

## Supervision of Counselor Licensure Applicants: A Comparative Study

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### **Abstract:**

A survey of supervisors of counselor licensure applicants in two states indicated that a state board's supervision regulations do have some impact on the practice of supervision.

### **Article:**

Recently, greater attention has been given to the qualifications of those who provide clinical supervision for counseling students and post-degree practitioners (cf. Bernard & Goodyear, 1992). Minimal requirements for training and experience have been proposed (Association for Counselor Education and Supervision, 1993; Bloom et al., 1990; Borders et al., 1991; Dye & Borders, 1990), along with ethical assertions that untrained supervisors are practicing outside their areas of competence (e.g., Cormier & Bernard, 1982; Harrar, VandeCreek, & Knapp, 1990; Upchurch, 1985). The consensus seems to be that effective supervisors are credentialed, experienced counselors who have had additional training specific to supervision.

Current writings also include statements about how effective supervisors should conduct supervision, including the use of direct methods (e.g., review of audiotapes, live observation), flexibility in using a supervisory approach that matches the learning needs of a supervisee, attentiveness to a wide range of counselor developmental issues (e.g., skills, case conceptualization, self-awareness, client assessment and test interpretation), and provision of ongoing feedback and periodic formal evaluations. Effective supervisors also are described as being committed to the supervisory role and functions, and willing to seek consultation about their work.

Evidence suggests, however, that many (if not most) supervisors do not meet the specified criteria. Although increasing numbers of counselor preparation programs are providing supervision training for doctoral students planning careers in counselor education (Borders & Leddick, 1988), these courses do not reach the majority of supervisors, who are master's-level practitioners. In fact, few training opportunities exist for master's-level practitioners to be schooled in supervision knowledge and skills (e.g., Hart & Falvey, 1987; Harvey & Schramski, 1984; Holloway, 1982).

Two studies have provided documentation that existing supervision practices do not meet proposed standards. Borders and Usher (1992) reported that a national sample of National Certified Counselors (NCCs) were primarily supervised by noncounseling professionals (e.g., psychologists, social workers) who used self-report of counseling sessions much more frequently than any direct method of oversight. Similarly, Roberts and Borders (1994) found that North Carolina school counselors said that they were "supervised" about once a year by principals or administrators.

The advent of state counselor licensure laws has highlighted another group of supervisors, those who work with counselor licensure applicants. Little is known about these supervisors or their supervision practices beyond regulations specified by licensure boards, and these regulations vary widely in quantity and scope (Borders & Cashwell, 1992). A review of regulations in 1991 by those authors suggested that most of these supervisors are

required to have some professional credential (but not necessarily a counselor license) and 1 to 5 years of post-master's-level counseling experience. In most states, however, there are no regulations specific to supervision competence and experience. Regulations regarding the conduct of supervision of licensure applicants also are minimal, with requirements for hours spent in face-to-face supervision much more common than requirements regarding supervision approaches (e.g., review of audiotapes).

There is some evidence that state licensure boards are interested in expanding their regulations so that supervisors and supervision sessions more closely resemble recommended standards (Borders, 1990; Borders & Cashwell, 1992). Such reforms might be aided by information about current practices, particularly regarding the extent to which current practices reflect recommended practices.

Perhaps even more important would be data concerning the impact of existing regulations on supervision practice, including supervisors' fees, availability of supervisors, supervisor knowledge and effectiveness, counselor effectiveness, and, ultimately, client outcomes (Borders & Cashwell, 1992). Such information also would be useful for counselor educators who consult with licensure boards, lobby legislatures, and offer supervisor training programs.

Thus, the purposes of this study were (a) to provide baseline information about supervision currently being provided to counselor licensure applicants and (b) to investigate the impact of supervision regulations on the conduct of this supervision. Specifically, the following research questions were investigated:

1. Who are the supervisors of counselor licensure applicants and why are they providing this supervision?
2. What supervision practices characterize their work with the applicants? Are they similar to recommended practices?
3. Do supervision regulations make a difference in who supervises, how they supervise, their motivations for supervising, and their self-reported supervision knowledge?

## **METHOD**

### ***Participants***

To address the research questions, a comparison study of supervisors in two states, one with the recommended supervisor and supervision regulations and one without such regulations, was conducted. South Carolina was chosen as the "regulated state" because of its unique supervision requirements, including the first and only license for supervisors of counselor licensure applicants (South Carolina Board of Examiners, 1987). This license is based on formal training in counseling supervision and "successful experience" as a counselor and supervisor. In addition, regulations specify that direct supervisory interventions (e.g., review of audiotapes) must be used. To select a comparison state, we reviewed all existing counselor licensure bills to identify those that were enacted at about the same time as was South Carolina's, and that had similar regulations (e.g., education and experience requirements for counselor licensure applicants). On the basis of this review, three state boards were contacted about the survey. Conversations indicated that the Missouri board was both willing and able to supply needed information (i.e., names and addresses of supervisors).

Thus, we surveyed all of the licensured professional counseling supervisors (LPCSs) and licensed marital and family therapy supervisors (LMFTs) in South Carolina ( $n = 215$ ) and all board-recognized supervisors in Missouri ( $n = 130$ ) listed by their respective state boards. Of the 215 South Carolina supervisors contacted, 107 (50%) provided useable surveys; of the 130 Missouri supervisors, 83 (64%) responded.

### ***Survey Instrument***

We constructed a four-part questionnaire on the basis of a review of the supervision literature (particularly recommended standards for supervisors and supervision practices) and review of similar surveys used in previous studies (i.e., Borders & Usher, 1992; Roberts & Borders, 1994). In the first part, respondents described

their supervision practices (e.g., frequency, fees, number of supervisees, interventions, format, evaluation practices, use of professional disclosure statements and contracts, discussion of ethical and legal issues, consultation with colleagues). Multiple choice (e.g., listings of fees, supervision interventions) and Likert-type scales (1 = almost never; 5 = very often) were provided for these items. In the second section, respondents indicated their reasons for becoming a (licensed) supervisor, benefits of this work, and their concerns, again using multiple choice and Likert-type scales (e.g., 1 = least important; 5 = most important). They also rated their supervision knowledge and skill areas (e.g., various supervision interventions, ethical and legal issues in supervision; 1 = least knowledge and skill; 5 = most knowledge and skills). The third section included descriptive demographic items (e.g., age, degrees, work setting, predominant counseling, and supervision orientations). In the fourth section, two questions concerning continuing education activities were included at each board's request and solely for that board's use.

### ***Procedure***

A cover letter, survey questionnaire, and stamped, self-addressed return envelope were mailed to the 215 South Carolina supervisors and 130 Missouri supervisors. The cover letter described the purpose of the study, requested the respondent's participation, and indicated that the respondent's answers would remain confidential. Follow-up mailings were conducted approximately 3 weeks after the initial surveys were mailed. A second complete packet of materials was mailed to all South Carolina supervisors (the quantity allowed a bulk mailing). A second packet was mailed only to those Missouri supervisors who had not responded to the first mailing.

### ***Data Analysis***

Several procedures were used to analyze the data. First, descriptive statistics (e.g., frequency counts, percentages, and means, as appropriate to the response format) were calculated for each item for each of the two states surveyed. Second, planned tests for statistical differences were conducted when the raw data indicated such testing was viable (i.e., when the two means were almost identical, no test for differences was conducted). This procedure allowed one control for Type I error. In addition, an experimentwise alpha level of .05 was set for each series of analyses (e.g., .05 divided by the number of supervision intervention items tested).

## **RESULTS**

Because some respondents did not answer each item, frequencies reported in the following sections for each item will vary. Percentages cited as follows are based on the total number of supervisors who responded to that particular question. (Reader's note. SC and MO indicates South Carolina and Missouri.)

### ***Respondents' Characteristics***

Respondents' ages ranged from 28 to 71 (SC,  $M = 47.2$ ,  $SD = 7.8$ ; MO,  $M = 47.8$ ,  $SD = 9.1$ ). A majority held doctoral degrees (SC,  $n = 42$ ; MO,  $n = 30$ ); master's degrees (SC,  $n = 41$ ; MO,  $n = 46$ ); or specialist's degrees (SC,  $n = 8$ ; MO,  $n = 2$ ). In South Carolina, most of these degrees were in counselor education ( $n = 49$ ); in Missouri, counselor education ( $n = 26$ ) and counseling psychology ( $n = 32$ ) were fairly equally represented. The fields of clinical psychology, psychiatry, social work, and pastoral care also were represented. Respondents had a substantial number of years of post-master's counseling experience (SC,  $M = 16.2$ ,  $SD = 6.1$ , range = 6-40; MO,  $M = 14.6$ ,  $SD = 7.3$ , range = 4-45). Their predominant counseling orientations were eclectic (SC,  $n = 30$ ; MO,  $n = 17$ ); family systems (SC,  $n = 29$ ; MO,  $n = 14$ ); cognitive-behavioral (SC,  $n = 14$ ; MO,  $n = 15$ ); and psychodynamic (SC,  $n = 2$ ; MO,  $n = 10$ ). Many respondents worked in private practice settings (SC,  $n = 36$ ; MO,  $n = 39$ ) or community mental health agencies (SC,  $n = 16$ ; MO,  $n = 20$ ); others worked in public schools, college counseling centers, hospitals, pastoral settings, and alcohol and drug treatment centers, or taught at a university.

The Missouri supervisors held several licenses, including those for professional counselor ( $n = 54$ ), psychologist ( $n = 23$ ), and psychiatrist ( $n = 5$ ). South Carolina supervisors were required to hold the state's counselor licensure. In addition, of the two supervisor licenses available in South Carolina, 77 respondents held the LPCS, 7 held the LMFT, and 19 held both licenses.

Supervisors from both states reported a variety of training experiences in clinical supervision (see Table 1). South Carolina supervisors reported significantly more total hours of clinical supervision training,  $t(114) = 5.15, p = .0001$  (SC,  $M = 188.9, SD = 262.9$ ; MO,  $M = 48.46, SD = 62.64$ ) than did the Missouri supervisors. Respondents described their predominant supervision orientations as family systems (SC,  $n = 23$ ; MO,  $n = 13$ ); eclectic (SC,  $n = 18$ ; MO,  $n = 10$ ); cognitive behavioral (SC,  $n = 8$ ; MO,  $n = 12$ ); and a variety of other theoretically based approaches. Two models specific to supervision were listed on the questionnaire; of these, relatively few indicated that developmental models (SC,  $n = 6$ ; MO,  $n = 5$ ) or the discrimination model (Bernard, 1979) (SC,  $n = 1$ ; MO,  $n = 2$ ) were their predominant orientations to supervision. Other respondents indicated that they did not have an orientation specific to supervision (SC,  $n = 11$ ; MO,  $n = 12$ ). Regarding their official relationships with applicants, supervisors were working under a private contract with applicants (SC,  $n = 50$ ; MO,  $n = 30$ ) or were the current employer of applicants (SC,  $n = 36$ ; MO,  $n = 41$ ).

### *Supervision Practices*

Most respondents (SC,  $n = 55$ ; MO,  $n = 72$ ) indicated that they had supervised a total of one to five counselor licensure applicants, although 25 of the licensed supervisors in South Carolina had supervised no applicants to that date. Most (SC,  $n = 59$ ; MO,  $n = 69$ ) also were supervising one to five applicants at the time of the survey. Most supervisors indicated that they provided supervision either weekly (SC,  $n = 43, 59\%$ ; MO,  $n = 76, 95\%$ ) or once every 2 weeks (SC,  $n = 22, 30\%$ ; MO,  $n = 2, 2.4\%$ ). Most (SC,  $n = 63, 71\%$ ; MO,  $n = 79, 95\%$ ) provided the same amount of supervision to each applicant. For South Carolina supervisors, different schedules were determined on the basis of the applicant's counseling experience level ( $n = 28$ ), request of the applicant ( $n = 26$ ), or availability of time ( $n = 16$ ).

Fees for supervision sessions ranged from \$0 to \$90 (SC,  $M = \$29, SD = 27.03$ ; MO,  $M = \$20, SD = 28.46$ ), with a modal response of \$0 in both states (SC,  $n = 28, 38\%$ ; MO,  $n = 44, 53\%$ ). Regarding distance, a majority (SC,  $n = 60, 74\%$ ; MO,  $n = 70, 84\%$ ) of supervisors were within 20 miles of the applicant; few supervisors (SC,  $n = 4, 5\%$ ; MO,  $n = 2, 2.4\%$ ) were more than 41 miles away.

Supervisors provided information concerning the frequency (1 = almost never; 5 = very often) of specific supervision interventions (see Table 2). Although self-report was the most frequent intervention used in each state, supervisors in South Carolina used two more direct interventions (i.e., review of audiotapes and videotapes) significantly more often than did Missouri supervisors.

Supervisors also provided information about the format they used for supervision, the supervisory roles most often taken, and whether the focus of supervision was most often on the client or counselor (see Table 3). Individual supervision was the most frequent format, although South Carolina supervisors were significantly more likely to use group supervision also. Supervisors in both states reported taking the consultant and teacher roles (versus counselor role) most often. It seemed that South Carolina supervisors were slightly more likely to focus on the counselor (versus the client) than were Missouri supervisors.

Supervision content was quite varied, as reported in Table 4. Supervisors in both states reported giving frequent attention to counselors' skills and techniques, case conceptualization, and self-awareness, all three foci identified by Bernard (1979). They also gave much attention to the counselor-client relationship and treatment planning. South Carolina supervisors were significantly more likely to focus on the supervisor-counselor relationship and parallel process.

Regarding supervisors' evaluations of applicants' work (see Table 5), informal assessments were much more common than formal or written assessments, although South Carolina supervisors more frequently provided formal assessments to those whom they supervised. In Missouri, these evaluations were based primarily on supervisors' overall impressions and review of counseling paperwork. In South Carolina, direct and indirect sources were used somewhat equally, although they were significantly more likely to use review of audiotapes and videotapes. In both states, client feedback was the least frequently used source. Finally, South Carolina supervisors provided evaluations at briefer time intervals (i.e., more frequently) than did Missouri supervisors.

Formal documents were distributed to applicants by relatively few respondents (i.e., professional disclosure statements about themselves as counselors, SC, n = 27, 24%; MO, n = 16, 19%; and professional disclosure statements about themselves as supervisors, SC, n = 31, 27%; MO, n = 14, 17%). Written contracts were used by 44 respondents (38%) in South Carolina and 30 (36%) in Missouri. These contracts contained information about a variety of items, including frequency of supervision sessions (SC, n = 40, 44%; MO, n = 29, 35%); confidentiality information (SC, n = 39, 43%; MO, n = 22, 27%); fee schedules (SC, n = 37, 41% ; MO, n = 22, 27%); services provided (SC, n = 36, 40%; MO, n = 28, 34%); informed consent (SC, n = 29, 32%; MO, n = 18, 22%); and emergency consultation (SC, n = 22, 24%; MO, n = 11, 13%).

More than half of the respondents in each state indicated that they verified that clients had given informed consent for supervision (SC, n = 56, MO, n = 49). Most (SC, n = 83, 98%; MO, n = 81, 98%) were available for emergency consultations, typically on a 24-hour basis for crisis situations (e.g., suicidal clients).

A variety of ethical issues were frequent topics during supervision sessions with applicants. Client confidentiality was most frequently cited by supervisors in both states (SC, n = 82; MO, n = 77), along with confidentiality concerning supervision (SC, n = 69; MO, n = 53); informed consent (SC, n = 67, MO, n = 59); dual relationships (SC, n = 60; MO, n = 65); and due process for licensure applicants (SC, n = 44; MO, n = 33). In addition, a majority of respondents indicated that a variety of legal issues had been discussed with applicants, particularly confidentiality and the courtroom (e.g., testifying, serving as an expert witness). Duty to warn, drug testing, note keeping, and child and spouse abuse also were listed as issues.

Supervisors were asked whether they had sought consultation regarding their supervision. Most said that they sought consultation occasionally (SC, n = 67, MO, n = 56); fewer said frequently (SC, n = 14, MO, n = 10); even fewer said that they never sought consultation (SC, n = 6; MO, n = 16). Issues for consultation included legal or ethical issues or both (SC, n = 47; MO, n = 42); specific client concerns identified by the applicant (SC, n = 45; MO, n = 42); supervisor-counselor relationship (SC, n = 35; MO, n = 26); treatment planning (SC, n = 29; MO, n = 23); and confidentiality issues (SC, n = 16; MO, n = 20).

The professionals most frequently used as consultants were colleagues (SC, n = 59; MO, n = 47), although South Carolina supervisors also were likely to consult with other licensed supervisors (n = 58). A few respondents also listed the licensure board, psychiatrists, and psychologists as consultants.

Supervisors were asked to indicate how they decided to work with a particular applicant (1 = least important, 5 = most important [see Table 6]). Initial rapport and supervisor-supervisee similarities received high ratings; close geographic proximity was rated lowest by supervisors in both states. Similarity in work setting and types of clients served were significantly more important for Missouri supervisors than for South Carolina supervisors,  $t(142) = -3.68, p < .0001$  and  $t(142) = -2.75, p < .007$ , respectively.

Supervisors (SC, n = 75; MO, n = 64) indicated that there could be incidences when they would choose not to supervise a particular applicant. Reasons listed for declining to supervise included negative counselor attitudes or motivations for supervision, personal or emotional problems of the counselor, dual relationships, poor skills, and personal dislike for the applicant.

Supervisors rated several reasons for becoming a licensed supervisor (in South Carolina) or a supervisor of counselor licensure applicants (in Missouri) (1 = least important 5 = most important). As summarized in Table 7, most seemed to have freely chosen to become supervisors, most typically for reasons related to professional enhancement.

Supervisors rated benefits of being a supervisor of counselor licensure applicants (1 = least often; 5 = most often). As summarized in Table 8, professional enhancement reasons were most frequently cited.

Respondents also indicated concerns about their supervision of applicants (1 = least often,; 5 = most often [see Table 9]), which primarily involved responsibilities for counselor development and client welfare and associated liabilities.

Finally, supervisors rated their knowledge and skills in core supervision areas (see Borders et al., 1991). As reflected in Table 10, supervisors in both states indicated that they felt moderately confident in all areas listed (1 = least knowledge and skill; 5 = most knowledge and skill).

## **DISCUSSION**

The purpose of this study was to provide baseline data for supervisors of counselor licensure applicants in two states, one with regulations and one without regulations, regarding who can supervise and how supervision is to be conducted. Results indicate both similarities and contrasts between supervisors in the two states.

Supervisors in both states were experienced counselors who represented a variety of professional fields (e.g., counselor education, counseling and clinical psychology, social work, psychiatry, pastoral care). There was some indication that more of the South Carolina supervisors might have been aligned with counselor education (e.g., educational background, counselor license), which could have implications for "socializing" counselor licensure applicants and helping them develop a professional identity (Bernard & Goodyear, 1992). Neither this potential influence nor its importance can be surmised from our data, but they seem to be important areas for future research.

Supervisors in both states indicated rather altruistic and humanitarian reasons for working with counselor licensure applicants. They did not seem to be taking advantage of the counselor applicant market; fees for supervision sessions were well below the typical fee for a counseling session. The number of employer-employee supervision dyads, however, could have affected this result. Supervisors also indicated that they found supervising applicants to be beneficial, satisfying, and enjoyable for themselves professionally, and that they viewed this work as a contribution to the counseling profession.

South Carolina supervisors did report significantly more training experiences, as might be expected because of regulations requiring training before and after the supervisor license. Their additional training, however, was not always apparent in their answers regarding supervision practices. Supervisors from both states, for example, indicated that they relied on counseling rather than supervision models to guide their work with counselor licensure applicants. In addition, both groups indicated that self-report was their most frequent intervention, although South Carolina supervisors reported more frequent use of two direct methods (i.e., review of audiotapes and review of videotapes). The reliance on self-report conflicts with current supervision literature. That is, there is ample evidence that self-reports may be unreliable or even biased accounts of counseling sessions (e.g., Bernard & Goodyear, 1992; Borders & Leddick, 1987), and that more direct methods (e.g., review of audiotapes) are needed to verify self-reports and identify counselors' inevitable "blind spots." South Carolina supervisors' training may have heightened their awareness in at least two supervision-specific areas, as they reported giving significantly more attention to the supervisor-counselor relationship and parallel process. They also were more likely to base their evaluations on direct knowledge of counseling performance (i.e., review of audiotapes and videotapes) in addition to overall impressions of the counselor's work. Finally, supervision training seemed to have little if any relationship to confidence in one's supervision knowledge and skills. Supervisors from both states indicated moderate levels of confidence in all areas listed (e.g., supervision interventions, ethical issues).

It seems that supervisors of counselor licensure applicants should be prepared to discuss a variety of ethical and legal issues with their applicants. Respondents indicated that these issues were fairly frequent topics in supervision sessions and often led them to seek outside consultation regarding supervision. Supervisors also expressed concerns about their own liability and their responsibilities for clients and counselors. Results highlighted several other ethical (and perhaps legal) issues that these supervisors may need to consider, such as

the infrequent use of written evaluations and professional disclosure statements. Use of these kinds of documents may better prepare supervisors to deal with some liability issues (Harrar et al., 1990).

Some licensure board members have expressed concern that supervision regulations may limit the availability of supervisors for counselor licensure applicants, particularly in rural areas. Supervisors in this survey, however, indicated that most of their applicants lived nearby (i.e., less than 20 miles away).

Several limitations of this study need to be kept in mind. Supervisors in only two states were surveyed, there was a moderate return rate, and it is unknown whether the results also represent the work of nonrespondents (e.g., did only the more conscientious supervisors respond?). In addition, responses were based on self-report only and only reflected the perceptions of supervisors (versus perceptions of the applicants). Nevertheless, the results provide initial, baseline data for counselor licensure board members and their consultants.

In conclusion, the results of this survey indicate that counselor licensure applicants are working with supervisors who enjoy being supervisors and who are conscientious and concerned about their work. It also seems that regulations regarding who can supervise and how they should supervise do not seem to have adverse effects. In fact, such regulations may improve the quality of supervision (e.g., by encouraging the use of more direct supervision methods). Supervisor trainers may need to give particular attention to helping supervisors differentiate between counseling and supervision models, learn to deal with ethical and legal issues, and understand the benefits of and skills in using direct supervision methods (e.g., review of audiotapes and videotapes, live observation, and live supervision). Finally, it will be important for future researchers to find ways to measure the impact of supervision regulations on the most significant outcome measures, counselor effectiveness, and client growth.

**TABLE 1** Number of Respondents Reporting Various Training Experiences by State

Type of Training Experience	South Carolina n	Missouri n	[chi] <sup>2</sup>	p
Professional workshops	95	38	49.07	<.0001
Supervised supervision	71	50	--	--
In-service (on the job)	48	30	1.91	.17
Academic course work	47	30	1.57	.21

**TABLE 2** Frequency of Supervision Interventions by State

Intervention	South Carolina		Missouri		t	p[b]
	M [a]	SD	M[a]	SD		
Self-report	4.1	1.10	4.6	0.65	-3.46	<.001
Modeling	3.4	1.10	3.1	1.30	--	--
Review of audiotapes	3.5	1.20	1.2	2.10	7.28	<.0001
Review of videotapes	2.4	1.30	2.1	1.20	5.80	<.0001
Live supervision	1.6	0.90	1.5	0.97	--	--
Live observation	1.6	1.10	1.2	0.67	--	--

a Based on a Likert scale of 1 = almost never to 5 = very often.

b For experimentwise .05 significance level,  $p < .017$ .

TABLE 3 Supervision Formats, Supervisor Roles, and Focus of Supervision by State

Item	M[a]	South Carolina		Missouri		
		SD	Ma	SD	t	p
Supervision format						
Individual supervision	4.5	0.7	4.7	0.8	--	--
Case staffing	3.4	1.3	3.2	1.4	--	--
Group supervision	3.2	1.5	2.1	1.3	4.06	<.0001
Supervisor role						
Consultant	4.3	0.8	4.2	0.9	--	--
Teacher	3.9	0.9	3.9	1.0	--	--
Counselor	2.6	1.0	3.0	1.1	--	--
Focus of supervision						
Counselor	4.3	0.7	4.0	0.9	--	--
Client	3.9	0.9	4.1	0.9	--	--

a Based on a Likert scale of 1 = almost never to 5 = very often.

TABLE 4 Content of Supervision Sessions by State

Supervision Content	South Carolina		Missouri		t	pb
	Ma	SD	Ma	SD		
Counselor's self-awareness	4.2	0.7	3.9	0.9	--	--
Counselor's skills and techniques	4.1	0.8	4.2	0.6	--	--
Case conceptualization	4.0	0.8	4.0	0.7	--	--
Counselor-client relationship	4.0	0.7	3.9	0.9	--	--
Treatment planning	3.7	0.9	4.0	0.8	--	--
Parallel process	3.5	1.0	2.8	1.0	3.96	<.0001
Evaluation of counselor	3.4	1.0	3.2	1.0	--	--
Supervisor-counselor relationship	3.4	0.9	2.8	1.2	3.63	<.0001
Client assessment and test interpretation	2.8	1.0	2.9	1.2	--	--

a Based on a Likert scale of 1 = almost never to 5 = very often.

b For experiment wise .05 significance level,  $p < .025$ .

**TABLE 5 Type of Evaluative Feedback, Frequency of Formal Evaluative Sessions, and Sources of Information for Providing Feedback by State**

Item	South Carolina		Missouri	
	N	%a	N	%a
Type of evaluative feedback				
Informal and ongoing	84	90	81	98
Formal evaluation sessions[b]	50	54	35	42
Written evaluations	39	42	28	34
Rating forms	18	19	15	18
Sources of information for providing feedback				
Overall impressions[supc]	71	76	77	93
Behavior in supervision	63	67	59	71
Review of tapes <sup>d</sup>	60	64	26	31
Review of case notes or treatment plans	60	64	63	76
Objective behavioral indicators	56	60	60	72
Feedback from clients	38	40	37	45
Frequency of formal summative evaluations				
Weekly	11	09.6	10	19.3
Monthly	21	18.3	12	14.5
Quarterly	30	26.1	16	12.0
Annually	11	09.6	28	33.7

Percentage of respondents from that state who report providing this type of feedback.  $b_x$  [sip 2] (4,N= 160) = 14.36,  $p < .006$ .  $c_x$  <sup>2</sup> (1,N= 177) = 10.19,  $p < .001$ .  $d_x$  [<sup>2</sup> (1,N= 177) = 19.01,  $p < .0001$ .

**TABLE 6 Salience of Various Reasons for Deciding to Work With a Particular Licensure Applicant by State**

South Carolina Missouri

Rationale	M[a]	SD	Ma	SD
Initial rapport	3.5	1.1	3.5	1.2
Similarity in counseling specialty	3.4	1.1	3.3	1.2
Similarity in work setting	3.0	1.4	3.8	1.2
Similarity in clients served	3.2	1.4	3.8	1.1
Close geographic proximity	2.5	1.3	2.9	1.4
Similarity in supervision orientation	2.8	1.2	3.0	1.3
Similarity in counseling orientation	3.0	1.3	3.2	1.4
Previous knowledge of counselor	3.0	1.3	3.0	1.4
Initial assessment of counselor skill	3.2	1.3	3.1	1.2

a Based on a Likert scale of 1 = almost never to 5 = very often.

TABLE 7 Reasons for Becoming a Licensed Supervisor (in South Carolina) or a Supervisor of Counselor Licensure Applicants (in Missouri)

Reason	South Carolina		Missouri		t	pb
	M[a]	SD	M[a]	SD		
Add variety of work	3.9	1.2	3.2	1.2	3.59	<.0001
Enhance counseling skills via supervising others	3.7	1.2	3.4	1.4	1.63	.11
Expand work opportunities	3.6	1.3	2.9	1.4	3.15	<.002
Enhance job status	3.2	1.6	2.3	1.5	3.73	<.0001
Add supervision to private practice	3.3	1.5	2.6	1.6	2.93	<.004
Meet requirements for current employment	1.6	1.2	2.7	1.8	-4.30	<.001

Avoid burnout from counseling only	3.1	1.4	2.7	1.4	1.83	.07
Increase financial rewards	2.6	1.4	2.1	1.4	2.3	8.02

a Based on a Likert scale of 1 = almost never to 5 = very often.

b For experimentwise .05 significance level,  $p < .006$ .

**TABLE 8 Reported Benefits of Supervising Counselor Licensure Applicants by State**

Benefit	South Carolina		Missouri		t	p[b]
	M a	SD	M a	SD		
Professional satisfaction	4.3	1.0	4.3	1.0	--	--
Increased skills as a supervisor	4.1	1.0	4.0	1.0	--	--
Increased awareness of the supervision process	4.2	1.0	3.7	1.3	2.77	.006
Increased awareness of the supervision field	4.0	1.1	3.5	1.3	2.97	.003
Professional identity	3.7	1.2	3.1	1.4	3.22	.002
Job security	1.6	1.0	1.6	1.1	--	--
Job promotion	1.7	1.1	1.6	1.0	--	--
Financial rewards	1.9	1.0	1.9	1.2	--	--
Job status	2.3	1.3	1.8	1.1	2.42	.017

a Based on a Likert scale of 1 = almost never to 5 = very often.

b For experimentwise .05 significance level,  $p < .0125$ .

**TABLE 9 Concerns About Supervising Applicants by State**

Concern	South Carolina		Missouri	
	Ma	SD	Ma	SD
Responsibility for counselor development	4.2	0.9	4.0	1.1
Responsibility for				

client welfare	4.0	1.1	4.1	1.1
Supervisor liability	3.6	1.1	3.5	1.3
Counselor liability	3.6	1.1	3.4	1.2
Time away from counseling practice	2.2	1.2	2.4	1.4
Time away from other job responsibilities	2.5	1.3	2.7	1.4

a Based on a Likert scale of 1 = least often to 5 = most often.

**TABLE 10 Self-Rated Knowledge and Skills in Core Supervision Areas by State**

Core Supervision Area	South Carolina		Missouri	
	Ma	SD	Ma	SD
Supervision relationship	4.0	1.0	3.7	1.0
Supervision interventions	3.9	0.9	3.7	0.8
Ethical/legal issues	3.7	1.0	3.9	0.9
Supervision frameworks/conceptual models	3.7	0.9	3.5	1.0
Evaluation issues	3.5	0.9	3.7	0.9
Administrative supervision	3.1	1.3	3.3	1.2

a Based on a Likert scale of 1 = least knowledge and skill to 5 = most knowledge and skill.

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