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**Addressing counselors' personal issues in supervision: Perceived
impact of experience level on various aspects of the supervisory
relationship**

Sumerel, Marie Bellamy, Ph.D.

The University of North Carolina at Greensboro, 1992

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ADDRESSING COUNSELORS' PERSONAL ISSUES IN SUPERVISION:
PERCEIVED IMPACT OF EXPERIENCE LEVEL ON VARIOUS
ASPECTS OF THE SUPERVISORY RELATIONSHIP

by

Marie Bellamy Sumerel

A Dissertation Submitted to
the Faculty of the Graduate School at
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Approved by

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APPROVAL PAGE

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This study examined the impact that counselors' level of experience (i.e., entry-level and advanced) and discussion of counselors' personal issues had on four variables (i.e., supervisory relationship, supervisor's interactional style, supervision session quality, and postsession mood). The interaction between and main effects for level of experience and treatment were explored. Through an analogue study, participants viewed two treatment vignettes of segments of supervision sessions, one in which the supervisor focused on the counselor's personal issues and the other in which the supervisor focused on the counselor's behavior. Participants rated the four variables on previously established instruments. Entry-level (master's-level students or graduates who had completed one master's-level, supervised internship) and advanced (doctoral-level students or graduates who had completed one supervised internship at the doctoral level) counselors were from one CACREP-approved counselor education program in North Carolina. Responses were received from 20 master's-level and 20 doctoral-level counselors.

Correlations on the scales of the three instruments were compared. Relationships were examined between the scores on each of the instruments and on experience level and treatment. Comparisons of responses given by entry-level and advanced counselors were investigated for interaction effects with the two treatments.

Results of the study indicated that counselors' reactions to the supervisor's interactional style, quality of the supervision session, and postsession mood are not as integrally related to the counselor's experience level and the focus the supervisor uses in supervision (i.e., focus on counselor's personal issues or focus on counselor's behavior) as suggested in developmental models. Both entry-level and advanced counselors rated the rapport in the supervisory relationship significantly higher when supervision focused on the counselor's behavior rather

than on the counselor's personal issues. Supervisor's interactional style was reported to be significantly friendlier by entry-level counselors when personal issues were discussed, whereas, advanced counselors reported a friendlier supervisor when counselor behavior was the focus. No significant differences were found between the two groups or two treatments for supervision session quality and postsession mood.

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CHAPTER I

INTRODUCTION

Altucher (1967) indicated that the goal of supervision is to help the counselor stay open to his or her own experiences. He believed that "learning to be a counselor is both an emotional and an intellectual experience, and of the two, the emotional part is the most crucial" (p. 165). A major task of the supervisor is to help the counselor "recognize the interaction between the client's behavior and counselor's feelings" (Altucher, 1967, p. 168).

Importance of Counselor's Personal Issues

Counselors inevitably bring their personal feelings and issues into the therapeutic relationship. When entering a counseling relationship, counselors bring past experiences, values, and beliefs that influence their interactions with clients. Counselors, therefore, respond to clients based on their own feelings (Blanck & Blanck, 1979). Counselors are consciously aware of some personal issues, including topical (e.g., divorce) and historical issues. Some of the personal issues brought by the counselor, however, are unconscious; that is, they are experiences that reflect periods beyond memory (Blanck & Blanck, 1979). These submerged personal issues are activated through the interaction with the client, generating anxiety and conflict even before the personal issues emerge into consciousness. As the counselor becomes aware of the personal issues, he or she may experience anxiety and conflict (Mueller & Kell, 1972). In addition, the counselor may discover that the feelings existing within himself or herself require that the counselor change behaviors and thoughts (Altucher, 1967). These changes may produce further discomfort in the counselor. When a counselor experiences this discomfort, the supervisor needs to realize that it is not helpful to focus on the needs of the client when the needs of the counselor are interfering with the counselor/client interaction (Bernard & Goodyear, 1992).

For counselors to be effective in understanding clients, they need to be self-aware and to have insight into and control of their feelings and behaviors (Bernard & Goodyear, 1992). As counselors gain knowledge and insight into their own feelings and behaviors, they are better able to use this knowledge of self in counseling (Bernard & Goodyear, 1992). This self knowledge adds depth to their understanding of clients and clarity about their own reactions to clients. As Bernard and Goodyear (1992) succinctly concluded, the counselor's personal growth and awareness are necessary to being a good counselor and make the difference between a skilled technician and an effective professional.

Perspectives from Theoretical Approaches

Writers from various theoretical orientations have differing opinions concerning the appropriateness of dealing with counselors' personal issues during supervision. Behavioral supervisors, for example, do not address personal issues at all (Linehan, 1980; Schmidt, 1979). Instead, they focus on the behavior of the counselor and help the counselor develop strategies for working with the client. Historically, psychoanalytic authors (e.g., DeBell, 1963; Searles, 1965; Tarachow, 1963) have suggested that the counselor examine personal issues in therapy rather than in supervision. More recent psychoanalytic supervisors (e.g., Ekstein & Wallerstein, 1972; Mueller & Kell, 1972; Robiner, 1982; Wolstein, 1981), however, believe they should help the counselor examine personal issues, but only as the issues relate to problems occurring in the therapeutic relationship (i.e., between counselor and client). Some client-centered supervisors also believe that it is important to allow the counselor to explore his or her personal issues in supervision (e.g., Hackney & Goodyear, 1987; Patterson, 1983; Rice, 1980). As the counselor examines his or her personal issues, the client-centered supervisor provides the same conditions (e.g., unconditional positive regard, congruence) as those provided in the therapeutic relationship (e.g., Hackney & Goodyear, 1987; Patterson, 1983; Rice, 1980).

Perspectives from Developmental Models

Essentially, supervisors using a theoretical orientation examine if discussing a counselor's personal issues is appropriate in supervision. Authors of recent developmental models (e.g., Loganbill, Hardy, & Delworth, 1982; Sansbury, 1982; Stoltenberg, 1981), however, are concerned with when personal issues should be addressed. They provide a conceptual framework comprised of several sequential stages in which counselors develop self awareness and the appropriate supervisory interventions at each stage.

In one developmental model, Loganbill et al. (1982) proposed that supervisees confront eight supervisory issues based on Chickering's (1969) developmental tasks of young adults. Emotional awareness, one of the eight issues, refers to the counselor's personal feelings about and reactions toward clients in the therapeutic relationship. The degree of self-awareness of these feelings differs, however, based on a counselor's developmental level. Initially, counselors deny or reject their emotional feelings. When feelings are brought into consciousness at this stage, counselors are confused and believe they may lose control of their emotions. In later stages, counselors learn that they can maintain control over their feelings and realize that feelings can provide diagnostic information that is helpful in responding to the client. Based on this developmental progression toward greater self-awareness, the supervisor initially provides structure and support (Stoltenberg, 1981). When the counselor has developed some confidence, the supervisor helps the counselor to clarify feelings toward the clients and the supervisor (Stoltenberg, 1981; Wiley & Ray, 1986). As the counselor accomplishes these skills, the supervisor focuses on the influence that counselor's feelings have on the development of a personal and professional identity (Stoltenberg, 1981; Wiley & Ray, 1986). Similar to Loganbill et al., Sansbury (1982) and Stoltenberg (1981) proposed that discussion of emotional or personal issues is most effective when discussed with the counselor at advanced developmental levels.

Researchers have offered support for the basic premises of developmental models, including entry-level and advanced counselors' preferences regarding discussion of their personal issues in supervision. Results of several studies indicated that entry-level counselors were unaware of their feelings (e.g., Heppner & Roehlke, 1984; Nelson, 1978; Worthington, 1984). They primarily reported wanting structure, support, and help with developing their counseling skills from supervision. Advanced counselors, however, expressed a willingness to examine personal issues that affect their relationship with clients (e.g., Allen, Szollos, & Williams, 1986; Ellis, 1991; Guest & Beutler, 1988; Heppner & Roehlke, 1984; Rabinowitz, Heppner, & Roehlke, 1986; Wiley & Ray, 1986; Worthington, 1984). They reported being concerned with their involvement with clients and the process of counseling rather than with technical skills. In fact, one advanced counselor indicated that her most significant experience in supervision was a session involving a discussion of personal issues (Martin, Goodyear, & Newton, 1987). In addition, supervisors reported that they respond differently to entry- and advanced-level counselors (Miars, Tracy, Ray, Cornfeld, O'Farrell, & Gelso, 1983; Raphael, 1982; Wiley & Ray, 1986). Supervisors indicated they teach counseling behaviors and techniques to novice counselors but focus on the counselor's personal growth and the supervisory relationship with advanced counselors. This empirical evidence has substantiated the developmental premise that counselors' skills and needs evolve and change with more knowledge and experience. Essentially, then, counselors become more open to dealing with personal issues as they gain experience (e.g., Hogan, 1964; Loganbill et al., 1982; Stoltenberg, 1981).

Although research to date has been supportive of developmental models, almost all of these studies have been based on supervisors' and/or counselors' self-reports of either their perceptions of supervision or their preferences for supervision events (Borders, 1989). Although self-reports of satisfaction with and preferences for discussing counselors' personal issues are

informative, these results are limited in several ways. Perhaps most obviously, counselors' and supervisors' perceptions may not reflect what actually occurs during a supervision session (Borders, 1989). In addition, reasons for stated preferences are not known. Self-reports also cannot indicate any covert reactions to the discussion of counselors' personal issues. Such a discussion could create anxiety for counselors who do not prefer discussion of personal issues. They may not allow themselves to be consciously aware of this anxiety, discomfort, or even feelings of hostility toward the supervisor. Other counselors may say they want to discuss their personal issues but they may experience discomfort in the supervisory relationship. Developmental models would suggest that the counselor's covert responses would differ with novice and advanced counselors. To date, however, this premise has not been substantiated. Such information would be helpful to supervisors in a practical manner as they work with counselors. In addition, this information would be important in further clarifying the theoretical basis of the developmental models.

To investigate the impact of discussing counselors' personal issues and to learn more about why and how it is important, a different methodological approach beyond self-report is required. Analogue research is an approach that provides more direct and unambiguous answers to research questions that are not always possible from naturalistic settings (Heppner, Kivlighan, & Wampold, 1992). The analogue approach is powerful and useful in controlling variables for specificity and allows for greater precision (Heppner et al., 1992). By using an analogue research method, the impact of discussing a counselor's personal issues can be studied in depth and a variety of reactions can be allowed. In isolating the variable of interest, it can be determined how discussing counselors' personal issues affects counselors' perceptions of the supervisory relationship, supervisor's interactional style, supervision session quality, and his or her postsession mood. The reactions of novice and advanced counselors can be measured in such a way as to determine any differences that may exist and their confirmation or

disconfirmation of developmental models. The specificity of information gathered may aid supervisors in developing appropriate interventions based on developmental levels.

Purpose of the Study

The majority of research on developmental models has been descriptive and based almost exclusively on self-reports of the counselor and supervisor. Borders (1989) called for a moratorium on self-report as a primary way of gathering information from counselors. According to Holloway and Hosford (1983), the second phase of systematic research involves investigating relationships between variables by conducting "confirmatory experimental procedures" (p. 75). The experimental procedures will confirm or deny the assumptions made from studies based on self-reports in phase one research. Discussion of counselors' personal issues was one variable identified through phase one supervision research as being of differential importance to counselors at various developmental levels. Thus, the purpose of this study was to investigate, through an analogue study, entry-level and advanced counselors' perceptions of the discussion of counselors' personal issues and its impact on counselors' covert perceptions of and reactions to the supervisory relationship, supervisor's interactional style, supervision session quality, and postsession mood.

Need for the Study

A paradigm for supervising counselors across levels is proposed in the developmental models. The developmental levels of the counselor and the preferred supervisor intervention for each developmental level are described in the models. There is a lack of empirical evidence, however, concerning the appropriateness of interventions used with entry-level and advanced counselors. We need to better understand which interventions are more effective with which levels of counselors and what impact the interventions will have (Borders, 1989; Russell, Crimmings, & Lent, 1984). This study tested one premise of the models, the focus on counselors' personal issues. The results may indicate the impact that discussion of personal

issues has on entry-level and advanced counselors' perceptions of the supervisor and supervision session. Supervisors will be able to make a more informed decision about timing a discussion of counselors' personal issues. With this information, supervisors may be better able to anticipate counselors' reactions and develop intervention plans for helping counselors explore their personal issues.

Statement of the Problem

The study investigated the impact that discussion of counselors' personal issues and level of experience (i.e., entry-level and advanced) have on counselors' perceptions of the supervisor's interactional style, supervisory relationship, supervision session quality, and postsession mood. Specifically, the research questions were the following:

1. What impact does discussion of counselor personal issues and counselor level of experience have on counselors' perceptions of the supervisor's interactional style?
2. What impact does discussion of counselor personal issues and counselor level of experience have on counselors' perceptions of the supervisory relationship?
3. What impact does discussion of counselor personal issues and counselor level of experience have on counselors' perceptions of the supervision session quality?
4. What impact does discussion of counselor personal issues and counselor level of experience have on counselors' perceptions of their postsession mood?

Definition of Terms

Advanced counselors - refers to counselors who are enrolled in a CACREP-approved doctoral program in counselor education and are enrolled in or have completed one advanced (doctoral-level) counseling internship.

Entry-level counselors - refers to counselors who are in a CACREP-approved master's degree program in counselor education and who are enrolled in or have completed the first or second master's level counseling internship.

Personal issues - refers to the feelings and internal personal conflicts that the counselor experiences in counselor-client interactions which may affect the counselor's response to and facilitation of change in the client. In psychoanalytic theory, supervisors refer to personal issues as countertransference.

Postsession mood - refers to the affective mood (e.g., angry, happy) of the counselor following a supervision session. For purposes of this study, counselors' postsession mood will be measured by the Session Evaluation Questionnaire (Stiles & Snow, 1984).

Supervision - refers to individual supervision as defined by Loganbill et al. (1982): 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).

Supervisor's interactional style - refers to the supervisor's interpersonal style (e.g., hostile, friendly, dominant, submissive) when interacting with the counselor. For purposes of this study, supervisor's interactional style will be measured by the Impact Message Inventory (Perkins, Kiesler, Anchin, Chirico, Kyle, & Federman, 1979).

Supervisor - refers to "one who oversees the work of another with responsibility for the quality of that work" (Leddick & Bernard, 1980, p. 187).

Supervisory relationship - refers to the bond or rapport developed between the supervisor and counselor as they work together. For purposes of this study, supervisory relationship will be measured by the Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990).

Organization of the Study

The study is presented in five chapters. Chapter I is a brief introduction to the conceptual literature and empirical research findings on what occurs in supervision when

counselors' personal issues are addressed. The purpose of the study, need for the study, research questions, definition of terms, and organization of the study are also described.

Chapter II, a complete review of literature, is composed of six sections. The first section identifies the goals of supervision. Sections two and three introduce how discussion of the counselor's personal issues is emphasized in counseling and supervision and the similarities and differences between counseling and supervision, respectively. Section four presents how counselor's personal issues are emphasized in theoretical and atheoretical models. Section five describes the developmental models and empirical research that focuses on counselors' personal issues in developmental models. The last section provides a critique of the relevant research.

Chapter III describes the methodology used in the study. It also includes hypotheses, instruments and treatments, participants, procedures, and data analysis.

Chapter IV describes the results of the data analysis. Discussion of the analysis and results parallel the research questions and hypotheses.

Chapter V includes a summary of the study, discussion of the conclusions, and implications for counselor education and supervision. An examination of the limitations of the study and recommendations for further research also is included.

CHAPTER II

REVIEW OF RELATED LITERATURE

The literature relevant to this study can be divided into four sections: (a) the goals of supervision; (b) an exploration of how the focus on counselors' personal issues is important to the counseling process and how counseling is similar to and different from supervision; (c) how theoretical and atheoretical supervision models focus on counselors' personal issues; and (d) a description of developmental models of supervision, emphasizing how the models focus on counselors' personal issues. Empirical support for discussing counselors' personal issues in developmental models is presented in three categories: counselors' reports of their preferences, counselors' reports of their supervisor's behavior, and supervisors' reports of their behavior. The chapter concludes with a summary of the current research.

Goals of Supervision

Three general goals of supervision are development of specific counselor skills (e.g., empathy), conceptualization skills (e.g., hypothesis formation), and self-awareness (Bernard & Goodyear, 1992). Counselor skills are needed for implementing therapeutic techniques and strategies. Conceptualization skills refer to the planning, selection, and timing of counselor skills. Self-awareness refers to exploring the counselor's personal issues as they relate to the therapeutic situation. There is a general consensus about these supervision goals (e.g., Bernard, 1979; Hart, 1982; Hess, 1980; Holloway, 1984; Littrell, Lee-Borden, & Lorenz, 1979), although the emphasis placed on each goal varies. Of these three goals, perhaps the most historical and controversial is the third goal, self-awareness, exploration of counselors' personal issues.

Importance of Counselor's Personal Issues to the Counseling Process

Counselors' personal issues have historical importance to the counseling process. This historical perspective is described from the psychoanalytic approach through two concepts of

psychoanalytic theory, transference and countertransference. According to psychoanalytic theory, the counselor is involved with helping a client explore unconscious material in the counseling situation (Bordin, 1968). The unconscious material may surface in various ways. For instance, through the relationship the client may respond to the counselor with attitudes and expectations that were learned through earlier interpersonal interactions (Fancher, 1973). This phenomenon, known as transference, indicates the client applies relational patterns to the counselor that were developed in early life experiences (Bordin, 1968). The counselor's role is to provide support and help the client be aware of and express the feelings and thoughts that have been avoided in previous interactions (Bordin, 1968).

An analogous attitude, countertransference, exists in the counselor. Moore and Fine (cited in Blanck & Blanck, 1979) defined countertransference as

the attitudes and feelings, only partly conscious, of the analyst toward the patient. These may reflect the analyst's own unconscious conflicts, and if he is not constantly aware of this, may affect his understanding and therapeutic handling of the patient. In countertransference, the analyst has displaced on to the patient attitudes and feelings derived from earlier situations in his own life; . . . The analyst's continuing scrutiny of his countertransference feelings frequently provides correct clues to the meaning of the patient's behavior, feelings, and thoughts, and may facilitate more prompt perception of the patient's unconscious (p. 126)

Unlike the acceptance of transference as a therapeutic tool, the value of countertransference has been uncertain (Blanck & Blanck, 1979). Traditionally, countertransference has been interpreted as a personality flaw that interferes with the counselor's ability to be neutral in the therapeutic relationship (Blanck & Blanck, 1979). In fact, the metaphor "blank screen" has been used by Freud and other psychoanalysts to describe how the counselor is to respond to the client so as not to contaminate the treatment (Blanck & Blanck, 1979). More recently, however, psychoanalysts have acknowledged that clients arouse feelings in counselors (Blanck & Blanck, 1979). The counselor's recognition of his or her feelings can contribute to a more effective therapeutic interchange. The counselor can use the feelings to

understand more clearly the dynamics of the client and the counselor-client relationship. According to Blanck and Blanck (1979), "all of the analyst's inherent humanness and humaneness are necessary to the therapeutic climate. Rather than eliminate them, they are to be put to use" (p. 129). Before the counselor's feelings can be put to use, however, they must be clarified and examined. Many psychoanalytic authors (e.g., Ekstein & Wallerstein; Fancher, 1973; Mueller & Kell, 1972) proposed that the counselor's personal issues should be resolved through therapy. Kovac (cited in Fancher, 1973) said that as the personal issues are made conscious and resolved, the counselor will become a more skilled counselor. If they are not examined, however, the counselor will maintain his or her blind spots and be further insulated from the client (Mueller & Kell, 1972).

Similarities and Differences between Counseling and Supervision

Sometimes the distinction between counseling and supervision becomes blurred. According to Mueller and Kell (1972), when the counselor is exploring conflicts, motives, and anxiety, "supervision inevitably converges with therapy" (p. 5). The counselor begins sharing personal concerns and issues that may be affecting the counselor-client interaction.

There is a general consensus, however, about the distinction between counseling and supervision. Ekstein and Wallerstein (1972) stated that supervision is not therapy, although they believed that both therapy and supervision are affective processes. Supervision and therapy are interpersonal helping processes that have different purposes (Ekstein & Wallerstein, 1972). The purpose of therapy is to help a client resolve inner conflict, while the purpose of supervision is to help a counselor develop skills in working with clients (e.g., Ekstein & Wallerstein, 1972; Robiner, 1982). Ekstein and Wallerstein (1972) asserted that supervision is a complex helping process "in which the student is being helped to discover his problems as a psychotherapist, to resolve them with the help of the supervisor, and to develop toward higher integrations as a learner and as a psychotherapist" (p. 251). It is the role of the

supervisor, however, to focus only on how the counselor's anxiety affects the counselor-client interaction rather than the counselor's inner conflict (Mueller & Kell, 1972).

Similarities exist in the interventions that are used in both counseling and supervision. According to Robiner (1982), practices that may occur in both relationships are "role modeling adaptive behaviors, exploring unrealistic self-expectations and attitudes, analyzing feelings, and providing emotional support" (p. 262). Even though Robiner (1982) encouraged these practices, he believed that the modeling and comments should address the counselor's therapeutic work rather than the counselor's personal conflicts. Robiner urged supervisors to model how to address interpersonal issues within the supervisory relationship. This modeling provides counselors with a paradigm for dealing with interpersonal issues when similar issues occur in therapy sessions with clients. Wolstein (1981) and Lesser (1984) were more willing for supervisors to model appropriate examination of their transference and countertransference material in supervision and to encourage the counselor to do the same. In fact, Lesser (1984) saw supervision as an opportunity for the counselor to inquire "into his and the supervisor's unique psychological patterns" (p. 151). Although the authors assert that discussion of counselors' personal issues should be limited to how the issues are relevant to the counselor-client interaction, they differ on the depth of the discussion.

Counselor's Personal Issues in Theoretical and Atheoretical Approaches

Supervision evolved from counseling and psychotherapy theories (e.g., Altucher, 1967; Ekstein & Wallerstein, 1972; Mueller & Kell, 1972). It seems logical, then, that supervisors' approach would be influenced by their preferred psychotherapeutic orientations in developing their supervisory style (Friedlander & Ward, 1984). Supervisors rely on their counseling theory to help them determine the goals, functions, roles, and relationship parameters of supervision (Goodyear, Abadie, & Efros, 1984). They also identify how they will hypothesize client and counselor's dynamics in the therapeutic relationship and what interventions may be appropriate

to use in the supervisory relationship. As Hackney and Goodyear (1984) explain, "The supervisor works from a theory that simultaneously serves as a guide for supervisory goals and behaviors and as a resource from which supervisees can draw upon for their own developing theories. That is, as the supervisee progresses, he or she draws upon the supervisor's perspective to develop a more comprehensive base from which to conceptualize client problems and professional interventions" (p. 280).

A supervisor's theoretical orientation, then, will influence the extent and method for addressing counselors' personal issues. Conceptual differences in the theoretical approaches when applied to supervision have been described by Hess (1980) and in a special edition of The Counseling Psychologist (1983). Psychoanalytic, client-centered, rational-emotive, and behavioral supervision approaches mention the discussion of a counselor's personal issues. They differ, however, on if and how these issues should be discussed in supervision.

Behavioral and rational-emotive supervisors give little emphasis to the counselor's personal issues (e.g., Linehan, 1980; Wessler & Ellis, 1983). Behavioral supervisors teach counselors to be aware of and examine the consequences of their values, beliefs, and expectations on the treatment (Linehan, 1980). Although behavioral supervisors do not deny that the counselor may have personal issues that impact the therapeutic situation, they do not support examining these issues during supervision (Linehan, 1980). Rational-emotive supervisors also discourage discussion of counselors' personal issues in supervision. Instead, they encourage the counselor to seek individual therapy if personal problems are interfering with the counseling process (Wessler & Ellis, 1983). The theoretical approaches that give the most emphasis to discussion of the counselor's personal issues in supervision are psychoanalytic and client-centered, although they differ in how the discussion may occur. These approaches are described more fully below.

Psychoanalytic Supervision

Traditionally, psychoanalytic counselors-in-training have been urged to participate in their own analysis in order to work through their conscious and unconscious (repressed) conflicts (e.g., Ekstein & Wallerstein, 1972). In the early days of psychoanalytic training, Freud and other pioneers placed a strong emphasis on analysis of the counselor's personal issues in individual therapy (Ekstein & Wallerstein, 1972). In fact, personal analysis was an essential ingredient of training (Ekstein & Wallerstein, 1972). It was believed that, through their own personal analysis, counselors would learn about their unconscious, a basic element of psychoanalysis (Ekstein & Wallerstein, 1972). According to the psychoanalytic supervisor, counselors would be more knowledgeable and better equipped to help clients uncover unconscious motivations if counselors had explored their unconscious also (Ekstein & Wallerstein, 1972). In didactic training, however, the supervisor's focus was on counselors' reactions to clients' transference and countertransference issues (Ekstein & Wallerstein, 1972). In the psychoanalytic orientation, countertransference refers to the counselor's personal issues.

Psychoanalytic supervisors differ, however, on if and how counselors' personal issues should be discussed in supervision. Several psychoanalytic supervisors believe that discussing a counselor's personal issues in supervision is inappropriate (e.g., DeBell, 1963; Moldawsky, 1980; Searles, 1965; Tarachow, 1963). When counselor's personal issues seem to be affecting the counseling situation, these authors differ in how they respond.

For instance, Moldawsky (1980) did not believe that the supervisor should delve into the unconscious or conscious motivations of the counselor. He believed that it is inappropriate to discuss a counselor's personal issues in supervision. According to Moldawsky, the supervisor should point out to the counselor when specific material remained unexplored or was not interpreted in the therapeutic relationship. He asserted, however, that exploration of the counselor's personal issues should occur in personal analysis.

Additionally, DeBell (1963) asserted that it was not the supervisor's role to address the counselor's countertransference issues in supervision, although he believed the countertransference was important. DeBell identified five purposes of supervision, one of which was helping the counselor become more self aware. This self awareness, however, did not involve countertransference. DeBell suggested that the supervisor and other training faculty share observations of transference and countertransference with the counselor but not elaborate on the personal issues. The supervisor's role was to help the counselor become aware of himself or herself. The counselor's personal issues that evolved would be examined in the trainee's analysis.

Searles (1962) stated his views succinctly. He said that "analyzing of the student's countertransference" (p. 602) should be done "sparingly, if at all" (p. 602). Similarly, several other authors (e.g., Levenson, 1972; Tarachow, 1963; Wolstein, 1981) proposed that supervisors should teach rather than treat during supervision. In fact, during the 1950's, two panels on supervision of the American Psychoanalytic Association recommended that the emphasis of supervision should be teaching and not analyzing the countertransference of the trainee (Schlessinger, 1966). According to Schlessinger (1966), if the countertransference issues could not be avoided, the focus was to be on overt behaviors of the counselor rather than unconscious material.

Ekstein and Wallerstein (1972) expanded the idea that supervision is teaching by suggesting that the counselor's countertransference is a learning problem. They believed that counselors can learn by examining their reactions to the client. Furthermore, Ekstein and Wallerstein (1972) and Altucher (1967) suggested that the goal of supervision is to teach counselors to be open to their own experiences. Ekstein and Wallerstein believed that counselors' personal issues should be handled indirectly by understanding the counselor's reactions to the client and then helping the counselor discover and resolve the problems and

learning blocks as they relate to the client. Counselor's learning problems, however, cannot always be resolved in relation to the client. When the counselor is unable to resolve a problem, Ekstein and Wallerstein also recommended that the counselor begin personal psychotherapy (Ekstein & Wallerstein, 1972).

Altucher, however, (1967) believed discussing counselors' emotions and feelings are critical in helping counselors understand their interaction with the client. Altucher asserted that the majority of learning experiences emphasize intellect rather than feelings and behavior. In supervision, however, the counselors' characteristic way of behaving may need to be analyzed and changed. According to Altucher, the supervisor can help the counselor in two ways. First, in the intellectual approach, the supervisor can point out alternative ways the counselor can respond to the client (Altucher, 1967). Second, in the affective approach, the supervisor can help the counselor gain awareness into the effect the client has on him/her and to recognize how the client's behavior affects the counselor's feelings (Altucher, 1967). This would help the counselor understand his or her feelings and behaviors.

Wolstein (1981) recommended that the supervisor's observations of how the counselor's personal issues influence both the counseling and supervisory relationships should be brought into the supervisory relationship. In his approach, Wolstein suggested the supervisor and counselor become equally involved (i.e., co-participants) in sharing their transferences and countertransferences. By allowing the counselor to observe and react to the supervisor's disclosures, the supervisor encourages the counselor to be more responsive to examining his or her own personal issues (Wolstein, 1981).

Mueller and Kell (1972) recognized that the supervisor can become over-involved in helping the counselor explore his or her past and effects of the past on the counselor-client relationship. They asserted, however, that it is more helpful to the counselor's development and the supervisory relationship to examine the counselor's anxiety and conflicts than to ignore

their existence. According to Mueller and Kell, "supervision becomes a significant learning experience only after the supervisor attends to the dynamic meaning of the anxiety in the therapist that is impeding progress" (p. 6). If the counselor's feelings are not explored in supervision, the counselor may become mechanical and technique-oriented in relating to the client (Mueller & Kell, 1972).

How to help counselors explore their personal issues is important, according to Mueller and Kell (1972). Essentially, counselors learn the dynamics of resolving anxiety and conflict through supervision (Mueller & Kell, 1972). When supervisory conflicts arise, they should be dealt with in an honest, direct, nondefensive way (Mueller & Kell, 1972). Many times the supervisory conflicts are the result of personal issues the counselor has not yet resolved. Mueller and Kell (1972) said counselors would struggle with their psychological reactions to supervision and to clients. As also reported by Wolstein (1981), the struggles would find resolution through the relationship with the supervisor. Therefore, the role the supervisor assumes in discussing the counselor's personal issues is important to the counselor resolving the conflict.

When to address a counselor's personal issues has been debated within the psychoanalytic field. Although no definitive times have been confirmed, the appropriateness of timing has been explored. According to Goin and Kline (1976), when to begin addressing counselor's personal issues in supervision is important, just as the timing of the discussion of transference and countertransference is important in psychotherapy. Goin and Kline asserted that the supervisor needs to be aware of the counselor's ability to hear and act upon the personal issues identified. If the counselor's personal issues are discussed too soon, intellectualization, repression, and anxiety may occur (Goin & Kline, 1976). The supervisor's goal is to help the counselor develop an awareness of his or her reactions and feelings toward the client and the process in order to develop therapeutic interventions. If supervisors withhold their insights

about the counselor's personal issues, they deprive the counselor of the opportunity to gain an awareness of how the client affects him or her (e.g., Goin & Kline, 1976; Lesser, 1984).

Boyd (1978) suggested it depends on the counselor, supervisor, and situation as to when and if the intrapersonal (covert behaviors, feelings, thoughts, and perceptions) dynamics are addressed. He asserted that counselors are often threatened by a discussion of the dynamics of their personal issues so supervisors must exert caution and care in discussing these issues in supervision. He said the psychoanalytic approach to supervision is a "dynamic approach" (p. 37) because the focus is on helping counselors become aware of their interpersonal and intrapersonal dynamics.

Empirical research on discussing counselor's personal issues. Only two empirical studies were located that specifically focused on the discussion of the counselor's personal issues during supervision (e.g., Goin & Kline, 1976; Rosenblatt & Mayer, 1975). The two studies, however, approached the topic differently. Rosenblatt and Mayer (1975) examined trainees' reactions to discussing their personal issues in supervision. Goin and Kline (1976) examined how supervisors addressed the counselors' personal issues and the ensuing results.

Rosenblatt and Mayer (1975) conducted 50 open-ended interviews with social work students in which the students talked about negative supervision experiences. Social work students identified four types of supervisory behavior they found objectionable: constrictive (too much supervisory direction), amorphous (too little supervisory direction), unsupportive (not warm and understanding), and therapeutic supervision (focus on social worker's behaviors and feelings). Therapeutic supervision was identified as the most objectionable. As defined by Rosenblatt and Mayer, supervisors who use therapeutic supervision believe the social worker's behaviors and feelings are inappropriate and have their origin in personality deficits of the social worker. The social worker's feelings and behaviors become the focus and are examined in supervision. Social workers reported that they did not object to the supervisor's assessment

that the social worker's behaviors and feelings were inappropriate, but objected to how it was examined. Social workers reported becoming distraught and anxious by the confrontive nature of the supervision and said that, as a result, they began to question their ability to perform counseling effectively.

Goin and Kline (1976) conducted a study that yielded limited but relevant results regarding the discussion of a counselor's personal issues. They reviewed videotapes of supervision sessions of psychiatric residents in their second year of training to determine how supervisors approached the discussion of counselors' personal issues. They wanted to determine if a counselor's personal issues could be discussed in supervision without supervision becoming therapy. Their findings indicated that of 24 supervisors, half did not make comments about the countertransference, eight approached the topic directly, and four approached it indirectly. They analyzed the responses of supervisors who approached a counselor's personal issues directly in an effort to learn how it was examined. Results revealed that four of the eight supervisors devoted only a small portion of the supervision session, 1% to 8%, to the discussion, and that supervisors handled the discussion in different ways. Some approached it tentatively and dropped the discussion if the counselor withdrew or did not respond. One supervisor approached it more from a teaching framework by talking about the counselor's behavior within the therapeutic process. For instance, the supervisor said, "You're more silent today. Are you feeling withdrawn, or did you sense the patient needed a period of silence in which to reflect?" (p. 42). In one supervision session, the counselor began discussing personal issues. The supervisor was supportive of the counselor's feelings but took the opportunity to talk generally about countertransference. In the four remaining supervision sessions in which personal issues were discussed directly, discussion of the issues lasted longer (10 to 13% of the supervision time). Goin and Kline found that counselors were more open and honest in revealing their feelings when the supervisors were directly interested. These supervision

sessions were analyzed in depth to see if the supervision session became a therapy session. Goin and Kline concluded that none of the supervisors went beyond discussing the counselor's personal issues as they related to the counseling session.

Parallel Process. *The counselor's personal issues emerge in various ways in supervision.* One significant way is through parallel process, a process in which the counselor reacts to interpersonal dynamics of the client during the supervisory session (Hora, 1957; Schlessinger, 1966). Searles (1955) made the first reference to parallel process occurring in therapy and supervision, labeling it a reflection process. He suggested that "processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor" (p. 135). Several authors (Arlow, 1963; Hora, 1957; Sachs & Shapiro, 1976; Searles, 1955) defined parallel process as the counselor unconsciously identifying with the client and acting out the identification with the supervisor. Searles stated, "It is as if the therapist were unconsciously trying, in this fashion, to tell the supervisor what the therapeutic problem is" (p. 144). Hora asserted that "as a result of this unconscious process of incorporation, traces of the patient's personality become manifest in the personality of the therapist" (p. 771).

Gediman and Wolkenfeld (1980) and Ekstein and Wallerstein (1972) stated that parallel processes exist because of the similarities between therapy and supervision. These authors believed that therapy and supervision are both helping processes that require the counselor to be intimately involved. According to Ekstein and Wallerstein (1972), the counselor learns by examining the affective problems he or she brings to supervision. The problems, however, may be presented by the counselor indirectly (i.e., by acting out the conflict rather than being aware of it and stating it directly). These similarities in therapy and supervision link the client, counselor, and supervisor in a "complex representational system of interaction" (Wolkenfeld, 1990, p. 99).

McNeil and Worthen (1989) presented case examples that demonstrated parallel process in supervision. One of these cases is provided as an example of the process.

Dr. Coleman, an experienced supervisor, had noticed in a beginning-level supervisee a passivity in therapy sessions leading to an inability to conduct or avoidance of any intervention that might be characterized as confrontational. Repeated attempts were then made to demonstrate and model effective confrontation through discussion of particular clients' cases. As a result, the supervisee appeared to demonstrate an intellectual and theoretical understanding of the necessity for confrontational interventions in therapy from the standpoint of clients' welfare. However, it soon became clear that the supervisee continued to avoid the use of confrontation in therapy sessions and that a reluctance to discuss the issue extended to supervisory sessions as well.

Dr. Coleman then hypothesized that perhaps a deeper issue was responsible for the supervisee's reluctance to use confrontation, one not related to a simple inability or lack of knowledge of how to effectively apply confrontational interventions as seen in many beginning therapists. Thus in the next supervisory session, he again raised the issue of the supervisee's avoidance of confrontation in both therapy and supervision sessions. This time, however, Dr. Coleman framed the process of discussing this issue in supervision as a confrontation by the supervisor directed toward the supervisee. Of course, this "confrontation" was applied in an empathic, understanding, information-seeking manner. The ensuing discussion revealed that the supervisee viewed confrontation in past life experiences as negative and anxiety producing and therefore something to be avoided at all costs. . . . (p. 332).

Doehrman (1976), in her classic case study research on parallel process, reported that unconscious personal issues of the counselor affected the counselor and supervisory relationship. Her results revealed

that in every case the therapist developed an intense relationship with the supervisor . . . and that this relationship had demonstrable effects upon the treatment process . . . Each supervisor was quickly pulled into a transference relationship, and certain key problems of the therapist were awakened and acted out, not only in this relationship with his supervisor but also in his relationships with his patients (p. 71).

Doehrman (1976) recognized that becoming a counselor is more than learning skills and techniques. She asserted that the counselor is developing a professional identity that is intimately connected to his or her personal identity. Because of the intensity of the personal growth and development of the counselor's identity, the counselor could have transference

reactions toward the supervisor, paralleling client's transference reactions toward the counselor (Doehrman, 1976).

Parallel process emerges because counselors do not know how to communicate their needs. Supervisors must be aware, however, of how the counselor may respond to being made aware of the parallel process and be ready to discuss the personal issues that may have generated the process. Williams (1987) asserted that "too early a revelation of the parallel brings either denial or intellectualization" (p. 253). Doehrman (1976), on the other hand, found that when the supervisor-counselor transference issues were resolved, the counselor reported feeling more freedom to act spontaneously, warmly, and interpersonally in the therapeutic relationship. When it wasn't resolved, as in the case of the beginning counselor in her study, supervision ended (Doehrman, 1976).

The counselor's reactions to discussion of the counselor's personal issues revealed through parallel process were not as apparent in the single case study Friedlander, Seigel, and Brenock (1989) conducted with an intermediate level trainee and an experienced counselor. Through eight counseling and supervision sessions, both the supervisor and counselor reported complementary communication patterns, little struggle for control, and supportive and friendly relationships. Although the results of the study seemed positive, it is uncertain the degree to which personal issues were discussed in the supervision sessions, or whether enough sessions were conducted to allow these issues to surface.

Several authors (e.g., Doehrman, 1976; McNeill & Worthen, 1989; Stoltenberg & Delworth, 1987) found differences in how novice and advanced counselors reacted to the discussion of the personal issues revealed through the parallel process. Doehrman (1976) was the only researcher to include an entry-level counselor in her case study. She found that the entry-level counselor was not able to gain insight into the transference and countertransference issues in supervision and terminated his training. McNeill and Worthen (1989) suggested that,

if parallel process interventions involving personal issues are applied to entry-level counselors, they should be simple and concrete and focus primarily on self-awareness issues. Stoltenberg and Delworth (1987) postulated that parallel process could occur at any developmental level, although it may be more salient for advanced counselors.

Through a questionnaire to American Psychological Association (APA) members, Aldrich and Hess (unpublished research) determined how *parallel process influenced counselors and supervisors*. Participants responded based on their memories of experiencing parallel process as a supervisor and as a counselor. Respondents reported a more positive reaction to parallel process as a supervisor than as a counselor. Aldrich and Hess postulated that the reason may be the counselor's fear of failing and the stress inherent in this fear.

Summary. In summary, psychoanalytic supervisors differ on whether the discussion of the counselor's personal issues should occur in supervision. Based on the historical literature (e.g., DeBell, 1963; Levenson, 1972; Searles, 1965; Tarachow, 1963), the counselor's personal issues should be discussed in personal analysis only. Trainers of counselors also would provide the counselor with the opportunity to talk about personal issues that are affecting their counseling situation. More recent authors (e.g., Ekstein & Wallerstein, 1972; Mueller & Kell, 1972) have suggested that the discussion of counselors' personal issues can occur in supervision; the emphasis, however, remains on the effect counselors' personal issues has on the therapeutic interaction. Parallel process is one significant way in which the counselor's personal issues may emerge in supervision. To date, little empirical research has been conducted on the discussion of the counselor's personal issues in supervision. With the exception of Doehrman's (1976) research, existing research is based primarily on self-report and open-ended interviews.

Client-Centered Supervision

Client-centered supervisors emphasize development of self-awareness through discussion of counselors' personal issues, although they approach this task somewhat differently

than psychoanalytic supervisors. Patterson (1983) and Rogers (cited in Hackney & Goodyear, 1984) proposed that the supervision session parallels the therapy session. The supervisor behaves as the counselor does, for instance, by letting the counselor be responsible for the session, listening and responding empathically and genuinely, and asking questions only if a statement is unclear (Hackney & Goodyear, 1984). Supervisors are focused on the relationship between the counselor and client. Counselors' personal issues are important to the supervisor only when they become detrimental to the relationship with the client (Patterson, 1983). According to Patterson, the supervisor's primary role is to help the counselor become competent in conducting therapy.

A basic premise of client-centered counseling is that the counselor approaches the client with unconditional positive regard and congruence (Rogers, 1959). Rogers (1957) defined unconditional positive regard in the counseling relationship as "a caring for the client as a separate person, with permission to have his own feelings, his own experiences" (p. 98). Rice (1980), applying the term to supervision, said that unconditional positive regard means that the supervisor values the counselor without prior expectations of who he or she is or what he or she should be. Rice defined congruence as "the therapist's wholeness during the hour. What one expresses to the client, what one is aware of in oneself, and one's own internal processes are all consistent" (p. 138). To be congruent, the counselor must be aware of his or her own personal issues so that mixed messages will not be sent to the client. According to Rice, congruence and unconditional positive regard can be used in supervision to examine the counselor's attitudes about human nature, how change occurs, and self.

The supervisor encourages the counselor to be aware of what occurs in the therapeutic relationship and his or her reactions to it (Rice, 1980), but does not diagnose or interpret what the counselor brings to supervision (e.g., Patterson, 1983; Rice, 1980). It is believed that if the counselor experiences unconditional positive regard from the supervisor, the counselor may

begin to explore the personal issues that influence the therapeutic relationship. When the counselor begins to examine his or her own personal issues, the supervisor assumes an empathic listening role (Rice, 1980). Supervision may closely resemble therapy as the counselor explores his or her feelings (Hackney & Goodyear, 1984; Rice, 1980).

As reported in the previous section on psychoanalytic supervision, therapy and supervision are similar relationships (Hackney & Goodyear, 1984; Patterson, 1983). Goodyear spoke with Carl Rogers about his supervision style and approach and asked him to compare it to his thoughts on therapy (Hackney & Goodyear, 1984). When asked if he could differentiate between psychotherapy and supervision, Rogers responded,

I think there is no clean way. I think it does exist on a continuum. Sometimes therapists starting in to discuss some of the problems they're having with a client will look deeply into themselves and it's straight therapy. Sometimes it is more concerned with problems of the relationship and that is clearly supervision. But in that sense, too, I will follow the lead, in this case, the lead of the therapist. The one difference is I might feel more free to express how I might have done it than I would if I were dealing with a client. (p. 284)

According to Patterson (1964), there are basic conditions that should be met during supervision and counseling:

Supervision, while not therapy, should be like all good human relationships, therapeutic. Supervision is a relationship, which is therapeutic, and in which the student learns. But the learning is not the kind of learning which takes place in the usual classroom. It is more like the learning which takes place in counseling and psychotherapy. It is concerned with the development of sensitivity in the student, of understanding, of therapeutic attitudes rather than techniques, specific responses, diagnostic labeling, or even identifying or naming presumed personality dynamics in the client (p. 48).

In summary, client-centered supervisors agree that the supervisor assumes the role of counselor when the counselor discusses personal issues in supervision. Counseling and supervision are viewed as rather similar processes, requiring similar attitudes, and having

similar goals. Therefore, the differences between therapy and supervision were not as defined as in psychoanalytic supervision.

Atheoretical Models of Supervision

Two atheoretical models of supervision also emphasize the importance of discussing a counselor's personal issues during supervision (Bernard, 1979; Kagan, 1980). Neither model is based on a theoretical orientation, although Kagan (1980) uses concepts from a phenomenological orientation. Bernard's (1979) atheoretical model was developed to be useful for supervisors who incorporate a variety of theoretical orientations.

Discrimination model. Bernard's (Bernard, 1979; Bernard & Goodyear, 1992) discrimination model provides a cognitive map for supervisors to use in training counselors. The model integrates two dimensions, supervision functions and supervisory roles. Roles the supervisor assumes to help the counselor meet the supervision goals are teacher, counselor, and consultant. The supervision, or learning, functions include three skill areas: process (e.g., implementing therapeutic techniques and strategies), conceptualization (e.g., understanding and anticipating what will occur in the counseling session and choosing the appropriate intervention), and personalization (e.g., developing a personal style of counseling without incorporating personal issues). Bernard believed that the counselor's values and personal issues were an important function in supervision, as evidenced in the supervisory role of counselor and the focus on personalization skills. The supervisor as counselor offers support and understanding of the counselor's personal needs (Bernard, 1979). Personalization skills include the counselor's comfort with his or her feelings, attitudes, values, and behaviors so that the counselor's feelings do not affect the therapeutic relationship (Bernard, 1979). Within the therapeutic situation, the counselor may experience conflicts and struggles stemming from his or her own personal issues. If these issues remain unexamined, Bernard (1979) asserted that the counselor will become stagnant and provide less therapeutic help to the client. "Because

counseling is both personal and personalized, it is difficult to become a more efficient and skilled counselor without also experiencing greater personal growth" (Bernard, 1979, p. 63).

Bernard (1979) indicated that some supervisors prefer a role and/or function based on their preferred theoretical orientation. Supervisors must exercise caution because exclusive use of one role or function could be made at the expense of the counselor's needs (Bernard, 1979). According to the discrimination model, supervisors will respond to specific functions from a chosen role (Bernard, 1979). The functions and roles, however, may change across sessions and within sessions (e.g., teacher of skills to consultant about case conceptualization) (Bernard & Goodyear, 1992). The supervisor needs to be flexible in meeting the changing supervision needs of the counselor.

Although the discrimination model is not developmentally based, supervisors may choose to use it based on the counselor's developmental level (Bernard & Goodyear, 1992; Borders, 1989). For instance, entry-level counselors may need more assistance with process skills and advanced counselors may need equal emphasis on the three foci (Bernard & Goodyear, 1992).

Interpersonal process recall (IPR). Interpersonal Process Recall (IPR) was developed to be used within the therapeutic relationship as a way to elicit underlying feelings and thoughts of the client (Kagan, 1980). Kagan identified two basic assumptions of his model: people need each other and people learn to fear each other. These seemingly opposite tenets become apparent in a variety of behaviors. The approach-avoidance behavior is essentially seeking a balance between what a person desires and what a person fears (Kagan, 1980). Interpersonally, people expect certain reactions from others and create evidence to prove the reactions. Kagan asserted that people behave diplomatically by responding to only a small part of the message given. A large part of communication, therefore, is not acknowledged by the sender or the receiver.

IPR is based on the idea that counselors and clients have selective psychological perceptions that block the therapeutic effort (Kagan, 1980). If the perceptions can be explored in a structured environment, the participants could develop interpersonally and therapy would be enhanced. When IPR is used in supervision, the supervisor facilitates the counselor's awareness of his or her internal feelings and thoughts experienced during a counseling session with a client (Kagan, 1980). It has been identified as one of the two primary training methods used in supervision (Borders & Leddick, 1988).

The use of IPR in the supervision session provides a way for the covert information to become known. Kagan (1980) believed that "people are the best authority on their own dynamics and the best interpreter of their own experience" (p. 279-280). Supervisors, therefore, cannot be aware of all the complex dynamics in a counselor and client's therapeutic relationship (Kagan, 1980).

In IPR, the supervisor asks open-ended questions while viewing a highly interpersonal segment of a videotaped counseling session (Bernard, 1989). The supervisor asks questions that encourage the counselor to explore his or her feelings, thoughts, and internal processes without trying to analyze, diagnose, or teach alternative strategies. The approach elicits personal thoughts and feelings from the counselor that were beyond the counselor's immediate consciousness during the session. As the covert feelings and thoughts surface, the counselor can examine them and determine how they affect the counseling situation.

There are several advantages of IPR in supervision (Kagan, 1980). First, it encourages counselors to face their interpersonal fears in a safe, structured environment (Kagan, 1980). Second, it helps counselors develop skills in developing intimate, interpersonal encounters (Kagan, 1980). Third, counselors become aware of their own interpersonal distancing and are able to practice new behaviors by working through the feelings during supervision (Kagan,

1980). Finally, counselors learn about interpersonal communication and its importance in the therapeutic relationship (Kagan, 1980).

Summary. In summary, the discrimination model and IPR are two atheoretical models that include a focus on the counselor's affect. According to the models, the supervisor can take concrete steps to help the counselor explore personal issues that may be affecting the counseling situation.

Counselor's Personal Issues in Developmental Models

Developmental models (e.g., Blocher, 1983; Hogan, 1964; Loganbill et al., 1982; Sansbury, 1982; Stoltenburg, 1981) do not present discussion of the counselor's personal issues as a dualistic debate of whether to discuss the issues as supervisors using a theoretical approach do. The assumption is that the counselor's personal issues are pervasive and that they will surface as an important concern in supervision, regardless of the theoretical orientation of the supervisor. According to the developmental models, the emphasis is on when the counselor's personal issues should be discussed. Using an educational framework, the supervisor determines when to provide instruction and how to best promote growth when the counselor's personal issues are discussed.

Overview of Developmental Models

Counselor growth is described in the developmental models (e.g., Blocher, 1983; Hogan, 1964; Loganbill et al., 1982; Sansbury, 1982; Stoltenburg, 1981) as a series of sequential, hierarchical stages, each requiring different supervision interventions. The stages are not mutually exclusive; counselors can recycle through the stages as they evolve. The goal of developmental supervision is to identify the counselor's level of development and provide an environment in which the counselor's growth can be facilitated (Bartlett, 1983). Through supervision, the counselor progressively experiences greater self-awareness, acquires increasingly advanced counseling skills, and masters theoretical knowledge (Borders, 1986). As

the counselor develops, he or she will integrate these learnings into a professional identity as a counselor.

Developmental models of supervision draw heavily from the work of developmental psychologists such as Erikson (1968) and Chickering (1969). Erickson said that a person's identity is central to his or her total development. According to the developmental models, growth involves an integration of counselor skills into a personal and professional identity as a counselor (Loganbill et al., 1982).

The majority of recent supervision literature has been grounded in the developmental approach, becoming "the zeitgeist of supervision thinking and research" (Holloway, 1987, p. 209). Worthington (1987) illustrated the tremendous growth and interest in developmental models, identifying sixteen different models of supervision in psychological, psychiatric, counseling, and social work disciplines that refer to developmental principles in his review. Bernard and Goodyear (1992) proposed that developmental models are appealing for two reasons. First, they have an intuitive appeal, in that supervisors like to believe that counselors will improve with experience. Secondly, they give little attention to the evaluative component of supervision, which many supervisors find intrusive.

Developmental Models

In developmental models, the appropriate time to address all foci, including when to discuss a counselor's personal issues, is emphasized (e.g., Blocher, 1983; Hogan, 1964; Loganbill et al., 1982; Sansbury, 1982; Stoltenburg, 1981). Five models will be described in some detail to illustrate this focus of supervision. These five models are the most complete and most frequently cited models in the supervision literature.

In his seminal model, Hogan (1964) stressed the counselor's personal interaction in his developmental conception of supervision. He identified four levels through which counselors progress during their development and recommended supervisory behaviors for responding to

each developmental level. Giving attention to the counselor's self-awareness is important at each level, although different supervision interventions are applied. At level one, the supervisor helps the counselor develop self-awareness through interpretation of the counselor-client interaction and the counselor's anxieties about the counseling process. Support by the supervisor is important during this early stage of development. The counselor begins struggling with his or her own identity and insights about self during the second level. Hogan asserted that the counselor was "fraught with the success and tragedy of becoming" (p. 140). At level two, the supervisor provides support and helps the counselor examine the struggles. The counselor becomes more confident with his or her identity and self awareness at level three, when the supervisor confronts the counselor's personal reactions and issues. At level four, the counselor is sufficiently aware of his or her personal issues to pursue independent practice.

Stoltenberg (1981) expanded Hogan's (1964) model into the counselor complexity model. Borrowing also from Hunt's (1971) Conceptual Systems Theory, Stoltenberg believed a counselor becomes more cognitively complex as he or she develops. The level of cognitive complexity influences the counselor's ability to be self-aware and deal with awareness of personal feelings that occur during supervision (Stoltenberg, 1981). Stoltenberg's model also has four levels in which the counselor's personal issues are discussed in varying degrees. The beginning counselor (level one) has little insight into the effect he or she has on clients, lacks confidence, and is dependent on the supervisor for direction. The supervisor's role is to encourage the counselor to risk trying new approaches and to provide support and structure during the supervision sessions. The counselor is not yet ready to examine his or her reactions to the client or himself or herself. The counselor moves from being dependent on the supervisor to experiencing a dependency-autonomy conflict with the supervisor in level two. The counselor becomes more aware of self in the counseling relationship and more confident in counseling skills, but still has dependency needs. The counselor's motivation fluctuates. The supervisor,

therefore, becomes less directive and provides an environment in which the counselor can examine his or her strengths and weaknesses and begin integrating counseling knowledge with his or her personal value system. The counselor is developing an awareness of self. Level three is one of conditional dependency. The counselor wants to explore his or her personal issues as they apply to the therapeutic relationship. The counselor has more insight, empathy, and motivation, therefore, requiring little direction from the supervisor. Mutual sharing and collegiality exists in the supervisory relationship. The master counselor, who is skilled in counseling and aware of his or her personal strengths and limitations, emerges in level four. The supervisor essentially serves as a consultant to the counselor in level four.

The most comprehensive developmental model was developed by Loganbill et al. (1982). Like Hogan (1964) and Stoltenberg (1981), Loganbill et al. identified stages of counselor development. Their three stages are stagnation (unawareness, black and white thinking, avoidance, dependence), confusion (instability, disorganization, conflict, erratic fluctuations of feelings about abilities), and integration (reorganization, flexibility, cognitive understanding, personal security). Loganbill et al. proposed that counselors confront eight issues, each of which must be experienced through the three stages. These issues, derived from Chickering's (1969) developmental theory, are competence, emotional awareness, autonomy, theoretical identity, respect for individual differences, purpose and direction, personal motivation, and professional ethics. For each of these issues, the counselor may be at any one of the three stages. According to the model, it is the supervisor's responsibility to help the counselor get beyond stagnation and confusion for each of the eight issues. Loganbill et al. proposed five supervisory interventions to help counselors move through the issues and stages: facilitative (encourages trust, provides opportunity for reflection), confrontive (examines discrepancies in counselors' feelings, attitudes, and behaviors), conceptual (focuses on theories and principles, encouraging the counselor to think analytically), prescriptive (directive, encourages counselor to use specific

action plan), and catalytic (promotes change, encourages counselor to examine particular process in more depth).

Of particular interest to this study is the issue of emotional awareness, which refers to the counselor's personal reactions to and feelings about the client (Loganbill et al., 1982). At stagnation, stage one, the counselor tends to be unaware of or to deny and reject his or her feelings toward the client. Three emotional feelings are particularly vulnerable to denial by the counselor: frustration and anger, inadequacy and powerlessness, and feelings of intimacy and/or sexual attraction toward the client (Loganbill et al., 1982). When these feelings are raised to consciousness through natural interaction or specific supervisory intervention during stage two, confusion, the counselor becomes bewildered and alarmed. Counselors feel they are losing control of their emotions and may harm the client. Stage three brings relief when counselors realize that feelings are quite different from behavior. Counselors become aware that they have control over their expression of feelings, so they are more willing to allow the feelings to come into consciousness.

Sansbury (1982), after reacting to Loganbill et al.'s (1982) model, proposed a developmental model based on the counselor's skills. Using the skill levels of graduate students in counseling psychology programs (pre-practicum, practicum, and internship), he identified counselor competencies expected at each level and supervisor behaviors that were appropriate for helping the counselor develop these competencies. Sansbury suggested that the counselor begins examining personal issues at the internship level of training. The supervisor assists the counselor by confronting the intern with differences between what is discussed in supervision and what occurs in the counseling session. The counselor's personal issues are explored, and the counselor's self-evaluation of strengths and weaknesses is encouraged.

Blocher (1983) created a developmental model of supervision based on theories of cognitive development and human learning. He defined supervision as a

specialized instructional process in which the supervisor attempts to facilitate the growth of a counselor-in-preparation, using as the primary educational medium the student's interaction with real clients for whose welfare the student has some degree of professional, ethical, and moral responsibility (p. 27).

Blocher believed that the supervisory processes focus on the counselor's cognitive functioning and that cognitive processing becomes more complex as multiple perspectives are presented to the counselor. Cognitive functioning requires that the counselor be able to differentiate among and manipulate a variety of facts and factors and to integrate and synthesize these facts into an understanding of the psychological identity of a diverse group of individuals (Blocher, 1983). As the counselor is processing the information, Blocher acknowledged that the counselor also may become aware of his or her personal issues that emerge through the counselor-client interaction. He suggested that the supervisor may help the counselor develop insight into his or her interpersonal functioning as a counselor. The counselor, however, may choose to examine these personal issues through a psychotherapeutic relationship (Blocher, 1983). The supervisory characteristics of the optimal learning environment for the counselor are challenge, involvement, support, structure, feedback, innovation, and integration (Blocher, 1983). The supervisor always seeks a balance between these characteristics with regard to skill development and addressing the personal experiences of the counselor.

Empirical Support for Discussing Personal Issues as Presented in Developmental Models

The majority of empirical research on supervision is based on the developmental models. The focus of this section will not be a complete description of the research on developmental models, but on those studies that mentioned discussion of the counselor's personal issues. The research results will be organized into two categories: counselors' reports of their preferences and their supervisor's behaviors and supervisors' reports of their behaviors.

Counselors' reports of their preferences and their supervisors' behavior. In a number of studies (e.g., Guest & Beutler, 1988; Heppner & Roehlke, 1984; Rabinowitz et al., 1986; Reising & Daniels, 1983; Worthington, 1984) counselors at different levels of training reported that they preferred the supervisor use different interventions . The designation of training level varied across the studies (i.e., what defined entry-level and advanced counselors), but overall results were consistent with those proposed in the developmental models.

Reising and Daniels (1983) tested Hogan's (1964) developmental model by having 141 counseling psychology students at four levels of training (e.g., premaster's, master's, advanced master's/interns, Ph.D.) complete the Counselor Development Questionnaire (CDQ), a self-report instrument. The CDQ consists of two subtests: Trainee Subtest which includes statements trainees make about themselves, and the Supervisory Needs Subtest which includes statements trainees make about what they need from supervision. The CDQ factors were derived from Hogan's model. On both subtests, one scale focuses on the counselor's personal issues. The scale of the Trainee subtest, Self Understanding, measures the counselor's attempt to understand his or her own feelings in relation to the counseling situation. On the Supervisory Needs subtest, the Emotional Consultation scale measures counselors' need for assistance in exploring and understanding personal issues as they affect the counseling situation. The researchers concluded that advanced trainees wanted less focus on technique and skills and more focus on self understanding. In addition, Reising and Daniels reported that counselor characteristics were discriminated by counselor's level of experience but that counselors at different experience levels (e.g., entry-level and advanced) did not have different supervisory needs.

Heppner and Roehlke (1984) conducted three studies to determine if supervision varied by counselor level of training as proposed in developmental models. Results from the second and third studies provided support for the developmental models with regard to discussion of

the counselor's personal issues. In the second study, the results indicated that entry-level counselors believe developing their counseling skills is of primary importance. The findings also indicated that skills were developed along a continuum from skill acquisition to examination of counselors' personal issues. In the third study, which focused on counselors' reports of their preferences, the researchers examined counselors' perceptions of critical incidents that occurred in their supervision during a semester. Beginning and advanced practicum counselors' critical incidents included self-awareness, support, confrontation, and competency issues more often than they did for interns. Interns reported critical incidents concerning personal issues more frequently than did beginning and advanced practicum counselors.

Through a single case study, Martin, Goodyear, and Newton (1987) followed an intern and her supervisor across a semester. They examined the best and worst supervision sessions identified by the counselor and supervisor. The second supervision session was considered the best by both participants. The focus of that session was on the personal issues of the counselor. Through the counselor's description of the second session on the Critical Incident Questionnaire (Heppner & Roehke, 1984), it became apparent that discussion of her personal issues was significant and affirming. The counselor said that the supervisor "affirmed me and connected what I was experiencing personally as countertransference onto clients" (p. 227). A goal of the counselor was to be a greater risk taker. The counselor made comments about her supervisor in a log she kept saying "that the supervisor 'modeled how' she should do this [take risks] by responding more to the process of what was happening and less to the content of her statements. She further stated that 'we were both real and honest' and that he did not react defensively but was supportive of her honesty" (p. 228). The second session seemed to be a turning point in the supervisor-counselor interaction (Martin et al., 1987). The interactions changed from "formal, goal-setting ones of the first session to those of a more personal, risk-taking nature" (p. 228).

Rabinowitz et al. (1986) examined and compared process and outcome variables within supervision. Beginning practicum, advanced practicum, and doctoral interns gave their perceptions of the most important issues and supervisor interventions at the end of weekly supervision sessions during one semester using a two part, self-report supervision checklist developed for the study. At the beginning of supervision, counselors at all levels indicated that clarifying the relationship with the supervisor was important. Results also revealed that developing treatment plans and getting support from the supervisor were two important issues for all three levels of counselors. The issue of "dealing with a personal issue or problem that was interfering with my work with my clients " (p. 294) was selected almost twice as often by advanced practicum counselors than beginning practicum counselors and doctoral interns. "Confronting a personal blind spot, which increased my understanding of myself personally, professionally, or both" (p. 294) occurred sporadically over the semester for all three groups, although it peaked in importance during the middle six weeks.

Over a period of three years, Guest and Beutler (1988) collected data from trainees who were at different levels of training. Results, consistent with prior literature, indicated that beginning counselors preferred support and technical direction from their supervisors while advanced counselors preferred to assess personal issues and relationships that affect the psychotherapy process.

Supervisees' perceptions of their development was examined by McNeill, Stoltenberg, and Pierce (1985) when they tested the counselor complexity model developed by Stoltenberg (1981). The Supervisee Level Questionnaire (SLQ), a 24-item self-report instrument, was developed to measure specific aspects of counselor development. The researchers reported that counselors who identified themselves as advanced on the SLQ had more self-awareness, autonomy, counseling skills, and theoretical understanding than lower level counselors.

Nelson (1978) found in his study of beginning and advanced counselors that, although there were some differences between training levels, counselors' preferences were more similar than different. One difference he found, although not significant, was that advanced trainees preferred supervisors who helped them explore their feelings toward clients.

Ellis (1991) did not find support for the developmental models of Loganbill et al. (1982) and Sansbury (1982), particularly concerning discussion of a counselor's personal issues. From his research of critical incidents of novice counselors, Ellis found that personal issues, relationship, competence, emotional awareness, and autonomy were reported more often in critical incidents than theoretical identity issues as Sansbury posited. Ellis, therefore, proposed that personal issues affecting treatment may not be adequately addressed in Sansbury's model.

Two studies (e.g., Allen et al., 1986; Hutt, Scott, & King, 1983) examined counselors' perceptions of the quality of supervision. Discussion of the counselor's personal issues was one variable identified by the counselors as important, although in differing degrees. Hutt et al. (1983) conducted a study to determine counselors' perceptions of positive and negative supervision. Open-ended audiotaped interviews with post-master's counselors were analyzed using phenomenological reduction techniques. Counselors were asked a general question: "Try to recall a positive (or negative) experience you have had in supervision and describe it in as much detail as you can" (p. 119). The results indicated that positive and negative supervision are not opposites, as previously believed. Rather, each type of supervision has its own unique structure. Counselors in the study reported that positive supervision was an integration of relationship-oriented and task-oriented behavior. On the other hand, when supervision was focused totally on the emotional elements of the relationship, counselors reported that supervision was negative. Counselors said they preferred supervisors who were flexible in meeting their unique needs.

In a similar study that rated the quality of supervision, Allen et al. (1986) developed and administered questionnaires to advanced doctoral students. Questionnaire items included contextual issues relating to supervision (i.e., structure and format), supervisor's personal attributes, and interactional aspects of supervision. Advanced counselors rated the quality of supervision higher when emphasis was on personal growth issues rather than the development of technical skills. Counselors reported that the "best supervision" was received from supervisors described as expert, trustworthy, and interpersonally attractive, and who were willing to provide additional supervision and for longer periods of time.

In summary, counselors, particularly advanced counselors, report that discussion of their personal issues is important to their development and their evaluations of supervision quality. One caveat is indicated: exclusive focus on personal issues is seen as detrimental to the supervisory relationship.

Several empirical research studies provided counselors' reports of their supervisor's behavior (e.g., Heppner & Roehlke, 1984; Krause & Allen, 1988; Worthington, 1984). Counselors were asked to rate their supervisor's behaviors and to identify the behaviors that contributed to the supervisor's effectiveness.

In Heppner and Roehlke's (1984) second study, the Supervision Questionnaire (Worthington & Roehlke, 1979) and three additional questions were used to determine counselors' perceptions of specific supervisor behaviors that contributed to supervisory effectiveness. As found in other studies (e.g., Littrell et al., 1979; Stoltenberg, 1981), beginning practicum counselors were more satisfied with a supervisor who fostered a positive relationship, advanced practicum counselors were more satisfied with a supervisor who facilitated development of additional counseling skills, and doctoral interns were more satisfied with a supervisor who helped them develop better counseling skills and allowed them to deal with personal issues that affected their counseling.

Krause and Allen (1988) developed a questionnaire to assess the counselors' perceptions of the supervisor's behavior. According to Krause and Allen (1988), however, counselors did not perceive that supervisors changed their behavior based on the counselor's developmental level. These results also were found by Worthington (1984), who investigated beginning and advanced counselors' preferences of supervisors behaviors. The Supervision Questionnaire was completed by 237 counselors at four levels of training (e.g., first through third practicum, intern). Results indicated that beginning counselors focus on self-awareness, whereas, advanced counselors want to deal with personal issues that affect their capacity to conduct therapy.

Supervisors' reports of their behaviors. Supervisors' perceptions of their behaviors in supervision is the second important topic of research on developmental models. According to developmental models, supervisors' behavior should vary with counselors at different experience levels. Research has supported this premise and has indicated that the majority of supervisors' say they employ specific interventions at different levels of counselor development (e.g., skills at beginning level, personal issues at advanced level) (e.g., Friedlander & Ward, 1984; Krause & Allen, 1988; Miars et al., 1983; Raphael, 1982).

Krause and Allen (1988) reported general results from their study of supervisors and counselors' perceptions of supervision. Through a questionnaire with parallel forms completed by counselors and supervisors, the researchers found that supervisors perceived that they varied their behavior depending on the developmental level of the counselor. More specifically, supervisors reported focusing on counselors' personal issues and the process of counseling with advanced counselors.

Raphael (1982) developed a 9-category system in which supervisors' verbal responses to counselors were identified and classified. The findings indicated that supervisors of advanced counselors made statements focusing on the counselors' feelings about the client, therapy, and supervisor. Verbal responses made to the novice counselors, however, focused on the

counselor's behavior during therapy and feelings regarding the therapy and supervisory relationship (Raphael, 1982). Miars et al. (1983) conducted a similar study in which supervisors completed a questionnaire designed to assess various supervision interventions for counselors at different levels. Supervisors reported focusing on the counselor's personal issues with advanced counselors and providing more direction, instruction, and support with novice counselors.

Friedlander and Ward (1984) reported differences in how supervisors viewed themselves when interacting with novice and advanced counselors. Supervisors in university counseling centers completed the Supervisory Styles Inventory (Friedlander & Ward, 1984). Results indicated that supervisors rated themselves higher on interpersonal sensitivity (i.e., relationship-oriented approach to supervision) and attractiveness (i.e., a collegial dimension of supervision) with advanced counselors (i.e., interns) and more task-oriented (i.e., focused on content of counseling session) with novice counselors (i.e., practicum students) (Friedlander & Ward, 1984).

Wiley and Ray (1986) examined Stoltenberg's (1981) model by classifying counselors by developmental level rather than training level. The Supervision Level Scale (SLS) was completed by supervisors at mid-semester to determine the developmental level of the counselors they supervised. Findings revealed that counselors differed developmentally throughout their training as posited by Stoltenberg. Differences were found to exist, however, between developmental level and training level. Using supervised counseling experience only, Wiley and Ray found that supervisors matched their supervision to the developmental level of the counselor in Stoltenberg's model.

Summary of empirical research on developmental models. The empirical research generally supports the premise that timing, or when to discuss the counselor's personal issues, is important as indicated in the developmental models. Supervisors and counselors reported that the discussion of personal issues should occur when the counselor had gained experience. In

addition, research results indicated that supervisors match their interventions to the developmental level of the counselor. Entry-level and advanced counselors confirmed that they preferred to focus on different issues in supervision. In particular, entry-level counselors reported a need to focus on their behavior and skills, whereas advanced counselors reported a need to focus on their personal issues that may be affecting the counseling situation.

Critique of Relevant Research

Despite the number of related studies, the current empirical research on the discussion of counselors' personal issues in developmental models is limited. All research on developmental models has been based on supervisors' and counselors' perceptions presented through self-report measures. The self-reports are often based on memories about events that occurred in the past. Holloway and Hosford (1983) labeled this first phase of research "descriptive observation" (p. 74). In the past, counselors have reported the issues they wanted to discuss during supervision, and researchers have substantiated these responses through the stages in the developmental models. It is now time to further systematic research on personal issues in supervision.

Second stage research (Borders, 1989; Holloway & Hosford, 1983), which includes studies that are more experiential, is needed. Specific variables identified in phase one research (e.g., discussion of counselors' personal issues) need to be examined in more depth. This study represents one of the first to employ second phase research design in an investigation of supervision. Because of the prevalent concern about developing counselors' self-awareness, this study was focused on the discussion of counselor's personal issues during supervision. More specifically, the purpose of this study was to determine how counselors would respond to an actual stimulus (i.e., discussion of a counselor's personal issues) and to identify and report the immediate impact of that discussion.

Second stage research, such as that represented by this study, will contribute to the field of supervision in two ways. First, it will contribute to theoretical development. By using analogue research, a specific focus is taken to confirm the assumptions made in the developmental models. The results provide more indepth information regarding the validity of the models. Results of this study will enhance the developmental theory by identifying how counselors at two experience levels (i.e., entry-level and advanced) believe the supervisory relationship, interactional style of the supervisor, quality of the supervision session, and counselor's post-session mood are influenced when personal issues are discussed.

This second stage study also may contribute to the practice of supervision. Results may reveal what happens when the supervisor intentionally addresses the personal issues of counselors at different stages of development. Counselors' overt and covert responses are identified. With this additional information, the supervisor can be more intentional and effective when addressing the counselor's personal issues.

CHAPTER III

METHODOLOGY

A review of the related literature supports the concept that timing the discussion of a counselor's personal issues is important. Specific aspects of the appropriate "timing" are not known, however. Accordingly, the impact that the discussion of personal issues has on counselors' perceptions of the supervisor's interactional style, supervisory relationship, session quality, and postsession mood is the focus of this study. This chapter presents the design and methodology for the study. Included are research hypotheses, description of instruments, treatments, and participants, procedures, and description of statistical procedures used in data analysis.

Hypotheses

The following hypotheses were tested:

1. There will be no significant differences in entry-level and advanced counselors' ratings of supervisor's interactional style, as measured by the Impact Message Inventory, for Treatment 1 and Treatment 2.
- 2a. Entry-level counselors' ratings of the supervisory relationship, as measured by the Rapport scale of the Supervisory Working Alliance Inventory, will be significantly higher for Treatment 2 than for Treatment 1.
- 2b. Advanced counselors' ratings of the supervisory relationship, as measured by the Rapport scale of the Supervisory Working Alliance Inventory, will be significantly higher for Treatment 1 than for Treatment 2.
- 3a. Entry-level counselors' ratings of the quality of the supervisory session, as measured by the Depth and Smoothness scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 2 than for Treatment 1.

- 3b. Advanced counselors' ratings of the quality of the supervisory session, as measured by the Depth and Smoothness scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 1 than for Treatment 2.
- 4a. Entry-level counselors' ratings of their postsession mood, as measured by the Positivity and Arousal scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 2 than for Treatment 1.
- 4b. Advanced counselors' ratings of their postsession mood, as measured by the Positivity and Arousal scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 1 than for Treatment 2.

Treatment

Two 9 - 10 minute segments of supervision sessions were created and videotaped to serve as the experimental treatments for this study (see Appendix A for transcripts). The supervision sessions were designed to vary on one dimension only: the intervention selected by the supervisor in response to the counselor's work with a particular client. The two treatment conditions for the dimension were: (a) a segment of a supervision session in which the supervisor addresses the counselor's personal issues that seem to be interfering with the counselor's ability to help a client explore painful emotions (Treatment 1), and (b) a segment of a supervision session in which the supervisor does not address the counselor's personal issues, but instead focuses on improving the counselor's skill in exploring the client's feelings (Treatment 2).

Each treatment condition was portrayed by the same female supervisor and female counselor who were employed as counselors in the counseling center of a private, moderate-size university in the Southeast. The supervisor, a Ph.D. in counseling psychology, had training and experience in providing supervision. The counselor, who has an M.A.Ed. in counselor education, received counseling supervision for two years during her training. In each

supervision segment, the supervisor and counselor were discussing a male client who is hospitalized with cancer. The concern the counselor brought to supervision was the client's difficulty in expressing and working through his feelings related to his medical condition. The counselor was hesitant in facilitating the exploration of the client's feelings. Each segment of the supervision session represented a typical discussion of the counselor's audiotaped counseling session that had been reviewed by the supervisor. The session was meant to reflect a mid-semester supervision session.

Treatment 1

In the supervision session in which the counselor's personal issues were addressed (Appendix A), the supervisor focused on the counselor's affect and helped the counselor explore her feelings about what was happening in the counselor-client relationship. The supervisor related the counseling behavior to the counselor's personal issues, probed for and clarified the counselor's feelings, confronted the counselor's fear of discussing the client's feelings, encouraged and supported the counselor in talking about personal issues, modeled exploration of feelings, confronted counselor's fears of helping the client deal with his emotions, helped the counselor determine the impact the client's feelings had on the counselor and how it may have limited the counselor's effectiveness in therapy, and encouraged the counselor to explore resistance to discussing feelings. The counselor's possible countertransference was explicitly identified in the treatment.

Treatment 2

In the supervision session in which the counselor's personal issues were not addressed (Appendix A), the supervisor focused on the counselor's behavior with the client. The supervisor employed several interventions focused on helping the counselor identify client feelings. The supervisor explained skills that helped clients express feelings (e.g., reflective statements, advanced empathy, clarification), encouraged the counselor to formulate hypotheses

about the client, created and participated in a role play so that the counselor could try new responses to the client, encouraged the counselor to identify possible client feelings, challenged the counselor to develop a new perspective on exploration of feelings, and focused on teaching the counselor how to match interventions with intent. The counselor presented the same opportunities to discuss personal issues as in Treatment 1 (e.g., "I remember how I felt when my sister-in-law, Cindy, died and that I needed someone to help me through it"). The supervisor, however, chose to focus on the counselor's behavior and to teach the counselor ways of exploring the client's feelings.

In order to control the stimuli presented in the two supervision interventions, systematic steps (see Heverly, Fitt, & Newman, 1984) were taken to match the supervisor's and counselor's behavior except for the one variable of interest (i.e., the intervention selected by the supervisor in response to the counselor's work with a particular client). First, a matrix was created for each treatment that identified characteristics of the supervisor's behavior drawn from descriptions in developmental models of supervision (e.g., Loganbill et al., 1982; Sansbury, 1982; Stoltenberg, 1981; Wiley & Ray, 1986). Based on these models, the growth and development of the counselor requires different supervisor behaviors and supervision interventions as the counselor's needs change (e.g., focus on learning new skills or exploring how personal issues affect the counselor-client relationship). Each of the identified characteristics were illustrated at least once in the appropriate treatment vignette (see Tables 1 and 2 for examples).

Second, 12 dimensions of supervisor behavior identified by Tracey, Ellickson, and Sherry (1989) and 4 dimensions of counselor behavior identified in developmental models (e.g., Loganbill et al., 1982; Sansbury, 1982; Stoltenberg, 1981; Wiley & Ray, 1986) were used to construct and evaluate the two treatment transcripts. Tracey et al. (1989) reviewed supervision literature and identified 12 dimensions of supervisor behavior and used the dimensions to construct similar supervision transcripts for their study. The supervisor dimensions are:

supervisor skill, supportive, directive, realistic, warm, sincere, collaborative, likeable, structure, teaching, focus on counselor's affect, and focus on counselor's behavior. The counselor's behavior was rated on four dimensions: cooperative, likeable, counseling skill, and self-awareness. These four dimensions represented counselor characteristics that might influence the supervisor's reactions and an observer's ratings of the session, particularly in terms of the focus of this study.

Third, the two transcripts of the supervision sessions were written to reflect the characteristics identified in the matrix and the identified supervisor and counselor behaviors. The scenario chosen (i.e., the client's difficulty in expressing and working through feelings) is a fairly typical supervision scenario. The two transcripts began with verbatim dialogue for the first two interchanges (see transcripts for Treatment 1 and 2 in Appendix A). The supervisor chose a specific focus (i.e., focus on counselor's affect vs. focus on counselor's behavior) during the third interchange. The two foci were designed to be equally plausible in addressing the needs of the counselor.

Fourth, using the 12 supervisor and 4 counselor dimensions, the two preliminary transcripts were rated by two experienced counselors and supervisors on a 5-point Likert scale anchored by "almost never" (1) and "almost always" (5). They reported similar ratings on all the counselor and supervisor behaviors except for the intervention, the one dimension of interest (e.g., focus on counselor's affect or focus on counselor's behavior). According to their ratings, the supervisor focused on the counselor's affect in Treatment 1 and on the counselor's behavior in Treatment 2. One rater suggested that the sensitivity of discussing a counselor's personal issues could be perceived as more confrontive by the counselor; therefore, confrontive was added as a supervisor dimension. The transcripts were reviewed and minor changes in wording were made to make the two treatments appear equally confrontive. On the basis of these results, videotaping of the transcripts was begun.

Table 1

Treatment 1: Supervision session focused on exploring counselor's personal issues

Characteristics of Supervisor Behavior	Example Response in Script
Focus on counselor's affect	"So you are anxious about going to a deeper level and talking about feelings?"
Focus on counselor's feelings about session and client	". . .You sound frustrated because he won't talk about his feelings."
Relate counseling behavior to counselor's personal issues	"So you're really experiencing a dilemma. You are hurting over the loss of Cindy, and, . . .at the same time, you have a client who may be experiencing intense emotions about loss also."
Model exploration of feelings (e.g., reflecting feelings)	"I hear some anger in your voice also."
Clarify counselor's feelings	"Did you feel out of control then?"
Probe for counselor's feelings	". . .I wonder if you have experienced a loss that is affecting the way you are responding to Mike."

Table 1 continued

Treatment 1: Supervision session focused on exploring counselor's personal issues

Characteristics of Supervisor Behavior	Example Response in Script
Countertransference explicitly stated/identified	"I'm wondering if you could be responding to him as you are feeling - fragile and fearful of breaking."
Confront counselor's fear of discussing client's feelings	". . .I'm wondering, could it be that you are not ready to talk about feelings, to hear how Mike feels about having cancer, about missing his family?"
Encourage and support counselor in talking about sensitive personal issues	"I remember your telling me how helpful it was for you when your friend provided that opportunity for you. You seem to be able to empathize with Mike because of your experiences."
Confront counselor's fears of helping client deal with his emotions	"Are these the feelings you are afraid Mike will share with you? And that he will be out of control with emotion?"

Table 1 continued

Treatment 1: Supervision session focused on exploring counselor's personal issues

Characteristics of Supervisor Behavior	Example Response in Script
Help counselor determine impact client's feelings has on her and how it may limit her effectiveness in therapy.	"Are you afraid you may awaken memories of your loss and not be able to respond to Mike's feelings?"
Encourage counselor to explore her resistance to discussing feelings	"... Do you have a personal fear of listening to someone else's sadness?"

Table 2

Treatment 2: Supervision session focused on improving counselor's skills

Characteristics of Supervisor Behavior	Example Response in Script
Focus on counselor's behavior	"You used advanced empathy when you reflected that his need for visits helped to keep him from thinking about his illness."
Focus on teaching counselor how to match interventions with intent	"So when he begins to talk, what interventions do you use to help him explore his feelings?"
Explain skills that help client express feelings (e.g., reflective statements, clarification, advanced empathy)	"Reflecting the feeling goes beyond what the client is saying."
Teach counselor ways to clarify client's feelings	"One way you could help him is by helping him clarify his feelings. Can you think of how you could do that?"
Encourage counselor to formulate hypotheses about the client	"How do you think he feels about not seeing his family very often or for very long?"
Create and participate in role play so that the counselor can try new responses to the client	"Let's do a role play. You will be the counselor and I will play Mike. We will play out this particular situation - exploring the loneliness."

Table 2 continued

Treatment 2: Supervision session focused on improving counselor's skills

Characteristics of Supervisor Behavior	Example Response in Script
Challenge counselor to develop new perspectives on exploration of feelings	"What might happen if you shared this awareness of loneliness with Mike?"
Encourage counselor to identify possible client feelings	"What other emotions do you think he may have?"

As a fifth control measure, the two actors (i.e., counselor and supervisor) were instructed to learn the two transcripts verbatim. They also were instructed on how to portray the supervisor and counselor behaviors, emphasizing the behaviors that were to remain constant and the one dimension on which they would be different. The supervisor was instructed to be equally supportive, realistic, skillful, directive, warm, sincere, collaborative, structured, confrontive, and likeable in portraying both situations. The supervisor also was to portray teaching behavior equally in both treatments, although in different ways (e.g., by modeling appropriate behavior in Treatment 1 and by providing instruction in Treatment 2). The teaching differences were explained to the actors by describing the two roles (i.e., counselor and teacher) identified by Bernard (1979) in the discrimination model. The counselor was instructed to be equally likeable and cooperative, and to present the same level of skill and self awareness in each treatment. Practice sessions consisted of reading through the transcripts with the researcher providing direction and critique. Minor changes were made to the script in response to actors' input and researcher's observation so that the actors felt more comfortable in their roles. Practice sessions were videotaped and reviewed jointly by the actors and researcher to identify any discrepancies in counselor and supervisor behavior and focus. During practice and production of the videotaped version of the treatments, the dimensions were a primary focus. Additionally, numerous conversations with the trained camera technician yielded two transcripts with camera directions. The process of training and preparing the actors, working with the technician, and producing the two treatment videotapes involved approximately 30 hours over a period of four weeks.

Finally, ten persons who had experience in supervision but did not know the purpose of the study rated the two videotaped treatment sessions on the 13 supervisor dimensions and the 4 counselor dimensions. Because of the general nature of the supervision content, a diverse group of raters were recruited: two were clinical social workers, one was a clinical psychologist,

three were clinical pastoral educators, two had doctorates in counselor education, one had a specialist's degree in counseling, and one had a master's degree in counseling.

The researcher met with each rater individually and provided written and verbal instruction on how to rate the two videotaped treatments. The dimensions were defined and discussed with raters prior to their viewing the videotapes. Additionally, a written copy of dimension definitions was given to each rater. The order in which the videotapes were viewed varied (i.e., half of the raters viewed treatment 1 first and half viewed treatment 2 first) to control for order effect. After each rater had viewed the videotapes and completed the rating form, the researcher returned to discuss the rater's perceptions of the videotaped treatments, answer any questions, and confirm the rater's verbal responses with their ratings.

To analyze the extent of the interrater agreement on the ratings of the supervisor and counselor dimensions, the 5-point Likert scale was collapsed into three categories (e.g., below 3, 3, above 3). The extent to which the raters agreed in their ratings on the dimensions is presented in Table 3. For example, 90% of the raters agreed that the supervisor was equally supportive in Treatment 1 and Treatment 2. It should be noted that chance agreement would be indicated by an agreement of 33%. Therefore, since the lowest percentage of agreement (excluding the 2 dimensions representing the intervention) was 70%, fully twice the chance agreement, it can be concluded that the treatments were highly similar in terms of supervisor and counselor behavior and characteristics except for the variable of interest. In addition, these data indicate that the treatments were effectively illustrated as intended; raters reported that the supervisor focused on counselor's affect in Treatment 1 and on counselor's behavior in Treatment 2.

To provide a broader picture of responses given by the raters, mean ratings for each supervisor and counselor dimensions for each treatment were calculated (see Table 3). The largest differences in mean ratings between Treatment 1 and 2 were for focus on counselor's

Table 3

Percentage of agreement and mean ratings reported by raters for Treatments 1 and 2

Dimensions	% of agreement	Mean ratings	
		Treatment 1	Treatment 2
<u>SUPERVISOR</u>			
Supportive	90	4.5	4.9
Directive	90	4.6	4.6
Realistic	90	4.1	4.6
Warm	90	4.5	4.6
Sincere	80	4.4	4.4
Collaborative	70	4.2	4.2
Likeable	90	4.4	4.3
Structure	90	4.5	4.8
Confrontive	70	4.8	4.1
Teaching	70	3.8	4.8
Focus on counselor's affect	0	4.9	1.7
Focus on counselor's behavior	0	1.8	4.8
Supervisory skill	90	4.5	4.4
<u>COUNSELOR</u>			
Cooperative	90	4.7	4.8
Likeable	90	4.3	4.5
Counseling skill	70	3.0	3.1
Awareness of self	70	3.1	3.6

N = 10

affect (i.e., 4.9 for Treatment 1 and 1.7 for Treatment 2) and focus on counselor's behavior (i.e., 1.8 for Treatment 1 and 4.8 for Treatment 2). Again, these results support the objective that the two videotaped segments of a supervision session differ only on the intervention intentionally used by the supervisor.

Raters also were asked to identify the primary role, counselor or teacher, that the supervisor assumed in each of the treatment vignettes. Nine of the ten raters selected counselor as the role assumed by the supervisor in Treatment 1. One person did not select counselor because the origins of the counselor's distress were not examined as they would have been in counseling. The rater stated, however, that the supervisor was more attuned to the counselor's personal issue that seemed to be affecting her ability to help the client. All ten raters selected teacher as the role assumed by the supervisor in Treatment 2.

Instruments

Entry-level and advanced counselors completed the Impact Message Inventory (IMI; Perkins, Kiesler, Anchin, Chirico, Kyle, & Federman, 1979), Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990), and Session Evaluation Questionnaire, Form 4 (SEQ; Stiles & Snow, 1984) after viewing each of the videotaped supervision segments. A demographic questionnaire was the last instrument completed by the participants.

Demographic Questionnaire

The demographic questionnaire (see Appendix B) was designed to provide descriptive information about participants. Age, gender, ethnic group membership, predominant counseling orientation, number of internships completed during counselor education training, academic level (e.g., master's or doctoral), and specialty area in the counselor education program (e.g., community counseling, student development in higher education, school counseling) were reported by entry-level and advanced counselors who participated in the study.

Impact Message Inventory

The Impact Message Inventory (IMI; Perkins et al., 1979) (Appendix B), is a self-report, 90-item instrument developed to measure a person's interpersonal style by assessing the covert responses produced through interactions with another person. In this study, the IMI was used as a measure of counselors' perception of the supervisor's interactional style.

The IMI is based on Kiesler's (1973) communication theory of psychotherapy. Two basic assumptions of the theory are (a) that relationship is inevitable in human interactions, and (b) that the relationship develops through nonverbal messages (Perkins et al., 1979). Two central concepts of the IMI are Beier's (1966) "evoking message" and Kiesler's (1973) "impact message." The evoking message is sent and nonverbally encoded by the interactant (e.g., the supervisor). The impact message is covertly received, registered, and interpreted by the other participant (e.g., the counselor). The impact message is the receiving end of the interactional process and includes the covert affective, cognitive, and behavioral pulls the receiver has as a result of the encoder's evoking message (Perkins et al., 1979).

Kiesler's (1973) theory represents an extension of Leary's (1957) Interpersonal Circle. Kiesler, however, attempts to operationalize the covert messages, whereas Leary defined the overt behaviors. Leary (1957) proposed that behavior can be characterized according to a grid with two bipolar dimensions: a horizontal affiliation axis anchored by Friendly and Hostile, and a vertical control axis anchored by Dominant and Submissive. The two axes define four interpersonal styles (i.e., Dominant, Submissive, Friendly, Hostile). Lorr and McNair (1967) used the two axes of Leary's theory to create 15 "pure" interpersonal styles: dominant, competitive, hostile, mistrusting, detached, inhibited, submissive, succorant, abasive, deferent, agreeable, nurturant, affiliative, sociable, and exhibitionistic. These 15 interpersonal styles are the basis of the IMI. With the exception of three styles (i.e., Inhibited, Sociable, Deferent), the interpersonal styles of the IMI are grouped into Leary's (1957) four clusters: Dominant

(Exhibitionism, Dominance, Competitive), Submissive (Submissive, Succorant, Abasive), Friendly (Agreeable, Nurturant, Affiliative), and Hostile (Hostile, Mistrusting, Detached).

In developing the IMI, Perkins et al. (1979) generated 259 impact messages. The impact messages were reactions to reading the 15 paragraph descriptions on the Interpersonal Behavior Inventory (Lorr & McNair, 1967) and imagining interacting with the "person" represented in the description. The respondent focused internally on affective, behavioral, and cognitive reactions experienced through the interaction. Reactions were recorded in response to sentence stems, "He makes me feel . . ." (transactional feelings), "He makes me feel that . . ." (action tendencies), and "It appears to me that . . ." (perceived evoking message). Transactional feelings, action tendencies, and perceived evoking messages represented the three covert reaction categories. To empirically assess the generalizability of the 259 items, 451 undergraduate students enrolled in introductory psychology classes were randomly assigned to one of 15 groups and asked to imagine themselves interacting with a "person" described in one of the 15 "pure" interpersonal categories. The goal was to determine the six items rated highest for each of the categories. Items for the final version of the IMI were selected from responses produced by this sample. Final items were selected based on two criteria. First, the highest correlation of each item was with the appropriate subscale and represented a circumplex ordering in a two-dimensional factor space (i.e., control and affiliation axes) as represented in Lorr and McNair's (1967) Interpersonal Behavior Inventory. Second, mean values assigned to an item were the highest for the subscale to which the item belonged. The item analysis yielded six items for each of the 15 interpersonal categories, with the exception of Inhibited (four items), Sociable (four items), and Deferent styles (two items). Therefore, the second version of the IMI had 82 items. Eight items were selected from free-responses given to the three paragraphs for Inhibited, Social, and Deferent by the experimental subjects to achieve an equal number of items for each scale. A total of six items for these three categories resulted in a 90-item instrument.

To cross-validate the item analysis, researchers factor analyzed the 82 items selected in the previous study and correlated the first three factors (i.e., Dominant, Friendly, Submissive) obtained in one randomly determined split-half of the undergraduate sample with the first three factors obtained in the other split-half. The coefficients were .954, .755, and .722, respectively, and represented acceptable coefficients of determination. It was determined, therefore, that the item selection and factor structure on the first half of the sample was reliable and generalizable to the total sample (Perkins et al., 1979).

Q-values, rather than r correlation coefficients, were used to report intercorrelation coefficients for the total sample of undergraduates on the IMI: Form II. Q correlation coefficients are used to determine correlations between persons and person clusters or persons and factors (Kerlinger, 1986). The 82 items were intercorrelated across the 15 groups and factor analyzed. The first three factors (i.e., Dominant, Friendly, Submissive) accounted for 84.7% of the total variance. Factor 1, Dominant, accounted for 32.4% of the variance. Factor 2, Friendly, accounted for 27.3% of the variance. Factor 3, Submissive, accounted for 25.1% of the variance. A computer-generated scatterplot of Factors 1 and 2 indicated a "generally close fit" (Perkins et al., 1979, p. 365) to the circumplex pattern of the theoretical model.

Several significant differences existed in the IMI scores based on gender (Perkins et al., 1979). Dominant and Competitive scales were the only two scales in which females did not report slightly higher IMI scores than males. The Sociable scale was the only scale that was found to be statistically significant at the .05 level, with females recording significantly higher scores than males.

In the validation study (Perkins et al., 1979), means and standard deviations were calculated for each of the 15 subscales. Using a 4-point Likert scale, only two scale means (Inhibited and Deferent) were below 2.87; however, both scales had less than 6 items (4 and 2, respectively). The highest mean scores were reported for the Dominant and Friendly poles of

the control and affiliation axes, respectively. Lowest mean scores were reported for the Submissive pole of the control axis. The average impact message of the 15 interpersonal styles was slightly above 2, "somewhat characteristic" and slightly above 3, "moderately characteristic" on a 4-point scale. High control and affiliation styles generally yielded the stronger impacts.

To establish the internal consistency (reliability) of the 15 interpersonal scales, each of the six item scores on each scale were correlated with the mean score for the respective scale. The internal consistency reliability was high for each of the 15 subscales, ranging from .80 to .99 (Perkins et al., 1979).

For the purposes of this study, the directions were modified to provide clarification (i.e., using the word supervisor to identify the actor). Written permission was received from Consulting Psychologist Press to make the modifications in directions and sentence stems. The IMI has been used in one previous supervision study (Martin et al., 1987). In that case study, only the supervisor completed the IMI, after the third and last supervision sessions. A substantial body of research (Kiesler, 1987) using the IMI has emerged in five areas: studies of psychotherapy; studies of maladjusted groups; interpersonal studies of personality; assertiveness; and health psychology.

In responding to the IMI for this study, participants rated the supervisor according to the extent to which each item described the impact the supervisor had on the participant (i.e., the counselor). The rating scale was a 4-point Likert scale ranging from "not at all" (1) to "very much so" (4). Raw scores of the designated styles in each of the four clusters were totalled and the sum was divided by three (the number of styles in each cluster) to obtain a cluster score (i.e., Dominant, Submissive, Hostile, Friendly).

Supervisory Working Alliance Inventory

The Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990) (Appendix B) is a 19-item instrument developed to measure relationship dynamics

between supervisor and counselor. The SWAI assesses how the supervisor and counselor perceive the actions of each other, the effect the interaction has on the relationship, and the counselor's behavior with clients. Supervisor and trainee items are written in a parallel format. A 7-point Likert response format anchored by "almost never (1)" to "almost always (7)" is used by respondents to indicate the extent to which the activity occurs in relation to their trainee or supervisor in supervision. Raw scores on the designated items are totaled, and the sums are divided by the number of items to obtain a mean scale score. In this study, the SWAI trainee form was used as a measure of the counselor's perception of the supervision relationship.

In developing the SWAI, Efstation et al. (1990) generated a list of ideas on counselor and supervisor tasks and behaviors from research on the working alliance, including that of Greenson (1967), Robinson (1950), Gelso and Carter (1985), Patton (1984), Pepinsky and Patton (1971), and Bordin (1983). Using the list of ideas on working alliance tasks and behaviors, supervisor-experts from APA-approved university counseling centers developed a list of activities occurring between supervisors and trainees in supervision that illustrated each idea. The activities were divided into two groups, those that belonged to supervisors and those that belonged to trainees. These activities and additional activities developed by Efstation et al. were combined to produce 30 supervisor and 30 trainee items.

In a validation study (Efstation et al., 1990), 614 internship training directors were asked to participate. One hundred and eighty-five supervisors and 178 trainees completed the instruments for a return rate of 33% after two mailings. Advanced trainees, rather than beginning practicum students, were asked to participate. Efstation et al. (1990) believed that the advanced trainees' previous supervisory experiences might be helpful in assessing their current supervisory relationship.

As part of the validation study (Efstation et al., 1990), the researchers conducted a measure of sampling adequacy to determine if the factor analysis was appropriate for trainees

and supervisors. Factor analysis on the supervisor and trainee versions of the SWAI was found to be appropriate for both data sets, with a sampling adequacy measure of .76 for the supervisor version and .86 for the trainee version (Efstation et al., 1990). After several analyses were conducted, three factors (*Client Focus, Rapport, Identification*) were stable across extraction methods and were retained in the supervisor version. Results of the analysis on the trainee version indicated two factors (*Rapport, Client Focus*) were stable across extraction methods, and these two were retained. Orthogonal rotation indicated that the supervisor's three-factor solution accounted for 35% of the variance and the trainee two-factor solution accounted for 38% of the variance. *Rapport, Factor 1* of the trainee version, represents the trainee's perception of support from the supervisor. *Rapport* accounted for 30% of the known variance in the trainee ratings, with 12 items loading highly ($>.40$). Six of the twelve items were analogous to items on *Factor 2 (Rapport)* of the supervisor's version. *Client Focus, Factor 2* of the trainee version, is the emphasis the counselor places on understanding the client. *Client Focus* accounted for 8% of the known variance in the trainee ratings, with 7 items loading highly ($>.50$). Seven of the nine items were analogous to items on *Factor 1 (Client Focus)* of the supervisor's version.

Reliability was established using Cronbach's alpha to estimate the internal consistency of each scale on each version (Efstation et al., 1990). Alpha coefficients for the trainee version were .90 for *Rapport* and .77 for *Client Focus*. Alpha coefficients yielded .71 for *Client Focus*, .73 for *Rapport*, and .77 for *Identification* on the supervisor version. Item-scale correlations on the trainee version ranged from .44 to .77 for *Rapport* and from .37 to .53 for *Client Focus*. On the supervisor version, item scale correlations ranged from .29 to .54 for *Client Focus*, from .29 to .56 for *Rapport*, and from .38 to .57 for *Identification*. The scale reliability and item-scale correlations were determined to be acceptable for the supervisor and trainee versions (Efstation et al., 1990).

The Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) and the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983) were used to estimate convergent and divergent validity for the SWAI. Supervisors and trainees completed the SWAI and SSI. The SSI measures counselor's and supervisor's perceptions of the supervisor's style. Only the trainees completed the SEI as a measure of their feelings about their counseling ability and their expectations for the supervisory process. Client Focus on the supervisor and trainee versions of the SWAI were moderately correlated with the supervisor (.50) and trainee (.52) versions of the SSI Task-Oriented scale. The SWAI Rapport scale scores for supervisors and trainees and the supervisor Identification scale scores revealed moderately high correlations with the Attractive and Interpersonally Sensitive scales of both versions (supervisor and trainee) of the SSI. The supervisor and trainee versions of the Rapport scale of the SWAI had low correlations (-.06 and <.00, respectively) with the Task-Oriented scales of the SSI. The Rapport and Client Focus of the SWAI trainee version were significantly correlated with the SEI at .22 and .15, respectively. A substantial amount of variance was not accounted for, however, indicating that the SEI was only moderately predictive of SWAI scores. The moderate to high correlations of the SSI offered some support for the convergent and divergent validity of the SWAI.

In the validation study (Efstation et al., 1990), intercorrelations were calculated for the two SWAI versions (supervisor and trainee). Correlations for the three supervisor scales of the SWAI were low but significant, ranging from .23 to .26. The correlation between Rapport and Client Focus on the trainee version was .47. Each dyad yielded correlations from .03 to .36 between SWAI supervisor and trainee scales. Although some of the correlations of the supervisor and trainee versions were significant, results suggested that the perceptions of trainees were not exactly the same as those of supervisors (Efstation et al., 1990).

To further inspect the intercorrelations, a hierarchical regression analysis was conducted in order to predict the trainee's SEI scores. Four variables were moderate to highly correlated

and were selected for the regression analysis: supervisor version of the SSI Interpersonally Sensitive scale, trainee version of the SSI Task-Oriented Scale, and trainee version of the SWAI Rapport and Client Focus scales. The variables were entered into the equation in the order listed above. The multiple correlation coefficient was .37, $F(4, 171) = 6.83$, $p < .001$, accounting for 14% of the variance. In order to determine the net contribution of the supervisor and trainee versions of the SWAI over the effect of the supervisor and trainee versions of the SSI, a partial F test was conducted. The result was a significant increment in the multiple correlation of .05, $F(2, 174) = 4.54$, $p < .05$. These results indicated the validity of the SWAI is strong.

Results from the validation study indicated that supervisors and trainees perceive what occurs in the supervisory relationship differently although there is some overlap (Efstation et al., 1990). Both participants seem to believe that understanding and focus on the client and rapport between the supervisor and trainee are important dimensions of the supervisory relationship. In addition, the three- and two-factor models indicate that supervisors and trainees experience of their working alliance in supervision is multidimensional.

Only the Rapport scale, the stronger of the two scales of the SWAI trainee version, was used in this study. The scale served as a measure of the counselor's perception of the supervisory relationship. (The entire instrument, however, was given so as not to jeopardize the established reliability and validity.) For this study, directions on the SWAI were slightly modified to provide clarification (e.g., "Please indicate the frequency with which the behavior described in each of the following items would seem characteristic of your work with the supervisor in the videotape.").

Session Evaluation Questionnaire

The Session Evaluation Questionnaire, Form 3 (SEQ; Stiles & Snow, 1984) (Appendix B) is a self report, 24-item instrument that measures participants' evaluations of a counseling or

supervision session and their postsession affective mood. In this study, the SEQ was used to measure counselors' perceptions of the supervision session and their postsession mood.

The SEQ measures the immediate impact of a session on four factor analytically-derived dimensions: Depth, Smoothness, Positivity, and Arousal. Depth and Smoothness subscales measure participants' perceptions of their sessions ("This session was bad/good, safe/dangerous . . ."). Depth indicates the session's perceived power and value to the participant, and Smoothness indicates the participant's comfort and relaxation in the session. Positivity and Arousal measure the postsession mood of the participant ("Right now I feel happy/sad, angry/pleased . . ."). Positivity indicates feelings of happiness and confidence with no anger or fear present. Arousal refers to feelings of excitement and activity as opposed to quiet and calm. Respondents indicate their perceptions of the session and their postsession mood by rating 24 bipolar adjective items on a 7-point semantic differential format to complete the sentence stems. Of the 24 items, 20 are scorable, with five pairs on each dimension. The four remaining items are included for research purposes. Raw scores on the items for each dimension are totaled; the sums are divided by the number of dimension items to obtain a mean score. The higher the score, the greater the Depth, Smoothness, Positivity, and Arousal.

In a validation study, Stiles et al. (1984) examined 942 SEQ-rated counseling sessions in which the perspectives of 72 clients and 17 novice counselors from one university psychology clinic were represented. Clients and counselors responded independently on the SEQ after each of six counseling sessions. The SEQ demonstrated high reliability, with coefficient alphas ranging from .82 to .89 for counselors and .78 to .93 for clients on the four dimensions.

In order to assess the contributions of counselor, client, and time (across sessions) on session impact, Stiles and Snow (1984) computed proportion of variances on each impact measure attributable to each dimension (i.e., Depth, Smoothness, Positivity, Arousal). Most of the variance was accounted for by time (across sessions) within each counselor-client dyad

(coefficients ranging from .65 to .82). The proportions of variance contributions for counselors and clients were negligible, ranging from .05 to .13 among counselors and from .10 to .25 among clients, although homogeneity of the sample could have contributed to the low variance figures (Stiles & Snow, 1984). Stiles and Snow, however, reported that by averaging the counselor and client proportion of variances across the six counseling sessions and applying a version of the Spearman-Brown prophecy formula, the session impact variance would yield adequately reliable differentiation among the counselor-client dyads even for a homogeneous sample such as this one.

In order to access the contributions of each SEQ dimension, Stiles and Snow (1984) calculated intercorrelations for counselors and clients at three levels (counselor-level means, client-level residuals, session level residuals) on each of the SEQ dimensions (e.g., Depth, Smoothness, Positivity, and Arousal). The intercorrelations within counselor and client perspectives were only slight (although significant at the session level) for Depth and Smoothness for each level. These results indicated that Depth and Smoothness are internally consistent and independent dimensions of the participant's perceptions of sessions (Stiles, 1980; Stiles & Snow, 1984). Positivity and Arousal were moderately correlated on counselor and client perspectives. Counselors indicated the tendency to feel positive and aroused after deep sessions. Session Smoothness was strongly correlated with Positivity but not Arousal for counselors and clients in all three levels. There were no significant correlations at the counselor level on the intercorrelations of the SEQ dimensions between counselor-client perspectives.

The SEQ, Form 4, was used in this study. The only difference between Form 3 and Form 4 of the SEQ is the order of items and four item changes (e.g., alert to wakeful, active to moving, joyful to energetic, joyless to peaceful) in the portion measuring postsession mood (e.g., Positivity and Arousal). There are no differences between the two forms on the items measuring session quality. For this study, the directions of the SEQ were slightly modified to

provide clarification (e.g., "Please circle the appropriate number on each line to show how you feel about this supervision session.").

The SEQ has been widely used in counseling process research (e.g., Friedlander, Thibodeau, & Ward, 1985; Stiles, 1980; Stiles, Shapiro, & Firth-Cozens, 1988; Stiles, Tupler, & Carpenter, 1982) and in two supervision studies (Friedlander et al., 1989; Martin et al., 1987). Martin et al. (1987) reported that SEQ results provided a useful measure of session quality. Their results indicated variability in counselor ratings, with Positivity of feelings having the greatest variability and Depth the least variability. Friedlander et al. (1989) reported that counselors consistently rated supervision sessions deep and valuable but varied in ratings of smoothness.

Participants

Participants in this study comprised two groups of counselors, entry-level and advanced. Group membership was determined by enrollment in or recent (within the past year) graduation from the master's and doctoral CACREP-approved counselor education program at the University of North Carolina at Greensboro. Entry-level counselors ($N = 20$) were enrolled in or had completed at least one supervised counseling internship at the master's level. Advanced counselors ($N = 20$) were enrolled in or had completed at least one supervised counseling internship at the doctoral level. Students from the three specialty disciplines within counselor education (i.e., community counseling, student development in higher education, school counseling) were represented in the sample.

Descriptive information concerning all the participants is reported in Table 4. The participants were fairly evenly distributed across three age ranges (i.e., 20s, 30s, and 40s). As indicated in Table 5, entry-level counselors were slightly younger (45% in their 20s) than advanced counselors (25% in their 20s).

The majority of participants were female (60%). When examined by experience level, 70% of the entry level counselors were females, whereas advanced counselors were evenly divided between males and females (see Table 6). Almost all of the participants (92.5%) were white, not of Spanish origin.

Almost half of the participants (45%) reported their predominant counseling orientation as eclectic. The other counseling orientations preferred were: client-centered (12.5%), cognitive-behavioral (15%), existential (7.5%), family systems (2.5%), psychodynamic (7.5%), reality therapy (7.5), and other (2.5%). Fifty percent of the entry-level counselors compared with 40% of advanced counselors indicated that eclectic was their predominant counseling orientation (see Table 7).

A majority of the participants (70%) were enrolled in or had completed the community agency specialty in counselor education. Twenty percent had selected student development in higher education as their specialty and 10% selected school counseling.

Procedures

The researcher contacted eligible entry-level and advanced counselors (e.g., those who were enrolled in or who had completed at least one master's or doctoral supervised internship) by telephone or through internship group supervision meetings to request their participation in the study. The researcher explained the purpose of the study, the procedure for gathering the data, and the length of time required. If the counselor agreed to participate, the researcher arranged a meeting time and location. Two lists of participants was developed, one of entry-level counselors and one of advanced counselors, in the order they agreed to participate. To control for treatment order effect, the researcher randomly assigned the order in which the treatments would be viewed by the flip of a coin. If the coin flip produced "heads," the counselor viewed treatment 1 first. If the coin flip produced "tails," the counselor viewed treatment 2 first. When half of the participants ($n=10$) were assigned to the same order for

Table 4

Description of 40 Participants

Characteristic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Age				
21-29	14	35.0	14	35.0
30-39	13	32.5	27	67.5
40-49	12	30.0	39	97.5
50-59	1	2.5	40	100.0
Gender				
Female	24	60.0	24	60.0
Male	16	40.0	40	100.0
Ethnic Group				
White, not Spanish	37	92.5	37	92.5
White, Spanish	1	2.5	38	95.0
Other	2	5.0	40	100.0
Counseling Orientation				
Client-centered	5	12.5	5	12.5
Cognitive-Behavioral	6	15.0	11	27.5
Existential	3	7.5	14	35.0
Family Systems	1	2.5	15	37.5
Psychodynamic	3	7.5	18	45.0
Reality Therapy	3	7.5	21	52.5
Eclectic	18	45.0	39	97.5
Other	1	2.5	40	100.0

Table 4, continued

Characteristic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Specialty area				
Community Agency	28	70.0	28	70.0
Student Development	8	20.0	36	90.0
School Counseling	4	10.0	40	100.0

N = 40

Table 5

Description of Participants by Experience Level and Age

Age	Experience Levels			
	Entry-level Frequency	Entry-level Percent	Advanced Frequency	Advanced Percent
21-29	9	45	5	25
30-39	6	30	7	35
40-49	4	20	8	40
50-59	1	5	0	0

N = 40

Table 6

Description of Participants by Experience Level and Gender

Gender	Experience Levels			
	Entry-level Frequency	Entry-level Percent	Advanced Frequency	Advanced Percent
Female	14	70	10	50
Male	6	30	10	50

N = 40

Table 7

Description of Participants by Experience Level and Predominant Counseling Orientation

Predominant Counseling Orientation	Experience Levels			
	Entry-level Frequency	Entry-level Percent	Advanced Frequency	Advanced Percent
Client-centered	3	15	2	10
Cognitive-Behavioral	1	5	5	25
Existential	2	10	1	5
Family Systems	1	5	0	0
Psychodynamic	1	5	2	10
Reality Therapy	2	10	1	5
Eclectic	10	50	8	40
Other	0	0	1	5

N = 40

viewing the treatments, the remaining participants were assigned to view the treatments in the reverse order.

Before the treatments were viewed, the participant read and signed a release statement indicating his or her willingness to participate in the study. A packet containing instructions, two copies of each instrument, and a demographic questionnaire was given to each participant. The researcher explained that the participant would view two 9 to 10-minute videotaped segments of supervision sessions (see Appendix C for script of instructions). Supervision was defined as "an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill et al., 1982, p. 4). The order in which the participant viewed the treatments was indicated in the upper right corner of the instruments. The order of the instruments was the same for each treatment and were arranged in the following order: Session Evaluation Questionnaire, Supervisory Working Alliance Inventory, and Impact Message Inventory. (No instrument order effect was found in the pilot study; therefore, the order of the instruments is a logical sequence that builds from a descriptive instrument [SEQ] to a supervision instrument [SWAI] to an instrument that examines covert feelings and thoughts [IMI].) The participant was told that the instruments were to be answered immediately after viewing each videotape and that a response must be given for each question. The participant was asked to imagine himself or herself as the counselor in the supervision session and to respond from that perspective when answering the questions. The participant was urged to be particularly aware of what he or she was feeling as he or she imagined interacting with the supervisor in the videotaped supervision sessions. After providing verbal instructions, the researcher answered the participant's questions before leaving the participant alone. After the participant had completed the instruments, the packet was collected.

Data Analysis

Scoring

On the Impact Message Inventory (IMI), participants rated each item on a scale from 1 ("not at all") to 4 ("very much so") to indicate the degree to which each item described the impact the supervisor had on the participant. The IMI is subdivided into four clusters. A mean score was obtained for each cluster (i.e., Dominant, Submissive, Hostile, Friendly). The scale index ranges from 1 to 4, with a higher mean score indicating greater impact by the supervisor.

On the SWAI, participants completed the entire trainee instrument; however, only the Rapport scale was used in this study. Participants rated each item on a scale from 1 ("almost never") to 7 ("almost always") to indicate the degree to which each item described their perception of the supervisory relationship. A mean score was calculated for the Rapport scale, with a higher mean score indicating a more positive perception of the supervisory relationship.

On the SEQ, participants reported their perceptions of the session and their postsession mood by rating 24 bipolar adjective items on a 7-point semantic differential format when completing sentence stems. Of the 24 items, 20 are scorable, with five pairs on each of four dimensions (i.e., Depth, Smoothness, Positivity, Arousal). A mean score was calculated for each dimension. The higher the mean score, the greater the perceived Depth, Smoothness, Positivity, and Arousal.

Descriptive Statistics

Using the SAS statistical package, descriptive statistics were calculated. Frequencies and percentages were calculated for each item on the demographic questionnaire for (a) all participants, and (b) the two groups (entry-level and advanced counselors). Means and standard deviations were calculated for each scale of the Impact Message Inventory (Dominant, Submissive, Hostile, Friendly), the Session Evaluation Questionnaire (Depth, Smoothness,

Positivity, Arousal), and the Supervisory Working Alliance Inventory (Rapport) by treatment level, experience level, and interaction between treatment and experience level.

Correlations

Correlations were computed among the dependent variables (Dominant, Submissive, Hostile, Friendly, Depth, Smoothness, Positivity, Arousal, Rapport) for each treatment level (personal issues and behavior) in order to determine the level of association among these measures.

Multivariate Analysis of Variance

To test the first hypothesis regarding the four clusters of the IMI, multivariate analysis of variance (MANOVA) was conducted since the correlations indicated strong correlations among the clusters. A 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects MANOVA was performed on the four clusters (Dominant, Submissive, Hostile, Friendly) using an overall .05 alpha level and a .01 alpha level for each variable.

Analysis of Variance

To test the second, third, and fourth hypotheses, a 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects analysis of variance was computed. A .05 alpha level was used for each hypothesis.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter contains two major sections: results and discussion. Data are presented in subsections which parallel the research hypotheses and data analysis described in Chapter III. The discussion section includes explanations of the results.

Results

Results reported in this section are based on descriptive and inferential statistics which were used to examine relationships among the independent and dependent variables. Descriptive statistics, including means and standard deviations, were calculated to describe participant performance on the instrument scales. Results of additional descriptive analyses were reported in Chapter III in the description of participants. Inferential statistics used include correlations, multivariate analysis of variance, and analysis of variance. Using the results of these analyses, overall findings relevant to the hypotheses are examined.

Descriptive Results

Scores on each of the scales of the instruments were calculated for participants. The means and standard deviations of the scales are reported in Table 8 by experience level and treatment. All scores were plotted for each treatment and distribution appeared normal. In general, results revealed relatively low scores on the IMI on the four scales, with means on the scales for both treatments below 2 (on a 4-point scale). Scores on the SEQ scales were average, with means ranging from 3.09 to 4.21 (on a 7-point scale) on both treatments. Respondents rated rapport on the SWAI moderately high for both treatments, with means of 5.22 (treatment 1) and 5.91 (treatment 2).

Table 8

Descriptive Statistics for Treatment 1 and Treatment 2 by Experience Level

Instrument Scale	Mean	Masters (N=20) Standard Deviation	Mean	Doctoral (N=20) Standard Deviation
<u>Treatment 1: Focus on Counselor's Personal Issues</u>				
Impact Message Inventory:				
Dominant	1.52	0.44	1.34	0.27
Submissive	1.68	0.25	1.72	0.21
Hostile	1.82	0.28	1.80	0.24
Friendly	1.41	0.24	1.31	0.14
Session Evaluation Questionnaire				
Depth	3.80	0.36	3.50	0.33
Smoothness	3.09	0.52	4.06	0.48
Positivity	3.92	0.48	4.06	0.45
Arousal	3.78	0.59	3.98	0.52
Supervisory Working Alliance Inventory-Rapport	5.22	1.31	5.47	0.88
<u>Treatment 2: Focus on Counselor's Behavior</u>				
Impact Message Inventory				
Dominant	1.26	0.28	1.29	0.32
Submissive	1.75	0.17	1.79	0.16
Hostile	1.84	0.23	2.01	0.23
Friendly	1.32	0.14	1.39	0.22
Session Evaluation Questionnaire				
Depth	3.65	0.37	3.56	0.36
Smoothness	4.21	0.35	4.16	0.38
Positivity	3.67	0.27	3.71	0.40
Arousal	3.94	0.49	3.88	0.55
Supervisory Working Alliance Inventory-Rapport	5.91	0.92	6.01	0.78

N = 40

Correlations

Pearson correlation coefficients were calculated to examine the relationship among the four clusters of the IMI, the four scales of the SEQ, and the Rapport scale of the SWAI. Correlations above $r = .50$ were considered strong. As can be seen from the correlations of the scales of the Impact Message Inventory in Table 9 and Table 10, several scales were strongly correlated. In Treatment 1 (Table 9), which focused on the counselor's personal issues, the Dominant scale was positively correlated ($r = .62$) with the Friendly scale, and the Submissive scale was positively correlated ($r = .71$) with the Hostile scale. In Treatment 2 (Table 10), which focused on the counselor's behavior, the Submissive scale was positively correlated with the Hostile scale ($r = .52$). The Rapport scale of the SWAI was negatively correlated with the Dominant scale of the IMI for Treatment 1 ($r = -.72$) and Treatment 2 ($r = -.77$) and positively correlated with the Submissive scale of the IMI in Treatment 1 ($r = .57$). No strong correlations were found under either treatment for the scales of the SEQ.

Hypothesis 1

There will be no significant differences in entry-level and advanced counselors' ratings of the supervisor's interactional style, as measured by the Impact Message Inventory, for Treatment 1 and Treatment 2.

A 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects MANOVA was performed on the four IMI clusters (Dominant, Submissive, Hostile, Friendly) using an overall .05 alpha level and a .01 alpha level for each variable. Results are shown in Table 11. Individual ANOVAs were calculated for each of the four clusters (Tables 12-15). The MANOVA examining counselors' ratings of the supervisor's interactional style were not significant at the .01 level for experience level, treatment, or the interaction between experience level and treatment. A significant univariate interaction effect between experience level and treatment, however, was revealed on the Friendly scale

Table 9
Correlation Coefficients for Treatment 1

Variable	IMI-1	IMI-2	IMI-3	IMI-4	SEQ-1	SEQ-2	SEQ-3	SEQ-4	SWAI
IMI-1		-0.42	-0.30	0.62	0.40	-0.16	-0.29	0.80	-0.72
IMI-2			0.71	0.06	-0.29	-0.13	0.08	0.21	0.57
IMI-3				0.25	-0.24	-0.02	0.04	0.13	0.47
IMI-4					0.20	-0.08	-0.09	0.08	-0.46
SEQ-1						0.15	-0.34	-0.12	-0.44
SEQ-2							-0.15	-0.04	0.02
SEQ-3								-0.06	0.08
SEQ-4									0.02
SWAI									

Note: Each of the dependent variables is represented by the following abbreviations:

- IMI-1 Impact Message Inventory Dominant scale
- IMI-2 Impact Message Inventory Submissive scale
- IMI-3 Impact Message Inventory Hostile scale
- IMI-4 Impact Message Inventory Friendly scale
- SEQ-1 Session Evaluation Questionnaire Depth scale
- SEQ-2 Session Evaluation Questionnaire Smoothness scale
- SEQ-3 Session Evaluation Questionnaire Positivity scale
- SEQ-4 Session Evaluation Questionnaire Arousal scale
- SWAI Supervisory Working Alliance Inventory Rapport scale

Table 10
Correlation Coefficients for Treatment 2

Variable	IMI-1	IMI-2	IMI-3	IMI-4	SEQ-1	SEQ-2	SEQ-3	SEQ-4	SWAI
IMI-1		-0.33	-0.16	0.23	0.30	-0.12	0.12	0.07	-0.77
IMI-2			0.52	0.34	-0.15	-0.12	-0.10	-0.19	0.49
IMI-3				0.32	-0.11	-0.15	0.05	-0.24	0.36
IMI-4					0.12	-0.04	-0.20	-0.14	-0.15
SEQ-1						0.06	0.04	-0.05	-0.32
SEQ-2							0.21	0.19	0.10
SEQ-3								-0.15	-0.14
SEQ-4									-0.07
SWAI									

Note: Each of the dependent variables is represented by the following abbreviations:

- IMI-1 Impact Message Inventory Dominant scale
- IMI-2 Impact Message Inventory Submissive scale
- IMI-3 Impact Message Inventory Hostile scale
- IMI-4 Impact Message Inventory Friendly scale
- SEQ-1 Session Evaluation Questionnaire Depth scale
- SEQ-2 Session Evaluation Questionnaire Smoothness scale
- SEQ-3 Session Evaluation Questionnaire Positivity scale
- SEQ-4 Session Evaluation Questionnaire Arousal scale
- SWAI Supervisory Working Alliance Inventory Rapport scale

[$F(1,38) = 8.42, p < .01$]. This univariate effect was so strong that it produced a MANOVA effect significant at the .05 level, but not at the .01 level [$F(4, 35) = 3.72, p < .0126$]. Examination of the means of the interaction revealed that, on the Friendly scale, entry-level counselors rated the personal issues treatment ($M = 1.41$) higher than the behavior treatment ($M = 1.32$). Advanced counselors exhibited the opposite ratings. They rated the behavior treatment ($M = 1.39$) as more Friendly than the personal issues treatment ($M = 1.31$).

To further examine the interaction effect for the Friendly scale, simple effects analyses were computed for each treatment. Simple effects for entry-level and advanced counselors' indicated no significant differences in the ratings between the two treatments. Although a significant interaction effect was present, there were no significant differences between the ratings of the two treatments by entry-level and advanced counselors. Therefore, hypothesis 1 is accepted.

Table 11

Results of Multivariate Analysis of Variance (MANOVA) for Supervisor's Interactional Style

Effect	Wilks Lambda	F	Num df	Den df	p
Experience Level	.9228	.7319	4	35	.5763
Treatment	.8649	1.3663	4	35	.2655
Experience x Treatment	.7016	3.7215	4	35	.0126*

Note: Asterick (*) indicates only significant result at .01 level of significance.

Table 12

Analysis of Variance (ANOVA) for Dominant Scale of the Impact Message Inventory

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.1015	0.1015	1.06	0.3091
Subject within Experience (Error)	38	3.6303	0.0955		
Treatment	1	0.4728	0.4728	3.67	0.0629
Experience x Treatment	1	0.2195	0.2195	1.70	0.1996
Treatment x Subject within Experience (Error)	38	4.8925	0.1288		
Corrected Total	79	9.3165			

Table 13

Analysis of Variance (ANOVA) for Submissive Scale of the Impact Message Inventory

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.0296	0.0296	0.67	0.4177
Subject within Experience (Error)	38	1.6778	0.0442		
Treatment	1	0.0938	0.0938	2.65	0.1118
Experience x Treatment	1	0.0006	0.0006	0.02	0.8967
Treatment x Subject within Experience (Error)	38	1.3460	0.0354		
Corrected Total	79	3.1478			

Table 14

Analysis of Variance (ANOVA) for Hostile Scale of the Impact Message Inventory

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.1066	0.1066	1.59	0.2143
Subject within Experience (Error)	38	2.5394	0.0668		
Treatment	1	0.2714	0.2714	5.36	0.0261
Experience x Treatment	1	0.1638	0.1638	3.23	0.0801
Treatment x Subject within Experience (Error)	38	1.9246	0.0506		
Corrected Total	79	5.0058			

Table 15

Analysis of Variance (ANOVA) for Friendly Scale of the Impact Message Inventory

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.0054	0.0054	0.10	0.7562
Subject within Experience (Error)	38	2.1149	0.0557		
Treatment	1	0.0008	0.0008	0.04	0.8351
Experience x Treatment	1	0.1620	0.1620	8.42	0.0061*
Treatment x Subject within Experience (Error)	38	0.7310	0.0192		
Corrected Total	79	3.0141			

Note: Asterick (*) indicates significant result at .01 level of significance.

Hypothesis 2

- 2a: Entry-level counselors' ratings of the supervisory relationship, as measured by the Rapport scale of the Supervisory Working Alliance Inventory, will be significantly higher for Treatment 2 than for Treatment 1.
- 2b: Advanced counselors' ratings of the supervisory relationship, as measured by the Rapport scale of the Supervisory Working Alliance Inventory, will be significantly higher for Treatment 1 than for Treatment 2.

A 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects analysis of variance was computed to test the second hypothesis. A .05 alpha level was used for each hypotheses. Results of the ANOVAs are shown in Table 16. The ANOVA exploring differences between entry-level and advanced counselors' responses did not demonstrate any significant differences in their perceptions of the supervisory relationship [$F(1, 38) = 0.59, NS$]. There also were no significant differences in the interaction between experience level and treatment based on counselors' responses [$F(1,38) = 0.13, NS$]. A significant main effect, however, was found for the counselors' response to the two treatments [$F(1, 38) = 8.37, p < .01$]. Both entry-level and advanced counselors rated the rapport in the supervisory relationship higher for Treatment 2 ($M = 5.96$), which focused on the counselor's behavior, than for Treatment 1 ($M = 5.34$), which focused on the counselor's personal issues, although both were fairly high. The results of these ANOVAs indicated that entry-level and advanced counselors did not rate the supervisory relationship differently when personal issues were the focus in supervision. Therefore, hypothesis 2a is supported and hypothesis 2b is rejected.

Hypothesis 3

- 3a. Entry-level counselors' ratings of the quality of the supervisory session, as measured by the Depth and Smoothness scales of the Session Evaluation

Questionnaire, will be significantly higher for Treatment 2 than for Treatment

1.

- 3b. Advanced counselors' ratings of the quality of the supervisory session, as measured by the Depth and Smoothness scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 1 than for Treatment

2.

A 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects analysis of variance (ANOVA) was computed for each of the two dependent measures: Depth and Smoothness. An overall .05 level was used for the hypothesis and a .025 level for each of the two dependent variables. Results of the ANOVAs are in Tables 17 and 18. There were no significant differences in experience level, treatment, or interaction between experience level and treatment for the level of depth and smoothness of the supervision session. Entry-level and advanced counselors rated depth and smoothness similarly for each treatment. Entry-level counselors rated the Depth of the supervision session higher ($M = 3.73$) than advanced counselors ($M = 3.53$), regardless of the treatment, although it was not significantly higher. Similar results were found for the Smoothness of the supervision session. Entry-level counselors rated the Smoothness of the supervision session higher ($M = 4.15$) than advanced counselors ($M = 4.11$), regardless of the treatment. Since there were no significant interaction differences, hypotheses 3a and 3b are not supported.

Table 16

Analysis of Variance (ANOVA) for Supervisory Relationship

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.6213	0.6213	0.59	0.4490
Subject within Experience (Error)	38	40.3484	1.0618		
Treatment	1	7.6570	7.6570	8.37	0.0063*
Experience x Treatment	1	0.1209	0.1209	0.13	0.7182
Treatment x Subject within Experience (Error)	38	34.7470	0.9144		
Corrected Total	79	83.4946			

Note: The asterick (*) indicates significance at .01 level.

Table 17

Analysis of Variance (ANOVA) for Level of Depth in Supervision Session

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.7605	0.7605	4.72	0.0361*
Subject within Experience (Error)	38	6.1190	0.1610		
Treatment	1	0.0405	0.0405	0.44	0.5100
Experience x Treatment	1	0.2205	0.2205	2.41	0.1290
Treatment x Subject within Experience (Error)	38	3.4790	0.0916		
Corrected Total	79	10.6195			

Note: The asterick (*) indicates significance at .05 level but not at .025 or .01.

Table 18

Analysis of Variance (ANOVA) for Level of Smoothness in Supervision Session

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.0320	0.0320	0.12	0.7263
Subject within Experience (Error)	38	9.7760	0.2573		
Treatment	1	0.2420	0.2420	1.97	0.1689
Experience x Treatment	1	0.0020	0.0020	0.02	0.8992
Treatment x Subject within Experience (Error)	38	4.6760	0.1231		
Corrected Total	79	14.7280			

Hypothesis 4

- 4a. Entry-level counselors' ratings of their postsession mood, as measured by the Positivity and Arousal scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 2 than for Treatment 1.
- 4b. Advanced counselors' ratings of their postsession mood, as measured by the Positivity and Arousal scales of the Session Evaluation Questionnaire, will be significantly higher for Treatment 1 than for Treatment 2.

A 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects analysis of variance (ANOVA) was computed for each of the two dependent measures: Positivity and Arousal. An overall .05 level was used for the hypothesis and a .025 level for each of the two dependent variables. Results of the ANOVAs are shown in Tables 19 and 20. There were no significant differences for the experience level or in the interaction between experience level and treatment for Positivity, the postsession mood. A significant main effect, however, was found for the counselors' response to the treatments [$F(1, 38) = 12.06, p < .01$]. Both entry-level and advanced counselors rated their postsession mood higher on Positivity for Treatment 1 ($M = 3.80$), which focused on the counselor's personal issues, than for Treatment 2 ($M = 3.89$), which focused on the counselor's behavior. For the second dependent variable that measured postsession mood, Arousal, there were no significant differences in experience level, treatment, or interaction between experience level and treatment. Therefore, hypothesis 4a is not supported, and hypothesis 4b is partially supported.

Discussion

The initial hypothesis involving the entry-level and advanced counselors' ratings of the supervisor's interactional style, as measured by the IMI, was supported. The two groups of counselors' ratings did not differ significantly in how they rated the supervisor's interactional style in treatment 1 and treatment 2 on the four IMI dimensions.

Table19

Analysis of Variance (ANOVA) for Level for Positivity of Postsession Mood

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.1620	0.1620	0.89	0.3512
Subject within Experience (Error)	38	6.9100	0.1818		
Treatment	1	1.8000	1.8000	12.06	0.0013*
Experience x Treatment	1	0.0500	0.0500	0.34	0.5661
Treatment x Subject within Experience (Error)	38	5.6700	0.1492		
Corrected Total	79	14.5920			

Note: The asterick (*) indicates significance at .01 level.

Table 20

Analysis of Variance (ANOVA) for Level for Arousal of Postsession Mood

Source	df	Sum of Squares	Mean Square	F value	p value
Experience Level	1	0.0980	0.0980	0.40	0.5289
Subject within Experience (Error)	38	9.2200	0.2426		
Treatment	1	0.0180	0.0180	0.05	0.8185
Experience x Treatment	1	0.3380	0.3380	1.00	0.3229
Treatment x Subject within Experience (Error)	38	12.8040	0.3369		
Corrected Total	79	22.4780			

The second hypothesis had two parts. The first part involved entry-level counselors' ratings of the supervisory relationship and predicted a significantly higher rating for Treatment 2 (focus on behavior) than for Treatment 1 (focus on personal issues). Results supported the hypothesis that entry-level counselors rated the rapport in the supervisory relationship higher for the treatment in which the supervisor focused on the counselor's behavior. This result supports the literature which states that entry-level counselors prefer to focus their attention on concrete behaviors, techniques, and skills. The second part of the hypothesis involved advanced counselors' ratings of the supervisory relationship and predicted a significantly higher rating for Treatment 1 (focus on personal issues) than for Treatment 2 (focus on behavior). This part of the hypothesis was not supported in this study. Advanced counselors also rated the supervisory relationship higher for the treatment in which the supervisor focused on the counselor's behavior. This result is contrary to the literature which states that advanced counselors prefer to focus on their personal issues rather than their behaviors during supervision. It is implied through the literature that the supervisory relationship would be positively affected by adhering to the preferences of the advanced counselors. Other factors, either not included in this study or not adequately measured by the Rapport scale of the Supervisory Working Alliance Inventory, may be related to the supervisory relationship as well. *These potential variables will be considered further in the next chapter.*

The two parts of the third hypothesis examined entry-level and advanced counselors' ratings of the quality of the supervision session, as measured by the Depth and Smoothness scales of the SEQ, for the two treatments. Treatment 1 and Treatment 2 were not rated differently by entry-level and advanced counselors, and no interaction existed between experience level and treatment. Therefore, hypotheses 3a and 3b were not supported in this study. These results are not in agreement with the literature. The literature states that entry-level counselors do not want to focus on their personal issues, whereas advanced counselors

want to focus on personal issues during supervision. Potential reasons will be explored in the next chapter.

Hypothesis four examined counselors' postsession mood and was composed of two parts. The first part examined entry-level counselors' ratings of their postsession mood and predicted a significantly higher rating for Treatment 2 than for Treatment 1. Results did not support this hypothesis. It was found that entry-level counselors, when rating their postsession mood on the Positivity scale of the SEQ, responded more positively to Treatment 1 (focus on personal issues) than Treatment 2 (focus on behavior). Advanced counselors also responded more positively to Treatment 1 than Treatment 2; therefore, there is partial support for the second part of the hypothesis. The Arousal scale, a second measure of postsession mood, revealed no differences for either independent variable (experience level and treatment) nor an interaction effect between experience level and treatment. Therefore, the second part of the hypothesis is only partially supported.

Overall, the results of this study suggested that counselors' reactions to the supervisor's interactional style, quality of the supervision session, and postsession mood are not as integrally related to the counselor's experience level and the focus the supervisor uses in supervision (i.e., focus on counselor's personal issues or on counselor's behavior) as suggested in the developmental models. Although these findings were not statistically significant, their contribution to the literature should not be discarded with only one research effort. The entry-level counselor's rating of the supervisory relationship provided limited support for the developmental models as evidenced by significantly higher ratings for Treatment 2 (focus on counselor's behavior) than for Treatment 1 (focus on counselor's personal issues).

CHAPTER V
SUMMARY, LIMITATIONS, CONCLUSIONS, RECOMMENDATIONS,
AND IMPLICATIONS

This chapter consists of five sections: summary of the research, limitations of the study, conclusions that may be drawn from the study, recommendations for further research, and implications of the results for supervisors.

Summary

The study was an examination of counselors' reactions to discussing their personal issues in supervision. According to developmental models, preferences for discussion of counselors' personal issues varies at the different developmental levels. According to developmental models (e.g., Loganbill, Hardy, & Delworth, 1982; Sansbury, 1982; Stoltenberg, 1981), entry-level counselors prefer to focus on their behavior with clients (i.e., techniques). Advanced counselors, who have developed their counseling skills and knowledge of the appropriate use of techniques, prefer to focus on their personal issues and how these issues are influencing the counselor-client interaction.

In order to confirm a premise identified in developmental models, that is, that entry-level and advanced counselors react differently to discussion of their personal issues, an analogue design was used. Twenty master's-level and 20 doctoral-level individuals enrolled in or recently graduated from a counselor education program viewed two 9 - 10 minute segments of supervision sessions. The concern the counselor brought to supervision was the same in both segments. The supervision sessions differed only on the intervention used by the supervisor. In one segment, the supervisor focused on how the counselor's personal issues were influencing the counselor-client interaction. In the second segment, the supervisor focused on the counselor's behavior and identified techniques that may be helpful in the counselor-client

interaction. Participants imagined themselves as the counselor in each supervision session and reported their thoughts and feelings about the interaction by responding to three instruments that measured the dependent variables of interest. The Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990) measured the rapport of the supervisory relationship. The Impact Message Inventory (IMI; Perkins, Kiesler, Anchin, Chirico, Kyle, & Federman, 1979) measured the counselor's covert reactions to the supervisor's interactional style. The quality of the supervision session and the postsession mood of the counselor were measured by the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984).

Four dependent variables (i.e., supervisory relationship, supervisor's interactional style, supervision session quality, postsession mood of the counselor) were examined in two ways. The first analysis was conducted to determine if there was an interaction effect between experience level (i.e., entry-level and advanced) and treatments used (i.e., focus on counselor's personal issues and focus on counselor's behavior). Second, results were examined for main effects based on treatment and experience level.

Results of the study indicated that entry-level and advanced counselors did not report statistically significant differences in their preferences based on experience level and ratings of the treatments. There were, however, main effects for several variables. With regard to the Friendly scale on the IMI which measured the supervisor's interactional style, entry-level counselors rated the supervisor friendlier in the treatment focused on personal issues than the treatment that focused on behavior, whereas advanced counselors reported the opposite results. Both entry-level and advanced counselors thought the rapport of the supervisory relationship was better when the supervisor focused on behavior (Treatment 2) rather than on personal issues (Treatment 1). Although entry-level counselors rated the quality of the supervision, measured by Depth and Smoothness, higher than advanced counselors for both treatments, it was not significantly higher. When the supervisor focused on personal issues, entry-level and

advanced counselors reported feeling more positive and confident than when the focus was on their behavior. Overall, the results indicated more similarities than differences between the two groups. These results did not support the premise of the developmental models that entry-level and advanced counselors prefer to focus on two different issues (i.e., personal issues and behavior).

Limitations of the Study

This study was designed to examine counselors' perceptions of the discussion of personal issues in supervision. Limitations of the study are identified in terms of their effect on the conclusions and provide a basis for further research.

A primary limitation is the analogue design of the study. Although analogue studies allow researchers to have greater control over the factors under investigation and greater flexibility in what can be examined, a major drawback is the uncertainty of the generalizability of the results (Munley, 1974). In this study, counselors rated what they saw, heard, and felt in response to portions of two videotaped supervision sessions. Review of an entire supervision session might provide for a more indepth view of the supervisor's interactional style and reveal more relationship dynamics, thus allowing for different results. Additionally, counselors' responses may have been different if they had rated a supervisor with whom they had been actively involved in a supervisory relationship over a period of time.

A second, more theoretical, limitation is the delineation of the two groups being compared, entry-level and advanced counselors. These groupings were based on premises of and prior research on developmental models of supervision. This approach, however, ignores the cognitive developmental and theoretical foundations of developmental models of supervision (e.g., Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981), as well as prior counselor experience, whether supervised or unsupervised. Cognizant of these points while designing the study, the researcher gave consideration to determining an appropriate and

practical grouping factor. To date, however, no adequate measure of counselor developmental level exists. Most researchers (e.g., McNeill et al., 1985; Tracey et al., 1989) have used some measure of counselor training and experience as a measure of developmental level. Thus, although there is some support for defining the group factor in this study, direct implications to developmental models are somewhat limited.

Relatedly, the two groups may have been more similar than different, despite their contrasting educational internship level. Participants' student status in particular may have influenced their reactions to the videotapes. Master's and doctoral-level participants may have associated the treatments with their own supervision and may have been hesitant to reveal their reactions to personal issues to the "grader" (i.e., researcher). Previous supervisory experiences in which personal issues had been discussed, whether positive or negative, also may have influenced participants' responses.

Finally, participants were solicited from one university and, therefore, do not provide a representative sample of all counselor education students. Including counselor education students from a sample of CACREP-approved institutions would allow the results to be more generalizable to the population. In addition, students enrolled in academic programs other than counselor education (e.g., clinical psychology, counseling psychology, clinical social work) may provide different results. The emphasis placed on clinical experience and exploration of counselors' personal issues may vary in the different programs. Replication of the study using counselors from other institutions and clinical programs of study would be desirable.

Conclusions

This study found little support for one premise of developmental models. Specifically, experience level of the counselors appeared to have no influence on their ratings of the treatments. In addition, the treatment and supervision interventions used had little influence

on how the counselors rated the supervisor's interactional style, rapport of the supervisory relationship, quality of the supervision session, and postsession mood.

There are several possible explanations for these results. Limitations of the study derived from the design and developmental theory, as previously discussed, may have affected the results. Participants were asked to imagine themselves in a relationship with the supervisor in the two videotaped supervision segments. Since no relationship actually developed, it may have limited the ability to detect differences that might exist.

On the other hand, contrasting results in previous literature based on counselor's self-report of their preferences may be noteworthy because of contrasting research designs. One unique aspect of this study was the type of measures used. The majority of the research on developmental models (e.g., Heppner & Roehlke, 1984; Reising & Daniels, 1983; Worthington, 1984) and exploration of personal issues (e.g., Goin & Kline, 1976; Rosenblatt & Mayer, 1975) was based on self-report. Participants stated their thoughts and feelings through self-report instruments. The design of this study used a more subtle approach. By having participants imagine interacting with the supervisor and responding to instruments that measured specific variables, the results provided a less direct measure of "preferences" for supervision interventions. The results may have revealed a contrast between responding from one's conscious awareness and reporting thoughts and feelings that are less conscious. This study is one of few second phase experimental designs to confirm or disconfirm the variables identified in first phase descriptive research (see Holloway & Hosford, 1983). Additional experimental studies are needed, however, before conclusive statements about the veracity of developmental models can be made. In these studies, efforts to achieve a more accurate measure of developmental level should be made.

The SWAI was created to measure relationship dynamics between the supervisor and counselor. The rapport scale of the SWAI measures the counselor's perception of the supervisory

relationship. Respondents, regardless of experience level, gave relatively high ratings to rapport in the supervisory relationship for each treatment. The high ratings suggest that the intervention used by the supervisor may not negatively affect how the counselor perceives the supervisory relationship. The results reported through the Rapport scale of the SWAI suggests that the it reveals information important and useful to the study of the supervisory relationship. In addition, the SWAI was designed to be used by counselors and supervisors, and therefore, was easily understood and relevant to the situation created through the analogue design.

Entry-level and advanced counselors described supervision sessions on the SEQ across treatments as having value, as indicated on the Depth scale, and allowing them to feel relaxed and comfortable, as indicated on the Smoothness scale. These results cannot be directly compared to previous studies (e.g., Friedlander et al., 1989; Martin et al., 1987) that used the SEQ. Those studies were both single case studies that measured depth and smoothness over a period of time and reported variability of scores. According to Friedlander et al. (1989), the counselor experienced both comfort and discomfort in supervision, as indicated in the variability of the scores on the Smoothness scale. Martin et al. (1987) found no variability in the ratings of depth and smoothness given by the counselor. Although the results of the present study are based on group scores, they provide insight into counselors' reactions to discussion of personal issues. It appears that counselors find value in the session and feel comfortable, regardless of how the supervisor approaches the concerns brought to supervision (i.e., whether the supervisor focuses on the counselor's personal issues or the counselor's behavior).

Respondents reported that their postsession mood was more positive when the supervisor focused on personal issues than when the supervisor focused on their behavior. According to developmental models, advanced counselors would be more willing and interested in discussing their personal issues, and entry-level counselors would be somewhat resistant to the supervisor suggesting that the concern or impasse with the client is because of

the counselor's issues. Although the counselors rated Treatment 1 (focus on personal issues) more positively than Treatment 2 (focus on behavior), this result may be more indicative of an analogue design rather than a true preference. In addition, the warm manner in which the supervisor approached and discussed the personal issues may have influenced the higher rating for Treatment 1.

The IMI, in contrast to the SWAI and SEQ, may be inappropriate or inadequate for evaluating the supervisor's interactional style. The IMI was created as a measure of interpersonal communication for all interactions; however, the results suggested the scale had little relevance to this study. The ratings on all scales (*i.e.*, *Dominant*, *Submissive*, *Friendly*, *Hostile*) were very low for counselors at both experience levels. Although the study revealed significance on the *Friendly* scale, with entry-level counselors rating Treatment 1 (focus on personal issues) higher and advanced counselors rating Treatment 2 (focus on behavior) higher, the overall results were not significant. There may be several explanations for the low scores and the use of the IMI in this study. First, some of the ninety items respondents rated on the IMI were not applicable to supervision or the supervisory relationship (e.g., "When I am with this supervisor, she makes me feel curious as to why she avoids being alone") or to the individual relationship that is portrayed in the videotaped treatments (e.g., "When I am with this supervisor, she makes me feel as important as others in the group"). In addition, because the respondents were not actually in a relationship with the supervisor, they may have speculated when answering many questions. Their speculation may have been a reason they rated some items "not applicable" which, therefore, resulted in low scores.

Martin et al's. (1987) study is the only supervision study in which the IMI has been used. In that case study, only the supervisor completed the IMI by rating the counselor after two supervision sessions. Little change in interactional style was found after initial impressions

were made. The use of the IMI to examine interpersonal communication in supervision needs to be explored further.

This study used the IMI to determine the counselors' covert responses to the interpersonal communication style of a supervisor that was portrayed using two different foci. According to the manual for the IMI (Kiesler, 1987), this specific type of experimental approach has not been used. Results of this study, therefore, provide baseline information on a respondent-focused study on supervision. Essentially, the lack of meaningful results indicates that it may not be the best instrument to measure a supervisor's interactional style. A similar instrument, specifically designed to measure interactional styles of supervisors, may be needed to gather more meaningful information.

The correlations between the scales of the IMI and SWAI may provide some insights into supervisory relationships for future investigations. For example, the negative correlation between the Dominant scale of the IMI and Rapport scale of the SWAI suggests that the rapport in supervision is not characterized dominant.

Personal issues in supervision is a neglected topic in the empirical literature. This study sought to determine the impact that addressing counselors' personal issues in supervision has on the relationship, quality of the session, postsession mood, and interactional style of the supervisor, as reported by the counselor. Results seem to suggest that a supervisor who discusses personal issues in an appropriate manner (i.e., confronts the issues but does so in a supportive, instructional manner) does not necessarily affect the relationship negatively. Because of the importance of this topic to effective counselor training, effective counseling, and supervisor training, additional studies that examine supervisors interactional style are necessary.

Through informal discussions with the students after their participation in the study, the researcher noted that students with more clinical experience reacted more positively to

Treatment 1 (focus on personal issues) than Treatment 2 (focus on behavior). Their responses on the instruments, however, did not reflect this difference. Future research should explore the possible influence of participants' previous clinical experience on their reactions to discussion of personal issues.

Recommendations for Further Research

Recommendations for further research are based on the results of the study and are designed, in part, to address the limitations outlined above.

This study of supervision that focuses on the discussion of counselors' personal issues within the supervision session provides results that do not entirely support developmental models. As mentioned previously, the groups used in this study (e.g., master's-level and doctoral-level) did not adequately reflect the developmental level of their counseling expertise. The results, therefore, cannot be stated with certainty without further research that uses a more stringent measure of developmental level.

Future studies should involve a more diverse sample that includes counselors in training and practicing clinicians. The current study determined experience level by participants' enrollment in or recent (within past year) graduation from a master's (e.g., entry-level) or doctoral (e.g., advanced) CACREP-approved counselor education program. In this program, master's-level students must complete 600 hours of supervised internship, and doctoral-level students must meet the master's-level requirements in addition to 600 hours of supervised internship at the doctoral level. Clinical experience gained prior to or during the master's or doctoral work was not taken into consideration in this study. Further, since participants were enrolled in only counselor education, it is not known what influence the type of counseling program has on the results. For instance, students enrolled in clinical psychology, counseling psychology, or clinical social work programs may provide new data because of the depth and intensity of their clinical training. On the other hand, clinical practitioners may

provide insight that was not found in the present study with the master's-level and doctoral-level respondents. Although comments made by the more experienced counselors who participated in the study did not reveal significant results, their clinical experience may be an important factor in determining the impact of discussions of counselors' personal issues. In fact, clinical experience may be a hidden variable that could be used to further define "advanced" counselors. Replication of the current study with these groups could further confirm the significant variables in this study or redefine our knowledge of the discussion of counselors' personal issues.

The design of the study may have influenced the lack of significant results. Gathering data over a period of time from a counselor and supervisor who are involved in a supervisory relationship may reveal more variability for the two groups. Examples of research designs that may meet these objectives are case studies and longitudinal studies.

Implications for Practice

The supervision literature is lacking an empirical base for what actually happens in the supervisory relationship when counselors' personal issues are discussed. The discussion of counselors' personal issues was identified in the developmental models as an important variable. This study was designed to investigate the impact that discussion of counselors' personal issues and level of experience has on the supervisory relationship, supervisor's interactional style, session quality, and postsession mood as perceived by the counselor. Through this second stage research design, level of experience and variables being measured through the treatments were controlled through an analogue approach. Similarities and differences of the ratings given by entry-level and advanced counselors to the two treatments provide baseline information that questions the premise of this variable in the developmental models. In addition, this knowledge concerning reactions and preferences of entry-level and

advanced counselors to discussion of personal issues is important to supervisors and begins to build toward a more informed knowledge base.

The literature has identified the need to help counselors become aware of themselves and their personal issues as a part of becoming good counselors (Bernard & Goodyear, 1992). According to Goin and Kline (1976), supervisors need to encourage counselors to examine how their feelings and reactions to the client influence the therapy. Supervisors are in a position to be influential in helping counselors develop counseling skills and knowledge of themselves. One way is for the supervisor to be aware of the issues that may be creating the counselor's impasse or confusion with a client and encouraging the counselor to explore these issues. Supervisors must possess insight into counselor-client dynamics and be skilled in sharing these insights with the counselor. Supervisors also should be aware of developmental issues that influence the growth of counselors. How and when the supervisor chooses to discuss the impact of counselors' personal issues is crucial to the counselor gaining insight and knowledge from the process. The results of this study provide some insight into how entry-level and advanced counselors respond to a discussion that focuses on their personal issues and on their behavior (e.g., counseling skills). For example, the supervisor was equally warm, supportive, and confrontive in both treatment vignettes. These personal characteristics may influence counselors' willingness to discuss their personal issues. In fact, the supervisor's personal characteristics and mannerisms may influence the discussion of personal issues with a counselor more than the developmental level of the counselor. Indeed, further research on how these personal characteristics contribute to counselors willingness to discuss their personal issues is needed. It would be important to replicate this study, however, before making any definitive statements regarding supervisory interventions based on the findings of this study.

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Appendix A

Script for Treatment 1
(focus on counselor affect)

1.1 Co: I also left a tape for you to listen to of Mike, the cancer patient. This was my fourth session with him. Did you get a chance to listen to it?

1.2 Su: Yes I did. This is the second tape I've listened to of you and Mike.

2.1 Co: Well, as you could probably tell, he always seems to be up, you know, in good spirits. He is very talkative about things - telling me stories - rather than telling me how he's feeling and what all this is doing to him. I am having a hard time helping him explore his feelings because maybe that's my agenda more than it is his agenda. I really think he needs to talk about it though.

2.2 Su: We have talked about you exploring Mike's feelings - about what is happening with him and it seems to still be a problem - you sound frustrated because he won't talk about his feelings.

3.1 Co: I am - I believe I am there for him and he is choosing not to discuss his feelings. This may be his way of coping and I don't want him to break with me. He seems so fragile. I just want to go with him - whatever he wants to talk about, I'm ready to listen.

3.2 Su: I am feeling a little frustrated too. We have done some role playing, as a way to help you understand how Mike may feel, to develop ways you may respond to him and his feelings. You seem to be having some difficulty taking what we talk about here into your sessions with Mike. I wonder what is happening with you, what you are feeling.

4.1 Co: I try to stay with him, to let him talk about what he wants to talk about. My game plan was to just listen and ask him questions. (sounds resistant) Maybe I could have changed the direction sometimes - but I made no attempt to do that and I'm not sure I should.

4.2 Su: You seem to be aware of the different options you have. What feelings prompted you to choose the direction you did?

5.1 Co: I feel that Mike and I have a good relationship, that he feels he can talk about anything and I will listen. I feel he'll share his feelings with me when he is ready.

5.2 Su: These sound like thoughts to me, rather than feelings. I'm wondering, could it be that you are not ready to talk about feelings, to hear how Mike feels about having cancer, about missing his family. . .?

6.1 Co: I guess it is possible. I haven't had much experience dealing with feelings about situations like this, mine or anyone else's.

6.2 Su: So you are anxious about going to a deeper level and talking about his feelings?

7.1 Co: Yeah. There seem to be so many unknowns. I would rather have control of the session, know what may happen.

7.2 Su: Tell me more about that.

8.1 Co: I like to know what will happen, and don't usually risk. . .(voice trails off)

8.2 Su: And cancer is something you don't have any control over, nor is death.

9.1 Co: Right. I really am scared to bring up the topic of how he feels about having cancer or dying because I don't know if he or I can deal with it. I can't imagine how it must feel to know that you may be dying. He seems so fragile, like he will break if I ask him how he feels.

9.2 Su: What do you mean by "fragile?"

10.1 Co: He has so much going on right now . . . the tests, tubes, doctors, nurses. . .Since all of this is happening to him, I don't know if he can deal with his feelings too.

10.2 Su: I'm wondering if you could be responding to him as you are feeling - fragile and fearful of breaking. I've heard you help other clients examine their feelings, so, . . . I wonder if you have experienced a loss that is affecting the way you are responding to Mike.

11.1 Co: Well, (pause) yes I have. (pensive, looking down, pausing again) In some ways it makes me think about my sister-in-law, Cindy, who was recently killed in a car accident. (pause) It does feel close to home for me.

11.2 Su: Are you afraid you may reawaken memories of your loss and not be able to respond to Mike's feelings?

12.1 Co: (looking down, tearing up, reaching for a tissue) Yes. I don't feel in control of my feelings now - about my sister-in-law. We had a special relationship and I really miss her. As you can see, I get emotional when I think about her. (silence)

12.2 Su: So you're really experiencing a dilemma. You are hurting over the loss of Cindy, and, . . . at the same time, you have a client who may be experiencing intense emotions about loss also. (pause) You seem uncertain about how to respond to Mike.

13.1 Co: Yeah, my loss seems to be affecting my response to Mike (pause) My feelings may be getting in the way of being able to help Mike, and my ability to respond more objectively.

13.2 Su: Let's explore your feelings now. How did you feel after you found out Cindy died?

14.1 Co: Well. . .sad, I felt it was so useless (angry) - she had so much life ahead of her.

14.2 Su: I hear some anger in your voice too.

15.1 Co: (continue to sound a little angry) Yes, we were real close - and - (pause, emotional) I knew I would miss her a great deal. It seemed so senseless (spoken firmly with angry tone).

15.2 Su: Did you have anyone to talk with about Cindy's death and how you were doing?

16.1 Co: (deep sigh) Yes, a good friend of mine stayed with me for a long time after I found out.

16.2 Su: What was it like for you to talk about Cindy's death?

17.1 Co: It helped to sort out my feelings- to talk with someone - to have someone listen to me. My friend didn't judge me or tell me not to feel anything; she just listened. Of course, I cried a lot and was pretty upset - hysterical at times.

17.2 Su: Did you feel out of control then?

18.1 Co: Very much so.

18.2 Su: Are these the feelings you are afraid Mike will share with you? And that he will be out of control with emotion?

19.1 Co: Yes, but I think as a counselor I should be able to handle it. I have the professional distance - you know, being a counselor I must maintain a certain degree of objectivity. (exasperated tone) I think I could help him explore his feelings if he would only open up. He just doesn't want to.

19.2 Su: You make it seem as if it's all Mike's responsibility, that he's just suppose to open up and share his feelings. You are not enabling (emphasize) Mike to explore his feelings. I'm wondering if he doesn't need some encouragement - that he even might welcome a sign that it's ok to discuss these feelings - something he can't seem to do with his family.

20.1 Co: Yeah. He can't seem to talk with his family and friends about his feelings.

20.2 Su: It seems to me that you are hesitant in talking about feelings also - because of the memories and feelings of Cindy's death. Do you have a personal fear of listening to someone else's sadness?

21.1 Co: (pause) Yes. . . I think this is mostly true. I think it will be hard for me to encourage him to talk about his feelings.

21.2 Su: I remember you telling me how helpful it was for you when your friend provided that opportunity for you. You seem to be able to empathize with Mike because of your experiences.

22.1 Co: (thoughtful) It was helpful to talk about this. (pause) I haven't thought of it in that way - that I have experienced some similar feelings and that I am empathizing with Mike, but I can see how that is true now. I believe it will take me a while to feel comfortable discussing feelings with clients, but I will give it a try in my next session with Mike. I'm still somewhat apprehensive, but I think I can do it. I can see how it will be helpful to Mike.

22.2 Su: I'll be interested in hearing how the next session goes.

Script for Treatment 2
(focus on counselor behavior)

1.1 Co: I also left a tape for you to listen to of Mike, the cancer patient. This was my fourth session with him. Did you get a chance to listen to it?

1.2 Su: Yes I did. This is the second tape I've listened to of you and Mike.

2.1 Co: Well, as you could probably tell, he always seems to be up, you know, in good spirits. He is very talkative about things - telling me stories - rather than telling me how he's feeling and what all this is doing to him. I am having a hard time helping him explore his feelings because maybe that's my agenda more than it is his agenda. I really think he needs to talk about it though.

2.2 Su: We have talked about you exploring Mike's feelings - about what is happening with him and it seems to still be a problem. . . .

3.1 Co: It is. I believe I am there for him and he is choosing not to discuss his feelings. This may be his way of coping -- and I don't want him to break with me. He seems so fragile. I just want to go with him - whatever he wants to talk about, I'm ready to listen.

3.2 Su: Tell me how you encourage Mike to talk about his feelings.

4.1 Co: Well, I go in with an open mind, no specific agenda to follow. Like I said, I let him provide the direction - he decides what we will talk about.

4.2 Su: So when he begins to talk, what interventions do you use to help him explore his feelings?

5.1 Co: I try to stay with him, to let him talk about what he wants to talk about. My game plan was to just listen and ask him questions. I don't want to force him. (sounds resistant) Maybe I could have changed the direction sometimes - but I made no attempt to do that, and I'm not sure I should.

5.2 Su: O.k. Let's explore a particular portion of this last session you had with Mike. I can think of one time in the session when Mike was talking about how his family travels for several hours to come and visit him. They can only stay a few hours, but he said it was worth it just to see them.

6.1 Co: Yeah, I remember that. His family does make an effort to visit him.

6.2 Su: How do you think he might be feeling about not seeing his family very often or for very long?

7.1 Co: Well, he sounded lonely, like he wanted them to stay longer.

7.2 Su: Yeah, he did. How could you let him know you were aware of this feeling?

8.1 Co: I could say, "When you talk about your family coming to visit, you sound lonely." But this seems so obvious to me.

8.2 Su: You know, sometimes when you share an awareness with a client, it can sound obvious to you but provides insight - and gives the client permission to bring it into the present. Reflecting the feeling goes beyond what the client is saying. Mike didn't say he was lonely. You sensed it and stated it for him.

9.1 Co: OK. I say out loud what I am thinking.

9.2 Su: Right. What might happen if you shared this awareness of loneliness with Mike?

10.1 Co: Well, . . . he would either accept it or deny it. This is the unknown that makes me hesitant - I don't know how he will respond.

10.2 Su: Right; it's uncertain how he may respond. So let's think ahead to what may happen. Would that be helpful to you?

11.1 Co: Yeah, sure.

11.2 Su: Well (pause) let's try a role play. You be the counselor and I will play Mike. We will play out this particular situation - exploring the loneliness. (Pause, change posture in chairs to show change into characters) OK, I'm Mike. My sister and brother-in-law came in today but my brother-in-law had to get back to work so they only stayed about an hour. They were the only people who came to visit me today.

12.1 Co: You sound sad, like you would like to have more visitors.

12.2 Su: Yeah, I guess I am kind of sad. I feel so alone in this hospital room. My wife visits, my sister and her husband, but they don't stay long enough. I still have a lot of time when no one is here. I'm left with only my thoughts.

13.1 Co: It sounds like you want your family to stay longer so you don't have so much time to think.

13.2 Su: Yeah, I do. (short silence) I mean, I have cancer and I think about what that means (pause). . . that I may die real soon. . . .

14.1 Co: (pause; move back in chair) You seem real concerned about dying. What have the doctors told you about your chances?

14.2 Su: (hold hand out) O.K., let's talk about the role play for a few minutes. What did you see happen with Mike when you reflected his feelings of sadness to him?

15.1 Co: He started talking about his feelings rather than telling me stories about his family. He told me he was lonely. He also became pensive, like he was really feeling something powerful.

15.2 Su: So by reflecting his feelings you indicated to Mike that you understood - you were empathic in your response. Also, by keeping the focus on his feelings, Mike shared more of his feelings with you. You used advanced empathy when you reflected that his need for visits helped to keep him from thinking about his illness. That response was very effective.

16.1 Co: Thanks. But then, the unknown. . he began talking about dying.

16.2 Su: This must have been on his mind. . .he's had a lot of time to think about his illness and dying.

17.1 Co: I didn't know what to say - he seemed so sad. I remember how I felt when my sister-in-law, Cindy, died and that I needed someone to help me through it. I wanted to be available to help him.

17.2 Su: Do you think your question about chances indicated your desire to help him?

18.1 Co: (nervous chuckle) No. . . . (looking down) (short silence)

18.2 Su: You said he seemed sad. It seems to me he may be experiencing other feelings also. One way you could help him is by helping him clarify his feelings. Can you think of how you could do that?

19.1 Co: I could ask him directly what he's feeling right now. You know, by saying, "How are you feeling now?"

19.2 Su: Yes, that's one direction; it's specific and concrete.

20.1 Co: Or I could reflect, "You seem to be sad."

20.2 Su: Yeah, right. What other emotions do you think he may have? Is sadness the only one?

21.1 Co: (pauses and thinks) Well, he could be scared about the cancer and about dying.

21.2 Su: Yeah, that seems accurate. We don't actually know that he feels these things, we only suspect these may be his feelings. Since he hasn't had a chance to talk about his feelings with anyone, he may be confused about what he feels. But, through the role play, he began to respond to you and trust you, so he may be willing to explore his feelings further. He needs help in clarifying what these feelings are.

22.1 Co: So I could say, "You really seem to be feeling pretty sad and scared right now about your illness and dying."

22.2 Su: Right, a very good reflective and clarifying statement. This shows Mike that you are aware that he has feelings and you are encouraging him to talk about them. You are also keeping the focus on what he has indicated is important to him.

23.1 Co: Yeah, I think that is important to do - provide him a place to explore his feelings. I didn't know how to help him do that. You have given me some specific examples of how to do it.

23.2 Su: You have shown today that you can look beyond the content Mike presents to Mike's feelings about what is happening with him. I encourage you to risk - (pause) to provide the environment and encouragement for Mike to examine his feelings.

24.1 Co: I will give it a try during our next session. I'm still somewhat apprehensive, but I think I can do it. I can see how it will be helpful to Mike.

24.2 Su: I'll be interested in hearing how the next session goes.

Appendix B

Demographic Questionnaire

ID# _____

1. Please indicate the academic program in which you are enrolled: (check only one)
 - Masters
 - Doctoral

2. Age
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60+

3. Gender
 - Female
 - Male

4. Ethnic Group
 - White, not of Spanish origin
 - White, Spanish origin
 - Black
 - American Indian, Eskimo, Aleut
 - Asian, Pacific Islander
 - Other (please specify) _____

5. Please indicate the number of internships you have completed:
 - Master's
 - Doctoral

6. Please indicate your predominant counseling orientation: (check only one)
 - Behavioral
 - Client- or Person-Centered
 - Cognitive (e.g., RET)
 - Cognitive-Behavioral
 - Existential
 - Family Systems
 - Gestalt
 - Psychodynamic
 - Reality Therapy
 - Transactional Analysis
 - Eclectic (please specify) _____
 - Other (please specify) _____

7. Please indicate your specialty discipline (track) in counselor education program: (check only one)
 - Community Agency
 - Student Development in Higher Education
 - School Counseling

SESSION EVALUATION QUESTIONNAIRE (Form 4)

Please circle the appropriate number on each line to show how you feel about this supervision session:

This supervision session was _____.

bad	1	2	3	4	5	6	7	good
safe	1	2	3	4	5	6	7	dangerous
difficult	1	2	3	4	5	6	7	easy
valuable	1	2	3	4	5	6	7	worthless
shallow	1	2	3	4	5	6	7	deep
relaxed	1	2	3	4	5	6	7	tense
unpleasant	1	2	3	4	5	6	7	pleasant
full	1	2	3	4	5	6	7	empty
weak	1	2	3	4	5	6	7	powerful
special	1	2	3	4	5	6	7	ordinary
rough	1	2	3	4	5	6	7	smooth
comfortable	1	2	3	4	5	6	7	uncomfortable

Right now I feel _____.

happy	1	2	3	4	5	6	7	sad
angry	1	2	3	4	5	6	7	pleased
moving	1	2	3	4	5	6	7	still
uncertain	1	2	3	4	5	6	7	definite
calm	1	2	3	4	5	6	7	excited
confident	1	2	3	4	5	6	7	afraid
wakeful	1	2	3	4	5	6	7	sleepy
friendly	1	2	3	4	5	6	7	unfriendly
slow	1	2	3	4	5	6	7	fast
energetic	1	2	3	4	5	6	7	peaceful
involved	1	2	3	4	5	6	7	detached
quiet	1	2	3	4	5	6	7	aroused

SUPERVISORY WORKING ALLIANCE INVENTORY

Trainee Form

Instructions: Please indicate the frequency with which the behavior described in each of the following items would seem characteristic of your work with the supervisor in the videotape. After each item, check (X) the space over the number corresponding to the appropriate point on the following seven-point scale:

	1	2	3	4	5	6	7
	Almost Never						Almost Always
1. I feel comfortable working with my supervisor.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
2. My supervisor welcomes my explanations about the client's behavior.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
3. My supervisor makes the effort to understand me.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
5. My supervisor is tactful when commenting about my performance.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
6. My supervisor encourages me to formulate my own interventions with the clients.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7
7. My supervisor helps me talk freely in our sessions.	— <u> </u> 1	— <u> </u> 2	— <u> </u> 3	— <u> </u> 4	— <u> </u> 5	— <u> </u> 6	— <u> </u> 7

Supervisory Working Alliance Inventory
Trainee Form

	1	2	3	4	5	6	7
	Almost Never						Almost Always
8. My supervisor stays in tune with me during supervision.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
9. I understand client behavior and treatment technique similar to the way my supervisor does.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
11. My supervisor treats me like a colleague in our supervisory sessions.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
12. In supervision, I am more curious than anxious when discussing my difficulties with clients.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
13. In supervision, my supervisor places a high priority on our understanding the client's perspective.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
14. My supervisor encourages me to take time to understand what the client is saying and doing.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>

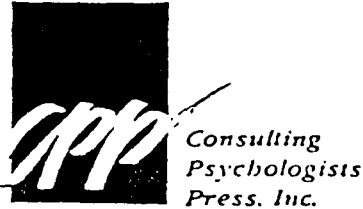
Supervisory Working Alliance Inventory

Trainee Form

1 2 3 4 5 6 7
 Almost Almost
 Never Always

-
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.
17. My supervisor helps me work with a specific treatment plan with my clients.
18. My supervisor helps me stay on track during our meetings.
19. I work with my supervisor on specific goals in the supervisory session.

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7



SAMPLE ITEMS FOR THE IMPACT MESSAGE INVENTORY - FEMALE TARGETS (FORM IIA)

by Donald J. Kiesler and Associates

DIRECTIONS: This inventory contains words, phrases and statements which people use to describe how they are emotionally engaged or impacted when interacting with another person.

You are to respond to this Inventory by indicating how accurately each of the items describes your reactions to the particular person under consideration. Respond to each item in terms of how precisely it describes the feelings this person arouses in you, the behaviors you want to direct toward her when she's around, and/or the descriptions of her that come to mind when you're with her. Indicate how each item describes your reactions using the following scale: 1-Not at all, 2-Somewhat, 3-Moderately so, 4-Very much so.

First, imagine you are in this person's presence, interacting with her. Focus on the immediate reactions you would be experiencing. Then read each of the items and fill in the number on the separate answer sheet which best describes how you would be feeling and/or would want to behave if you were, at this moment, in the person's presence. There are no right or wrong answers since different people react differently to the same person.

At the top of each page is a statement which is to precede each of the items on that page. Read that statement with each item; it will aid you in imagining the presence of the person described.

Be sure to make all your marks on the separate answer sheet.

WHEN I AM WITH THIS PERSON SHE MAKES ME FEEL.....

- 8. in charge.
- 19. admired.
- 27. embarrassed for her.

WHEN I AM WITH THIS PERSON SHE MAKES ME FEEL THAT.....

- 36. I want to put her down.
- 49. I want to hear what she doesn't like about me.
- 60. I shouldn't take her seriously.

WHEN I AM WITH THIS PERSON IT APPEARS TO ME THAT.....

- 70. she wants everyone to like her.
- 79. she thinks I have most of the answers.
- 89. she trusts me.

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You may change the format of these items to fit your needs, but the wording may not be altered. Please do not present these items to your readers as any kind of "mini-test", but rather as an illustrative sample of items from this instrument. We have provided these samples so that we may maintain control over which items appear in published media. This avoids an entire instrument appearing at once or in segments which may be pieced together to form a working instruments, protecting the validity and reliability of the test. Thank you for your cooperation. Consulting Psychologists Press, Inc., Permissions & Contracts Department.

Appendix C

INSTRUCTIONS

The purpose of this study is to determine counselors' perceptions of various supervision interventions. You will view two videotapes of nine to ten minute segment taken from a supervision session. As you view the videotapes, imagine yourself as the counselor in the supervision sessions being portrayed and that the supervisor (the person on the right in the videotape) is your internship supervisor. Imagine you are being supervised by her. Focus on how you may respond to her, what you may feel and think during and after the supervision sessions, how you would feel toward her, and how you would feel about the supervision sessions. Be aware of your immediate thoughts and feelings as you imagine interacting with the supervisor. It is acceptable to write down your feelings and thoughts as they occur to you on this instruction sheet as you are viewing the videotapes.

After viewing each videotape, please complete the instruments in the packet. Select the responses that best describe how you would be feeling and what you would be thinking if you were with the supervisor at this moment.