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ADMINISTRATIVE SUPERVISION AND COUNSELOR BURNOUT

A Dissertation

Presented to the School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Emily T. Belsito

August 2021

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Emily T. Belsito

2021

**DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology, and Special Education**

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

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June 29, 2021

ADMINISTRATIVE SUPERVISION AND COUNSELOR BURNOUT

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ABSTRACT

ADMINISTRATIVE SUPERVISION AND COUNSELOR BURNOUT

By

Emily T. Belsito

August 2021

Dissertation Supervised by Dr. Jered B. Kolbert

Mental health counselors continue to experience burnout due to their roles and the nature of their work. The supervisory working alliance and clinical supervision have been shown to be one protective factor against burnout, however the research to date on administrative supervision's relationship to burnout is scant. This quantitative study involved a sample ($N = 110$) of mental health counselors, who met specific criteria, who completed a series of three inventories: the Counselor Burnout Inventory (CBI), the Brief Supervisory Working Alliance Trainee Form (BSWAT), and the Satisfaction of Administrative Supervision Scale (created by researcher). A multiple regression using the enter method was employed to determine whether the supervisory working alliance and administrative supervision significantly predict burnout. It was found that the supervisory working alliance did significantly predict burnout and accounted

for 34% of the variance in burnout scores. Implications and future directions for research are presented.

DEDICATION

This dissertation is dedicated to my three beautiful girls: Aleena Concetta, Lila Annette, and Raina Ramona. You brought sunshine and laughter when I needed it most.

“Promise me you’ll always remember: You’re braver than you believe, and stronger than you seem, and smarter than you think.”

A.A. Milne

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Finally, to my husband, this has not been an easy journey, but throughout all of it, you kept me grounded. You reminded me that I could do this when I doubted myself (which happened way more than once)! I know that you have sacrificed so much so that I could pursue this dream of mine, and you have no idea how grateful I am for that. It has not been easy, especially

considering we had three girls during this whole process, but we did it and we are on the other side! To Aleena, Lila, and Raina, you all have been such a special part of this process. You challenged me in ways I couldn't have imagined, and showed me I am much stronger than I ever thought I could be. I love you all unconditionally, and I am so incredibly grateful to be your mom!

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CHAPTER 1: INTRODUCTION

Overview

The practice of supervision is not a new concept, but rather a practice that has been in place in various helping professions for many years, and is recognized as an essential component to the counseling profession (Bernard & Goodyear, 2014; Borders, 2014; Falender et al., 2014). Supervision is used to provide oversight and support from one individual to another on specific tasks relating to an individual's work. Bernard and Goodyear (2014) defined supervision as, "...an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically are members of that same profession" (p. 9). According to Bernard and Goodyear (2014), supervision is a relationship that is evaluative and hierarchical, spans a length of time, enhances the professional functioning of the supervisee, monitors the quality of work of the supervisee, and serves as gatekeeping for the profession. Supervision also provides professional and clinical development to the supervisee (Bernard & Goodyear, 2014; Borders et al., 2014; Falender et al., 2014). This definition of supervision points to the importance of supervision to mental health counselors' overall development.

Supervision has been an important element in the mental health field for years. The American Counseling Association (ACA, 2014) now includes supervision within their ethical guidelines for all professional counselors to follow in order to ensure the safety and wellbeing of their clients. Additionally, supervision is now part of counseling training programs, and is required in order to obtain professional licensure across the country (ACA, 2014; Council for Accreditation of Counseling and Related Education Programs [CACREP], 2016). CACREP (2016) requires that all master's level counseling students receive university- and site-supervision in their practicum and internship fieldwork, not only to provide guidance and

professional development of the counseling student, but also to protect the clients being served by the counselors in training. Therefore, while the practice of supervision is not new to the mental health field, it is essential to, not only the well being of clients served, but also, the professional, ethical, and personal development of mental health counselors (Borders et al., 2014). In addition to these aspects of counselor development, one other critical aspect of counselor development is counselor well being (Meany-Walen et al., 2016).

The importance of counselor well being is essential because it has been shown to be a protective factor against counselor burnout (Meany-Walen et al., 2016). Burnout is still a prevalent force within the mental health field and can lead to job fatigue, emotional exhaustion, and impairment of mental health counselors (Maslach & Jackson, 1984; Maslach, 1993; Maslach & Leiter, 2016). Not only can burnout affect a mental health counselor professionally, but also, it can begin to invade personal aspects of a mental health counselor's life (Maslach & Leiter, 2016). The experience of burnout may have lasting negative physical and psychological impact on mental health counselors, which makes it difficult to manage and contain (Maslach & Leiter, 2016; Watkins Jr., 1983). Burnout can contribute to problems with interpersonal and intrapersonal relationships, which can make it increasingly more difficult for a mental health counselor to provide the best possible care for their clients (Watkins Jr., 1983).

Burnout among counselors has been associated with counselor misconduct and impairment. Any impairment of a mental health counselor can be an ethical issue as it may lead to harm of clients, which is a violation of ethical codes (Simionato et al., 2019; ACA, 2014). Maslach et al., (2001) point to the dangers of job burnout, which include: emotional fatigue, lack of empathy, inability to focus, lessened ability to provide quality services, and the potential to cause harm to clients. Due to the negative impact burnout can have on a mental health counselor

and their clients, it is essential to determine interventions that may reduce or prevent burnout. Supervisors can play an important role in helping to prevent burnout by using specific interventions and models, such as *The Indivisible Self* (Myers & Sweeney, 2004), to monitor and strengthen mental health counselors' wellness throughout the supervisory relationship. Some research has suggested that the quality of supervision, along with the supervisory working alliance, can be protective factors against burnout in some counselors (Center for Substance Abuse Treatment, 2009; Davis et al., 1989; Knudsen et al., 2013; Sterner, 2009; Thomson et al., 2011), however, there is no research to date that differentiates the type of supervision (clinical or administrative) and its relation to burnout.

Although not commonly addressed, there is a distinction between clinical and administrative supervision. Clinical supervision provides oversight and guidance for professional counselors on issues such as case conceptualizations, ethical issues, diagnosis and interventions, professional development, treatment planning, the therapeutic relationship, and multicultural issues (Bernard & Goodyear, 2014). Both ACA (2014) and CACREP (2016) require mental health counselors to engage in clinical supervision during their training and once in the field in order to ensure they are providing appropriate and effective services to their clients. Clinical supervision focuses on, not only the wellbeing and services provided to the client, but also, mental health counselors' development as a clinician. Clinical supervisors guide mental health counselors in understanding their theoretical orientation and ways in which they conceptualize clients and their problems (Borders, 2014; Falender et al., 2014). While both clinical and administrative supervision provide necessary guidance and oversight of mental health counselors there are important distinctions that must be recognized between the two types of supervision.

Administrative supervision provides guidance and oversight of mental health counselors, but the focus of supervision is different than those of development and personal growth. Monahan (2018) highlighted specific tasks that administrative supervisors perform, which are different than the tasks provided by clinical supervisors. Administrative supervision focuses on organizational leadership, delegating assignments and tasks to staff, improving programs, improving policies and procedures, and providing staff educational development and training (Monahan, 2018). Additionally, administrative supervision addresses the needs of mental health counselor's ability to function within their organization, monitors case records, ensures compliance with policies and procedures, hires new staff, and provides performance evaluations (Tromski- Klingshirn & Davis, 2007). Finally, administrative supervisors may be involved in case referrals, orientation and training new employees, provide sitewide communication on specific issues, act as a community liaison and advocate, and manage program changes and transitions (Center for Substance Abuse Treatment, 2009). These tasks contrast with the clinical tasks mentioned above, and therefore, differentiate administrative supervision from clinical supervision.

Supervision is comprised of many important factors that can lead to more successful and positive attitudes towards supervision. One of those aspects is the supervisory working alliance. The supervisory working alliance is critical in providing a solid and secure relationship between supervisors and supervisees that enables supervisees to grow and develop in an effective way (Stern, 2009). In addition to providing effective and positive growth as a clinician, the supervisory working alliance can serve as a protective factor of burnout, which is just one aspect that this current study is aiming to identify and confirm (Stern, 2009). Bordin (1983) defined as a collaborative relationship in which both the supervisor and supervisee develop agreed upon

goals, roles, and expectations that will enable the relationship to move forward and grow. The supervisory working alliance can increase a mental health counselor's self-efficacy and improve a mental health counselor's ability to become more self-aware (Ladany et al., 1999).

Additionally, when the supervisory working alliance is perceived by the supervisee to be positive, it can increase work satisfaction and reduce job related stress, which both can protect against burnout (Sternler, 2009). Although these studies have been critical to the understanding of the impact of the supervisory working alliance, there has not been any research to date that explores it as a possible moderator between administrative supervision and burnout.

Supervision and burnout are two influential factors in mental health counselor development, however, these constructs need more research. This study attempts to bridge a gap in the literature to examine these constructs by examining the relationships between administrative supervision and burnout and the supervisory working alliance and burnout. Additionally, whether the predictor variables of administrative supervision and the supervisory working alliance significantly predict counselor burnout.

Statement of the Problem

Previous research has neglected to closely examine the relationship between types of supervision and burnout when accounting for the supervisory working alliance. Existing research sheds some light on the importance of supervision and its influence on counselors' wellbeing (Meany-Walen et al., 2016), however, this research does not make it clear whether or not the type of supervision, whether clinical or administrative, was the main source of supervision, and whether or not the type of supervision (clinical or administrative) impacts burnout in mental health counselors. Many counselors, especially in mental health agency settings, experience a great deal of stress from their daily work. This type of emotional distress and exhaustion has

been shown to lead to burnout (Kim et al., 2018; Maslach, 2001; Scanlan & Still, 2019). Burnout has been shown to impact mental health counselors' work with their clients (Maslach et al., 2001) Maslach et al. (2001) explains burnout as a phenomenon that impacts individuals when they experience a combination of emotional exhaustion, depersonalization, and diminished sense of self accomplishment. When these three criteria occur, significant impairment may occur for a mental health counselor, which in turn, may lead to harm to clients (Maslach et al., 2001). Since burnout has been shown to be significantly influential in a mental health counselor's ability to perform their job, many studies have identified protective factors for burnout among mental health professionals. Some research has suggested that by simply practicing self-care, seeking their own counseling, or engaging in supervision, one can curb the influence of burnout, and therefore, reduce or stop impairment (Gutierrez & Mullen, 2016; Hou & Skovholt, 2020; Lent & Swartz, 2012; Morse et al., 2012; Thompson et al., 2014; Wallace et al., 2010). Furthermore, as suggested previously, the supervisory working alliance, if perceived as positive and supportive, can also protect mental health counselors from burnout (Enlow, McWhorter et al., 2019; Gnilka et al., 2012; Sterner, 2009). Despite these studies, there has not been research to date that explores the specific relationship between administrative supervision and burnout along with examining the predictor variables of burnout.

Typically, counselors receive some type of supervision, whether clinical, administrative, or a combination of both, while working with clients. Some research has suggested that supervision has a positive impact on counselors' wellbeing, which in turn, has reduced the amount of burnout and emotional exhaustion than counselors who did not receive any, or adequate, supervision (Enlow et al., 2019; Sterner, 2009;). Although previous research has shown supervision to be effective against burnout, it has not been able to delineate what type of

supervision was effective (administrative or clinical), or if either administrative or clinical supervision have different effects on burnout.

It may seem enough to simply study supervision, in general, and its impact on burnout, however, research has pointed to the importance of understanding the different influences that clinical and administrative supervision can have on counselors' wellbeing and development (Center for Substance Abuse and Treatment, 2009; Krieder, 2014; Monahan, 2018). Many mental health agency settings do not provide comprehensive supervision, and thus, may only focus on either clinical or administrative supervision (Krieder, 2014; Monahan, 2018). Furthermore, mental health counselors who have a supervisor who performs both clinical and administrative duties report a negative supervisory experience due to an emphasis on only administrative duties (case note deadlines, insurance/billing issues, and required trainings) rather than a balance of clinical and administrative issues (Tromski- Klingshirn & Davis, 2007). Research has pointed to the imbalance of clinical and administrative supervision as a possible issue because it leaves gaps in understanding the true impact that supervision has on counselors (Monahan, 2018). The importance of emotional connection within the supervisory relationship has been highlighted in previous research, and that emotional connection in the supervisory relationship been shown to foster support, connection, and a healthy work/life balance (Begic et al., 2019; Gutierrez & Mullen, 2016; Lent & Swartz, 2012; Thompson et al., 2012). An overemphasis on administrative supervision and duties may inhibit this important emotional connection, thus leaving mental health counselors more vulnerable to burnout.

This dissertation will explore the relationship between supervision and burnout along with the relationship between the supervisory working alliance and burnout. Additionally, this study will explore administrative supervision and the supervisory working alliance as possible

predictors of counselor burnout. Administrative supervision is vastly under researched, and some of the research to date suggests further studies need to be done to understand its influence (Kreider, 2014; Monahan, 2018). Additionally, an overemphasis of administrative supervision has been linked to mental health counselors' frustration with the supervisory relationship (Tromski-Klingshirn & Davis, 2007). A poor supervisory relationship has been shown to negatively influence mental health counselors' wellbeing, and possibly lead to burnout (Knight, 2012). This exploration of the relationship between administrative supervision and burnout will attempt to fill that gap and begin to shed light on how different types of supervision may influence counselor wellbeing and development.

Purpose of the Study

The purpose of this study is to explore the relationships between administrative supervision, the supervisory working alliance, and counselor burnout. Furthermore, this study will investigate administrative supervision and the supervisory working alliance as possible predictor variables of counselor burnout. The study will focus on whether the predictor variables of the perception of the supervisory working alliance and the satisfaction of administrative supervision account for a significant amount of variance in the predicted variable of burnout in mental health counselors. The existing research proposes that a positive supervisory working alliance can be a protective factor against mental health counselor burnout, however, the existing research does not address the potential differences between the types of supervision (administrative supervision vs. clinical supervision) that may have an influence on burnout. As administrative supervision has been scarcely studied, this study will attempt to begin to broaden the understanding of administrative supervision and the influence it may have on mental health counselors.

Research Question

The following research question will be addressed in this dissertation:

Research Question One: Do the predictor variables of the supervisees perception of the supervisory working alliance and the satisfaction of administrative supervision account for a significant amount of the variance in the predicted variable of burnout in a sample of masters' level counselors?

Hypothesis One: I hypothesize that in this sample of counselors, the perception of the supervisory working alliance and the satisfaction of administrative supervision both significantly contribute to the prediction of burnout.

Statement of Potential Significance

This study may potentially contribute to the literature in the following ways. First, there is limited research that addresses the supervisory working alliance and its influence on reducing and protecting from burnout, and, therefore, this study will attempt to add to that body of literature. Next, administrative supervision has been scarcely studied. This study will attempt to identify a possible relationship between administrative supervision and burnout. Finally, this study will attempt to identify the significance that the supervisory working alliance may have on a mental health counselor's perception of administrative supervision. This study may provide potential insight into new factors that contribute to or protect mental health counselors from experiencing burnout.

Summary of the Methodology

This quantitative dissertation analyzed the whether a relationship exists between administrative supervision and burnout, and also determining the moderating effect the supervisory working alliance may have on the relationship between administrative supervision

and burnout. The necessary data for this quantitative dissertation was gathered via an online survey method. This dissertation studied mental health counselors, and therefore, had a sample that consisted of mental health counselors who have at least completed a master's degree in clinical counseling, and were also receiving some sort of supervision at their place of work.

This study will use the Brief Supervisory Working Alliance Inventory- Trainee Scale (BSWAI- T) (Efstation et al., 1990; Sabella, 2019) to assess the mental health counselors' relationship with their current supervisor. The Counselor Burnout Inventory (CBI; Lee et al., 2007) will be used to assess the mental health counselors' level of burnout. Finally, a self-created measure, the Satisfaction of Administrative Supervision Scale, will be used to assess mental health counselors' perceptions of the administrative supervision currently being received.

Limitations

Although there has been extensive research on supervision within the mental health professions there has been little research to date on the importance or influence of administrative supervision (Krieder, 2014; Monahan, 2018). Therefore, it is unclear if administrative supervision is necessary to address separately in a supervisory relationship, or if it can be addressed effectively with clinical supervision goals. Also, this study will attempt to identify if the supervisory working alliance is a moderator variable of the relationship between administrative supervision and burnout, however, it may be so that a relationship between administrative supervision and burnout does not exist without the moderation of the supervisory working alliance.

Another limitation to this study includes utilizing a self-created scale to measure the satisfaction of administrative supervision that mental health counselors receive. To date, there are no individual administrative supervision scales that have been created, let alone, validated.

Additionally, burnout is just one factor that supervision may impact. This study only focuses on the construct of burnout, while there may be other key elements and constructs that influence mental health counselor's development and practice. Furthermore, it may limit the scope of this study by only measuring one construct that is related to supervision, when there are more constructs, such as self-efficacy, that could also be measured in relation to supervision and the supervisory working alliance.

The present study also depends upon self-reporting of participants in relation to the surveys that will be sent out. In general, many individuals do not complete the surveys that are sent to them, which can impact the significance of this study. Also, those who do respond to the survey may inaccurately report their perceptions of administrative supervision if they are not familiar with the differentiation of administrative supervision as compared to clinical supervision.

Definitions of Key Terms

The following definitions of key terms will help provide a foundation of conceptual understanding for this study.

Burnout: A psychological syndrome involving emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment that occurred among various professionals who work with other people in challenging situations (Maslach, 1982).

Supervision: The tasks and oversight related to professional development, quality of counseling provided, protection of client welfare, protection of counselor wellbeing, assistance with ethical issues, clinical case formulation, theoretical orientation, and compliance with workplace regulations (Bernard & Goodyear, 2014).

Administrative Supervision: The process of providing organizational leadership, delegating assignments and tasks to staff, working towards improving programs, working towards improving policies and procedures, and providing overall staff educational development and training (Monahan, 2018).

Clinical Supervision: The process of providing attention to ethical issues, professional development, clinical case formulation, diagnosis and interventions, attention to multicultural issues, treatment planning, transference and countertransference, and the therapeutic relationship (Bernard & Goodyear, 2014).

Supervisory Working Alliance: the relationship between the supervisor and supervisee who work collaboratively towards mutually agreed upon goals, expectations, and rapport that will allow those goals and expectations to survive (Bordin, 2014).

Chapter 2: Literature Review

Introduction

This literature review will discuss burnout and supervision within the mental health profession along with the theoretical and empirical findings that suggest a relationship between burnout and administrative supervision, and additionally, whether the supervisory working alliance moderates the relationship between administrative supervision and burnout. Burnout and supervision are two distinct variables, however, they may expose important connections that may provide new meaning to the relationship between the two variables. The following chapter will provide an in depth analysis of the relationship between burnout and administrative supervision by exploring and explaining the theoretical foundations to each of the variables.

When exploring and explaining the construct of supervision, particular attention will be paid to the distinct characteristics of effective supervision. This review will focus on exploring the supervisory working alliance and the differences between clinical and administrative supervision. As stated in chapter one, this research will focus on the potential relationship between administrative supervision and burnout, as well as the influence that the supervisory working alliance may have on that relationship. Therefore, it is critical to understand in depth, the distinct characteristics of each of the aforementioned dimensions of supervision for this research study.

Burnout in Mental Health Counselors

Burnout is a concept that has been widely researched in general, and within the counseling field (Morse et al., 2012). However, despite the vast research done thus far, there continues to be a need for further research related to burnout in the counseling field and its impact on mental health counselors. Maslach et al. (2001) defined burnout as a multifaceted

construct that includes three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. These three main components, emotional exhaustion, depersonalization, and diminished personal accomplishment, can be felt individually, or all at once, which can create varying levels of severity (Maslach et al., 2001).

Emotional exhaustion is the most apparent manifestation of the three dimensions of burnout, and can be thought of as true physical and emotional exhaustion of a certain situation, workplace, or environment (Maslach et. al, 2001). Emotional exhaustion is a form of stress reaction to an individual's place of work or current environment, which in turn, can cause an individual to experience the dimensions of depersonalization and reduced personal accomplishment (Maslach et al., 2001).

Depersonalization is thought to cause individuals to feel distant, detached, and hardened by their current environment (Maslach et al., 2001). The danger of depersonalization is the apparent non-caring role an individual may feel towards their work. Within the counseling field, this can be extremely impactful on the client. Mental health counselors who develop depersonalization may begin to stop caring about their work and, in turn, begin to stop caring about their clients, which could lead to a potential harmful situation for the client (Everall & Paulson, 2004).

Once a mental health counselor begins to feel the effects of emotional exhaustion and depersonalization, it is not long before a diminished sense of personal accomplishment takes hold (Maslach et al., 2001). The impact of diminished personal accomplishment on a mental health counselor's performance can be significant. Diminished personal accomplishment can lead to feelings of inadequacy and may make it difficult for a counselor to feel a sense of purpose within their daily work. Together, these three aspects of burnout are not only dangerous and

impactful to the mental health counselor, but also, to the clients of these impaired mental health counselors (Maslach et al., 2001).

Despite research identifying factors that contribute to burnout, there continues to be a high prevalence among mental health counselors. Wardle and Mayorga (2016) suggest that the high prevalence of burnout among mental health counselors is due, in part, because burnout is still a widespread issue because of its ability to go unnoticed. The longer burnout goes unnoticed, the more impact it can have on an individual, and permeate several areas of functioning in an individual (Wardle & Mayorga, 2016). Many individuals who experience burnout, experience it as a result of long term exposure to emotionally charged content that can cause physical and emotional exhaustion. Many individuals continue to work and live, while impaired, because they are unable to recognize the symptoms of burnout, and instead, contribute them to other life situations (Wardle & Mayorga, 2016). Whether burnout goes unnoticed for long periods of time, or is recognized right away, it still impacts mental health counselors in various ways.

Impact of Burnout on Mental Health Counselors

Mental health counselors have a unique job experience, in that, they interact dynamically with their clients, and their clients disclose very close and personal information (Kim et al., 2018). The disclosure of such intimate details of a client's life can have a lasting effect on mental health counselors, and if not monitored closely, can contribute to burnout. Burnout can have serious and lasting effects on mental health counselors in the form of stress related physical symptoms including headaches and physical illnesses (Maslach et al., 2001). Mental health counselors also may experience an increase of substance use in order to attempt to manage the feelings associated with the content heard during counseling sessions (Morse et al., 2012). Furthermore, mental health counselors experiencing burnout often begin to have a lack of job

satisfaction that leads to a poorer ability to effectively engage in their work with clients, which can lead to ethical concerns (Green et al., 2014).

The ACA (2014) Code of Ethics states that mental health counselors are to do no harm to their clients. Working impaired can lead to mental health counselors unknowingly causing harm to their clients (Green et al., 2014; Maslach et al., 2001). Burnout impacts a mental health counselor's ability to connect emotionally to their clients and to those in their personal lives, therefore, leading to a diminished sense of self and a loss of interest in important relationships (Morse et al., 2012). Mental health counselors who experience burnout begin to have lower work performance, which is an ethical concern, as well as an increase in physical and emotional stress that can carry from work to other environments outside of work (Everall & Paulson, 2004; Green et al., 2014; Maslach et al., 2001). Therefore, mental health counselors are extremely vulnerable to experiencing the symptoms of burnout, and consistently need to monitor their feelings and behaviors as markers of burnout before it begins to cause impairment.

The impact of burnout on mental health counselors can be profound, as shown from the above mentioned research. Due to the need to better understand burnout and ways to prevent mental health counselors from experiencing burnout, researchers have looked into certain risk and protective factors that may make mental health counselors more or less susceptible to burnout.

Risk Factors of Burnout

Due to the fact that burnout can negatively impact a mental health counselors' wellbeing, research has been done in order to attempt to better understand what factors put counselors most at risk for developing symptoms of burnout. Lent and Schwartz (2012) attempted to uncover some of the factors, both personal and organizational, that have a direct link to causing burnout

in mental health counselors. Their research explored three factors that they believed could have an effect on whether a mental health counselor would experience burnout including: work setting (inpatient, outpatient, or private practice), demographics (years of experience, sex, and race), and personality factors (agreeableness, extroversion, conscientiousness, neuroticism, and openness to experience) (Lent & Schwartz, 2012). The results of this study suggest that those working in community health based settings had higher rates of burnout than did those mental health counselors working in either inpatient or private practice settings. The findings of this research may provide some evidence that work setting may serve as a risk factor for some mental health counselors. Lent and Schwartz (2012) also found a complex interaction of age, race, and years of experience to be a possible risk factor for burnout, however, it was noted that only those that fit a specific demographic might experience a version of burnout that may only include one of the three main components (emotional exhaustion, depersonalization, and diminished sense of personal accomplishment). Lastly, this study showed that certain personality factors did appear to be risk factors for burnout. Neuroticism was the strongest predictor of burnout of the personality factors studied. This study suggested that more neuroticism led to an increase in anxiety, anger, self-consciousness, and vulnerability, which then left mental health counselors more susceptible to experiencing burnout (Lent & Schwartz, 2012).

In support of Lent and Schwartz' (2012) study, Thompson et al. (2020) also discovered that mental health counselors with lower self-efficacy and higher self-consciousness were more at risk to experience some type of burnout than those with higher self-efficacy and lower self-consciousness. Additionally, mental health counselors who perceived their working conditions to be poorer also were more at risk to experience burnout (Begic et al., 2019; Kim et al., 2018; Thompson et al., 2020). Poorer working conditions were described by mental health counselors

as having high caseloads, increased number of working hours per week, strained co-worker relationships, a lack of support or supervision, and a lack of training and guidance (Begic et al., 2019; Kim et al., 2018; Thompson et al., 2020).

Experiencing poor working conditions alone, most likely does not cause burnout, but in addition to poor coping skills and a lack of resources, it can cause more complex problems. Poor coping skills have been shown in multiple studies to be a risk factor of burnout in mental health counselors (Begic et al., 2019; Lent & Schwartz, 2012; Thompson et al., 2020). Thompson et al. (2020) found that mental health counselors who engaged in substance use, denial, distraction, and self-blame were more likely to develop burnout. An inability to self-reflect, such as with mindfulness practices or seeking supervision, also was shown to be a risk factor in experiencing burnout (Begic et al., 2019). Both of these studies suggest that poorer self-care and a lack of coping skills increases the risk of mental health counselors experiencing burnout (Begic et al., 2019; Thompson et al., 2020;). Understanding risk factors of burnout help provide mental health counselors with the ability to account for these risks and monitor them in order to attempt to prevent burnout.

Protective Factors of Burnout

Just as it is critical to understand the factors that put mental health counselors at risk for burnout, it is essential to understand what factors can protect and prevent burnout in mental health counselors. A number of researchers have discovered that mental health counselors who report a positive work environment and positive engagement within the work environment have shown lower levels of burnout across all three domains: emotional exhaustion, depersonalization, and diminished personal accomplishment (Begic et al., 2019; Gutierrez & Mullen, 2016; Lent & Schwartz, 2012; Maslach, 2003; Thompson et al., 2020). More specifically, mental health

counselors described that the experience of a positive work environment includes feeling supported, feeling connected, and having a good work/life balance (Begic et al., 2019; Gutierrez & Mullen, 2016; Lent & Schwartz, 2012; Thompson et al., 2020). This research suggests that the more support a mental health counselor receives, formal or informal, so long as it is a positive experience, can lower the risk of experiencing burnout.

Hou and Skovholt (2020) highlight the importance of interpersonal relationships as one factor that makes mental health counselors more resilient. Furthermore, strong interpersonal relationships at an individual's place of work may contribute to more positive connections, and, overall, a more positive work environment. Thompson et al. (2020) also found that mental health counselors who report a more supportive working environment, and additionally, supportive staff and supervisors, are less likely to experience burnout, therefore, suggesting more positive support can be a protective factor against burnout. The literature suggests that positive support is beneficial, in that, it allows mental health counselors to connect with others who have similar experiences and express their emotions in a healthy way, which then can help protect against burnout (Begic et al., 2019; Gutierrez & Mullen, 2016; Thompson et al., 2020).

Mental health counselors ask their clients to use self-care strategies in order to cope with unpleasant emotions. These self-care strategies are effective, as long as they are practiced repetitively, at preventing those unpleasant feelings from interfering with daily functioning. Researchers have found that self-care strategies can be just as effective for mental health counselors in protecting against burnout. Gutierrez and Mullen (2016) discovered the importance of self-care and taking time off of work in order to help protect against burnout. The self-care strategy used by each individual would be different, however, the strategy would serve the purpose of protecting mental health counselors from becoming overwhelmed by potential

unpleasant feelings related to their work (Gutierrez & Mullen, 2016). Additionally, Thompson et al. (2020) and Begic et al. (2019) both reported that coping skills and self-care were important factors in protecting against burnout. The practice of mindfulness and the use of humor were two specific self-care strategies that were identified as significantly reducing the potential for experiencing burnout (Begic et al., 2019; Thompson et al., 2020). Implementing self-care strategies appears to be an individual way that mental health counselors can begin to protect themselves from burnout.

Finally, one of the last main ways that has been found to protect mental health counselors from burnout includes a personal commitment to one's resiliency. Hou and Skovholt (2020) outline important traits and characteristics of mental health counselors that encompass high resiliency. Mental health counselors who have high emotional intelligence, actively engage with themselves (in reflective work), possess core values and beliefs, and have a desire to learn and grow, were shown to be much more resilient to unpleasant emotional stress in relation to their line of work (Gutierrez & Mullen, 2016; Hou & Skovholt, 2020). Furthermore, mental health counselors who engage in these behaviors that have been shown to build resiliency, can additionally, protect themselves from experiencing burnout (Gutierrez & Mullen, 2016; Hou & Skovholt, 2020).

Burnout contributes to many psychological symptoms that can be problematic for mental health counselors. Despite the negative impact that burnout can have on mental health counselors, there are different factors that can protect from burnout. The following paragraphs will address supervision in depth, and its possibly influence as a protective factor of burnout for mental health counselors.

Supervision

Supervision is an essential aspect of the mental health field as it provides important guidance for practicing mental health counselors and safety for the clients they serve (American Counseling Association [ACA], 2014). The ACA (2014) and Council for Accreditation of Counseling and Related Programs (CACREP, 2016) both stress the importance of supervision and the ethical duty for mental health counselors to seek and receive supervision on a regular basis to help protect clients, assist with counselor development, and protect counselor wellbeing. Supervision of mental health counselors begins during training in a master's level program. CACREP (2016) requires mental health counselors to receive university- and on-site supervision during their practicum and internship fieldwork experiences. The purpose of this supervision is to assist mental health counselors in training to begin to develop their skill set, receive support, protect the welfare of clients, and assist with developing self-care skills (CACREP, 2016).

Mental health counselors who are currently working in the field, according to ethical guidelines, should receive regular supervision while providing treatment to clients (ACA, 2014, Section F). ACA (2014) code of ethics states that mental health counselors should engage in supervision in order to protect their clients' welfare, promote counselor development, and protect their own wellbeing. Bernard and Goodyear (2014) found that most mental health counselors who were providing therapeutic services to clients were engaging in some type of supervision on a regular basis, which is consistent with the guidelines outlined by ACA (2014). Supervision consists of tasks and oversight related to professional development, quality of counseling provided, protection of client welfare, protection of counselor wellbeing, assistance with ethical issues, clinical case formulation, theoretical orientation, and compliance with workplace regulations (Bernard & Goodyear, 2014). Additionally, Borders (2014) described supervision as

an intentional and proactive practice. Supervisors provide oversight on documentation and provide feedback and evaluations on a regular basis. Not only do supervisors provide assistance with the aforementioned aspects, but also, provide guidance on cultural, diversity, and advocacy concerns with mental health counselors (Borders, 2014). The following paragraphs address, in more detail, aspects of supervision, differentiation of clinical and administrative supervision, and research relating to supervision and burnout.

Impact of Supervision

Supervision has been shown to have an impact on client outcomes and on mental health counselors' development and wellbeing (ACA, 2014; Bernard & Goodyear, 2014; Borders, 2014; Wrape, et al., 2015). Supervision provides a way for mental health counselors to continue to grow professionally by providing guidance and maintaining a check on competencies throughout clinical practice (ACA, 2014; Bernard & Goodyear, 2014). Supervision can be impactful for both novice and experienced mental health counselors alike (ACA, 2014; Alfonsson et al., 2018). Supervision can provide personal and professional development for mental health counselors in order to improve, not just their professional identity, but also, how their professional identity interacts with their personal identity (Bernard & Goodyear, 2014; Borders, 2014).

Supervision creates an environment in which mental health counselors have time to reflect on their clinical work and their thoughts and feelings about clients and cases (Nelson et al., 2006; Watkins, 2014). The process of reflection in supervision is important, in that, it allows mental health counselors to review past interventions, reactions, interactions, behaviors, and other aspects of the therapeutic process that allow for deeper understanding of the client and their situation. Without supervision, reflection may not occur as frequently or intentionally, which

may leave the therapeutic process stagnant (Nelson et al., 2006). Supervision impacts the way mental health counselors interact with their clients through the use of intentional reflection, which in turn, can allow for more intentional therapeutic interventions that positively impact the client (Nelson et al., 2006).

Supervision is also impactful in terms of a mental health counselor's overall development. Mental health counselors are able to explore their strengths and weaknesses in their practice, and, in addition, explore and practice ways to use those strengths and improve upon their weaknesses (Borders, 2014; Nelson et al., 2006). Furthermore, as novice mental health counselors, supervision can serve as a safe environment to explore fears and anxieties when it comes to being a clinician (Finley et al., 2016; Nelson et al., 2006). Research shows that addressing these fears and concerns within the supervisory relationship can impact client outcomes in a positive manner by allowing mental health counselors to address these issues before entering a session (Nelson et al., 2006).

Mental health counselor development is a continuous and ongoing process. Part of development and growth corresponds with mental health counselors understanding their scope of competency. The ACA (2014) Code of Ethics states that mental health counselors should not practice outside of their scope of competency in order to protect a client's wellbeing. Supervision provides an environment in which mental health counselors constantly have someone checking their scope of competency. This means that supervision acts as a gatekeeping factor to the profession by ensuring mental health counselors are not providing therapy for issues and concerns outside of their abilities (ACA, 2014; Borders, 2014; CACREP, 2016). The implications are that of protecting the client from harm as well as assisting mental health counselors in developing their self-awareness of their competencies.

Supervision also has been shown to impact mental health counselors' self-efficacy. Novice mental health counselors may have lower self-efficacy due to their lack of experience (Finley et al., 2016; Nelson et al., 2006). Mental health counselors who have higher self-efficacy are better able to serve their clients. Supervision provides an environment in which mental health counselors are able to work on, and develop their self-efficacy, as they grow as professionals (Nelson et al., 2006). Overall, supervision creates lasting impact on mental health counselors in the form of the ability to grow professionally by developing positive practices such as reflection, self-awareness, self-efficacy training, and clinical training. All of these factors contribute to a mental health counselor's wellbeing as well as increase positive client outcomes (Borders, 2014; Finley, et al., 2016; Nelson et al., 2006). The impact of supervision on mental health counselors is far reaching, but effective supervision is a key component to creating lasting impact.

Characteristics of Effective Supervision

Due to the impact that supervision can have on mental health counselors, it is essential that supervision be done effectively in order to have the best impact possible on mental health counselors and clients. Certain factors have been shown to increase the effectiveness of supervision. Falender et al. (2014) identified effective practices of supervision that include placing a value on ethics, respecting the client and counselor, being reflective, being supportive and encouraging during the mental health counselor's development. In alignment with Falender et al. (2014), Borders (2014) also described effective supervisors to be supportive, support professional development, engage in self-reflection practices, and adhere to ethical guidelines.

Research has also shown that supervisors who work collaboratively with their supervisees provide more effective supervision (Borders, 2014; Hooley, 2019; Watkins Jr., 2016). In each supervisory relationship, there needs to be a discussion about expectations and

goals to be accomplished during supervision (Watkins Jr., 2016). The goals and expectations should be decided on by both the supervisor and supervisee in order to avoid a power imbalance, which could detract from the effectiveness of supervision by causing the supervisee to feel less important (Hooley, 2019). A power imbalance could further lead to a loss of the mental health counselor's confidence and self-efficacy, which could negatively impact their work and the wellbeing of the client being served (Hooley, 2019). The supervisor needs to be empathic and empowering in order to help build the supervisee's self-efficacy and further their professional identity (Falender et al., 2014; Ladany et al., 2016). All of the aforementioned aspects of effective supervision work best together when there is a strong relationship between the supervisor and supervisee.

The key to a successful supervisory relationship appears to be a collaborative relationship between the supervisor and supervisee. Research has shown that supervisors who are collaborative, empathic, and respectful of their supervisees tend to have more effective supervisory relationships than those who are not (Borders, 2014; Falender et al., 2014; Ladany et al., 2016). In an effective supervisory relationship, there needs to be flexibility, transparency, genuineness, and a non-judgemental approach (Falender et al., 2014). A supervisor who approaches the supervisory relationship with an open mind, trust, and an ability to provide effective feedback tends to provide more effective supervision than without these factors (Borders, 2014). The supervisory relationship, also known as the supervisory working alliance (SWA), can therefore, be an aspect of supervision through which all other aspects of supervision become more effective.

Supervisory Working Alliance

The SWA has been proven various times to be an essential component of effective supervision (Bernard & Goodyear, 2014; Falender et al., 2014; Ladany, et al., 1997; Ladany, et al., 1999). The supervisory working alliance is now recognized as an integral part of the supervision process, which contributes to better outcomes for both the supervisee and the clients being served (Watkins Jr., 2014). The SWA is defined as a collaborative relationship in which both the supervisor and supervisee develop agreed upon goals, roles, and expectations that will enable the relationship to move forward and grow (Bordin, 1983).

A growth orientated supervisory relationship stems from a perceived strong satisfaction with the supervision received (Ladany et al., 1999). The components that contribute to perceived satisfaction in the SWA include forming some type of an emotional bond, trust, and a feeling empathy from the supervisor (Ladany et al., 1999). Research has also shown that having appropriate self-disclosure within the supervisory relationship contributes to a more positive experience for the supervisee (Knight, 2012). When the supervisor in the relationship shows a certain level of vulnerability and openness through the use of appropriate self-disclosure, the SWA becomes stronger and more effective than with a supervisor who is perceived to be closed off (Knight, 2012). Additionally, a stronger SWA with a more open supervisor can contribute to better professional development of clinical skills and professional identity (Knight, 2012). The give and take of personal disclosures along with feelings about certain clinical cases by both the supervisor and supervisee create a strong bond that creates powerful change on both the supervisee's and the client's part (Knight, 2012).

Another crucial element to developing a strong and positive SWA is the ability to be culturally competent and willingness to be open to discussing multicultural issues (Pettifor et al.,

2014). The supervisor needs to be willing to discuss both the cultural sameness and cultural differences that exist within the SWA in order to provide a more positive supervisory experience (Pettifor et al., 2014). In addition, those who have a supervisor who is consistent and provides consistent communication on religious, spiritual, gender, sexuality, ethnicity, and additional areas of diversity, have reported a more positive supervisory relationship due to the ability to develop and grow in all aspects of the supervisee's identity (Pettifor et al., 2014). The SWA is a powerful and integral aspect of supervision that, depending on whether a positive or negative experience, can alter the course of supervision.

Clinical versus Administrative Supervision

When thinking of supervision, most of the focus and attention is given to the clinical aspect of supervision, especially due to the fact that in master's training programs, the practicum and internship supervision is mostly focused on clinical and professional development (CACREP, 2016). Despite the need and importance of clinical supervision, there is another aspect to the umbrella of supervision, which is administrative supervision. The Center for Substance Abuse Treatment (2009) points to the need to distinguish clinical supervision from administrative supervision to the best extent possible to provide the most effective interventions. Administrative supervisors can assist with the clinical functions within the specific organization, but have specific duties separate from clinical supervisors (Center for Substance Abuse Treatment, 2009). The need to understand both clinical and administrative supervision, and their differences, are essential to providing the most effective supervision, which can impact both the supervisee and the client being served (Tromski-Klingshirm & Davis, 2007).

Bernard and Goodyear (2014) explain that critical aspects addressed during clinical supervision include: attention to ethical issues, professional development, clinical case

formulation, diagnosis and interventions, attention to multicultural issues, treatment planning, transference and countertransference, and the therapeutic relationship. Clinical supervision places more of an emphasis on a mental health counselor's clinical skills and development along with the specific work that a mental health counselor does with their respective clients (Bernard & Goodyear, 2014). These clinical tasks differ from those that are addressed during administrative supervision.

Monahan (2018) outlined some of the specific tasks that administrative supervisors perform that are different from what is addressed in clinical supervision. The tasks found to be performed by administrative supervisors include: providing organizational leadership, delegating assignments and tasks to staff, working towards improving programs, working towards improving policies and procedures, and providing overall staff educational development and training (Monahan, 2018). In addition, Tromski- Klingshirn and Davis (2007) reported that administrative supervisors focus on the development of programs, assist in mental health counselors' ability to function within the organization, monitor case records, ensure compliance with policies and procedures, provide performance evaluations, and assist in hiring new staff. Administrative supervisors may also be more involved in case referrals, orientation and training of new employees, monitor and review case notes and treatment plans, provide program wide effective communication on important issues, act as a community liaison and advocate, and manage program transitions or changes (Center for Substance Abuse Treatment, 2009). Although these tasks are unique to administrative supervisors, there has been research that illuminates that fact that some supervisors act in a dual role and provide both administrative and clinical supervision.

Tromski-Klingshirn and Davis (2007), found that many supervisors can and are acting as both the clinical and administrative supervisor. A dual role of supervisors can be necessary in some settings if a lack of resources and personnel exist to provide separate clinical and administrative duties (Tromski-Klingshirn & Davis, 2007). Krieder (2014) also pointed to the prevalence of supervisors that act in dual roles and found that it can be done effectively, however, the lack of a positive SWA can lead to a negative supervisory experience. Tromski-Klingshirn and Davis (2007) discovered the impact of a dual role supervisor by using the Clinical Supervision Questionnaire (CSQ) created by Ladany et al. (1999). In this study, almost half of mental health counselors responded that their clinical supervisor also provided administrative supervision (Tromski- Klingshirn & Davis, 2007). Mental health counselors who reported having a negative supervisory experience with a dual supervisor reported it was due to a lack of importance placed on clinical supervision and an emphasis on administrative duties (case note deadlines, insurance/billing, and required trainings) that took priority over their clinical growth (Tromski- Klingshirn & Davis, 2007). Krieder (2014) found similar findings in that mental health counselors who did not feel supported by their dual role supervisor were less satisfied than those who had a more balanced and supportive supervisor. Regardless of the reasons, dual role supervision occurs frequently, but within that relationship, there still exists a difference between the types of functions that the administrative and clinical supervisor perform.

Impact of Supervision on Burnout

As previously reviewed, supervision is an integral part of the counseling process and is essential to mental health counselor development across several areas. Borders (2014) emphasized the importance that supervision provides in protecting clients' welfare during the counseling process. According to the ACA Code of Ethics (2014), mental health counselors are

to ensure no harm comes to clients being treated. Therefore, supervision provides a safeguard for clients and ensures mental health counselors are following the ethical guidelines of their governing body. When anything threatens the welfare of the client, including direct harm to the client or harm to the mental health counselor leading to client harm, then methods should be put in place to fix those problems, especially through supervision. One such factor that directly affects mental health counselors, which in turn, could affect the welfare of clients, is burnout (Borders, 2014).

Knudsen et al. (2008) found that mental health counselors who received supervision, and perceived it to be effective supervision, scored lower on emotional exhaustion, which is one of the main domains of burnout. Furthermore, the researchers found that supervision acts a protective role in preventing mental health counselors from experiencing burnout symptoms, and therefore, reducing the chance of practicing impaired (Knudsen et al., 2008). The findings of this research illuminate the important impact that effective supervision can have on a mental health counselor's wellbeing, which can prevent harm from reaching clients (Knudsen et al., 2008).

Additional research done by Fukui et al. (2019) revealed similar findings that show supportive supervision can mediate the turnover rate of mental health counselors through work related stress and emotional exhaustion. Mental health counselors who perceived their supervisors to be positive and supportive experienced burnout less often than those who received no supervision or perceived poor supervision (Fukui et al., 2019). In addition to the practice of supervision and its impact on burnout, Sterner (2009) also found that one particular aspect of supervision, the SWA, can help alleviate work related stress, which can lead to burnout. The more positive and supportive the SWA, the less work related stress a mental health counselor experiences, which can help reduce the chance of impairment of mental health counselors

(Sterner, 2009). All of these findings report on the impact that supervision, or clinical supervision, has on burnout and factors that lead to burnout, however, they do not address or differentiate the role that administrative supervision may play in reducing or contributing to burnout. The importance of these findings link supervision to burnout and, further, suggest that the SWA may moderate the relationship between supervision and burnout. This study aims to build upon this research and determine whether or not administrative supervision is related to the experience of burnout, and if the possible relationship between administrative supervision and burnout is moderated by the SWA. The following chapter outlines the methodology for this study.

Chapter 3: Methodology

Having established a review of the literature pertaining to the current study and identifying and defining the theoretical constructs that comprise the research variables supervision, supervisory working alliance (SWA), and burnout, attention will now be given to the proposed methodology and research design. The following are the established research questions, which will be followed by procedural information regarding the chosen research design for this study as well as an overview of the statistical analyses, data collection procedures, and ethical considerations.

Research Question One: Do the predictor variables of the perception of the supervisory working alliance and the satisfaction of administrative supervision account for a significant amount of the variance in the predicted variable of burnout in a sample of masters' level counselors?

Hypothesis One: I hypothesize that in this sample of counselors, the perception of the supervisory working alliance and the satisfaction of administrative supervision both significantly contribute to the prediction of burnout.

Research Design

This study will utilize a multiple regression using the enter method to determine the variance that the predictor variables (administrative supervision and the supervisory working alliance) have on the prediction of burnout. Existing research suggests possibility that the supervisory working alliance may moderate the relationship between administrative supervision and its effect on burnout. The multiple regression and the enter method will test whether one or both of the predictor variables can predict burnout, along with determining the amount of

variance that the predictors had on burnout. Certain conditions must be met in order to determine an effect of the moderating variable.

For the current study, the conditions will be established by using the three variables listed above and entering them into Statistical Package for the Social Sciences (SPSS) 26.0. Once entered, a multiple regression analysis will be conducted to determine whether administrative supervision and the supervisory working alliance are predictors of burnout, and the variance that the predictor variables can account for in terms of burnout.

Participants

The sample for the present study will consist of mental health counselors/ therapists currently employed and working directly under a supervisor. The mental health counselor sample population will consist of individuals who have all completed advanced training (master's degree or higher), are currently working towards a professional license under a supervisor, or are currently employed in a mental health setting under a direct supervisor. Demographic information, including age, gender, and race, will be collected as a way to assess for any clinical or methodological significance.

A power analysis was conducted to determine the appropriate sample size of the population, which assisted in the selection of participants for the present study. The power analysis is essential to the reliability and generalizability of the outcome results found in this study, thereby supporting any claims made regarding the ability to use the potential outcomes to the general population of mental health counselors. Parameters established when designing and implementing this power analyses included: an adjusted significance level of ($\alpha = 0.01$) to account for testing multiple correlations, power ($b = 0.08$), and an estimated effect size ($r = 0.30$), which reflects current standards for statistical significance and power. The results of the

power analysis suggest that this study obtain 110 participants in order to achieve the desired power, which would allow for greater generalizability depending on the results of this study. The processes by which mental health counselors will be chosen will be discussed next.

Instrumentation

The current study utilized three instruments to measure the constructs of the supervisory working alliance, administrative supervision, and burnout. The Counselor Burnout Inventory (CBI) and the Supervisory Working Alliance Scale Inventory- Trainee Form (SWAI- T) were chosen due to their applicability to the current research agenda, and the empirical research supporting their psychometric properties. The Satisfaction of Administrative Supervision Scale was created by the researcher to use for the purposes of this study due to the current absence of a scale that measures administrative supervision.

Satisfaction of Administrative Supervision Scale

Administrative supervision is one of the three primary variables in this study, and was measured using the Satisfaction of Administrative Supervision Scale. The Satisfaction of Administrative Supervision Scale was created by the researcher and is a 15 item self-report instrument. Each item asks participants to reflect on their satisfaction of the administrative supervision that they receive at their place of work. Each item is measured using a 5- point Likert scale to rate the perception of quality of each item that occurs during administrative supervision in descending order from 1 (“not at all”) to 5 (“definitely”). This scale was created based on the researcher’s review of the literature pertaining to the duties of administrative supervision (Center for Substance Abuse and Treatment, 2009; Monahan, 2018; Tromski-Klingshirm & Davis, 2007).

A focus group was conducted to help the researcher better refine, condense, and eliminate questions in order to ensure the scale was measuring the intended construct of administrative

supervision. The researcher took notes and asked questions to clarify certain comments made by the focus group participants in order to make sure all was comprehended as accurately as possible. Finally, the researcher edited and revised the administrative supervision scale to the final 15 questions that were used for the current study, and reviewed them one last time with the focus group.

Since this is a new scale, no current statistics were available to determine and review the validity of the scale. As a result of this, the researcher conducted a preliminary exploratory factor analysis to determine preliminary validity of the scale. The results of the exploratory factor analysis extracted one factor out of the 15 total items. This factor accounted for 68.1% of the variance, and showed that the scale preliminarily showed that it does measure the intended construct of administrative supervision. The results section in Chapter 4 of this study will provide further insight into the validity of this newly created scale.

Counselor Burnout Inventory

The Counselor Burnout Inventory (CBI) was used to measure the construct of burnout. The CBI is a 20- item self-report instrument that measures burnout in professional counselors across five different dimensions which include: exhaustion, incompetence, negative work environment, devaluing client, and deterioration in personal life (Lee et al., 2007). Each item is rated on a Likert scale in descending order from 1 (“never true”) to 5 (“always true”). Scores of each individual subscale may range from 4 through 20 with the total score ranging from 20 to 100 (Lee, et al., 2007).

Lee et al. (2007) reported the psychometric properties of the CBI. The internal consistency reliability had a Cronbach’s alpha coefficient of .94 in the first sample of counselors. The second sample of counselors had a Cronbach’s alpha coefficient of .88. Each of the five

subscales had a Cronbach's alpha that ranged from .80 to .84 for the first sample, and .73 to .85 for the second sample (Lee, et al., 2007). Test-retest reliability was conducted with sample 2 after 6 weeks had passed since first taking the CBI. Pearson product-moment of correlations to the CBI were as followed: .85 for exhaustion, .72 for negative work environment, .82 for devaluing the client, .72 for incompetence, and .73 for deterioration in personal life. Overall, the correlation coefficient was .81 across all subscales, which indicates a good test-retest reliability.

Convergent validity for the CBI was conducted through a correlation with the Maslach Burnout Inventory- HSS (MBI- HSS) subscale scores. The strongest positive correlation was found between the two subscales of Emotional Exhaustion on the MBI- HSS scale and Exhaustion on the CBI scale ($r = .73, p < .01$) (Lee, et al., 2007). This positive correlation was followed by the CBI subscales of Negative Work Environment ($r = .62, p < .01$), Deterioration in Personal Life ($r = .62, p < .01$), Devaluing Client ($r = .31, p < .01$), and Incompetence ($r = .30, p < .01$) (Lee, et al., 2007). The Depersonalization subscale of the MBI- HSS was positively correlated with the CBI Devaluing Client subscale ($r = .56, p < .01$). This was by correlations on the CBI subscales of Incompetence ($r = .35, p < .01$), Negative Work Environment ($r = .27, p < .01$), Exhaustion ($r = .23, p < .01$), and Deterioration in Personal Life ($r = .22, p < .01$) (Lee, et al., 2007). Negative correlations were found between the MBI- HSS subscale of Personal Accomplishment and the CBI subscales of Incompetence ($r = -.38, p < .01$), Devaluing Client ($r = -.23, p < .01$), and Exhaustion ($r = -.18, p < .05$).

Finally, criterion validity was conducted with a correlation of the CBI subscales to job satisfaction and self-esteem scales. Job satisfaction was negatively correlated with the following four CBI subscales: Negative Work Environment ($r = -.33, p < .01$), Exhaustion ($r = -.46, p < .01$), Deterioration in Personal Life ($r = -.33, p < .01$), and Devaluing Client ($r = 1.31, p < .01$)

(Lee, et al., 2007). Lastly, the only subscale that correlated with self-esteem was the CBI Incompetence subscale ($r = -.31, p < .01$) (Lee, et al., 2007).

(Brief) Supervisory Working Alliance Inventory- Trainee Form

The SWA between the supervisor and counselor is the moderating variable in this study. In order to measure the SWA, this study utilized the Brief Supervisory Working Alliance Inventory- Trainee Form (BSWAI-T) (Sabella et al., 2019). The BSWAI-T is a 5- item instrument that is measured on a 7- point Likert scale in descending order from 1 (“almost never”) to 7 (“almost always”) with scores ranging from 9 to 133 (Sabella et al., 2019). BSWAI-T was derived from the original Supervisory Working Alliance Inventory- Trainee Form (SWAI-T) (Efstation et al., 1990), and researchers performed a reduction of the full scale in order to create a brief version, which, when completed, resulted in a short form that maintained validity and reliability of the intended construct (Sabella et al., 2019).

After completing the reduction of the SWAI- T, the researchers used a small data set to test the reliability of the BSWA-T. Sabella et al. (2019) found high internal consistency of .97, and a .01 reduction when compared to the original full scale. Correlations on the 5 items of the BSWAI- T were all above .91, which suggests that the final 5 items are all necessary and have high reliability (Sabella et al., 2019). After receiving these statistics, the researchers then conducted the same analyses with a larger sample in order to determine the true reliability of the reduced scale. Sample 2 data maintained high internal consistency of .92 with a reduction of .06 when compared to the original full scale SWAI- T (Sabella et al., 2019).

Sabella et al. (2019) then conducted correlations to determine the validity of the BSWAI-T. Convergent validity was confirmed by correlating the BSWAI- T with trainee perceptions of supervisor behaviors and supervisor knowledge. The correlations showed a positive relationship

between the BSWAI- T and supervisor behaviors ($r = .73, p < .01$), and between the BSWAI- T and supervisor knowledge ($r = .65, p < .01$) (Sabella et al., 2019). Overall, the BSWAI- T was found to maintain reliability and validity, even as a reduced scale (Sabella et al., 2019).

Procedure

The instruments chosen, along with the demographic survey, will comprise a 64 question survey that was distributed largely through CESNET-L and CounselingGRADS, which are both listservs for counseling educators and counseling graduates. The survey will also be advertised and distributed to College and University alumni listserv networks in order to reach mental health counselors who may have connections with the author, and therefore, potentially drawing in more participants to complete the survey. The author will contact other mental health agencies in the area, to which the author has connections, and ask supervisors to distribute the survey via email to their mental health counselor employees along with other agencies they may be in contact with . In addition, the researcher will find various mental health counseling groups on Facebook and post the survey, with guidelines and IRB consent information, for those members in the respective groups to complete.

Upon approval from the Institutional Review Board (IRB) at Duquesne University, the initial request for participation in this study will be disseminated through email. Over the course of three weeks, the request for participation will continue to be sent out each week in order to attempt to gather the necessary number of participants for this study. If any additional requests for participation need to occur after the initial month, the author will discuss additional options with the dissertation committee in order to obtain more participants.

A consent statement will be sent to all participants once they have received this study, which enables them to participate in this study. Every participant must sign this statement and

agree with the statements contained within the consent statement by selecting “agree.” Neglect to select “agree” will block participants from entering into and completing the survey.

In order to incentivize the completion of the surveys, the participants will be provided an option to enter their email into a lottery upon completion of their survey in order to win a \$150.00 gift card to Amazon. The drawing for the gift card will be completed at the end of the data-collection period. Participants who complete the survey within the first week of distribution of the survey will be entered twice into the lottery. Since providing emails will be necessary for distributing the incentive, provisions will be set forth in order to protect participants and the integrity of the study. Participants will be notified that their email address will be used solely for the purpose of notifying the winner that they have won the drawing. This study will not use the emails provided for any other purposes and will not be connected to the survey responses.

Data Collection and Analysis

To begin the data collection process, the researcher will send participants a link, via email, that will take them to a Qualtrics web-form in order to complete the survey. Once participants have completed their survey, the data will be collected and stored in Qualtrics. The data will be protected by a password in the Qualtrics system to which only the researcher and the three committee members of this dissertation will have access to.

SPSS software will be used to analyze the data that was collected from the surveys that measured administrative supervision, burnout, and the supervisory working allinace. Both descriptive and inferential statistics were used to analyze this data, and was mainly used for running the multiple regression analysis. Research question one was tested using the enter method of a multiple regression in order to determine whether or not administrative supervision and the supervisory working allinace predict burnout. Additionally, the multiple regression will

determine the amount of variance that administrative supervision and the supervisory working alliance account for when measuring counselor burnout.

In order to screen and clean the data, the researcher used frequencies within SPSS to check for any values that fell outside of the normal range, and to determine how many missing values were in the data set. The researcher may need to transform the data if there are missing values, or if the values fall outside of the applicable responses. The researcher will test the following assumptions to determine if the data has fallen within the normal range: normality using the shape and skewness, linearity using an ANOVA analysis, homoscedasticity using a scatter plot, and multicollinearity using the Variable Inflation Factor (VIF).

Human Participants and Ethics Precautions

The most risk to participants in this study comes in the form of confidentiality. Participants' confidentiality will be protected by following specific measures and steps during recruitment, distribution of surveys, and collection of data. The survey for this study will not ask for participants' names, addresses, employment, or any other potential identifying factors. None of the data collected will be linked to the participants, which ensures that the participants' responses remain completely anonymous and confidential. In regards to the lottery drawing, all participants will be voluntarily providing their email addresses to be entered into the drawing, and the email addresses will not be connected to the participants' responses in any way.

In addition to the above mentioned precautions, all participants are able to withdraw from the study at any point. The informed consent will be distributed to participants before they are permitted to continue to take the survey. Within this informed consent, participants will be notified of their ability to withdraw at any point after beginning the survey by simply exiting the server and not completing the surveys. Those who do choose to complete the surveys will remain

completely anonymous, and their responses will be only coded by a number, leaving their identity confidential.

Due to the nature of this survey design and confidential responses, the risk to participants is minimal. Participants may discover added benefits from participating in this survey including time to reflect upon their relationships with supervisors as well as their own personal well-being within the counseling field by answering questions about burnout. All procedures were approved by the Duquesne University Institutional Review Board.

Chapter 4: Results

In this chapter, I will review and examine the results of the data collection and analyses conducted for this study. Included are a summary of participant demographic statistics, an overview of the data cleaning process, and a statistical analysis for the research question addressed in this study. All findings, significant and non-significant, will be reviewed and discussed. The online survey platform, Qualtrics, was used to collect and store data, which was then exported to SPSS 26 for statistical analysis. In total, 164 individuals attempted or completed the survey throughout the data collection process. Once the data were cleaned and examined for incomplete data and outliers, 110 (67%) participants of the original 164 were included in the final analysis.

Research Question

This study included the following research question:

Research Question One: Do the predictor variables of the perception of the supervisory working alliance and the satisfaction of administrative supervision account for a significant amount of the variance in the predicted variable of burnout in a sample of masters' level counselors?

Hypothesis One: I hypothesize that in this sample of counselors, the perception of the supervisory working alliance and the satisfaction of administrative supervision both significantly contribute to the prediction of burnout.

The following instruments were used as predictor variables: the Satisfaction of Administrative Supervision Scale (self-created by the researcher) and the Brief Supervisory Working Alliance Inventory - Trainee Form (BSWAI-T; Sabella et al., 2019), while the Counselor Burnout Inventory (CBI; Lee et al., 2007) was used as the predicted variable.

Participant Demographic Information

Data Cleaning Procedures

In order to clean the data, I first began by examining participant responses and identifying cases that were incomplete. Participants who had not answered any items from the study were eliminated. I also eliminated participants who completed the demographic information but did not complete any of the clinical assessments. Fifty-two cases were removed due to significant incompleteness, leaving a total of 112 participants. Significant incompleteness was determined by manually examining the responses. The cases that were removed had not answered any questions, which may have indicated that a participant had started and then closed out of the survey. Qualtrics records these cases, despite not having responded any questions, which is why I removed them manually. The total number of participants included in the statistical analyses was 112. Cases were then analyzed for outliers using Mahalanobis (1936) distance and Cook's (1977) distance, which identified two cases as outliers. I then examined the response patterns of each individual case, and found that the two cases had repetitive responses throughout their survey responses. For example, in both instances, the participants had responded with the value of "1" for each of the three surveys, which suggests these participants did not respond accurately, but instead assigned the value "1" to complete the survey quickly and not providing valid answers. The researcher removed those two cases, which brought the final total of participants to 110.

Participant Demographic Information

Upon completion of cleaning the data, the cases were filtered to ensure that only the participants that completed 100% of the survey, had earned at least a Master's degree in a counseling field, and met the requirements of having a supervisor, were included for data

analysis. After filtering the cases to ensure that participants had met these requirements, the total number of participants was 110. Of the 110 participants, 82.7% ($n = 91$) identified as female, 14.4% ($n = 16$) identified as male, and 2.7% ($n = 3$) identified as nonbinary. The age of participants ranged from 24-67 years of age with three participants choosing not to disclose their age. Participants' ages were categorized into three subcategories to simplify the reporting. In total, 54.1% ($n = 56$) participants ranged between 24-31 years old, 29.7% ($n = 33$) ranged between 32-42 years old, and 16.2% ($n = 18$) ranged between 43-67 years old.

Ethnicity was self-reported by participants, with 95 (86.3%) identifying as Caucasian, five (4.5%) identifying as African American, four (3.6%) identifying as Asian/Asian American, four (3.6%) identifying with more than two races, and two (1.8%) identifying as Hispanic or Latin American. There were no participants who chose the "other" option, nor wrote in a different ethnicity than what was provided in the demographic survey.

In regard to years of experience, the frequency data showed that 80 (73.5%) participants had between .25 and five years of clinical experience, with 20 of those participants having at least two years of experience in clinical practice. The frequency count showed that 17 (15.5%) participants had between six-10 years of experience, and the remaining 13 (11%) participants had between 11-25 years of clinical experience.

The demographic portion of the survey included questions regarding the amount and type of supervision participants receive at their place of work, along with who provides that supervision. Participants were asked to estimate the total amount of time they typically receive clinical supervision on a weekly basis. The majority of participants, 57 (51.8%), reported that they typically receive one hour of supervision per week. The data showed that 25 (22.7%) participants reported that they receive two hours of supervision per week. The remaining data

showed that 18 (16.4%) participants reported zero hours of supervision per week, four (3.6%) reported three hours of supervision per week, and six (5.5%) participants reported more than three hours of supervision per week. Participants were also asked if the person that provides them with the most clinical supervision has formal training in clinical supervision of which they are aware, to which 58 (52.8%) reported “yes”, 47 (42.7%) reported “no”, and 5 (4.5%) participants did not respond.

When asked about the amount of administrative supervision hours received per week, participants responded in the following way: 84 (76.4%) participants received between 0-1 hour of administrative supervision per week with 21 of those participants receiving zero hours of administrative supervision per week, and 26 (23.6%) participants receiving between 2-8 hours of administrative supervision per week. Participants reported from how many people they receive administrative supervision on a weekly basis, which resulted in the following: 69 (62.7%) participants reported one administrative supervisor, 18 (16.4%) participants reported two administrative supervisors, 3 (2.7%) participants reported three administrative supervisors, 17 (15.5%) reported zero administrative supervisors, and 3 (2.7%) reported more than three administrative supervisors.

Additionally, participants were asked whether one person provides them with both clinical and administrative supervision (dual supervisor). Seventy (63.6%) participants reported “yes”, and 40 (36.4%) reported “no.” Finally, participants were asked to estimate the total number of supervision (administrative and clinical) hours they received on a weekly basis, which resulted in the following: 54 (49.1%) participants reported 0-2 total hours of supervision per week, and 56 (50.9%) participants reported 2-8 total hours of supervision per week.

Findings

This research study used Qualtrics, a web-based survey platform, comprised of three separate assessment scales: the Satisfaction of Administrative Supervision Scale, the Brief Supervisory Working Alliance Inventory - Trainee Form (BSWAI-T; Sabella et al., 2007), and the Counselor Burnout Inventory (CBI; Lee et al., 2007). Once the data were cleaned and filtered, and prior to conducting the moderation analysis, each of the inventories were examined for reliability. Previous discussions (Chapter 3) provided published and established data on two of these instruments (CBI and BSWAI-T). The reliability assessments, presented below, will reflect participant data collected from the present study.

Satisfaction of Administrative Supervision Scale

The Satisfaction of Administrative Supervision Scale consisted of 15 inventory items. This scale was created by the researcher for the purpose of measuring the satisfaction of administrative supervision due to the void of such a scale in previous research. Data for this inventory is collected using a 5-point Likert scale. Before conducting the analysis with the data from this study, an exploratory factor analyses (EFA) was conducted. The results of the preliminary exploratory factor analysis revealed that one factor was being measured, accounting for 68.13% of the variance. Once the data collection process had concluded, this scale produced a Cronbach's alpha = .96, which demonstrated a strong internal consistency. One participant's data was removed for the analysis due to a missing response, which brought the total number of responses for this scale to 109. The overall mean for all participants' responses to this measure was 56.01, with a standard deviation of 15.95, $n = 15$. The results of the reliability and validity of this newly created scale produced consistent results as compared to the preliminary exploratory factor analysis that was conducted at the beginning of the current study. The results of the

exploratory factor analysis extracted one factor out of the 15 total items. This factor accounted for 68.1% of the variance, and showed that the scale preliminarily showed that it does measure the intended construct of administrative supervision.

Counselor Burnout Inventory (CBI)

The CBI (Lee et al., 2007) measures the level of burnout a counselor experiences and consists of 20 items on a 5-point Likert scale. In the original study, the CBI produced a Cronbach's alpha of .94 in the first sample of counselors and .88 in the second sample of counselors, which indicates good internal validity (Lee et al., 2007). In the present study, a Cronbach's alpha of .91 was recorded, thus demonstrating a high level of internal consistency. Participants in the present study demonstrated a mean score of 2.42 on each item with a standard deviation of .82, and a total score mean score of 48.22 and a standard deviation of 11.62. The present study confirmed an internal consistency score that mirrored the original testing of the CBI inventory.

Brief Supervisory Working Alliance Inventory- Trainee Form (BSWAI-T)

The BSWAI-T (Sabella et al., 2019) measures the supervisory working alliance between the supervisor and supervisee based on the supervisee's perception of the relationship. The BSWAI-T is a brief form consisting of five items on a 7- point Likert scale. The original study produced a Cronbach's alpha of .97 in the first sample of participants and a Cronbach's alpha of .92 in the second sample of participants, which represents a high internal consistency (Sabella et al., 2019). The present study produced a Cronbach's alpha of .91, which demonstrates a high level of internal consistency. The participants had a mean score of 5.25 with a standard deviation of 1.74, and a total score of 26.29 with a standard deviation of 7.51.

Results of Statistical Analysis

Research Question One

In order to answer research question one, Do the predictor variables of the perception of the supervisory working alliance and the satisfaction of administrative supervision account for a significant amount of the variance in the predicted variable of burnout in a sample of masters' level counselors, I employed multiple regression analyses. Consistent with stated hypotheses, the supervisory working alliance predicted a significant 34% of the variance in burnout, $F(2, 109) = 27.28, p < .001$ (see Table 3). However, contrary to my hypotheses, the insertion of the satisfaction of administrative supervision did not account for additional significant variance in the model.

Table 1

Summary of Regression Analysis for Variables Predicting Burnout of Mental Health Counselors

	B	SE B	<i>B</i>	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
Model 1						.581	.338
SWA	-.899	.194	-.582	-4.63	.000		
Admin Sup	.002	.167	.001	.011	.991		

Note. SWA = Supervisory Working Alliance; Admin Sup = Administrative Supervision

* Significant at the 0.05 level.

Summary

The results of the multiple regression analysis showed that while the overall model was significant, it was only the supervisory working alliance that accounted for 34% of the variance. The results are significant in supporting previous literature (Efstation et al., 1990; Enlow et al., 2019; Ladany et al., 1999; Sterner, 2009) that also demonstrated that the supervisory working alliance is a significant predictor against burnout in health care providers. The supervisory working alliance is a significant factor in supporting the wellbeing of mental health counselors. The significant relationship between the supervisory working alliance and burnout was a negative relationship, which means that when the supervisory working alliance was perceived to be positive and supportive the experience of burnout was inversely affected, and was lowered. The results of the multiple regression also showed that administrative supervision was not a significant predictor of burnout. I hypothesized that both administrative supervision and the supervisory working alliance would be significant predictors of burnout, however, the multiple regression analysis showed that only the supervisory working alliance was a significant predictor of counselor burnout.

CHAPTER 5: DISCUSSION

The current study involved a multiple regression using the enter method to explore the relationship between administrative supervision, burnout, and the supervisory working alliance. Previously, a comprehensive literature review was conducted that provided for the premise that these three variables may be related. Supervision encompasses both clinical and administrative supervision, however, administrative supervision has often been overlooked as a variable in counselor burnout. This study attempted to provide a more detailed understanding of the role of administrative supervision, along with the supervisory working alliance, in explaining mental health counselors' experience of burnout.

Clinical supervision in the counseling profession has received extensive attention and in previous research, has been shown to lower mental health counselors' levels of burnout if perceived to be positive (Fukui et al., 2019; Knudsen et al., 2009; Thompson et al., 2011;). Research has also shown that a positive supervisory working alliance can greatly contribute to a reduction in burnout (Efstation et al., 1990; Enlow et al., 2019; Ladany et al., 1999; Sterner, 2009). Through this research I sought to determine whether supervisees' perceived effectiveness of administrative supervision may be related to burnout, potentially identifying a variable that could be modified to reduce burnout.

This final chapter summarizes the study's design and procedures. Primarily, this chapter identifies the implications of the results for the counseling field, and in particular, for more effective approaches to administrative supervision, and possibly all aspects of supervision. The limitations of this study are addressed. Finally, this chapter provides recommendations for future research so that other researchers may extend or replicate the methodology and/or research design that this researcher chose for the current study.

Discussion and Implications

The current study used a multiple regression using the enter method to determine if administrative supervision and the supervisory working alliance are significant predictor variables of counselor burnout. Before conducting the multiple regression using the enter method, I took time to sort through the data, and screened for outliers and incompleting questionnaires. I used Mahalanobis distance (1936) and Cook's distance (1977) in order to screen for outliers, and eliminated two cases before running the analysis.

The multiple regression using the enter method, revealed that the overall hypothesis was supported in that the supervisory working alliance predicted a significant 34% of the variance in burnout. The results indicate that mental health counselors who perceived their relationship with their supervisory to be more positive experienced lower levels of burnout. The predictor variable of the supervisory working alliance also had a significant negative relationship to burnout, meaning that when the supervisory working alliance had higher positive scores, burnout had lower scores. Inversely, when the supervisory working alliance was perceived to be more negative burnout scores were rated higher. These results are consistent with previous literature that suggests that the stronger the supervisory working alliance the better mental health counselors are protected from burnout (Enlow et al., 2019; Fukui et al., 2019; Ladany et al., 1999; Sterner, 2009). While the multiple regression model did reveal the supervisory working alliance to be a significant predictor of burnout, the addition of administrative supervision did not account for additional significant variance in the model. While the results of the multiple regression did not support the hypothesis that administrative supervision would be a significant predictor of burnout, it may still be important to examine if the supervisory working alliance applies to both clinical and administrative supervision.

Supervision in counselor preparation tends to focus primarily on the clinical aspects of supervision and does not emphasize administrative aspects of supervision. As mentioned in Chapter 3, administrative supervision focuses on organizational leadership, delegating assignments and tasks to staff, improving policies and procedures, providing staff educational development and training, monitoring notes, providing performance evaluations, billing, and managing program changes and transitions (Center for Substance Abuse Treatment, 2009; Monahan, 2018; Tromski- Klingshern & Davis, 2007). While the results of this study did not suggest that administrative supervision is a significant predictor of burnout, it may still be a critical component to the overall supervisory process. The supervisory working alliance encompasses the overall supervisory process. As supervision is comprised of clinical and administrative supervision, the supervisory working alliance would apply to both clinical and administrative supervision. One possible explanation that explains the results of the multiple regression is that the supervisory working alliance is more essential than the actual type of supervision.

While the focus of supervision in master's programs and the licensure process is typically clinical supervision, there is always an aspect of administrative supervision. Dual role supervisors occur frequently, which means that one supervisor must find a way to balance their time and skills between the clinical aspect of supervision and administrative duties (Krieder et al., 2014). As a dual role supervisor, it has been shown that if there is a balance of clinical and administrative duties along with positive support, burnout has been shown to be lower (Krieder, et al., 2014). Additionally, since one supervisor is providing both clinical and administrative supervision the role of this supervisor is fluid, and often times the duties of clinical and administrative supervisor overlap. This is important to the results of this study. Some participants

of this study had reported dual role supervisors, which means that it might have been difficult for these participants to distinguish between when they were receiving clinical supervision or administrative supervision. Furthermore, if participants with a dual role supervisor had difficulty distinguishing when they were receiving clinical or administrative supervision then these participants may have reported experiencing burnout differently. For example, if a participant had one supervisor to provide both clinical and administrative supervision, it could be possible for that participant to generalize the reason for their experience of burnout instead of breaking down specifically what constructs were contributing to the burnout.

Implications of this could mean developing a deeper understanding of the differences between dual role supervisors and distinct clinical and administrative supervisors. These implications can help better inform the focus the supervisory process. Whether a dual role supervisor or two distinct supervisors, it would be critical to focus on the supervisory working alliance to help protect from burnout. Training could start within the workplace. No matter what type of supervisor, clinical, administrative, or both, it would be very important to train every supervisor on developing the supervisory working alliance. The supervisory working alliance, much like the therapeutic working alliance, builds trust and acceptance in a safe environment, which allows development and growth to occur. Whether the supervisor is a clinician themselves, or another type of administrator, it is equally important to foster the supervisory working alliance. Various mental health settings can employ appropriate trainings at various levels in order to stress and make clear the need to foster a good and positive relationship with supervisees, no matter how small the interactions may be. With the supervisory working alliance accounting for 34% of the variance in burnout scores, every interaction with a supervisor,

clinical or administrative, is critical and can be a tipping point in either direction for the supervisee.

Once mental health counselors enter the workplace, the experience of supervision varies greatly from what was experienced in their training program. Many mental health counselors, especially in busy agency settings, report receiving mostly administrative supervision, which is not as familiar as clinical supervision (Franco, 2016). Research has suggested that agency settings that focus too much on productivity standards and administrative duties tend to show mental health counselors becoming dissatisfied with their jobs (Franco, 2016). While the results of this study do not directly show that administrative supervision is a predictor of burnout, they do show that the supervisory working alliance is an essential component to the supervisory process, and a significant predictor of burnout. As the supervisory working alliance covers all aspects of supervision, it is still important to make it widely known to all supervisors that the relationship with a supervisee is critical to their wellbeing and development.

To expand upon the analysis run which addressed the research question of the current study, an additional analysis was run to conduct a correlation between administrative supervision and the supervisory working alliance. As stated above, the supervisory working alliance appears to be a major factor that can predict burnout. In order to better understand if the supervisory working alliance is still important and related to administrative supervision, a correlational analysis was run between administrative supervision and the supervisory working alliance. The correlational analysis was intended to shed light on any possible relationship between the two variables that might be helpful for future research. The results of the correlational analysis showed that administrative supervision and the supervisory working alliance were positively significantly correlated, $r(108) = .76, p < .01$.

Table 2

Pearson Correlations Among The Supervisory Working Alliance and Burnout

Measure	1	2
Administrative Supervision	1	.766*
Supervisory Working Alliance	.766*	1

* Correlation is significant at the 0.01 level.

This positive significant correlation between the interaction variables of administrative supervision and the supervisory working alliance suggests that the two variables are related. This

correlation, appears to show that administrative supervision could, theroretically, be improved with a strong and positive supervisory working alliance. While this is not entirely surprising, it is interesting as there has been no other research that examined the constructs of administrative supervision and the supervisory working alliance together. We know, from previous research, that the supervisory working alliance has a positive impact on clinical supervision (Efstation et al., 1990; Enlow et al., 2019), however, there is no mention of the supervisory working alliance and its relation to administrative supervision. Combining the results from the research question addressed in this study and the final correlation of administrative supervision to the supervisory working alliance, points to the need to continue researching and understanding more detailed componants of administrative supervision, but also the impact improving the supervisory working alliance within different aspects and individuals providing supervision can have on mental health counselors' wellbeing.

I was inspired to conduct this study as a result of experiences related to having minimal contact and poor relationships with administrators. Poor or non- existent relationships with administrative supervisors in various workplaces appeared to be true when other mental health counselors reported having similar experiences. For example, one mental health counselor experienced an administrator constantly pushing billable hours when the counselor could not control when clients cancelled appointments, which led to feelings of incompetence. No matter what type of supervisor this was, the supervisory working alliance could have potentially avoided some of these feelings of incompetence, and instead, provided positive support and resources to help this counselor struggling with an administrative aspect of their job. This research really sheds light on the importance of a positive supervisory working alliance, no matter what type of supervisor, in order to potentially help lessen the experience of burnout.

The results of this multiple regression point to the need for all supervisors, clinical or administrative, no matter their credentials, to have a basic understanding of how to create a positive supervisory working alliance. Mental health agencies could provide specific training to personnel providing any type of supervision such as: billing, deadlines for notes, checking for appropriate time and date of notes, and achieving the required minimal billable hours per week along with case conceptualizations and treatment planning. In some agencies, individuals who check for the accuracy of the time and date of notes against timesheets may come from a mathematical background with little understanding of the importance of their interactions with mental health counselors. Training and education on the impact that the supervisory working alliance can have on a mental health counselors experience of burnout could prove to benefit the place of work from less errors, less job turnover, and fewer mental health counselors working impaired.

Furthermore, the results suggest that the supervisory working alliance is critical in all aspects of supervision. Clinical and administrative supervisors both need to attend to the supervisory working alliance to benefit mental health counselors and their wellbeing. As previously addressed, attending to the importance of, not only clinical, but also administrative supervision could begin in the educational training of mental health counselors. Educational training programs can begin to express the importance of the supervisory working alliance in both clinical and administrative supervision, especially at the practicum and internship level. Mental health agencies can account for the importance of the supervisory working alliance by providing training on how to build a strong supervisory working alliance, whether it be clinical or administrative in nature. While these types of trainings might not be entirely new for clinical supervisors, or those with a background in a counseling profession, they could be impactful for

administrative supervisors who may be from a different background, such as business, accounting, or mathematics. A stronger supervisory working alliance across both clinical and administrative supervision would be beneficial for mental health counselors, and therefore, the clients being served.

Overall, this study provided critical and significant evidence that the supervisory working alliance is a core component when attempting to predict burnout. While this research did not specifically determine that administrative supervision was related or predicted burnout, it did show that more attention to the supervisory working alliance, no matter what type of supervision, can protect from burnout. These results are important and can be impactful, but this study does have limitations that will be presented below.

Limitations

As addressed in Chapter 3, administrative supervision has not been studied thoroughly and the research on administrative supervision is scarce to this point. That being said, this study may have been limited by the minimal amount of previous research and understanding surrounding administrative supervision. Clinical supervision is focused primarily on ensuring that mental health counselors are providing ethical and appropriate treatment in order to protect clients from potential harm. Many mental health counselors may not have had a good understanding of the differentiation between clinical supervision and administrative supervision. Despite providing participants with a detailed definition of administrative supervision preceding the administrative supervision scale, it is still possible that participants answered based on their understanding and experience with clinical supervision, or even their combined experience with administrative and clinical supervision. Furthermore, this could have led to possible inaccuracies

in participants' responses of their satisfaction of administrative supervision that could have impacted the results.

This study, and the results of this study, also could have been limited by excluding possible confounding variables. One variable in particular that may have impacted the results of this study is organizational culture. Organizational culture has been defined as the organization's expectations, values, experiences, philosophy, norms, language, and beliefs that guide employee behavior (Hashmi et al., 2020; Needle, 2004). Organizational culture can be an incredibly essential part of the way individuals experience burnout and job satisfaction (Hashmi et al., 2020; Leunissen et al., 2016; Mueller & Morley, 2020). Without factoring in this possible confounding variable, this research may be limited in the scope and full understanding of what could be contributing to burnout other than just administrative supervision or the supervisory working alliance. Individuals who experience a positive and supportive workplace culture may show low levels of burnout regardless of the type or satisfaction of supervision they receive. Research also has shown that it may be even more important to understand the organizational and structural role that burnout plays, instead of focusing on the individual as the problem (Hashmi et al., 2020; Mueller & Morley, 2020). This also limits the ability to generalize the results of this study as there could be more at play behind the scenes than what this particular study revealed.

Another limitation to this study is the underuse of the demographic information that was provided by participants. I gathered much information in terms of age, years of experience, and place of work that could have provided more insight into this study. These details could have provided more detailed information and differentiation of how different types of mental health counselors experienced their supervisors along with burnout. Additionally, these details could

have provided more specific information to better understand implications of the results and better implement changes as a result of this research.

Limitations also presented itself with the use of the Satisfaction of Administrative Supervision Scale. This scale was created by the researcher in order to conduct this particular study because there have been no other scales to date that measure administrative supervision. Due to the need to create a new scale to measure this construct, the researcher only conducted an exploratory factor analysis, and no previous studies have used this scale to show its validity. As a result, the results or questions in this scale may have not provided as accurate results or produced the desired responses as other scales that have been validated and used frequently in research.

Recommendation for Future Research

It would be interesting to conduct future research to better understand administrative supervision and how mental health counselors understand the construct. Administrative supervision may continue to be lumped in with clinical supervision, which may be effective enough in some instances, however, a scarce amount of literature exists to determine whether or not administrative supervision can play a more significant role in the counseling field and the wellbeing of mental health counselors. It would be beneficial to begin with a deeper understanding of how mental health counselors understand and define administrative supervision, which could then open the door to more targeted research. For example, now that the current research has shown administrative supervision to be important in reducing burnout, future research should aim to differentiate what aspects of administrative supervision are important in reducing burnout. This could lead to finding potential new protective factors against burnout or risk factors of burnout. Since minimal research has been completed on administrative supervision, it would be helpful to understand the individual dimensions that are at play in

reducing burnout to better narrow in on how to improve those specific dimensions and, therefore, reduce burnout.

Diving into a deeper understanding of administrative supervision would be beneficial, not only to understand it from a supervisee's perspective, but also from the supervisor's perspective. Due to the fact that some administrative supervisors are not from the same career path or training background as mental health counselors, administrative supervisors may have a different perspective and understanding of the purpose and delivery of administrative supervision. For example, administrative supervisors who may have a billing or mathematical background, may not be focused on establishing a relationship with their supervisees, but instead making sure numbers are aligning. As the current study has pointed to the importance of establishing a relationship in administrative supervision, future research to understand the perspective of the administrative supervisor would better help to implement changes that would be accepted by both the supervisees and the supervisors.

Now that this research has shed important light on the impact of the supervisory working alliance, future research could compare clinical supervision and administrative supervision and its impact on burnout. Previously, it was only known that clinical supervision had an impact on burnout and could reduce burnout (Fukui et al., 2019; Knudsen et al., 2009). The findings of this research, however, provide interesting insight into whether clinical supervision was at the core of predicting burnout, or if the supervisory working alliance is superior, and can protect from burnout in both clinical and administrative supervisory processes. Specifically, future researchers may want to look at the differences in the variance that clinical and administrative supervision account for in relation to burnout. Understanding the difference in the variance that each construct accounts for would help to better understand the weight of influence each

construct carries in relation to burnout. Directly comparing administrative supervision to clinical supervision will help to illuminate just how much influence each type of supervision carries in relation to burnout. Results of this potential future research may help both academic programs and mental health agencies to provide a more effective balance of clinical and administrative supervision.

Future research could also expand upon the current study by including different confounding variables, especially organizational culture, as stated previously. Previous research on organizational culture has provided evidence that the structure and overall state of the workplace can have on job satisfaction and job turnover (Hashmi, 2020; Leunissen et al., 2016). The results of these previous studies point to the importance of organizational culture and employee wellbeing. While there has been previous research done on organizational culture, it has not been studied in relation to administrative supervision and burnout. Organizational culture could potentially shed light on a new protective factor of burnout, and help bridge some of the gap within this particular research study. Research of organizational culture could also be important in providing new approaches to how mental health agencies and other settings are structured, so that burnout can be better prevented from a systemic level, rather than an individual level.

This research study only used a sample population of mental health counselors of a variety of settings and specialties. Future research could expand upon this sample by including social workers to attempt to understand possible similarities and differences between the two similar, yet different, branches in regards to supervision and burnout. Additionally, the type of setting that participants work in could be more specific in future research in order to better understand needs or positive aspects of certain mental health settings. For example, future

research could compare the difference in the type of supervision and burnout of mental health counselors in a private practice setting versus a nonprofit mental health agency setting or a community based setting. This may provide interesting results that could potentially shed light on new ways to structure supervision and better hone in on protective factors of burnout in certain settings.

Future research could also expand with the use of the demographic information that was gathered from this study. Using the demographic information could provide even more insight into whether number of years of experience, type of setting, or age could account for some of the variance of burnout scores. Results of some of these comparisons could allow for a better understanding of how to implement changes that are more targeted for specific populations of counselors to protect from burnout.

Finally, as stated previously, the current study used a self-created scale to measure administrative supervision. While the preliminary statistics that were run showed reliability and validity, it was not the main focus of this research study. Future research could further validate this scale by researching and analyzing the psychometric properties of this scale by using this scale with a variety of other populations beyond mental health counselors. Conducting studies with this scale with social workers or other behavioral health professionals will help to provide more sound evidence of a reliable and valid scale that can be used across populations and continue to measure what it intends. Other possibilities of future research include altering this scale to avoid any misunderstanding about administrative supervision. Focus groups may be one avenue to better narrowing in on ways to differentiate administrative supervision from clinical supervision. Fine tuning this scale could open more pathways for future research in delineating administrative

supervision and clinical supervision, and providing a better understanding of the purpose and potential of administrative supervision.

Conclusion

This quantitative research study examined the relationship between administrative supervision, burnout, and the moderation of the supervisory working alliance on the relationship between administrative supervision and burnout. The collected data was presented, analyzed, and discussed through statistical multiple regressions and a moderation regression model. This study provided background information on the three constructs, and attempted to emphasize the difference between administrative supervision, which has been scarcely studied, and clinical supervision, which has been studied to a much greater extent. The foundation of this study came from a fascination with supervision and the influence it can have on mental health counselors' wellbeing. The researcher began finding previous studies that connected supervision to burnout, and that the supervisory experience could impact burnout in a positive or negative way. Thus, the researcher decided to take a new angle and explore the scarcely studied construct of administrative supervision and pair it with other factors, burnout and the supervisory working alliance, that are influential in mental health counselors' wellbeing and development.

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Appendix A

Satisfaction of Administrative Supervision Scale

Instructions:

The questions below attempt to determine your level of satisfaction with your administrative supervisor. For the purposes of this scale, administrative supervision is defined as: supervision that focuses on a counselor's ability to comply with policies and procedures, evaluation of job performance, accountability of performance, addressing employment issues, ensuring compliance with workplace rules and regulations, and various other administrative tasks.

Please respond to each question by circling the number that best corresponds to your answer.

1. Do you feel satisfied with the quality of administrative supervision you receive?

Not at all	Somewhat	Indifferent	Mostly	Definitely
1	2	3	4	5

2. Do you think your administrative supervisor supports you in your daily job duties?

Not at all	Somewhat	Indifferent	Mostly	Definitely
1	2	3	4	5

3. Do you feel satisfied with the amount of administrative supervision you receive each week?

Not at all	Somewhat	Indifferent	Mostly	Definitely
1	2	3	4	5

4. Do you think your administrative supervisor enforces the rules and policies of your place of work?

Not at all	Somewhat	Indifferent	Mostly	Definitely
1	2	3	4	5

5. In your experience, is your administrative supervisor readily available to answer questions about your job duties?

Not at all	Somewhat	Indifferent	Mostly	Definitely
1	2	3	4	5

6. Do you feel you can trust your administrative supervisor to discuss important issues in the workplace?

Not at all	Somewhat	Indifferent	Mostly	Definitely
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15. Would you be likely to recommend your administrative supervisor to another supervisee?

Not at all
1

Somewhat
2

Indifferent
3

Mostly
4

Definitely
5