Y. : Taylor & Francis.

Villar, A. (2011). Response bias. In P. J. Lavrakas (Ed.), *Encyclopedia of survey research methods* (pp. 752-753). Thousand Oaks, CA. : Sage Publications.

Wiley. (2014). *The wiley international handbook of clinical supervision*: Wiley-Blackwell.

Willig, C., & Rogers, W. S. (2017). *The SAGE handbook of qualitative research in psychology*: SAGE Publications.

Xiao, H., Carney, D., Youn, S. J., Janis, R., Castonguay, L., Hayes, J., & Locke, B. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services, 14*, 407-415. **doi:10.1037/ser0000130**

Yin, R. K. (2011). *Qualitative research from start to finish*. New York, N. Y. : The Guilford Press.

Young, J. C., Rose, D. C., Mumby, H. S., Benitez-Capistros, F., Derrick, C. J., Finch, T., Garcia, C., Home, C., Marwaha, E., Morgans, C., Parkinson, S., Shah, J., Wilson, K. A., & Mukherjee, N. (2018). A methodological guide to using and reporting on interviews in conservation science research. *Methods in Ecology and Evolution, 9*(1), 10-19. **doi:10.1111/2041-210x.12828**

Zimmerman, B. J., & Schunk, D. S. (2003). *Educational psychology: A century of contributions*. Mahwah, NJ: Lawrence Erlbaum Associates.

Appendix A: Interview Questions

1. Could you briefly describe the relationship you have with your current clinical supervisor?

2. Do you feel fully supported by your current clinical supervisor? Why or why not?

3. Has your current supervision helped you gain clinical skills? Please explain.

4. Do you feel more confident in your clinical skills and ability because of the clinical supervision you received? Why or why not?

5. What do you think has been the most helpful or beneficial in developing your clinical skills? Please explain.

6. What do you think has been the most helpful or beneficial in your supervisory relationship? Please explain.

7. Is there anything more you would like me to know about your current supervisory relationship and/or your confidence in your clinical skills that we have not addressed?

Appendix B: Interview Protocol

1. The purpose of this qualitative study is to explore master's level counselors' perceptions about their supervisory relationship as it pertains to their self-efficacy and development of counselor skills.

2. The principal investigator will recruit participants for a period of eight weeks.

3. The one-on-one interview location and date will be set with each interviewee individually.

4. Interview sessions will last between 15 to 30 minutes maximum and will be digitally recorded.

5. Participant confidentiality will be assured by having them sign an informed consent agreement form and by providing them either a paper or electronic copy. Further, participants will be verbally informed that their affiliation and name will not be disclosed to anyone outside of the study unless otherwise explicitly granted by the interviewee.

6. Participants will be assigned an alphanumeric designation that will be placed at the top of their signed consent form. Participants will be addressed by their alphanumeric designation during the interview to further protect confidentiality.

7. For those participants who elect for an in-person interview, the following considerations will be made:

    o   Ensure participant's physical comfort by considering environmental and physiological factors that may distract or take away from the interview experience. Namely, environmental factors considered include the room temperature, lighting, and background noise level. Physiological needs considered include, comfort of

the seating area, hunger and thirst. Therefore, water will be provided and consideration of the time of day around general mealtimes will be considered when setting up interview times to ensure participant is not hungry.

8. Filed notes will also be taken during the interview wherein the participant's alphanumeric will be written on the participant's field notes prior to starting the interview process.

9. The field notes will include some of the participants responses and any non-verbal responses.

10. The participant will be encouraged to talk freely about their experiences.

11. A digital recorder will be used and an alphanumeric designation that matches the field notes and consent form will be verbally entered into the recorder before starting the interview.

The interview questions will be asked in the order listed along with any follow-up questions for clarification.

Appendix C: Informed Consent Form

INFORMED CONSENT [1]
Effects of the Supervisory Relationship on
Counselors Development of Self-Efficacy

Investigators:
Principle Investigator: Carolyn A. Russo, Ph.D. Doctoral Candidate Student, 206-658-3920, russoc@spu.edu
Sponsor: Cher Edwards, Ph.D. Counselor Education Faculty, 206-281-2286, edwards@spu.edu

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PURPOSE

You are invited to take part in a research study. The purpose of this study is to explore master's level counselors' perceptions about their supervisory relationship as it pertains to their self-efficacy and development of counselor skills.

We are asking you if you want to be in this study because you graduated from a CACREP accredited university and hold a masters level degree in clinical mental health or marriage and family counseling.

You should not be in this if you did not graduate from a CACREP accredited university and have higher than a masters level degree in counseling and specialize in an area outside of clinical mental health or marriage and family.

PROCEDURES
Interview Protocol

12. The purpose of this qualitative phenomenological study is to explore master's level counselors' perceptions about their supervisory relationship as it pertains to their self-efficacy and development of counselor skills.
13. The principal investigator will recruit participants for a period of eight weeks.
14. The one-on-one interview location and date will be set with each interviewee individually.
15. Interview sessions will last between 15 to 30 minutes maximum and will be digitally recorded.
16. Participant confidentiality will be assured by having them sign an informed consent agreement form and by providing them either a paper or electronic copy. Further, participants will be verbally informed that their affiliation and name will not be disclosed to anyone outside of the study unless otherwise explicitly granted by the interviewee.
17. Participants will be assigned an alphanumeric designation that will be placed at the top of their signed consent form. Participants will be addressed by their alphanumeric designation during the interview to further protect confidentiality.
18. For those participants who elect for an in-person interview, the following considerations will be made:

- Ensure participant's physical comfort by considering environmental and physiological factors that may distract or take away from the interview experience. Namely, environmental factors considered include the room temperature, lighting, and background noise level. Physiological needs considered include, comfort of the seating area, hunger and thirst. Therefore, water will be provided and consideration of the time of day around general mealtimes will be considered when setting up interview times to ensure participant is not hungry.

19. Filed notes will also be taken during the interview wherein the participant's alphanumeric will be written on the participant's field notes prior to starting the interview process.
20. The field notes will include some of the participants responses and any non-verbal responses.
21. The participant will be encouraged to talk freely about their experiences.
22. A digital recorder will be used and an alphanumeric designation that matches the field notes and consent form will be verbally entered into the recorder before starting the interview.

    The interview questions will be asked in the order listed along with any follow-up questions for clarification.

RISKS and DISCOMFORTS

For participants that may have had a poor supervisory experience in the past, participation in the study could potential trigger those painful memories and be traumatizing. If this is the case, resources will be provided to ensure a prompt recovery. The participant may also refuse or request to skip a question during the interview process. For all other participants, the proposed study poses no known psychological or physical risks to participate.

BENEFITS

This study is not designed to benefit you directly. However, your contribution could potentially inform guidelines/regulations and training for supervisors at the school, state, and national levels. Therefore, there may be indirect benefits such as satisfaction of contribution to the field of counseling.

PARTICIPATION AND ALTERNATIVES TO PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. During participation in the interview you may also refuse or request to skip a question without penalty. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONFIDENTIALITY

Your privacy is of the utmost importance. Therefore, your interview notes and recording will be assigned an alphanumeric designation in order to protect your privacy. You will be addressed by this alphanumeric designation during the interview to further address your confidentiality. Further, no identifying information about you will be shared with anyone outside of the study. The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons

conducting the study unless you specifically give permission in writing to do otherwise. No reference will be made in oral or written reports that could link you to the study. Your de-identified data may be used in future research, presentations or for teaching purposes by the Principal Investigator listed above.

COMPENSATION

You will receive a $25 Amazon gift card for participating in this study. If you do not wish to receive the gift card, we can send the card to a charity of your choosing.

SUBJECT RIGHTS

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the Principal Investigator, Carolyn Russo, at 3307 3rd Ave W Ste 202 Seattle, WA 98119, and 206-658-3920. If you have questions about your rights as a participant, contact the SPU Institutional Review Board Chair at 206-281-2201 or IRB@spu.edu.

CONSENT

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in this research project and agree to participate in this study. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

I have read the above information and agree to participate in this study. I have received a copy of this form.

Participant's name (print) _____	Researcher's name (print) _____
Participant's signature _____	Researcher's signature _____
Date _____	Date _____

Copies to: Participant Principal Investigator

Appendix D: Brief Synopsis for Internship Coordinators to Disseminate

Greetings (Name),

Your participation is requested for a research project about the attitudes and views of recent graduates of master's level counseling programs regarding supervision and self-efficacy. Through this research, the investigator is seeking to better understand how the supervisory relationship relates to the development of counselor self-efficacy. You are in a unique position to share your views and insight; therefore, you are requested to participate in the following way:
Participate in one, one-on-one interview. The interview will be no more than 15-30 minutes. The interview is arranged at a time and location convenient to you between now and February 15th, 2020.

Participation is completely voluntary, and you may withdraw at any time. All information will be kept confidential. Research is being conducted for completion of a doctoral dissertation. Your participation will contribute to the field of counseling and may help determine future guidelines, requirements, or regulations at the state, academic program, or other regulating bodies of counseling level.

If you are interested in participating please contact the principle investigator below.

Principle Investigator:
Carolyn Russo, MS, LMHC
Seattle Pacific University Doctoral Candidate
206-658-3920
russoc@spu.edu

Sponsor/Advisor:
Cher Edwards, Ph.D.
Seattle Pacific University Counselor Education Faculty
206-281-2286
edwards@spu.edu

Appendix E: Demographic Survey for Participation in Research Study

Please answer each question below to determine participation in this research:
1. Are you a graduate of a CACREP accredited counseling program? Yes   No

2. Have you graduated within the last 36 months? Yes No   Year graduated:

3. Is your degree in clinical mental health or marriage and family therapy? Yes

    No

4. Are you currently licensed in the state of Washington as a Licensed Mental

    Health Counselor Associate or Licensed Marriage and Family Therapist

    Associate? Yes   No

5. Are you currently under clinical supervision? Yes   No

6. Are you between the ages of 22-60? Yes   No

In order to be eligible for participation in this study you must answer yes to all questions. Thank you for your time and interest.

Appendix F: Participant Responses

Participant	Response
IntQ1: Could you briefly describe the relationship you have with your current clinical supervisor?	
Participant	**Response**
SR003	my supervisor is kind of also my boss and pays me…that's how we established our friendship pretty quickly, then a bit of a mentorship as far as helping me decide what I want to do, just the basic supervision which is weekly. We talk about both about how I'm doing as a counselor and client.. she's available when I need to check in like let you slack you know texting and I feel supported like if I have had any like I really need to check in now I can't wait for supervision availability thing but also supported emotionally and she's very aware of my physical health and we check in about that all the time which is important for me
SR004	OK so my current clinical supervisor is actually one of our other offices so when we have we have a weekly meeting, uhm it's a group, we do group supervision and then a staff meeting and then I meet with him for an hour individually so we do it over VC so it's a video yeah it's a video so but they have the confidentiality and all that stuff in it so yeah and I meet so I've been with him since October now, we meet once a week, uhm he just wants to go through all my clients and briefly talk about where I'm at with them or any concerns or anything like that that pop up with a particular client and uhm, we just go over stuff like that, uhm he is very relational with his clients he's been doing this for 30 years so um he kinda just gives me a little bit of input here and there and unless it's something that I'm really stuck on but he's pretty open to um helping me explore like you know where I'm at with my theory and stuff like that and what I would do and whatever
SR005	Uhm, my clinical supervisor is actually the director of my Department and before I started with him I was absolutely terrified to have a supervisor because meeting with the director on a regular basis sounds like something you do when you're in trouble but actually it's a really um incredible relationship we he like you know he checks in now I'm doing personally but then also like work wise and then we start talking about clients so he kind of has a setup that it's pretty regular like check in see how we're doing then move forward with what's like kind of work stuff like you know like a bullet list of uh like things that we need to talk about sorry I can't think of the word and then we go into the clinical stuff and we kind of focus on one client at a time and it's just been really helpful he asked first before we started what is helpful to you as a supervisee that I provide and so he's been doing that really consistently 'cause I told him one of the things that was helpful for me is just like affirmation and validation that the work we do is really hard and that there's like life outside of

	work and so um just like being aware of that but like respect like being respectful and also you know allowing me to if I'm like you know I'm being too personal or something which hasn't happened but if I were he would be like you know hold on you know and just remind me like why were there and kind of what we're working on um I had a uh past supervisor that I think sometimes things got a little too personal and I don't think it was necessarily appropriate like not unethical or anything but just like you know we're talking about personal life more than clinical stuff so I like this he has more of a structure so I appreciate that… OK so 'cause we have you know I work in community mental health so like figuring out funding and things like that just making sure that are all our ducks are in a row to make sure our clients are set to be seen and OK and then moving forward
SR006	excuse me my current supervisor I feel is really good and it's actually the relationship that I was hoping that I would finally get and I did she has an open door policy in the senses of I can reach out to her anytime and it's not just during supervision so I really appreciate that and she pushes me a lot she challenges me which I really like and it's not found that easily in the past
SR007	really strong relationship uh they I love the fact that when we started working together they brought out the multicultural wheel and we went through that together so we had kind of depth of conversation about getting to know each other that I think was novel to me and also really I think really important for both of us to know some things that maybe would have been hidden otherwise, so it's a strong relationship and I find them very helpful to me…sharing back and forth about who we were as people and then they're very open about what kind of modality that they were kind of raised in and also very open about the modalities and I'm kind of trying on as a new counselor and I think they're also very good at helping me understand um kind of what our goals are kind of those short-term goals those longer term goals so that when I do get feedback or what have you a lot of times it's a line to those goals beyond just being in the moment if that makes sense.
SR008	it's kind of dichotomous in a way I mean on the one hand I have a very good working relationship with this person but at the same time I frankly don't see them that much and part of that is due to the function of the job this job is located in more of a hospital setting so my supervisors technically on more of the administrative side literally in a different building that I work in so I do work well with her but frankly I don't I don't see her all that often…we have a good working relationship.
SR009	I feel really comfortable in our relationship she's the kind of supervisor that has a lot of boundaries and I thrive with that, in the past I've had supervisor that did not have great boundaries and it was

	hard for me to feel like I could trust them so it's part of our relationship is she definitely holds the container for me very well in a professional way…She sets up boundaries such as ways to contact her when she's available um let me see just not again in the past I've had supervisors that were more it was more personal relationship and they brought a lot of their personal things into the room, and the supervisor doesn't do that really, unless I ask And I enjoy that part of it…So, knowing how to access her and I think the professional relationship of she's not my therapist she's my supervisor, I don't want her to be my therapist, I want her to be my supervisor.
SR010	we get along really well, we kind of started off being more friends cause she wasn't necessarily my supervisor, she was just a colleague of mine and so we kind of connected pretty well in the almost 2 years I guess that we knew each other before we started our supervisory relationship and so I felt really comfortable speaking to her pretty bluntly about what I was experiencing during internship and post grad and so shifting into this different kind of relationship has been good for us it's also a challenge because we were friends first since I'm trying to navigate that kind of shift and putting up really secure and clear boundaries around that which you know because I've moved thousands of miles away does help, because you know we're not as close.

IntQ2: Do you feel fully supported by your current clinical supervisor? Why or why not?	
Participant	**Response**
SR003	definitely yeah um, by being she's available when I need to check in like let you slack you know texting and I feel supported like if I have had any like I really need to check in now I can't wait for supervision availability thing but also supported emotionally and she's very aware of my physical health and we check in about that all the time which is important for me…and maybe you know I'm pretty self-sufficient so sometimes I wonder if other people might need more from her and fill it differently than I do but I'm fine with how much attention I get
SR004	yes I do actually and it's bright it's for that reason of being able to kind of help me harness what I really think or where I really want to be in stuff like that uhm, because I have had other supervisors since graduation, uhm that have pushed more of their theory into how we operate and that was really hard for me to follow especially when I didn't follow that theory so this has been very nice that he's uhm, again he you know he has the experience like that I so when he talks to me and tells me things I listen because I value what you know he brings to the table obviously but, uhm, he's very open to how I'm approaching things and what I would do and talking like things through with me like that yeah

SR005	I really do like I said I was kind of timid about what this relationship was going to be like but I feel like I'm able to open up and get really more from him 'cause he has a lot of his like 30 years of experience and so he's worked you know he worked his way up to being the director starting as a therapist and so I just I get a lot of insight from him and he also knows a lot just how our agency works 'cause he's been with agency I think for 20 years so he just knows he knows the ins and outs of everything he's just he's really educated about that but he's also really understanding and knows that we're all you know newish in the field and he just he's very he's very supportive I think that's the biggest thing about our relationship I haven't had like a case that I'm like Oh this this particular diagnosis is really difficult or something but I've had like all the other pieces be really difficult and he helps me like get them all again kind of that ducks in a row idea getting everything situated uhm, situated as far as like diagnosing well like figuring out you know what are the resources I need to access you know how can we best support this client as an agency is there something that I need to ask for help you know and he's also very open to the idea of all of us talking to each other you know to ask for help and that you know we go to the supervisors for larger things or things were kind of scared about but like very much being able to bounce ideas off of one another as clinicians
SR006	uhm, I do, sorry, I'm choking on my tea, I do because she's been very supportive in my own growth and she's been open also hearing my feedback about, like the practice as a whole and she's always very validating and I like that I have her full undivided attention when we're doing supervision, unlike in the past I had experiences where the supervisor might be like typing or trying to figure do other things while doing supervision so I like that I like have her direct attention and I like that she does listen to the feedback I have
SR007	yes uh the I would say one of the reasons Why is that the entire group that I'm part of is very supportive and so I think most of us are young counselors we do have some interns as well as young counselors and then some with the experience and so each one of these counselors has a different idea about what their modality is and so that supported so it's not like we moved into a place that said, ok it's CBT or it's this, you know, it's not that, and so I like that openness and yet when uh the supervisor that I have now and also the supervisor prior within this organization when they see a place where maybe another idea or tool from the CBT or this or that might fit that they are open to sharing that so I think there's I think there's a lot of room for us to kind of figure out who we are as counselors and yet I never feel adrift
SR008	I would say in my current supervisor I very much do you know even though Despite that this person is I know very like extremely busy you know with a number of tasks with her position uhm, they are always extremely responsive like should I ever reach out with this

	person and always willing to kind of carve out some time for me like regardless of what else they might have going on so I do feel very supported by this person which has not been the case in the past certainly
SR009	not I do 'cause I think what you just said establishing that role when I have had questions she's answered appropriately and really helps me figure out what I want to do rather than what she would do um so yeah I feel supported by her uh
SR010	yes I do, I think that she puts a lot of effort towards learning the different systems that I'm involved in now so that she can best support me and figure out what I need because she is offering me kind of you know something that I'm not receiving in my current job I really appreciate that she goes to that extra level and so I do you actual very supported by her

IntQ3: Has your current supervision helped you gain clinical skills? Please explain.	
Participant	**Response**
SR003	that's a good question yes, what are clinical skills yeah well actually um clinical skills with working with sex workers because we are never very sex positive environment and then I have 3 clients who are sex workers and that was a totally new realm for me and so I feel like I have gained clinical skills with which wasn't very difficult because I realized oh they have the same problems as everybody else essentially so also I've also learned more about polyamory which I knew about, but I didn't know much about so I have gained clinical skills in that area as well yeah…I don't know I would say she's helped advance that, I would say any advancement I've done on my own, through my own research and my own studying um see I guess she might help in a way that she's supportive in the direction I want to go you know which is using more intuitive and self-compassion work and all that so her being supportive, but she hasn't really brought anything to the table that's new for me to learn about so far… and um also just the know-how from you know she has from being a therapist for so long like just things that I'll be talking about and she has this extra level of knowledge that I'm like Oh I wouldn't have even thought of that so I don't even know what you call that, yeah, that happens a lot.
SR004	yeah I think just being able to um have the support in him um again value you know what I think and either back me up or give me other options or other ways to look at it , uhm especially because of his experience I do value that so yeah um
SR005	I think I think so because I've um he so he is also he hasn't MFT I think all of my previous supervisors actually have had their MFT and I have my LMHCA and so it's interesting hearing from a different perspective but I think that's actually been really beneficial because we talk about a lot of things in terms of systems and in terms of

	looking at like a as incorporating as much of the bigger picture as we can and um so for me that for me that would be a clinical skill that you know coming out of SU in the program I came out of was not necessarily as systems focus because it wasn't marriage and family and so helping me too 'cause I was terrified of doing any family therapy I was like Oh that's gross, you know like, I didn't wanna do couples I didn't want to do family you know like I perceive the degree I wanted to but I can see the aspects of other teachings that he's he like you know is encouraging, cause we serve a lot of my main age range is 13 to 17 so they can all have confidential services technically their family doesn't have to be involved, and so kind of pushing me out of my comfort zone to find out with clients if we can involve family or a caregiver or someone else to really work on that whole system 'cause I serve as a primary in the high school so I'm seeing all my kids in the school and so then getting families involved while you're at the school is even harder but figuring out system of the school and working with that you know is something that he's like Oh you know have you thought about this have you tried this and so that to me is going to be helpful
SR006	yes, uhm, a lot, I mean obviously I feel like I'm still learning I don't know if that'll ever go away and not impostor syndrome is real it's definitely she's help me develop in the sense of she does a lot of the, she'll be like, no let's not talk about that I want to know how you were feeling in that moment in the session which is like super challenging to me but I'm also like learning like that's really helping me as a clinician have my own awareness
SR007	yes so I came from this corporate America background and so I'm only just switching careers now into this a whole different way of being really and so part of my journey is to ensure that I kind of go from the doing person to the being person and so that's been really helpful though my supervisors been very helpful 'cause I shared that with them and they've been really helpful with me around that I have like one of my growth areas is just really learning to be more comfortable with eliciting emotion in the room when a client is really reluctant to go there and my current supervisor kind of comes from this EFT background So what a great match with that so we work on that we talk about that um and that's helped me kind of you know stretch my own boundaries of comfort which I know I need to do right uhm but that's been really helpful and not judgmental I do feel strongly that the supervisor I have now and the one prior I've never felt judged I've always felt supported so I just count myself lucky around that at other skills I mean just even specific client and client situations or learning about like I know the DSM kind of because I'm so new but uh when somebody I remember one particular client where I was really struggling like what is going on and my supervisor is well from what you described I think this is probably you know a

	diagnosis that they probably have never gotten but that they're probably dealing with and I was like Oh my God now it makes sense OK got it you know because I'm just not always I just don't always have the experience to know that so I think there's a number of ways in which the supervisor has been able to how to expand my knowledge now I sit with the person with this diagnosis and I'm like yeah course I mean so yeah that's a great clinical skill to build on right but I feel like I have the room to do that without feeling, I don't know, you know how a lot of people have impostor syndrome I don't I don't really feel like that I feel like OK this is where you're at this is your stage this is kind of where we're going to work together so
SR008	I would say yes my current supervision is very helpful insofar as you know continuing to both build on you know skills that have been developing overtime and education and you know overall experience and then you know kind of imparting new skills so I'd say that that's definitely been a refreshing change from past experiences
SR009	definitely um she especially with the art therapy part it's been really helpful in incorporating that with adults and also again clinical skills of private practice are different than clinical skills in agency and so she's really helped me develop those and in an ethical way
SR010	yes, she was on a different team when we work together so her perspective is different from mine I was just on the clinical mental health team and she did AOD as well as clinical mental health and so she brings in that different perspective that I wasn't trained in which is really helpful for some of the clientele that I work with because they do have substance abuse issues and so that's a certain kind of help that I haven't been able to get anywhere else…absolutely and she also she an LMFT whereas I'm an LMHCA so it's again it's a little different you know theoretical orientation perspective which is nice

IntQ4: Do you feel more confident in your clinical skills and ability because of the clinical supervision you received? Why or why not?	
Participant	**Response**
SR003	I think I do so more confident because I just I feel that my supervisor has confidence in me and so when I'm feeling good you know she's very good at kind of holding me up and helping me see that I don't need to be second guessing myself so much so yeah I think that just, you know it's just like in counseling, having somebody kind of mirror me helps me to feel more confident so yeah I would say that and that she's when I bring to her what I'm doing um my supervisor she's just open to that, and she's good, yeah
SR004	yes um I had 2 supervisors prior to him since graduation um 1 I felt like was pushing like I said pushing his theory and how he was psychodynamics so his weekly meetings the same time no flexibility and that was really hard for me because that's not really how I how I worked an internship and stuff like that to internship was more

	harnessing me growing you into my own self so my 2nd supervisor was very um he's very much a teacher so we went he had a lot of books for us to read and a lot of things like that but again working on our theory and developing what you know if we are thinking that where this theory what does that look like you know how would you approach this client and this particular one that I've been with for since October now um again has been very open so… yes I do I feel like I feel like with all of the supervisors that I've had even you know before but definitely post graduating building me up and reinforcing what we learned in school and you know that I'm on the right track and then I'm doing the right things for my clients and stuff like that so …yeah even not positive feedback well not positive but you know constructive that's what I'll call it I'm you know and I'm fine with I very much like I not that I like criticism but taking that because when you know when you're in a session with someone you kind of only think of like what to do at that moment and then you know being able to come together with your even the other counselors just in this case consultation you know being able to save what they would do or how you would approach it next time or moving forward and things like that is too I mean it's most valuable I think us being able to do that every week and consistently
SR005	I think I because of multiple supervisors I know you're kind of talking about our current one but you know I've had the supervisors that I've had at Navajo's all you know they we've been together for a decent amount of time when I was all the way it was from my internship starting in September of 2017 all the way through when I switch teams from a drug and alcohol, uh and mental health team, to just a strictly a mental health team we so she then so we were together till may of 20 um 19 so we were together for about a year and a half and I had that consistent relationship and so I think you know I think that there's a lot of growth that comes just from experience but from being able to ask those hard questions and being challenged which is something all of my supervisors have done there have been times that I've been like had this almost like a scared to go to supervision not because of anything that they actually did but because I felt like I wasn't doing it that's not that I wasn't doing like anything unethical or anything but just you know that I wasn't as a clinician was I being the best clinician I could be you know along those lines of administrative work you know there was always this I had this fear that like I was you know not up to date on certain notes or something like that and I figured all that out because of them pushing and challenging me like you know because they were like you know we figured out priorities together we figured out And I think priorities not just for myself but like within sessions you know what are the important things that you touch on with your clients you know if I love crisis work and so like that's something that's they've pushed me and challenged me within

	just figuring out what exactly is going on for a client you know particularly in that day in that moment but then moving forward and how you can best help them how you gotta tweak that and you can't just like follow you know I do a lot of CBT and TF CBT after training last year and you know all of it just like I talk about with my kids with grief like it's all like you go forward and you go back and then you know there's never like there's an idea of like you're supposed to go and then but it never happens you know so yeah they definitely challenge me to develop those skills and I think that's really important
SR006	I feel like I know the answer is yes I feel like uhm, because I've only been in the field for a little bit over a year now God that's weird to say I still like I do have the impostor syndrome a lot so but like thinking about it rationally yes definitely OK um could you maybe explain a little bit on um how supervision has made you feel a little bit more confident in your clinical skills because a lot of I would say a lot of like validating or I might give an example of something I'd want to do in session and my supervisor be like yes that's exactly the advice that I would have just told you so very validating yeah, and that's important to me obviously
SR007	absolutely more confident because a lot of times when I come in to supervision it's when I'm feeling not very confident but I I'm not quite sure where this is going where this should go how far or how much should I push uh how much are how much I just let the client be the leader in this situation in these sessions so I come in not feeling confident I come in with a lot of questions about directions I could go so there it's a fairly predictable in that my supervisor will talk to me first about what feelings is it eliciting and me and really trying to understand like where I'm coming from uh instead of just like you know wholesale dispensing device right uhm, then once they got more of a background then we can start getting into a little bit more detail about what I might try some ideas to think about but I'm always feel like it's a partnership like how does that sound do you think you might be able to do that if I push back there's not any issue with that so I feel yeah supported in that I think after I leave I feel more confident like coming I leave feeling more like OK I can do this yeah
SR008	let's say no I would say that any confidence that I've been able to develop as a clinician or as a counselor has much more been the result of you know just going through the process of working with clients myself and certainly making a ton of mistakes and then you know trying to work to rectify that you know in the session with that person but it yeah as far as supervision goes I can really see the benefit of having really effective supervision especially from my current supervisor but I honestly can't say that it's been much of a help with regards to development up to a very recent timeline yeah…seeking out counsel from my colleagues right in an informal almost

	supervision you'd call it with colleagues you know or other people I know in the field as opposed to you know the supervision that I've for the most part received
SR009	I do with this supervisor again in past supervisions or supervisor I don't think it was a good fit and I think it was more about I was more focused on navigating that relationship than my own clinical work, but with this supervisor I think me picking her and then us going to be more professional I definitely have
SR010	yes , I think one of the great things about having had a few different supervisors with different backgrounds is that I've learned a lot of different interventions and theoretical orientation stuff that I wasn't exposed to in my program and so I think it's really kind of made me more well-rounded clinician in that way. they all have very different perspectives which I really loved when I worked at the community mental health agency I worked at previously we were able to go around to different supervisors if you know one wasn't available so you know I always had this wealth of information of different people which was great so yeah I think it's been really helpful…supervisors with a diverse background in practice was helpful because I was working with families and kids which was not a huge focus in my graduate program

IntQ5: What do you think has been the most helpful or beneficial in developing your clinical skills? Please explain.	
Participant	**Response**
SR003	I don't know actually access to clients like you know having kind of a uhm a routine and schedule where I'm seeing the same people over and over and it feels like that just builds my clinical skills and having time with people where we can see the progress are making or what they're not making you know yeah it's like times been the biggest factor for me, I haven't done a lot of, at this point because it's just what about 7 months out of graduation so I haven't done a lot of CEU (continuing education units), type so additional training yet, like if you were to interview me like in a few more months 'cause I'm signed up for some and like the next few months I probably have some more of that to add, I had to take a break
SR004	I think I think that um for me I think having a supervisor that doesn't push their own stuff onto you um that is letting you flourish in your theory and try things that you want to try within boundaries and obviously ethical whatever but I think that's been the most for me to be more open with them whereas I can I could see it the supervisor that push more of his stuff on me I would share less and come in a little bit more closed than the one that I'm with now I talk openly and freely and um I'm not afraid in no matter what he says back to me

	I'm not afraid of you know him being critical or pushing stuff or whatever so
SR005	I think um having some like almost hypothetical scenarios we would we would do type, within some of our staff meetings we would even do like case consult so after a staff meeting we would have a case consult and our supervisors would be there so having some actual scenarios but then hypothetical you know what if it was this what if you know if this was happening what would you do and allowing me to answer and be wrong and then learning from it uhm I think at first when I was an intern I was always scared to give a wrong answer so I'd always like tiptoe and skirt around it be like Oh well you know I don't know all the information or whatever you know but like because they kept pushing and they let it they all allowed for it to be this like really truly safe space that I could be wrong and I wasn't going to be ridiculed for it I think that was part of our like agency culture as well but then once you saw it like individually that was that was something that was really helpful that that ability to be OK with being wrong and learning from it
SR006	I think well supervision also I feel what has been helpful for me is a lot of like consulting with colleagues and some additional trainings I wouldn't say all of them have been super beneficial, but some have been very beneficial
SR007	I think, so this was a so I'm thinking back to school, right so I'm a student I loves I love school I love learning love reading I love reading and writing so I create a lot of handouts for my clients and in doing so I get more depth of knowledge around things I'm a constant learner so that for me has been I mean one of the pluses about this career is that you should be learning all the time and I just really love that so that has helped a lot and I think the most important thing for me is just to kind of settle in and be me in the room it just makes sure that I kind of feel like I'm the tool right I'm the tool in my tool bag is so what's going to help me do as well as I can do some of that is learning definitely supervision comes into that I always come in with my you know my list like here's some of the UM housekeeping stuff that I need to take care of for sure but then here are like a list of two or 3 clients that I might be kind of struggling with or sometimes it's just one client um so all of that just I'm coming back to the original question which is what is it that's…. Yeah I think the most beneficial thing at all of that is just knowing is that it's that growth mindset of it's alright if I don't know what I don't know because that's where I'm at, just kind of leveraging all the things that I you know that I have and that includes a really great supervisor
SR008	I would just say direct experience, uhm, you know of being able to combine learning of the concepts you know in education and in school and also just being able to then do my best to understand the application of them you know from theory to application in the work

	and I think in that way I was a lot more fortunate maybe than a lot of other people because I worked kind of in the field you know, aligned directly in the field for a while before I went to school, so it kind of afforded me a lot more opportunity to think about like even the practice of counseling or what makes good counseling what makes you not so good counseling for a long time before I kind of officially matriculated at school so I think I got, almost unofficially like just so many more hours of practice then I think probably a lot of my peer group did
SR009	trainings have been really helpful, consistent consults has been helpful as well as just kind of maintaining those relationships with other clinicians not feeling so isolated
SR010	that's a tough question I think probably when I've been able to really sit down and conceptualize cases with supervisors and talk through kind of my thought process with each of them. I think that's how I learn best. I want to like talk through the whole case and like express what I'm thinking and feeling and planning and then getting feedback one of the supervisor who is also the program manager was really great at doing role play with me and so I was able to you know kind of pre apply what I was thinking with certain clients and talk through really specific interventions and really kind of practiced them on her which I thought was really helpful yeah I think I'm just more of like a type of learner that needs to practice and do rather than you know just consider

IntQ6: What do you think has been the most helpful or beneficial in your supervisory relationship? Please explain.	
Participant	**Response**
SR003	mmm.. that's a hard one, cause it just works you know like I guess What I appreciate most about the relationship is just feeling that I can take anything to her you know and it will be OK and it I mean maybe I still have a couple things I only take to my personal therapist but I guess uhm, yeah it's just you know supportive and So what was the question what was most beneficial …yeah actually so the support but then I'm like just her know how, the depth of knowledge that I think has been huge for me you know just in general 'cause you're out of school all of a sudden you lose that connection to depth of knowledge so it's good to have a little rope in
SR004	consistency I think uhm you know we're even if we're flexible also but we have we have the staff meetings and the group supervision and everything set up you know we tweet we don't kind of flux with it so I think that and through email I thought it would be hard too because he's not in my location so I wasn't really sure how that would work but you know over email he's very responsible stuff like that so um but I also haven't had I don't think like a trouble client or something

	like that where I feel like I haven't been supported you know with like a crisis or something like that so I do feel very supported by him
SR005	like my current one or any of them or sure I think some of it's the same you know having that space you know working for an agency I think sometimes just throws you in kind of you know you've got no idea how to swim and you got to figure it out and so I think the you know the supervisors weren't in anyway when assigning cases to us when assigning our clients they weren't you know like Oh there an intern they can't handle it you know they gave us whatever if our availability matched with a client needed or wanted then that's what we did and we learn those skills like really on the job kind of while you're doing something and you know you got a lot of supervision around what you were doing so you were never like yes you were thrown in but you were kind of like given a life raft that you could hold onto while you figure out swimming and so just being that really strong support and having a lot of their own clinical skills all of my supervisors had been clinicians for between 10 and 30 years so it was not to knock anybody you know that's brand new 'cause uhm there's nothing you know we all learn stuff as we go um but just they had that clinical skill and they also had that that ability to know that they would see potential in us that we couldn't see in ourselves you know we might think Oh we're going to we're going to fail and they'd be like you know you know you gotta believe in yourself to help these clients
SR006	feel really comfortable with my current supervisor and I'm not afraid to like hold back anything that I might be like nervous of being judged about or get in trouble for say but like so just being able to really just kind of be myself with my supervisor …yeah where is the past I would kind of feel like sometimes I was just saying that things I thought they wanted me to say
SR007	this person is my supervisor is a really great person having a relationship where I feel comfortable and supported and I know a little bit about their personal life they know a little bit about my personal life but we don't sit there and talk about her personal life so we don't take up the time going off um you know off script or whatever I'm trying to say right now I mean we really do spend time on the work and the work that's being done and that sort of thing but That being said I feel like I know who she is so um I am tell me this question again 'cause now starting to get them there's very close right here she's a very close so… so just having some personal relationship I think that balanced with the professional relationship that we have about doing the work and I think for me it's been a really nice balance I wouldn't want it too far the other way or so I feel like it's a good balance
SR008	this person is my supervisor is a really great person having a relationship where I feel comfortable and supported and I know a

	little bit about their personal life they know a little bit about my personal life but we don't sit there and talk about her personal life so we don't take up the time going off um you know off script or whatever I'm trying to say right now I mean we really do spend time on the work and the work that's being done and that sort of thing but That being said I feel like I know who she is so um I am tell me this question again 'cause now starting to get them there's very close right here she's a very close so
SR009	boundaries and trust
SR010	I feel really comfortable sharing things with her, a big part of our job is understanding and preparing for how things affect you and how that then translates into your work as a clinician and how you're able to continue on in this work so my current supervisor I appreciate that I know that I can trust her and really talk about like the difficult client situations I'm having and not feel judged about transference and countertransference and 'cause I feel like for me just being you know an empath, that can be hard for me in a challenge and so being able to feel supported in that way has been really important so I think our relationship is foundational to me feeling like it's a good supervisor aid situation

IntQ7: Is there anything more you would like me to know about your current supervisory relationship and/or your confidence in your clinical skills that we have not addressed?	
Participant	**Response**
SR003	the group I went into one person was there and left and that person had a completely different experience with my supervisor than I'm having and so I'm just really aware that it can just be a connection or expectations as well I think that person had different expectations than I had so that's really interesting I think. If I were a supervisor, I'd want to make sure expectations are clear because of what I saw happen…counselee should let supervisor know their expectations, or the supervisor should pull the expectations out of the counselee.
SR004	No Response
SR005	I'm trying to I'm trying to differentiate between like what I've what I've learned from a supervisor versus from just being in the field for a few years versus you know like I don't know just trying to separate it like what you would learn you know because of your thrown into a community mental health agency, uhm, I think I think one thing that and I guess it's again that support but they're always pushing us to seek training outside you know so like learning from them but also pushing ourselves to go do a training that might be out of our comfort zone like Oh you really love CBT most people that love CBT don't really love the idea of play therapy why don't you go to a play therapy you know conference or a one day of a session or something like that and we have funding that allows us to do that which is really great but

	they're always you know do the training that's more than just the required because you might find something that you really love or you might find something you like you know I don't like that which makes me more sure about and like more confidence in the skills that you have around a different a different training… part of it being time and a variety of clients have a lot of clients right now but just a lot of that just pushing me to keep going and you know so I did a TF CBT training at the beginning of 2019 and actually 2 of our supervisors were there with us which I think part of that was a requirement for them to become supervisors with to be TF CBT supervisors but also it just showed that like we can all you know get down and get in the trenches and just do the work that needs to be done and there's not like necessarily a hierarchy like the fact that my director is my supervisor like for me that that kind of exemplifies you know the ability to do what needs to be done I mean obviously do what you're calling to do but like if we need a supervisor and the only one available is the director the director puts aside some of that administrative stuff and he starts helping the clinicians so that was that was something that I think really you know helps with those skills how in those skills it's just seeing every you know obviously the motivation you find in yourself but then seeing the people that have done it already are now you know they're back doing it there it's always a learning process
SR006	yeah I think I think a lot of what's been beneficial for me is kind of like what I'm saying and sense of being myself with my supervisor is also my supervisor like allowing me, I shouldn't say allowing me buy, acknowledging that it's OK to be me in session 2, like, she's really helping me find that balance, because we wear all different hats in all situations but also like seeing 8 hours of clients a day like of course ourselves are going to come through on that and I used to be very worried about that so I feel with my supervision currently she's like really help me to kind of own that and own like oh wait I do know what I'm doing, I have had this training
SR007	um I used to do sales right so one of the ways that you can talk about value is the absence of something And I just know that if I didn't have that feeling of being supported if I didn't have that feeling of I'm where I'm at and that's OK and um you know not feeling judged or feeling just any of those things that can really cut away in your creativity your problem solving and your confidence I'm not experiencing any of that right now and I think that is really valuable because I mean when I used to do this other corporate job there's a lot of stress there was a lot of things on the line right a lot of eyes looking and an always that feeling of having to perform this this work feels so much more important and so much more risky and yet so much more natural so kind of trying to marry those 2 things is very interesting holding the tension between those 2 things is very

	interesting and it's nuanced and so I just really appreciate as I navigate through those nuances as I navigate through distinctions that have not yet become clear to me if that makes sense to have somebody who helps me with that but is not trying to force anything down my throat or make me into being somebody I'm not or have an agenda for my clients uh above the agenda that they have for me in my growth certainly if I feel like if I were putting any of my clients at risk I think that would shift I trust that that would shift but for the most part I just feel like my growth and competence as a counselor is really what my supervisor is trying to do and I think because that's their priority I feel really supported by that
SR008	with regard to skills it's an interesting dichotomy right because while I feel more than fairly confident in my skills I think that I've had to take a less than fortuitous path to developing those even with the benefit of sort of all these informal hours of counseling before the degree just because of the lack of really appointment and focused supervision you know I guess it's kind of one of those things were like you know looking back I wouldn't necessarily change a thing but I do think that that made the road a lot harder because you know it just wasn't there and then I was particularly shocked in school to take that supervision class and to find out like Oh there's actually a lot of research even around you know the efficacy of supervision and you know different models to be adopted that really made me frankly very disappointed to kind of considered like what I experienced to that point
SR009	I think what's contributed to a positive experience with my supervisor is also her years of experience also her training she's been a supervisor for about past 20 years, and I think past supervisors that I have felt unsupported by they were quite new, so I think training and experiences really helps me feel supported
SR010	supervisors since then have really helped with my confidence and I feel like I'm a much better clinician for it now I also didn't know what to ask for and what I needed at the beginning, how do you if you've never received supervision before