Perceptions of the Supervisory Relationship: A Preliminary Qualitative Study of Recovering and Nonrecovering Substance Abuse Counselors

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Abstract:

Interviews with a sample ($N = 5$) of substance abuse counselors were conducted concerning perceptions of their relationship with their clinical supervisors. The interview protocol was developed from four existing supervision relationship inventories, with an additional group of questions concerning satisfaction with supervision. Significant themes were determined from the examination of interview data. In addition, the supervisory relationship responses were compared to responses about supervisee satisfaction with supervision. Salient themes also were compared based upon counselor and supervisor substance abuse recovery status. The significance of recovery within the supervisory relationship is discussed as well.

Article:

Introduction

Substance abuse treatment is a unique specialty within the field of counseling and psychotherapy in several ways. Perhaps the most unique aspect of this specialty is the issue of recovering versus nonrecovering counselors. Historically, within the substance abuse field there has been a strong bias in favor of recovering counselors, based on the belief that chemically dependent clients will only listen to recovering counselors who have had their own experience overcoming addiction (Powell, 1993). Indeed, a large percentage of substance abuse counselors have had personal experience with the recovery process (M. Staley, National Association of Alcoholism and Drug Abuse Counselors, personal communication, October 27, 1994). This variation in counselor personal history may create a tense relationship between recovering counselors and those who have not experienced substance abuse and recovery.

The recovery issue is somewhat confounded by a second unique aspect of the field, that is, variations in the professional training of substance abuse counselors. State-certified substance abuse counselors with only a high school diploma may work side-by-side with practitioners who have graduate degrees in counseling (P. Grace, International Certification Reciprocity Consortium, personal communication, September 12, 1996). Typically, educational training levels often parallel recovery status, with nonrecovering counselors more likely to have graduate degrees Mann 1973 and Valle 1979. Consideration of these unique within-group differences, along with the increasing number of graduate level, nonrecovering counselors entering the field, are critical in designing service delivery and clinical supervision programs for substance abuse counselors.

For example, although there is empirical evidence that recovering counselors are equally as effective as nonrecovering counselors Aiken & LoSciuto 1985, Lawson 1982 and LoSciuto, Aiken, Ausetts, & Brown 1984, these counselors seem to use different approaches with their clients. Recovering counselors are more likely to be involved in community education programs, to socialize with clients away from the work environment, and to visit clients who may be in the hospital (Aiken, LoSciuto, Ausetts, & Brown, 1984). Each of these activities is consistent with the philosophy described in the 12th step of Alcoholics Anonymous, "… we tried to carry this message to alcoholics …" (Alcoholics Anonymous, 1976). In addition, recovering counselors are more likely to promote the belief that only alcoholics can really understand other alcoholics (Rivers, 1977). Nonrecovering counselors are less likely to make a yes/no diagnosis of alcoholism. Instead, they view alcohol and drug problems on a continuum of illness and diagnose in terms of degree of problem drinking (Lawson, Petosa, & Peterson, 1982).

Recovering counselors tend to be older than nonrecovering counselors, often having come to the field as a result of a mid-life career change associated with their recovery experience (Powell, 1993). Relapse of the recovering counselor is a significant issue as well, particularly if the counselor's primary credential for working in the field is his/her recovery status Mann 1973 and Valle 1979. The treatment field expects relapse to occur during the treatment process for clients but there are no clear guidelines for dealing with recovering counselors who may experience one or several relapses Kinney 1983 and Powell 1993. Some recovering counselors still may be acting out their addictive personality traits in the workplace if they have been hired too soon in their recovery process (Powell, 1993).

These ideological and tangible differences between the two groups of counselors are likely to influence the supervision context. Recovering and nonrecovering counselors, for example, may have differing needs, in light of their different "perceptions" for their role. These differences, for example, can result in high levels of stress and tension between supervisors and supervisees.

"Mismatches" by recovery status (e.g., recovering counselor and nonrecovering supervisor or vice versa) may be particularly problematic in the supervision process. Recovering counselors may receive more attention to personal issues by their supervisors, which may be viewed as intrusion, particularly if the supervisor is nonrecovering. The effectiveness of less-educated, recovering counselors may be downplayed by nonrecovering supervisors. Nonrecovering, more-educated counselors may generate defensive feelings in their recovering supervisors. Substance abuse counseling supervisors must negotiate their way around these and other issues if they are to succeed in establishing effective working relationships with these two distinct groups of clinicians.

Despite its apparent significance, however, no researchers to date have investigated the potential impact of recovery/nonrecovery status of counselors on the supervisory relationship. In fact, almost no literature on clinical supervision of substance abuse counseling exists (Juhnke & Culbreth, 1994). What does exist is a small number of articles, books, and book chapters that speak to various ideas believed to be important when working with substance abuse counselors in general, such as the desired personality characteristics of clinical supervisors (Powell, 1991), clinical responsibilities of the substance abuse counseling supervisor (Machell, 1987), and specific supervision techniques useful when working with substance abuse counselors (Valle, 1984). A thorough search of the literature, however, produced no empirical support for these assertions.

It is particularly important to begin focusing on the supervisory relationship in substance abuse counseling because (a) the dynamics in the substance abuse field (i.e., recovery status) include factors that have great potential for negatively affecting the relationship, as previously noted; and (b) the relationship is critical to supervision outcome. A number of studies have indicated that the quality of the relationship variables in supervision are directly related to the positive outcome of supervision Cohen & DeBetz 1977 and Worthington & Roehlke 1979. This conclusion has been supported by studies of counselors across various levels of experience, all of whom have indicated a desire for supervision that is supportive and relationship-oriented Kennard et al. 1987 and Usher & Borders 1993. Based on her extensive research program, Holloway (1995) views the supervisory relationship as the core factor in supervision. She stated, "The structure and

character of the relationship embody all other factors and in turn all other factors are influenced by the relationship" (Holloway, 1995, p. 41).

Many attempts have been made to define the salient aspects of the supervisory relationship for counselors and supervisors. Many of these approaches have been adapted from general counseling literature, while others have been developed specifically for counseling supervision. Critical aspects of the supervisory relationship identified in the literature that may have particular relevance to the substance abuse field, include (a) supervisory style, as defined by perceptions of the supervisor's behavior on the three dimensions of attractiveness, interpersonal sensitivity, and task-orientation (Friedlander & Ward, 1984); (b) the social influence dimensions of expertness, attractiveness, and trustworthiness (Corrigan & Schmidt, 1983); (c) the working alliance (Bordin, 1983), defined as agreement on the goals and tasks of the relationship and the presence of a necessary bond between the two individuals in the relationship; and (d) the core conditions of the relationship, characterized by Rogers (1957) as level of regard, empathic understanding, unconditionality, and congruence. Each of these aspects of the supervisory relationship has a demonstrated relationship to supervision outcome Borders & Fong 1991, Heppner & Handley 1981, Ladany & Friedlander 1995, Schacht et al. 1988 and Schiavone & Jessell 1988, and each has specific implications for supervision in substance abuse counseling. For example, nonrecovering counselors may have difficulty viewing less-educated, recovering supervisors as expert, thus detracting from the influence these supervisors may have on counselors' behaviors and development. Recovering counselors may perceive a greater degree of agreement on the goals and tasks of the supervisory working alliance, and may feel greater amounts of congruence and empathy from a recovering supervisor. Nonrecovering supervisors may provide an inadequate amount of task orientation for the recovering counselor, preferring to focus on a more collegial relationship, while the recovering counselor may not view the nonrecovering supervisor as expert, due to the supervisor's lack of recovery experience.

Thus, it is necessary to examine the impact of the individual characteristic of recovery status on the supervisory relationship in the supervision of substance abuse counselors. Considering the significant lack of research efforts on this topic (Juhnke & Culbreth, 1994), an appropriate starting point is to begin gathering information on the impact of substance abuse counselors' recovery or nonrecovery status on their perceptions of the supervisory relationship.

This qualitative study was designed as an initial exploration of the impact of counselor recovery status on counselors' perceptions of the supervisory relationship within the context of the supervisory relationship variables of supervisor style, social influence, working alliance, and core conditions of the relationship. In particular, we wanted to explore the influences of

counselor recovery status on the supervisory relationship and to identify possible sources of within-group differences. Further, it was hoped that the results of this study would provide direction for a quantitative approach to this topic. We believe that the results of this initial study play an important role in developing an understanding of the primary variables that influence the supervisory relationship for substance abuse counselors, which will help guide larger, more extensive studies.

Method

Participants

Participants in the study were five substance abuse counselors working with clients at inpatient (n = 1) and out-patient (n = 4) treatment settings. All of the counselors worked at different agencies. Counselors were contacted by the primary researcher and asked to participate in the study. Of the participating counselors, only one was known to the researchers. The other counselors were referred to the researchers by other colleagues in the substance abuse treatment field. No participant was referred to the researcher by a current or past supervisor. Two of the counselors were located in agencies in one metropolitan area. The other counselors were located in small-to-medium-sized communities. Counselors were informed that participation in the interview was completely voluntary and confidential. They also were instructed to maintain the confidentiality of their supervisor during the interview.

The mean age for the counselors was 42.2 years. Of the five counselors, two reported being in recovery. Four of the counselors reported working with nonrecovering supervisors. One counselor reported having a high school diploma, one counselor reported having a bachelor's degree, and three counselors reported having some type of master's degree (e.g., MSW, MA, MEd). Three of the supervisors were reported to have bachelor's degrees, with two supervisors having master's degrees. Two counselor–supervisor dyads were mismatched based on recovery status while three dyads were mismatched based on education level.

Interview Questions

A series of interview questions was developed to assess participants' perceptions of their supervisory relationships. These questions were guided by instruments previously used to measure aspects of the supervisory relationship, namely the Supervisory Styles Inventory (Friedlander & Ward, 1984), Supervisor Rating Form-Shortened Version (Corrigan & Schmidt, 1983), Working Alliance Inventory (Horvath & Greenberg, 1989), and the Barrett-Lennard Relationship Inventory (Schacht et al., 1988). The intent of the modifications to these existing

instruments was to determine the utility of each relationship measurement to this topic within the substance abuse treatment field. Using the results of this study, a larger, quantitative study could be developed using the instruments that appear to be most relevant for this population and subject matter (J. Hattie, personal communication, October 10, 1995).

Before discussing the supervisory relationship, participants were asked about their satisfaction with supervision. This series of questions consisted of three parts. Participants were asked about their overall satisfaction with supervision, their supervisors' competence, and the contribution of supervision to their professional growth as counselors. Each one of these questions was asked in a slightly open-ended format, such as "How satisfied are you with the competence of your supervisor?"

The next set of questions corresponded to the three dimensions of the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984), interpersonally sensitive, attractive, and task-oriented. Each supervisory style is descriptive of the supervisor's manner of approaching and responding to supervisees in the supervisory relationship; an interpersonally sensitive style is associated with the supervisor focusing on the relationship with the supervisee, an attractive style is associated with a focus on a warm and friendly demeanor toward the supervisee, and the task-oriented style is associated with a focus on a structured and goal-directed approach to supervision. Each dimension is measured by a series of one-word, descriptive adjectives (e.g., perceptive, friendly, focused) with a corresponding 7-point Likert scale (e.g., 1 = very, to 7 = not very). Questions were formulated around each set of adjectives to reflect the overall intent of the dimension being measured. For example, to determine the degree of task-orientation, participants were asked to "Describe your supervisor's ability to remain task-oriented during your supervision session." Or, to assess the perception of supervisor attractiveness, participants were asked to "Describe your supervisor's manner toward you as an individual."

The social influence dimensions of expertness, attractiveness, and trustworthiness also were examined. Strong (1968) defined expertness as a perception of competence, trustworthiness as behaviors that instill a sense of trust, and attractiveness as the ability to convey a sense of caring and value. These dimensions correspond to those measured by the Supervisor Rating Form-Shortened Version (SRF-S; Schiavone & Jessell, 1988). The SRF-S uses the same 7-point Likert format and scale anchors as the SSI. Four adjectives correspond to each of the three dimensions of social influence (e.g., experienced, honest, likable). Interview questions were formulated to reflect the overall intent of each dimension being measured on the SRF-S. For example, to determine levels of perceived expertness of their supervisors, participants were asked "Did your

supervisor convey to you that s/he was experienced or skillful in counseling? If so, how was that conveyed?"

The third series of questions corresponded to the three dimensions of working alliance theory: tasks, bond, and goals of supervision. Bordin (1983) suggested that the counseling working alliance dimensions were applicable to supervision as well. The task dimension consists of steps the supervisor uses to accomplish a goal; bond reflects caring, trust, and liking between supervisor and supervisee; and goal is the agreement between the supervisor and supervisee on the desired outcome of the supervisory relationship. Each of the interview questions were variations of statements from the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). The response format also is a 7-point Likert scale, with scale anchors from "never," to "always." Statements on the WAI were changed to open-ended questions for the interview format of this study. Several statements that best summarized each working alliance dimension were chosen from the complete inventory for modification to the open-ended format. For example, a statement on the WAI concerning the tasks of supervision was modified to "Describe ways in which your supervisor let you know what your responsibilities were."

The final series of interview questions were adapted from a shortened version of the Barrett-Lennard Relationship Inventory (BLRI; Schacht et al., 1988). The questions reflect Rogers' (1957) core conditions of the relationship: positive regard, empathy, congruence, unconditionality, and willingness to be known. The BLRI also consists of a series of statements on which respondents are asked to rate their level of agreement or disagreement. The rating scale ranged from 1, meaning "I strongly feel it is not true," to 6, meaning "I strongly feel it is true." Several statements were modified to open-ended questions for the interview. For example, a statement concerning congruence was changed to "Have you ever thought that your supervisor felt one way about you, yet acted another way? If so, please describe the incident(s)." A statement about unconditionality was changed to "How would your supervisor let you know that it was OK to not agree with him/her?" These selected statements appeared to best represent the five relationship dimensions of the BLRI.

Once the final interval protocol was completed it was reviewed by two experts; one expert from the field of supervision, the other from the field of research design and methodology. Each expert determined that the interview protocol accurately reflected the original quantitative instrument scales. Further, each reviewer determined that the protocol did not unduly bias the potential results of the participants.

Procedure

Participants were contacted directly and asked to participate in the study. They were informed that the researcher was conducting a study of substance abuse counselors' perceptions of the supervisory relationship. They were instructed to consider their current or most recent supervisory relationship when answering the questions. Participants were informed that there were no right or wrong answers, and that their involvement in the project was confidential.

All interviews were audio-tape recorded and transcribed for review of the data. The series of questions were the same for all interviews. Each interview lasted approximately 30 minutes and was conducted at a location convenient to the interviewee (in each case, his or her office).

Results

As the data were of a qualitative nature, results are presented in a narrative format, discussing the salient themes obtained. Before discussing those themes, it is important to describe the method used to interpret the raw data. The taped interviews were transcribed, with responses grouped under each question. Responses for each question were categorized according to a continuum associated with the set of possible responses for that question; each response representing a point along the continuum. For example, responses to the question concerning overall satisfaction with supervision were ordered on a continuum ranging from most positive to most negative. Once all of the responses were categorized, responses to each question were examined to determine common and opposing trends. This examination was conducted by the primary researcher. Once these themes were determined, the responses were examined and grouped based on the recovery status of the participant. In addition, comparisons were made between responses to the relationship questions and the three questions concerning satisfaction with supervision.

Three main themes emerged from the data: issues concerning supervisor competence, the attitude of the supervisor, and recovery status of the counselor and supervisor. Each one of these themes will be discussed in more detail in the following sections.

Supervisor Competence

The first theme in the interview data was the close association of perceived competence of the supervisor to satisfaction with supervision for substance abuse counselors. Counselors who considered their supervisors to be competent were more likely to speak highly of their overall supervision experience, irrespective of recovery/nonrecovery status. One of the recovering

counselors who indicated low levels of overall satisfaction stated, "He was not competent as a supervisor. He was probably competent in his knowledge of substance abuse, but he had a real hard time communicating with people." A nonrecovering counselor who indicated low levels of satisfaction on all three satisfaction questions expressed concern about being able to learn from his supervisor, stating that, "He was very competent and knowledgeable, but he did not pass that on to me." Many of the counselors indicated that they considered their supervisors to be reasonably competent as counselors; however, this competence did not necessarily carry over to competence as a supervisor.

General feelings of supervisor expertness stemmed from either the supervisor having many years of experience in the field or by the supervisor holding appropriate substance abuse credentials. When asked about the experience or skill level of his supervisor, one counselor responded succinctly by stating, "He was a CSAC (Certified Substance Abuse Counselor)." Both recovering and nonrecovering counselors considered past experience a significant factor in determining supervisor expertness. When asked how the supervisor conveyed expertness, responses such as "years in the field," and "He gives me ideas that he has used in the past with other clients" were provided. One counselor believed that the expertness of the supervisor was demonstrated by the supervisor having a great amount of knowledge concerning the administrative procedures used with court-referred clients. This counselor indicated that the supervisor knew the procedures extremely well and tried to impart that knowledge to the counselors whenever possible.

Regarding credentials, one counselor stated that his supervisor was a state-certified substance abuse counselor, which he considered to be an indicator of expertness in the field. However, this counselor stated that his supervisor was not able to communicate any information to him, either due to lack of supervisory ability or lack of willingness. This counselor further stated that he felt his supervisory experience would have been more positive if his supervisor had more training, possibly in the area of clinical supervision skills.

In summary, it appears that for these substance abuse counselors, supervisory competence was closely associated with ratings of satisfaction with supervision. Three out of five counselors expressed concern about the competence and skill level of their supervisors. Each one of these three counselors also indicated low levels of satisfaction for each of the satisfaction questions. The two counselors who indicated satisfaction with supervision did not report any concerns with their supervisors' competence or skill level as supervisors.

Supervisor Attitude

A second area of concern for substance abuse counselors was the overall attitude of their supervisors, and how that attitude was reflected in their day-to-day work as a supervisor. This attitude was characterized by the counselors as a commitment to the supervisory relationship, conveying a sense of trustworthiness, and providing a feeling of support for the counselors.

Counselors who considered their supervisory experiences to be unsatisfactory reported feeling that their supervisors were not committed to the supervisory relationship. When asked whether his supervisor was committed to the relationship, one counselor stated emphatically, "No, not with me!" Another counselor responded, "His commitment to the relationship was one of authority and power over me." Conversely, the counselors who considered their supervisory experiences to be positive reported a feeling of commitment to the supervisory relationship; "Yes, she displays a commitment to the supervisory process. She feels as though she is trying to help."

Trustworthiness and sincerity of the supervisor were considered important by the substance abuse counselors. Supervisors who were considered competent reportedly displayed a higher degree of sincerity and conveyed a greater sense of trustworthiness. When asked about the sincerity and trustworthiness of his supervisor, one counselor stated, "Yes, he sure was [sincere]. Gossip was not something that he became involved in. He dealt with gossip situations in a head-on manner, not secretive." Another counselor reported a different experience, "He did not make me feel he was trustworthy. With clients he was, but not with … personal issues with me." This response was animated and emphatic.

Feeling supported by the supervisor was a third significant aspect of supervisor attitude that the counselors stated was important. Comments from one counselor about supportiveness were, "I felt as if there were nothing wrong that I could do in his eyes. I felt really supported by him," and from another counselor, "I feel comfortable asking for support from my supervisor when there are pressing personal issues that I need to address." However, not all of the counselors felt supported by their supervisors. One counselor stated, "I never felt like he supported me at all. I felt that any time I was being called into his office there was the possibility of being terminated."

As was the case with supervisor competence, supervisor attitude was closely associated with ratings of satisfaction with supervision for these counselors also. The three counselors who reported more negative experiences and perceptions of their supervisors' attitude indicated lower

levels of satisfaction with supervision. The two counselors who indicated satisfaction with supervision reported that a more positive, supportive, and trusting attitude was conveyed from their supervisors.

Recovery Status

When asked about the impact of recovery status on the supervisory relationship, the substance abuse counselors agreed that it can and does affect the relationship. Primarily, the counselors felt that mismatches in the relationship based on recovery status, such as recovering counselor and nonrecovering supervisor or vice versa, would be the combination most likely to create problems within supervision. A recovering counselor stated, "Sometimes this is related to nonrecovering people discounting recovering counselors' experience." Another counselor, nonrecovering, with a recovering supervisor, stated, "… if a supervisor perceives a nonrecovering counselor as more effective than a recovering counselor, then it is going to limit expectations and keep people locked in. If a supervisor considers recovery status as a deficit or advantage, then this removes/diminishes power or credibility from the other group of counselors that either do or do not have that quality. This is particularly true in the substance abuse field concerning recovery status." This concern was repeated by a recovering counselor who stated, "Yes, it [recovery status] is an issue between supervisor and counselor, depending on what the recovery status is of each person."

Two counselors further discussed differences in perceptions based on recovery status. A nonrecovering counselor said, "There are definite differences in perception." This counselor further stated that, "… recovering people tend to be close-minded and somewhat rigid. This may create some difficulties between counselor and supervisor." This sentiment was echoed by a recovering counselor, who stated, "Recovering and nonrecovering counselors see things differently." While these counselors appeared to agree that there are differences in perception based on recovery status, some felt that this should not be the case, with one counselor reporting, "Logically there should not be any differences; however, there are." These counselors were unable to fully articulate the actual differences in perception based on recovery status of the counselor beyond the descriptions provided here. However, they all agreed that these differences do exist and they do affect the supervisory relationship.

Regarding the impact of recovery status on the supervisory relationship, both a recovering and a nonrecovering counselor addressed the role of the supervisor in dealing with problems that may arise in supervision. The recovering counselor stated, "It could end up being a big problem if things are not taken care of by the supervisor." The nonrecovering counselor made a similar

comment, "A good supervisor should be able to see the good qualities regardless of recovery status."

It is important to note that of the three substance abuse counselors who indicated low levels of satisfaction with supervision, supervisor competence, and contribution of supervision to professional growth, two of the counselors were in mismatched supervisory dyads based on recovery status. Both of these counselors were in recovery, while their supervisors were nonrecovering. These were the only mismatched pairs in the sample of counselors.

Conclusion

Three significant themes were drawn from a series of interviews with both recovering and nonrecovering substance abuse counselors about their supervisory relationships. The first is the overall importance of general supervisory competence. These substance abuse counselors stated that one of the primary issues in supervision is supervisor competence. This finding supports earlier research results, which suggest that counselors prefer supervisors who are competent and skilled in both counseling and supervision (Leddick & Dye, 1987). In addition, these counselors reported that being a good counselor does not automatically result in being a good supervisor. One interpretation of this finding may be that supervisors need additional training beyond their basic counseling skills, which is specific to becoming a supervisor, similar to the findings of Usher and Borders (1993). One aspect of the supervisor (vs. counselor) role was their ability to impart their skill and knowledge to the counselors in an effective manner to assist them in becoming better counselors, which is in line with results found in previous research Lemons 1979 and Worthington & Roehlke 1979.

A second important factor is supervisor attitude. A positive and supportive attitude by the supervisor, along with overall trustworthiness of the supervisor, is critical in portraying a commitment to the supervisory relationship. Further, counselors felt that this commitment was even more important than recovery status. These findings underline previous research results that indicate the importance of the supervisory relationship Cohen & DeBetz 1977, Kennard et al. 1987, Usher & Borders 1993 and Worthington & Roehlke 1979, supervisor trustworthiness Friedlander & Snyder 1983, Heppner & Handley 1981 and Heppner & Handley 1982 and providing a supportive environment within the context of supervision (Kennard et al., 1987).

Finally, the issue of recovery status was a significant issue in the supervisory relationship for substance abuse counselors. While the counselors were not able to describe fully how recovery

status affects the relationship, they did believe, without any doubt, that it was a factor in the relationship between supervisor and supervisee. Further, they felt that if recovery status was going to be an issue in the supervisory relationship, it was the responsibility of the supervisor to address this issue in a clear and open manner. This finding is similar to that reported by Leddick and Dye (1987), who found that counselors expected supervisors to be aware of and prepared to address issues that may affect the supervisory relationship (e.g., gender issues, cross-cultural issues, and professional backgrounds of the supervisee). Additionally, these counselors felt that if there were going to be a problem between supervisor and supervisee, it would most likely stem from a mismatched (based on recovery status) supervisory dyad.

Critical evaluation of qualitative research, based upon quantitative methodology, has been called inappropriate and ineffectual Kirk & Miller 1986 and Straus & Corbin 1990. In comparison to a quantitative study, conclusions based on this study would be strongly suspect due to the sample size and the self-report nature of the data. However, the depth of understanding gained from the qualitative method provides a greater, more thorough understanding of the subject matter and provides a direction for the next step in empirical examination. Further, while the results from this exploratory qualitative study may be difficult to replicate, that fact alone does not minimize the credibility of the results (Kirk & Miller, 1986). The development of the interview protocol was grounded in established supervision theory, which is an initial requirement in the critical examination of qualitative research design (Guba, 1981).

These limitations notwithstanding, it appears that substance abuse counselors value an effective, positive, trusting, and supportive supervisory relationship. Also, it appears these counselors do not want recovery status to be an issue in supervision, but they acknowledge that it is an element of the relationship that is present. Based on this initial exploration of the supervisory relationship, it seems that the factors of supervisory style, social influence, working alliance, and core relationship conditions are key factors in the supervisory relationship for substance abuse counselors. Further investigation of these relationship variables seems warranted. In addition, an examination of the impact of counselor and supervisor matching/mismatching based on recovery status is an important variable to include in future research efforts.

References

Aiken & LoSciuto 1985; L.S. Aiken, L.A. LoSciuto *Ex-addict versus nonaddict counselors' knowledge of clients' drug use*; International Journal of the Addictions, 20 (1985), pp. 417–433

Aiken, LoSciuto, Ausetts, & Brown 1984; L.S. Aiken, L.A. LoSciuto, M.A. Ausetts, B.S. Brown *Paraprofessional versus professional drug counselorsDiverse routes to the same role*; International Journal of the Addictions, 19 (1984), pp. 153–173

Alcoholics Anonymous 1976; Alcoholics Anonymous *Alcoholics AnonymousAlcoholics Anonymous World Services, New York (1976)*

Borders & Fong 1991; L.D. Borders, M.L. Fong *Evaluations of superviseesBrief commentary and research report*; The Clinical Supervisor, 9 (1991), pp. 43–51

Bordin 1983; E.S. Bordin *A working alliance based model of supervision*; The Counseling Psychologist, 11 (1983), pp. 35–42

Cohen & DeBetz 1977; R.J. Cohen, B. DeBetz *Responsive supervision of the psychiatric resident and clinical psychology intern*; American Journal of Psychoanalysis, 37 (1977), pp. 51–64

Corrigan & Schmidt 1983; J.D. Corrigan, L.D. Schmidt *Development and validation of revisions in the Counselor Rating Form*; Journal of Counseling Psychology, 30 (1983), pp. 64–75

Friedlander & Snyder 1983; M.L. Friedlander, J. Snyder *Trainees expectations for the supervisory processTesting a developmental model*; Counselor Education and Supervision, 22 (1983), pp. 342–348

Friedlander & Ward 1984; M.L. Friedlander, L.G. Ward *Development and validation of the Supervisory Styles Inventory*; Journal of Counseling Psychology, 31 (1984), pp. 541–557

Guba 1981; E.G. Guba *Criteria for assessing the trustworthiness of naturalistic inquiry*; Educational Communication and Technology: A Journal of Theory, Research, and Development, 29 (1981), pp. 75–91

Heppner & Handley 1981; P.P. Heppner, P.G. Handley *A study of the interpersonal influence process in supervision*; Journal of Counseling Psychology, 28 (1981), pp. 437–444

Heppner & Handley 1982; P.P. Heppner, P.G. Handley *The relationship between supervisory behaviors and perceived supervisor expertness, attractiveness, or trustworthiness*; Counselor Education and Supervision, 22 (1982), pp. 37–46

Holloway 1995; E.L. Holloway *Clinical supervisionA systems approachSage, Thousand Oaks, CA (1995)*

Horvath & Greenberg 1989; A.O. Horvath, L.S. Greenberg *Development and validation of the Working Alliance Inventory*; Journal of Counseling Psychology, 36 (1989), pp. 223–233

Juhnke & Culbreth 1994; G.A. Juhnke, J.R. Culbreth *Clinical supervision in addictions counselingSpecial challenges and solutions*; L.D. Borders (Ed.), SupervisionExploring the effective components, ERIC/CASS, Greensboro, NC (1994), pp. 33–34

Kennard et al. 1987; B.D. Kennard, S.M. Stewart, M.R. Gluck *The supervision relationshipVariables contributing to positive versus negative experiences*; Professional Psychology: Research and Practice, 18 (1987), pp. 172–175

Kinney 1983; J. Kinney *Relapse among alcoholics who are alcoholism counselors*; Journal of Studies on Alcohol, 44 (1983), pp. 744–748

Kirk & Miller 1986; J. Kirk, M. Miller *Reliability, validity, and qualitative researchSage, Beverly Hills, CA (1986)*

Ladany & Friedlander 1995; N. Ladany, M.L. Friedlander *The relationship between the supervisory working alliance and trainees' experience of role conflict and role ambiguity*; Counselor Education and Supervision, 34 (1995), pp. 220–231

Lawson 1982; G. Lawson *Relation of counselor traits to evaluation of the counseling relationship by alcoholics*; Journal of Studies on Alcohol, 43 (1982), pp. 834–839

Lawson, Petosa, & Peterson 1982; G. Lawson, R. Petosa, J. Peterson *Diagnosis of alcoholism by recovering alcoholics and by nonalcoholics*; Journal of Studies on Alcohol, 43 (1982), pp. 1033–1035

Leddick and Dye 1987; G.R. Leddick, H.A. Dye *Effective supervision as portrayed by trainee expectations and preferences*; Counselor Education and Supervision, 27 (1987), pp. 139–154

Lemons 1979; S. Lemons *Value system similarity and the supervisory relationship*; Counselor Education and Supervision, 19 (1979), pp. 13–19

LoSciuto, Aiken, Ausetts, & Brown 1984; L.A. LoSciuto, L.S. Aiken, M.A. Ausetts, B.S. Brown *Paraprofessional versus professional drug counselorsAttitudes and expectations of the counselors and their clients*; International Journal of the Addictions, 19 (1984), pp. 233–252

Machell 1987; D.F. Machell *Obligations of a clinical supervisor*; Alcoholism Treatment Quarterly, 4 (1987), pp. 105–108

Mann 1973; M. Mann *AttitudeKey to successful treatmentCharles C Thomas, Springfield, IL (1973)*

Powell 1991; D.J. Powell *SupervisionProfile of a clinical supervisor*; Alcoholism Treatment Quarterly, 8 (1991), pp. 69–86

Powell 1993; D.J. Powell *Clinical supervision in alcohol and drug abuse counselingLexington Books, New York (1993)*

Rivers 1977; P.C. Rivers *How to survive in a chemical dependency agencyAspen, Rockville, MD (1977)*

Rogers 1957; C.R. Rogers *The necessary and sufficient conditions of therapeutic personality change*; Journal of Consulting Psychology, 21 (1957), pp. 95–103

Schacht et al. 1988; A.J. Schacht, H.E. Howe, J.J. Berman *A short form of the Barrett-Lennard Relationship Inventory for supervisory relationships*; Psychological Reports, 63 (1988), pp. 699–706

Schiavone & Jessell 1988; C.D. Schiavone, J.C. Jessell *Influence of attributed expertness and gender in counselor supervision*; Counselor Education and Supervision, 28 (1988), pp. 29–42

Straus & Corbin 1990; A. Straus, J. Corbin *Basics of qualitative researchSage, Newbury Park, CA (1990)*

Strong 1968; S.R. Strong *CounselingAn interpersonal influence process*; Journal of Counseling Psychology, 15 (1968), pp. 215–224

Usher & Borders 1993; C.H. Usher, L.D. Borders *Practicing counselors' preferences for supervisory style and supervisory emphasis*; Counselor Education and Supervision, 33 (1993), pp. 66–79

Valle 1979; S.K. Valle *Alcoholism counselingIssues for an emerging professionCharles C Thomas, Springfield, IL (1979)*

Valle 1984; S.K. Valle *Supervision in alcoholism counseling* Alcoholism Treatment Quarterly, 1 (1984), pp. 101–114

Worthington & Roehlke 1979; E.L. Worthington, H.J. Roehlke *Effective supervision as perceived by beginning counselors-in-training*; Journal of Counseling Psychology, 26 (1979), pp. 64–73