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A Comparison of the Perceptions of the Importance of Supervision Skills and Training Between Formally Trained Supervisors and Non-Formally Trained Supervisors in a Children and Adolescent Service System Program

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Spencer, J. (2005). A Comparison of the Perceptions of the Importance of Supervision Skills and Training Between Formally Trained Supervisors and Non-Formally Trained Supervisors in a Children and Adolescent Service System Program (Doctoral dissertation, Duquesne University). Retrieved from https://dsc.duq.edu/etd/1229

A COMPARISION OF THE PERCEPTIONS OF THE

IMPORTANCE OF SUPERVISION SKILLS AND TRAINING BETWEEN

FORMALLYTRAINED SUPERVISORS AND NON-FORMALLY TRAINED

SUPERVISORS IN A CHILDREN AND ADOLESCENT SERVICE SYSTEM

PROGRAM

By

Jeffrey Spencer, M.A.

Submitted in partial fulfillment of

the requirements for the degree

Doctor of Education

Executive Doctoral Program in Counselor Education and Supervision

School of Education

Duquesne University

August, 2005

Abstract

The problem to be investigated is to compare counseling supervisors who have formal training in supervision (CFT) to counseling supervisors who have not been formally trained in supervision (CNT) on two dependent variables. The two dependent variables used in this investigation are (1) the perceived importance of having supervisory competencies in order to do their job and (2) the perceived need to have training in these supervisory competencies in order to do their job. This study will extend a study by Dr. Maura Krushinski (2004) that examined the importance of these variables among CFTs and CNTs who were supervising counseling student interns. This study will differ in that it will examine CFTs and CNTs who are supervising counselor practitioners rather than students. The Association for Counselor Education and Supervision (ACES) is a division of the American Counseling Association (ACA) that has developed the ethical standards and competency standards for the training of counseling supervisors. The Counselor Supervisor Questionnaire (CSQ) was developed, according to ACES competency standards, to determine how important the supervisory competencies are to counseling supervisors. In addition, the instrument also asked how important it is to have training in these competencies. The significance of this study will be to determine if there is a perceived need for supervision training of counseling supervisors in the Children and Adolescent Service System Program. In addition, there will be an opportunity to determine what areas of supervisory competency are perceived to require the most need for training. Counselor educators and employers of counseling supervisors will also benefit from these results. The results indicated the need for both supervisory training as an aspect of a counselor education training programs and counselor education workshops

in the workplace. The results indicated that there were no significant differences between

the CFT group and the CNT group for the dependent variables. Moreover, there were no

discrepancies within the groups between the dependent variables.

TABLE OF CONTENTS

vii
TABLE OF CONTENTS (cont.)

TABLE OF CONTENTS (cont.)

TABLE OF CONTENTS (cont.)

LIST OF TABLES

ACKNOWLEDGEMENT

To Maura Krushinski, Ed.D. for her permission to extend her dissertation: A

COMPARISION OF THE PERCEPTIONS OF THE IMPORTANCE OF FORMAL

SUPERVISION TRAINING BETWEEN FORMALLY TRAINED COUNSELOR

SUPERVISORS AND NON-FORMALLY TRAINED COUNSELOR SUPERVISORS

(2004)

Dedication

…I shall be telling this with a sigh

Somewhere ages and ages hence:

Two roads diverged in a wood, and I-

I took the one less traveled by,

And that has made all the difference.

The Road Not Taken

Robert Frost

With love, I would like to thank to my family for their unyielding belief in my abilities and for their endless help and support.

With sincere gratitude and respect, I would like to thank Dr. Joseph O. Dewey, Julie Dewey, Carolyn Dewey, and Mark Dewey for their unconditional commitment and sacrifice to this project.

Thank you to all the people who believed in me and told me I could do better- when there was no evidence- just their beliefs and care.

Thank you to the faculty and staff at Duquesne University, especially to my dissertation committee: Dr. Maura Krushinski, Dr. Emma Mosley, Dr. Joseph Dewey-- and
---To Dr. Joseph Maola an exceptional THANKS for letting me be me.
 Not only have you all worked hard, but you were tolerant, forgiving, and understanding.

Last, but in no way least, to my blessed friends, Danny Swincinski, and Stanley Rosenblatt, and their families, who have willingly traveled with me down "the road less traveled."

This day, your Higher Power is smiling on you all.
Jeff

CHAPTER ONE

INTRODUCTION

Ladany, Ellis, and Friedlander (2002) speculate that the supervisory working

alliance is potentially one of the most significant common aspects in any supervisee's

growth process. In comparing the supervision process to the counseling process, these

authors describe the need for the supervisee and the supervisor to work together to

establish common goals and tasks, develop a strong emotional bond to achieve these

goals, and work together on the tasks. These authors say that this is similar to the

counseling process wherein mutual care, trust, and respect are developed to obtain

therapeutic change. Much as in the counseling working alliance during which change will

occur over time based on the strength of the relationship, increases in self-efficacy will

increase supervisee satisfaction in the supervision process (Ladany et al. 2002).

I share these beliefs with Ladany et al. (2002) that a trusting working relationship

must exist between the supervisor and the supervisee. According to Bernard and

Goodyear (1998), within this relationship, there must be uninhibited questioning by the

supervisee, free exchange of information and experiences with a common goal, and

increased professional development by the supervisees as they become more trusting in

asking, receiving, and implementing supervision. Ladany et al. (2002) state that trained

supervisors who are competent and assured of their own abilities to supervise can and

will find it easier to work with—rather than against--supervisees. They will find it

fulfilling to assist in the professional development of their junior colleagues (Ladany, et

al. 2002). Furthermore, they will find it necessary to share ethical and legal standards of

the counseling profession to protect both the clients and the supervisees (Ladany, et al. 2002).

In Krushinski's (2004) research titled: A Comparison of the Perceptions of the Importance of Formal Supervision Training between Formally Trained Counselor Supervisors and Non-Formally Trained Counselor Supervisors, Krushinski (2004) explores differences in the perceptions of the importance of counseling supervision skills and perceptions of the importance of training in counseling supervision skills using doctoral student and field site professionals who provide supervision to master's level counselor trainees. Master's level counseling students in any CACREP (Council for Accreditation of Counseling and Related Educational Programs) are required to complete a practicum and internship. These requirements can be completed in a mental health agency or school and require the assistance and mentoring of an on-site supervisor. Krushinski's (2004) intentions were to gain information and insight to better place master's level counselor trainees in field site placements with university trained supervisors; to gain information for academic institutions so they can develop and implement better supervision curriculum for master's level counseling students; and to evaluate, explain, and appraise the perceived importance of counseling supervisor training and the perceived importance of counseling supervisor skills between advanced doctoral level student supervisors who are formally trained in supervision and field site professionals who are not formally trained as supervisors.

Krushinski's (2004) research posed two intriguing questions: (a) How does the general lack of formalized supervision training on the part of the counseling supervisor

impact the counseling supervisees and the client? (b) How does formalized supervision training of the counseling supervisor impact the counseling supervisee and the client?

This present study replicates and extends Krushinski's (2004) research by investigating counseling supervisors employed at a CASSP wraparound service provider and specifically investigating the perceptions of the importance of formal university training in counseling supervision competencies and counseling supervisors' perceptions of the importance of counseling supervision competencies in their role as counseling supervisors (Krushinski, 2004). This study will utilize the Counselor Supervision Questionnaire (CSQ) that Krushinski (2004) utilized in her research. This study, however, will survey employed counseling supervisors while Krushinski's (2004) surveyed doctorate student counseling supervisors and field site placement supervisors of master's level counseling trainees.

The Problem

Bernard and Goodyear (1998) define counseling supervision as:

> An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s) and serving as a gatekeeper of those who are to enter the particular profession (p. 6).

This definition, Krushinski's (2004) study, and my personal experiences collectively indicate that the experienced counselor providing supervision must maintain

two related agendas: to develop the supervisee's expertise as a counselor and at the same time assure that the clients receive the highest quality care. To accomplish this, Cobia and Boes (2000) and Krushinski's (2004) state that supervisors must limit supervision to areas in which they are properly trained. All of the authors discourage supervisors from providing supervision in areas that are beyond their expertise. If supervisors wish to increase an area of competence, they can do so by participating in peer supervision with a more experienced colleague, through their own professional development and that supervisors are further helped if they have received supervision in those areas themselves (Cobia & Boes, 2000). Erwin (2000) encourages supervisors to periodically re-examine their own beliefs regarding their supervisory skills and that supervisors should participate in supervisory training programs that emphasize the ethical and moral ambiguities inevitable in the counseling profession.

Within my experience as a wraparound counselor and a supervisor, no mandatory supervision trainings are required of any counseling supervisor. We are required, however, to supervise our support staff. This contradicts what has been previously described by Cobia and Boes, (2000); Erwin (2000); and Krushinski, (2004) as a trained and competent supervisor. Through my experiences, this supervision time, when it was exercised, was often used as an opportunity for the supervisor to exert superiority over supervisees rather than as an opportunity to extend the supervisee's capabilities and professional growth or address client care. Counseling supervisors usually spent their supervision time demeaning their supervisee's abilities through negative criticisms--elaborating on what they have done wrong--and not offering positive feedback, which is a

far more effective counseling strategy that would enhance both the supervisee and the client.

Observing this tendency toward punitive treatment of supervisees led to my recognizing the need for training in counseling supervision competencies and skills. Based on Erwin's (2000) and Krushinski's (2004) research findings, supervisors are most likely not fully aware of the ethical issues, guidelines, and principles that apply to them in their role as supervisor. This lack of awareness, and in accord with my observations and experiences, suggests that supervisors need to educate themselves continually regarding current issues and trends in both the counseling and supervisory professions to ascertain whether the clients are receiving quality service. My experiences of how counseling supervisors undermine their supervisees and how they fail to provide interventions that would benefit the client and the supervisee indicate that these untrained supervisors are most likely unaware of their role and their ethical obligations to their supervisees. My observations and experiences have also shown me that these possibly untrained counseling supervisors do not regard their position as a mutually helping relationship but rather as a position of power.

I share Krushinski's (2004) beliefs that supervision should be designed to maintain a quality standard of care within the counseling profession and to ensure that ethical and legal standards are being pursued. To accomplish this, the supervisors themselves must maintain a high criterion of care for their own clients and their supervisee's clients. They also must know the profession's ethical and legal standards (Cobia & Boes, 2000). Furthermore, supervisors must seek supervision themselves, must

work with—not against—supervisees, and finally must share the goal of bettering both the supervisee and the client (Cobia & Boes, 2000).

I believe that without supervision there would be compromised counseling, ineffective gatekeeping, and the possibility that clients may be exposed to unethical and unlawful counselors. Supervision maintains reliable order, provides direction, and ensures protection. I believe this can only come about by trained supervisors because they would know supervision theories, ethical and legal standards, and effective counseling interventions that would benefit the supervisee and the client.

Population

The Child and Adolescent Service System Program (CASSP).

The population used for this study is made up of counseling supervisors employed in a Child and Adolescent Service System Program (CASSP) wraparound provider located in southwestern Pennsylvania. CASSP is a collaborative plan involving families, the mental health system, schools, and other agencies, that assists children and adolescents with emotional difficulties to access needed mental health services (Pennsylvania Department of Welfare [DPW], 2004). CASSP is based on six core principles: (1) services are child-centered, strength-based, and child-specific; (2) services recognize the family as the primary support system for the child and that all treatment planning must be family focused; (3) services are delivered in the child's home community, thus promoting successful participation in the community; (4) services use a multi-system approach to collaborate with other child support agencies; (5) services are culturally competent, thus recognizing and respecting the child's behavior, ideas, attitudes, values, beliefs, language, rituals, ceremonies and practice-characteristics related

to their ethnic group; and (6) services are delivered in the least restrictive and least intrusive manner (Pennsylvania DPW, 2004).

According to the Pennsylvania DPW (2004), the Therapeutic Staff Support (TSS) provides the child and the family with the medically necessary mental health support services. The Behavioral Treatment Plan, designed by the lead clinician, directs the TSS in implementing these services. The Behavioral Treatment Plan is created from the interagency team process with the participation of the child and parents. The Mobile Therapist and the Behavioral Specialist, master's level staff, are designated as the lead clinician and the TSS supervisor (Pennsylvania DPW, 2004).

An Office of Medical Assistance Programs (OMAP) Pennsylvania DPW Medical Assistance Bulletin, dated 1 June 2001, specifies the supervision requirements for TSS workers: (1) anyone with fewer than six-months TSS experience must receive six hours of on-site assessment and assistance by a qualified supervisor; (2) persons newly hired with more than six-months prior TSS experience must receive three hours of on-site assessment and assistance by a qualified supervisor; (3) TSS workers employed twenty hours per week or more must receive at least one hour of supervision per week; and (4) TSS workers employed fewer than twenty hours per week must receive thirty minutes of supervision per week.

The OMAP (2001) states that an assigned Mobile Therapist or Behavioral Specialist to a TSS may not necessarily be the assigned supervisor but that they must provide on-site consultation. However, if the MT/BSC has the qualifications of a supervisor, they may provide the necessary on-site supervision or, in specific circumstances, telephone supervision. One supervisor can also supervise a group of nine

full-time TSS, or the equivalent of 360 total work hours/week, the total number of hours worked by both the full-time and the part-time TSS (OMAP, 2001).

The same Medical Assistance Bulletin states that to conduct supervision sessions, the supervisor must be (1) a licensed mental health professional; or (2) a master's-level college graduate with mental health degree and at least one year experience in a CASSP service system employed by children and youth services, juvenile justice, mental health, special education, or drug and alcohol programs working with children; or (3) an employee of a licensed mental health services agency or subcontracted agency. Missing from these counseling supervisor requirements are either formal university training in supervision and knowledge or experience in counseling supervision skills and qualification.

Rationale

Krushinski (2004) states: "Because counselor supervisors have considerable autonomy regarding how they supervise, [my] study sought to measure their perceptions of the importance of supervisory training" (p. iv). Bernard and Goodyear (1998) add that the practice of clinical supervision is often complex with numerous overlapping responsibilities. Supervisors have responsibilities to their supervisees, their clients, and their organizations/institutions (Bernard & Goodyear, 1998). Attending simultaneously to the best interests of both clients and supervisees is the greatest clinical and ethical challenge of supervision (Bernard & Goodyear, 1998).

The 2001 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) Standards for the Helping Relationships state that a practicum and internship supervisee should understand counseling and the consultation processes; be

able to interpret client verbal and nonverbal behaviors; exhibit a counselor's professional characteristics and skills; and demonstrate essential interviewing and consulting skills so that the student is able to develop a therapeutic relationship. The same Standards state that the supervisees acquire the ability to establish appropriate counseling goals, select appropriate counseling interventions, design intervention strategies, evaluate client outcome, and terminate successfully a counselor-client relationship (CACREP, 2001).

Erwin (2000) posits, in conjunction with Krushinski (2004) that it is unlikely that supervisors are fully aware of the ethical issues, guidelines, and principles that apply to them as supervisors. To increase awareness and encourage supervisors to regularly re-examine their own beliefs regarding these issues, supervisory training programs must emphasize the ethical and moral ambiguities that exist in the counseling profession (Erwin, 2000).

According to Pearson (2000), the supervisory role is currently considered an important part of mental health counseling and supervisors are expected--even required-- to have skills in the area of clinical supervision. Pearson (2000) defines clinical supervision as the regular, ongoing supervision of counseling provided by another trained and experienced professional. He feels the quality of this relationship is critically important.

Nelson, Johnson, and Thorngreen (2000) write that the CACREP standards outline the requirements for supervised internships for counselors-in-training. In these authors' opinion, these standards reflect the importance of supervision in the counseling field. They point out that the 1993 Association for Counselor Education and

Supervision's (ACES) Ethical Guidelines and Standards suggest that supervisors should have training in supervision before they become supervisors.

Goscha and Rapp (2003) contend that supervisors may be the most important position in community support services. Research has shown that the supervisors who were highly developed in their practice were able to produce higher performing rates rather than other factors such as funding levels, staff credentials, and/or support of executive staff. Specifically, supervisors who utilized strength-based approaches, created a team setting, and aggressively addressed obstacles were able to produce desirable outcomes for their clients (Goscha & Rapp, 2003). Clark, H. B., et al. (1985) have demonstrated that supervisors who regularly attend training workshops show significant improvements in their supervisory behaviors.

The 1993 ACES Ethical Guidelines for Counseling Supervisors state intrinsic and fundamental to the role of supervisor are: (a) prior training as a supervisor; (b) continuing education and training pertinent to the role of supervisor; (c) an awareness of the professional and ethical and legal responsibilities of their profession and the ability to communicate to their supervisees these standards; and (d) a familiarity with methods to encourage supervisees to adhere to standards established by their state licensing board. The supervisor must recognize that psychotherapy is no substitute for supervision.

In addition, the 1993 ACES Ethical Guidelines for Counseling Supervisors posit that supervisors must know how to establish crisis procedures and communicate to their supervisees when the need arises to contact the supervisor; how to review supervisees' work samples and how to review case notes as part of the supervision process; how to conduct a face-to-face supervision session; how to provide feedback to their supervisees

using numerous forms of evaluation; how to avoid potential conflicts of interest and any

social or sexual relationships that could compromise the supervisor-supervisee process;

how to conduct ongoing supervisee assessment as a way to be made aware of any

professional or personal limitations of the supervisee that may impede professional

performance; how to make professional recommendations to supervisees who may need

remedial assistance or screening from the counseling setting; how to make positive and

negative recommendations for employment, training and/or state licensure; and how to

incorporate the principles of informed consent and participation, clarity of requirements,

expectations, roles and rules, and due process and appeal into establishing policies and

procedures with their supervisees.

Given these extensive suggested qualifications for an effective and ethical

counseling supervisor, it is evident why a research study is needed to measure which

counseling supervisor skills are perceived as important to employed counseling

supervisors.

Research Questions

Listed here are the research questions: (a) Is there a difference in the perception of

the importance of having supervisory skills between CASSP supervisors who have

received formal training in supervision and CASSP supervisors who have not received

formal training in supervision? (b) Is there a difference in the perception of the

importance for supervisory training between CASSP supervisors who have received

formal training in supervision and CASSP supervisors who have not received formal

training in supervision? (c) Is there a discrepancy in the perception of the importance of

having supervisory skills and the need to be trained in the skills among supervisors who

have been trained? (d) Is there a discrepancy in the perception of the importance of having supervisory skills and the need to be trained in the skills among supervisors who have not been trained?

Significance

The significant contributions of this study will be to extend the findings in Krushinski's (2004) study by using a population of employed counseling supervisors. This study will extend Krushinski's (2004) results that there is a need for counseling supervision training among supervisors of master level trainees by indicating that there may also be a need for counseling supervision training among employed counseling supervisors.

The CASSP wraparound provider may benefit from knowing whether training is an important factor in selecting staff to be supervisors. This is because selecting trained supervisors may lead to increased supervisee competence and subsequent increased client satisfaction and wellness.

Statement of the Problem

The CASSP wraparound service provider is required by the Pennsylvania DPW to provide weekly supervision to its TSS personnel (OMAP, 2001). According to the Pennsylvania DPW (OMAP, 2001), the supervisor must be a licensed mental health professional or a person with a graduate degree in mental health and have at least one year experience in a CASSP service system or be a person employed by a licensed mental health services agency or subcontracted agency.

The CASSP supervisors are not required by either the Pennsylvania DPW or the agency itself to have university education and/or training counseling supervision skills.

Furthermore, the Pennsylvania DPW or the agency itself does not provide them training in supervision techniques, supervision skills, or supervisor ethical considerations.

This investigator will replicate and expand on Krushinski's (2004) research by assessing supervisors' perceptions of the importance of supervisory skills and the importance of having university training in supervisory skills among CASSP wraparound counseling supervisors. The Counselor Supervision Questionnaire will be used as the measurement instrument.

Definitions

Supervision: according to Bernard and Goodyear (1998) "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality of the professional services offered to the client(s) she, he, or they see(s)" (p. 6)

The Child and Adolescent Service System Program (CASSP): a collaborative plan with families, the mental health system, schools, and other agencies to help children and adolescents with emotional difficulties accessing needed services

Wraparound Service: a Pennsylvania Department of Welfare-funded mental health assistance program provided to families and specifically to children that adheres to the CASSP principles

 Wraparound Service Provider: a mental health agency contracted with the Pennsylvania Department of Welfare to offer families wraparound service

Supervisors Who Have Training: for this study, supervisors who indicate on the CSQ that they have university training in counselor supervision

Supervisors without Training: for this study, supervisors who indicate on the CSQ that they have no university training in counselor supervision

Counselor Supervision Questionnaire (CSQ): an instrument developed to measure the opinions of counselors regarding the importance of skills and training in counseling supervision using questions derived from the Supervisory Code of Ethics of the Association for Counselor Education and Supervision (ACES)

Importance of Supervisory Training: for this study, a score on the Supervisory Training Subsection of the CSQ that measures their perceptions of importance of having supervisory training

Importance of Supervisory Skill: for this study, a score on the Supervisory Importance Subsection of the CSQ that measures the perceptions of importance of having supervisory training

Training: the process of teaching or of making ready for a skill, as defined by *The New Britannica-Webster Dictionary and Reference Guide* (1981) and as cited in Krushinski (2004)

Summary

Supervision develops supervisees' expertise and maintains optimum patient care. To do so, supervisors themselves must be trained in the supervision process itself, must know the counseling process and the clients, understand the ethical and legal dimensions of supervision, respect the inexperience of the supervisees, and seek supervision themselves to develop their own skills. There is a serious lack of training in the

competencies of supervision that can lead to inadequate use of the supervision process to

the detriment of both the supervisees and the clients. The relationship between

supervisees and supervisor is critical to the care profession to maintain quality care and

ethical standards. This study will investigate specifically how the CASSP counseling

supervisors employed at a wraparound service provider in southwestern Pennsylvania

perceive the importance of supervisory training and supervisory skills.

CHAPTER TWO

LITERATURE REVIEW

Counseling Supervision, Counseling Supervision Training, and Competency Assessments

Bernard and Goodyear (1998) state that because the supervisory relationship is essentially collaborative and the relationship between the supervisor and the supervisee is as well hierarchal, the supervisor serves a critical function and faces a unique responsibility within the clinical supervision dynamic. The same authors say that this relationship is inevitably evaluative and geared to enhance not only the professional development of the supervisee but ultimately to provide optimum care for affected clients. When the relationship between the supervisor and the supervisee is strong and mutually affirming and cooperative, care provisions as well as professional self-development for both are positively impacted (Bernard & Goodyear, 1998). The supervisor necessarily accepts the challenge of balancing the needs of the supervisee, the client, and the organization or institution within which the counseling process is being executed. It is a critical role within the counseling process (Bernard & Goodyear, 1998). Given the developments in the counseling field over the last decade and the concomitant rise in litigation and the extensive legal re-visitation of liability rights over the same time, within the field, interest has necessarily begun to focus on assessing the supervisor and the supervisor's relationship with the supervisee (Bernard & Goodyear, 1998). Kaslow (2004) remarks that supervision has become a separate process with its own dynamic and methodologies; supervisors have begun to face competency-based evaluations and competency-based outcomes as part of counselor education programs that strive to set the

minimum standard of performance and achievement, skills and effectiveness as part of their development as supervisors.

The purpose of this study is to replicate Krushinski's (2004) study of advanced doctoral level and field site professionals' perceptions of the importance of training while supervising counselors in training using a different population. This chapter presents some of the literature related to counseling supervision. Three major areas related to counseling supervision and this study include a general discussion of counseling supervision; counseling supervision training; and competency assessments.

Counseling Supervision

Clinical supervision is a unique educational procedure because of the responsibilities clinical supervisors have relative to their supervisees (Powell, 1998). According to Pearson (2000), the supervisory role is currently considered an important part of mental health counseling and supervisors are expected--even required--to have skills in the area of clinical supervision. Pearson (2000) defines clinical supervision as the regular, ongoing supervision of counseling provided by another trained and experienced professional, and he feels the quality of this relationship is of critical importance. Cobia and Boes (2000) assert that nearly all states regulate the counseling field through professional licensure and requirements for licensure that include post-degree supervision by an approved supervisor. This suggests to the same authors that counselors who have not participated in such a supervisory relationship are not competent to practice counseling independently.

Even though the supervisory relationship is largely a collaborative relationship, Bernard and Goodyear's (1998) definition of supervision highlights that it is as well

hierarchical. This hierarchy necessitates specific ethical responsibilities for the supervisor

(Bernard & Goodyear, 1998). Supervisors have responsibilities to their supervisees,

clients, and their organizations/institutions (Bernard & Goodyear, 1998). Attending

simultaneously to the best interests of both client and supervisee is the greatest clinical

and ethical challenge of supervision (Bernard & Goodyear, 1998).

Bernard and Goodyear (1998) write that providing appropriate client care is the

standard for all professional counseling. These authors state that this standard also

applies to clinical supervision. They (1998) maintain that providing appropriate client

care is the supervisor's paramount responsibility. Although supervision has numerous

functions, the original purpose of clinical supervision was to monitor client care (Bernard

& Goodyear, 1998). If the supervisor perceives harm being done to the client, the

supervisee may need to be re-directed, overruled, or even steered from the profession

(Bernard & Goodyear, 1998).

Powell (1998) defined four foci of supervision--administrative, evaluative,

clinical, and supportive. Two of these foci--evaluative and clinical--have significant

ethical dimensions (Pearson, 2000). Pearson (2000) maintains that supervisors provide

explicit performance evaluations that have professional consequences for the counselor.

They also state that because these consequences include possible promotion, financial

gain, and even continuation in the field, the supervisor must acknowledge and accept the

significant ethical and legal ramifications of conducting performance evaluations.

Implicit in the evaluation is the supervisor's mandate to safeguard current and future

clients (Bernard & Goodyear, 1998). Bernard and Goodyear (1998) find that this

mandate, in both academic and agency settings, requires the supervisor to continually

assess the supervisee's abilities to provide therapeutic services. Bernard and Goodyear

(1998) also maintain that the supervisor serves a gatekeeping function by regulating who

is legitimized to enter the counseling profession and maintain that employment.

Cobia and Boes (2000) comment that supervisors must know the limits of their

knowledge and experience. No supervisor has all the answers or knows all areas of the

counseling profession (Cobia & Boes, 2000).   Ethically, when supervisors encounter a

situation outside their knowledge, they should seek additional supervisory assistance or at

least consult someone more experienced with the issue (Cobia & Boes, 2000). As

supervisees are frequently concerned with their knowledge base (or lack thereof) this

process of the supervisor seeking out additional help can have an isomorphic effect on the

supervisee (Cobia & Boes, 2000). The supervisee realizes that it is permissible not to

have all the answer but also observes the supervisor modeling how to seek information

and assistance (Cobia & Boes, 2000).

The supervisor is responsible for evaluating the quality of the relationship itself

(Pearson, 2000). There are inter-actional processes that occur during supervision--

transference, countertransference, and parallel processes (Pearson, 2000). Pearson (2000)

states that the supervisor must be aware that these processes occur and must be able to

identify them. This same author comments that if a conflict or an impasse arises, the

supervisor must examine and question the relationship. When investigating problems,

supervisors should consider not only how the counselor may be contributing to the

problem but how they may be contributing as well (Pearson, 2000). Supervisors should

be aware that such processes occur and should be aware of the role that they have in these

processes and how to stop these processes from damaging either the supervisee or the

client (Pearson, 2000). Regardless of who is contributing to the problem in supervision, it is the supervisor's ethical responsibility, because of hierarchical positioning, to help resolve it (Pearson, 2000).

Cobia and Boes (2000) define the supervisor's dual role as promoting the development of skills and competencies of the counselor and protecting the welfare of the clients. They state that to enhance the supervisee's development and to ascertain that the clients are receiving quality service; the supervisor must be competent in the area (or areas) that the supervisee practices. According to Cobia and Boes (2000), the supervisors must limit their supervision to areas in which they are properly trained. The authors discourage supervisors from providing supervision in areas that they are not entitled to practice. Cobia and Boes (2000) comment that if supervisors wish to increase an area of competence, they can do so by participating in peer supervision with a more experienced colleague or through their own professional development. They also state that it is helpful if supervisors have received supervision in those areas themselves.

Pearson (2000) states that monitoring supervision is one technique for attending to vicarious liability. He feels that it is easy for a supervisor to become overly concerned with vicarious liability and that this behavior could turn the monitoring role of a supervisor into a policing role. He further states that such an approach may lead the counselor to withhold important information from the supervisor and that trainees may be reluctant to share aspects of a difficult case in which supervision is most needed. Pearson (2000) expresses that a two-way trust must be established while maintaining a balance between support and challenge. He also believes that a supervisory relationship that

Involves trust both increases the protection of the client and the counselor's professional

growth and, in turn, decreases the risk of supervisor liability.

Pearson (2000) writes that supervisors are responsible for developing,

maintaining, and terminating the supervisory relationship. He comments that supervisors

need to recognize and be sensitive to counselor anxiety, reluctance, confusion, deference,

and other problems. The same author goes on to say that a supervisor needs to have the

insight to recognize when they themselves are the problem. Pearson (2000) deems that it

is the supervisor's duty to turn difficulties in the relationship into opportunities to learn

and experience personal growth. He believes that to accomplish this a supervisor may

choose from different roles including teacher, consultant, therapist, and/or evaluator.

Relationships in Counseling Supervision

Zakutansky and Siriles (1993) discuss the unique relationships between the

counseling student, counselor supervisor, and the field supervisor: these individuals rely

on each other to achieve the student's educational success and thus create a network of

collaboration and liability. These authors suggest that counselors who provide on-site

practicum experiences for students assume the consequences and responsibilities of the

field supervisor. The authors further suggest that counselors who represent the school of

the practicum student assume the same consequences and liabilities of the field

supervisor and that those students who begin a practicum assume the consequences and

liabilities of the counselor.

Zakutansky and Siriles (1993) identify six important relationships in the

practicum experience: (a) student-client relationship, between the practicum student and

the person receiving counseling services; (b) student-field supervisor relationship,

between the practicum student and the supervisor at the practicum site; (c) field supervisor- client relationship, between the practicum site supervisor and the person receiving counseling services; (d) field supervisor- school supervisor relationship, between the practicum site supervisor and the supervisor representing the student's school; (e) the school supervisor-student, between the person representing the student's school and the practicum student; and (f) field supervisor-client relationship, between the supervisor representing the practicum student's school and the person receiving counseling services. These relationships and how they relate to supervision liability will be further explored.

Student-Client Relationships.

Zakutansky and Siriles (1993) suggest that the student-client relationship establishes immediate liability because trust is placed on the student to act in the client's best interest using professional judgment and expertise. They also suggest that ignorance of responsibilities and lack of experience may lead the student to malpractice situations. These authors say that students' in-field placements are acting in a professional role and thus share the same risks and responsibilities as required of a professional and are expected to uphold the same legal, professional, and ethical standards. The same authors go on to say that students need to be aware of protocol in addressing high-risk cases, such as suicide: if students feel incompetent in handling such a case, they should refer to practitioners who can assess imminent danger and take appropriate action. Examples of other situations that may lead to malpractice are: (a)misrepresenting qualifications or failing to inform a client of student status; (b) failing to obtain consent; (c) keeping inadequate or inaccurate records; (d) administering inappropriate or radical treatment; (e)

failing to consult with a specialist; (f) failing to seek supervision; (g) failing to take appropriate action to prevent suicide; (h) failing to warn a third party of the potential to be harmed; (i) breaching confidentiality; (j) engaging in sexual relationships with clients or dual relationships; (k) failing to report child abuse or neglect; and (l) abandoning clients or failing to be available when needed (Zakutansky & Siriles,1993).

Student-Field Supervisor Relationships.

Zakutansky and Siriles (1993) and Krushinski (2004) state that the student-field supervisor relationship entails the field supervisor being held legally responsible for actions or acts of omission of services through vicarious liability. The authors say that more than one-third of all lawsuits filed through the National Association of Social Workers insurance involve vicarious liability. These same authors comment that two conditions must be met to invoke vicarious liability: (a) the supervisor must have the right to control the student's work; and (b) the student must have engaged in services for the intention of the supervisor. They further state that it is the supervisor who is ultimately responsible for work assigned and delegated and that the student is regarded as an extension of the supervisor (Zakutansky & Siriles, 1993).

Field Supervisor-Client Relationships.

Zakutansky and Siriles (1993) and Krushinski (2004) assert that through vicarious liability supervisors can be held responsible for the actions, or lack of actions, of their supervisees. Moreover, these same authors remark that not only can supervisors be held responsible, but also the agency or agencies they represent. Zakutansky and Siriles (1993) and Krushinski (2004) state that by placing supervisees involved in practicum experiences and internship in a facility, field supervisors must accept responsibility for

their supervisees' behaviors, safety, and ethical and legal issues Zakutansky and Siriles (1993) state that the field supervisor-client relationship requires the client to know their field supervisor and methods of contacting them and should meet with the client to ensure adequate treatment of clients.

Field Supervisor-School Supervisor Relationships.

Zakutansky and Siriles (1993) state that the field supervisor-school supervisor relationship functions on open communication between the practicum student, field supervisor, and school supervisor to ensure success of a student in a field assignment. They state that access to student records and the freedom to discuss a client's weaknesses and strengths provide a means to make appropriate treatment decisions. Moreover, these same authors say that the field-supervisor's agreement to participate in a practicum experience places them in a legal partnership with the school. Zakutansky and Siriles (1993) also maintain that contracts between the school and the practicum site set the standards and define the scope of the student's educational experience. They go on to say that contracts establish the working relationships between the school and the agency, such as detailing the student's activities, establishing criteria for evaluations, scheduling field visits, and requiring appropriate credentials for field-supervisors. In addition, these authors say that students need to be aware of the scope of these contracts so they do not place themselves or their schools in unnecessary risk and/or leave the student financially vulnerable.

Student-School Supervisor-Field Supervisor Relationships

Zakutansky and Siriles (1993) express that the student-school supervisor-field supervisor relationship provides the interface between the school, the student, and the

practicum site. They also say that the field supervisor is responsible for problem solving

with the student at the practicum site, especially when the problems involve ethical or

legal matters. Field supervisors can help ensure that students are not placed in situations

beyond their skill level and should help resolve ethical or legal dilemmas: schoolwork

and fieldwork should support each other and ethical and legal classes should match field

placement cases (Zakutansky & Siriles, 1993).

Zakutansky and Siriles (1993) also say that the field supervisor, the student, and

the school supervisor all share the responsibility in the ethical and legal rights of the

client. These authors suggest that written consent should be obtained when using

audiotapes or videotapes and when discussing the case in the classroom and that a client

should be informed whenever they are being used for a human subject.

Ethical and Legal Responsibilities

Informed Consent.

To avoid ethical dilemmas in supervision, the supervisory relationship should be

clearly defined (Bernard & Goodyear, 1998). The expectations and responsibilities of all

involved should be explicitly delineated (Bernard & Goodyear, 1998). The supervisor

has additional responsibilities related to issues of informed consent, due process,

confidentiality, and the evaluation process (Bernard & Goodyear, 1998). Each of these

issues can cause ethical problems in the relationship if not clearly discussed and

understood by the supervisee at the beginning of supervision (Bernard & Goodyear,

1998).

Cobia and Boes (2000) define informed consent not as a document but rather as

the supervisee's right to agree to participate in the professional service after such service

is fully described. In addition, these same authors comment that an effective way to address informed consent is by using a professional disclosure statement. A professional disclosure statement assists supervisees to make a fully informed decision about participating in supervision with a particular supervisor (Cobia & Boes, 2000). Such statements normally include the rights and responsibilities of all parties, the parameters of supervision, the methods of evaluation, the desired outcomes, and the potential risks and benefits of participation (Cobia & Boes, 2000).

In addition to informing the supervisee of their rights within the supervision process, the supervisor also has the responsibility of informed consent in two other areas: (a) making sure the client understands and agrees to the procedures of therapy and (b) making the client aware of supervision procedures, such as whether sessions will be taped and/or observed and by whom (Bernard & Goodyear, 1998). By complying with these two areas, the supervisor ensures that the client will be reasonably knowledgeable about what therapy will entail, such as approximate length of treatment, the type of therapy utilized, and potential limitations (Bernard & Goodyear, 1998). The client will also be aware of who will be taping the session, why, and who will have access to the information disclosed in therapy (Bernard & Goodyear, 1998).

Confidentiality.

Supervisors have ethical concerns regarding different areas of confidentiality (Bernard & Goodyear, 1998). Bernard and Goodyear (1998) state that supervisors must ensure that the supervisee understands the need to safeguard both the client's confidentiality and the supervisee's confidentiality. These same authors comment that frequently during the supervision process supervisees disclose sensitive information

about themselves that would not ordinarily be disclosed in other relationships. Moreover, Bernard and Goodyear (1998) maintain that informed consent allows a supervisee to discriminate what information is permissible to share in supervision. Supervisors often participate in training that requires them to discuss their supervisees (Bernard & Goodyear, 1998). This should be clearly stated in the professional disclosure statement and consented to by the supervisee (Bernard & Goodyear, 1998).

Malpractice and Legal Duty to Care.

Guest and Dooley (1999) have defined malpractice as negligence in the execution of professional duties. These authors cite four elements that must be present for a malpractice suit to succeed: (a) a professional relationship that creates a legal duty to care; (b) a demonstrable standard of care that has been violated; (c) a client who has been injured or harmed; and (d) a practitioner whose breach of duty has caused the client's harm.

When a supervisor agrees to the supervision role, there is an implied contract as defined by Ethical Principle 7c of the American Counseling Associations (ACA) 1995 Code of Ethics and Standards of Practice. Guest and Dooley (1999) define several elements that are involved in the supervisory relationship, including accountability, personal awareness, trust, and authority. These authors claim that generally courts have been finding supervisors liable for supervisee actions through the power or control they have over the supervisee. Also, because issues in supervision closely resemble those involved in therapy--transference, countertransference, power, and dependency--a jury can be convinced that a legal duty to care exists (Guest & Dooley, 1999).

Standard of Care

Guest and Dooley (1999) state that to violate a standard of care, the courts often use the profession itself for establishing a standard of care, such as the ACA Code of Ethics and Standards of Practice. They posit that violation of standard of care can be established in one of three ways: (a) the violation must be obvious enough that the offense speaks for itself; (b) expert testimony can be used to identify the standard and the offense; or (c) the standard itself can be identified and thus the violation. The same authors find that in the counseling supervision field, the ACA Code of Ethics and Standards of Practice (1995) addresses issues directly related to teaching, training, and ethical practices. Here, a violation could involve a lack of knowledge of competency in a supervised area, discrimination or stereotyping, ethical breaches such as dual relationships, unfair evaluation or failure to properly evaluate, and any other deviation from the standard of care (Guest & Dooley, 1999).

Harm

Guest and Dooley (1999) identify three types of harm that can occur: (a) physical injury or death, (b) consequent injury, or (c) subjective injury. They comment that physical injury or death rarely occurs in a supervisory practice; consequent injury refers to those injuries that a therapist or supervisor has elicited and result in loss of income or an inability to obtain a license. The third seems most applicable to the supervisory relationship: subjective injury commonly known as "pain and suffering." Harm to the supervisee has to be established and the supervisor has to be shown to be the "direct and foreseeable cause" or the "primary cause of the harm" (Guest & Dooley, 1999).

Evaluation

Powell (1998) maintains that evaluation challenges the relationship because it accentuates the different roles of the supervisor and supervisee, increases the social distance between them, demands the exercise of authority, and may lead to the expression of negative judgments and negative feelings. In addition, the same author remarks that due to this highly charged atmosphere, the evaluative process must be as clearly defined as possible. Ethically, it is the responsibility of the supervisor to delineate this process and to create an environment that lessens anxiety and increases the likelihood that the evaluation will be a productive process (Powell, 1998). Supervisors should spell out evaluation procedures in advance and convey these procedures to the supervisee (Bernard & Goodyear, 1998). The length of the evaluation time should be determined as well as any specific procedures or individuals involved in the evaluation (Bernard & Goodyear, 1998).

An evaluation contract should be utilized to convey all this information to a supervisee (Bernard & Goodyear, 1998). The evaluation contract should be individualized and should establish training goals, describe criteria for evaluation, establish supervision methods that will be used, and describe the length and frequency of supervision contacts (Bernard & Goodyear, 1998). By clearly defining this procedure, both parties understand the expectations of the other, thereby minimizing confusion and conflict (Bernard & Goodyear, 1998). A clearly stated evaluation process also reduces the anxiety for both supervisor and supervisee (Bernard & Goodyear, 1998).   Bernard and Goodyear (1998) specify that stating when and where the evaluation will take place and who will be involved can lessen the uneasiness that occurs for all parties involved.

For example, if a mutually agreed upon time is scheduled for the evaluation, the supervisee is provided with a copy of the evaluation instrument and told who will participate, then both supervisor and supervisee will be better prepared for the evaluation process itself.

Summary

The supervisory process requires a close working relationship between the supervisor and supervisee. The supervisor has to accept the roles of mentor and role model as well as the ethical and legal liabilities of the supervisee. Counselors assuming the position of supervisor must consider first and foremost the well being of the client while maintaining their obligations to the supervisee. Supervisors must utilize contracts and informed consent and must maintain continuing education and supervision of themselves to ensure that all ethical and legal dilemmas are fulfilled.

Counseling Supervision Training

CACREP Standards

According to Carol (1992), the Council for Accreditation of Counseling and Related Educational Programs (CACREP) is becoming a powerful tool for improving counselor education programs. Schmidt (1999) comments that the core curriculum used by CACREP- accredited colleges is highly rated by students and faculty and is demonstrating its worth in preparing professional counselors. The same author states that CACREP's greatest compliment is the increasing number of counseling education programs seeking its accreditation and implementing its standards. Vacc (1992) has demonstrated that the counseling education programs that employ CACREP standards are helping graduates obtain employment in their field of study.

31

CACREP's 2001 Standards state for master's level counselors a minimum of:

100 clock hours. The practicum provides for the development of counseling skills under supervision. The student's practicum includes all of the following:

1. 40-hours of direct service with clients, including experience in individual counseling and group work;

2. weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;

3. an average of one and one half (1 1/2) hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member; and

4. evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum

(p. 28).

The 2001 CACREP Standards for the Helping Relationships state that a practicum supervisee should understand both counseling and the consultation processes and should demonstrate the ability to interpret a client's verbal and nonverbal behaviors and maintain a counselor's professional characteristics and counseling skills as well as interviewing

and consulting skills so that the student can develop a therapeutic relationship. The same standards state that the supervisee acquire the ability to establish appropriate counseling goals, select appropriate counseling interventions, design intervention strategies, evaluate client outcome, and terminate appropriately the counselor-client relationship (CACREP, 2001).

Nelson, Johnson, and Thorngreen (2000) write that the CACREP Standards outline the requirements for supervised internships for counselors in training. In the authors' opinion, these standards reflect the importance of supervision in the counseling field. In their article, Nelson, et al. (2000) state that CACREP standards characterize internship as distinctly defined, post-practicum, supervised clinical experience intended to enable the student to refine and enhance basic counseling or student development skill and integrate professional knowledge and skill appropriate to the student's specialization and initial post-graduate professional placement. Their article also points out that the Association for Counselor Education and Supervision's Ethical Guidelines and Standards require supervisors to have training in supervision before they become supervisors of counselors. The same authors also find that as few as 40% of counselor education programs offer formal supervision coursework. Nelson et al. (2000) deem that training offered in doctoral programs do not reach the majority of supervisors who are master's-level practitioners.

2001 CACREP Standards for the Helping Relationships:

Studies that provide an understanding of counseling and consultation processes, including the following:

1. counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills; an understanding of essential interviewing and consulting skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and he counselor maintains appropriate professional boundaries;

2. counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;

3. a systems perspective that provides an understanding of family

   and other systems theories and major models of family and

   related interventions. Students will be exposed to a rationale

   for selecting family and other systems theories as appropriate

   modalities for family assessment and counseling;

4. a general framework for understanding and practicing

   consultation. Student experiences should include an

   examination of the historical development of consultation, an

   exploration of the stages of consultation and the major models

   of consultation, and an opportunity to apply the theoretical

   material to case presentations. Students will begin to develop a

   personal model of consultation;

5. integration of technological strategies and applications within

   counseling and consultation processes; and

6. ethical and legal considerations (p. 8).

Supervisor-Supervisee Relationships

Ladany, Walker, and Melincoff (2001) state that a key component in developing a

secure supervisory relationship depends on the approach the supervisor takes toward

working with the supervisee. These authors state that the supervisory alliance consists of

three components: (a) mutual agreement on the goals of supervision; (b) mutual

agreement on the work needed to be done to achieve these goals; and (c) a mutual bond

between the supervisor and supervisee supported on mutual respect. Furthermore,

Neswald-McCalip (2001) finds that an established attachment between the supervisee and

the supervisor serves as a base wherein the supervisee can find security. This author concludes that a secure attachment between the supervisee and the supervisor lets the supervisee know that they are not alone in their work, that their work will be monitored and critiqued, and that they have a readily available source of help if needed.

Bernard and Goodyear (2000) recommend that the supervisee and the supervisor begin by establishing goals. In addition, Hanna and Smith (1998) state that supervisees perform better when they know the goals of supervision and understand both the model of supervision and evaluation and how their evaluation process compares to the standards. Ladany et al. (2001) explain the need for the supervisee and the supervisor to work in partnership on establishing common goals and tasks and in developing a strong emotional bond to achieve these goals. These authors posit that this is similar to the counseling process wherein mutual care, trust, and respect are developed to obtain therapeutic change. Ladany, Ellis, and Friedlander (1999) theorize that if the supervisee-supervisor relationship is strong and there is a mutual commitment on supervision goals, this could predict successful outcomes on achieving goals.

Pearson (2000) states that the supervisor is responsible for establishing, maintaining, and ending the supervision relationship. The author maintains that the supervisor is ultimately responsible for recognizing and solving all problems and recognizing supervisee's anxiety, confusion, reluctance to accept supervision, attractions, and/or annoyances that could arise during the supervision relationship. With this in mind, Pearson (2000) posits that what is most important in the supervision relationship is "knowing when to ask questions and what questions to ask" (p. 288). To enhance the supervision process and help assure that the supervisees achieve the criteria, Bernard and

Goodyear (2000) list twelve favorable conditions to facilitate appropriate supervision: (a) supervisors must keep in mind their authority over the supervisee; (b) supervisors must keep goals and objective concise; (c) supervisee's defenses need to be identified; (d) differences between supervisor and supervisee should be addressed; (e) evaluation processes should be agreed upon before supervision begins; (f) evaluation should be ongoing and mutual; (g) the supervisor's evaluation's should be accommodating and flexible; (h) evaluations should be congruent with the supervisor's administrative network; (i) supervisors should avoid premature evaluations; (j) supervisors should actively participate in the supervisee's professional identity; (k) supervisors must keep the relationship professional; and (l) because supervision is challenging, the supervisor must remain responsible in all evaluations.

Bernard and Goodyear (1998) suggest that the supervisee and the supervisor begin by establishing goals, much like creating a syllabus. However, unlike a typical syllabus, the supervision goals and objectives should be individualized to address supervisory style, evaluation criteria, past experiences, and the length and frequency of supervision.

According to Bernard and Goodyear (1998), the forms of supervision--live supervision, process notes, self-reports, audio and videotapes of therapy sessions--affect evaluations differently. The authors suggest using multiple evaluation methods to obtain an accurate picture of the supervise skills

Erwin (2000) states it is likely that supervisors are not fully aware of the ethical issues, guidelines, and principles that apply to them as supervisor. This lack of awareness suggests that current supervisors need to educate themselves regularly

regarding the most current issues and trends in both the counseling and supervisory professions (Erwin, 2000). To increase awareness and to encourage supervisors to periodically re-examine their own beliefs regarding these issues, supervisory training programs need to emphasize the ethical and moral ambiguities that exist in the counseling profession (Erwin, 2000). Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999) conducted research that demonstrated that supervisors who adhere strongly to the ethical guidelines are most likely to form a stronger working alliance than those supervisors who are lenient in adhering to ethical guidelines.

Pearson (2000) finds that a recent trend is the provision that counselors seeking experience toward licensure be supervised by other licensed counselors. He also finds that many states have mandated qualifications for clinical supervisors and have required contractual agreements between counselors and supervisors. Cobia and Boes (2000) call these formal plans of supervision individualized learner contracts. The authors convey that these individual learner contracts are designed to increase counselor competency. They clearly define the supervisory relationship and how both parties sign-off on that definition. They further state that the counselor and the supervisor work together to determine goals, evaluate how to progress, and determine the time the evaluation will take place. They believe that working together on the plan helps establish a collaborative supervisory relationship.

In comparing the supervision process to the counseling process, Ladany et al. (2002) describe the need for the supervisee and the supervisor to cooperate in establishing common goals and tasks, developing a strong emotional bond to achieve these goals, and working together on the tasks. These authors say that this is similar to

the counseling process wherein mutual care, trust, and respect are developed to obtain

therapeutic change. Along the same lines, just as in the counseling working alliance,

change will occur over time based on the strength of the relationship, so self-efficacy and

supervisee satisfaction will increase over time within the supervision process (Ladany,

Ellis, & Friedlander, 2002.).

Ladany et al. (2002) suggest when the supervisee-supervisor working alliance is

strong, there is evidence of four major aspects of self-efficacy: (a) performance

accomplishments, (b) vicarious experiences, (c) verbal persuasions, and (d) emotional

arousal. These same authors suggest that these aspects in clinical supervision need to be

experienced by the supervisee for there to be a satisfactory experience. The authors say

that role-playing in supervision effectively increases self-efficacy outlooks. Moreover,

support from the supervisee can serve as verbal persuasion and a positive emotional

relationship can also contribute to increases in self-efficacy outcomes (Ladany, Ellis, &

Friedlander, 2002.)

Ladany et al. (2002) state that when there is a strong working alliance between the

supervisor and the supervisee, perceived personal qualities and performance of both the

supervisee and supervisor will increase. These authors identify perceived personal

qualities as (a) congruence between the supervisor and the supervisee's perceptions of the

supervision process; (b) patterns of verbal interactions in supervision; (c) the trainee's

experiences of role difficulties in the supervision process; (d) the supervisee's

perceptions of the supervisor's expertness, attractiveness, and trustworthiness; (e) the

supervisee's perceptions of supervisory styles; and (f) the supervisor's disclosures.

Ladany et al. indicate in their research that if the emotional bond between the supervisor

and the supervisee is perceived as becoming stronger over time then the supervisee will perceive the supervisor's personal qualities and view the performance as a supervisor more strongly. In sum, when the supervisor's attitudes toward the supervisee are favorable, the supervisee's attitude will be strong toward the supervisor, and thus a favorable working alliance can be formed (Ladany, Ellis, and Friedlander, 2002.).

Summary

The CACREP Standards for the Helping Relationships (2001) have become an effective tool in training counselor supervisors. In addition, the supervisee-supervisor relationship is a key component in the successful training of counselor supervisors. Finally, in conjunction with the supervisee-supervisor relationship, objective performance goals should be pre-established to lessen ambiguity in counselor supervision training.

Counselor Competence

Kaslow (2004) remarks that over the past twenty years interest, in the mental health professions, has grown in competency-based education, training, and credentialing. In the 1990s, the Committees on Accreditations in the United States and Canada moved to a competency-based approach in accreditation of professional and educational programs in psychology based on how well and to what extent fundamental competencies were developed in their graduates (Kaslow, 2004). Burgoyne (1993) describes the competence movement as a set of beliefs and practices that advocates organizing training and education to achieve a specialized vocational and work context. This author stresses that education and training focus its curricula to meet specified professional work outcomes.

Kaslow (2004) states that during the 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology, co-sponsored by the American Psychology Association (APA), workshops focused on the following eight competency domains: (a) ethical and legal issues, (b) individual and cultural diversity, (c) scientific foundations and research, (d) psychological assessments, (e) intervention, (f) consultation and interprofessional collaboration, (g) supervision, and (h) professional development.

The American Counseling Association (2005) will also present workshops on effective supervision and supervisor competence. Topics to be addressed will include: How counseling supervisors have a direct influence on staff morale; how to differentiate between a manager and a leader; how to identify management style and use it effectively; how to motivate staff; how to delegate and give effective feedback (ACA, 2005).

Kaslow (2004) identifies "competence as the state or quality of being properly or well qualified. Competence connotes motivation and action to achieve a level of qualification or capability" (p. 775). The author states that competence suggests the desire and the behavior to achieve a level of requirement or capacity. The author states that competence refers to a person's established ability and capacity to understand and carry out tasks consistent with the expectations for that person's specific profession and consistent with the education and training of that specific profession. He posits that "competencies" are fractions of competence that are realistic, quantifiable, visible, flexible, containable, and derived by specialists. Further, these competencies are constructed of knowledge, skills, and attitudes that together are essential for a professional practice. They can be assessed against traditional standards, can be

associated with performance, and can be improved through development and training. "Competence is used to imply a minimum threshold" (Kaslow, 2004, p. 775). Some credentialing bodies require that there are at least minimum qualifications met before a person is considered a professional (Kaslow, 2004). However, in a competency-based approach, the emphasis is on achieving professional excellence and attaining the status of expert (Kaslow, 2004).

Weerasekera et al. (2003) focused on competency assessments in psychotherapy where competence is typically considered the therapist's ability (a) to provide the appropriate treatment; (b) follow specific interventions and a good work alliance; and (c) demonstrate a good understanding of theory, expected treatment outcomes, and adherence to professional behavior.

Kaslow (2004) remarks that supervision is now recognized as a core competency in many mental health professions. The basic competencies often recognized for a minimally competent supervisor are (a) the ability to create and maintain a supervisory relations; (b) use instruction skills; (c) relate research findings and translate them into actual interventions; (d) perform multiple roles in the supervisory context; (e) perform evaluations and assessments, including self-assessments; (f) encourage a supervisee's professional development; and (g) utilize a developmental procedure in the supervisory process (Kaslow, 2004).

According to Getz (1999), there is an increasing need to evaluate clinical supervisors in their academic education programs and in their areas of practice. The author suggests that the supervisor's paramount concern is to the client and therefore that there is a need to evaluate practicing clinician's clinical skills to ensure that counseling

clients are being served. Moreover, competency-based supervision suggests that supervisors are instructed in the mandatory skills to operate specifically in a supervisor role (Getz, 1999).

According to Jones and Fletcher (2002), there has been a growing interest in and use of self-assessments and self-rating. They remark that the use of multi-source multi-rater (MSMR) assessments, also known as 360-degree feedback, typically use a self-rating system compared to relevant others. These same authors remark that the use of self-assessments proves useful to both organizations and individuals.

Weerasekera et al. (2003) suggest that evaluating competence in training therapist assessment should consist of multi-sources and multiple methods. A clearly defined competency criterion should be developed with rating scales. The authors propose objectifying expected behaviors in conjunction with particular treatment modalities that would reduce biases and evaluator prejudices.

Kruger and Dunning (1999) suggest that many self-raters lack the ability to know how well they are performing and the ability to accurately judge their own work. They state that most self-raters will judge themselves to be above average, which defies the logic of descriptive statistics. Moreover, they state that most individuals will choose the most favorable and most reasonable option because they cannot recognize when they have performed poorly. Therefore, the authors state that the unskilled will most likely grossly misjudge their actual abilities and skills.

In addition, Kruger and Dunning (1999) state that experts in a given field are more skilled than novices at accurate self-assessments.   There is additional evidence that demonstrates that the unskilled are less able to accurately judge their competence than

their more skilled peers (Kruger & Dunning, 1999). However, in studies that examined this topic, none has coupled the misjudgment of skills or abilities to the above-average effect (Kruger & Dunning, 1999).

Kruger and Dunning (1999) also discovered that along with the unskilled overestimating their skills and abilities, the highly skilled tended to underestimate their skills and abilities. They suggest that this effect also defies the logic of descriptive statistics. Moreover, these authors discovered that the unskilled self-raters not only performed poorly but also failed to recognize this poor performance. Conversely, skilled self-raters performed competently, but they failed to recognize that peers did not share their ability (Kruger & Dunning, 1999).

Edumetrics

Currently, Tymofievich and Leroux (2000) state that assessment in the educational arena is based on psychological theory, psychometrics, or development. Moreover, these authors state that most assessments used in the counseling field today were developed from the late nineteenth to mid-twentieth century. During this time, the focus within the psychology field was on recording, measuring, and analyzing differences in human behaviors (Tymofievich & Leroux, 2000). There was little attention given to physical disabilities, gender, ethnic minorities, sexual preferences, and the norm groups were mainly comprised of Caucasian men (Tymofievich & Leroux, 2000). Tymofievich and Leroux (2000) criticize the continuing use of these tests today, stating that there needs to be revision in the assessment standards. Tymofievich and Leroux (2000) posit that assessments need to change from psychometrics to edumetrics. The authors state the edumetric model discards comparing clients on a statistical method These type of

assessments are used to encourage discussion of issues rather than as a primary source for decision-making (Tymofievich & Leroux, 2000).

Tymofievich and Leroux (2000) promote using Zunker's (1994) Conceptual Model for Using Assessment Results. This model incorporates both edumetric and developmental approaches and is a four-step model: analyzing needs, establishing the purpose of the testing, determining the instruments, and utilizing the results (Tymofievich & Leroux, 2000).

Summary

There is a continuing interest and focus in the counseling field on both the use of competency assessments and competency-based outcomes in counselor education. There is also a growing interest in the use of the 360-degree model of assessment that incorporates assessments from various sources to increase both the reliability and validity of competency assessments. Finally, edumetrics suggests that competency assessments could be used to change from statistical- based assessments to using assessments as a means to explore and promote the discussion of issue. This present study is an effort to show that counseling supervisors may need to indicate competency in their supervision abilities.

Conclusions

The literature reviews authors and researchers who maintain the importance of supervision, the need for competent supervisors, and the need for competency-based training in supervision. Absent from the literature is a competency-based outcome training model for counselor supervision education programs. Krushinski's (2004) study has determined that supervisory training should be a formal aspect of counselor

education-training programs and what competencies are important. This study will extend

Krushinski's (2004) study using a different population. Krushinski's (2004) study utilized

advanced doctoral student counseling supervisors and field site counselor supervisor.

This study will utilize as its population counseling supervisors who are employed at a

CASSP wraparound service provider.

CHAPTER THREE

METHOD

This chapter will present the methodology for conducting the study. This includes the hypotheses, a description of the survey population, a description of the instrument, and a description of how the data was obtained and analyzed.

Hypotheses

Ho 1.   There is no significant difference in the perception of the importance of counselor supervisory skills between counseling supervisors who have supervisory training when compared with counseling supervisors who do not have supervisory training.

Ho 2.   There is no significant difference in the perception of the importance of counselor supervisory training between counseling supervisors who have supervisory training when compared with counseling supervisors who do not have supervisory training.

Ho 3.   There is no significant difference in the perception of the importance of counselor supervisory skills and the perception of the importance of supervisory training among counseling supervisors who have supervisory training.

Ho 4.   There is no significant difference in the perception of the importance of counselor supervisory skills and the perception of the importance of supervisory training among counseling supervisors who do not have supervisory training.

Population

The population consisted of counseling supervisors employed at a wraparound service provider in southwestern Pennsylvania. Each supervisor had at least a master's degree in a human service field and had between nine to twelve counselors assigned to

them for supervision. Their ages ranged from 25 to 55. Their work backgrounds and experience included guidance counseling, inpatient counseling, outpatient counseling, corrections counseling, wraparound counseling, teaching, but no former master's-level counseling. Eighty questionnaires were distributed at five district offices on April 8, 2005. Seventy supervisors employed by the agency responded to the questionnaire by April 30, 2005. Of these seventy supervisors, forty indicated that they have had formal course training in supervision from a college or university; thirty of them indicated they had not had formal training. Of the responding supervisors, fifty-five were female; fifteen were male. Twenty-one indicated that they had a master's of arts degree; thirteen indicated they had a master's of science degree; thirteen indicated they had a master's of social work degree; seventeen indicated they had a master's of education degree; and twelve did not indicate their degree.

Instrument

The two-part Counselor Supervisor Questionnaire is designed to measure how important the supervisor perceives university training in supervision and how well they are trained in supervision. Krushinski (2004) used this same instrument. It was specifically designed for her study with the cooperation of an expert in the field of research design. Krushinski (2004) used the CSQ to survey advanced level doctoral students at Duquesne University and the field site professionals who supervise master's students enrolled in practicum and internship at Duquesne.

The first part, "Demographics," asks the participants to indicate whether they have had university training in supervision. The second part, "Question Responses," utilizes a five-point, forced-answer Likert Scale with values ranging from "No

Importance" to "Very Important" in the first area; and "No Training" to "Great Deal of

Training" in the second. Participants were asked to reply to each response twice. The first

response asked the participant's opinions of how important each item was in their

function as a supervisor; the second response asked the participant to assess how well

trained they were in each topic.

According to Krushinski (2004), face validity was established by basing the CSQ

on the 1993 Supervisory Code of Ethics of the Association for Counselor Education and

Supervision (ACES). Content validity, based on the appropriateness of the contents of the

instrument, was established by referencing the ACES Standards regarding issues of

importance in supervisory conduct and by having faculty experts in the field of

supervision and counselor education evaluate the instrument. These faculty members'

input helped clarify the content and purpose of the instrument. A faculty member also

established test-retest reliability to be .833, indicating a high level of test-retest reliability.

Methodology

This investigator received permission from the wraparound service provider's

district director to distribute the CSQ to the supervisors at the wraparound service

provider's five local offices in Blair, Cambria, and Somerset counties in southwestern

Pennsylvania. Eighty CSQs were distributed on April 8, 2005: forty-five to Blair County,

seventeen to Cambria County, and eighteen to the Somerset County District Office. The

CSQs were placed in counseling supervisors' mailboxes under the direction of the local

office's case manager to ensure that only master's-level counseling supervisors received

the questionnaire. Included with the CSQ was a request to participate in the study--

including instructions for completing the survey and information concerning contacting

the investigator; a Consent to Participate form; two stamped envelopes addressed to the investigator for returning the materials; and a dollar as a gesture of appreciation. The participants were asked to complete the Consent to Participate form and the CSQ.   In one envelope, they were to mail the Consent to Participate form and in the second envelope the CSQ. By April 30, 2005, seventy CSQs and seventy Consent to Participate forms had been returned. Only the investigator knows the identities of the counseling supervisors who participated in the study, and only the aggregate data was used for analysis.

Data Analysis

The statistical analysis was conducted in the following way. To assess Hypothesis One, an independent sample t-test was used to determine if there was a significant difference in the perception of the importance of having the competencies between the counselor supervisors who have formal training and the counselor supervisors who do not have formal training. To assess Hypothesis Two, an independent sample t-test was used to determine if there was a significant difference in the perception of the importance of having the training between the counselor supervisors who have formal training and the counselor supervisors who do not have formal training. To assess Hypothesis Three, a dependent sample t-test was used to determine if there was a significant difference between the perceptions of the importance of having the competencies and the importance of having the training in the competencies among the counselor supervisors who have formal training. Finally, to assess Hypothesis Four, a dependent sample t-test was used to determine if there was a significant difference between the perceptions of the importance of having the competencies and the

importance of having the training in the competencies among the counselor supervisors who do not have formal training. To maintain the independence of each hypothesis, the investigator's committee requested using multiple t-tests. To reduce the possibility of a Type 1 error, the investigator employed the Bonferroni correction; therefore, the 0.05 alpha level requires the actual probability level to be 0.0125 (0.05 / 4 = 0.0125).

Summary

Supervisors from a wraparound service provider in southwestern Pennsylvania were asked to complete the Counselor Supervision Questionnaire (CSQ). The purpose of the study and the CSQ is to test four hypotheses measuring the perceived importance of counseling supervision skills and the perceived importance of training in counseling supervision skills between counseling supervisors who are formally trained and counseling supervisors who are not formally trained. An independent sample t-test was used to measure differences between the groups and a dependent sample t-test was used to measure differences within the groups.

CHAPTER FOUR

RESULTS

This study has investigated how counseling supervisors perceive the importance of skills and training when providing supervision to counselors. The intent of this research was to implement a quantitative study, gathering and then analyzing these perceptions to examine the differences among mental health agency supervisors who provide supervision to master's-level counselors. A quantitative design was chosen in order to gather and analyze data that would describe the importance of training as related to those supervisory tasks described in the research instrument.

This study analyzed data collected from a sixteen-point questionnaire administered to counseling supervisors that covered their perceptions of the importance of a number of supervision tasks, all taken from the ACES Ethical Standards. Additionally, data regarding both samples' training experiences was collected and reviewed. The data was reported and analyzed within two supervisory groups: supervisors with supervisory training and supervisors without such training.

This chapter will present the results of the statistical analyses of the data. Each hypothesis is restated, and the results of the analyses are presented, both in narrative form and in a table. Conclusions for each hypothesis are then stated. A summary concludes this chapter.

The hypotheses were developed to explore the significant differences in the perception among doctoral level students and among field site professionals on the importance of supervisory training as related to the specific tasks of supervision. The following null hypotheses were tested in this study:

Hypothesis One

There is no significant difference in the perception of the importance of counselor supervisory skills between counseling supervisors who have supervisory training when compared with counseling supervisors who do not have supervisory training.

An independent sample t-test was used to analyze the data collected for this hypothesis. The average score on the "Skills" subscale of the Counseling Supervision Questionnaire (CSQ) for the supervisors who have formal training was 55.50 with a standard deviation of 2.91. The sample size was 30. The average score on the "Skills" subscale of the Counseling Supervision Questionnaire for the supervisors who have not received formal training was 54.75 with a standard deviation of 3.21. The sample size was 40.

The t-ratio was calculated to be 1.03 with a probability less than 0.05 for 68 degrees of freedom (see Table 1). The hypothesis that there is no significant difference between the perception of the importance of having supervisory skills among counseling supervisors who have received formal training in supervision and among counseling supervisors who have not received formal training is accepted at the 0.05 alpha level of confidence.

Table 1

Perceptions of the Importance of Having Supervisory Skills between Counseling

Supervisors Who Have Received Formal Training in Supervision and Counseling

Supervisors Who Have Not Received Formal Training

	N	M	SD	t	df
Supervisors with Formal Training	30	55.50	3.31	0.43	68
Supervisors without Formal Training	40	54.75	3.21		

Hypothesis Two

There is no significant difference in the perception of the importance of counselor supervisory training between counseling supervisors who have supervisory training as compared to counseling supervisors who do not have supervisory training.

An independent sample t-test was used to analyze the data collected for this hypothesis. The average score on the "Training" subscale of the Counseling Supervision Questionnaire for the supervisors who have formal training was 53.66 with a standard deviation of 3.31. The sample size was 30. The average score on the "Training" subscale of the Counseling Supervision Questionnaire for supervisors who have not received formal training was 53.38 with a standard deviation of 3.21. The sample size was 40.

The t-ratio was calculated to be 0.43 with a probability less than 0.05 for 68 degrees of freedom (see Table 2). The hypothesis that there is no significant difference in the perception of the importance of having supervisory training between counseling

supervisors who have received formal training in supervision and counseling supervisors who have not received formal training is accepted at the 0.05 alpha level of confidence.

Table 2

Perceptions of the Importance of Having Supervisory Training between Counseling Supervisors Who Have Received Formal Training in Supervision and Counseling Supervisors Who Have Not Received Formal Training

Group	N	M	SD	t	df
Supervisors with Formal Training	30	53.66	3.31	0.43	68
Supervisors without Formal Training	40	53.38	3.21		

Hypothesis Three

There is no significant difference in the perception among counseling supervisors who have supervisory training concerning the importance of counselor supervisory skills and the perception of the importance of supervisory training.

A dependent sample t-test was used to analyze the data collected for this hypothesis. The average score on the "Skills" subscale of the Counseling Supervision Questionnaire for the supervisors who have formal training was 55.50 with a standard deviation of 2.91. The average score on the "Training" subscale of the Counseling Supervision Questionnaire for these same supervisors who have formal training was 54.66 with a standard deviation of 3.32. The sample size was 30.

The t-ratio was calculated to be 1.29 with a probability less than 0.05 for 29 degrees freedom (see Table Three). The hypothesis that there is no significant difference

in the perception of the importance of having supervisory skills and the perception of importance of training for counseling supervisors who have received formal training in supervision is accepted at the 0.05 alpha level.

Table 3

Perception of Counseling Supervisors with Training of the Importance of Having Supervisory Skills and Having Supervisory Training

Group	N	M	SD	t	df
Perceptions of Skills	30	55.50	2.91	1.29	29
Perceptions of Training	30	54.66	3.32		

Hypothesis Four

There is no significant difference in the perception of the importance of counselor supervisory skills and the perception of the importance of supervisory training among counseling supervisors who do not have supervisory training.

A dependent sample t-test was used to conduct the analysis of the data collected for this hypothesis. The average score on the "Skills" subscale of the Counseling Supervision Questionnaire for the supervisors who have not received formal training was 54.75 with a standard deviation of 3.97. The average score on the "Training" subscale of the Counseling Supervision Questionnaire for these same supervisors who have formal training was 53.38 with a standard deviation of 3.21. The sample size was 40.

The t-ratio was calculated to be 2.01 with a probability less than 0.05 for 39 degrees of freedom (see Table 4). The hypothesis that there is no significant difference in the perception of the importance of having supervisory skills and the perception of the

importance of training for counseling supervisors who have received formal training in supervision is accepted at the 0.05 alpha level.

Table 4

Perception of Counseling Supervisors without Training of the Importance of Having Supervisory Skills and Having Supervisory Training

Group	N	M	SD	t	df
Perceptions of Skills	40	54.75	3.97	2.01	39
Perceptions of Training	40	53.38	3.21		

Summary

The data indicated that there is no significant difference in the perceptions of the importance of having counseling supervision skills between counselors who have formal supervisory training and those who do not have formal supervisory training. Similarly, there is no significant difference in the perceptions of the importance of having counseling supervision training between counselors who have formal supervisory training and those who do not. Both groups of counseling supervisors--those who have formal training and those who do not--do not perceive having the skills to be more important than the need for formal training.

CHAPTER FIVE

DISCUSSION

This study has measured differences in the perceptions of the importance of supervision skills and training among counseling supervisors employed at a wraparound service provider. Specifically, the purpose of the research was to measure differences between counseling supervisors who have formal university training and those who do not have such training and to measure any differences within those two groups in the perception of the importance of counseling supervisor competencies and the importance of training in those competencies. This study replicates Krushinski's (2004) study, which measured the same variables using counseling supervisor doctoral students as well as field site supervisors who were supervising master's level counselors participating in their practicum experiences or completing their internship requirements. The intent of both researchers was to gather data, analyze data, and collect information to measure the perceptions of counseling supervisors concerning sixteen counseling supervisor skills derived from the Supervisory Code of Ethics of the Association for Counselor Education and Supervision (March, 1993) and to gain their views both on the importance of these sixteen skills and their views on the importance of training in these skills for the purpose of university curriculum design, future employment, training, research, and client welfare.

For each of the sixteen measured skills, counseling supervisors were asked to rate their perceptions on a five-point Likert-type scale, ranging from 0 ("Not Important" or "No Training") to 4 ("Very important" or "Great Deal of Training"). The highest possible score would be 64, indicating the counseling supervisor perceived all sixteen

competencies as very important and/or having a great deal of training. For both groups,

formally trained and untrained counseling supervisors, the total scores were in the mid to

upper 50s for both perception of importance of the skills and importance of being trained

in these skills. In addition, most counseling supervisors rated equally their perceptions of

the importance of each skill and their perception of training in each skill. For example,

Skill #1 stated: "Supervisors should have had training in supervision prior to initiating

their role as supervisors." If respondents rated their perception of the importance of this

skill as a 4, they tended also to rate their perception of the importance of training in this

skill as a 4. This pattern throughout the seventy returned questionnaires seems to indicate

that counseling supervisors value and benefit from university training if they also

perceive the competency as important. Another possible reason for the scores in the mid

to upper 50s may be because of the ethical tone of the asked competency. Many of the

competencies asked of the counseling supervisors were similar to the March,1998,

Ethical Standards American Counseling Association (ACA). In addition, many of the

competencies that were asked not only indicated training of the supervisee but also

indicated the protection and care of the client receiving the counseling. Apparently,

counseling supervisors perceive that their job is not only to provide supervision but also

to ensure client welfare.

 An interesting phenomenon among the returned results was the high number of

formally trained supervisors, thirty out of seventy respondents. One reason for this may

be that formal university training was not operationally defined, and therefore counseling

supervisors projected any master's degree as formal university training. But given the

array of master's degrees among the returned questionnaires, it could be likely that many

respondents have been formally trained in counseling supervision. Contrarily, forty out of the seventy respondents indicated that they have not had formal university training. These respondents fall within the same array of master's degrees. It could be possible to have formal university training but not in the skills asked on the questionnaire. An additional explanation for this occurrence may be because most master's level counselors have been supervised during an internship or practicum. Respondents may have considered this formal training and therefore indicated "yes" on the questionnaire when what was actually being asked was whether they had been formally trained to be a supervisor.

Additional explanations for the response rate for both the unexpectedly high number of respondents indicating formal university training and for the scores in the mid to upper 50s may be that counseling supervisors wanted to create a favorable impression with their employer. Another possible explanation could be that counseling supervisors wanted to create a favorable perception of themselves and their supervision skills. Likewise, counseling supervisors may have wanted to avoid a negative perception of themselves and their supervision skills.   Another possible explanation for the scores may be the face validity and the appearance of the competencies. Many of the competencies looked like ethical competencies from other counseling disciplines such as the school counseling, community counseling, and social work. Therefore, they were familiar to the respondents as important and as something they may have previously instructed. However, this was not the intent of the questionnaire. The intent was to measure the perception as a counseling supervisor, not as a counselor.

Importance of Supervisory Skill

Hypothesis 1 stated that there is no significant difference in the perception of the importance of counselor supervisory skills between counseling supervisors who have supervisory training when compared with counseling supervisors who do not have supervisory training. This hypothesis was supported by the results of the study with a different population; no significant differences were found. This result suggests that both formally trained counseling supervisors and counseling supervisors without formal training perceive supervisory skills as equally important. These results support Krushinski's (2004) findings.

Importance of Training in Supervision

Hypothesis 2 stated that there is no significant difference in the perception of the importance of counselor supervisory training between counseling supervisors who have supervisory training as compared to counseling supervisors who do not have supervisory training. This hypothesis was supported by the results of the study with this different population; no significant differences were found. This result suggests that both formally trained counseling supervisors and counseling supervisors without formal training perceive the importance of supervisory training as the same. These results support Krushinski's (2004) findings.

Importance of Training and Supervisory Skills within Groups

Hypothesis 3 stated that there is no significant difference in the perception among counseling supervisors who have supervisory training concerning the importance of counselor supervisory skills and the perception of the importance of supervisory training. This hypothesis was supported by the results of the study with this different population;

no significant differences were found. This result suggests that counseling supervisors with formal training perceive the importance of the skill the same as having training in the skill. These results differ from Krushinski's (2004) results in that there was a discrepancy between the perceived importance of supervisory skills and the perceived importance of training in supervisory skills.

Hypothesis 4 stated that there is no significant difference in the perception of the importance of counselor supervisory skills and the perception of the importance of supervisory training among counseling supervisors who do not have supervisory training. This hypothesis was supported by the results of the study with this different population; no significant differences were found. This result suggests that counseling supervisors without formal training perceive the importance of the skill the same as having training in the skill. These results differ from Krushinski's (2004) results in that there was a discrepancy between the perceived importance of supervisory skills and the perceived importance of training in supervisory skills.

The results supported all the hypotheses. Both groups, counseling supervisors with formal university training and counseling supervisors without formal university training, perceive both the importance of the proposed supervision competencies and the importance for the need to be trained in the proposed competencies as the same. Moreover, there were no significant differences within the two groups regarding the perceived importance of the competency and the perception of the importance of being trained in that competency.

The results indicate that all respondents, whether formally trained in counseling supervision or not, perceive as equally important supervisory competency skills and the

importance of training in these supervisory competencies. The measured hypothesis had

means in the mid 50s (64 being the highest obtainable score), indicating both a high

perception of importance in supervisory skills and a high perception of the importance in

being trained in supervisory skills.

Conclusions

The findings support the rationale and literature for this study. Using a different

population, they also support Krushinski's (2004) findings. Both studies found formally

trained counseling supervisors and non-formally trained counseling supervisors perceived

counseling supervisor skills and being trained in these skills as important. However, in

Krushinski's (2004) study, there was a discrepancy within both groups between the

perceived importance of counseling supervisor skills and the perceived importance of

training in these skills. In this present study, with this different population, there were no

such discrepancies between the formally trained and non-formally on the same variables.

The CACREP Standards for the Helping Relationships (2001) along with the

ACES Ethical Guidelines (1993) state that counseling supervisors should be able to help

both their supervisee and the client. The same Standards state that the counseling

supervisor should demonstrate an understanding of the ethical and legal standards to

protect both the counselor and the client. The counseling supervisors used in this study

concur that competence and training of supervisor and counseling standards are important

in the workplace.

Erwin (2000), however, suggests that before counseling supervisors assume the

role of supervisor, they should be aware of the ethical and legal guidelines. Given the

forty responding counseling supervisors not formally trained and currently working with

both supervisees and clients, this proves to be both an ironic and incriminating response. It is ironic because they respond that they are untrained and presumably unaware of the ethical and legal guidelines but still perceive both as important. It is incriminating because they are admitting that the competencies are both important but that they practice counseling supervision without knowledge and training. A question that arises from these results is that if counseling supervisors are practicing beyond their competencies, what are the influences on the supervisee? An inference can be made that indeed these supervisees are at a disadvantage in the quality of supervision they are receiving as compared to those supervisees who are receiving supervision from formally trained supervisors.

Moreover, are there detrimental effects on the client due to untrained counseling supervisors practicing beyond their competencies? Are the clients who are receiving formally trained supervision at an advantage? An interesting and useful study would measure satisfaction ratios between clients receiving supervision through a formally trained counseling supervisor and clients receiving supervision through a non-formally trained supervisor. Results supporting formally trained supervisors would further support both Krushinski's (2004) study and this study on the need for university-trained supervisors. In addition, it could lessen the number of counseling supervisors practicing beyond their competencies, support training workshops, support the endorsement of CACREP trained counselors, and facilitate the need for counseling supervision curriculum in universities.

In addition, the results suggest that counseling supervisors working in this CASSP wraparound service provider perceive that counseling supervisor skills are important,

valued, and useful in their jobs. This suggests that mental health agencies that employ

counseling supervisors could benefit from providing training in counseling supervisor

skills to their counseling supervisors. These proposed trainings could include education in

the ACES (1993) Ethical Standards Guidelines for Counseling Supervisors as outlined in

the CSQ, education in diversity issues, sensitivity, and vicarious liability. In addition,

various supervision theories could be presented to lessen the punitive treatment of

counseling supervisees and to increase the supervisor-supervisee relationship to

ultimately benefit the client being served.

Interesting were the responses of the non-formally trained counseling supervisors

who rated the importance of the supervision competency and the importance of being

trained in that competency with a considerably high mean in the mid-50s. Given the

response that these supervisors had no formal university training, the perception of the

importance of the competency must have been inferred from their work experiences. This

could account for why there is a difference in this population's results in Krushinski's

(2004) population, where there was a discrepancy between the perceived importance of

the skills and the perceived importance of being trained in the skills. The counseling

supervisors in the CASSP system are continually faced with ethical dilemmas from the

impoverished population they work with versus counseling supervisor students who are

usually working with a more benign population in a regulated environment.

These same findings may also suggest that these counseling supervisors were

faced with either a supervision competency or supervision ethical dilemma they deemed

important and wished they were better trained to handle the competency. On the other

hand, the formally trained counseling supervisors may have drawn from their university

training and therefore deemed their formal training as valuable and hence considered themselves as trained. In other words, the formally trained supervisors rated the competency high based on their positive experience while the untrained group rated the competency high based on their desire to be better trained and their experience of a negative situation.

This study, like Krushinski's (2004), was intended to enhance counselor education programs as well as explore counseling supervisors' perceptions of the importance of the importance of supervision skills and the need for training. As such, this study extends Krushinski's (2004) work to examine specifically whether the need exists for counseling supervisory skills in a CASSP wraparound service provider agency. Given the results from both studies, where both populations indicated they perceived counseling supervision skills and training in these skills as important, it could be inferred that, yes, there is a need for formal training among the counseling supervisors at the CASSP wraparound service provider. In addition, it would benefit this agency to seek and hire formally trained counseling supervisors such as those graduated from a CACREP accredited school.

Implications for Professional Development

The results from both this study and Krushinski's (2004) indicate the importance of education and training in counseling supervision. Surveyed counseling supervisors indicated that the competencies suggested by the 1993 ACES guidelines are important and necessary in jobs. Because practicum supervisors are supervising counselors in a workplace, it could be assumed that practicum counseling supervisors would also find the competencies important and would benefit from training in these competencies.

Universities and colleges, especially those CACREP accredited, could adapt or expand existing curricula to ensure education and training in the ACES guidelines. An CACREP accreditation professional has stated that CACREP is expanding its standards to include training in ethics and diversity.

Additionally, results and implications from both studies could be used as criteria for training by mental health agencies that employ counseling supervisors. There is now evidence that those counseling supervisors employed at a mental health agency perceive the ACES guidelines as useful and practical competencies. Training should be offered to counseling supervisors to ensure that they are aware, educated, and competent in delivering valuable and useful supervision proficiencies to counselors and their clients. Before a person is hired to be a counseling supervisor, the results from both studies could be used to identify qualified and trained counseling supervisors. The results from both studies indicate that there is indeed a need and usefulness for these competencies in the workplace. Therefore, prospective employees should be required to demonstrate a knowledge and understanding of these competencies to accurately reflect university training.

Limitations

This study was an initial attempt to explore the perceptions of importance related to the skills and training in counseling supervision in a mental health agency. Any generalizations based on this study must take into consideration that these results were taken from a single agency in southwestern Pennsylvania and not from a broad national sample. A large majority of the respondents were Caucasian and female. Therefore, these results would be difficult to generalize to a wider regional area, especially an ethnically

diverse area. Future research would need to include a larger regional area that included more balanced numbers in gender and race.

Additionally, using the forced-answer type questionnaire limits the respondent to answering in the researcher's mode. Future research questionnaires could include open-ended questions or a comments section, which would provide respondents the opportunity to address the skills.

The questionnaire/survey method for collecting data is primarily useful because of its simplicity and expediency. This, in turn, can cause respondents to read carelessly and to respond to the asked competencies without fully understanding the question and hence undermine the value of their answer.

Finally, formal university training needs to be operationally and exactly defined. It is doubtful given the advent of CACREP accreditation and the relatively recent interest in counseling supervision that, out of the seventy total respondents, thirty of these respondents have actually received formal university training. A more operationally functioning definition of formal university training would help derive a more exact number of formally trained counseling supervisors and would lead, in turn, to more valid data and results.

Summary

All four of the measured hypotheses were accepted. These results indicate that there is no difference between trained counseling supervisors and untrained counseling supervisors in both the importance of counseling supervisor skills and the importance of training in those skills. In addition, there were no differences within the groups of trained and untrained counseling supervisors on the perception of the importance of counseling

supervisor skills and training. Utilizing a different population, the results in this study

coincide with Krushinski's (2004) in indicating that both formally trained and untrained

counseling supervisors perceive supervisor skills and training in these skills as important.

Utilizing a different population, this study, however, differs from Krushinski's (2004) in

the within-group dependent variables. In the present study, there were no perceived

differences within the untrained counseling supervisors and the formally trained

counseling supervisors on the perceived importance of counseling supervision skills and

training in these skills. In Krushinski's (2004) results, there were within-group

differences between the perceived importance of counseling supervisor skills and the

importance of training in these skills. These findings further confirm Krushinski's (2004)

findings that there are counseling supervisors practicing beyond their competence.

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Appendices

APPENDIX A

Counselor Supervisor Questionnaire

Counselor Supervisor Questionnaire

Below are listed several statements that have been derived from the Supervisory Code of Ethics of the Association for Counselor Education and Supervision. Please respond to each item TWO times. The first set of responses is your opinion of how important this item is for your role of supervisor. The second response is your opinion of how well trained you are in each area. Responses will be based on the use of a scale where 0-5: 0=no importance or no training, to 5=very important or a great deal of training (a great deal of training meaning university coursework and supervised internship)

Have you had any training at a university in supervision? _____ Yes _____ No

Answer each question TWO times, circling the most appropriate option reflecting your perception, using the following scale:

0 = no importance or no training
1 = somewhat important or some training
2 = fairly important or fair amount of training
3 = moderately important or moderate amount of training
4 = very important or a great deal of training

1. Supervisors should have had training in supervision prior to initiating their role as supervisors.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

2. Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

3. Supervisors should know how to make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

4. Supervisors should know how to encourage their counseling supervisees to adhere to the standards for practice established by the state licensure board of the state in which they practice.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

5. Supervisors know how to establish procedures, and communicate them to the supervisee, for contacting the supervisor, or an alternative supervisor, when the supervisee needs assistance in handling crisis situations.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

6. Supervisors should know how to review actual work samples via audio and/or videotape or live observation in addition to case notes.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

7. Supervisors should know how to review the supervisee's case notes as a regular part of the ongoing supervisory process.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

8. Supervisors of counselors should know how to conduct the supervisory session when meeting face to face with their supervisees.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

9. Supervisors should know how to provide feedback to supervisees using a variety of forms of evaluation.

   Importance   0   1   2   3   4

   Training   0   1   2   3   4

10. Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor, etc.) with supervisees should, where possible, be able to minimize potential conflicts.

Importance	0	1	2	3	4
Training	0	1	2	3	4

11. Supervisors should know that they should not participate in any form of social or sexual contact, or other relationships that would compromise the supervisor-supervisee role.

Importance	0	1	2	3	4
Training	0	1	2	3	4

12. Supervisors should know that they are not to establish a psychotherapeutic relationship with the supervisee as a substitute for supervision.

Importance	0	1	2	3	4
Training	0	1	2	3	4

13. Supervisors should know how to conduct ongoing supervisee assessment and evaluation in order to be aware of any personal or professional limitations of supervisees, which are likely to impede future professional performance.

Importance	0	1	2	3	4
Training	0	1	2	3	4

14. Supervisors should know how to make clear and professional recommendations to supervisees who may need remedial assistance or screening from the applied counseling setting.

Importance	0	1	2	3	4
Training	0	1	2	3	4

15. Supervisors should know how to make both positive and negative recommendations for employment, training and/or state licensure.

Importance	0	1	2	3	4
Training	0	1	2	3	4

16. Supervisors should know how to incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles and rules; and due process and appeal into the establishment of policies and procedures with their supervisees.

Importance   0   1   2   3   4

Training   0   1   2   3   4

APPENDIX B

Consent to Participate in a Research Study Form

DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: A COMPARISION OF THE PERCEPTIONS OF THE IMPORTANCE OF SUPERVISION SKILLS AND TRAINING BETWEEN FORMALLY TRAINED SUPERVISORS AND NON-FORMALLY TRAINED SUPERVISORS IN A CHILDREN AND ADOLESCENT SERVICE SYSTEM PROGRAM

INVESTIGATOR: Jeffrey Spencer, MA, LPC, NCC
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ADVISOR: Joseph Maola, Ph.D.
Duquesne University
412C Canevin Hall
412.396.6099
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SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Counselor Education and Supervision at Duquesne University.

You are being asked to participate in a research project investigating whether supervisors at a Wraparound Service Provider in southwestern Pennsylvania believe that a specific set of supervisory skills is important. In addition, the research project will also try to determine if the supervisors believe that it is important to have formal training to develop a set of supervisory skills.

This investigator has received permission from the CASSP administration to distribute the Counselor Supervision Questionnaire (CSQ) to the supervisors at the Wraparound Service Provider's five local offices. Each counselor supervisor will receive from this investigator a letter--including instructions and investigator contact information-- requesting their participation in the proposed study; a copy of the CSQ; a Consent to Participate form; and two stamped self-addressed envelopes. A dollar ($1.00) is included as a statement of gratitude. If you choose to participate, you will complete the Consent to Participate form and place it in one of the stamped self addressed envelope and mail it to

the project investigator.   In addition, you will complete the CSQ and place the completed questionnaire in the second envelope and mail it to the project investigator.

The CSQ will take about ten minutes to complete. No one will know who completed any of the survey forms. Participants will complete the survey and your identity will not be evident to the investigator. For the purpose of analysis, only the aggregate data will be used, not individual data. All materials will be destroyed five years after the completion of the research.

RISKS AND BENEFITS:

There are no anticipated risks to the participants. The benefits to be derived will be (1) the determination of whether specific supervisory competency training can benefit supervisors of Wraparound Service Providers; (2) if supervisors of Wraparound Service Providers would be interested in participating in supervisory competency training.

COMPENSATION:

Each Counselor Supervisor will receive a dollar bill as a statement of gratitude. Participation in the project will require no monetary cost. Two envelopes will be provided for returning the responses to the investigator.

CONFIDENTIALITY:

The participant's name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Response(s) will only appear in statistical data summaries. All materials will be destroyed five years after the completion of the research.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw consent to participate at any time.

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

APPENDIX C

Instructions

CSQ INSTRUCTIONS

Researcher:
Jeffrey Spencer, MA, LPC, NCC
Behavioral Specialist/Mobile Therapist: Cambrian Hills Center
303 8th Street
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jsrun@adelphia.net

In partial fulfillment for the requirements of my Doctorate of Education in Counselor Education and Supervision from Duquesne University, I am gathering data on the opinions of supervisors at Northwestern Human Services on the importance of having a defined set of supervisory skills. I am also investigating supervisors' opinions concerning the necessity of having specialized training to achieve these skills.   Both Northwestern Human Services and Duquesne University have approved this study. Your participation in this study, while critical for its completion, is both voluntary and confidential.

If you choose to participate, please read and sign the enclosed Consent to Participate form and return it using one of the stamped self-addressed envelopes. Then read the directions for the Counselor Supervision Questionnaire (CSQ) and complete it. Place that completed questionnaire in the second stamped self-addressed envelope and mail it.   Individual responses will not be identified. Analysis will only be performed on the aggregate data.   Whether you decide to participate or not, please accept the enclosed dollar to thank you for your time.

If you have any questions, contact me using any avenue listed above. Results of the study can be provided when the dissertation is completed.

Thank you,

Jeffrey Spencer