

The Influence of Supervision Training on Supervisor Self-Efficacy  
Among Doctoral Interns at University Counseling Centers

Sarah Jane Haley, M.A., Ed.S.

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Michael Yura, Ph.D., Chair  
L. Sherilyn Cormier, Ph.D.  
Lynda Birckhead-Danley, Ph.D.  
Cynthia Kalodner, Ph.D.  
Richard Walls, Ph.D.

Department of Counseling, Rehabilitation Counseling, and Counseling  
Psychology

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## ABSTRACT

### The Influence of Supervision Training on Supervisor Self-Efficacy Among Doctoral Interns at University Counseling Centers

Sarah Jane Haley

A group of 145 clinical and counseling psychology doctoral students interning at APA-accredited university counseling center sites completed the Supervision Self-efficacy Questionnaire (SSQ) to determine differences in supervisor self-efficacy among different supervision training groups (e.g. no doctoral supervision course, a didactic supervision course, or a didactic-practicum supervision course) during their doctoral training. The SSQ was developed for this study; it was adapted from The Supervisory Focus and Style Questionnaire (SFSQ) (Yager, Wilson, Brewer & Kinnetz, 1989), which is based on Bernard's (1997) discrimination model of supervision. A one-way, between-subjects ANOVA found no significant differences in overall supervisor self-efficacy among the groups; Another ANOVA revealed that interns who completed a didactic-practicum supervision course reported significantly higher levels of self-efficacy in addressing conceptualization issues with their supervisees when compared to interns who did not complete a supervision course. Supplemental analyses revealed that interns from counseling psychology doctoral programs reported significantly higher levels of supervisor self-efficacy compared to interns from clinical psychology programs. Among those interns without previous supervision experience, interns with a didactic-practicum supervision course reported greater supervisor self-efficacy compared to interns with no supervision training in their doctoral program. Results are tentative due to limited knowledge of the reliability and validity of the SSQ and homogeneity of variance problems within this sample. Recommendations for future research on supervisor self-efficacy as it relates to counselor self-efficacy, supervision performance, and supervision experience.

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## CHAPTER 1

### Introduction

This chapter provides a brief introduction to the literature and the purpose of this study, as well an introduction to the research questions, key terms, and limitations of the study.

Imagine that an individual pursued a career in counseling, and the training program identified his or her participation as a client in therapy as the *primary* requirement for providing therapy. In this scenario, experience as a client would be viewed as the fundamental training necessary for counseling others. Would this requirement be sufficient training for engaging in the role of therapist? While this scenario is unreasonable, it resembles a view of supervision training that appears to have lingered in the mental health field. The resemblance is that many counseling professionals seem to consider experience and training as a therapist to be adequate preparation for supervising another therapist (Bernard & Goodyear, 1998).

For the purposes of this study, the definition of supervision used is that of Loganbill, Hardy and Delworth (1982) who defined supervision as “an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person (p. 4).” The objectives of supervision are to facilitate the supervisee’s development as a skilled clinician, to serve as a check-and-balance mechanism for maintaining an adequate standard of client care, and to serve as a “gatekeeper” for the counseling profession (Bernard & Goodyear, 1998). In the last two decades, the psychological literature has provided a plethora of information highlighting the importance of supervision in counselor development.

## Supervision

The supervisory role is quite prevalent among counseling and clinical psychologists. Robiner and Schofield (1990) found that over two-thirds of counseling psychologists provide supervision to other counselors as part of their clinical duties. In a 1993 survey of clinical psychologists in the American Psychological Association's (APA) Division of Psychotherapy, Norcross, Prochaska, and Farber (1993) found that after providing psychotherapy, clinical supervision was ranked as the second most common task. Fitzgerald and Osipow (1986) surveyed counseling psychologists and discovered that 70% of those questioned reported that they spent between 1% to 70% of their professional time providing supervision. The fact that the majority of clinical and counseling psychologists provide supervision, an activity that consumes a significant portion of their professional time, speaks to the importance of supervision.

Supervision has been identified as an essential element in graduate student training for psychologists, which is an additional reason for the recent attention given to this process (Romans, Boswell, Carlozzi, & Ferguson, 1995). It is a pivotal part of psychologists' training because the union between theory and practice takes place within the supervision arena (Bernard & Goodyear, 1998). While gaining clinical experience is necessary for student training, it must be paired with routine assessment of a trainee's clinical skills to develop authentic professional competence (Bernard & Goodyear, 1998). If this structured feedback is absent, then a supervisee may only achieve "the *illusion* that they are developing professional expertise" (Bernard & Goodyear, 1998, p. 2). Thus, the development of the therapist from a student to a professional is dependent upon this crucial process of supervision (Holloway, 1992).

The procedure for obtaining a license as a psychologist requires a minimum number of hours of didactic clinical supervision (Bernard & Goodyear, 1998). While requirements for licensure vary from state-to-state, most state requirements include a minimum amount of post-graduate supervision as a provision for obtaining a license as

a psychologist (Bernard & Goodyear, 1998). These requirements also reflect the value that our field places on receiving supervision to foster our professional development.

Another reason for attending to the supervisory role is because there is a great deal of legal and ethical responsibility inherent in the role. Supervisors are legally liable for their own actions and those of their supervisees as part of the responsibility for supervising trainees and psychologists obtaining licensure (Bernard & Goodyear, 1998). Direct liability is placed on a supervisor when he or she has caused harm; Bernard and Goodyear (1998) cited an example of this in which a supervisor recommended an intervention to a supervisee that resulted in harm of a client and the supervisor was found to be responsible for the harm. A supervisor also assumes vicarious liability, wherein he or she is responsible for supervisee behaviors regardless of whether or not the supervisor made a specific recommendation to the supervisee or had knowledge of supervisee behaviors (Bernard & Goodyear, 1998). Bernard and Goodyear (1998) acknowledged that direct and vicarious liability are inherent in the supervisory role, and it requires supervisors to shoulder an immense responsibility. The authors suggested a supervisor should be cognizant of, educated in, and skilled in providing supervision, and she or he should have an understanding of issues related to the role of supervisor, in order to manage effectively the legal responsibilities.

As managed care influences the delivery of mental health counseling, psychologists' supervisory role in the clinical setting will probably expand due to enduring changes in managed health care (Kalous, 1996). The goal of managed care is to provide cost-effective treatment; this may translate into master's level therapists providing mental health treatment under supervision of doctoral level psychologists (Kalous, 1996). Therefore, there is an increasing need for competent supervisors to meet the changing demands of managed care (Kalous, 1996).

APA has also given recent attention to the changes in the health care field as it relates to psychology. A group was appointed by APA to focus on upcoming changes

in the field and they reported that compared to past activities, psychologists will spend a greater amount of time training and supervising other mental healthcare professionals in the future due to changes in the delivery of mental health and psychological services (Spruill, Kohout, & Gehlmann, 1997, in Scott et al., 2000). This group further noted the need to equip psychologists' with skills and knowledge necessary to meet the increasing demand of the supervisory role.

### Supervision Training

The current and future status of psychologists' supervisory roles emphasizes the importance of obtaining specialized supervision training in graduate programs in psychology. This idea is reflected in 1996 accreditation guidelines provided by APA (Office of Program Consultation and Accreditation), which have been recently updated to include supervision as a competence area. This is a new requirement for graduate training programs and internships to obtain APA-accreditation. Although accreditation guidelines have been recently altered to reflect the importance of supervision, questions remain concerning the limitations and inconsistencies in supervision training of graduate students in psychology. In the early 1980s a crucial limitation was identified: only a small portion of new supervisors (20%) completed a supervision course or seminar, and only half of new supervisors had supervision experience during their doctoral education that was monitored by a more experienced supervisor (McColley & Baker, 1982).

In a more recent reference to training of supervisors, Bernard and Goodyear (1998) reported "it is our impression that the situation has improved (p. 4)," yet they were unable to provide any empirical evidence to support this statement. This author was unable to locate a current report on the status of training specifically related to supervision at the start of this project; Rodney Goodyear (personal communication, October 20, 1998) referred the author to a recent survey of APA-accredited counseling psychology program materials revealing that 31 programs (out of 62 respondents) did

not document the provision of a specific supervision course in the materials that described their programs and curricula (Lichtenberg, Murdock, Gore, & Bailey, 1997). The authors of this survey acknowledged that the competency areas addressed in the APA training guidelines do not necessarily need to be met through a graduate course; rather, such preparation may be incorporated throughout an entire graduate program. Based on this information, it may be concluded that those graduate programs which do not offer a course dedicated to supervision have attempted to weave supervision training into the counseling psychology program. If a training program implemented supervision training in this manner, it is possible that the training is insufficient.

A very recent study by Scott, Ingram, Vitanza, and Smith (2000) surveyed training directors in academic (counseling psychology, clinical psychology, and combined professional-scientific psychology) and internship programs on the number and type of supervision opportunities offered in their programs. They reported that almost one-quarter of academic programs participating in this study did not offer a didactic course or seminar in supervision. Similarly, 20% revealed that they did not offer a supervision practicum in their doctoral training. Also, 14% of programs categorized their didactic supervision training as “part of course in the program,” as mentioned above, and 8% of programs placed their supervision practicum in this same category.

The training of supervisors may be inadequate for at least some graduating counseling psychologists, despite the evidence that the role of supervisor is significant in the work of psychologists. Hoffman (1994) concurred with Stoltenberg and Delworth’s (1987) argument that the lack of training in this area violates the ethical principle that psychologists should participate solely in those activities for which they are qualified based upon education and experience. The identification of supervision as a specialty in the psychology field requires specific training of unique supervisory skills that are developed from counseling experience and education in supervisory theories

(Bradley, 1989). A psychologist attending a workshop conducted by Hoffman (1994) made a strong statement regarding the void of supervision training by referring to it as the psychology field's "dirty little secret" (p. 25).

While some new graduates in counseling psychology have received supervision training (e.g. advanced preparation) in their doctoral education (Lichtenberg, Murdock, Gore, & Bailey, 1997), the fact that training in supervision may not be provided for all graduates remains problematic. An additional complication of supervisory training is that course requirements vary across doctoral programs. Specifically, a portion of counseling psychology programs provide a didactic course in supervision, while the remaining programs offer a supervision practicum as a supplement to the didactic component of supervision training or a provide a supervised practicum without didactic training.

Scott and her colleagues (2000) recently shed some light on variations in the current supervision training practices of clinical and counseling psychology programs. They identified the number and percentage of academic programs offering a didactic course or a practicum course. However, the number of academic programs requiring a didactic course, a practicum course, or both components is unclear at this time. In addition, supervision training practices of clinical psychology programs and counseling psychology programs were not differentiated; in other words, training practices of both programs were reported under a single heading of "Academic Programs". Their results revealed that 30% of academic programs required their doctoral students to complete a didactic course in supervision, and 23% of programs required completion of a practicum in supervision. The option to take supervision as an elective was also assessed: 22% offered a didactic course, 32% offered a practicum. This provides additional support that there are still variations in supervision training for counseling and clinical psychology programs.

This lack of specific, standardized training in supervision has been identified as an obstacle in the mental health field (Bernard & Goodyear, 1998). What has prevented educators of psychologists from removing this obstacle? Perhaps it is the notion that supervision appears to closely parallel other duties of a psychologist, such as teaching, counseling, and consulting (Bernard & Goodyear, 1992). While the process of supervision has features similar to these duties, it also has distinct features that necessitate specific training (Bernard & Goodyear, 1992). While the supervisor, similar to the educator, teaches counseling skills to the novice counselor, the “curriculum” of supervision is based on an individual’s needs as opposed to the group’s needs (Bernard & Goodyear, 1992). Supervision is different from therapy in that the focus of intervention is on improving the professional development (rather than personal development) of the supervisee (Bernard & Goodyear, 1992). Finally, supervision is an on-going relationship that serves as a guide for providing optimal therapy, whereas consultation usually consists of a one-time conference concerning a particular client issue (Bernard & Goodyear, 1992).

An added obstacle that prevents supervision training from becoming standardized across programs may be that many of the current mental health professionals conducting supervision did not receive formal training, but they believe “they are pretty good at it” (Bernard & Goodyear, 1992, p. 3). If a new supervisor believes or judges himself or herself to be “pretty good” in this arena, how does that self-view relate to the objective effectiveness of the supervision process? While supervisors’ perceptions of their effectiveness has received minimal examination to date, there is a considerable body of literature examining the relationship between counselor training, counselor self-view of effectiveness, and counselor performance that may shed some light on the issue of supervision training. This literature has been identified as “counselor self-efficacy,” and research on this topic has provided useful

information regarding the influence that counselor training has on counselor self-efficacy, which in turn influences counselor performance.

### Counselor Self-Efficacy

“The judgment of one’s capabilities to organize and execute courses of action required to attain designated types of performance” (p. 361) has been termed self-efficacy by Bandura (1986). Bandura (1977, 1986, 1997) indicates that there are four sources that contribute to one’s self-efficacy, including performance accomplishments, vicarious learning, verbal persuasion, and emotional arousal. While all of these factors contribute to self-efficacy, Bandura (1977, 1986, 1997) stated that the most powerful source influencing self-efficacy is performance accomplishments which he attributed to the experience of personal mastery in a given domain.

The counseling literature provides support for Bandura’s self-efficacy theory: research in this area suggests that a significant, positive relationship exists between counseling self-efficacy and counselor performance (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992; Munson, Stadulis, & Munson, 1986; Watson, 1992). Additional studies have also indicated that counselor self-efficacy appears to be greater in those counselors with some experience when compared to those counselors with no experience (Larson et al., 1992; Melchert, Hays, Wiljanen, & Kolocek, 1996). Furthermore, a positive relationship between level of counseling self-efficacy and amount of supervision *received* appears to exist as well (Alvarez, 1995; Larson et al., 1992; Newcomb & Zinner, 1993; Sutton & Fall, 1995; White, 1996).

### Supervisor Self-Efficacy

Over the past decade a substantial amount of literature has accumulated regarding the theoretical and empirical application of self-efficacy to counseling. More recently, speculation and inquiry have been generated on the effect of self-efficacy in the supervisory role. For example, a recent issue of The Counseling Psychologist (Vol. 26, No. 2, 1998) was devoted to counselor and supervisor self-efficacy. An article in

this journal focused on the connection between counselor self-efficacy and supervisor self-efficacy. Steward (1998) cautioned readers against assuming that one's self-efficacy as a supervisor is automatically equal to one's self-efficacy as a counselor. This warning reflects an important distinction made between the role of supervisor and that of counselor in the literature: because you are a good counselor does not mean that you will automatically be a good supervisor. Based on her personal experience, Steward (1998) made the observation that a supervisor's increased confidence facilitated a trainee's confidence in his or her role as a therapist; this led to her (Steward, 1998) assertion that "optimal levels of counselor self-efficacy cannot occur without optimal levels of supervisor self-efficacy" (p. 290).

These observations highlight a need for additional research that focuses on supervisor self-efficacy, as it appears to be a significant component in counselor development; this sentiment was echoed by Goodyear (1998) in the same journal. The aforementioned variation in supervision training across clinical and counseling psychology doctoral programs and a recent focus in the literature on supervisor self-efficacy raises the following question: How do different types of supervision training impact supervisor self-efficacy?

While Steward (1998) highlighted the need for research in this area, only one study to date has examined self-efficacy of supervisors. Stevens, Goodyear, and Robertson (1997) conducted a correlational analogue study examining the influence of supervision training and experience on supervision self-efficacy. The authors showed a videotape of a supervisory session and asked 60 active supervisors to rate their views of the supervision session on the videotape using a variety of measures. In order to assess supervisor self-efficacy, participants were asked to respond on a Likert scale (agree vs. disagree) to the following statement: "At my current level of supervisory skills and from what I have observed, I feel capable of supervising this counselor" (p.80). The authors found a significant association between number of structured supervision

trainings completed (e.g. a course, workshop, symposium, etc.) and level of supervisor self-efficacy. Specifically, they found a significantly lower level of supervisor self-efficacy in a group of supervisors who had not completed any supervision training when compared to a group of supervisors who completed three structured supervision training experiences.

This study was beneficial as it identified a potential association between supervision training and supervisor self-efficacy. Self-efficacy was measured by asking participants to respond to the following statement, “At my current level of supervisory skills and from what I have observed, I feel capable of supervising this counselor (p. 80)”; the participants responded to this item by completing a five-point Likert scale that ranged from “agree” to “disagree”. Cone and Foster (1993) have raised concerns about the reliability of single-item measures. The Stevens et al. (1997) study provides evidence of a link between supervision training and supervisor self-efficacy, which serves as a foundation for evaluating supervisor self-efficacy in a broad range of supervisory activities. A measure that reflects the wide range of supervisory roles and focal areas would be useful in evaluating supervisor self-efficacy in more detail.

#### Supervisor Self-Efficacy Instrument

An expansion of this single-item measure to assess supervisor self-efficacy in a broader range of activities is needed to explore the association between type of supervision training and supervisor self-efficacy. For the purposes of this study, a questionnaire was developed by adapting The Supervisory Focus and Style Questionnaire (SFSQ; Appendix A) (Yager, Wilson, Brewer, & Kinnetz, 1989) to reflect supervisor self-efficacy in the focal areas and roles (e.g. styles) of a supervisor. After revising the SFSQ several times, the Supervision Self-Efficacy Questionnaire (SSQ; Appendix B) was the resulting measure; the process of adapting the SFSQ was done with the assistance of the lead developer of the SFSQ, Geof Yager and the

assistance of four counseling psychologists with research experience in and knowledge of self-efficacy and supervision.

The Supervisory Focus and Style Questionnaire is based on Bernard's (1979, 1997) Discrimination Model of supervision. A brief description of this model is provided in the next section.

### The Discrimination Model

The discrimination model has been identified as an “eclectic” and “atheoretical” model, which indicates that it can be used by professionals who incorporate a variety of therapeutic modalities and from diverse theoretical orientations (Bernard, 1997). The model is based upon the presence of three supervisory foci (intervention, conceptualization, and personalization) and three supervisor roles/styles (counselor, teacher, consultant) to be utilized by a supervisor during clinical supervision sessions. Specifically, the intervention focus (formerly referred to as the process focus) refers to a supervisee's skills in a counseling session; the conceptualization focus refers to a supervisee's understanding of the counseling sessions, the client's patterns, and appropriate interventions; the personalization focus refers to a supervisee's personal style, personal issues, and counter-transference that impacts the therapy sessions (Bernard, 1997). The other dimension in this model, supervisor role (e.g. style), includes the counselor role, which is therapeutic and addresses a supervisee's feelings, transferences, and self-confidence; the teacher role, which is didactic and more instructional and focuses on teaching, modeling, as well as interpreting counseling techniques, interventions and significant events for the supervisee; and the consultation role, which tends to be more collegial, concentrates on brainstorming strategies, discussing client problems, and providing alternative interventions (Bernard, 1997).

The discrimination model is based on a 3 x 3 matrix, which results in nine specific areas that incorporate one of three supervisor roles and one of three focus areas (Bernard, 1997). At any given moment in a supervision session a supervisor chooses a

single focus area and a single supervisory role in this model, which results in a customized response to address the needs of a supervisee in a specific situation (Bernard, 1997). The model allows for a supervisor to be flexible in his or her interventions, both within a given supervision meeting and across different supervision meetings (Bernard & Goodyear, 1998). Furthermore, this model has been identified as useful for new supervisors because it is simple and multifaceted (Bernard & Goodyear, 1998). Finally, this model of supervision has solid empirical support (Ellis & Dell, 1986; Ellis, Dell & Good, 1988; Glidden & Tracey, 1992; Goodyear, Abadie & Efros, 1984; Goodyear & Robyak, 1982; Stenack & Dye, 1982; Yager et al., 1989), and it is one of the most researched models incorporating supervisor roles (Bernard & Goodyear, 1998).

#### Statement of the Problem

Developing the skills of a counselor is an important issue in providing optimal treatment for the mental health client. The literature indicates that supervision is a salient component in the development of counseling skills (Romans et al., 1995; Bernard & Goodyear, 1998). Furthermore, supervision is becoming increasingly important as evidenced by: 1) a required number of supervision hours to become a licensed psychologist (Bernard & Goodyear, 1998), 2) an increased need for competent supervisors due to changes in managed health care (Kalous, 1996; Scott et al., 2000), and 3) an updated requirement in APA-accreditation guidelines which includes supervision as a competence area. Given the importance placed on supervision in the literature, obtaining training in supervision is a crucial component of doctoral training. However, there is a great deal of variability in supervision training across doctoral psychology programs (Lichtenberg et al., 1997; Scott et al., 2000).

Researchers of the counselor self-efficacy construct have echoed the importance of supervision in training effective counselors. In fact, supervision has been identified as a salient part of counselor self-efficacy (Larson et al., 1992). Researchers studying

counselor self-efficacy noted a need to study supervisor self-efficacy in a recent journal (Steward, 1998; Goodyear, 1998). Steward (1998) and Goodyear (1998) indicated that research is necessary to understand the applicability of self-efficacy theory to clinical supervision.

While research on counselor self-efficacy has expanded over the past two decades, specific studies concerning supervisor self-efficacy have been negligible to this point (Goodyear, 1998). Recent literature has noted the importance of attending to supervisor self-efficacy; In fact, a leading supervision expert speculated that there is a relationship between supervisor self-efficacy and counselor self-efficacy (Goodyear, 1998). However, only one study has been identified that specifically examines the association between supervisor self-efficacy and supervision training (Stevens et al., 1997). This initial study suggests that there are significant differences in supervisor self-efficacy among supervisors with different levels of training.

The results of the study on supervisor self-efficacy serve as a foundation of our knowledge in this area. A more meaningful measure of supervisor self-efficacy that is tied to a well-researched supervision model would be helpful in expanding our understanding of this construct. The discrimination model of supervision is atheoretical in nature and it allows a supervisor to utilize various focal areas and roles within a supervision session (Bernard, 1997).

The present study intends to utilize the validated paradigm of counselor self-efficacy that has been tied to counselor training as a model for examining supervisor self-efficacy as it relates to supervision training. The focus of this study is to examine the influence of supervision training on supervisor self-efficacy among doctoral interns. This study will serve as an initial step toward an empirical exploration of the observation by Steward (1998) that “optimal counseling self-efficacy cannot occur without optimal supervisor self-efficacy.”

### Purpose of the Study

The present study intends to expand on the current supervisor self-efficacy literature (Goodyear, 1998; Stevens et al., 1997; Steward, 1998) by examining supervisor self-efficacy with a measure incorporating various components of supervisory role and focus among intern groups who have completed different types of formal supervision training in their doctoral programs. This study will focus on pre-doctoral counseling and clinical psychology interns working at APA-accredited university counseling centers. The primary purpose of this study is to determine if there are significant difference in supervisor self-efficacy among groups of pre-doctoral interns at university counseling centers who had different types of professional supervision training in their doctoral programs [e.g. no training; didactic course only; practicum (lab) only; didactic and practicum (lab) training combined]. The author hypothesizes that there will be a significant difference among all four training groups. In addition, the study will also explore the possibility of any significant differences in any of the subscales scores on the SSQ (overall Focus, Intervention, Conceptualization, Personalization, overall Style, Counselor, Teacher, and Consultant) among groups with different types of supervision training. The specific purpose of this study include the following research questions:

1. For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total score on the SSQ) among groups which have completed different types of supervision training in their doctoral program [e.g. no training; didactic course only; practicum (or lab) only; didactic and practicum (or lab) training combined]?
2. For pre-doctoral interns, is there a significant difference in supervisor self-efficacy in each Focus Subscale (overall Focus, Intervention, Conceptualization, and Personalization score as measured by the SSQ) among the different supervision training groups [e.g. no training;

didactic course only; practicum (or lab) only; didactic and practicum (or lab) training combined]?

3. For predoctoral interns, is there a significant difference in supervisor self-efficacy in each Style Subscale (overall Style score, Counselor score, Teacher Score, and Consultant Score) among the different supervision training groups [e.g. no training; didactic course only; practicum (or lab) only; didactic and practicum (or lab) training combined]?

The exploration of supervisor self-efficacy in relation to supervision training will be a significant step in expanding the research in this topic area. This study will serve to expand the results of Stevens, Goodyear and Robertson (1997) (which indicated that supervisor self-efficacy is significantly different for those groups receiving different types of supervision training) by employing a more meaningful questionnaire that captures a broader range of supervisory activities which is based on an empirically supported supervision model.

#### Key Terms

##### Supervision:

\* “An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of the professional services offered to the client she, he, or they see(s), and serving as a gatekeeper for those who are to enter a particular profession” (p. 4, Bernard & Goodyear, 1992).

### Self-efficacy:

\*“Self-efficacy has been defined as ‘people’s judgments of their capabilities to organise and execute courses of action required to attain designated types of performance’” (p. 391, Bandura, 1986).

### Limitations of the Study

While the purpose of this research project is to take an additional step toward understanding the association between supervisor self-efficacy and supervision training, it is not without limitations. One limitation is the self-selection of participants: only those interns who volunteer to complete the questionnaire will be used in this study. This could create a selection bias, that those interns volunteering to participate in the study as a group may have certain characteristics that impact the results of the data analysis (e.g. only interns with high supervisor self-efficacy participate in the study). An additional limitation is the instrument utilized in this research project; although steps have been taken to develop and employ a reliable measure of supervisor self-efficacy, it is still experimental in nature. Finally, while this study may provide information regarding different levels of supervisor self-efficacy that corresponds with different types of supervision training, this study does not address the actual performance of a supervisor. Given the limitations of the study, subsequent research on supervisor self-efficacy should include: an assessment of the validity of the Supervision Self-Efficacy Questionnaire; an examination of correlations among supervision training, supervisor self-efficacy, and supervisor performance; the relationship between supervision experience and supervisor self-efficacy; and an examination of the relationship between a supervisee’s counseling self-efficacy and supervisor self-efficacy.

## Chapter 2

### Literature Review

This chapter is a review of the literature that relates to the current study, which focuses on supervisor self-efficacy and types of supervision training. The first section summarizes the current literature on the significance of the supervision process in the psychology field. The next section examines the current status of the supervision training in counseling and clinical psychology doctoral programs. It is followed by a discussion of the ethical guidelines that are applicable to supervision. A survey of the counselor self-efficacy literature is provided in the third section of this chapter; specifically the empirical evidence about its relationship to training, experience, counselor development and supervision. Next, the literature related to the supervisory role as it relates to counselor self-efficacy will be reviewed. A summary of the literature and research on supervisor self-efficacy is then presented. A discussion of the instrument used to measure supervisor self-efficacy, as well as a review of the model on which the instrument is based, is provided at the end of this chapter.

#### The Significance of the Supervision Process

The purpose of providing counseling supervision is to oversee the quality and type of therapy provided to clients, to contribute to the growth and development of a therapist conducting the psychological services, and to oversee the admission of competent professionals into the psychology field (Bernard & Goodyear, 1998). The growth and development of a therapist within the supervision process may include: setting goals specific to the supervisee, fostering the maturation of the therapeutic skills

necessary for licensure, and, most importantly, ensuring that clients receive proper care (Bernard & Goodyear, 1998).

Supervision has been identified as the most critical part of the student's training on the path to becoming a proficient therapist (Newman, 1981). Similarly, supervisors have been placed at the heart of the psychology field due to their pivotal role of facilitating the development of new psychologists (Hoffman, 1994). In contrast, it has been noted that students view their experiences of counseling their clients as the essence of their counseling education (Bernard & Goodyear, 1992). The foundation of professional identity, development of counseling skills, and therapist's exploration of his or her views on clients and the counseling process are some primary outcomes of the supervisory process (Newman, 1981).

The importance of receiving supervision also is evidenced in state laws, which prescribe the amount and type of supervision needed to obtain licensure or credentialing (Bernard & Goodyear, 1998). Most states require the accrual of a minimum number of supervised clinical hours (which may range from hundreds to thousands of hours) for a therapist to be licensed or credentialed (Bernard & Goodyear, 1998). This standard was set to ensure the appropriateness of client care, as well as contribute to the development of qualified therapists (Bernard & Goodyear, 1998). It has also been noted that some agencies monitor client care by supervising new therapists (Bernard & Goodyear, 1998).

Borders and Ushers (1992) recently surveyed a random sample of National Certified Counselors, which consisted mostly of master's-level counselors. They found that a majority of counselors (63.1%) who had graduated and been credentialed desired

additional supervision. In contrast, only 6.2% of the respondents indicated that they did not want additional supervision. Overall, participants reported that their primary reason for wanting additional supervision was to receive professional support; the authors noted that many participants also cited “improving clinical skills” as a reason for obtaining additional supervision. Also, the majority of respondents (66%) preferred a supervisor with doctoral level training. When questioned about supervisor credentials, the most frequently reported choice was a counselor who was credentialed and who had obtained extra supervision training. Thus, licensing agencies do not only mandate supervision, it also desired by most counselors.

#### Prevalence of Supervision Activities

The goal of this section is to provide a summary of the literature regarding supervisory activities. Interestingly, in 1986 two groups (Fitzgerald & Osipow, 1986; Watkins, Lopez, Campbell & Himmell, 1986) of researchers surveyed APA’s Division 17 (Counseling Psychology) on their participation in providing supervision. Surprisingly, the results of the studies are somewhat different; a discussion of the studies, followed by speculation on some possible reasons for such differences, is provided below. In addition, a more recent study of supervisory activities of Division 29 (Division of Psychotherapy) members is also reviewed in this section (Norcross, Prochaska & Farber, 1993).

A sample of APA’s Division 17 (Counseling Psychology) members were surveyed in 1986 by Fitzgerald and Osipow to determine the professional behaviors that were key components of a psychologist’s role, as well as behaviors that occupied most of their professional time. The authors obtained 351 acceptable responses from the 721

surveys mailed, which translate into a return rate of approximately 50%. This returned sample represented approximately 15% of the members in Division 17; the percentage of men (80.1%) and women (19.9%) in the sample was proportionately equal to division membership. The authors found that 70% of respondents reported that they provided supervision, and this activity consumed between 1% and 70% of their professional time. Of the sample providing supervision, 75% of respondents reported that they spent more than 5% of their time engaging in this activity, 50% reported spending more than 9% of their time in supervision, and one-quarter of the participants reported that they spent more than 17% of their time supervising others.

The respondents were also surveyed regarding four specific behaviors in supervision: 1) conduct supervision sessions, 2) monitor service delivery, 3) writing supervision reports and 4) evaluating program/services. A 7-point Likert scale was utilized to measure these specific behaviors regarding each of the following: importance of each behavior, centrality of the behavior to the respondent's professional identity, and relative amount of time spent on each behavior. Most participants (68.4%) reported that they conducted supervision sessions, which was rated high on importance ( $m=5.51$ ,  $sd=1.49$ ), high on professional identity ( $m=5.48$ ,  $sd=1.62$ ), and average on relative time spent ( $m=3.87$ ,  $sd=1.80$ ). Approximately 66% reported that they monitor service delivery; those participants rated this task as high on importance ( $m=5.63$ ,  $sd=1.53$ ), high on identity ( $m=5.49$ ,  $sd=1.62$ ), and average on relative time spent ( $m=3.82$ ,  $sd=1.75$ ). The task of writing supervision reports was a supervisory behavior that 58.1% of the respondents performed; it was noticeably rated lower on all scales (importance  $m=4.89$ ,  $sd=1.62$ ; identity  $m=4.57$ ,  $sd=1.71$ ; relative time spent  $m=2.82$ ,  $sd$

1.45) when compared to other supervisory behaviors. Finally, 55.6% of the respondents engaged in the task of evaluating programs and/or services, and this task had a mean rating of 5.43 on the importance scale ( $sd=1.56$ ), a mean of 5.11 ( $sd=1.77$ ) on the identity scale, and a mean of 3.34 ( $sd=1.59$ ) on the relative time spent scale. The four tasks of supervision appear to be of relatively equal importance on all three scales, with the activity of writing supervision reports resulting in the lowest ratings.

The results of this study demonstrate the prevalence of supervision activities, as well as its importance and contribution to the professional identity of Division 17 members. While the participants were members of the Counseling Psychology Division of APA, it is important to note that only 54.1% of respondents held counseling psychology degrees and the remainder held degrees in clinical psychology, educational psychology, and other fields. Furthermore, the results indicate that only 44% of all respondents graduated from an APA-accredited program; the authors did not specify the proportion of clinical and counseling psychologists graduating from APA-accredited programs. Thus, one should be cautioned in applying these results to all clinical and counseling psychologists graduating from APA-accredited programs. This information is also important to keep in mind when reviewing the following study on Division 17.

During that same year, Watkins, Lopez, Campbell, and Himmell (1986) also surveyed APA Division 17 to identify the professional activities of its' members. The authors obtained a 77% return rate, with 4% incomplete, resulting in a final sample of 716 members. Approximately half of the sample obtained held a degree from an APA-accredited program; however, the authors did not note type of degree (e.g. counseling psychology or clinical psychology). The authors found that slightly over half of their

sample (54.3%) provided supervision, and they reported an average of slightly under 6% of their professional time was devoted to supervising others. The authors did not question respondents about their specific supervisory tasks.

There appears to be a gap of between the percentages of psychologists providing supervision in the former (Fitzgerald & Osipow, 1986) and latter (Watkins et al., 1986) studies, despite the fact that the same division of APA was surveyed at the same time. Fitzgerald and Osipow (1986) found almost 16% more psychologists provided supervision when compared to the Watkins et al. (1986) study; such differences may be attributed to the differences between the two samples. A comparison of the similarities and differences of sample characteristics between both groups is provided in Table 1.

It is important to note that the two studies did not provide the same categories for “employment setting” nor “academic setting” Fitzgerald & Osipow (1986) delineated APA-accredited from non-APA-accredited academic settings, while Watkins and his colleagues (1986) differentiated among “educational psychology”, “psychology” and “other” university departments: Therefore, the “setting” was collapsed into one category in Table 1 for summary purposes. Based on a comparison of the two studies, it appears that results differ due to variance in work settings of two samples rather than demographics of participants.

Table 1

Similarities and Differences of 1986 Studies on APA's Division 17 (Counseling Psychology)

<u>Similarities</u>		
Demographics	Fitzgerald & Osipow	Watkins et al.
Age	M=50 years (sd=12.12)	M=50 (s.d.=11.2)
Gender		
Female	19.9%	26%
Male	80.1%	74%
Ethnicity		
Caucasian	19.6%	95%
African Amer.	1.9%	Not Provided
Hispanic	0.9%	Not Provided
Asian Amer.	0.6%	Not Provided
Graduates of APA-Accredited Training Programs	43.2%	Approx. 50%
<u>Differences</u>		
Primary Work Setting	Fitzgerald & Osipow	Watkins et al.
Academic	48.0%	33.8%
Counseling Center	13.4%	17.8%
Private Practice	15.6%	21.5%

Note. This is not inclusive of all employment categories provided.

Norcross, Prochaska, and Farber (1993) completed a random sampling of APA's Division 29 (Division of Psychotherapy) members and fellows to assess the type and extent of professional activities. Of 1,000 questionnaires delivered to Division 29 psychologists, approximately half were returned, and of those, 481 were identified as acceptable for the study. The authors found that 57% of respondents identified clinical supervision as one of their professional duties. In fact, the percentage of psychologists providing supervision was second only to those psychologists conducting psychotherapy (98%) in this survey of professional activities. The percentage of psychologists participating in the five remaining activities were as follows: 56% diagnosis and assessment, 48% consultation, 43% administration, 40% teaching, 24% research, and 12% other professional activities. Respondents indicated that they devoted an average of 6% of their professional time to clinical supervision on a weekly basis. The results of this survey, as well as the previous surveys, suggest that at least half of psychologists routinely provided supervision as part of their professional activities. The authors did not differentiate the type of doctoral degree (e.g. clinical psychology or counseling psychology) held by the respondents in this study, which is problematic in generalizing results of this study to other psychologists. Additionally, the majority of respondents in the sample (65%) were employed in private practice settings, which could also limit the external validity of this study.

#### Supervision Training in Clinical and Counseling Psychology Programs

In a speech, E.E. Baker (1978, in McColley & Baker, 1982) made the noteworthy observation that in the fifteen year period between 1950 and 1975 the literature on psychotherapy supervision was scant, with a mere nine articles published

in psychology journals. Despite this limited interest in the topic of supervision during that time period, Hess (1978) subsequently wrote about the importance of obtaining specific training in supervision. Hess (1978) noted that training and experience in providing therapy was needed, but not adequate, to be an adept supervisor; this sentiment has been echoed by several others (Bernard & Goodyear, 1998; Bradley, 1989; Hart, 1982; Hoffman, 1994).

An appraisal of the characteristics and practices of new supervisors working in both APA-accredited clinical psychology graduate programs and internship centers was completed by McColley and Baker in 1982. The authors assessed 29 new supervisors in academic programs and 46 new supervisors in internship centers; a “new supervisor” was defined as a psychologist with a maximum of two years of psychotherapy supervision experience. Slightly more than half of respondents (56%) had supervised experience in providing supervision prior to obtaining employment. However, almost one-third of respondents (32%) was not trained in supervision or had unsupervised experience in providing supervision before securing employment. Furthermore, only one-fifth (20%) of the total sample received training in supervision via a course or seminar. A significant finding was that the majority of respondents (86.7%) desired more training in supervision. Specifically, experience in providing supervision under the guidance of a more experienced supervisor was the most desired type of additional training for this sample. In addition, the two groups were queried about the number of hours per week that they spent providing supervision. Approximately 50% of new supervisors in clinical psychology programs (48.3%) spent between 6 and 10 hours of their professional time each week providing supervision, while more than half of new

supervisors at the internship sites (58.7%) spent less than five hours of their weekly time conducting supervision. Because this sample was recruited from clinical psychology graduate programs and internship sites in the early 1980s, it is not possible to translate these findings into the activities of current clinical and counseling psychologists. However, results provide a snapshot image of the supervision training at that point in time, which contributes to an understanding of the overall trend in supervision education.

The authors (McColley & Baker, 1982) noted that providing therapy is a complicated task, and that teaching another person to do therapy is likewise an intricate and challenging activity. Participants in this sample indicated that training in supervision was needed and desired to understand accurately the parameters of the supervisory role and learn appropriate supervisor interventions; however, the availability of supervisory training did not meet the participants' preferences. This study and the aforementioned study by Borders and Ushers (1992), which indicated that counselors would like to receive additional supervision (beyond agency or licensure requirements) by *trained* supervisors, suggests that supervisors and supervisees desire the same thing: for the supervisor to complete specialized training in supervision. Despite the stated preference by both parties for supervisors to be trained in their role, training in this area does not appear to be uniform across professional programs at this time.

In 1995, Romans, Boswell, Carlozzi and Ferguson surveyed APA-accredited counseling, clinical and school psychology programs to determine: 1) how many programs required a course in supervision, and 2) significant differences among the

three program types. Seventy-four percent of counseling psychology training directors responded to the survey, which translates into 46 valid responses out of 62 total inquiries. Clinical psychology programs had a lower return rate (56%), with 96 returns of the 172 programs surveyed. A 45% response rate was obtained for school psychology programs, wherein only 19 out of 42 school psychology training directors returned their survey.

In terms of inquiring about whether or not training program provided a course in supervision, the exact wording of this question was not provided in the article. The authors used the phrase “requirement of a course in supervision” in their discussion of the purpose of the study. In the method section, the authors only referred to “demographic information,” without specifically reporting the exact questioning of the training directors. In the results section, however, the authors referred to a “dedicated supervision course” in discussing differences among programs. Thus, it is unclear whether the authors inquired about supervision training requirements, provision of a specific supervision course, or *both* requirements *and* courses offered in supervision.

The authors found that 37 counseling psychology programs (80%) provided a dedicated supervision course out of the 45 programs participating in this study. Approximately 19 % (18 programs of 96 participating programs) clinical psychology training programs reported that they also provided a dedicated supervision course. Of the 18 school psychology programs participating in the study, only four indicated that they offered a dedicated course in supervision. There was a significant difference among the three program types, with more counseling psychology programs offering a dedicated supervision course than either clinical psychology or school psychology

training programs. Although the results indicated that the majority of counseling psychology programs had a dedicated supervision course and detected marked differences among programs offering a supervision course, generalizability of the results to all counseling psychology programs may be limited. One reason for this limitation is based on the voluntary nature of the respondents; the authors noted that this self-selection might have created a systematic bias in the results of this study. And as mentioned previously, the requirements for training programs to include specialized training in supervision was implemented in 1996, which is one year after this study was published. While it is unclear exactly how this study translates to all APA-accredited counseling and clinical psychology programs, it does suggest the presence of variability in supervision training among clinical and counseling programs.

Lyn (1996) conducted a study of graduate programs (both master's and doctorate degrees) in counseling, clinical, and professional-scientific psychology. While the author did not distinguish results among types of programs, she did discover that the majority of programs limited supervisory training to doctoral level students, with only 45.1% mandating supervision training. While 42.3% of programs recommended (rather than required) this type of training, she found that almost half of the students enrolled in a supervision course. Approximately one-fourth of supervision courses were identified as didactic (e.g. lecture type course) only, with the remaining three-quarters identifying a didactic-experiential (e.g. lecture and lab or experiential course) training. Of interns providing supervision that were surveyed by Lyn (1996), almost one-third indicated a desire for more supervision training from their graduate program. In addition, Lyn (1996) questioned supervisors of interns, and she discovered

that an overwhelming majority of them indicated that they would have liked to have more training in supervision.

While it is obviously inappropriate to translate the resulting information from this study to all APA-accredited clinical and counseling psychology programs, the outcome does provide additional evidence that training in supervision continues to vary across psychology programs as recently as 1996.

Further evidence of the variability in supervisory training was provided in the written materials of APA-accredited counseling psychology doctoral programs that were recently collected by Lichtenberg, Murdock, Gore, and Bailey (1997). The authors were able to obtain materials from 62 out of the 65 counseling psychology programs accredited by APA. The collected materials consisted of written information available to the public such as descriptions of programs, catalogs, handbooks for students, and other information regarding courses and programs. The authors found that a discernible course in supervision was missing in half of the programs (31) that responded to the survey. The authors noted that those programs missing an identified course in supervision (as well as other core areas) probably weave this instructional area into other courses throughout the curriculum to meet the accreditation requirements of APA. This study is a signal that the supervisory training across counseling psychology programs lacks uniformity, and that while half of the programs provide this type of training via a course, the remaining half appear to either provide such education in an indirect manner by intertwining it into the curriculum or fail to provide any supervision training at all. In an attempt to locate a more recent study on supervision training, Rodney Goodyear (personal communication, October 20, 1998) recommended the

aforementioned survey (Lichtenberg et al., 1997) to the author of this study as the most current survey of supervision training.

While data for this study were being collected, another article on training in supervision was completed by Scott and her colleagues (2000). They completed a study due to limited knowledge of supervision training practices among doctoral and internship programs. It was further noted that the importance placed on supervision training varies across sites. The researchers (Scott et al., 2000) surveyed 256 directors of academic programs accredited by APA, with a return rate of approximately 50% (n=123). Of the programs surveyed, 32% were counseling psychology, 67% clinical psychology, and 2% were a combination of professional and scientific.

The overview provided by Scott and her colleagues (2000) revealed that 30% of academic programs required a didactic course/seminar in supervision, 22% offered such a course as an elective, 14% provided didactic supervision training as part of a course in their doctoral program, 10% offered an assistantship related to a didactic supervision course/seminar, and the remaining 24% did not offer a didactic course/seminar in supervision. This study also indicated that 23% of academic programs surveyed required their students to complete a supervision practicum, 32% offered a supervision practicum as an elective, 8% offered a practicum in supervision as part of a course in the doctoral program, 17% provided assistantships related to practicing supervision, and 20% did not offer a practicum/practice in supervision. Thus, this research indicates that there is a great deal of variation in supervision training.

In addition, researchers (Scott et al., 2000) reported that approximately 85% of counseling programs and 34% of clinical programs either required or recommended a

didactic supervision course. (The combined program category was not included in this analysis due to a low number of respondents). Similarly, 79% of counseling programs and 43% of clinical programs either required their students to complete a supervision practicum or offered it to them as an elective. Respondents from counseling psychology programs also reported that they placed significantly more importance on both didactic training and practicum training in supervision when compared to clinical psychology program respondents. In contrast, those clinical psychology students completing a supervision practicum did so over a longer period of time ( $M=8.78$  months,  $SD=2.57$ ) when compared to counseling psychology students completing supervision practica ( $M=6.65$  months,  $SD=3.44$ ). Students completing supervision practica in both doctoral training groups reportedly had a similar number of supervisees.

Participants were also questioned directly about their view of the importance of supervision training. Respondents from counseling psychology programs reported that supervision training was significantly more important than respondents from clinical psychology programs. The majority of respondents from both clinical and counseling psychology programs (91% and 95% respectively) believed that students need training in supervision prior to gaining employment, but participants from counseling psychology academic training sites were much more apt to say that training in supervision should occur before internship when compared to clinical psychology academic training sites. Again, counseling psychology programs were much more likely than clinical psychology programs to have a formal evaluation of students' supervisory skills.

Along with variations in the type of supervision course, there were also variations in teaching methods of supervision. Of those academic programs that reported using some type of didactic training, the majority utilized the following methods: lecture/didactic format (71%), audio/video tapes (62%), group discussion (73%), individual supervision (74%) and assigned readings (70%). Only a small percentage of academic programs reported that they used “other” methods of teaching students supervision theory and skills.

This study provided an excellent overview of the current training practices among different doctoral programs. Scott and her colleagues (2000) also noted that more programs need to evaluate the competency of supervisor trainees; she described the fact that 20% of programs offering supervision training had no evaluation process in place as “most disturbing” (p. 417). They also question the value placed on supervision training by academic programs that do not offer supervision coursework. In addition, they noted the complex factors related to training in supervision and called for more research on process and outcome of supervision training to improve our understanding of this complex process. Finally, self-selection of participants, self-report on surveys, and moderate response rate were all identified as limitations in this study.

In reviewing the various studies on supervisory training over the past two decades, there appears to have been a steady increase in the percentage of programs offering a specified supervision course. The most recent survey, however, indicated that supervision courses provided by clinical and counseling psychology programs remains variable at this time. It is important to note that some academic programs

expect training in supervision to be provided during internship; thus, the following section will focus on this topic.

### Supervision Training at Internship Sites

Any early study by Hess and Hess (1983) examined supervision training during predoctoral internship (Hess & Hess, 1983). Specifically, the authors asked clinical training directors of various APA-accredited internship sites about the importance of training in supervision. The average rating of 86 respondents surveyed was 3.32 (s.d. = 1.22) on a 5-point Likert scale ranging from “not at all important” to “quite important”; given that the rating of “3” was classified as “somewhat important” in the survey, it appears that during the early 1980s the view of supervision training was of significant, but not of utmost, importance to internship training directors.

More recently, a study on supervision training at internship sites was provided by Lyn (1996). She surveyed 30 university counseling centers (most of which were APA-accredited internship sites) and found that 70% of the sites required their interns to provide supervision, while the majority of remaining sites *recommended* the same. Almost all training directors in this study (27 of 30 surveyed) reported that providing supervision was a competence area for interns to master at the close of their internship training.

The most recent research to date on supervision training at internship sites was completed by Scott and her colleagues (2000). The training directors of all pre-doctoral internship sites accredited by APA were sent a survey similar to the surveys sent to directors of academic programs (as mentioned in the previous section). A return rate of 50% was attained for this study. Internship sites participating in this study included:

university counseling centers (25%), veterans administration centers (13%), community mental health centers (11%), medical schools (11%), child facilities (7%), state hospitals (6%), consortiums (6%), corrections centers (5%), private hospitals (4%), private psychiatric hospitals (2%) and military hospitals (1%).

Slightly over one-third of internship programs required trainees to complete a didactic course/seminar, 4% offered it as an elective, 28% included it in part of a seminar, and the remaining 34% did not offer didactic supervision training. Slightly less than one-third of internship programs participating in this study required their interns to complete a supervision practicum, one-fourth offered a practicum as an elective, one-tenth offered it as part of a seminar, and the remaining 35% did not offer a supervision practicum. Approximately one-fifth of internship programs reported that they either required students to teach a course related to supervision, offered this opportunity as an elective or offered it as part of a seminar in the program. The majority of internship sites (82%) participating in this study did not offer the opportunity to teach a course related to supervision. Also, almost half of the training directors at internship sites reported that they did not offer the opportunity to train paraprofessionals, but the remainder either required or offered the chance to engage in this type of training. Finally, half of the respondents did not offer the opportunity to engage in research related to supervision, but the remainder of respondents either offered research in supervision as an elective or as part of a seminar course.

The authors also compared veterans administration medical centers, community mental health centers, medical schools and university counseling centers and found that university counseling centers rated supervision training as significantly more important

than the other internship sites. The university counseling center group in this study also believed that supervision training was more important due to changes in the health care industry when compared to the other internship sites. Again, university counseling centers offered more opportunities for interns to participate in didactic training in supervision and in practicum experience when compared to other internship sites. Only 10% of university counseling centers did not have either formal or informal means to evaluate their interns' competency in supervision. Finally, 85% of respondents from university counseling centers believed that training in supervision should begin prior to internship and the remaining 15% of respondents in this same category believed that it should begin during internship.

#### Ethical Considerations in Supervision

In the ethical principles established by the APA (1992), the first principle cited is that of competence. Specifically, APA (1992) calls for psychologists to work toward upholding excellent standards of competence in their professional activities and to be mindful of limitations within individual competencies and areas of expertise. This principle clarified the definition of "competence" as rendering only those techniques and services "for which they are qualified by education, training, or experience (APA, 1992, p. 1599)." While the principles set forth by the APA are aspirational in nature, the Ethical Standard 1.04 entitled "Boundaries of Competence" reiterated the need for all psychologists to obtain training and/or experience in the services provided. Harrar, VandeCreek, and Knapp (1990) point out that a professional needs to be trained in supervision or must prove one's qualifications by other means prior to engaging in the supervisory role. The authors further note that obtaining written information on the

supervisory process or engaging in the role of supervisee may not be adequate prerequisites for providing supervision according to the ethical principles and standards (Harrar, VandeCreek, & Knapp, 1990).

The importance of supervision training and experience is also recognized in the General Guidelines for the Providers of Psychological Services established by the APA (1987). This notion is explicated in Guideline 1.6, which states, “Professional psychologists limit their practice, including supervision, to their demonstrated areas of professional competence (APA, 1987, p.715).”

In the 1996 revision of the accreditation guidelines for psychology programs, the American Psychological Association required that those doctoral programs seeking new or continued accreditation provide a well-ordered, explicit program of study that allows students to obtain, and demonstrate proof of, a solid understanding of supervision including the current supervision literature.

The 1996 changes in accreditation guidelines for doctoral programs (APA), the importance of competence in the code of ethics (APA, 1992), and a trend of increasing supervision training opportunities in APA programs appear to have been made in an attempt to address the ethical concerns that have been vocalized in the psychology field (Haley, 1993; Hart, 1982; Hess, 1978; Hoffman, 1994; Pope & Vasquez, 1991; Stoltenberg & Delworth, 1987). Alonso (1985) and Bernard and Goodyear (1998) subscribe to a newer philosophy that states specific training in supervision is necessary, but the authors also reported that some professionals remain tied to an older philosophy which adheres to the notion that obtaining experience as a therapist is adequate training for becoming a supervisor. The latter group is made up of many current mental health

professionals who did not receive formal preparation for their role as a supervisor, and they are providing supervision (Bernard & Goodyear, 1992). Bernard & Goodyear (1992) also noted that this group is resistant to the notion of supervisory training because they believe “they are pretty good at it” (p. 3), and they learned to do so without formal training; thus, they propose that their students will be able to learn how to supervise without formal training.

An individual’s belief system is an important consideration in the process of training. For example, do the individuals who are resistant to supervision training have an accurate perception of their supervisory abilities? How do the self-perceptions of formally trained supervisors compare to supervisors without formal training? These questions are relevant to the training and effectiveness of supervisors, but there is minimal information in the literature regarding this topic. While data on the supervisor’s self-view as it relates to training are limited, there have been several studies conducted over the past decade that have focused on the counselor’s self-perceptions as they relate to training and experience; this literature has been identified as “counseling self-efficacy”. An understanding of counseling self-efficacy is an important step in applying self-efficacy to the supervision arena; thus, a review of this literature is provided in the following sections.

### Self-Efficacy Theory

Bandura (1986) identified self-efficacy as an important construct in his Social Cognitive Theory. He defined self-efficacy as an individual’s judgment of his or her ability to plan and discharge the steps needed in order to acquire his or her performance goal. In his theory, Bandura (1989) indicated that there were four factors contributing to

the development of self-efficacy, including performance accomplishments, vicarious learning, emotional arousal, and verbal persuasion. Bandura (1977) indicated that performance accomplishments were the most significant in increasing self-efficacy because they are based on experiences related to personal mastery.

In addition, Bandura (1986) discussed two distinct types of self-efficacy, including efficacy expectations and outcome expectations. The former includes a person's beliefs about her or his ability to accomplish a given activity, while the latter refers to a person's beliefs regarding the probability that completing a given activity will lead to an outcome desired by the person. Bandura (1986) has theorized that efficacy expectations, rather than outcome expectations, are more strongly related to predicting one's performance in a given activity. He suggests that this is true because outcome expectations are mediated by the environment that is external (which may be difficult to influence), but efficacy expectations are mediated internally by the individual (which are more easily influenced).

If the individual develops a high level of self-efficacy in a given domain, Bandura's (1977) theory proposes that she or he would then a) choose to approach the task in a given area (rather than avoid the task), b) expend a great deal of effort in performing the task, and c) persevere in completing the task despite any barriers and difficulties that may be encountered.

Self-efficacy theory (Bandura, 1989) has been applied to counseling over the past two decades (Larson & Daniels, 1998). The application of this theory to counseling has resulted in the following definition of counselor self-efficacy: the individual's view regarding his or her ability to effectively facilitate a forthcoming

therapy session (Larson, 1998). Larson (1998) hypothesizes that the level of self-efficacy is influential in the counselor's level of anxiety, thought process concerning her or his ability to conduct therapy, and the diligence put forth in an effort to improve therapeutic skills. Counseling self-efficacy beliefs have been hypothesized as the leading explanatory factor for efficacious therapy performance (Larson, 1998). Specifically, counseling self-efficacy beliefs are theorized to serve as a mediator of other internal processes, including cognition, motivation, and affect. Thus, counselors with higher self-efficacy are more likely to set fairly challenging goals that are based in reality, to have thoughts that are self-facilitating, and to experience anxiety as motivating (Larson, 1998).

#### Counselor Self-Efficacy and Training

Counselor self-efficacy theory hypothesizes that as counselors obtain counselor training and gain counseling experience in their interventions with clients, there will be an increase in counselor self-efficacy (CSE). While there have been several studies that provide support for the existence of a positive association between counselor training and counselor self-efficacy, the results are not clear at this time as to the nature of this relationship (Larson & Daniels, 1998).

Some research supports a positive, linear relationship between the two variables, while other studies indicate that the relationship may be curvilinear in nature (Larson & Daniels, 1998). More details about the possibility of a linear versus a curvilinear relationship between counseling self-efficacy and training will be provided at the end of this section.

An early study of counseling self-efficacy focused on the relationship between CSE and trainees expectations for supervisory interventions (Friedlander & Snyder, 1986). A sample of 83 students at various levels of training in master's and doctoral programs were given the Self-Efficacy Inventory (S-EI), which is a measure of self-efficacy for practicum students that was developed by the authors. This study did not focus on the relationship between CSE and level of training and the authors did not report any tests of significance on the relationship between these two factors. However, Larson and Daniels (1998) reviewed the Friedlander and Snyder (1983) study, and they identified a significantly higher level of CSE for those students with more experience when compared to the less experienced practicum students.

A more recent study examined counselor self-efficacy as it relates to training and experience (Melchert, Hays, Wiljanen, & Kolocek, 1996). This study consisted of 138 participants at various stages in their professional training, ranging from first year master's students to professional psychologists; in terms of training, the sample was divided into four groups: 1<sup>st</sup> year master's, 2<sup>nd</sup> year master's, 3rd-6th year doctoral, and psychologist. The sample also had a wide range of clinical experience, which included no clinical experience at one end of the spectrum to 15 or more years of clinical experience at the other end. The sample was grouped into the following seven categories based on clinical experience: 1) no clinical experience, 0-1 year, 1-2 years, 3-4 years, 5-10 years, 10-15 years, and 15 or more years of clinical experience. The Counselor Self-Efficacy Scale (CSES), a new measure developed by the authors, was utilized in this study, along with the aforementioned Self-Efficacy Inventory (S-EI) (Friedlander & Snyder, 1986) which served as a measure of convergent validity of the

CSES (Melchert et al., 1996). Adequate levels of reliability and validity were obtained for the CSES, as well as high levels of internal consistency, test-retest reliability, and construct validity. It was discovered that level of counseling self-efficacy was significantly different for each of the four training groups, as well as the amount of clinical experience. The data analysis revealed that the training accounted for 18% of the variance and clinical experience accounted for 14% of the variance in this study; when training and experience in counseling were combined, a sizable portion of the variance (43%) in counselor self-efficacy was explained. A multiple regression data analysis resulted in a significant correlation between CSE and training level ( $r = .62$ ), between CSE and amount of clinical experience ( $r = .55$ ), and between CSE and both training and experience was also significant ( $r = .48$ ). A stable pattern of increasing CSE emerged across more advanced levels of clinical experience (Melchert et al., 1996). As the variability in CSE was attributed to “levels of training” slightly more than “years of clinical experience”, the authors concluded that the advanced training in doctoral programs allows for an increase in CSE and competence that cannot be attained exclusively through added clinical experience with less training (e.g. bachelor’s or master’s degrees). This study provides clear support for a linear relationship between counseling self-efficacy and counseling training.

A more recent study also provided empirical support for the relationship between counseling self-efficacy and training; the focus of the study was on career counseling (O’Brien, Heppner, Flores & Bikos, 1997). A sample of counseling psychology graduate students ( $n=40$ ) showed significant improvement in self-efficacy scores on the Career Counseling Self-Efficacy Scale (CCSES) upon completion of a

course in career counseling. In addition, the authors compared the CCSES scores from the sample of graduate students with CCSES scores obtained from a sample of staff psychologists (n=29) employed at counseling centers (APA-accredited internship sites). As expected, they found that the group of psychologists scored significantly higher on the CCSES than the counseling student group. This study further highlights the importance of providing specific coursework in counseling, as it appears to enhance counselor self-efficacy within a particular subject area.

Further evidence of the positive relationship between self-efficacy and level of training has been found in the field of psychiatry (Margolies, Wachtel, & Schmelkin, 1986). The authors developed the Self-Efficacy Questionnaire (SEQ), which assessed self-efficacy of medical students as it relates to psychosocial and psychiatric skills. The SEQ consists of 10 items reflecting skills that students had learned, as well as applied, in their coursework. For each item, the SEQ assessed a student's self-efficacy on two dimensions: 1) their present skills as a student, and 2) their future skills as a physician. The survey was administered to two groups: first year medical students (n=81) and second year medical students (n=78). It was discovered that both samples of students viewed themselves as markedly more effective in the application of their psychiatric skills as future doctors than they were as students presently. In addition, the more advanced physician trainees had a higher level of self-efficacy when compared to the less advanced students. A significant rise in the self-efficacy of present skills as a student in the second year group was identified, while a smaller increase in self-efficacy of future skills as a physician in the same group was found. Thus, the gap between the second-year students' self-efficacy scores for the present time and their scores as future

physicians narrowed; in other words, the scores of advanced students in terms of current and future self-efficacy within the domain of psychiatric skills were more consistent when compared to the group of first year students. The field of psychiatry appears to parallel the counseling field in the development of self-efficacy among students. It appears that an increase in training and experience for medical students is very beneficial to the development of their psychiatric self-efficacy.

Less support for a linear relationship between training and counselor self-efficacy was found in an analogue study that employed a videotape of a client which was viewed by a group of counseling trainees, who then recorded their responses to various client statements (Sipps, Sugden, & Faiver, 1988). In turn, participants were questioned about outcome expectations of specific responses recorded, as well as individual self-efficacy expectations in implementing the recorded response. While the relationship between counselor self-efficacy and training level was found to be significant, it was not a linear relationship. The results indicated that first-year graduate trainees had a significantly greater amount of self-efficacy when compared to second-year graduates. In fact, the second year group of trainees had the lowest levels of self-efficacy scores of all groups. The pattern of a positive correlation between CSE and training then resumed, with third- and fourth-year students demonstrating higher levels of CSE than less advanced students. Sipps and her colleagues (1988) attributed a decrease in CSE during the second year of training to an observation made in historical literature (Blum & Rosenberg, 1968): students came to realize that their early attempts to apply common sense to counseling sessions were considered adequate in the

beginning stages of training, but were no longer thought to be effective in more advanced stages of training.

It has been suggested that new trainees may initially misjudge the intricate workings of the therapeutic process and view it as simplistic, which results in their increased levels of self-efficacy (O'Brien et al., 1997). As the students develop a greater understanding of the complex components of the therapy process via additional training and experience, their self-efficacy may decrease (O'Brien et al., 1997). This is hypothesized to be followed by an increase in self-efficacy after receiving additional training, experience, and adequate performance within the counseling setting; a plateau may be reached following this increase in self-efficacy (O'Brien et al., 1997).

Master's level counselors and doctoral level counseling psychologists were found to have significantly greater perceptions of counselor self-efficacy when compared to a group of counselor trainees at the bachelors level in a sample of 213 participants (Larson et al., 1992). This study utilized the Counseling Self-Estimate Inventory (COSE) as a measure of counseling self-efficacy. Results suggest that an increase in counseling self-efficacy may be minimal or null after the first few years of training.

In a recent review of the counseling self-efficacy literature, Larson and Daniels (1998) identified an additional study by Johnson and Seem (1989) which resulted in similar findings to the aforementioned (Larson et al., 1992) study; that is, a non-linear relationship may exist between counseling self-efficacy and amount of training. In addition, Larson and Daniels (1998) identified additional research (Newcomb & Zinner, 1993) that also suggests that an increase in the self-efficacy of counselors is nominal

following the beginning phase of training. While the nature of the relationship between counseling self-efficacy and amount of training remains unclear, it has been suggested that this is related to the variety of measures used in each study (Larson & Daniels, 1998). Despite this lack of clarity in the nature of the relationship, an overall review of this literature supports the notion that a relationship between counselor self-efficacy and counselor training exists.

### Counseling Self-Efficacy and Experience

The amount of counseling experience falls under the category of performance accomplishment in Bandura's (1986) theory as one of four factors influencing the development of self-efficacy. Thus, it is expected that counseling experience and counselor self-efficacy are positively correlated, and the literature provides some evidence to support this hypothesis.

The aforementioned study by Melchert et al. (1996) provides evidence of a significant relationship between level of counselor training and counselor self-efficacy; the results of their exploration of a relationship between amount of counseling experience and counselor self-efficacy paralleled findings on counselor training. In this study, clinical experience ranged from 0 to 15 or more years. It is important to note that amount of experience was divided into seven categories, and those therapists in the categories of less than 1, 1-2, and 3-4 year(s) of experience had markedly higher levels of self-efficacy compared to the group with no clinical experience. In addition, those counselors within the 5-10, 10-15, and 15 or more years of experience categories reported significantly higher levels of self-efficacy than those counselors with no, less than 1, 1-2, and 3-4 years of experience. Using the Counselor Self-Efficacy Scale

(CSES), clinical experience explained approximately 14% of variance in counselor self-efficacy as measured by CSES scores. They also noted a clear relational pattern between increased levels of self-efficacy and additional years of clinical experience for all seven of the groups surveyed.

However, the literature provides some evidence that suggests that counselor self-efficacy may have a ceiling effect in relation to experience. In other words, it may be that upon gaining some experience as a therapist, a subsequent increase in counselor self-efficacy is minimal (Larson & Daniels, 1998). This notion is exemplified in a study of school counselors (n=316) in the state of Maine, where the authors (Sutton & Fall, 1995) failed to find a significant relationship between counselor self-efficacy (in the school setting) as measured by the Counselor Self-Efficacy Scale (CSS) and amount of experience.

The Counseling Self-Estimate Inventory (COSE), a measure previously mentioned, was used to assess self-efficacy as it relates to amount of counseling experience (Larson et al., 1992); results supported the ceiling effect hypothesis on the amount of experience as it relates to self-efficacy in counseling. Specifically, they found that participants (n=321) in a group with 2-8 years of experience and a group with 9-39 years of experience had significantly higher counseling self-efficacy when compared to a group with no experience. However, there was no marked difference detected between the group with 2-8 years of experience and the group with 9-39 years of experience. This suggests that the increase in self-efficacy may be meaningful for novice therapists, but for those therapists with some experience (ranging from 2 to 39 years for this sample) additional clinical experience may be nominal; thus, a ceiling

effect may be operating by limiting improvement in self-efficacy after a certain amount of clinical experience. Larson and Daniels (1998) mentioned additional studies (Alvarez, 1995; Larson et al., 1992; Newcomb & Zinner, 1993; White, 1996) that support the notion of a ceiling effect on counselor self-efficacy as it relates to counseling experience.

### Counselor Self-Efficacy and Counselor Developmental Level

Ossana (1990) found a significant, positive relationship between counseling self-efficacy and level of development (based on Stoltenberg's model) in a group of counselors as assessed by both the counselor and the supervisor. The author employed a sample of 75 supervisor-counselor trainee dyads from four universities; this sample included 75 trainees and 47 supervisors. The majority of trainees (60%) consisted of doctoral students in counseling psychology, while the remaining students were from a variety of counseling-oriented programs at both master's level and doctoral level. About half of supervisors (53%) were staff psychologists, and the remainder of the supervisor sample included interns and university faculty members. In this study, Counselor Ability Scale (CAS), which measures both counselor self-efficacy (as reported by the trainee) and counselor ability (as reported by the supervisor) was used. There was a strong relationship between developmental stage of the counselor and counselor self-efficacy as measured by the CAS, which was assessed by both supervisor and supervisee. A trainee's level of development (based upon Stoltenberg's model of supervision) is not necessarily equal to amount of counseling experience (e.g. beginning practicum, intermediate practicum, or advanced practicum). There was a negative relationship between a counselor at the beginning stage of development and counselor

self-efficacy. Larson and Daniels (1998) suggested that the results may imply that the developmental level of the therapist serves as a moderator variable between counselor self-efficacy and amount of counseling experience.

### Counseling Self-Efficacy and Supervision

Larson and her colleagues (1992) also discovered a significant difference in counselor self-efficacy as measured by the COSE among four counselor-trainee groups (N=314) who were supervised for varying lengths of time. The subgroups of participants with 1-3 semesters, 4-6 semesters, and 7-17 semesters of supervision reported higher levels of counseling self-efficacy than the group of counselors that did not receive any supervision. In this study, it appears that an increase in counselor self-efficacy does not continue to increase significantly after the first few semesters of supervision. No additional studies examining the association between amount of supervision received and counselor self-efficacy have been identified at this time.

In summary of the counseling self-efficacy literature, there appears to be ample evidence that at least an *initial* amount of training, experience, and supervision in counseling is associated with increases in counselor self-efficacy. As mentioned previously, some evidence suggests that counselors may reach a ceiling point in their counseling self-efficacy after receiving initial training, gaining some experience, and obtaining some supervision. In other words, after an initial exposure to the counselor role (e.g. training, experience, and supervision), additional training and experience may not increase counseling self-efficacy. However, this ceiling effect phenomenon remains unclear at this time, primarily because a variety of instruments have been employed to measure counseling self-efficacy. Another possible cause of the ceiling effect

phenomenon is that perhaps the instruments employed to measure counseling self-efficacy are not able to capture the complexity of counselor development and nuances of counseling skills beyond initial stages of training, experience, and supervision.

### Supervision Functions in Counselor Self-Efficacy Theory

In this section, the supervision environment and various functions of a supervisor hypothesized to foster optimum counselor self-efficacy will be explored. This will be followed by a review of empirical literature regarding the relationship of supervisor self-efficacy and supervision training.

Recently, Goodyear (1998) and Larson (1998) provided outlines of the functions of a supervisor as they relate to counseling self-efficacy and counselor training. Three supervisory functions have been identified as: modeling, social persuasion, and supervisor feedback (Goodyear, 1998; Larson, 1998). Furthermore, Goodyear (1998) proposed that these duties are moderated by a supervisor's level of efficacy. Finally, Larson (1998) emphasized that characteristics of a supervisor and a supervisor-supervisee relationship is a foundation for these three supervisory functions.

The modeling function is explained as offering a supervisee the chance to view a counselor effectively execute counseling behaviors, starting with a particular subskill and extending to a full counseling session (Larson, 1998). Modeling is not necessarily presented within supervision in a direct manner, but it is often demonstrated in a more indirect manner by a supervisor (Goodyear, 1998). An example of this model occurs when a supervisor intentionally focuses on a supervisee's feelings, when may serve as a example of an intervention for a supervisee in his or her role as a therapist (Goodyear,

1998). In addition, the counselor can be a model for himself or herself; this was termed participatory modeling (Bandura, 1989; Hosford & Barman, 1983).

In order for modeling to be effective, Bandura (1986) offered several principles for modeling that were modified for counselor self-efficacy. The principles are as follows: the therapy skill being modeled is slightly beyond that of the counselor; the counseling modeled is presented in a clear manner; the counseling that was modeled is effective; the individual serving as the model puts forth effort in a difficult counseling intervention; the counselor's model is similar to that of the counselor; the counseling intervention/skill being modeled is foreseeable, manageable, and reasonable; there are a variety of models and modeled therapeutic tasks; the counselor views the modeled task as significant to himself or herself; and the model shows that tenacity will result in a successful outcome when given an arduous therapeutic task.

The second supervision function, social persuasion, was described as the degree to which a supervisor offers reality-based encouragement and organized learning opportunities that will improve the likelihood that a counselor will engage in successful counseling (Larson, 1998). The elements that are most desirable for persuasion to be effective on the part of a supervisor include: the level of realism, credibility, and believability in the information communicated by the supervisor; the level of knowledge and skills held by a supervisor in a particular area or task; the ability to ensure a counselor's understanding and processing of the message communicated; the ability to ensure a counselor's motivation to learn a task; and the supervisory relationship (Larson, 1998).

Finally, supervisor feedback was identified by Larson (1998) as the degree to which the “feedback is specific, constructive, positive, and changeable” (p.241). Effective supervisor feedback will help a counselor delineate between therapeutic factors that should receive his or her attention and those that do not need a counselor’s attention (Larson, 1998); this process has been identified as the crux of our profession (Bernard & Goodyear, 1992). In other words, this feedback process is the practical aspect of learning how to successfully counsel a client and it is facilitated, in part, by a supervisor (Larson, 1998). A counselor will be negatively impacted if the feedback provided by a supervisor is minuscule, erroneous, or mostly negative (Larson, 1998). Goodyear (1998) reported that intentional feedback on the part of a supervisor is not a common occurrence.

In summary, Larson (1998) and Goodyear (1998) propose that a secure, positive supervision environment that is created by a supportive supervisor is the foundation for other supervision functions of modeling, persuasion, and feedback. If the foundation is solid and the supervisory functions are effectively executed, then a positive effect will be made on the counselor’s self-efficacy and future performance (Larson, 1998).

Given this review of the functions of an effective supervisor within the counselor self-efficacy construct, it is important to understand the way in which the self-efficacy of the supervisor is optimized. The following section contains a review of the research on this literature, which includes the association between supervision training and experience with supervisor self-efficacy.

### Research on Supervision and Self-Efficacy

This author identified only one study on supervisor self-efficacy. A study on a related topic, supervisor self-evaluation, was found in the current supervision literature. Despite the differences in self-evaluation and self-efficacy, the latter study may shed some light on the relationship between supervision self-efficacy and training. Both studies will be reviewed in this section.

The study that focused specifically on self-efficacy of a supervisor in relation to training and experience is the only one that has been identified to date (Stevens, Goodyear & Robertson, 1997). The sample consisted of professionals from diverse backgrounds; the majority of participants consisted of Caucasians (76.6%), who held a Ph.D. (61.7%) and identified counseling psychology (53.3%) as their specialty area. This study employed 60 mental health professionals with varied supervisory experience, ranging from no experience to over 10 years of experience in supervising others. Supervision training in this study was divided into four subgroups: no formal training received, a single formal training experience, two formal training encounters, and three or more structured trainings.

Participants watched a videotape of a counseling session in this analogue study. After viewing this videotape, they were asked to complete the Supervisory Emphasis Report Form-Revised (SERF-R), list their thoughts about conducting future supervision with the counselor trainee on the video, and complete a self-efficacy measure. The SERF-R is an ipsative test that appraises importance that the supervisor places on the various processes of supervision, including the Intervention focus, personalization skills, client conceptualization, and professional behavior. The self-efficacy measure in

this study consisted of a single statement, “At my current level of supervisory skills and from what I have observed, I feel capable of supervising this counselor (p. 80).” The participants responded to this statement by indicating their self-efficacy on a five point Likert scale ranging from “agree” to “disagree”.

A multivariate analysis of variance (MANOVA) revealed a significant difference in supervisor self-efficacy between the group that had not completed any structured training and the group that completed three formal training experiences (Stevens et al., 1997). The group that had completed two structured training experiences were not significantly different from either of the other two groups. Similarly, an assessment of the amount of experience in supervision as it relates to supervisor self-efficacy revealed a significant difference between the group least experienced in providing supervision (0-2 years) and the moderately experienced group (over five years). The group with a minimum of five years of supervisory experience reported markedly higher self-efficacy than those supervisors with up to two years of experience. However, no differences were found in the group with 2-5 years of supervision experience when they were compared to either the less experience group or the more experienced group.

This study provides some evidence that supervisor self-efficacy is positively associated with experience and training in supervision; however, additional research is needed in this area due to the limitation of a single-item measure employed in this study. Using a single-item measure has been discouraged by Cone and Foster (1993) because such measures are known to be unreliable. Cone and Foster (1993) suggested that if a researcher uses a single-item measure, then she or he should demonstrate the

reliability and validity of the item; Stevens et al. (1997) failed to provide the reliability and validity of their measure. Also, the ability to generalize the results of this study to other supervision encounters is limited due to the single video counseling session presented to the sample. While the participants may respond to a similar counseling session with a comparable level of supervisor self-efficacy, other counseling scenarios may yield differing levels of supervisor self-efficacy. Finally, the self-efficacy construct was developed with a person's belief regarding specific behaviors in mind rather than his or her general behaviors (Bandura, 1977). Thus, Stevens and colleagues' (1997) single item measure of the general behavior of supervision may be a misapplication of the theory in that the use of a sole item to evaluate supervisor self-efficacy does not capture the wide spectrum of specific skills and tasks that a supervisor may employ in any given supervision session.

Nonetheless, these results provide general support for the notion that supervisor self-efficacy is positively associated with training in and experience as a supervisor. The results parallel literature on counseling self-efficacy and counselor training. The use of a single-item measure of supervisor self-efficacy applied to a single, specific therapy session in the study by Stevens and his colleagues (1997) study indicates a need for further exploration of self-efficacy of specific supervisory skills.

Self-evaluation of supervisors is a topic that is related to supervisory self-efficacy. Lyn (1996) conducted a study that examined the effectiveness of interns' role as a supervisor (as judged by the intern, the supervisee, and the intern's supervisor) in relation to the type of supervision training (didactic, experiential, or both) received by the intern. Lyn (1996) collected most of her data from university counseling centers

(86%), with the other sites either falling into an “unidentified” category or a “consortium” category; the majority of programs (74%) reported that they had attained full APA-accreditation. Two different samples were obtained in the fall and spring semesters of 1995, resulting in a total sample of 72 interns. The total sample of interns was made up of mostly counseling psychology doctoral students (72%), Caucasian (79%), with an average age of 35.

The group surveyed in Lyn’s (1996) study completed three instruments, including the Supervisor Perception Form (SPF), the Supervision Outcome Questionnaire (SOQ), and the Standards for Counseling Supervisors Questionnaires (SCSQ). The SPF and the SOQ were used as comparative measures for the SCSQ, which was a new measure developed by the author. The SPF is a measurement to determine the impact of the supervisor as evaluated by the supervisors of the interns, the interns, and the supervisees. The SOQ is a instrument used to measure the outcome of supervision regarding satisfaction and growth, which was also completed by all three members of the supervision triad. Finally, the SCSQ is a questionnaire designed by the author to evaluate an intern’s performance as a supervisor by all three members of the dyad; the development of this instrument was based on the Standards for Counseling Supervisors put forth by the Association for Counselor Education and Supervision (1990). In addition, interns in this study completed a background questionnaire designed by the author in order to assess counseling experience, supervision training, and other demographic information.

Lyn (1996) discovered that less than two-thirds of participants (62.2%) learned supervision skills in their graduate school training. Among those students with

supervision training, about one-quarter (26%) reported taking a didactic training course, another quarter (26%) reported enrollment in a supervision practicum, and about one third (35%) reported that their supervision course included both didactic and practicum components. (The author did not account for the remaining 13% of respondents with graduate training in supervision.)

In her analysis of the data, Lyn (1996) did not find a significant difference on the SCSQ scores between the group of interns that were not trained in supervision and those that had received supervision training in graduate school as evaluated by the supervisor of the intern, the intern, or the intern's trainee. Given this outcome and a small sample size, the author decided not to conduct further analysis of the types of training (e.g. didactic, experiential or both) in relation to SCSQ scores. Across the supervisory triad on all three measures, the author discovered that the interns' supervisees tended to highly rate the intern, interns as a group rated themselves as much lower than their supervisees' ratings, and supervisors of the interns rated the interns somewhere between those of intern supervisees and interns self-ratings.

While Lyn's (1996) results indicated that prior supervision training had no impact on supervision performance, this may be due to several problems associated with this study. First, it was noted by the author that many sample sizes were small when divided into various categories, which limited comparison procedures. Second, the instrument employed to determine the differences of supervision training as it relates to supervision performance (SCSQ) had unrefined psychometric properties that may not have detected the hypothesized differences among training groups. Third, the supervisee sample was primarily beginning practicum students, and the author noted

that supervisees might have based their ratings of interns on intern-supervisee compatibility rather than on actual supervisor performance. Finally, differences in training backgrounds of interns may not have been detected because two samples were gathered at differing times (e.g. first semester and second semester), and many interns received supervision training during their internship process. In other words, training received during the internship experience, particularly for the sample obtained in the second semester, would have likely impacted the level of training received for all intern groups. Thus, at least those interns surveyed in the second semester (and maybe the first semester interns) would have received some training within their internship experience, despite the fact that they may have identified themselves as having received no training on the background questionnaire.

This survey of interns' self-evaluation of their supervisory performance provides useful information, particularly in regard to the variety of supervision training levels in the psychology field. However, this study has several limitations that interfere with generalizing the results to the population of counseling and clinical psychology interns. Despite the proximity of self-evaluation and self-efficacy concepts, they are similar constructs but they are not interchangeable. The concept of self-evaluation refers to an estimate of *current* functioning in the role of supervisor, while self-efficacy refers to an estimate of ability to complete an action in the *future*. Thus, this study does not address the relationship between a new supervisor's self-efficacy and level of supervision training. The limitations of Stevens, Goodyear, and Robinson's study (1997) (an unreliable measure of a single question and failure to capture specific supervisory skills)

and limitations of Lyn's (1996) study indicate that an examination of the association between the level of supervisor self-efficacy and type of supervision training is needed.

#### A Call For the Study of Supervisor Self-Efficacy

Steward (1998) recently called for the need to explore the self-efficacy of the supervisor, as it has a significant impact on the development of the supervisee. Steward (1998) also reported that the lack of training in supervision in our field, as well as inequality between counselor competence and supervisor competence, are just reasons for exploring supervisor self-efficacy. In addition, Steward (1998) identified some important factors that may hinder the development of efficacy in the supervisor based on her years of overseeing the academic training of supervisors: feeling incompetent as a supervisor, anxiety over the evaluative aspect of providing supervision, and distress surrounding the process of providing feedback to supervisees. She observed that a confident supervisor appears to facilitate the supervisee's ease in assuming the counselor role. Steward (1998) notes an important assumption concerning the supervisor-efficacy: "optimal levels of counselor self-efficacy cannot occur without optimal levels of supervisor self-efficacy (p. 290)." Finally, she highlighted the need for additional research on this important topic and further recommended an empirical exploration of the relationship between supervisor training and supervisor-efficacy. Specifically, the first set of questions posed by Steward (1998) to be research in the future is as follows: "Is there a significant relationship between the level of training supervisors have received and the content and process of the supervisory relationship? Between supervisor self-efficacy and competence? Between supervisee self-efficacy and competence? (p. 293)" In fact, a similar question was raised by Goodyear and

Daniels (in Bernard & Goodyear, 1998): “In what way does the self-efficacy of a trainee change over time? (p. 253).”

A summary of the current literature on counselor development suggests that there may be an increase in the level of counselor-efficacy following at least an initial amount of training, experience, and supervision. Within the counselor development literature, experts, supervisors, and counselor trainees have duly noted the importance of supervision. While it is widely believed that supervision is crucial to the establishment and growth of counseling skills needed in the therapeutic process, there remains a gap in training for all new counseling and clinical psychology graduates who will likely provide supervision at some point in their career. If the evidence supporting a positive, significant association between (at least) initial training and experience with counselor-efficacy is applied to the parallel process of supervision, then one may assume that the absence of training and practicum (or lab) experience in supervision will result in feeling of low self-efficacy for the novice supervisor. Likewise, a curvilinear relationship may exist between supervisor self-efficacy and supervision training. Based on the assumption made by Steward (1998), there is a need for maximum levels of supervisor self-efficacy in order to facilitate counselor self-efficacy. Therefore, an exploration of the association between supervision training and supervisor self-efficacy is very beneficial to the counseling field.

#### Assessment Measure

Several measures to assess various supervision processes are currently used by supervisors and counselors, including the Supervisory Feedback Rating System (Friedlander, Siegel, & Brenock, 1989), Supervisory Styles Inventory (Friedlander &

Ward, 1984), Psychotherapy Supervision Development Scale (Watkins, Schneider, Haynes, & Nieberding, 1995), and Supervision Working Alliance Inventory (Efstation, Patton, & Kardash, 1990), among others. These measures are used to assess the type of feedback a supervisor provides to a supervisee; supervisory style; level of supervisor development; and working alliance.

Despite the wide range of supervision questionnaires, there are no current measures to assess supervisor self-efficacy. Thus, a new measure is needed to measure supervisor self-efficacy. The goal of this study is to apply the wealth of information obtained from the counselor self-efficacy literature to the role of supervisor. It is assumed by this author that if research is conducted on supervisor self-efficacy, the results will be similar to the current body of research on counselor self-efficacy and result in a linear or curvilinear relationship between supervisor self-efficacy and supervision training.

As a first step in developing a measure of supervisor self-efficacy, the author examined the measures of counselor self-efficacy. While there are several current measures of counselor self-efficacy, the COSE has been reported to have the most satisfactory psychometric properties (Larson & Daniels, 1998). The COSE was developed by Larson et al. (1992) to capture counselor self-efficacy in specific counseling skills that range from a basic skill level to a more advanced skill level. The COSE measures counselor self-efficacy in five different areas, including Microskills, Process, Difficult Client Behaviors, Cultural Competence, and Awareness of Values. The COSE is made up of 37 items measuring self-efficacy of counselors on the five aforementioned factors, with a 6- point Likert scale ranging from “Agree” to “Disagree”

for each item. It is also important to note that the COSE was not designed with a single counseling theory in mind; thus, research on the COSE indicates that scores are not significantly different for counseling psychologists with different theoretical orientations.

Because the COSE has the most sound psychometric properties among current counseling self-efficacy measures, the author of the current study attempted to find a current measure of supervisory skills that was similar in nature to the COSE. In other words, the author searched for a measure that was not tied to any particular theory of supervision and that tended to assess a broad range of supervisory activities. While the aforementioned supervision assessment measures have been widely used, they do not focus on the specific skills of the supervisor. However, the author found The Supervisory Focus and Style Questionnaire (SFSQ; Appendix A) (Yager, Wilson, Brewer, & Kinnetz, 1989), which meets these requirements. For the purposes of this study, the SFSQ was adapted to assess supervisor self-efficacy; the details of the adaptation process is discussed in Chapter 3 and Appendices H, I, and J. An in-depth review of the SFSQ is provided in the following section.

#### The Supervisory Focus and Style Questionnaire

The SFSQ (Yager et al., 1989) was developed to assess supervisor performance in several areas. It is based on Bernard's (1979) discrimination model of supervision; this model has been described as "atheoretical" in nature (Bernard, 1997). Specifically, Bernard's model (1979) posits that there are two primary dimensions: focus of supervision and style (or role) of the supervisor. There are 3 subscales to measure the focus of a supervisor's attention during the supervision sessions; these subscales include

process (e.g. intervention; refers to the supervisee's intervention skills in the counseling sessions), conceptualization (refers to the supervisee's theoretical understanding of the counseling sessions), and personalization (refers to the counter-transference issues experienced by the supervisee during counseling sessions). In addition, there are 3 subscales that measure the supervisor's style (or role) of working with the supervisee; these styles or roles include that of counselor, teacher, and consultant.

The discrimination model (Bernard, 1979; Bernard, 1997) was developed to allow a supervisor to 1) select one of three focal areas (intervention, conceptualization, or personalization) to concentrate on during supervisory sessions, and 2) incorporate one of three roles (counselor, teacher, or consultant) to facilitate the supervision process; the result is that supervisors are able to utilize up to nine unique approaches within a single supervision session and across sessions. A detailed discussion of this model is provided later in this chapter.

The SFSQ consists of nine subscales that measure foci and styles related to supervision. The nine subscales were developed to measure three focus areas of supervision (intervention, conceptualization, and personalization), three styles (counselor, teacher, and consultant) and personality orientations of supervisors (need for affection, need for inclusion, and need for control) (Yager et al., 1989). Although the latter set of subscales used to measure personality orientation was part of the SFSQ, this subscale was not included in this study primarily because Bernard (1979, 1997) did not include personality orientation as a dimension in her discrimination model. A secondary reason for not including the personality orientation subscales was the low

internal consistency reliabilities for each of the subscales (Need for Affiliation=.47, Need for Inclusion=.75, and Need for Control = .30).

In addition, nine written supervision vignettes were developed and used with the SFSQ (see Appendix A) in order to assess the reliability and validity of the subscales; however, only four vignettes were provided in their paper (Yager et al., 1989). Each vignette was written in order to “make it likely that a specific combination of supervisor focus and style would be logically appropriate” (Yager et al., 1989, p. 5). In other words, each vignette was devised in order to incite the respondent to choose a supervision focus area and supervisor style that would be obviously appropriate for the written supervision scenario.

The study conducted by Yager et al. (1989) included 63 supervisors who served as participants. The sample was almost evenly divided between gender, and the majority of respondents were White. The majority of the sample was also supervisors with a master’s degree (69%), while a smaller percentage held a doctorate degree (7%). On average, the sample had 7.8 years of experience as a supervisor. Approximately 50% of the sample (n=31) reported that they completed a supervision course as part of their educational training.

The results of this study indicated that the internal consistency reliabilities (Chronbach’s alphas) for the Focus Subscales were as follows: Intervention (.78), Conceptualization (.81), and Personalization (.76). The internal consistency reliabilities for the Style (or Role) Subscales included: Counselor (.71), Teacher (.63), and Consultant (.56). The authors reported that the internal consistency reliability results of these subscales fell within a reasonable range for the purposes of their study. In

addition, the authors conducted a correlational analysis and found that a strong correlation between a focus on Conceptualization and a style of Teacher (.66), as well as between a focus on Personalization and style of Counselor (.66). The authors concluded that the study resulted in “relatively substantial reliability data for a new supervision instrument designed to measure the supervisor’s preferred focus and style with a given supervisee (Yager et al., 1989, p. 9).” In addition, the authors reported that the SFSQ had acceptable content validity based upon their review of the instrument. They also reported that the discriminant validity among the subscales fell within the .50 range, and they indicated that this was acceptable. When discussing the personality subscales, they concluded, “personality orientation does not explain an experience supervisor’s reactions to a supervisee (Yager et al., 1989, p. 10).”

The authors (Yager et al., 1989) employed a MANCOVA to determine if the elicited responses on supervision foci and styles were significantly different from participants’ actual responses on the SFSQ for supervision focus and style subscales. The covariate was identified as the three personality subscales, the independent variables were the “elicited” supervision focus and style presented in the written vignettes, and the dependent variables were the subscales scores on the SFSQ in which the respondents’ indicated a specific focus and style for the written supervision vignette.

The results of the MANCOVA indicated that the choice of a specific supervision focus or style for a specific supervisory situation was complex (Yager et al., 1989). The only significant factor in the MANCOVA was the interaction effect between elicited Supervision Focus and elicited Supervision Style ( $p = .03$ ); responses to elicited Focus

were not significantly different among the different vignettes ( $p=.14$ ), and responses to elicited Style just missed obtaining significance ( $p=.06$ ).

Yager and his colleagues (1989) also conducted a secondary analysis to determine whether there were differences on the subscale scores between those supervisors who had received supervision training and those supervisors who had not completed a course in supervision. The authors did not find a significant difference between the two groups; they attributed this to the notion that those supervisors who were less experienced were more similar to experienced supervisors because the former group had recently completed a course in supervision. The lack of significant results regarding training may also be due to differences in the participants' training (e.g. master's vs. doctoral education) and varying amounts of supervision experience.

Although Yager and his colleagues (1989) were unable to find significance between the elicited supervision Focus and Style Subscales and the participants' responses to the SFSQ, the development of this measure appears to have adequate reliability for the supervision Focus and Style Subscales. Additional evidence that this measure is supported in the supervision field is the fact that it has been included in the publication of both editions of Fundamentals of Clinical Supervision by Bernard & Goodyear (1992, 1998). Given that the SFSQ is based upon the discrimination model of supervision (Bernard, 1979), an in depth discussion of this model follows.

### The Discrimination Model

The discrimination model has been identified as an “eclectic” and an “atheoretical” model, which indicates that it can be used by persons espousing a variety of therapeutic modalities and orientations (Bernard, 1997; Kalous, 1996). The

discrimination model is based on three focus areas (intervention, conceptualization, and personalization) and three roles (counselor, teacher, and consultant) to be utilized by the supervisor during supervision sessions. In terms of foci, supervisors with: an intervention focus address skills supervisees demonstrated during a counseling session; a conceptualization focus facilitates supervisees' understanding of a counseling session in terms of client patterns and appropriate therapeutic interventions; and a personalization focus examines trainees' personal style, interpersonal issues and counter-transference impacting a therapy session (Bernard, 1997). In terms of role, supervisors may chose from the following: a counselor role, which is therapeutic (Yager et al., 1989) and addresses trainee feelings and self-confidence; a teacher role that is didactic and instructional (Yager et al., 1989), which focuses on teaching, modeling, and interpreting counseling techniques, interventions and significant events for a trainee; and a consultant role which tends to be more collegial (Yager et al., 1989) between counselor and supervisor, which focuses on brainstorming strategies, discussing client problems, and providing alternative interventions (Bernard, 1997).

The discrimination model is based on a 3 x 3 matrix, which results in nine specific areas that incorporate one of the three supervisor roles and foci (Bernard & Goodyear, 1982). In this model, the supervisor chooses a single focus area and a single supervisory role in order to customize a response which appropriately addresses the needs of the supervisee in a specific situation (Bernard & Goodyear, 1982). The discrimination model allows for a supervisor to be flexible in his or her interventions, both within a given supervision meeting and across different supervision meetings (Bernard & Goodyear, 1998). Furthermore, this model has been identified as useful for

new supervisors because it is simple and multifaceted (Bernard & Goodyear, 1998). Additional support for this model is found in Kalous' (1996) discussion of supervision as it relates to managed care; he stated, "Bernard's model provides an overview of what should happen in supervision (p.99)." Finally, this model of supervision has received empirical support (Ellis & Dell, 1986; Ellis, Dell, & Good, 1988; Glidden & Tracey, 1992; Goodyear, Abadie & Efros, 1984; Goodyear & Robyak, 1982; Stenack & Dye, 1982; Yager et al., 1989), and it has been identified as one of the most researched models that incorporate supervisor roles (Bernard & Goodyear, 1998).

A noteworthy finding that supports the discrimination model is by Stenack and Dye (1982) who found that a supervisor's role has a significant impact on a supervisee's focus in a supervision session. They conducted an experimental research project in which supervisors were trained to assume three role assignments (counselor, teacher, and consultant) in different sessions with supervisees. The authors attempted to determine if the various supervisor roles (counselor, teacher, and consultant) would influence supervisees' focus (actions, feelings and thoughts) within a supervision session.

Independent raters classified both the supervisors' statements into one of three roles, as well as the supervisees' statements into one of three focus areas. Statistical analyses revealed the presence of a strong relationship between the supervisor role of teacher and the supervisee's focus on action and thoughts; between the supervisor role of counselor and the supervisee's focus on feelings; and between the supervisor's role of consultant and the supervisee's focus on thoughts. This study provides support for delineation of supervisory roles, and it also reveals the importance for supervisors to be

trained in assessing a supervisee's needs and engaging in the supervisory role that would be most effective in facilitating the supervisee's growth.

In addition, Goodyear, Abadie, and Efros (1984) completed a study to determine the prevalence of a role and focus area, based on Bernard's discrimination model (1979), by well-known supervisors from a specific theoretical background. The authors employed Goodyear's videotapes of supervision sessions conducted by major theorists (Erving Polster, Carl Rogers, Rudolph Ekstein and Albert Ellis), entitled Psychotherapy Supervision by Major Theorists. It was assumed that different theorists would utilize different roles and foci within their supervision session based on their theoretical orientation. Fifty-eight raters were divided into four groups, and each group viewed one theorist's video and categorized his predominant supervision focal area and role. Significant differences among all focal areas were found, as well as all roles with the exception of the consultant role. In addition, the differences in roles and foci were consistent with what researchers would expect of each theorist. For example, Ellis was perceived as engaging in a teacher role and he tended to focus on counseling skills and Rogers tended to engage in the role of counselor with the focus on the supervisee's personalization issues. Thus, this study provided general support for the utility of Bernard's (1997) model, as well as support for the idea that it is atheoretical in nature. A limitation is that the role of consultant may not be clearly delineated from the other supervisory roles of teacher and counselor.

Bernard's model was also empirically evaluated using a multidimensional scaling research design by Ellis and Dell (1986). Nineteen supervisors were employed to evaluate the dissimilarity of 36 pairs of supervisor role and stimuli [e.g. Teacher-

intervention, Teacher-conceptualization, Teacher-personalization, Counselor-intervention, etc.] . They reported that the focus on intervention and conceptualization fell on opposite sides of the MDS “map,” indicating that one can clearly delineate a focus on intervention from a focus on conceptualization. The personalization focus in supervision fell in between the intervention and conceptualization foci, and it was not as clearly delineated as other focal areas of supervision. The authors reported that there was less distinction between the roles of counselor and teacher.

A similar study by Ellis, Dell and Good (1988) was completed in order to determine salient aspects of supervision from the trainee’s perspective, rather than the supervisor’s perspective in the aforementioned study by Ellis and Dell (1986). The authors indicated that trainees and supervisors might have different perceptions of which aspect(s) of supervision is important. As in the previous study, 36 pairs of stimuli were presented to trainees based on Bernard’s nine supervisory approaches (3 roles x 3 foci); trainees rated the stimulus pairs in based on the level of similarity to each of the nine approaches [e.g. teacher-intervention, teacher-conceptualization, teacher-personalization, counselor-intervention, counselor-conceptualization, etc.]. The MDS map indicated that intervention, personalization, and conceptualization foci fall on a continuum, with intervention and conceptualization rated by trainees as least similar. In the role dimension, a contrast between the consultant role and the teacher-counselor roles in combination. The authors reported that the results provided moderate support for Bernard’s model.

Indirect support is provided for Bernard’s model in a study by Lanning (1986). The author developed an instrument to measure which focus area a supervisor

emphasizes most in working with a trainee: intervention, personalization, conceptualization or professional behavior. Lanning (1986) named the instrument The Supervisor Emphasis Rating Form (SERF), and it had adequate reliability for each subscale and the total instrument. The author concluded that all behaviors listed in the form are relevant in training counselors, and each item on the form contributed to the entire SERF. Lanning and Freeman (1994) later revised the SERF and reported that reliability and internal consistency of the SERF-R falls within an adequate range.

Thus, there is a foundation of empirical support for Bernard's discrimination model, which is eclectic in nature and permits the supervisor to be flexible in her his approach. While additional research would be beneficial in supporting this model, many leading experts (Bernard & Goodyear, 1998; Bernard, 1997; Kalous, 1996) continue to write about the benefits of utilizing this model in supervision.

### Summary

There is a plethora of evidence that supervision is an important aspect of the daily activities and professional identity of psychologists. Despite its' importance, training in supervision across clinical and counseling psychology doctoral programs appears to vary at this time. Being skilled as a supervisor is important because it has been identified as an integral part of developing counseling skills in general. In particular, research and speculation of experts suggests that supervision is a significant component in the emergence of counselor self-efficacy. Over the past twenty years, the theory and research on counselor self-efficacy has increased significantly. Leading experts have recently speculated that there is a link between supervisor self-efficacy and counselor self-efficacy, and they have called for the study of supervisor self-efficacy. A sole study utilizing a single-item measure of supervisor self-

efficacy conducted recently supports an association between the training of supervisors and supervisor self-efficacy. However, further research examining self-efficacy in specific supervisory activities, which is consistent with the self-efficacy theory, is needed at this time. This study will provide a expansion of sole supervisor self-efficacy study by developing and employing a more meaningful measure which captures a variety of supervisory activities based on the discrimination model. Given that the supervision training is variable across counseling and clinical psychology programs at this time, an examination of how varying levels of supervisor self-efficacy may be associated with different types of training is an excellent next step in exploring the new construct of supervision self-efficacy.

## CHAPTER 3

### Method

This chapter is a discussion of the specific methods utilized to test the hypotheses stated in the first chapter. A detailed account of participants, procedures, measures, research design, and data analysis is provided in this chapter.

#### Participants

Two hundred, eighty-one interns were surveyed from 76 University Counseling Center internship sites that were accredited by APA. Approximately 55.87% (n=157) of surveys were returned to the author, and 145 of those 157 were used in this study. Six surveys were excluded from analyses due to incomplete responses. One participant's training fell into the "other" category, which could not be merged into the previous training categories provided on the SSQ, and it was excluded from analyses. Finally, due to a low return rate in the "supervision practicum only," training category, this group was excluded from analysis.

One hundred, forty-five participants in this study ranged in age from 25 to 56 years. The participants obtained for this study included 113 females and 32 males. Approximately 14.1% of the participants (n= 21) reported that they were trained in a clinical psychology Ph.D. program, 20% (n=29) were trained in a clinical psychology Psy.D. program, 62.1% (n=90) were trained in a Counseling Ph.D. program, 1.4% (n=2) were from a counseling psychology Psy.D. program, and the remaining 2.1% of respondents (n=3) reported that they were trained in a program that combined clinical, counseling and school psychology (which they indicated by writing in their response in the "other" category).

Participants identified themselves as members of the following ethnic groups: 6.2% African American, 75.2% European-American, 9% Asian-American, 0.7% American Indian, 1.4% Hispanic/Latino(a), 1.4% Multiracial, and 6.2% indicated that they belonged to an “other” ethnic background [written-in responses included the following: Asian-International, International, Turkey, Arab-American, Jewish, and Caucasian/Hispanic].

In regard to supervision training, respondents reported the following: 33.8% (n=49) did not complete a supervision course in their doctoral program. 11.7% (n=17) of respondents completed a didactic supervision only course that consisted of 3 credit/course hours of training on average and consisted of 45 actual training hours on average. Approximately 54.5% (n=79) completed a didactic-practicum (or lab) supervision course, which included an average of 3.6 credit/course hours and 62 actual hours; the interns in this group supervised 2.7 trainees on average. Due to a low number of responses for the “practicum only course,” this category was excluded from analysis; thus, the following three categories were compared in this study: No Supervision Course, Didactic Supervision Course Only, and Didactic-Practicum Supervision Course.

#### Participant Selection Procedure

The participants recruited for this study included counseling psychology and clinical psychology doctoral students who were at the beginning stage of their pre-doctoral internship at APA-accredited university counseling centers. The author requested and obtained approval from West Virginia University’s Institutional Review Board (IRB) prior to recruiting participants for this study. Interns were required to

supervise at least one counselor-in-training at some point during their internship in order to qualify for participation in this study. It is important to note, however, that careful steps were taken to measure supervisor self-efficacy *prior to* interns' training in supervision while on internship. The author endeavored to capture supervisor self-efficacy based on the interns' doctoral training in supervision. Those interns who do not supervise a counselor trainee and those interns not placed at a university counseling center setting were excluded from this study. The author obtained a list of A.P.A.-accredited internship sites identified as "University Counseling Centers" and training directors from the Association of Psychology Postdoctoral and Internship Centers' APPIC Directory (29<sup>th</sup> ed., 2000-2001): Internship and Postdoctoral Programs in Professional Psychology. The author sent a letter (see Appendix C) to training directors of APA-accredited university counseling centers obtained from the APPIC Directory, requesting that training directors distribute questionnaire packets to clinical and counseling psychology doctoral students interning at their site who would be supervising counselor trainees at some point during their internship.

Informed consent was addressed in a cover letter to participants (Appendix D), which included a description of the current study and a statement assuring confidentiality of individual results. Estimated completion time of demographic survey and SSQ was 10-15 minutes. Each participant was also given a pre-addressed, stamped envelope to return the demographic survey and questionnaire to the author. In addition, one dollar was included in the survey packet as compensation for interns' consideration to participate in this study. Research indicates that this practice does not bias a sample, but increases response rate (Weathers, Furlong, & Solorzano, 1993).

In addition, the author identified a start date of each internship site based on information in the APPIC Directory, and cover letters and questionnaires were mailed to internship training directors approximately 10 days prior to the first day of internship training. This procedure was implemented to prevent interns from receiving any additional supervision training, which is common during internship training at university counseling centers (Lynda Birckhead-Danley, personal communication, March 15, 1999; Scott et al., 2000). The goal of this procedure was to accurately categorize interns according to type of supervision training completed during their doctoral training; surveying interns at the beginning of their internship was carefully planned to prevent any additional supervision training provided during internship from “contaminating” those categories.

Follow-up letters were sent to training directors (Appendix E) approximately two weeks following an initial letter about the survey, and training directors were asked to distribute reminder letters to the interns (Appendix F). The reminder letter to interns referenced the survey that was mailed previously and requested their voluntary participation.

### Measures

The demographic information was obtained from a self-report questionnaire developed by the author (Appendix G), which was reviewed by four counseling psychologists experienced in research. The demographic questionnaire included participants’ age, gender, ethnicity, doctoral program, and type of supervision training. Number of credit/course hours completed, estimation of actual training hours, number of supervisees, and supervision format were also included in the demographic portion of

the SSQ. Training in supervision (independent variable) was measured by the type of supervision course an intern completed in his or her doctoral program, which was reported by participants. Five options were offered to participants to measure supervision training; the options included “no course in supervision”, “didactic supervision course only”, “didactic supervision course with practicum component”, “supervision practicum only” and “other” training. The latter option was developed to identify supervision training that was different from the four training categories provided; a space was provided for participants to describe their supervision training in the “other” category. When appropriate, the author planned to include participants in the “Other” training category into the four main supervision training categories. However, only a single response was indicated in this training category; this survey was not included in analyses. In addition, participants were asked to identify the actual hours (rather than credit/course hours) spent in supervision training.

In addition, participants completed the Supervision Self-efficacy Questionnaire (SSQ; Appendix B) which was adapted by this author from the SFSQ. The SSQ is a measure of an intern’s confidence to successfully facilitate the activities in a supervision session in terms of supervisory roles and foci as identified by the Discrimination Model (Bernard, 1979).

The SSQ contains 42 items, which are divided up among 8 subscales. Items 1-21 make up the overall supervisory Focus Subscale. The Focus Subscale also consists of 3 additional subscales, with 7 items in each subscale: Intervention, Conceptualization, and Personalization. Items 22-42 make up the Supervisory Style

(Role) Subscale. The Style Subscale also consists of 3 additional Subscales: Counselor, Teacher, and Consultant.

Each item has a Likert scale ranging from 0-9, with 0 “not at all confident” and 9 representing “completely confident.” Total SSQ score is obtained adding the Likert scores. Subscale scores are obtained by adding Likert scores are obtained by adding Likert scores of those item associated with a particular subscale (see Table 2, p. 89). Total SSQ scores may range from 0 to 378. Focus or Style subscale scores may range from 0 to 189 points each. The remaining subscale scores [Intervention, Conceptualization, Personalization, Counselor, Teacher, and Consultant] may range from 0 to 63 each.

Items from the SSQ were based upon one primary source, the Supervisor Focus and Style Questionnaire (See Appendix A) . The SSQ was adapted with the permission of Geof Yager (personal communication, February 8, 2000), lead author of The Supervision Focus and Style Questionnaire, in order to assess an intern’s supervisor self-efficacy. The wording of some items on the SSQ were adapted to reflect future participation of the supervisory activity or task related to the various supervisor roles and foci based upon the Discrimination Model (Bernard, 1979).

#### Adaptation of The Supervisory Focus and Style Questionnaire

In reviewing the current measures available for supervision, the SFSQ appears to be one of the few instruments that evaluates the various foci and styles (or roles) that a supervisor can incorporate during a supervision meeting. The SFSQ is also representative of the discrimination model of supervision (Bernard, 1979), which has been identified as “atheoretical” and can be utilized by supervisors regardless of their theory of supervision. Thus, the SFSQ appeared to be the most favorable instrument to determine the self-efficacy of interns in the role of supervisor.

The SFSQ was found to have “substantial reliability data for a new supervision instrument designed to measure the supervisor’s preferred focus and style with a given supervisee (p. 9)” (Yager et al., 1989). The authors of the scale reported that they were satisfied with the content validity of the scale and the discriminant validity of the scale; however, specific information on this was not provided in the study (Yager et al., 1989). The internal consistency reliabilities (Cronbach’s alphas) for the three Focus Subscales and the three Style Subscales fell within an acceptable range, and were as follows: Intervention Focus =.78, Conceptualization Focus=.81, Personalization Focus=.76, Counselor Style=.71, Teacher Style=.63, Counselor Style=.71 and Consultant Style =.56. Furthermore, Bernard & Goodyear (1992, 1998) included this measure in both editions of their book Fundamentals of Clinical Supervision.

While the SFSQ is the most appropriate instrument for this study, there was a need to adapt the instrument. As a first step in adapting this instrument, the author contacted the lead author of the SFSQ, Geof Yager. Yager granted the author permission to adapt the SFSQ, and he agreed to review the modifications (personal communication, February 8, 2000). The author and her committee members modified the SFSQ to assess the self-efficacy beliefs of supervisors in a range of supervision activities. Adaptation of the SFSQ occurred in three primary phases; details of change made to the SFSQ during each phase are provided in Appendices H, I and J. The final version of the measure adapted from the SFSQ was called the Supervision Self-Efficacy Questionnaire (SSQ; Appendix B).

### Pilot Study

A pilot study was conducted in the counseling psychology department of a medium-sized university located in the mid-Atlantic region to check the test-retest reliability of the SSQ. The author distributed the SSQ to 18 students in attendance at a required course for the counseling psychology program. She informed the students that: 1) their participation was voluntary in nature, 2) their choice to participate or not

participate in this study would have no reflection on their course grade, and 3) confidentiality would be maintained should they agree to participate in this pilot study.

The pilot study sample consisted of 18 doctoral students; the pilot group completed a demographic questionnaire and the SSQ twice, with a two week period between administrations. The average age of participants in the pilot study was 33 years, and the sample in the pilot study consisted of 11 men and 7 women. The ethnicity of the pilot sample was as follows: 5.6% African American (n=1), 11.1% Asian-American (n=2), and 83.3% Euro-American (n=15). In terms of supervision training, the pilot group fell into the following categories: 55.6% (n=10) had not yet completed a supervision course; 33.3% (n=6) completed a didactic (only) supervision course; 5.6% (n=1) completed a didactic-practicum course; and the final participant indicated that s/he had completed an “other” type of training in supervision (specifically, this was an independent study course in supervision).

The pilot study was conducted in the second and fourth week of April, 2000. At that time, the researcher asked for comments on questionnaires to maximize clarity of items and efficiency of completion. Preliminary analysis on test-retest reliability of the SSQ was conducted using a Pearson r correlation, which resulted in the following correlations: Overall SSQ ( $r=.82$ ), Focus Subscale ( $r=.74$ ), Style Subscale ( $r=.86$ ), Intervention Subscale ( $r=.73$ ), Conceptualization Subscale ( $r=.69$ ), Personalization Subscale ( $r=.73$ ), Counselor Subscale ( $r=.84$ ), Teacher Subscale ( $r=.87$ ), and Consultant Subscale ( $r=.81$ ). The internal consistency reliabilities for each of the subscales (Focus and Style) were as follows: Intervention Subscale (.88), Conceptualization Subscale (.91), Personalization Subscale (.88), Counselor Subscale (.89), Teacher Subscale (.88), and Consultant Subscale (.89).

### Design

In this descriptive study, the independent variable is type of training in supervision completed during interns' doctoral training. This independent variable was

divided into five categories, including “no course in supervision”, “didactic supervision course (only)”, “practicum supervision (only)”, “both a didactic supervision course and a supervision practicum” and “other” (a category to capture other types of supervision training). Participants were assigned to one of five categories based upon their self-identified response to the demographic survey regarding type of supervision training received in their doctoral training (See Appendix B) . Each participant was asked to complete the Supervision Self-Efficacy Questionnaire (SSQ; Appendix B), which is a measure of supervisor self-efficacy (the dependent variable in this study). There are nine dependent variables, including Total Supervisor Self-efficacy (S.S.E.), Focus S.S.E., Style S.S.E., Intervention S.S.E., Conceptualization S.S.E., Personalization S.S.E., Counselor S.S.E., Teacher S.S.E., and Consultant S.S.E. The characteristics of dependent variables as measured by the SSQ are provided in Table 2.

Table 2

Characteristics of Dependent Variables as Measured by the Supervision  
Self-Efficacy Questionnaire (SSQ)

Dependent Variable	Item Nos.	Total No. of Items	Range of Scores
Total Supervisor Self-Efficacy (SSE)	1 - 42	42	0 - 378
S.S.E. for Supervisory Focus	1 - 21	21	0 - 189
Intervention	1, 4, 7, 11, 15, 16, 17	7	0 - 63
Conceptualization	2, 3, 6, 9, 13, 19, 20	7	0 - 63
Personalization	5, 8, 10, 12, 14, 18, 21	7	0 - 63
S.S.E. for Supervisory Style	22-42	21	0 - 189
Counselor	24, 27, 30, 33, 34, 39, 41	7	0 - 63
Teacher	22, 26, 29, 32, 36, 37, 38	7	0 - 63
Consultant	23, 25, 28, 31, 35, 40, 42	7	0 - 63

### Data Analysis

The SPSS computer package was used to conduct all statistical tests. The procedures and measures were used to test following research questions:

- 1) For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total score on the SSQ) among groups that have completed different types of supervision training in their doctoral program [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]?

H0: There will be no difference in level of supervisor self-efficacy among the four groups.

H1: There will be a statistically significant difference in level of supervisor self-efficacy among the four groups.

A one-way, between-subjects Analysis of Variance (ANOVA) was used to determine if there are significant differences among groups in the independent variable (different types of supervision training in doctoral programs as obtained from the demographic questionnaire) on the dependent variable (supervisor self-efficacy as measured by the SSQ).

- 2) For pre-doctoral interns, is there a significant difference in supervisor self-efficacy on each of the four Focus Subscales (overall Focus, Intervention, Conceptualization, and Personalization) among the different supervision training groups [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]?

H0: No differences in supervisor self-efficacy will be found among the four supervision training groups.

Four one-way (between-subjects) analysis of variance (ANOVA) models were used to assess this research question. Specifically, the ANOVAs were used to

determine if there are significant differences among the groups in the independent variable [e.g. no training; didactic course only; practicum (or lab) only; didactic and practicum (or lab) training combined] for each of the four dependent variables (overall Focus score, Intervention score, Conceptualization score, and Personalization score as measured by the SSQ). Tukey's HSD Test was used as necessary to identify group differences following a significant  $F$  value ( $p < .05$ ). This segment is exploratory in nature; thus, no alternative hypotheses are provided for the outcome of this analysis.

- 3) For pre-doctoral interns, is there a significant difference in supervisor self-efficacy on each of the Style Subscales (overall Style score, Counselor score, Teacher score, and Consultant score, as measured by the SSQ) among the different supervision training groups [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]?

H<sub>0</sub>: No differences in supervisor self-efficacy will be found among the four supervision training groups.

Four one-way, between-subjects, Analysis of Variance (ANOVA) models were used to test the hypothesis. Specifically, the ANOVAs was used to determine if there are significant differences among groups in the independent variable [e.g. no training; didactic course only; didactic and practicum (or lab) training combined] for the dependent variables (overall Style score, Counselor score, Teacher score, and Consultant Score as measured by the SSQ). This segment was exploratory in nature; thus, no alternative hypotheses were provided for the outcome of this analysis.

## Summary

The purpose of this study was to determine if there are significant differences in supervisor self-efficacy among pre-doctoral interns at APA-accredited university counseling centers grouped according to types of supervision training. Careful steps were taken to select appropriate participants, including identifying appropriate sites from the APPIC Directory, contacting internship site training directors to distribute questionnaire packets, and sending questionnaires at the beginning of their internship training in order to avoid contamination of the independent variable (supervision coursework completed during their doctoral training).

Because there are no current measures of supervisor self-efficacy, the author adapted a current measure of supervisory activities to reflect supervisor self-efficacy in those activities. This adaptation process included carefully examining a psychometrically sound instrument used in the counseling field; identifying a similar instrument in the supervision field (SFSQ); obtaining the approval and support of the original author of the SFSQ to adapt the questionnaire; enlisting that author and experienced counseling psychologists to review and make changes to the adapted instrument; reviewing relevant literature on different measures of self-efficacy; and, finally, conducting a pilot study of the instrument to determine the test-retest reliability of the adapted version.

While the resultant SSQ has limitations regarding its psychometric properties, it is a measure that has been carefully developed, evaluated, and revised in order to assess the self-efficacy of supervisors in a variety of activities related to this role. It is believed to be a more meaningful measure when compared to the study that employed one item to measure supervisor self-efficacy (Stevens et al., 1997). The adaptation of this measure appears to be appropriate for the purpose of this study, which is to determine differences in supervisor self-efficacy among pre-doctoral interns with various types of supervision training. This study is important for our understanding of

self-efficacy related to the supervisory role, and it is a significant beginning step in answering the call for research on this newly developed construct.

## CHAPTER 4

### Results

The results of the statistical analyses are presented in five sections of this chapter. The first segment presents the demographic data obtained for this sample. A short discussion about the assumptions of the statistical analyses is also provided. The next section describes analysis of differences in overall supervisor self-efficacy among three intern groups with various types of supervision training groups. A section that discusses analyses of differences in supervisor self-efficacy among various training groups on the Focus Subscales follows this. Fourth, differences in supervisor self-efficacy among interns on the Style Subscales are examined. Finally, a discussion of additional analyses beyond the original research questions is provided, which includes an examination of differences in supervisor self-efficacy among interns based on the following variables: gender, ethnicity, doctoral program, supervised supervision experience, supervision experience and no supervision experience.

The current research was designed to determine if significant differences in supervisor self-efficacy exist among groups of interns at university counseling centers who have completed different types of supervision training. The first research hypothesis posited that there would be significant differences in level of supervisor self-efficacy among the following three training groups: no supervision training, didactic course only, and didactic-practicum course. [Note: The practicum only (or lab) course was excluded from analyses because of a low return rate.] The present study also investigated the possibility of significant differences in supervisor self-efficacy on the Focus Subscales (overall Focus, Intervention, Conceptualization, and Personalization) and Style Subscales (overall Style, Teacher, Counselor, and Consultant) among various supervision training groups. No alternative hypotheses were provided for analyses of subscales, as they were exploratory in nature.

Participants in this study were pre-doctoral interns at APA-accredited university counseling centers. Each participant received a packet containing a cover letter requesting their voluntary participation, a Supervisor Self-Efficacy Questionnaire, one dollar, and a pre-addressed, stamped return envelope; packets were distributed via internship training directors.

#### Assumptions of Statistical Analyses

Before reporting the results of the research questions, it is important to address the assumptions of statistical analyses completed in this study. The main assumptions of an analysis of variance include independence, randomness, normality, and homogeneity of variance (Gravetter & Wallnau, 1996). Given that there is no correlation among the three participant groups, the assumption of independence is met. Similarly, no assignment was made with these participants, so randomization is not a concern in this study. Tests of normality indicate the data met this assumption. The primary concern in this study was a lack of homogeneity of variance on some analyses of data sets. In order to equalize the variance, a square-root transformation of data was completed prior to completing ANOVAs. However, rather than improve the homogeneity of variance for this data set, a square-root transformation only served to create more problems with homogeneity of variance. Therefore, limitations in homogeneity of variance will be explicitly stated throughout this chapter when applicable to particular data sets.

Finally, 99 ANOVAs were completed on data in this study and the author was concerned about compromising the  $p < .05$  level of significance. Therefore, a multivariate analysis of variance (MANOVA) was computed in which the independent variable was supervision training groups (no course, didactic only course, and didactic-practicum course), and the dependent variables consisted of supervisor self-efficacy based on total and subscale scores of the SSQ. This multivariate analysis yielded no significant differences among the variables. An analysis of observed power on this

MANOVA revealed moderate power for this data set (.659). The results of this MANOVA are provided in Appendix K.

#### Research Question 1

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by a total score on SSQ) among groups who completed different types of supervision training in their doctoral program [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]? Hypothesis 1 proposed that there would be a statistically significant difference in level of self-efficacy among the three groups.

To test this hypothesis, a one-way, between-subjects Analysis of Variance (ANOVA) was completed to determine significant difference in supervisor self-efficacy among three intern training groups. No significant differences in supervisor self-efficacy were found among the three groups ( $n=145$ ); results of the ANOVA are presented in Table 3.

The results revealed a lack of significant differences in supervisor self-efficacy among the three intern groups who completed no supervision course, a didactic only supervision course, and a didactic-practicum (lab) supervision course. Thus, the alternative hypothesis for Research Question 1 was not supported.

Table 3

Means and Standard Deviations on Supervisor Self-Efficacy Questionnaire for Intern Grouped by Type of Supervision Training

<u>Supervision Training</u>	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	276.16	44.64	49
Didactic Only Course	282.71	46.31	17
Didactic-Practicum Course	290.87	35.12	79
TOTAL	284.95	40.21	145

Analysis of Variance on Supervisor Self-Efficacy Questionnaire for Interns with No Supervision Course, Didactic Supervision Course, and Didactic-Practicum Supervision Course

<u>Source</u>	<u>df</u>	<u>F</u>	<u>Significance</u>
Between Groups	2	2.085	.128
Within Groups	142		
Total	144		

## Research Question 2

For pre-doctoral interns, is there a significant difference in supervisor self-efficacy on the four Focus Subscales (overall Focus, Intervention, Conceptualization, and Personalization) among the different supervision training groups [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]?

Given that this question was exploratory in nature, no alternative hypothesis was provided. The independent variable was the type of supervision training: 1) no supervision course, 2) didactic supervision course only, and 3) didactic and practicum (lab) supervision course combined. The dependent variable was the SSQ score on each of the four subscales: overall Focus Subscale, Intervention Subscale, Conceptualization Subscale, and Personalization Subscale.

The ANOVA on the Conceptualization Subscale yielded significance ( $p=.023$ ). The analyses of variance are summarized in Table 4. For the significant Conceptualization analysis, Tukey's HSD post-hoc revealed that the intern group who completed a combined didactic and practicum (lab) supervision course reported significantly higher ( $p=.015$ ) levels of supervisor self-efficacy on the Conceptualization Subscale when compared to the group of interns who did not complete a supervision course.

Furthermore, Table 4 reveals a trend toward significance for the Intervention Subscale ( $p=.063$ ) among the three supervision training groups. Tukey's HSD was conducted as a post-hoc analysis of this ANOVA, and the intern group without a supervision course reported a trend toward significantly lower supervisor self-efficacy on the Intervention scale when compared to the intern group with a combined didactic-practicum supervision course ( $p=.065$ ).

Similarly, Table 4 also indicates that a trend toward significant differences in supervisor self-efficacy among intern groups on the Focus Subscale ( $p=.058$ ).

Table 4

Means and Standard Deviations on Focus Subscale Scores for Interns Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	130.67	24.77	49
Didactic Only Course	138.88	33.44	17
Didactic-Practicum Course	140.71	19.17	79
TOTAL	137.10	23.44	145

Means and Standard Deviations on Intervention Subscale Scores for Interns Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	46.00	9.40	49
Didactic Only Course	46.35	7.36	17
Didactic-Practicum Course	49.05	6.09	79
TOTAL	47.70	7.60	145

Means and Standard Deviations on Conceptualization Subscale Scores for Interns Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	41.23	8.13	49
Didactic Only Course	43.53	7.76	17
Didactic-Practicum Course	45.19	7.67	79
TOTAL	43.66	8.00	145

Means and Standard Deviations on Personalization Subscale Scores for Interns Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	43.45	9.19	49
Didactic Only Course	49.00	23.30	17
Didactic-Practicum Course	46.47	7.16	79
TOTAL	45.75	10.93	145

Table 4 con't.

Analysis of Variance on SSQ Focus Subscales based on Doctoral Supervision Training

Scale	Source	df	F	Significance
Focus	Between Groups	2	2.903	.058
	Within Groups	142		
	Total	144		
Intervention	Between Groups	2	2.811	.063
	Within Groups	142		
	Total	144		
Conceptualization	Between Groups	2	3.870	.023*
	Within Groups	142		
	Total	144		
Personalization	Between Groups	2	2.036	.134
	Within Groups	142		
	Total	144		

\*Significance at  $p < .05$

Post-hoc analysis (Tukey's HSD) again revealed that the intern group who did not complete a supervision course revealed lower supervisor self-efficacy than the group who completed a combined didactic-practicum (lab) supervision course ( $p=.045$ ) on the Focus Subscale.

### Research Question 3

For pre-doctoral interns, is there a significant difference in supervisor self-efficacy on the Style Subscales (overall Style score, Counselor score, Teacher score, and Consultant score as measured by the SSQ) among different supervision training groups [e.g. no training; didactic course only; didactic and practicum (or lab) training combined]? This research question was exploratory in nature, and no alternative hypothesis was given for this question.

To address this research inquiry, four one-way, between-subjects ANOVAs were computed for each of the Style Subscales. The independent variable was type of supervision training, 1) no supervision course, 2) didactic supervision course only, and 3) didactic-practicum (lab) supervision course combined. The dependent measures were the four Style Subscales of the SSQ, including overall Style Subscale, Counselor Subscale, Teacher Subscale, and Consultant Subscale. No statistically significant differences were found among the three groups ( $n=145$ ) on any of the four Style Subscales, which indicates that all groups had similar levels of supervisor self-efficacy on overall Supervision Style and on each of the Style Subscales. The results of the ANOVAs are presented in Table 5.

Table 5

Means and Standard Deviations on Style Subscale Scores for Intern Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	145.49	22.62	49
Didactic Only Course	143.82	17.96	17
Didactic-Practicum Course	150.16	17.97	79
TOTAL	147.84	19.70	145

Means and Standard Deviations on Counselor Subscale Scores for Interns Groups by Type of Supervision Course Training

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	48.45	8.49	49
Didactic Only Course	48.47	6.44	17
Didactic-Practicum Course	50.48	6.24	79
TOTAL	49.56	7.12	145

Means and Standard Deviations on Teacher Subscale Scores for Interns Groups by Type of Supervision Course Training

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	48.12	8.04	49
Didactic Only Course	47.18	7.04	17
Didactic-Practicum Course	49.59	6.85	79
TOTAL	48.81	7.30	145

Means and Standard Deviations on Consultant Subscale Scores for Interns Groups by Type of Supervision Course Training

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	48.92	7.52	49
Didactic Only Course	48.18	6.04	17
Didactic-Practicum Course	50.09	6.44	79
TOTAL	49.47	6.77	145

Table 5 con't.

Analysis of Variance on SSQ Style Subscales for Interns with No Supervision Course,  
Didactic Supervision Course, and Didactic-Practicum Supervision Course

Scale	Source	df	F	Significance
Style	Between Groups	2	1.256	.288
	Within Groups	142		
	Total	144		
Counselor	Between Groups	2	1.464	.235
	Within Groups	142		
	Total	144		
Teacher	Between Groups	2	1.102	.335
	Within Groups	142		
	Total	144		
Consultant	Between Groups	2	.800	.451
	Within Groups	142		
	Total	144		

## Supplemental Analyses

Due to limited research on supervisor self-efficacy, analyses of current data beyond the original research questions were also completed. This section provides the results of statistical differences in supervisor self-efficacy as it relates to the following independent variables: gender, ethnicity, doctoral program, and supervision experience.

### Gender

As mentioned previously, there were more female participants (n=113) than male participants in this study (n=32). In terms of gender, the research question was:

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total SSQ score) between males and females?

A one-way, between-subjects ANOVA was completed on overall SSQ score, which resulted in no significant differences between the male and female participants. Similarly, eight additional one-way, between-subjects ANOVAs were completed on each SSQ subscale score; no significant differences in supervisor self-efficacy between men and women were present on any of the SSQ subscale scores in this sample of interns. Results of the ANOVAs are listed in Appendix L.

### Ethnicity

Participants identified their ethnic background based on the following categories on the SSQ: European American/Caucasian, American-Indian, Asian American, African American, Hispanic/Latino, Multiracial, and “Other”. Given the low number of participants in the American Indian group (n=1), the Hispanic/Latino group (n=2), and the Multiracial group (n=2), these were removed from the statistical analyses. The following research question was analyzed in order to determine possible differences in supervisor self-efficacy among interns from different ethnic backgrounds:

For predoctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total score on SSQ) among interns from various ethnic backgrounds?

As with gender, a one-way, between-subjects ANOVA was conducted to determine differences in level of overall supervisor self-efficacy among interns grouped by ethnicity. Furthermore, eight additional one-way, between-subjects ANOVAs were completed on each subscale score of the Supervisor Self-Efficacy Questionnaire. No statistically significant results were found in total SSQ score or subscale scores when intern groups were compared based upon their ethnic background. The results of the analyses are listed in Appendix M.

#### Doctoral Program

Type of doctoral program was identified as the independent variable in the next set of analyses to determine possible differences in supervisor self-efficacy (total and each subscale score on the SSQ). As mentioned in the demographic section, doctoral programs were listed as clinical psychology Ph.D., counseling psychology Ph.D., clinical psychology Psy.D., counseling psychology Psy.D., and “other”. Given the low number of participants in counseling psychology, Psy.D. program (n=2) and “other” categories (n=3), both categories were excluded from analyses. The following research question was developed in order to determine possible differences in supervisor self-efficacy among interns from different training programs:

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total score on the SSQ) among intern groups from different training programs (clinical psychology, Ph.D., counseling psychology Ph.D., and clinical psychology, Psy.D.)?

Analyses of overall supervisor self-efficacy and supervisor self-efficacy on each subscale revealed significant differences in total scores on the Supervision Self-efficacy Scale ( $p=.006$ ), the Focus Subscale ( $p=.002$ ), the Intervention Subscale ( $p=.000$ ), the Conceptualization Subscale ( $p=.018$ ), the Personalization Subscale ( $p=.016$ ), and the Teacher Subscale ( $p=.011$ ). It is important to note that the data set revealed problems with homogeneity of variance on the Intervention Subscale. Thus, it is unclear whether true differences among groups were found on this scale. While differences among program type for the Style Subscale ( $p=.059$ ) was not significant, a trend toward significance was found. Tukey's HSD was completed for post-hoc analysis to determine which groups had significant differences in SSQ scores. Post-hoc analysis revealed that counseling psychology Ph.D. interns reported significantly higher scores than clinical psychology Ph.D. interns for the significant SSQ scales. The ANOVA results and post-hoc results are listed in Table 6.

Table 6

Means and Standard Deviations on SSQ Total Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	262.14	53.22	21
Counseling Psychology Ph.D.	292.52	36.30	90
Clinical Psychology Psy.D.	279.48	38.38	29
TOTAL	285.26	40.86	140

Means and Standard Deviations on SSQ Focus Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	121.52	30.58	21
Counseling Psychology Ph.D.	141.60	21.73	90
Clinical Psychology Psy.D.	134.86	19.96	29
TOTAL	137.19	23.83	140

Means and Standard Deviations on SSQ Intervention Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	42.14	11.63	21
Counseling Psychology Ph.D.	49.27	6.06	90
Clinical Psychology Psy.D.	46.93	7.18	29
TOTAL	47.71	7.73	140

Means and Standard Deviations on SSQ Conceptualization Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	39.67	9.73	21
Counseling Psychology Ph.D.	44.99	7.58	90
Clinical Psychology Psy.D.	42.62	7.66	29
TOTAL	43.70	8.12	140

Table 6, con't.

Means and Standard Deviations on SSQ Personalization Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	39.71	10.77	21
Counseling Psychology Ph.D.	47.34	11.70	90
Clinical Psychology Psy.D.	45.31	7.72	29
TOTAL	45.78	11.12	140

Means and Standard Deviations on SSQ Style Subscale Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	140.62	26.22	21
Counseling Psychology Ph.D.	150.92	17.31	90
Clinical Psychology Psy.D.	144.62	21.42	29
TOTAL	148.07	19.98	140

Means and Standard Deviations on SSQ Counselor Subscale Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	47.24	10.03	21
Counseling Psychology Ph.D.	50.16	6.04	90
Clinical Psychology Psy.D.	49.38	8.16	29
TOTAL	49.56	7.23	140

Means and Standard Deviations on SSQ Teacher Subscale Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	46.19	9.02	21
Counseling Psychology Ph.D.	50.38	6.63	90
Clinical Psychology Psy.D.	46.79	7.17	29
TOTAL	49.01	7.32	140

Table 6, con't.

Means and Standard Deviations on SSQ Consultant Subscale Scores for Interns Grouped by Doctoral Program

Doctoral Program	<u>M</u>	<u>SD</u>	<u>n</u>
Clinical Psychology Ph.D.	47.19	8.59	21
Counseling Psychology Ph.D.	50.39	6.14	90
Clinical Psychology Psy.D.	48.45	7.34	29
TOTAL	49.51	6.87	140

Table 6 con't.

## Analysis of Variance on SSQ Scales for Interns based on Doctoral Program

Scale	Source	df	F	Significance
SSQ Total	Between Groups	2	5.393	.006*
	Within Groups	137		
	Total	139		
Focus	Between Groups	2	6.729	.002*
	Within Groups	137		
	Total	139		
Intervention	Between Groups	2	8.184	.000*^
	Within Groups	137		
	Total	139		
Conceptualization	Between Groups	2	4.157	.018*
	Within Groups	137		
	Total	139		
Personalization	Between Groups	2	4.232	.016*
	Within Groups	137		
	Total	139		
Style	Between Groups	2	2.884	.059
	Within Groups	137		
	Total	139		
Counselor	Between Groups	2	1.405	.249
	Within Groups	137		
	Total	139		
Teacher	Between Groups	2	4.693	.011*
	Within Groups	137		
	Total	139		
Consultant	Between Groups	2	2.324	.102
	Within Groups	137		
	Total	139		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

Table 6,con't.

Tukey HSD Post-Hoc for Interns Grouped by Doctoral Program: Counseling Psychology, Ph.D. Means (I) Compared to Clinical Psychology, Ph.D. Means (J)

Scale	Mean Difference (I - J)	Standard Error	Significance
Total	30.38	9.60	.004*
Focus	20.08	5.55	.001*
Intervention	7.12	1.78	.000*^
Conceptualization	5.32	1.93	.016*
Personalization	7.63	2.63	.011*
Style	10.30	4.78	.079
Teacher	4.19	1.73	.014*

\*Significance at the  $p < .05$  level.

^Test for homogeneity of variance is significant at the .05 level, which means that homogeneity of variance is not present in this data.

## Supervision Experience

Participants in the current study presented with a wide range of experience as supervisors, which allowed for examination of potential differences in supervisor self-efficacy that may be influenced by supervision experience. The following research question was added to the present study in order to determine potential differences in supervisor self-efficacy as it is influenced by supervision experience:

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by the total score on the SSQ) between those with supervision experience and those with no supervision experience (not including supervision practicum experience) regardless of their supervision training?

Given that these questions are exploratory in nature, no alternative hypotheses were provided for any questions in this section. A one-way, between-subjects ANOVA was used to test this hypothesis. The results indicated that there was a significant difference in overall supervisor self-efficacy ( $p=.022$ ), and those interns who had experience supervising other therapists (apart from their doctoral training in supervision) reported greater supervisor self-efficacy when compared to the interns who did not have additional experience as supervisors. Eight additional one-way, between-subjects ANOVAs were completed for each of the Supervision Self-Efficacy Questionnaire subscales. The results indicated that interns with additional supervision experience scored significantly higher than interns with no additional supervision experience on the following subscales: Focus ( $p=.014$ ), Intervention ( $p=.007$ ), Conceptualization ( $p=.005$ ), and Teacher ( $p=.029$ ). Analysis on the Style Subscale showed a similar trend toward significant differences with  $p=.085$ . It is important to note, however, that homogeneity of variance requirements were not met for the following scales: Total, Focus,

Intervention, Personalization, and Counselor. While not significant, problems with homogeneity of variance on the Conceptualization Subscale approached significance. In other words, a trend indicating a lack of homogeneity of variance was detected for this data set. The result of this set of analyses is provided in Appendix N.

Given that supervision experience beyond doctoral training indicated a significant difference in overall supervisor self-efficacy and on some SSQ subscales, an examination of years of supervision experience was analyzed as the independent variable. While there were 7 different groups (no experience, 0-1 year, 1-2 years, 3-4 years, 4-5 years, 6 years, and 7 years) with varying years of supervision experience, the 3 latter groups had an  $n=1$  in each group; thus, they were excluded from statistical analyses. A comparison was made among 4 different groups with the following amount of supervision experience: no supervision experience, less than 1 year of experience, between 1 and 2 years of experience, and between 3 and 4 years of experience. The research question for this section is as follows:

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by the total score on the SSQ) among groups with different years of supervision experience (e.g. no supervision experience, 0-1 year, 1-2 years, and 3-4 years of experience) regardless of their doctoral training in supervision?

Given that this is exploratory in nature, no hypotheses were provided. Another set of one-way, between-subjects ANOVAs was completed to determine differences in supervisor self-efficacy among intern groups with different amounts of supervision experience. The results indicated that there was no significant difference in supervisor self-efficacy among intern groups with varying years of supervision experience (none, less than one year, 1-2 years, 3-4 years, 4-5 years, 5 or more years). Eight additional one-way, between-subjects ANOVAs were completed to determine if there were significant differences in supervision self-efficacy among

intern groups with varying years of supervision experience on each SSQ subscale. The results indicated that there were significant difference in supervisor self-efficacy among intern groups on the Intervention ( $p=.033$ ) and Conceptualization ( $p=.036$ ) Subscales. While not significant, the Focus Subscale showed a trend toward significance ( $p=.093$ ). Tukey's HSD post-hoc analyses revealed that interns with 0-1 year of experience had significantly higher levels of supervisor self-efficacy on the Intervention Subscale ( $p=.032$ ) when compared to interns without supervision experience. Tukey's HSD post-hoc was also conducted on the Conceptualization Subscale results. While the group with 0-1 year of experience showed a trend toward significantly higher scores on the Conceptualization Subscale when compared to the group with no supervision experience, post-hoc results were not significant at the  $p=.05$  level. It is also important to note that homogeneity of variance criterion was not met on the Focus and Intervention Subscales. Thus, it cannot be concluded that significant differences in supervisor self-efficacy revealed in this analysis is influenced by years of supervision experience. The results of this set of analyses and post-hoc results are listed in Appendix O.

#### Supervised Supervision Experience

The next set of analyses examined differences in supervisor self-efficacy, which is the dependent variable, between interns with supervision experience which was supervised by a more advanced therapist (e.g. supervised supervision experience or supervision of supervision) and interns with unsupervised supervision experience. The following research question was formulated:

For pre-doctoral interns, is there a significant difference in overall supervisor self-efficacy (as measured by total score on the SSQ) between the group of interns with supervised supervision experience and the group of unsupervised supervision experience?

No hypotheses were provided, as this question is exploratory in nature. Nine one-way, between-subjects ANOVAs were conducted to determine if significant differences in supervisor self-efficacy were present between the two groups on SSQ's total and subscales

scores. The intern group with supervised supervision experience had a significantly higher level of supervisor self-efficacy ( $p=.009$ ) than the group of interns with unsupervised supervision experience on the Consultant Subscale of the SSQ. Also, the group with supervised supervision experienced showed a trend toward significantly higher supervisor self-efficacy scores on the Style Subscale when compared to the group with unsupervised supervision experience. The results of this set of analyses are provided in Appendix P.

#### Supervision Experience Only

The next set of analyses focus on participants with supervision experience only (for both supervised and unsupervised supervision experience) to determine if there are significant differences in supervisor self-efficacy between interns who completed a supervision course in their doctoral training and interns who did not complete a course. The following research question was formulated:

For pre-doctoral interns with supervision experience, is there a significant difference in overall supervisor self-efficacy (as measured by the SSQ) between the group who completed a supervision course (any type) and the group who did not complete a supervision course?

No alternative hypotheses were provided, as this is exploratory in nature. A one-way, between-subjects ANOVA was conducted to determine if there is a significant difference between those participants that completed a supervision course (any type of supervision course) and those participants who did not complete a supervision course. No significant differences in supervisor self-efficacy were found between the two groups. Eight additional one-way, between-subjects ANOVAs were completed to determine if there were significant differences in supervisor self-efficacy on each SSQ subscale between the two groups. Again, no significant differences in supervisor self-efficacy were found between intern groups on SSQ subscales; the results are provided in Appendix Q.

A related set of analyses were conducted to determine if there were significant differences in overall supervisor self-efficacy among interns with no supervision course, interns

with a didactic supervision course, and interns with a didactic-practicum supervision course.

The research question is as follows:

For pre-doctoral interns with supervision experience, is there a significant difference in overall supervisor self-efficacy (as measured by the total score on the SSQ) among groups that have completed different types of supervision training in their doctoral program (e.g. no training, didactic course only, practicum and didactic course combined)?

No hypotheses were provided, as this analysis was exploratory in nature. A one-way, between-subjects ANOVA was conducted among pre-doctoral interns with supervision experience to determine if there were significant differences in overall supervisor self-efficacy as influenced by the type of supervision course (e.g. no course, didactic supervision course, and didactic-practicum supervision course). No significant differences in supervisor self-efficacy were found among the three training groups. Eight additional analyses were conducted to determine the presence of significant differences in supervisor self-efficacy on each of the eight SSQ subscales. No significant differences were found among the three training groups on any of the SSQ subscales. The result of this set of analyses is provided in Appendix R.

#### No Supervision Experience

In contrast, participants without supervision experience (apart from any supervision practicum experience) were considered for analysis to determine if there were significant differences in supervisor self-efficacy based completion of a supervision course (of any type). In other words, the type of supervision course was not under consideration, rather completion

of any supervision course was the independent variable. The following research question was formulated:

For pre-doctoral interns without supervision experience, is there a significant difference in overall supervisor self-efficacy (as measured by total score on the SSQ) between the intern group who completed a supervision course and the intern group who did not complete a supervision course?

No hypotheses were formulated, as this is exploratory in nature. A one-way, between-subjects ANOVA was completed to determine possible differences in supervisor self-efficacy between the two groups. The results indicated that for all participants who did not have supervision experience, those interns who completed a supervision course (of any type) had significantly higher levels of overall supervisor-self-efficacy ( $p=.039$ ) when compared to interns who did not complete a supervision course in their doctoral training. Eight additional ANOVAs were conducted to determine if there were significant differences in supervisor self-efficacy on each SSQ subscale. Analyses indicated that interns who completed a supervision course had significantly higher scores on the Focus ( $p=.034$ ) and Intervention ( $p=.027$ ) Subscales when compared to interns who did not complete a supervision course. While analyses on the remaining subscales did not reveal significant findings, there were similar trends toward significant differences in supervisor self-efficacy on the following scales: Conceptualization ( $p=.068$ ), Personalization ( $p=.089$ ), Style ( $p=.096$ ), Counselor ( $p=.071$ ), and Teacher ( $p=.089$ ). On the Counselor Subscale, however, a test on homogeneity of variance in the data was found to be significant at the .05 level. The result of this set of analyses is provided in Table 7.

Table 7

Means and Standard Deviations on Total SSQ and Subscale Scores for Interns with No Supervision Experienced Grouped by Completion of Supervision Course

	<u>Supervision Course</u>			<u>No Supervision Course</u>		
	M	SD	n	M	SD	n
Total	286.22	40.91	54	265.23	49.88	31
Focus	137.82	25.68	54	124.87	28.25	31
Intervention	47.85	7.12	54	43.58	10.38	31
Conceptualization	43.37	7.95	54	39.87	9.18	31
Personalization	46.59	14.73	54	41.42	10.39	31
Style	148.41	18.79	54	140.35	25.01	31
Counselor	50.19	6.57	54	46.94	9.77	31
Teacher	48.74	6.82	54	45.90	8.14	31
Consultant	49.48	6.57	54	47.52	8.35	31

Analysis of Variance on SSQ Scales for Interns with No Supervision Experience based on Completion of Doctoral Supervision Course

Scale	Source	df	F	Significance
SSQ Total	Between Groups	1	4.412	.039*
	Within Groups	83		
	Total	84		
Focus	Between Groups	1	4.651	.034*
	Within Groups	83		
	Total	84		
Intervention	Between Groups	1	5.037	.027*
	Within Groups	83		
	Total	84		
Conceptualization	Between Groups	1	3.408	.068
	Within Groups	83		
	Total	84		
Personalization	Between Groups	1	2.968	.089
	Within Groups	83		
	Total	84		
Style	Between Groups	1	2.828	.096
	Within Groups	83		
	Total	84		
Counselor	Between Groups	1	3.352	.071 <sup>^</sup>
	Within Groups	83		
	Total	84		
Teacher	Between Groups	1	2.957	.089
	Within Groups	83		
	Total	84		
Consultant	Between Groups	1	1.389	.242
	Within Groups	83		
	Total	84		

\*Significance at  $p < .05$  level.

<sup>^</sup>Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

The final set of additional analyses was conducted on participants who indicated that they did not have supervision experience apart from their doctoral training in supervision. Supervisor self-efficacy was the dependent variable and type of supervision course was the independent variable (e.g. none, didactic, or didactic and practicum). The following research question was formulated:

For pre-doctoral interns without supervision experience (apart from doctoral supervision practicum), is there a significant difference in overall supervisor self-efficacy (as measured by total SSQ score) among groups with different types of supervision training in their doctoral program (e.g. no course, didactic only course, and didactic-practicum course)?

No hypotheses were provided, as this analysis was exploratory in nature. While results indicated that there were no significant differences in overall supervisor self-efficacy among the three training groups, the results did reveal a trend toward significance ( $p=.057$ ). Again, eight additional one-way, between subjects ANOVAs were completed on each SSQ subscale to determine if there were significant differences in supervisor self-efficacy among the three training groups. Significant differences were found on the following subscales: Intervention ( $p=.033$ ), Style ( $p=.040$ ), and Teacher ( $p=.014$ ). In addition, analyses on the following subscales showed a trend toward significance: Conceptualization ( $p=.080$ ) and Counselor ( $p=.072$ ). The Counselor Subscale, however, revealed problems with homogeneity of variance. Post-hoc analysis on the Intervention Subscale indicated that interns who completed a didactic-practicum supervision course had significantly higher scores ( $p=.031$ ) when compared to interns who did not complete a supervision course. While an ANOVA on the Style Subscale revealed significant differences in supervisor self-efficacy among the three training groups,

post-hoc analysis revealed that the intern group who completed a didactic-practicum supervision course only showed a trend toward significantly higher scores ( $p=.076$ ) on the Style Subscale when compared to the intern group who did not complete a supervision course in their doctoral training. For the Teacher Subscale, post-hoc analysis indicated that the group with no supervision course reported significantly lower self-efficacy ( $p = .048$ ) when compared to the group with a didactic-practicum supervision course. In addition, interns who completed a didactic-practicum supervision course indicated significantly higher levels of supervisor self-efficacy ( $p =.045$ ) than interns who completed a didactic only supervision course based on the post-hoc analysis of the Teacher Subscale. The results of this set of analyses are listed in Appendix S.

## Chapter 5

### Discussion

This chapter begins with an overview of this study's purpose, related literature, and research design. The primary focus of this chapter, however, is a discussion of the results of this study. The first discussion section provides a summary of the results for primary and supplemental analyses, which is then integrated with an explanation of findings based on supervision self-efficacy and supervision training literature. The implications and limitations of the current study, along with directions for future research, are discussed in the final section of this chapter.

#### Overview

The current literature is replete with theories and research highlighting the salience of supervision in developing trainees' counseling skills. Within the literature on counselor training, the counselor self-efficacy construct has received a great deal of attention in the past decade. Empirical evidence suggests that a positive linear or curvilinear relationship between counselor training and counselor self-efficacy exists. Research also indicates that supervision is an important part of developing counselor self-efficacy. Despite the noted importance of providing counselor trainees with optimal supervision, the training of supervisors in doctoral programs varies widely at this time.

Leading experts in supervision recently speculated that there is a probable link between the self-efficacy of a supervisor and the self-efficacy of a counselor/supervisee. Furthermore, experts have called for more research on supervisor self-efficacy (Goodyear, 1998; Steward, 1998). Within the literature, only one study of supervisor self-efficacy has been completed. This study utilized a single item to assess supervisor self-efficacy, and it supported an association between the training of supervisors and supervisor self-efficacy.

Thus, the purpose of the current study was to examine the influence of supervision training (e.g. no training, didactic course, practicum only course, or didactic-practicum course)

on supervisor self-efficacy in various supervisor roles and foci. The goals of this project were: 1) to transfer the counselor self-efficacy construct to the role of supervisor in order to determine if differences in supervisor self-efficacy existed among groups of supervisors with various training backgrounds, and 2) to extend the research on supervisor self-efficacy based on a wider range of supervisory activities.

Due to limited attention to supervisor self-efficacy, a meaningful measure capturing self-efficacy in specific supervisory skills and foci was developed based on The Supervisory Focus and Style Questionnaire (SFSQ; Yager et al., 1989). The new measure, Supervision Self-Efficacy Questionnaire (SSQ), is based on the supervision activities in the SFSQ with alterations in the sentence stems of items on the SFSQ to reflect self-efficacy in executing various supervisory activities.

The new SSQ, which is based on the discrimination model and adapted from the SFSQ, proved to have adequate reliability (overall  $r=.82$ ) in a pilot study employing 18 doctoral students from a medium-sized university located in the mid-Atlantic region as participants. Both the SFSQ and SSQ are based on the discrimination model of supervision (Bernard, 1997), which has received a great deal of support in the literature (Bernard & Goodyear, 1998). The discrimination model is atheoretical and it utilizes three focus areas and three roles. The focus areas of supervision include 1) interventions provided by a supervisee 2) supervisee's theoretical conceptualization of a client, and 3) personalization issues experienced by the supervisee within the counseling relationship. The style (roles) employed by a supervisor are counselor, teacher and consultant. The discrimination model is based on a 3 x 3 matrix resulting in 9 possible permutations of specific supervisory roles and foci. A supervisor selects a single focus area and a single role in order to customize an approach to address a supervisee's needs in a given situation.

Two hundred eighty-one interns from clinical and counseling psychology programs were surveyed from 76 University Counseling Center internship sites that were accredited by

APA. Slightly over half of the participants responded to the survey, with the majority of respondents identifying themselves as female, European-American, and from Counseling Psychology Ph.D. programs.

Regarding supervision training, respondents reported the following: 32.1% did not complete a supervision course in their doctoral program; 10.9% of respondents completed a didactic supervision only course; and 51.9% completed a didactic-practicum (or lab) supervision course. A supervision practicum (or lab) only course was completed by 4.5%, of respondents and one participant reported that her training fell into the “other” category. Due to a low number of responses for “practicum only course” and “other training,” categories of supervision training, they were excluded from analysis. The final sample included 145 predoctoral interns at APA-Accredited university counseling centers. The next section summarizes the results of this study and integrates the results with current literature on counselor self-efficacy and supervisor self-efficacy.

### Summarization and Integration of Results

The first research question in this study focused on possible differences in level of supervision self-efficacy (as measured by total score on the SSQ) among the different supervision training groups (e.g. no course, didactic only course, didactic-practicum course). The null hypothesis indicated that there would be no significant differences among three supervision training groups, while the alternative hypothesis indicated that significant differences among groups would be found. Analysis of results did not support the alternative hypothesis; in terms of overall supervisor self-efficacy, no differences among three supervision training groups were found in this sample of interns. Thus, this study failed to find evidence of differences in overall supervisor self-efficacy that was influenced by the type of doctoral

training supervision course completed by prior to entering their internship at university counseling centers.

Four possible explanations for the lack of significant differences in overall supervisor self-efficacy among various training groups may be due to: 1) a limited number of completed supervision trainings because increases in supervisor self-efficacy may only occur with more than one formal supervision training experience, 2) the former supervisors of interns may have served as models for interns in their supervisory role (consistent with Bandura's theory), resulting in similar levels of supervisor self-efficacy among intern groups regardless of training background, 3) an overlap of roles (teacher, counselor, and consultant) in the function of supervisor and counselor may have led to uniform levels of supervisor self-efficacy among intern groups, and 4) variations in supervision experience among participants may be a confounding variable.

In this study, participants reported that they completed one supervision course at the most in their doctoral training. In the study by Stevens, Goodyear and Robertson (1997), those participants with significantly higher levels of supervisor self-efficacy had three or more structured trainings when compared to those supervisors with no formalized training. The current study is similar to the Stevens et al. (1997) study in that no differences in supervisor self-efficacy were found between interns with only one course in supervision and interns with no supervision training. A significant increase in overall supervisor self-efficacy may only be influenced by participation in multiple, formalized supervision training experiences; in other words, a single supervision course may not be adequate to have a positive influence in overall supervisor self-efficacy.

In linking the results of the current study to counseling self-efficacy literature, a review of the Sipps, Sudgen and Faiver (1988) study may provide a useful explanation for non-significant findings. Sipps and his colleagues (1988) reported that the relationship between counselor self-efficacy and counselor training might be curvilinear in nature. They discovered that first-year graduate trainees reported greater levels of counselor self-efficacy when compared to second year graduate trainees. Counselor self-efficacy then increased for the third and fourth year graduate trainees. This curvilinear relationship was explained in the literature as follows: Students initially apply common sense to their early counseling sessions, which may be adequate at the start of training (Blum & Rosenberg, 1968). However, in an advanced stage of training, students may develop a greater understanding of the complexity of the therapeutic process which results in a decrease in their counselor self-efficacy (O'Brien et al., 1997). It is hypothesized that this "dip" in counselor self-efficacy is followed by an increase in counselor self-efficacy following additional training (O'Brien et al., 1997).

It is possible that supervisor self-efficacy parallels this pattern of change in counselor self-efficacy over time. In other words, it may be that supervisors initially have high levels of self-efficacy based upon their understanding of supervision as a "common sense" approach or based upon their past experience as a supervisee. During the year of internship, supervisors then become more aware of the complex process of supervision and experience a "dip" in their supervisor self-efficacy. The current study surveyed interns prior to their involvement in any type of supervisory activities or supervision training (at the internship site); thus, an understanding of the complexity of this activity may not have been realized at that point in time. Future research may consist of replicating this study with an additional group of supervisors that have had more than one supervision course/training experience to determine if

a curvilinear pattern is present for supervisors over time as well. Also, an examination of supervision self-efficacy over the internship year may be helpful in determining potential changes throughout this training year.

The start of this document referred to experience as a client as inadequate training for becoming a counselor. Obviously, participating in counseling as a client is not sufficient to develop one's counseling skills. However, experience as a client has been shown to have a minimal, but positive correlation with counselor self-efficacy (Newcomb & Zinner, 1993). Could it be that a counselor may serve as a model for the client? The self-efficacy construct indicates that vicarious learning (e.g. modeling) is one of four factors contributing to the development of self-efficacy. While several studies have reported increases in counseling self-efficacy of students associated with participating in counseling role plays, viewing modeling of counseling session, or both participating in and viewing modeling of counseling activities (Munson, Stadulis & Munson, 1986; Munson, Zoerink & Stadulis, 1986), a more recent study of counselor self-efficacy indicated that modeling may be an effective intervention for increasing counseling self-efficacy (Larson, Clark, Wesely, Koraleski, Daniels, & Smith, 1999). In fact, researchers urge supervisors to model proficient counseling interventions by using videotapes of effective counseling interventions in the early part of counselor training as a way to increase counselor self-efficacy (Larson et al., 1999).

In translating such findings to supervisor self-efficacy, at the point of internship most students have had a significant amount of supervision modeled for them in their doctoral, and possibly, master's training. Thus, it could be that no differences in supervisor self-efficacy were present among the three training groups in this study because all three groups had

significant modeling of supervision (e.g. vicarious learning experiences) by virtue of having been supervised throughout their doctoral training.

Interestingly, Larson (1998) reported that counselor trainee appraisal is influential in counseling self-efficacy. She suggested that a trainee's evaluation of the effectiveness of the counseling modeled would be a determining factor in increasing a trainee's counseling self-efficacy. In counselor training, discussion of what constitutes "effective counseling" and "ineffective counseling" probably occur regularly. If one did not have training as a counselor, would one be able to evaluate accurately the proficiency of a counseling intervention? If an intern does not receive training in supervision, will she or he be able to assess accurately the effectiveness of a supervisor's interventions? It may be that all intern groups evaluated their supervisor self-efficacy in a similar manner, but the evaluation may not have been accurate. This relates to a "lingering view" in the mental health field that some supervisors who do not receive formal training believe that they are effective at it (Bernard & Goodyear, 1992). It would behoove future researchers to evaluate both the self-efficacy of a supervisor, as well as the actual effectiveness of executing supervisory activities.

Finally, variations in the amount of experience as a supervisor (excluding experience while completing a supervision practicum) may have been a confounding variable in this study. This sample contained participants with a wide range of experience in the role of supervisor. Given that experience (performance accomplishments) is a significant factor, variability in supervisor self-efficacy could be due to variations in experience as a supervisor. Yager and his colleagues (1989) also found a lack of significant differences between training groups. They attributed this to the notion that those supervisors who were less experienced were more similar

to experienced supervisors because the former group had recently completed a course in supervision. The results of the current study may mirror that of Yager and his colleagues.

The second question in this study was also exploratory in nature, and no alternative hypothesis was provided. Question two focused on potential differences in supervisor self-efficacy on the Focus Subscales of the SSQ among three supervision training groups. The null hypothesis stated that there would be no significant differences in supervisor self-efficacy on any of four SSQ Focus Subscales (overall Focus, Intervention, Conceptualization, and Personalization).

On the Personalization Subscale, data analysis failed to reject the null hypothesis. Thus, different types of supervision training completed by interns had no influence on their supervisor self-efficacy in addressing the personalization aspects of therapy with their supervisees. Likewise, analyses were unable to detect any differences in supervisor self-efficacy on the Intervention scale among the three training groups.

While significant differences among the three supervision training groups were not obtained for supervisor self-efficacy on the Intervention Subscale, analyses did reveal a trend toward significant differences among the three supervision training groups on this subscale.

Similarly, no differences in supervisor self-efficacy on overall Focus Subscale were found among the three intern groups with different supervision training. Thus, supervision training does not appear to influence interns' self-efficacy in terms of overall focus areas in supervision. As with the Intervention Subscale results, however, analysis of overall Focus scores showed a trend toward significant differences in supervisor self-efficacy among the three supervision training groups.

In contrast, type of supervision training for interns appeared to significantly influence supervisor self-efficacy in facilitating their supervisees' conceptualization of clients. In other words, those interns who completed a combined didactic-practicum course in supervision reported significantly higher levels of self-efficacy in addressing conceptualization issues with their supervisees when compared to interns who did not complete a supervision course.

Greater supervisor self-efficacy in focusing on conceptualization with supervisees' among interns with a didactic-practicum course may be influenced by their supervision training. It may be that interns who completed a supervision course that consisted of both didactic and practicum experience felt more efficacious in their ability to address conceptualization aspects of counseling with their supervisees.

However, differences in various supervision training groups should be further analyzed in future research because variations in self-efficacy in conceptualization may be due to differences in amount of counseling experience or training among intern groups. Thus, even though supervision training was accounted for in this study, counseling training and counseling experience were not accounted for and these factors may influence interns' supervisor self-efficacy in addressing conceptualization issues with their supervisees.

Although analysis of supervisor self-efficacy in addressing process issues within a supervision setting was not significant, there was a trend toward greater self-efficacy in addressing process issues for those interns who completed a didactic-practicum supervision course when compared to interns who did not complete any supervision course. One explanation is that no true differences exist among various intern groups with different types of supervision training. However, this could also be due to aforementioned differences in counseling experience and training among intern groups with variations in supervision training.

Future research should focus on replicating this study and incorporating some measure of interns training and experience in providing counseling.

In contrast, no differences in supervisor self-efficacy among intern groups with various supervision training backgrounds were found in addressing personalization aspects of counseling within the supervisory relationship. The lack of differences may be due to intern-supervisors' perception of personalization issues. Bernard (1997) reported that personalization skills are "most personal to the trainee, making the supervisor's scrutiny regarding personalization skills either highly satisfying or uniquely uncomfortable (p. 311)." Thus, it appears that addressing personalization issues of a counselor by a supervisor is a delicate task, one which supervisors either really enjoy or really dislike. Addressing personalization aspects of therapy in supervision requires an examination of a counselor's counter-transference or reactions to her or his client. This is an intricate task: a supervisor must walk the fine line between addressing the matter in which the counselor's own issues impact the counseling process and, at the same time, prevent this discussion from "slipping" into a therapy session. The balance necessary for a supervisor to address personalization issues in an effective manner may be reflected in the results of this study; in other words, finding such a balance is not an easy process for a supervisor and one may not feel efficacious in her/his ability to focus on personalization in an appropriate, effective manner regardless of her/his supervision training history. Again, it could be related to a lack of difference in supervisor self-efficacy in addressing a supervisee's personalization issues in counseling.

The final research question was exploratory in nature, and thus provided a null hypothesis only. This question attempted to discern potential differences in self-efficacy on the Style Subscales of the SSQ, and the null hypothesis stated that there would not be a significant

difference in supervisor self-efficacy for the four Style (roles) Subscales on the SSQ (e.g. overall Style, Teacher, Counselor, and Consultant). The results of the analyses for this research question indicated that there was a failure to reject the null hypothesis. In other words, no support was found for the notion that significant differences are present on each of the Style Subscales among intern groups with various supervision training backgrounds. Thus, current analyses failed to reveal that type of supervision training influences intern self-efficacy in terms of overall supervisory styles, teaching, counseling, and consulting.

It is important to note that after reviewing both primary and supplemental analyses of SSQ subscales, more differences in supervisor self-efficacy were found among different supervision training groups on measures of supervisor self-efficacy in SSQ focus areas (overall focus, intervention, conceptualization and personalization) than were found on measures of supervisor self-efficacy in SSQ styles/roles (overall style, teacher, counselor, and consultant). Similarities in supervisor self-efficacy among three training groups in overall supervisory style (which is made up of three specific supervisory roles) may be due to previous exposure to the role of counselor and to the role of teacher. Given that interns have completed a significant amount of counseling experience prior to internship, similar levels of supervisor self-efficacy in the counselor role among the three training groups may be due to a common experience among all interns despite completion or type of supervision training in the doctoral program. Likewise, many participants may have engaged in the role of teacher in their doctoral training. Although this was not assessed in this study, it is common for graduate students to serve as teaching assistants and/or graduate assistants while in their doctoral training. Similarities in supervisor self-efficacy for the consultant role may be comparable to that of counselor and teacher, in that intern supervisors may have had ample experience in providing consultation

during their doctoral training (e.g. in group supervision settings, peer supervision). However, previous research has indicated that the consultant role has been found to have less clarity than the teacher or counselor role (Ellis & Dell, 1986; Glidden & Tracey, 1992; Goodyear et al., 1984; Stenack & Dye, 1982). Thus, similar levels of supervisor self-efficacy in the consulting role may be attributed to difficulty understanding this unique role.

### Summary and Integration of Supplemental Analyses

Given the paucity of research on supervisor self-efficacy, supplemental analyses were conducted in order to determine if significant differences in supervisor self-efficacy were present based on the following variables: gender, ethnicity, doctoral program, supervision experience, supervised supervision experience, and completion of a supervision course for those interns with supervision experience, as well as for those without supervision experience.

#### Gender

Regarding gender, analyses revealed that there were no differences between male and female interns in overall supervisor self-efficacy, or in self-efficacy for any of the subscales. Thus, means for men and women interning at university counseling centers appeared to be similar on all SSQ scales.

While no previous research has been completed in terms of supervisor self-efficacy as it relates to gender, one study completed by Allen, Szollos, and Williams (1986) found that female and male supervisors were perceived by their advanced graduate supervisees as equal in terms of their competency; a later study also supported this notion (Schiavone & Jessell, 1988). Thus, the results of the present study appear to be consistent with the literature on perceived competence. Although the notion of perceived competence is different than self-efficacy, there may be some overlap between the two concepts. Self-efficacy and perceived competence are

similar in that they both reflect a self-view of abilities in the role of supervisor; self-efficacy focuses on the near future, which differs from perceived competence because it focuses on the recent past. Counseling self-efficacy literature reported similar findings in terms of gender: no differences in counseling self-efficacy of students and counselors based on gender were discovered (Daniels, 1997; Larson et al, 1992; Potenza, 1990).

### Ethnicity

Results in examining differences in supervisor self-efficacy of interns from various ethnic backgrounds were similar to the results on gender. When categorized by ethnic background, differences in supervisor self-efficacy (for overall score and each subscale score on SSQ) among interns with various supervision training were not present in this study. Thus, means on the SSQ for all ethnic groups appear to fall within a similar range.

A review of the literature revealed that limited research has been conducted on ethnicity/race and supervision (Bernard & Goodyear, 1998); most of the research examines racial or ethnic differences between supervisor and supervisee. Bernard and Goodyear (1998) reported that while racial diversity is an important factor within supervision, other attributes of supervisors are equally or more important. While this information is not directly related to the influence of ethnic differences on supervisor self-efficacy, results of the current study appears to support Bernard and Goodyear's (1998) view in that no differences in supervisor self-efficacy among various ethnic/racial groups were found.

The results of this study are also consistent with a study on counseling self-efficacy that found no differences in counselor self-efficacy between Asian-American trainees and Caucasian trainees (Larson et al., 1992).

### Doctoral Program

Interns were then categorized into groups based on type of doctoral program. Program types included the following: 1) clinical psychology, Ph.D. 2) counseling psychology, Ph.D. 3) clinical psychology, Psy.D. Although two additional groups were identified in this study (counseling psychology, Psy.D. and “other” which included a combined school, clinical, and counseling Ph.D.), they were not included because of a small sample size (n=2 and n=3 respectively).

Subsequently, ANOVAs were completed on each of the nine SSQ scales, which resulted in significant differences in supervisor self-efficacy among interns with different doctoral training on the following: Total SSQ score, Focus Subscale score, Intervention Subscale score, Conceptualization Subscale score, Personalization Subscale score and Teacher Subscale score. In addition, analysis of the Style Subscale showed a trend toward significance with counseling psychology Ph.D. interns reporting a higher level of supervisor self-efficacy on this scale when compared to clinical psychology Ph.D. interns.

Specifically, overall supervisor self-efficacy was greater for those interns enrolled in a counseling psychology Ph.D. program when compared to the interns enrolled in a clinical psychology Ph.D. program. Similarly, counseling psychology Ph.D. interns reported a higher level of supervisor self-efficacy in addressing overall focus areas when compared to clinical psychology Ph.D. interns. Interns from counseling psychology, Ph.D. programs again reported greater supervisor self-efficacy in addressing process aspects of counseling with their supervisee when compared to interns from clinical psychology Ph.D. programs. Also, interns from counseling psychology Ph.D. programs had greater self-efficacy than clinical psychology Ph.D. interns in exploring conceptualization aspects of therapy with their supervisee. Likewise,

interns from counseling psychology Ph.D. programs reported that they felt more efficacious as a supervisor in their ability to appropriately address personalization aspects of therapy when compared to interns from clinical psychology Ph.D. programs. Similar results were revealed in terms of supervisor self-efficacy in the role of teacher; that is, significant differences among all doctoral program groups were present. Post-hoc analyses indicated that counseling psychology Ph.D. interns reported a significantly higher supervisor self-efficacy in the role of teacher when compared to clinical psychology Ph.D. interns. While not significant, counseling psychology Ph.D. interns also showed a trend toward greater levels of supervisor self-efficacy in overall supervisor style when compared to clinical psychology Ph.D. interns.

The significant findings between Clinical Psychology Ph.D. and Counseling Psychology Ph.D. programs in the current study appears to be consistent with a recent article on supervision training. Scott, Ingram, Vitanza, and Smith (2000) revealed that training directors in counseling psychology Ph.D. programs perceived training in supervision as more important than training directors in clinical psychology Ph.D. programs. Furthermore, counseling psychology Ph.D. programs placed more importance on didactic teaching of supervision when compared to clinical psychology Ph.D. programs. The former group also emphasized supervision training via practicum than the latter group. In terms of evaluating supervisory skills, counseling psychology Ph.D. training directors indicated that they were much more likely to evaluate their students' competence in supervision (either formally or informally) than clinical psychology Ph.D. programs. Finally, training directors from counseling psychology Ph.D. programs were also much more likely to report that training in supervision ought to start before students go on internship (Scott et al., 2000).

It is important to note that another explanation of differences in supervisor self-efficacy between counseling psychology Ph.D. and clinical psychology Ph.D. interns may be related to supervision training. Specifically, it is possible that counseling psychology Ph.D. students have been taught the discrimination model, while clinical psychology Ph.D. students have not been exposed to this model. In other words, the SSQ also represents a measure of supervisor self-efficacy in the various styles and foci identified in Bernard's discrimination model (1997). This may account for differences between pre-doctoral interns from different training programs.

Thus, program type appears to influence interns' supervisor self-efficacy within a university counseling center setting. Counseling psychology Ph.D. interns revealed greater self-efficacy as a supervisor when compared to clinical psychology Ph.D. interns. This is also consistent with the aforementioned supervision training study (Scott et al., 2000), which reported that university counseling centers placed significantly more importance on training in supervision when compared to medical schools, community mental health centers, and VA mental centers. One could conclude that entering an internship where supervision training is emphasized without the benefit of prior exposure to supervision theory and practice could impact an intern's self-efficacy as a supervisor. This may be particularly true of other members in their intern cohort group who have benefited from previous supervision coursework in their doctoral training.

### Supervision Experience

The next set of supplemental analyses divided up the total sample into two groups: those who had supervision experience apart from their doctoral training and those who did not have additional experience in supervising other therapists' clinical work. Interns with

supervision experience reported significantly higher supervisor self-efficacy than interns without supervision experience on the following subscales: overall self-efficacy, overall focus, intervention, conceptualization, and teacher. However, this data set revealed a lack of homogeneity of variance for all significant findings except for the Teacher Subscale. Due to the limitations in homogeneity of variance, one cannot conclude that true differences in supervision self-efficacy exist between interns with supervision experience and those without supervision experience. Interns experienced in providing supervision revealed greater supervisor self-efficacy in the teacher role when compared to interns without experience in providing supervision.

In a similar comparison, interns were divided into groups based on their years of experience in providing supervision unrelated to their doctoral training in supervision. The categories, which were based on the demographic portion of the SSQ, were as follows: no supervision experience, 0-1 year, 1-2 years, and 3-4 years. While some participants also reported 4-5 years, 6 years, or 7 years of supervision experience, these categories were removed from analyses due to small sample in each category (only a single participant per category). Analyses revealed no differences in overall supervisor self-efficacy among intern groups with varying amounts of supervision experience. Interns with less than one year of supervision experience showed a trend toward greater supervisor self-efficacy in focus areas when compared to interns with no supervision experience. Similarly, interns who had less than one year of supervision experience had greater supervisor self-efficacy in addressing intervention issues in comparison to interns with no supervision experience. However, homogeneity of variance problems were detected in analyzing the Intervention Subscale, and, therefore, differences in supervisor self-efficacy may not be influenced by supervision

experience but rather variation in errors for this sample. While significant differences in supervisor self-efficacy in conceptualization skills among all groups were found, the data set approached heterogeneity of variance and post-hoc analysis did not indicate significant differences between any of the groups with varying years of supervision experience.

Thus, the results of supplemental analyses examining differences in supervisor self-efficacy based on supervision experience (measured by both presence/absence of supervision experience and years of supervision experience) remain unclear at this time. Perhaps a lack of homogeneity of variance indicates that supervisor self-efficacy within this sample is widely divergent. Thus, a more careful examination of supervision experience would be helpful in understanding potential differences in self-efficacy. For example, factors for individual supervisors such as number of trainees, hours of supervision, type of supervision (individual vs. group), and years of counseling experience may influence supervisor self-efficacy.

While the present study included some of these variables, analyses of these factors were beyond the scope of the current study. However, an examination of this sample's descriptive statistics indicates wide discrepancies within descriptive variables. For example, the number of course credits completed by the participants in this sample ranged from 0 to 6 credits and actual hours spent in class and/or practicum ranges from 0 to 81. Furthermore, these course credits and actual hours spanned anywhere from 0 to four semesters or quarters, and supervisor trainees supervised from 0 to 7 supervisees in either an individual setting, group setting, or both individual and group supervision setting. It is quite probable that these factors have a strong influence on levels of supervisor self-efficacy, and variation in such factors may have also contributed to difficulty in attaining homogeneity of variance within this sample. Future research on several variables that may account for differences in supervision experience, which

in turn may influence supervision self-efficacy, would clarify our understanding of the results of the present study.

### Supervised Supervision Experience

Supervised supervision experience, or experience in providing supervision to a less experienced therapist which was monitored by a more experienced therapist, was then examined. For this sample, interns with supervised supervision experience (apart from doctoral supervision practicum) reported higher levels of supervisor self-efficacy in the consulting role when compared to interns with unsupervised supervision experience. Similarly, the former group showed a trend toward greater supervisor self-efficacy in overall supervisor style when compared to the later group. No differences were found between the two groups in terms of their supervisor self-efficacy on the following SSQ scales: Overall Focus, Intervention, Conceptualization, Personalization, Teacher or Counselor.

When examining the subset of interns with supervision experience only, those with supervised supervision experienced revealed greater supervisor self-efficacy in the consultant role when compared to those interns who had unsupervised supervision experience. In order to clearly understand the different roles of supervisors in this subset, a more experienced supervisor who is supervising the work of a less experienced supervisor will be identified as the “primary supervisor” and the less experienced supervisor will be identified as the “secondary supervisor”. Differences in supervisor self-efficacy in the consultant role may be due to the possibility that supervised supervision within an employment setting (rather than a training setting), only allows a primary supervisor to serve as a consultant to a secondary supervisor. In other words, realistic constraints on time and energy of a primary supervisor in an employment setting may only permit him/her to serve as a consultant to the secondary supervisor rather than

as a teacher or counselor; these constraints may also limit a primary supervisor's ability to address focus aspects of supervision, such as intervention, conceptualization, and personalization.

Assuming for a moment that this assumption is true, interns' self-efficacy may have been influenced by the modeling (e.g. vicarious learning) aspect of supervision. If the role of consultant was modeled most often for interns in their previous supervision experience, then it would follow that interns with supervised supervision experience would report greater self-efficacy in the consultant role than interns with no supervised supervision experience. Based on this assumption, it would also follow that interns would have similar levels of supervisor self-efficacy in all other supervision areas if the varying roles and foci were not modeled by their primary supervisor.

#### Supervision Experience Only

Subsequently, only those interns with previous supervision experience were examined as a subset. Analyses were conducted to determine whether interns with supervision experience who also completed a supervision course of any type (either didactic or didactic-practicum) had greater levels of supervisor self-efficacy when compared to interns within this subset who did not complete a supervision course. No differences in self-efficacy were found for overall supervision skills, supervision foci, or supervision style. While not significantly different, it is important to note that those interns with experience in providing supervision and with a course in supervision showed a trend toward greater supervisor self-efficacy in facilitating a supervisee's conceptualization skills when compared to interns with supervision experience who had not completed a supervision course.

This same subset, interns with previous supervision experience, was also analyzed to determine if differences in supervisor self-efficacy were present among interns with different supervision training (e.g. no training, didactic only training, and didactic-practicum training). No differences were found in any area of supervisor self-efficacy among interns with supervision experience who had completed various types of supervision training in their doctoral program.

It is possible that variations in supervision experience may have prevented significant differences in supervisor self-efficacy among interns within this subset. As mentioned previously, variables in supervision experience including number of trainees, hours of supervision, type of supervision (individual vs. group), and years of counseling experience may influence supervisor self-efficacy. Another explanation may be that supervision training does not influence supervision self-efficacy for interns with supervision experience. In addition, research on counseling self-efficacy suggests that self-efficacy of counselors may reach a plateau in which additional experience is no longer associated with a significant increase in counselor self-efficacy (Larson & Daniels, 1998). It has also been hypothesized that a plateau may be reached at a certain point where additional training, and additional experience may not be associated with increases in counselor self-efficacy (O'Brien et al., 1997). The results of this subset of analyses may reflect these findings: at a certain point, additional experience and additional training as a supervisor is not associated with increased levels of supervisor self-efficacy.

#### No Supervision Experience

In contrast, interns with no previous supervision experience were examined as another subset. Results indicated that interns in this subset who had completed any type of supervision

course in their doctoral program (didactic or didactic-practicum) reported greater amounts of overall supervisor self-efficacy when compared to interns who did not complete a supervision course. Furthermore, interns with supervision training reported greater supervisor self-efficacy in addressing overall foci and intervention issues when supervising another counselor. While not significant, interns with supervision training disclosed a trend toward greater supervisor self-efficacy when compared to those interns without supervision training on the following subscales: conceptualization, personalization, overall supervisor style, teacher role and counselor role.

An additional set of analyses on interns without supervision experience outside of their doctoral training then examined the following: possible differences in supervisor self-efficacy among interns without a supervision course, interns with a didactic supervision course, and interns with a didactic-practicum supervision course. Results indicated that within this subset, interns who completed a didactic-practicum supervision course reported greater overall supervisor self-efficacy than interns who had not completed a supervision course. Similarly, within this subset interns who completed a didactic-practicum supervision course revealed greater supervisor self-efficacy in the role of teacher when compared to the intern group who completed a didactic only supervision course and to the intern group with no supervision training. Within this subset, significant differences in supervisor self-efficacy on overall supervisor style were found among groups with different types of supervision training (no course, didactic course, or didactic-practicum). However, post-hoc analyses revealed only a trend toward greater self-efficacy for those interns who completed a didactic-practicum course when compared to interns who had no supervision coursework in their doctoral training. A trend toward significantly higher self-efficacy among interns with no previous supervision

experience who completed a didactic-practicum supervision course when compared to interns with no supervision experience or training was also detected for overall supervisor self-efficacy, as well as supervisor self-efficacy in overall focus, in conceptualization, and in the role of counselor. However, problems with homogeneity of variance were again encountered in data on the counseling role, and a trend toward significant differences cannot be attributed to the influence of supervision training with any certainty.

This set of analyses appears to support the notion that for intern-supervisors at university counseling centers who have no previous supervision experience, completion of any type of training in supervision is associated with significantly higher overall supervisor self-efficacy. This is consistent with the majority of counseling self-efficacy literature, which has revealed that counseling self-efficacy is significantly higher for advanced students than for novice students (Friedlander & Snyder, 1983; Margolies et al., 1986; Melchert et al., 1996; O'Brien et al., 1997). Furthermore, the results in this section suggest that supervision training has a positive influence, or may have an influence (when trends are present), on almost all areas of supervisor self-efficacy identified on the SSQ. It is reasonable, then, to assume that increases in self-efficacy in the supervisory role will lead a supervisor to approach the various roles and examining various focal area, expend a great deal of effort in performing the role or examining the focal area, and persevere in roles and foci despite any barriers or difficulties that may be encountered along the way. It is also important to note here that these results provide support for the notion that supervision experience may serve as a confounding variable in the first research question. Significant differences in supervisor self-efficacy were found within this intern subset, which had no experience in supervision. If supervision experience was accounted for in the first research question and analysis, it is possible that significant

differences could be present among the three intern groups. While further research is needed in this area, there does seem to be support for the notion that supervision training has a positive influence on supervisor self-efficacy for novice supervisors interning at university counseling centers.

### Implication of Findings

#### Self-Efficacy Construct

Because of problems with homogeneity of variance, it is not possible to determine whether performance (e.g. experience in supervision) is associated with higher levels of supervisor self-efficacy for interns at university counseling centers. A better understanding of the factors related to supervision experience (e.g. amount of experience, number of trainees, type of experience, setting) is needed in order to determine potential differences in supervisor self-efficacy. However, the current study does provide some support for the notion that supervision training may have a positive influence on supervisor self-efficacy for interns at university counseling centers who are new to the supervisory role. While more research is needed, this initial finding appears to be consistent with most of the literature on counseling self-efficacy, which indicates a positive association between counselor training and counselor self-efficacy (Larson et al., 1992; Munson et al., 1986; Watson, 1992).

#### Discrimination Model of Supervision

Among all the analyses completed in this study, at least one significant difference in supervisor self-efficacy was found for each focus area of supervision and each supervisory role, with the exception of differences in self-efficacy in the role of counselor. This appears to provide support that each area of the discrimination model (Bernard, 1997) is unique within the supervision process. That is, examination of several variables (doctoral program, supervision experience, supervised supervision experience, and supervision training) revealed significantly

different levels of supervisor self-efficacy in each of component of the discrimination model (except for counseling). It is assumed that differences in the role of counselor were not present for any of analyses because high levels of counseling self-efficacy would be found among all students as they enter internship.

### Research Implications

“ . . . little is known about the current state of training in the practice of supervision (p. 404)” (Scott et al., 2000). While the study by Scott and her colleagues (2000) was helpful in clarifying some aspects of supervision training, a complete understanding of supervision training has not yet been achieved. For example, evaluation of the supervisory skills of students is limited in doctoral programs (Scott et al., 2000). Thus, it would be important to evaluate how effective supervision training is in improving supervisor performance.

In addition, types of supervision course (e.g. didactic only, practicum only, or didactic-practicum) offered within counseling psychology programs and within clinical psychology programs have not been identified clearly. Furthermore, whether a supervision course is required or recommended for each type of program has yet to be determined. It is possible that such factors have an influence on supervisor self-efficacy; however, restricted knowledge about doctoral training practices in supervision is a significant limitation in examining the influence of supervision training on supervisor self-efficacy.

Furthermore, a more detailed examination of factors within supervision experience (amount, type, number of supervisees, etc.) and counseling experience among interns is needed. If supervision training and supervision experience does influence supervisor self-efficacy, then it appears to be a complex process for which an in-depth study of training and experience is needed in order to clarify the profession’s understanding of this association.

Finally, an assessment of the Supervisor Self-Efficacy Questionnaire is needed to determine reliability and validity of the instrument. While an initial evaluation of reliability of the SSQ based on pilot data provided adequate results, additional research would serve to confirm the results of the pilot study. Evaluating the validity of the SSQ is also needed to

determine whether it is truly measuring supervisor self-efficacy. Also, evaluating the SSQ to determine if it measures the supervisor self-efficacy on the Bernard (1997) model, or if it measures actual supervisor roles and foci that are widespread across supervisors with exposure to different supervision models. This would serve to clarify whether the differences in supervisor self-efficacy between counseling psychology Ph.D. and clinical psychology Ph.D. interns was due to historical identity of the supervisory role being tied to counseling psychology, or whether counseling psychology Ph.D. students are being exposed to Bernard's discrimination model more so than clinical psychology students.

#### Applied Implications

This study confirms what Scott and her colleagues (2000) discovered: variations across doctoral programs in training of supervisors are present at this time. This is true despite APA's call for professional, competent supervisors among those who provide psychological services (APA, 1987) and for training programs to provide students with at least one course in supervision.

The primary implication of this study is that doctoral training programs would benefit from requiring their students to complete a supervision course, particularly for those students without prior experience as a supervisor. This study suggests that requiring a supervision course has a positive influence on supervisor self-efficacy for new intern-supervisors.

Another implication is that there is some evidence in this study indicating that the construct of supervisor self-efficacy deserves additional attention in the field. This study did not provide a concise, clear understanding of the association between supervision training and supervisor self-efficacy. However, supplemental analyses suggested that supervisor self-efficacy might be influenced by type of doctoral program for all interns, and supervision training for interns without supervision experience.

### Limitations

While the purpose of this research project was to take an additional step toward understanding the association between supervisor self-efficacy and supervision training, it is not without limitations. One limitation is the self-selection of the participants: only those interns who volunteered to complete the questionnaire were used in this study. This could have created a selection bias, in that those interns volunteering to participate in the study had certain characteristics that potentially may have impacted the results of the data analysis (e.g. only interns with high supervisor self-efficacy may have chosen to participate in the study). Obviously, a selection bias would negatively impact the generalizability of the results of the current study to all interns at university counseling centers.

Another limitation of this study may be differences in the SSQ means between the pilot sample and the intern sample. While no significant differences in SSQ scales were found between the two samples, some scales did show a trend toward significant differences including Focus, Personalization, and Teacher. Such differences could indicate variations in the reliability and validity of the SSQ between the two groups (pilot group and intern group).

As mentioned throughout this document, limitations in the statistical analyses are present for some of the research questions for the current study. For example, several ANOVAs indicated problems with homogeneity of variance were present in the data sets. Transformation of data was unsuccessful in an attempt to overcome this limitation. Also, the large number of ANOVAs completed may have compromised the significance level. In an attempt to account for this limitation, data were analyzed by using MANOVAs with the overall score on the SSQ and scores on its' subscales as the dependent variables.

An additional limitation is the instrument utilized in this research project; although steps were taken to develop and employ a reliable measure of supervisor self-efficacy, it is still experimental in nature. A thorough evaluation of the reliability and validity of this instrument is needed in order to determine if the SSQ consistently captures the construct of supervisor self-efficacy. While this study provided some information regarding different levels of supervisor self-efficacy that corresponds with different types of supervision training, it did not address the actual performance of a supervisor.

#### Future Directions

Given the limitations of the current study and limited research on supervisor self-efficacy, subsequent research on this topic may include an assessment of the validity of the Supervisor Self-Efficacy Questionnaire. Also, an examination of the correlation between supervision training and supervision performance may be useful in having a basis in which to understand how supervisor self-efficacy mediates this possible relationship. Further research may focus on a relationship between supervisor self-efficacy and counselor self-efficacy. Also, assessment of a relationship between supervision experience and supervisor self-efficacy would be helpful in broadening our understanding of this construct.

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## APPENDIX A

## The Supervisory Focus &amp; Style Questionnaire

Reprinted from original publication with permission of the authors: Yager, G. G., Wilson, F. R., Brewer, D., & Kinnetz, P. (March, 1989). The development and validation of an instrument to measure counseling supervisor focus and style. Presented at the Annual Meeting of the American Educational Research Association, San Francisco, CA.

## SUPERVISION QUESTIONNAIRE

Part I - Attributes of the Supervisor

DIRECTIONS: Please read each of the items in this questionnaire carefully. Taking into account the specific characteristics (e.g., background and training) of the counselor described in the short vignette you have just read, indicate your level of agreement with each statement below. Use the following scale to respond to each item:

- 1 -- Strongly Agree (SA)
- 2 -- Agree (A)
- 3 -- Disagree (D)
- 4 -- Strongly Disagree (SD)

- |    |   |         |
|----|---|---------|
| 1. | I would be friendly with the supervisee.<br>[[AFFECTION]]   | 1 2 3 4 |
| 2. | I would like my supervisee to maintain a professional distance during supervision.<br>[[AFFECTION]]                   | 1 2 3 4 |
| 3. | I would like the supervisee to invite me to join in informal discussions. [[INCLUSION]]                               | 1 2 3 4 |
| 4. | I would decide what topics to discuss during supervision. [[CONTROL]]   | 1 2 3 4 |
| 5. | I would like my supervisee to feel comfortable to confide in me regarding personal concerns and issues. [[AFFECTION]] | 1 2 3 4 |

6. I would like to be asked to help with the supervisee's educational development. [[INCLUSIONS]] 1 2 3 4
7. I would make strong attempts to influence the supervisee's case conceptualization and the choice of counseling strategies. [[CONTROL]] 1 2 3 4
8. I would disclose issues of a deeply personal nature with my supervisee. [[AFFECTION]] 1 2 3 4
9. I would allow the supervisee to evaluate the effectiveness of the on-going counseling session. [[CONTROL]] 1 2 3 4
10. I would try to be included in the supervisee's other educational experiences. [[INCLUSION]] 1 2 3 4
11. I would let the supervisee take the lead in supervision sessions. [[CONTROL]] 1 2 3 4
12. My relationship with the supervisee would be strictly professional. [[AFFECTION]] 1 2 3 4
13. I would invite the supervisee to participate in some of my own professional activities. [[INCLUSION]] 1 2 3 4
14. I would let the supervisee influence strongly my view of the conceptualization of the counseling case and the selection of counseling strategies to be used. [[CONTROL]] 1 2 3 4
15. I would take charge of evaluating the success of the supervisee's on-going counseling. [[CONTROL]] 1 2 3 4
16. I would like the supervisee to invite me to join in his/her professional activities. [[INCLUSION]] 1 2 3 4
17. I would initiate informal contacts with the supervisee. [[INCLUSION]] 1 2 3 4

18. I would like my supervisee to act in a friendly manner toward me. [[AFFECTION]] 1 2 3 4

Part II-Focus of the Supervision

DIRECTIONS: In this section of the questionnaire, please indicate (using the same four-point rating scale) the level of your agreement with each of the following statements. These statements concern issues that you might or might not be likely to address during a supervision session with the individual described in the written vignette you have just read.

**I WOULD EMPHASIZE DURING MY SUPERVISORY SESSIONS WITH THIS SUPERVISEE:**

19. The supervisee's communication of sincerity, genuineness, respect, and positive regard for the client. [[PROCESS]] 1 2 3 4
20. The supervisee's ability to conceptualize a client accurately within a theoretical frame of reference. [[CONCEPTUALIZATION]] 1 2 3 4
21. The supervisee's ability to prioritize client problems. [[CONCEPTUALIZATION]] 1 2 3 4
22. The supervisee's recognition and admission of possible "power struggles" with the client. [[PROCESS]] 1 2 3 4
23. The supervisee's awareness of personal needs for approval from the client. [[PERSONALIZATION]] 1 2 3 4
23. The identification of general themes within the client's on-going presentations. [[CONCEPTUALIZATION]] 1 2 3 4
24. The use of open-ended questions to allow the maximum freedom of expression for the client. [[PROCESS]] 1 2 3 4
25. The identification and management of personal feelings that are generated in counseling. [[PERSONALIZATION]] 1 2 3 4

26. An understanding of techniques compatible and consistent with the supervisee's stated theoretical model. [[CONCEPTUALIZATION]] 1 2 3 4
27. Awareness of how attraction to the client can affect the counseling process [[PERSONALIZATION]] 1 2 3 4
28. Appropriate methods to confront a client. [[PROCESS]] 1 2 3 4
30. The willingness and ability to risk oneself in the process of counseling a client. [[PERSONALIZATION]] 1 2 3 4
31. Interpretation of client behaviors within a coherent theoretical framework. [[CONCEPTUALIZATION]] 1 2 3 4
32. The ability to tolerate ambiguity in the counseling sessions. [[PERSONALIZATION]] 1 2 3 4
33. The supervisee's response to client nonverbal behavior. [[PROCESS]] 1 2 3 4
34. Appropriate reflection of feeling within a client session. [[PROCESS]] 1 2 3 4
35. Preparation for client termination. [[PROCESS]] 1 2 3 4
36. The supervisee's commitment to personal growth and self-knowledge. [[PERSONALIZATION]] 1 2 3 4
37. The ability of the supervisee to predict the effects on a client of the techniques applied to counseling. [[CONCEPTUALIZATION]] 1 2 3 4
38. The awareness of the client's potential for successful counseling progress. [[CONCEPTUALIZATION]] 1 2 3 4
39. The ability to keep supervisee personal problems out of the counseling session. [[PERSONALIZATION]] 1 2 3 4

Part III-Supervisor Direction

DIRECTIONS: In this section, please indicate, again using the same four-point scale, the extent of your agreement with each of the following statements relating to your potential actions toward or direction of the supervisee described in the vignette you have read.

- |     |  |         |
|-----|--|---------|
| 40. | I would refer the supervisee to appropriate readings from counseling/psychotherapy texts. [[TEACHING]]                             | 1 2 3 4 |
| 41. | I would want to establish mutually-determined goals for the content of each supervisory session. [[CONSULTATION]]                  | 1 2 3 4 |
| 42. | I would devote considerable attention to the supervisee's feeling about this client case. [[COUNSELING]]                           | 1 2 3 4 |
| 43. | I would answer the supervisee's questions about the client sessions as directly and as clearly as possible. [[CONSULTATION]]       | 1 2 3 4 |
| 44. | I would give supervisee examples of possible ways to handle client concerns. [[TEACHING]]  | 1 2 3 4 |
| 45. | I would focus on the counselor's interpersonal dynamics as illustrated in the relationship with this client. [[COUNSELING]]        | 1 2 3 4 |
| 46. | I would remain flexible during this supervision to give advice and direct feedback or to explore personal issues. [[CONSULTATION]] | 1 2 3 4 |
| 47. | I would suggest we role-play the counseling interaction that the supervisee has described. [[TEACHING]]                            | 1 2 3 4 |
| 48. | I would use empathy as an important supervisory tool. [[COUNSELING]]   | 1 2 3 4 |

49. I would brainstorm with this supervisee concerning possible conceptualizations of the client's concern. [[CONSULTATION]] 1 2 3 4
50. I would encourage the supervisee to ask questions about whatever information I conveyed during the supervision session. [[TEACHING]] 1 2 3 4
51. I would direct attention to the supervisee's relationship with me and would try to draw parallels between our relationship and the client/counselor relationship. [[COUNSELING]] 1 2 3 4
52. I would encourage the supervisee to speak about his/her past history and learning experiences. [[COUNSELING]] 1 2 3 4
53. I would treat supervision relatively informally, much like a discussion between two colleagues. [[CONSULTATION]] 1 2 3 4
54. I would give examples from both readings and from my own experience to illustrate the points I wish the supervisee to remember. [[TEACHING]] 1 2 3 4
55. I would listen to the audiotape of the counseling session and, on occasion, I would offer my reactions and feedback. [[TEACHING]] 1 2 3 4
56. I would be certain to mention at least several reactions/ideas/suggestions regarding what might be done in the next counseling session. [[TEACHING]] 1 2 3 4
57. I would behave in much the same manner with this supervisee as I behave with most of my clients. [[COUNSELING]] 1 2 3 4
58. I would use self-disclosure of my own client cases and my own emotional reactions with clients. [[CONSULTATION]] 1 2 3 4

59. I would attempt to aid this counselor to feel more adequate during subsequent counseling contacts. [[COUNSELING]] 1 2 3 4
60. I would allow the supervisee to reject or accept my feedback; the supervisee would be allowed to choose how/if my ideas might be implemented with the client. [[CONSULTATION]] 1 2 3 4

## Appendix B

**Supervision Self-Efficacy Questionnaire**

**DIRECTIONS:** Please read each of the statements in this questionnaire carefully. Your task is to indicate your confidence in your ability to complete each of the supervisory activities described. Thus, your task in answering the questionnaire is not to indicate what you would like to have happen, it is to estimate your confidence in your actual ability at this time to effectively execute these supervisory behaviors. Please circle the number that best represents your level of confidence for each item. The scores range from **“0,” which represents “Not at all Confident that I will be able to implement this supervisory activity”** to a **“9,” which represents “Completely confident that I will be able to implement this supervisory activity.”** There are no right or wrong answers on this questionnaire.

Part I - Estimate of Focus in Supervision**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE TO HELP MY SUPERVISEE:**

1. To develop her/his communication of sincerity, genuineness, respect, and positive regard for the client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

2. To conceptualize a client accurately within a theoretical frame of reference.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

3. To develop his/her ability to prioritize client problems.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

4. To recognize and deal with possible “power struggles” with a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE TO HELP MY SUPERVISEE:**

5. To become aware of personal needs for approval from the client.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

6. To identify general themes within the client's on-going presentation.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

7. To use open-ended questions to allow the maximum freedom of expression for the client.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

8. To identify and manage personal feelings that are generated in counseling.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

9. To understand the techniques compatible and consistent with his/her stated theoretical model.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

10. To be aware of how attraction to the client can affect the counseling process.

0	1	2	3	4	5	6	7	8	9
Not at all Confident								Completely Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE TO HELP MY SUPERVISEE:**

11. To implement appropriate methods to confront a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

12. To be willing and able to risk herself/himself in the process of counseling a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

13. To interpret client behaviors within a coherent theoretical framework.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

14. To tolerate ambiguity in the counseling session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

15. To respond to client nonverbal behavior.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

16. To reflect feelings within a client session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

17. To prepare for client termination.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE TO HELP MY SUPERVISEE:**

18. To commit to personal growth and self-knowledge.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

19. To develop his/her abilities to predict the effects of counseling techniques on a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

20. To be aware of her/his client's potential for successful counseling progress.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

21. To keep his/her personal problems out of the counseling session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

Part II - Estimate of Supervisor Direction

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE:**

22. To refer my supervisee to appropriate readings from counseling/psychotherapy texts.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

23. To establish mutually-determined goals for the content of each supervisory session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE:**

24. To devote attention to my supervisee's feelings about a client case.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

25. To answer my supervisee's questions about the client sessions as directly and as clearly as possible.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

26. To give my supervisee examples of possible ways to handle client concerns.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

27. To focus on my supervisee's interpersonal dynamics in his/her relationship with a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

28. To remain flexible in giving advice and direct feedback or to explore personal issues.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

29. To initiate and facilitate a role play of a counseling interaction that my supervisee has described.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE:**

30. To use empathy as an important supervisory tool.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

31. To brainstorm with my supervisee concerning possible conceptualizations of her/his client's concern.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

32. To encourage my supervisee to ask questions about whatever information I conveyed during our supervision session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

33. To direct attention to my supervisee's relationship with me in order to draw parallels between our relationship and the client/counselor relationship.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

34. To encourage my supervisee to speak about his/her past history and learning experiences.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

35. To treat supervision relatively informally, much like a discussion between two colleagues.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

**DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE, I WILL BE ABLE:**

36. To give examples from both readings and from my own experience to illustrate the points I wish my supervisee to remember.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

37. To listen to the audiotape of a counseling session and offer my reactions and feedback.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

38. To mention at least several reactions/ideas/suggestions regarding what might be done in the next counseling session.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

39. To behave in much the same manner with my supervisee as I behave with most of my clients.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

40. To use self-disclosure of my own client cases and my own emotional reactions with clients.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

41. To aid my supervisee in feeling more adequate during subsequent counseling contacts.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	



## Appendix C

### Letter to Training Directors at APA-Accredited University Counseling Center Internship Sites

Dear Training Director,

My name is Sarah Haley, and I am writing to request your assistance with a research study for my doctoral dissertation. I am a student in the counseling psychology program at West Virginia University, and my dissertation examines the initial self-efficacy of interns (at university counseling centers) in their role as a clinical supervisor.

In order to complete my research study, I am requesting your assistance with the following:

***Please distribute the enclosed envelopes to each of your interns.*** The envelopes contain a letter explaining the study and requesting their voluntary participation (which is anonymous and confidential), as well as a ***small monetary sum*** (\$1) for their consideration to participate in this study. I estimate the survey completion time to be 10 to 15 minutes at the very most. ***It is imperative that the interns complete this survey within the first 2 weeks of internship AND prior to receiving any supervision training at your site.***

I realize that the first two weeks of internship are very hectic, but I am confident that this study will contribute to our understanding of supervisor self-efficacy. If you would like a summary of the results of this study, please contact me via email at [Sjanehaley@aol.com](mailto:Sjanehaley@aol.com) or call me at (304) 598-3299 and I will ensure that you receive a summary of the results.

In advance, I truly appreciate the time and effort expended in distributing these surveys to your interns! Your assistance is valued greatly! I wish you a wonderful academic year! Thank you very, very much!

Sincerely,

Sarah J. Haley, Ed.S.  
Doctoral Candidate  
West Virginia University

Lynda Birkhead-Danley, Ph.D.  
Assistant Director/Training Director  
Carruth Center for Counseling and  
Psychological Services  
West Virginia University

Michael Yura, Ph.D.  
Chairperson  
Dept. of Counseling,  
Rehabilitation Counseling,  
and Counseling Psych.  
West Virginia University

## Appendix D

## Letter to Interns at APA-Accredited University Counseling Centers

Dear Fellow Intern,

My name is Sarah Haley, and I am writing to request your participation in a research study for my doctoral dissertation. I am a student in the counseling psychology program at West Virginia University, and my dissertation examines the initial self-efficacy of interns (at university counseling center sites) in their role as a clinical supervisor.

This survey is completely anonymous and confidentiality will be maintained; at no time will you be asked to provide your name, internship site, or doctoral program. Your participation in this study is completely voluntary, and neither your academic standing nor your internship status will be affected by your refusal to participate in this study. As with any research, your participation in this study carries a potential risk of minor psychological discomfort that may be experienced as you consider your self-efficacy regarding various aspects of your supervisory role. I believe this risk is very MINIMAL, and the possible gains (expanding our understanding of supervisor self-efficacy) far outweigh the minimal risk that may result from your voluntary participation in this study.

Should you decide to participate in this study, completing and returning the enclosed survey will constitute your informed consent to participate in this study. At any time, you have the right to withdraw your consent by not completing and returning the survey. The approximate time to complete the survey is **10-15 minutes**. *If you choose to participate, it is imperative that you complete and return the survey within the first two weeks of internship AND prior to receiving any supervision training at your internship site.* I have enclosed \$1 with your survey as a small token of appreciation for your consideration to participate in this study. **Please keep the \$1 regardless of whether or not you opt to participate in this study!** A return envelope (pre-addressed and stamped) has also been provided for your convenience.

If you have any questions or comments about this study, please contact me via email at Sjahaley@aol.com or call me at (409) 845-4427. If you would like a summary of the results of this study, you may contact me and I will ensure that you receive a summary.

I truly, truly appreciate you taking a few minutes out of your hectic schedule to help me with this project! Your participation is valued greatly, and I sincerely believe it will contribute to your “research karma”! Thank you so very, very much!

I wish you the very best of luck with your internship and future career!

Sincerely,

Sarah J. Haley, Ed.S.  
Doctoral Candidate  
West Virginia University

Lynda Birckhead-Danley, Ph.D.  
Dissertation Committee Member  
Associate Director/Training Director  
Carruth Center, West Virginia University

Michael T. Yura, Ph.D.  
Dissertation Committee  
Chairperson  
Professor, West Virginia Univ.

## Appendix E

### Follow-up letter to the University Counseling Center Training Directors

This follow up letter is a request to the University Counseling Center Training Directors reminding them to distribute packets if they have not already done so and asking that they distribute the follow-up letters to interns.

Date

Dear Training Director:

Hello! Approximately one week ago, I requested your help with distributing surveys to your interns as part of my dissertation on supervisor self-efficacy.

Again, I am requesting your assistance with this research. **Please distribute the enclosed envelopes to each of your interns as soon as possible.** The envelopes contain a letter reminding interns that it is *imperative that they complete and return the surveys within the next week* if they plan to participate in the study.

I hope that your first week of training was good and I wish you a wonderful year!

Thank you, in advance, for distributing these materials! I truly appreciate your help!

Sincerely,

Sarah J. Haley, Ed.S.  
 Doctoral Candidate  
 West Virginia University

Lynda Bireckhead-Danley, Ph.D.  
 Dissertation Committee Member  
 Assoc. Director/Training Director  
 Carruth Center,  
 West Virginia University

Michael T. Yura, Ph.D.  
 Dissertation Committee Chair  
 Professor, West Virginia University

## Appendix F

## Follow-Up Letter to Interns

This is a follow up letter to the interns requesting that they finish up the questionnaire and mail it back to the author should they decide to participate in this study.

Date

Dear Fellow Intern,

Approximately one week ago, I sent you a packet (via your Training Director) containing a letter, a survey on supervisor self-efficacy, a return envelope, and one dollar. I would like this letter to serve as a gentle reminder:

If you opt to participate in this study, ***please complete the survey and return it to me within the next week.*** As I mentioned in my last letter, ***it is imperative that you complete the survey within the first 2 weeks of internship AND prior to receiving any supervision training at your internship site.***

If you have any questions or comments about this study, you may contact me via email at Sjahaley@aol.com or call me at (409) 845-4427. If you would like a summary of the results of this study, please contact me and I will ensure that you receive a summary.

I am aware that your time is very precious at this point in your career, and I very much appreciate ***10 to 15 minutes*** of your time and effort to help me with my dissertation!  
Thank you very much!

I wish you the best in your internship training and future career!

Sincerely,

Sarah J. Haley, Ed.S.  
Doctoral Candidate  
West Virginia University

Lynda Birckhead-Danley, Ph.D.  
Dissertation Committee Member  
Assoc. Director/Training Director  
Carruth Center  
West Virginia University

Michael T. Yura, Ph.D.  
Dissertation Committee Chair  
Professor, West Virginia Univ.

## Appendix G

**Section 2-Demographic Questionnaire on SSQ**

*Please mark, circle or fill in your response to the following items.*

1. **Age:** \_\_\_\_\_
2. **Gender:** \_\_\_\_\_ Female \_\_\_\_\_ Male
3. **Program:**  
 Clinical Ph.D.  Counseling Ph.D.  Other: \_\_\_\_\_  
 Clinical Psy.D.  Counseling Psy.D. (Please specify.)

4. **Is your doctoral program accredited by APA?** Yes no
5. **Ethnicity:**  
 African American  Asian American  Pacific Islander  
 Alaskan Native  American Indian  
 Hispanic/Latino(a)  Other \_\_\_\_\_  Multiracial  
 Euro-American (Please specify.)  
(Caucasian)

**SECTION 1 - Supervision Training:** *Please circle, mark, or fill in the appropriate response to the items below.*

1. **Did you complete a supervision course during your doctoral training?**  
Yes No

*If you answered **NO** to question 5, please skip to question 9 and resume answering the questionnaire.*

2. **If you answered **YES** question 1, then please mark the type of supervision course completed in your doctoral program below:**

Didactic Supervision Course Only [Lecture course only, which focuses on theory and skills.]

Practicum Supervision Course Only [Experiential course only (“lab”) in which you supervised a counselor/trainee in a clinical setting. As a supervisor, you were *supervised* (e.g. *monitored*) by a more experienced clinical supervisor. Practicum does not refer to role-plays.]

Didactic-Practicum Supervision Course [Both lecture & “lab” component in which you supervised a counselor/trainee in a clinical setting. As a supervisor, you were *supervised* (e.g. *monitored*) by a more experienced clinical supervisor. Practicum does not refer to role-plays.]

Other (Please Explain): \_\_\_\_\_

3. **How many credits/course hours (e.g. enrollment hours, not actual hours) was your supervision course?**

Circle one: 0 1 2 3 4 5 6+

4. **Estimate the number of ACTUAL hours (rather than “credit/course” hours) spent in your supervision course.** (Include practicum hours, if applicable):

1-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81+

5. **Your supervision course was completed over how many semesters or quarters?**

0 1 2 3 4 5 6+

Circle one: Semesters Quarters

6. **Type of supervision course:**

Full course (Dedicated solely to supervision)

Partial course (Combined with some other course, symposium, etc.)

7. **How many counselors/trainees did you supervise the practicum component of your supervision course?**

0 1 2 3 4 5 6 7+

8. **Did you provide individual supervision or group supervision in your practicum?**

Individual Group Both

**Clinical Supervision Experience: *DO NOT include any SUOPERVISION PRACTICUM EXPERIENCE (lab) completed in your doctoral training. This sections refers to any experience that you may have obtained in providing clinical supervision (supervising another’s counseling work).***

9. **Do you have experience in providing clinical supervision (supervising another’s counseling work)?**

Yes No

***If you answered NO to question 9, please continue on to Section 2 (Demographic and SSQ) on the next page. If you answered YES please continue on to question 10.***

**10. Please circle the category that best describes your clinical supervision experience (supervising another's counseling work):**

0-1 year      1-2 years      3-4 years      4-5 years      5 or more years

(Please specify if more than 5 years: \_\_\_\_\_ years)

**11. Was any part of your experience in providing supervision to a counselor/trainee supervised by a professional with more experience and/or training than you (E.g. "supervised" supervision experience?)**

Yes

No

**Estimate your "supervised" supervision experience: \_\_\_\_\_ Years**

**Estimate your "unsupervised" supervision experience: \_\_\_\_\_ Years**

## Appendix H

### **First Phase of Development of the Supervision Estimate Questionnaire**

The initial step in modifying the SFSQ included the following changes: 1) deletion of the supervision vignettes, 2) deletion of “emphasis” aspect of the questionnaire in the directions for, and heading of the questionnaire 3) deletion of personality orientation for this study 4) change the wording to reflect self-efficacy beliefs based on the COSE (Larson et al., 1993) and from present tense to future tense, 5) the Likert scale was changed from a scale ranging from 1-4 to one that is from 1-5. The adapted measure was titled the “Supervisor Estimate Questionnaire”, and a discussion of each of the adaptations of the SFSQ follows.

First, the vignettes were deleted from the SFSQ for the purposes of this study. The original use of the vignettes were used to determine if the respondent was able to identify (and emphasize) the appropriate supervisor focus and supervisor style (role) for a given supervision scenario. The focus of the present study is different from the original study in that the goal is to obtain information about the respondents’ self-efficacy regarding various activities of a supervisor rather than determining which foci or style will be emphasized as in the original study. In addition, the fact that the current study is not an analogue study, the vignettes would not be appropriate for this research. Indirect support for deleting the vignettes was found in Bernard & Goodyear’s (1992) Fundamentals of Clinical Supervision in which they published the SFSQ without the vignettes.

Second, the term “emphasis” which was used in the original questionnaire were deleted from the SFSQ for the purposes of the current study. As previously mentioned, the goal of this study is not to determine which supervision focus or which supervision style that a supervising intern will employ in a given supervision session. Rather, the purpose of this study is to determine if there are significant differences in supervisor self-efficacy among groups of interns who have completed different types of

supervision training. Given that each of the supervisor styles (or roles) and supervisor foci are relevant skills/activities for a supervisor, the use of SFSQ has been adapted to reflect the interns' confidence in their ability to employ each of the supervision styles and foci. Thus, removing the "emphasis" component in the current study appears to be consistent with the change from examination of "eliciting" a specific style and focus (in the original study) to the determination of self-efficacy for each of the Style and Focus Subscales (in the current study).

This specific change in emphasis was made by altering the wording of the heading (that precedes the items of the SFSQ) in the original SFSQ from "I WOULD EMPHASIZE DURING MY SUPERVISORY SESSIONS WITH THIS SUPERVISEE", to "DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE".

Changes in the directions of the SFSQ were also made in order to 1) account for the deletion of the vignettes in the adapted instrument, and 2) remove the "emphasis" component of the measure. The original directions for the SFSQ are as follows:

DIRECTIONS: Please read each of the items in this questionnaire carefully. Taking into account the specific characteristics (e.g. background and training) of the counselor described in the short vignette you have just read, indicate your level of agreement with each statement below. Use the following scale to respond to each item: 1--Strongly Agree (SA), 2--Agree (A), 3--Disagree (D), and 4--Strongly Disagree (SD).

The directions for the first round of changes in the adapted instrument were as follows:

DIRECTIONS: Please read each of the statements in this questionnaire carefully. Please answer the items as honestly as possible in order to indicate how you think you will behave as a supervisor. Please **do not** answer in a way that reflects *how you would like* to perform with your supervisee. Please **do** answer in a way that reflects *your actual estimation of how you will perform* as a supervisor at the present time. There are no right or wrong answers on this questionnaire.

In addition, the third change was the exclusion of the personality orientation scales of the SFSQ from this study. The primary reason for this is that personality orientation was not a component in Bernard's (1979, 1997) Discrimination model. Also, the internal consistency reliabilities for the personality orientation subscales were low on the original study (Need for Affiliation=.47, Need for Inclusion =.75, and Need for Control=.30). Thus, this set of subscales was deleted for the purposes of this study.

The fourth change made in the initial phase of the adapted instrument was to change the wording on the original SFSQ to reflect the self-efficacy beliefs regarding the specific items that measured activities related to supervisor foci and style. Given that the COSE (Larson et al., 1992) was been demonstrated to have sound psychometric properties, the author requested Larson's permission to use the sentence stems from the COSE and merge them with the original items of the SFSQ. Larson, lead author on the COSE, reported that she did not "own" the sentence stems and did not believe that this author needed her permission to use the stems (personal communication, February 22, 2000); Dr. Larson referred this author to another researcher, Cynthia Kalodner, who concurred that the author did not need permission to use the sentence stems from the COSE (personal communication, February 22, 2000).

Thus, the first draft of the adapted SFSQ, included attaching the stems from the COSE to the original items of the SFSQ, with some additional wording by this author added in order to maintain proper sentence structure. As an example, the item 19 in the original SFSQ reads, "The supervisee's communication of sincerity, genuineness, respect and positive regard for the client." The initial adaptation of item 19 took the sentence stem "I am confident" from the COSE, and merged it with the original item, along with additional wording to ensure proper sentence structure, to read as follows: "I am confident that I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect, and positive regard for the client."

The adapted questionnaire was entitled, “Supervision Estimate Questionnaire”, and a copy of it is provided at the end of this appendix.

As part of the changes related to self-efficacy, it was necessary to change the wording in the SFSQ to reflect future orientation in order to make it consistent the self-efficacy literature. Bandura (1986) defined self-efficacy as a person’s judgment of her/his ability to plan and discharge the necessary steps for acquiring a specific performance goal. When the concept of self-efficacy was applied to the counseling arena, it was defined as the counselor’s view of his/her ability to effectively facilitate an forthcoming counseling session (Larson, 1998). In order to reflect these changes for a forthcoming supervision session, the specific wording in the original SFSQ was altered. In most of the items, the words “I will” have been placed in front of the original SFSQ item. Referring back to item 1 on the original SFSQ, which reads as follows: “The supervisee’s communication of sincerity, genuineness, respect and positive regard for the client.” The scale was adjusted to reflect future orientation by changing the item to read, “I am confident that I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect and positive regard for the client.”

The final change in the first draft of the new measure was to alter the Likert scale. The original SFSQ consisted of a Likert-type scale as follows: 1=Strongly Agree, 2=Agree, 3=Disagree, 4=Strongly Disagree. The author altered this scale by adding one additional Likert point, resulting in a scale that ranges from 1 to 5, with the middle score indicating a “neutral” response.

The authors first revision of the measure was then distributed to her committee members, each of whom is experienced in conducting research and have a background in the literature related to supervision and/or self-efficacy. On the following page is the first version of the SEQ. The second draft of the SEQ was based upon the feedback received by the author’s committee members; the detailed changes to the second phase of adapting the SEQ is provided in Appendix I.

## Supervision Estimate Questionnaire-First Version

DIRECTIONS: Please read each of the statements in this questionnaire carefully. Please answer the items as honestly as possible in order to indicate how you think you will behave as a supervisor. Please **do not** answer in a way that reflects *how you would like* to perform with your supervisee. Please **do answer** in a way that reflects *your actual estimation of how you will perform* as a supervisor at the present time. There are no right or wrong answers on this questionnaire.

(\*Indicates reverse scoring items.)

### Part I-Estimate of Focus in Supervision

#### **DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE:**

1. *I am confident* that I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect, and positive regard for the client.

0	1	2	3	4	5
Disagree					Agree

2. *I feel that* I will facilitate my supervisee's ability to conceptualize a client accurately within a theoretical frame of reference.

0	1	2	3	4	5
Disagree					Agree

3. *\*I am unsure of how I will lead my supervisee* in developing his/her ability to prioritize client problems.

0	1	2	3	4	5
Disagree					Agree

4. *\*I am uncertain as to whether I will be able to appropriately facilitate my supervisee's recognition and admission of possible "power struggles" with a client.*

0	1	2	3	4	5
Disagree					Agree













## Appendix I

### **Second Phase of Development of the Supervision Estimate Questionnaire**

The committee members were in agreement that the SFSQ was an adequate measure and that it would be appropriate to adapt it for the purposes of this study. They also agreed with the author that the vignettes could be deleted and that the personality orientation scales were not appropriate for the purposes of this study. All members also concurred on the changes made to the heading and the directions in order to delete the “emphasis” component as part of the new SEQ measure.

A concern was raised by a committee member about the use of the sentence stems from the COSE in adapting the measure, as well as a concern regarding the 5-point Likert-style scale, that was provided in the first draft of the new instrument. Specifically, it was recommended that it might be more appropriate to make changes made to the instrument that are consistent with other measures of self-efficacy in the areas of career counseling, counselor trainee self-efficacy, and math/science self-efficacy. The author was referred back to the self-efficacy theory, which suggests that a positive relationship to one’s confidence in completing a specific behavior to the actual performance of that specific behavior (Bandura, 1977, 1982).

Based on the recommendations, the author of this study then reviewed various measures that were recommended by the committee member, including the Career Decision-Making Self-Efficacy Scale (CDMSES; Taylor & Betz, 1983), the Math/Science Course Self-Efficacy Scale (Betz & Hackett, 1981), and the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983, in Ladany et al., 1999).

The Career Decision-Making Self-Efficacy Scale (CDMSES) was used to measure a person’s self-efficacy expectations related to career decision making. This instrument has sound psychometric properties, with a standardized coefficient alpha values of .97, internal consistency reliability of .93, test-retest reliability of .83, and

support for concurrent, discriminant, and predictive validity (Sullivan & Mahalik, 2000). The items of this scale include a specific task, such as “Decide what you value most in a career,” and the respondent indicates her/his confidence regarding her/his capacity to be successful in completing this task. The respondent is provided with a 10 point Likert scale for each item, which ranges from “Complete Confidence” =9 to “No Confidence” = 0.

Similarly, the Math/Science Course Self-Efficacy Scale (Betz & Hackett, 1981) is an assessment of a person’s perception of his/her ability to successfully complete math and science courses in college. In this measure, a list of courses is provided for the participant and s/he then rates her/his confidence on a 10-point Likert scale, which ranges from “No confidence at all”(1) to “Complete Confidence” (10). Similar to the aforementioned CDMSES, this scale has been shown to have solid psychometric properties, as evidenced by the following: Cronbach alpha coefficients (.92 to .95), test-retest reliability (low to mid .90’s), mean alpha coefficient (.95), and criterion related validity (positive, significant relationship between this measure and choice of science related major in college) (Luzzo, Hasper, Albert, Bibby, & Martinelli, Jr., 1999).

A counseling-related measure, the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983, in Ladany et al., 1999) is a measure that assesses the self-efficacy of a counselor trainee in regard to counseling activities. As with the other scales, the SEI provides a 10- point Likert scale ranging from “Not Confident” (0) to “Completely Confident” (9). This scale also has adequate psychometric properties, including Cronbach’s coefficient alpha (.93) and test-retest reliability (.89).

Upon reviewing the literature on the aforementioned measures of self-efficacy, the author discussed the recommendation changes with her committee members. All committee members were in agreement that the SEQ should not incorporate the sentence stems of the COSE for the purposes of this study. Rather, the changes in wording to the items of the original SFSQ should be kept at a minimum in order to

maintain as much of the integrity of the original instrument as possible. An additional change made was to alter the Likert scale on the first draft of the SEQ from a 5 point scale (Strongly Disagree=1, Disagree=2, Neutral=3, Agree=4, Strongly Agree=5) to a 10 point scale (“Not at all Confident”= 0 to “Completely confident”= 9), which was consistent with the other current measures of self-efficacy.

A copy of the second draft of the SEQ is provided at the end of this section. An example of the changes in the wording from the first adaptation of the SFSQ to the second revision may be found in the first item of the SEQ. The original adaptation to the SEQ for item 1 read, “I am confident that I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect, and positive regard for the clients”; after the changes made in the second revision of the SEQ, this item reads, “I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect, and positive regard for the client.”

With the changes made to the individual items and to the Likert scale, the directions were also changed for the revised version of the SEQ. This revised version of the SEQ is currently being reviewed by the lead author of the SFSQ, Geof Yager (personal communication, March 12, 2000), and he will be providing written feedback. No additional changes were recommended by the dissertation committee members.

## Supervision Estimate Questionnaire-Second Version

**DIRECTIONS:** Please read each of the statements in this questionnaire carefully. Please answer each item as honestly as possible in order to indicate your confidence in your ability to complete each of the supervision activities. Please **do not** answer in a way that reflects *how you would like* to perform with your supervisee. Please **do answer** in a way that reflects *your confidence in how you will perform* as a supervisor at the present time. Please circle the number that best represents your level of confidence for each item. The scores range from a “0”, which represents “Not at all Confident” to a “9”, which represents “Completely Confident”. There are no right or wrong answers on this questionnaire.

### Part I - Estimate of Focus in Supervision

#### **DURING MY SUPERVISORY SESSIONS WITH A SUPERVISEE:**

1. I will assist my supervisee in the development of her/his communication of sincerity, genuineness, respect, and positive regard for the client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

2. I will facilitate my supervisee’s ability to conceptualize a client accurately within a theoretical frame of reference.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

3. *I will help my supervisee* in developing his/her ability to prioritize client problems.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

4. *I will appropriately facilitate my supervisee’s* recognition and admission of possible “power struggles” with a client.

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

5. *I will appropriately facilitate my supervisee's awareness of personal needs for approval from the client.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

6. *I will help my supervisee in the identification of general themes within the client's on-going presentation.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

7. *I will be effective in assisting my supervisee to use open-ended questions to allow the maximum freedom of expression for the client in an appropriate manner.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

8. *I will be able to facilitate my supervisee's identification and management of personal feelings that are generated in counseling.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

9. *I will be able to assist my supervisee in understanding the techniques compatible and consistent with his/her stated theoretical model.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

10. *I will appropriately facilitate my supervisee's awareness of how attraction to the client can affect the counseling process.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

11. *I will be able to help my supervisee implement appropriate methods to confront a client.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

12. *I will be able to address my supervisee's willingness and ability to risk herself/himself in the process of counseling a client.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

13. *I will be able to facilitate my supervisee's interpretation of client behaviors within a coherent theoretical framework.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

14. *I will be able to foster my supervisee's ability to tolerate ambiguity in the counseling session.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

15. *I will be able to address my supervisee's response to client nonverbal behavior properly.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

16. *I am confident that I can assess my supervisee's appropriate reflection of feeling within a client session.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

17. *I will* effectively assist my supervisee in preparation for client termination.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |
18. I will be able to address my supervisee's commitment to personal growth and self-knowledge.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |
19. I will be able to assist my supervisee in developing his/her abilities to predict the effects on a client of the techniques applied to counseling.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |
20. I will be able to facilitate my supervisee's awareness of her/his client's potential for successful counseling progress.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |
21. *I will* be able to properly guide my supervisee in keeping his/her personal problems out of the counseling session.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |

Part II - Estimate of Supervisor Direction

22. I will be able to refer my supervisee to appropriate readings from counseling/psychotherapy texts.
- |            |   |   |   |   |   |   |   |            |   |
|------------|---|---|---|---|---|---|---|------------|---|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8          | 9 |
| Not at all |   |   |   |   |   |   |   | Completely |   |
| Confident  |   |   |   |   |   |   |   | Confident  |   |

23. *I will be able to appropriately establish mutually-determined goals for the content of each supervisory session.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

24. *I feel confident that I will devote appropriate attention to the supervisee's feelings about a client case.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

25. *I will be able to answer the supervisee's questions about the client sessions as directly and as clearly as possible.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

26. *I am sure that I will give the supervisee examples of possible ways to handle client concerns.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

27. *I am confident that I can appropriately focus on the counselor's interpersonal dynamics in his/her relationship with a client in an appropriate manner.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

28. *I will be able to remain flexible during the supervision sessions to give advice and direct feedback or to explore personal issues.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

29. *I will be able to appropriately initiate and facilitate a role play of a counseling interaction that my supervisee has described.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

30. *I feel I will accurately use empathy as an important supervisory tool.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

31. *I will be able to brainstorm with my supervisee concerning possible conceptualizations of her/his client's concern.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

32. *I will encourage my supervisee to ask questions about whatever information I conveyed during our supervision session.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

33. *I will be able to direct attention to the supervisee's relationship with me in order to draw parallels between our relationship and the client/counselor relationship.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

34. *I will encourage the supervisee to speak about his/her past history and learning experiences.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

35. *When appropriate, I will be able to treat supervision relatively informally, much like a discussion between two colleagues.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

36. *I will be able to give examples from both readings and from my own experience to illustrate the points I wish the supervisee to remember.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

37. *When I listen to an audiotape of the counseling session, I am positive that I will offer my reactions and feedback in an appropriate manner.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

38. *I will be able to mention at least several appropriate reactions/ideas/suggestions regarding what might be done in the next counseling session.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

39. *I am sure that I will behave in much the same manner with my supervisee as I behave with most of my clients.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

40. *I will be able to appropriately use self-disclosure of my own client cases and my own emotional reactions with clients.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

41. *I am sure that my attempts to aid the counselor to feel more adequate during subsequent counseling contacts would be successful.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

42. *I will allow the supervisee to reject or accept my feedback; the supervisee would be allow to choose how/if my ideas might be implemented with the client.*

0	1	2	3	4	5	6	7	8	9
Not at all								Completely	
Confident								Confident	

## Appendix J

### **Third Phase of Development of the Supervision Self-Efficacy Questionnaire**

The third and final phase of adapting the SEQ from the SFSQ is provided in this section. The changes were based on feedback received from Geof Yager, lead author of the SFSQ, recommendations of the author's dissertation committee members made in the proposal meeting, and suggestions made by participants in the pilot study.

The first change implemented in this phase was to rename the instrument the Supervision Self-efficacy Questionnaire. This change was implemented so the name of the instrument would reflect the intention of the questionnaire and to allow future researchers to use the instrument.

In addition, the stems of the sentences were changed from "During my supervisory session with a supervisee:" to "During my supervisory sessions with a supervisee, I will be able to help my supervisee:" in the first part of the SSQ (focus in supervision section) and to "During my supervisory sessions with a supervisee, I will be able:" on the second part of the SSQ (style, role, or direction of supervisor). The goal of this change was to make the SSQ easier for the participant to read and to provide optimal clarity on items in the SSQ. Some changes in wording of specific items were incorporated to increase clarity of items. For example, item 19 initially read, "I will be able to assist my supervisee in developing his/her abilities to predict the effects on a client of the techniques applied to counseling." This item was changed to "To develop his/her abilities to predict the effects of counseling techniques on a client."

In addition, minor changes in the directions on the SSQ were completed in order to provide participants with a clear, concise understanding of the intent of the questionnaire. The final directions on the SSQ are as follows:

**DIRECTIONS:** Please read each of the statements in this questionnaire carefully. Your task is to indicate your confidence in your ability to complete each of the supervisory activities described. Thus, your task in answering the questionnaire is not to indicate what you would like to have happen, it is to estimate your confidence in your actual ability at this time to effectively execute these supervisory behaviors. Please circle the number that best represents your level of confidence for each item. The scores range from “**0,**” **which represents “Not at all Confident that I will be able to implement this supervisory activity”** to a “**9,**” **which represents “Completely confident that I will be able to implement this supervisory activity.”** There are no right or wrong answers on this questionnaire.

Finally, cosmetic changes to the SSQ were made in order to place it on legal-sized paper so that all directions, demographic, and SSQ items were able to fit on one page. Furthermore, the following statement was added to the final SSQ: “Derived from Yager, G. G., Wilson, F. R., Brewer, D., & Kinnetz, P. (March, 1989). The development and validation of an instrument to measure counseling supervisor focus and style. Presented at the Annual Meeting of the American Educational Research Association, San Francisco, CA.” The final version of the Supervision Self-Efficacy Questionnaire is provided in Appendix B of this document.

## Appendix K

## MANOVA on Research Questions 1, 2, and 3

Errors for Interns Grouped by Type of Supervision Course Training

SSQ Scale	No Course (n=49)		Didactic Course (n=17)		Didactic-Practicum Course (n=79)	
	M	SD	M	SD	M	SD
Total	276.16	44.64	282.71	46.31	290.87	35.12
Focus	130.67	24.77	138.88	33.44	140.71	19.17
Intervention	46.00	9.40	46.35	7.36	49.05	6.09
Conceptualization	41.22	8.13	43.53	7.76	45.19	7.67
Personalization	43.45	9.19	49.00	23.30	46.47	7.16
Style	145.49	22.62	143.82	17.96	150.16	17.97
Counselor	48.45	8.49	48.47	6.44	50.48	6.24
Teacher	48.12	8.04	47.18	7.04	49.59	6.85
Consultant	48.92	7.52	48.18	6.04	50.09	6.44

MANOVA on SSQ Subscales by Supervision Training Groups

Effect	F	df	p
Roy's Largest Root	1.769	6	.104

Tests of Between-Subjects Effects for MANOVA on SSQ Subscales by Supervision Training Group

Dependent Variable	SS	df	MS	F	p
Total	6640.60	2	3320.30	2.085	.128
Focus	3106.60	2	1553.30	2.903	.058
Intervention	316.57	2	158.28	2.811	.063
Conceptualization	475.84	2	237.92	3.870	.023*
Personalization	479.77	2	239.88	2.036	.134
Style	971.78	2	485.89	1.256	.288
Counselor	147.67	2	73.84	1.464	.235
Teacher	117.20	2	58.60	1.102	.335
Consultant	73.59	2	36.79	.800	.451

\*Significant at the  $p < .05$  level.

## Appendix L

Means and Standard Deviations on SSQ for Interns Groups by Gender

	Female			Male		
	M	SD	n	M	SD	n
Total	284.08	43.03	113	288.00	28.44	32
Focus	136.66	25.66	113	138.69	14.43	32
Intervention	47.38	8.19	113	48.84	4.92	32
Conceptualization	43.66	8.50	113	43.63	6.01	32
Personalization	45.61	12.01	113	46.22	5.79	32
Style	147.42	20.70	113	149.31	15.87	32
Counselor	49.38	7.39	113	50.19	6.12	32
Teacher	48.77	7.64	113	48.97	6.05	32
Consultant	49.27	6.98	113	50.16	6.02	32

Analysis of Variance on SSQ Scales based on Gender of Interns

Scale	Source	df	F	Significance
SSQ Total	Between Groups	1	.236	.628
	Within Groups	143		
	Total	144		
Focus	Between Groups	1	.187	.666
	Within Groups	143		
	Total	144		
Intervention	Between Groups	1	.924	.338
	Within Groups	143		
	Total	144		
Conceptualization	Between Groups	1	.001	.981
	Within Groups	143		
	Total	144		
Personalization	Between Groups	1	.077	.782
	Within Groups	143		
	Total	144		
Style	Between Groups	1	.228	.634
	Within Groups	143		
	Total	144		
Counselor	Between Groups	1	.318	.573
	Within Groups	143		
	Total	144		
Teacher	Between Groups	1	.018	.892
	Within Groups	143		
	Total	144		
Consultant	Between Groups	1	.421	.517
	Within Groups	143		
	Total	144		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

## Appendix M

Means and Standard Deviations on SSQ Total Score for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	288.22	39.20	9
Asian American	294.54	43.52	13
European Am/Caucasian	282.17	40.67	109
Other	291.89	34.87	9
TOTAL	284.33	40.31	140

Means and Standard Deviations on SSQ Focus Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	136.00	23.37	9
Asian American	144.77	21.81	13
European Am/Caucasian	135.26	24.25	109
Other	143.89	16.47	9
TOTAL	136.74	23.58	140

Means and Standard Deviations on SSQ Intervention Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	46.78	8.17	9
Asian American	49.31	7.74	13
European Am/Caucasian	47.25	7.72	109
Other	49.33	6.54	9
TOTAL	47.55	7.64	140

Means and Standard Deviations on SSQ Conceptualization Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	44.89	9.32	9
Asian American	47.08	8.86	13
European Am/Caucasian	42.83	7.84	109
Other	47.56	4.93	9
TOTAL	43.66	7.98	140

Means and Standard Deviations on SSQ Personalization Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	44.33	7.98	9
Asian American	48.39	7.53	13
European Am/Caucasian	45.17	11.82	109
Other	47.00	6.12	9
TOTAL	45.54	10.97	140

Means and Standard Deviations on SSQ Style Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	152.22	19.01	9
Asian American	149.77	22.44	13
European Am/Caucasian	146.91	19.67	109
Other	148.00	19.16	9
TOTAL	147.59	19.71	140

Means and Standard Deviations on SSE Counselor Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	50.44	6.93	9
Asian American	49.92	6.91	13
European Am/Caucasian	49.26	7.33	109
Other	50.33	5.98	9
TOTAL	49.46	7.13	140

Means and Standard Deviations on SSQ Teacher Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	50.56	6.71	9
Asian American	49.69	8.58	13
European Am/Caucasian	48.43	7.21	109
Other	49.33	7.50	9
TOTAL	48.74	7.28	140

Means and Standard Deviations on SSE Consultant Subscale Scores for Interns Grouped by Ethnicity

Ethnicity	M	SD	n
African American	51.22	6.40	9
Asian American	50.15	7.89	13
European Am/Caucasian	49.22	6.77	109
Other	48.33	6.61	9
TOTAL	49.38	6.80	140

Analysis of Variance on SSQ Scales based on Ethnic Diversity of Interns

Scale	Source	df	F	Significance
SSQ Total	Between Groups	3	.511	.676
	Within Groups	136		
	Total	139		
Focus	Between Groups	3	.923	.432
	Within Groups	136		
	Total	139		
Intervention	Between Groups	3	.482	.702
	Within Groups	136		
	Total	139		
Conceptualization	Between Groups	3	2.023	.114
	Within Groups	136		
	Total	139		
Personalization	Between Groups	3	.416	.742
	Within Groups	136		
	Total	139		
Style	Between Groups	3	.259	.855
	Within Groups	136		
	Total	139		
Counselor	Between Groups	3	.147	.931
	Within Groups	136		
	Total	139		
Teacher	Between Groups	3	.341	.795
	Within Groups	136		
	Total	139		
Consultant	Between Groups	3	.363	.780
	Within Groups	136		
	Total	139		

\*Significance at  $p < .05$  level.

## Appendix N

Means and Standard Deviations on SSQ Total and Subscale Scores for Interns Grouped by Supervision Experience

	Experience			No Experience		
	M	SD	n	M	SD	n
Total	293.98	29.81	60	278.56	45.25	85
Focus	142.78	15.18	60	133.09	27.21	85
Intervention	49.70	5.25	60	46.29	8.65	85
Conceptualization	45.87	6.62	60	42.09	8.53	85
Personalization	47.22	5.40	60	44.71	13.48	85
Style	151.20	16.46	60	145.47	21.48	85
Counselor	50.35	5.65	60	49.00	7.99	85
Teacher	50.38	6.90	60	47.71	7.41	85
Consultant	50.47	5.65	60	48.77	7.42	85

Analysis of Variance on SSQ Scales for Interns based on Supervision Experience

Scale	Source	df	F	Significance
SSQ Total	Between Groups	1	5.328	.022*^
	Within Groups	143		
	Total	144		
Focus	Between Groups	1	6.230	.014*^
	Within Groups	143		
	Total	144		
Intervention	Between Groups	1	7.381	.007*^
	Within Groups	143		
	Total	144		
Conceptualization	Between Groups	1	8.224	.005*
	Within Groups	143		
	Total	144		
Personalization	Between Groups	1	1.866	.174^
	Within Groups	143		
	Total	144		
Style	Between Groups	1	3.016	.085
	Within Groups	143		
	Total	144		
Counselor	Between Groups	1	1.265	.263^
	Within Groups	143		
	Total	144		
Teacher	Between Groups	1	4.861	.029*
	Within Groups	143		
	Total	144		
Consultant	Between Groups	1	2.241	.137
	Within Groups	143		
	Total	144		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

## Appendix O

Means and Standard Deviations on SSQ Total Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	n
No Supervision Experience	278.57	45.25	85
Less than 1 year	296.04	30.12	27
Between 1 and 2 years	290.77	33.40	22
Between 3-4 years	294.88	21.09	8
TOTAL	284.70	40.43	142

Means and Standard Deviations on SSQ Focus Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	N
No Supervision Experience	133.09	27.21	85
Less than 1 year	145.19	14.26	27
Between 1 and 2 years	139.82	18.58	22
Between 3-4 years	143.00	8.50	8
TOTAL	136.99	23.64	142

Means and Standard Deviations on SSQ Intervention Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	n
No Supervision Experience	46.29	8.65	85
Less than 1 year	50.82	5.15	27
Between 1 and 2 years	49.55	6.02	22
Between 3-4 years	47.50	2.39	8
TOTAL	47.73	7.66	142

Means and Standard Deviations on SSQ Conceptualization Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	N
No Supervision Experience	42.09	8.53	85
Less than 1 year	46.11	6.35	27
Between 1 and 2 years	44.18	7.60	22
Between 3-4 years	48.25	4.20	8
TOTAL	43.53	8.01	142

Means and Standard Deviations on SSQ Personalization Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	N
No Supervision Experience	44.71	13.48	85
Less than 1 year	48.26	4.83	27
Between 1 and 2 years	46.09	6.60	22
Between 3-4 years	47.25	3.99	8
TOTAL	45.74	11.04	142

Means and Standard Deviations on SSQ Style Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	n
No Supervision Experience	145.47	21.48	85
Less than 1 year	150.85	17.31	27
Between 1 and 2 years	150.96	16.40	22
Between 3-4 years	151.88	15.03	8
TOTAL	147.70	19.72	142

Means and Standard Deviations on SSQ Counselor Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	N
No Supervision Experience	49.00	7.99	85
Less than 1 year	50.82	5.92	27
Between 1 and 2 years	49.41	5.18	22
Between 3-4 years	51.50	5.88	8
TOTAL	49.55	7.13	142

Means and Standard Deviations on SSQ Teacher Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	n
No Supervision Experience	47.71	7.41	85
Less than 1 year	49.85	6.84	27
Between 1 and 2 years	50.82	7.48	22
Between 3-4 years	50.13	6.45	8
TOTAL	48.73	7.31	142

Means and Standard Deviations on SSQ Consultant Subscale Scores for Interns Grouped by Years of Supervision Experience

Years of Supervision Experience	M	SD	n
No Supervision Experience	48.77	7.42	85
Less than 1 year	50.19	6.25	27
Between 1 and 2 years	50.73	5.60	22
Between 3-4 years	50.25	4.10	8
TOTAL	49.42	6.79	142

Analysis of Variance on SSQ Scales for Interns based on Years of Supervision Experience

Scale	Source	df	F	Significance
SSQ Total	Between Groups	3	1.721	.166
	Within Groups	138		
	Total	141		
Focus	Between Groups	3	2.182	.093^
	Within Groups	138		
	Total	141		
Intervention	Between Groups	3	2.990	.033*^
	Within Groups	138		
	Total	141		
Conceptualization	Between Groups	3	2.937	.036*
	Within Groups	138		
	Total	141		
Personalization	Between Groups	3	.771	.512
	Within Groups	138		
	Total	141		
Style	Between Groups	3	.909	.438
	Within Groups	138		
	Total	141		
Counselor	Between Groups	3	.649	.585
	Within Groups	138		
	Total	141		
Teacher	Between Groups	3	1.480	.223
	Within Groups	138		
	Total	141		
Consultant	Between Groups	3	.685	.563
	Within Groups	138		
	Total	141		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

Tukey HSD Post-hoc Analysis for Interns Grouped by Years of Supervision Experience: Group with 0-1 Year of Experience Means (I) compared to Group with No Supervision Experience Means (J)

Scale	Mean Difference (I-J)	Std. Error	Significance
Intervention	4.52	1.66	.032*
Conceptualization	4.02	1.73	.094

\*Significance at  $p < .05$  level.

## Appendix P

Means and Standard Deviations on SSQ Total and Subscale Scores for Interns Grouped by Supervised Supervision Experience

	Supervised Experience			Unsupervised Experience		
	M	SD	n	M	SD	n
Total	295.13	30.28	54	283.67	25.03	6
Focus	142.69	15.54	54	143.67	12.64	6
Intervention	49.85	5.42	54	48.33	3.39	6
Conceptualization	45.78	6.83	54	46.67	4.72	6
Personalization	47.06	5.41	54	48.67	5.61	6
Style	152.44	16.35	54	140.00	14.00	6
Counselor	50.63	5.71	54	47.83	4.79	6
Teacher	50.72	6.96	54	47.33	5.96	6
Consultant	51.09	5.41	54	44.83	4.88	6

Analysis of Variance on SSQ Scales for Interns based on Supervised Supervision Experience

Scale	Source	df	F	Significance
SSQ Total	Between Groups	1	.796	.376
	Within Groups	58		
	Total	59		
Focus	Between Groups	1	.022	.882
	Within Groups	58		
	Total	59		
Intervention	Between Groups	1	.448	.506
	Within Groups	58		
	Total	59		
Conceptualization	Between Groups	1	.096	.758
	Within Groups	58		
	Total	59		
Personalization	Between Groups	1	.476	.493
	Within Groups	58		
	Total	59		
Style	Between Groups	1	3.202	.079
	Within Groups	58		
	Total	59		
Counselor	Between Groups	1	1.329	.254
	Within Groups	58		
	Total	59		
Teacher	Between Groups	1	1.310	.257
	Within Groups	58		
	Total	59		
Consultant	Between Groups	1	7.350	.009*
	Within Groups	58		
	Total	59		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

## Appendix Q

Means and Standard Deviations on SSQ Total and Subscale Scores for Interns with Supervision Experience Grouped by Completion of Doctoral Course in Supervision

	<u>Supervision Course</u>			<u>No Supervision Course</u>		
	M	SD	n	M	SD	n
Total	293.55	31.81	42	295.00	25.36	18
Focus	143.69	16.25	42	140.67	12.51	18
Intervention	49.50	5.20	42	50.17	5.48	18
Conceptualization	46.86	6.91	42	43.56	5.39	18
Personalization	47.33	5.53	42	46.94	5.22	18
Style	149.86	17.22	42	154.33	14.50	18
Counselor	50.05	6.00	42	51.06	4.84	18
Teacher	49.71	7.07	42	51.94	6.41	18
Consultant	50.10	5.86	42	51.33	5.17	18

Analysis of Variance on SSQ Scales for Interns with Supervision Experience based on Completion of a Doctoral Supervision Course

Scale	Source	df	F	Significance
SSQ Total	Between Groups	1	.029	.864
	Within Groups	58		
	Total	59		
Focus	Between Groups	1	.496	.484
	Within Groups	58		
	Total	59		
Intervention	Between Groups	1	.201	.656
	Within Groups	58		
	Total	59		
Conceptualization	Between Groups	1	3.249	.077
	Within Groups	58		
	Total	59		
Personalization	Between Groups	1	.064	.801
	Within Groups	58		
	Total	59		
Style	Between Groups	1	.931	.339
	Within Groups	58		
	Total	59		
Counselor	Between Groups	1	.396	.531
	Within Groups	58		
	Total	59		
Teacher	Between Groups	1	1.324	.255
	Within Groups	58		
	Total	59		
Consultant	Between Groups	1	.602	.441
	Within Groups	58		
	Total	59		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

## Appendix R

Means and Standard Deviations on SSQ Total Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	295.00	25.36	18
Didactic Only Course	302.83	25.17	6
Didactic-Practicum Course	292.00	32.82	36
TOTAL	293.98	29.81	60

Means and Standard Deviations on SSQ Focus Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	140.67	12.51	18
Didactic Only Course	147.33	9.93	6
Didactic-Practicum Course	143.08	17.10	36
TOTAL	142.78	15.18	60

Means and Standard Deviations on SSQ Intervention Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	50.17	5.48	18
Didactic Only Course	49.50	3.02	6
Didactic-Practicum Course	49.50	5.51	36
TOTAL	49.70	5.25	60

Means and Standard Deviations on SSQ Conceptualization Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	43.56	5.39	18
Didactic Only Course	49.33	3.78	6
Didactic-Practicum Course	46.44	7.26	36
TOTAL	45.87	6.62	60

Means and Standard Deviations on SSQ Personalization Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	46.94	5.22	18
Didactic Only Course	48.50	4.64	6
Didactic-Practicum Course	47.14	5.70	36
TOTAL	47.22	5.40	60

Means and Standard Deviations on SSQ Style Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	154.33	14.50	18
Didactic Only Course	155.50	17.00	6
Didactic-Practicum Course	148.92	17.31	36
TOTAL	151.20	16.46	60

Means and Standard Deviations on SSQ Counselor Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	51.06	4.84	18
Didactic Only Course	50.83	7.14	6
Didactic-Practicum Course	46.92	5.89	36
TOTAL	50.35	5.65	60

Means and Standard Deviations on SSQ Teacher Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	51.94	6.41	18
Didactic Only Course	52.83	5.88	6
Didactic-Practicum Course	49.19	7.18	36
TOTAL	50.38	6.90	60

Means and Standard Deviations on SSQ Consultant Subscale Scores for Interns with Supervision Experience Grouped by Type of Supervision Course

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<u>Supervision Training</u>	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	51.33	5.17	18
Didactic Only Course	51.83	5.27	6
Didactic-Practicum Course	49.81	5.97	36
TOTAL	50.47	5.65	60

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Analysis of Variance on SSQ Scales for Interns with Supervision Experience based on Supervision Course Type (e.g. No course, Didactic course, Didactic-Practicum course)

Scale	Source	df	F	Significance
SSQ Total	Between Groups	2	.347	.709
	Within Groups	57		
	Total	59		
Focus	Between Groups	2	.443	.644
	Within Groups	57		
	Total	59		
Intervention	Between Groups	2	.099	.906
	Within Groups	57		
	Total	59		
Conceptualization	Between Groups	2	2.133	.128
	Within Groups	57		
	Total	59		
Personalization	Between Groups	2	.191	.827
	Within Groups	57		
	Total	59		
Style	Between Groups	2	.873	.423
	Within Groups	57		
	Total	59		
Counselor	Between Groups	2	.261	.771
	Within Groups	57		
	Total	59		
Teacher	Between Groups	2	1.392	.257
	Within Groups	57		
	Total	59		
Consultant	Between Groups	2	.627	.538
	Within Groups	57		
	Total	59		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.

## Appendix S

Means and Standard Deviations on SSQ Total Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	265.23	49.88	31
Didactic Only Course	271.73	52.33	11
Didactic-Practicum Course	289.93	37.29	43
TOTAL	278.56	45.25	85

Means and Standard Deviations on SSQ Focus Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	124.87	28.25	31
Didactic Only Course	134.27	40.91	11
Didactic-Practicum Course	138.72	20.73	43
TOTAL	133.09	27.21	85

Means and Standard Deviations on SSQ Intervention Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	43.58	10.38	31
Didactic Only Course	44.64	8.54	11
Didactic-Practicum Course	48.67	6.58	43
TOTAL	46.29	8.65	85

Means and Standard Deviations on SSQ Conceptualization Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	39.87	9.18	31
Didactic Only Course	40.36	7.61	11
Didactic-Practicum Course	44.14	7.94	43
TOTAL	42.09	8.53	85

Means and Standard Deviations on SSQ Personalization Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	41.42	10.39	31
Didactic Only Course	49.27	29.29	11
Didactic-Practicum Course	45.91	8.20	43
TOTAL	44.71	13.48	85

Means and Standard Deviations on SSQ Style Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	140.36	25.01	31
Didactic Only Course	137.46	15.66	11
Didactic-Practicum Course	151.21	18.65	43
TOTAL	145.47	21.48	85

Means and Standard Deviations on SSQ Counselor Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

Supervision Training	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	46.94	9.77	31
Didactic Only Course	47.18	5.98	11
Didactic-Practicum Course	50.95	6.55	43
TOTAL	49.00	7.99	85

Means and Standard Deviations on SSQ Teacher Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

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<u>Supervision Training</u>	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	45.90	8.14	31
Didactic Only Course	44.09	5.68	11
Didactic-Practicum Course	49.93	6.62	43
TOTAL	47.71	7.41	85

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Means and Standard Deviations on SSQ Consultant Subscale Scores for Interns without Supervision Experience Grouped by Type of Supervision Course

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<u>Supervision Training</u>	<u>M</u>	<u>SD</u>	<u>n</u>
No Course	47.51	8.35	31
Didactic Only Course	46.18	5.67	11
Didactic-Practicum Course	50.33	6.87	43
TOTAL	48.77	7.42	85

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Analysis of Variance on SSQ Scales for Interns without Supervision Experienced based on Type of Supervision Course (E.g. None, Didactic course, Didactic-Practicum Course)

Scale	Source	df	F	Significance
SSQ Total	Between Groups	2	2.961	.057
	Within Groups	82		
	Total	84		
Focus	Between Groups	2	5.425	.095
	Within Groups	82		
	Total	84		
Intervention	Between Groups	2	3.563	.033*
	Within Groups	82		
	Total	84		
Conceptualization	Between Groups	2	2.610	.080
	Within Groups	82		
	Total	84		
Personalization	Between Groups	2	1.754	.180
	Within Groups	82		
	Total	84		
Style	Between Groups	2	3.359	.040*
	Within Groups	82		
	Total	84		
Counselor	Between Groups	2	2.713	.072^
	Within Groups	82		
	Total	84		
Teacher	Between Groups	2	4.515	.014*
	Within Groups	82		
	Total	84		
Consultant	Between Groups	2	2.113	.127
	Within Groups	82		
	Total	84		

\*Significance at  $p < .05$  level.

^Test for homogeneity of variance was significant at the .05 level. This means data set did not have homogeneity of variance.