

Perceptions of the Supervisory Relationship: Recovering and Nonrecovering Substance Abuse Counselors

John R. Culbreth and L. DiAnne Borders

The unique set of dynamics found in the substance abuse field (i.e., recovering and nonrecovering counselors and supervisors) calls for a separate examination of the supervisory relationship within this context. The authors examined differences in counselors' perceptions of the supervisory relationship based on counselor and supervisor recovery status, and the match or mismatch of counselor and supervisor recovery status. Substance abuse counselors (N = 547) working in a statewide public mental health system located in the Southeast rated satisfaction with supervision and reported perceptions of various dimensions of the supervisory relationship. Results of the 2 (counselor recovery status: nonrecovering and recovering) × 2 (supervisor recovery status: nonrecovering and recovering) multivariate analysis of variance indicated no significant differences in ratings of satisfaction or relationship dimensions based on either the counselors' or supervisors' recovery status. A significant interaction effect for counselor and supervisor recovery status (i.e., match or mismatch of recovery status) was found for all satisfaction and relationship measures.

Substance abuse treatment is a unique specialty within the field of counseling. Perhaps the most notable aspect of this specialty is the issue of recovering versus nonrecovering counselors. Historically, there has been a strong bias within the substance abuse field in favor of recovering counselors, based on the belief that chemically dependent clients will listen only to recovering counselors who have had their own experiences in overcoming an addiction. 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), often creating a tense relationship between these counselors and those who have not experienced substance abuse and recovery. The recovery issue is somewhat confounded by a second aspect of the field, 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. Educational training levels often parallel recovery status, with nonrecovering counselors more likely to have graduate degrees (Mann, 1973; Valle, 1979). Consideration of these unique within-group differences, along with the increasing number of graduate level nonrecovering counselors entering the field, is critical in designing service delivery and clinical supervision programs for substance abuse counselors.

In terms of service delivery, there is empirical evidence that recovering counselors are equally as effective as nonrecovering counselors (Aiken & LoSciuto, 1985; Lawson, 1982; LoSciuto, Aiken, Ausetts, & Brown, 1984). However, these two groups of counselors seem to use different approaches and methods with their clients. Recovering counselors are more likely to be involved in community education programs, socialize with clients away from the work environment, and visit clients in the hospital (Aiken, LoSciuto, Ausetts, & Brown, 1984). Each of these activities is consistent with the philosophy described in the twelfth step of Alcoholics Anonymous: "We tried to carry this message to alcoholics" (*Alcoholics Anonymous*, 1976). In addition, 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 the degree of problem drinking (Lawson, Petosa, & Peterson, 1982). These counseling differences are likely to influence the supervision context, particularly if the supervisor and supervisee have conflicting opinions about the appropriateness of an intervention or the assessment of a problem.

Other contrasts between recovering and nonrecovering counselors also have implications for supervision and the supervisory relationship. For example, recovering counselors tend to be older than nonrecovering counselors; they often come to the field as a result of a midlife career change associated with their recovery experience (Powell, 1993). Relapse of the recovering counselor also is a significant is-

John R. Culbreth is an assistant professor in the Counselor Education Program at the University of Virginia, Charlottesville, and coordinator of the Secondary School Counseling program. L. DiAnne Borders is the chairperson of the Department of Counseling and Educational Development at The University of North Carolina at Greensboro. Correspondence regarding this article should be sent to John R. Culbreth, Counselor Education Program, 169 Ruffner Hall, University of Virginia, Charlottesville, VA 22903.

sue, particularly if the counselor's primary credential for working in the field is his or her recovery status (Mann, 1973; Valle, 1979). The treatment field expects relapse to occur during the treatment process for clients, but, at the present time, there are no guidelines for dealing with recovering counselors who may experience one or several relapses (Kinney, 1983). In addition, although 2 years of sobriety is considered the minimum amount of time before a recovering person should assume a counselor role, there is no empirical evidence to support the efficacy of this criterion (Kinney, 1983). 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). In addition, recovering counselors are more likely to promote the belief that only alcoholics can understand other alcoholics (Rivers, 1977). These ideological differences between the two groups of counselors can result in high levels of stress and tension between staff members, including supervisors and supervisees. Given the within-group differences among substance abuse counselors and the specific needs of recovering counselors, it is imperative that substance abuse counseling supervisors have some understanding about how a counselor's recovery status may or may not affect the supervisory relationship.

"Mismatches" by recovery status (e.g., recovering counselor and nonrecovering supervisor) may be particularly problematic in the supervision process. Supervisors may give more attention to personal issues of recovering counselors, which may be viewed as an intrusion by the recovering counselor, particularly if the supervisor is nonrecovering. Recovering counselors may feel that nonrecovering supervisors downplay or even disregard the contributions of recovering counselors because of the latter's lack of graduate-level education. In addition, recovering supervisors may feel threatened by better educated, nonrecovering counselors. Clearly, substance abuse counselors and supervisors must negotiate their way around these issues if they are to succeed in establishing effective working relationships.

Despite its apparent significance, no researchers to date have investigated the potential impact of recovery/nonrecovery status of counselors or supervisors on the supervisory relationship. In fact, almost no literature on clinical supervision of substance abuse counseling exists (Culbreth & Borders, 1998). A few articles, books, and book chapters do exist that speak to various ideas believed to be important when working with substance abuse counselors, 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 for working with substance abuse counselors (Valle, 1984). However, a thorough search of the literature produced no empirical support for these opinions.

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 researchers have indicated that the quality of the relationship variables in supervision are directly related to the positive outcome of supervision (Cohen & DeBetz, 1977; Holloway, 1995; Krause & Allen, 1988; Worthington & Roehlke, 1979; Worthington & Stern, 1985). This conclusion has been supported by studies of counselors across all levels of experience, all of whom have indicated a desire for supervision that is supportive and relationship oriented (Kennard, Stewart, & Gluck, 1987; Usher & Borders, 1993). In fact, Holloway, on the basis of her extensive research, 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" (p. 41).

Critical aspects of the supervisory relationship identified in the literature, which also 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 one of these aspects of the supervisory relationship has a demonstrated relationship to supervision outcome (Borders & Fong, 1991; Heppner & Handley, 1981; Ladany & Friedlander, 1995; Schacht, Howe, & Berman, 1988; Schiavone & Jessell, 1988), and each has specific implications for supervision in substance abuse counseling.

Given that recovery characteristics in counselors have been demonstrated to affect how the recovering counselor works with clients (Aiken et al., 1984) and coworkers (Rivers, 1977), it seems reasonable to hypothesize that recovery status would affect how the counselor works with his or her supervisor. Similarly, recovery status of supervisors may affect how they view and work with substance abuse supervisees. Recovery status could be viewed as similar to other individual characteristics, such as cognitive style, race, and gender, that have been demonstrated to have an impact on the supervisory relationship (Cook & Helms, 1988; Handley, 1982; Robyak, Goodyear, & Prange, 1987; Worthington & Stern, 1985). Thus, it is now necessary to examine the impact of recovery status on the supervisory relationship in the supervision of substance abuse counselors. Accordingly, this study examined counselors' perceptions of the supervisory relationship based upon counselor and supervisor recovery status, using the supervisory relationship dimensions of supervisory style, social influence, the working alliance, and the core conditions of the relationship.

METHOD

Procedure

Substance abuse clinical coordinators for 38 area mental health centers for outpatient treatment and three regional inpatient treatment facilities in a southeastern state were asked to participate in the study during their monthly regional meetings. Coordinators who agreed to participate were given a set of instrument packets corresponding to the number of substance abuse counselors working in their area centers and asked to designate a contact person to distribute and collect the materials. In addition, all coordinators were asked to provide demographic information for their respective staffs. This information was obtained to provide an estimate of the demographic characteristics of the population of substance abuse counselors, regardless of participation in the study, for comparison with sample demographic characteristics.

An introduction and instruction letter for the designated contact person was included with the original instrument packets. This instruction letter described the purpose of the study and the procedures for administering the various assessments. Also included was a log sheet to list packet recipients and to designate whether a packet was returned by each counselor.

Each instrument packet contained an introductory letter to the participant, the set of instruments to be completed, and an envelope addressed to the principal investigator. The instrument packet consisted of five measures of the dependent variables, in the following order: a questionnaire assessing overall satisfaction with supervision, the Supervisory Styles Inventory (Friedlander & Ward, 1984), the Supervisor Rating Form (Schivone & Jessell, 1988), the Working Alliance Inventory (Horvath & Greenberg, 1989), a shortened form of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988), and a demographic questionnaire. The substance abuse counselors completed the assessments, sealed them in a Number 10 envelope with initials or a mark placed across the seal for confidentiality, and either returned it to the contact person or mailed it directly to the principal investigator, based on personal preference.

One week after distribution of the instrument packets to the counselor coordinators, a reminder phone call was made to the counselor coordinator of the agencies that had not returned the instrument packets. Two weeks after distribution, the coordinators who had not returned their packets were contacted by phone again to check on the project status and to remind them of the need to return the instrument packets. Data collection ended 6 weeks after distribution of the instrument packets.

Participants

The population for the study consisted of the substance abuse counselors employed by one southeastern state's public mental health system. In the various settings, *substance abuse counselors* referred to those individuals working in positions designated as substance abuse treatment

providers within the state mental health system. Thirty-eight of the 41 individual treatment areas across the state and two of the three regional alcohol and drug abuse inpatient treatment centers agreed to participate in the study. Three of the mental health area systems contracted with private agencies for substance abuse services; these private agencies were not included in the study. In these 40 settings, a total of 566 instrument packets were distributed. Of these, 385 were returned. Fifteen packets were dropped due to data contamination; 4 packets were dropped due to insufficient responses. This resulted in a final pool of 547 substance abuse counselors and a response rate of 67%.

The complete list of sample demographic characteristics and corresponding state estimates for each demographic category are provided in Table 1. As indicated, most of the respondents were female, White, and married. About 40% had completed a graduate degree. Over half (65%) were nonrecovering counselors. Sample demographics were quite similar to state estimates for the entire population of substance abuse counselors. The mean age for the sample of counselors was 41.4 years ($SD = 9.7$ years) with a range of 22 to 68 years. The mean year of graduate level completion for the counselors was 1988 ($SD = 7.5$ years); for doctoral level counselors it was 1981 ($SD = 15.4$ years).

Because a few participants did not respond to all demographic questions, the data reported here may vary slightly from the data reported in the demographic table. Of those responding to the demographic questions, nonrecovering counselors were somewhat younger than recovering counselors (nonrecovering, $M = 38.8$ years, $SD = 9.25$ years; recovering, $M = 46.4$ years, $SD = 8.5$ years). The nonrecovering group was predominantly female ($n = 155, 74\%$), whereas the recovering group was predominantly male ($n = 66, 59\%$). More recovering counselors ($n = 42, 36\%$) reported being separated, divorced, or remarried than did nonrecovering counselors ($n = 35, 16\%$). More nonrecovering ($n = 118; 50\%$) than recovering counselors ($n = 41, 33\%$) had completed graduate level training.

Of the participants who reported the sex, race, education level, and recovery status of their supervisors, about half reported working with a female supervisor ($n = 185, 52\%$), and most reported working with a White supervisor ($n = 304, 84\%$). The majority of counselors reported their supervisors to have graduate level training, primarily at the master's level ($n = 203, 56\%$), with some doctoral level supervisors ($n = 34, 9\%$). Most counselors reported working with a nonrecovering supervisor ($n = 251, 71\%$).

Variables

The demographic questionnaire requested descriptive information concerning respondents' age, sex, race, education level, and recovery status as well as the sex, race, education level, and recovery status of their respective supervisors.

Satisfaction with supervision. Three satisfaction items were adapted from a similar series of satisfaction questions used by Worthington and Roehlke (1979). Participants were asked

TABLE 1

Sample Demographic Information and State Estimates of Substance Abuse Counselor Demographics

Characteristic	Sample		State Estimate	
	n	%	n	%
Sex				
Male	122	33.9	228	40.6
Female	202	56.1	334	59.4
No response	36	10.0		
Race				
White	282	78.3	422	75.1
Black	65	18.1	125	22.2
Hispanic	2	0.6	6	1.1
Native American	3	0.8	5	0.9
Asian	1	0.3	1	0.2
Other	3	0.8	3	0.5
No response	4	1.1		
Marital Status				
Single	82	22.8	156	28.3
Married	188	52.2	285	51.6
Separated	7	1.9	8	1.4
Divorced	59	16.4	58	10.5
Remarried	11	3.1	26	4.7
Other	1	0.3	19	3.4
No response	12	3.3		
Education Level				
Completed high school	9	2.5	26	4.6
Trade or business school	1	0.3	11	2.0
Some college	41	11.4	39	6.9
Completed college	92	25.6	207	36.8
Some graduate work	57	15.8	35	6.2
Completed graduate degree	152	42.2	226	40.2
Some doctoral work	5	1.4	2	0.4
Completed doctoral work	3	0.8	5	0.8
Unknown	0	0.0	11	2.0
Recovery Status				
Nonrecovering	235	65.3	362	64.8
Recovering	123	34.2	171	30.6
No response	2	0.6		
Unknown			26	4.7

Note. Due to rounding, percentages do not tally to 100% in every case.

to rate their overall level of satisfaction with their current supervision, the competence of their supervisor, and their supervisors' contribution to their improvement as a counselor on a 5-point Likert scale (1 = not at all, 5 = very much).

Supervisory style. The Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) was used to measure the supervisor's style, defined as the manner in which a supervisor approaches and responds to trainees and how he or she implements supervision within the supervisory relationship. The SSI has three subscales: the Attractive scale, the Interpersonally Sensitive scale, and the Task-Oriented scale. The questionnaire consists of 33 items; each item is a single, descriptive adjective. On a 7-point Likert scale (1 = not very, 7 = very), respondents indicate to what extent the word is descriptive of their supervisor. The SSI has strong convergent validity and test-retest reliability characteris-

tics (Friedlander & Ward, 1984). Eight filler items were removed from the SSI format used in this study.

Social influence. The Supervisor Rating Form—Short Version (SRF; Schiavone & Jessell, 1988) is Schiavone and Jessell's adaptation of the Counselor Rating Form—Shortened Version (Corrigan & Schmidt, 1983). The SRF measures three specific dimensions of social influence within the supervisory relationship: expertness, attractiveness, and trustworthiness. The instrument consists of twelve adjectives, four for each scale. Respondents use a 7-point Likert scale (1 = not very, 7 = very) to indicate to what extent the word is descriptive of their supervisor. Barak and LaCrosse (1975) reported reliability estimates of .92 for expertness, .91 for attractiveness, and .85 for trustworthiness. Several researchers (Barak & LaCrosse, 1975; Corrigan & Schmidt, 1983) have provided validity support for the scales.

Working alliance. Horvath and Greenberg (1989) developed the Working Alliance Inventory (WAI) based on the theory of Bordin (1976). The 36 sentences correspond to the components of working alliance theory, with 12 items for each of the three dimensions of tasks, bond, and goals. A 7-point Likert scale (1 = never, 7 = always) is used to indicate to what extent the sentence is descriptive of the supervisor. Horvath and Greenberg reported validity coefficients of .76 for task, .80 for goal, and .53 for bond. Using Cronbach's alpha, Horvath and Greenberg reported the client version of the instrument had an estimated reliability coefficient of .93. The counselor version of the instrument had an estimated reliability coefficient of .87. The WAI was modified by Baker (1990) to reflect the supervisory relationship. Only minor changes were made, most notably the instructions to the respondents and the substitution of the word *supervision* for the word *counseling*.

Core conditions. The Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1978) was designed to measure the necessary and sufficient conditions for behavior change proposed by Rogers (1957): empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known (Barrett-Lennard, 1978). The BLRI version used in this study consisted of 40 statements taken from the original form and adapted to the supervision context. The method of response was changed to a 6-point Likert scale (1 = I strongly feel it is not true, 6 = I strongly feel it is true). Barrett-Lennard reported an overall instrument reliability estimate of .92, with scale estimates ranging from .72 on the Willingness to be Known scale to .90 on the Regard scale. The validity of the BLRI has been documented consistently (Barrett-Lennard, 1969, 1978; Walker & Little, 1969).

Data Analysis

A series of multivariate analyses of variance (MANOVAs; $p < .05$) were conducted to examine significant differences in responses based on the recovery status of the counselors and the supervisors. MANOVAs, rather than a series of analyses of variance (ANOVAs), were used to minimize the

probability of falsely detecting significant differences. The MANOVAs also allowed for correlations between the various instrument scales. A 2 (counselor recovery status: nonrecovering and recovering) \times 2 (supervisor recovery status: nonrecovering and recovering) MANOVA was conducted to examine differences in (a) satisfaction with supervision; (b) perceptions of supervisory style; (c) perceptions of social influence of supervisors; (d) perceptions of the working alliance; and (e) perceptions of the core conditions of the relationship, based on the recovery status of the counselor and the supervisor. In addition, descriptive statistics were calculated to provide a profile of the respondents and their supervisors.

RESULTS

Scale Reliability Estimates

Estimates of reliability for each scale on each instrument were calculated using Cronbach's coefficient alpha (see Table 2). Instrument scale reliabilities ranged from .76 to .96, and, with one exception, each reliability estimate exceeded those reported in other studies (Corrigan & Schmidt, 1983; Friedlander & Ward, 1984; Horvath & Greenberg, 1989; Schacht et al., 1988). Because these estimates of reliability are sufficiently high, it was concluded that the measures were meaningful for this sample and appropriate for an investigation of the supervisory relationship in substance abuse counseling.

MANOVA Results

Mean scale scores for each instrument were calculated for the complete sample (see Table 3) and for each subgroup of counselors, recovering and nonrecovering (see Table 4). Overall, the counselors reported moderately high to high levels of satisfaction with supervision, their supervisors' competence, and their supervisors' contribution to the counselors' professional growth. Similarly, overall means for each relationship variable also ranged from moderately high to high levels. Examination of the means for each subgroup of counselors (Table 4), nonrecovering and recovering, reveals close to identical ratings for each of the variables, similar to the complete sample.

A 2 (counselor recovery status: nonrecovering and recovering) \times 2 (supervisor recovery status: nonrecovering and recovering) MANOVA was calculated on the three satisfaction with supervision questions and for each instrument scale. Wherever the multivariate *F* ratios were significant, univariate *F* tests were calculated for each satisfaction question and each instrument scale. Significance was determined using a .05 alpha level for each dependent variable.

For the satisfaction with supervision questions, there were no main effects for counselor recovery status, $F(3, 305) = 2.06, p > .05$ or for supervisor recovery status, $F(3, 305) = .22, p > .05$. There was a significant two-way interaction effect for counselor recovery status by supervisor recovery status, $F(3, 305) = 7.03, p < .001$. For all of the supervisory

TABLE 2

Instrument Scale Reliabilities

Instrument & Subscale	α	Other Studies
Supervisory Styles Inventory		
Task-Oriented	.93	.78 ^a
Interpersonally Sensitive	.95	.91 ^a
Attractive	.96	.94 ^a
Supervisor Rating Form		
Expertness	.92	.92 ^b
Trustworthiness	.94	.85 ^b
Attractiveness	.94	.91 ^b
Working Alliance Inventory		
Bond	.95	.92 ^c
Task	.94	.92 ^c
Goal	.92	.89 ^c
Barrett-Lennard Relationship Inventory		
Regard	.92	.90 ^d
Empathy	.90	.75 ^d
Congruence	.89	.83 ^d
Willingness to be Known	.76	.72 ^d
Unconditionality	.89	.80 ^d

^aFriedlander and Ward, 1984. ^bCorrigan and Schmidt, 1983.

^cHorvath and Greenberg, 1989. ^dSchacht, Howe, and Berman, 1988.

relationship measures, there were no main effects for counselor recovery status, $F(14, 230) = .96, p > .05$ or for supervisory recovery status, $F(14, 230) = .32, p > .05$. There was a significant two-way interaction effect for counselor recovery status by supervisor recovery status, $F(14, 230) = 2.72, p < .01$.

For the significant interaction effects, univariate ANOVAs were calculated for each dependent variable to determine which of the relationship variables contributed to the overall significance. On the satisfaction questions, Overall Satisfaction was significant, $F(1, 307) = 19.14, p < .001$; satisfaction with Supervisor's Competence was significant, $F(1, 307) = 18.27, p < .001$; and satisfaction with the Supervisor's Contribution to Professional Growth was significant, $F(1, 307) = 14.60, p < .001$. In addition, all SSI subscales were significant: Task-Oriented, $F(1, 243) = 7.81, p < .01$; Interpersonally Sensitive, $F(1, 243) = 14.96, p < .001$; and Attractive, $F(1, 243) = 20.19, p < .001$. Also, all subscales on the SRF were significant: Expertness, $F(1, 243) = 10.45, p < .01$; Trustworthiness, $F(1, 243) = 15.58, p < .001$; and Attractiveness, $F(1, 243) = 13.58, p < .001$. All subscales on the WAI also were significant: Bond, $F(1, 243) = 20.05, p < .001$; Task, $F(1, 243) = 23.48, p < .001$; and Goal, $F(1, 243) = 19.88, p < .001$. Finally, all of the subscales on the BLRI were significant: Regard, $F(1, 243) = 7.39, p < .01$; Empathy, $F(1, 243) = 11.66, p < .01$; Congruence, $F(1, 243) = 14.99, p < .001$; Willingness to Be Known, $F(1, 243) = 13.33, p < .001$; and Unconditionality, $F(1, 243) = 10.28, p < .01$.

In summary, there were no main effects for counselor recovery status or supervisor recovery status on the satisfaction with supervision questions and on all of the supervisory relationship measures. Significant two-way interac-

TABLE 3

Descriptive Statistics for Total Sample of Substance Abuse Counselors (*N* = 366)

Instrument	Subscale	Scale Range	<i>M</i>	<i>SD</i>
Satisfaction				
Overall		1-5	3.77	1.12
Supervisor's Competence		1-5	4.17	0.99
Supervisor's Contribution		1-5	3.76	1.16
Supervisory Styles Inventory				
Task-Oriented		1-7	5.02	1.26
Interpersonally Sensitive		1-7	5.39	1.35
Attractive		1-7	5.60	1.39
Supervisor Rating Form				
Expertness		1-7	5.69	1.33
Trustworthiness		1-7	5.78	1.45
Attractiveness		1-7	5.69	1.39
Working Alliance Inventory				
Bond		1-7	5.55	1.12
Task		1-7	4.96	1.15
Goal		1-7	4.85	1.10
Barrett-Lennard Relationship Inventory				
Regard		1-6	5.09	0.87
Empathy		1-6	4.75	0.94
Congruence		1-6	5.08	0.90
Willingness to Be Known		1-6	5.08	0.91
Unconditionality		1-6	5.53	1.08

TABLE 4

Descriptive Statistics for Nonrecovering and Recovering Counselors

Instrument	Subscale	Nonrecovering (<i>n</i> = 235)		Recovering (<i>n</i> = 123)	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Satisfaction					
Overall		3.76	1.12	3.80	1.08
Supervisor's Competence		4.17	0.97	4.21	0.99
Supervisor's Contribution		3.75	1.18	3.84	1.10
Supervisory Styles Inventory					
Task-Oriented		4.97	1.34	5.16	1.08
Interpersonally Sensitive		5.34	1.38	5.53	1.25
Attractive		5.57	1.41	5.72	1.30
Supervisor Rating Form					
Expertness		5.63	1.35	5.83	1.24
Trustworthiness		5.77	1.43	5.84	1.43
Attractiveness		5.67	1.39	5.78	1.33
Working Alliance Inventory					
Bond		5.55	1.07	5.62	1.14
Task		4.96	1.11	4.97	1.19
Goal		4.84	1.09	4.87	1.13
Barrett-Lennard Relationship Inventory					
Regard		5.08	0.85	5.16	0.84
Empathy		4.75	0.95	4.79	0.92
Congruence		5.11	0.89	5.07	0.91
Willingness to Be Known		5.10	0.88	5.06	0.96
Unconditionality		5.58	1.07	5.46	1.11

tion effects for counselor recovery status by supervisor recovery status were found on all of the satisfaction with supervision questions and for all supervisory relationship measures. Furthermore, all satisfaction questions and all relationship instrument scales were significant contributors to the overall interaction effects.

DISCUSSION

In this study we investigated differences in substance abuse counselors' satisfaction with and perceptions of the supervisory relationship based on the recovery status of counselors and supervisors individually and the match/mismatch of their recovery status. Participants rated their satisfaction with supervision and completed four measures of the supervisory relationship. It was the intent of the researchers to begin a systematic collection of data 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. Given the apparent impact of recovery characteristics on how recovering counselors work with clients (Aiken et al., 1984) and coworkers (Rivers, 1977), it seemed reasonable to conclude that recovery status would affect how counselors work with supervisors.

Both groups of counselors seem to be satisfied with their supervision. Both also seem to consider a supervisory rela-

tionship focus to be the most important aspect of supervision, with each group rating the Attractive and Interpersonally Sensitive scale somewhat higher than the Task-Oriented scale, the Trustworthiness higher than Expertness (for the recovering counselors the difference was miniscule), the supervisory Bond higher than Tasks and Goals of supervision, and Unconditionality higher than all other relationship core conditions.

For between-group comparisons, no difference was found between recovering and nonrecovering counselors' ratings of satisfaction with supervision. This finding was contradictory to the findings of McGovern and Armstrong (1987). In that study, recovering counselors had a less positive view toward additional professional training and guidance than did nonrecovering counselors. Following this, it might be expected that recovering counselors would rate their satisfaction with supervision lower than nonrecovering counselors, but there were no significant differences based on counselor recovery status. In addition, overall satisfaction ratings for the complete sample were high, indicating that, in general, all of these counselors believed that their supervisory needs were being met.

Similarly, the finding of no differences in perceptions of the various supervisory relationship variables based on counselor and supervisor recovery status was somewhat unexpected. Differences in personality and treatment beliefs associated with being in recovery might be expected to in-

fluence counselors' perceptions of the supervisory relationship. Recovering counselors have been shown to be more rigid in their treatment beliefs and less willing to accept alternative viewpoints, less flexible and more conventional when dealing with clients, and more concrete in their thinking patterns than nonrecovering counselors (Hoffman & Miner, 1973; Moyers & Miller, 1993; Shipko & Stout, 1992). Being in recovery is a significant factor in the lives of these counselors; this is a factor that, in the treatment community, is perceived as affecting the way in which this group of counselors works with clients and colleagues. It seems reasonable to expect that these factors would also influence the counselors' perceptions of the supervisory relationship. For example, recovering counselors might have higher perceptions of task orientation (SSI) or focus on tasks (WAI) than nonrecovering counselors. This expectation, however, was not supported by the results of the study.

Counselor recovery status did make a difference on all ratings when combined with supervisor recovery status. Both nonrecovering and recovering counselors reported significantly higher ratings when their recovery status matched that of their supervisor. The match in recovery status, then, was more important than recovery status alone. Although the finding of higher satisfaction ratings for recovering counselors matched with recovering supervisors might have been anticipated, we did not expect that the importance of matching would be similarly as important for nonrecovering counselors with nonrecovering supervisors as well. This recovery matching expectation was due, in part, to previous findings that recovering counselors were less positive than nonrecovering counselors about the counseling effectiveness of nonrecovering counselors (McGovern & Armstrong, 1987). Although McGovern and Armstrong's finding of a more negative disposition for recovering counselors toward nonrecovering counselors, and possibly supervisors, may have been accurate, it does not seem to be limited to recovering counselors, but rather a function of recovery status matching within the supervisory dyad.

In exploring the concept of recovery acting as a "professional credential," one might expect nonrecovering counselors to rate recovering supervisors lower in expertness due to the likelihood of the recovering supervisor having had less formal training in counseling skills than the nonrecovering counselor (Mann, 1973; Powell, 1993; Valle, 1979). Such a finding would be in line with the results of Allen, Szollos, and Williams (1986), who demonstrated that higher levels of training were associated with greater levels of expectation for expertness in the supervisor. In this study, however, being a supervisor in recovery does not seem to have compensated for possible education deficiencies in perceptions of expertness for nonrecovering counselors. This finding suggests that, for nonrecovering counselors, simply being in recovery may be a less significant credential for supervisors working in the substance abuse field than the recovering community believes.

In this study, we gathered information concerning the current perceptions of substance abuse counselors, in one

state, on relationship dimensions within the supervisory relationship. We did not ask counselors to report their preferences for various relationship dimensions in their ideal supervisor or supervisory relationship. Future research efforts are needed to determine how preferences for the supervisory relationship can be affected by the recovery status of substance abuse counselors and the recovery status of the supervisors. Recovering counselors may have different preferences for supervisor behaviors and characteristics within the supervisory relationship based on the recovery status of the supervisor, and vice versa for nonrecovering counselors. This information would provide much needed direction and guidance for future supervision of substance abuse counselors within the context of recovery status. Furthermore, naturalistic case studies of matched and mismatched pairs of counselors and supervisors might reveal some of the dynamics within the one-to-one relationship that contribute to counselors' and supervisors' perceptions of the relationship.

Survey designs have several limitations (Isaac & Michaels, 1981); foremost is the potential for a low response rate. The method of data collection is another limitation of this study. Having counselors return their surveys, albeit in a sealed envelope, to a central collection point for return to the researcher may have limited the number of participants. This study, however, had a response rate of 67%, suggesting these limitations were mitigated to some extent. Indeed, the return rate is noteworthy, because substance abuse counselors typically are wary of participating in research (Institute of Medicine, 1990; Kalb & Propper, 1976).

IMPLICATIONS FOR PROFESSIONAL PRACTICE

This study is one of only a few focused on the dynamics of the supervisory relationship in the substance abuse field. Given the strong indications of an interaction based on recovery status, it seems quite important for practicing supervisors to know about and give attention to this factor. There are several ways of helping supervisors benefit from these results.

First is supervision training. Currently, there are many calls for supervision training in all areas of counseling, including the substance abuse field (Bernard & Goodyear, 1992; Borders, 1992; Borders & Leddick, 1987; Holloway, 1995; Powell, 1993). Results of this study indicate that training in this area should include discussions about working with a supervisee who is not a match in recovery status. These discussions should include how to address differences in treatment beliefs based on recovery status, the use of the Twelve Step recovery process in treatment, and role boundaries within the treatment and self-help communities. Second, nonrecovering supervisors should be assisted in identifying their knowledge deficit areas related to the recovery process and recovery issues. Third, it may be that recovering supervisors need training in theories and methods of professional counseling that nonrecovering counselors may already possess. Fourth, a combination of both group and in-

dividual supervision may help minimize differences in mismatched pairs of supervisors and supervisees based on recovery status.

This study has provided important insights into the supervisory relationship perceptions of substance abuse counselors based on recovery status. Overall, substance abuse counselors seem to be satisfied with their supervisory experiences and rate the supervisory relationship as a significant aspect of the supervisory process in the field of substance abuse counseling. However, these perceptions are closely associated with the match or mismatch of both counselor and supervisor recovery status rather than recovery status alone.

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