

Project Title: Clinical Supervisors and the Formation of Professional Identity in Supervisees

Project Purpose: As they have the closest relationships with counselors in training, the profession of counseling needs clinical supervisors to have a strong professional identity so that they can properly supervise emerging counselors. Most supervision research has focused on the growth and development of counseling students and not post-graduate counselors (Burkholder, 2012; Sterner, 2009). Further, supervisor development and behavior is an area of research that is ignored (Pelling, 2008). Pilot survey results by the researcher suggest that many clinical mental health counselor supervisors are devoid of professional identity behaviors for themselves and their supervisees. The study seeks to gather more data for a national sample and examines three specific research questions from the perspective of the counseling supervisee: (a) Are supervisors meeting the state law requirements for clinical mental health counseling supervision? (b) Do clinical mental health counseling supervisors demonstrate professional identity behaviors? and (c) Do clinical mental health counseling supervisors encourage the supervisee's professional identity?

Background: Bernard and Goodyear (1992) define counselor supervision as: "An intervention that is provided by a senior member of a profession to a junior member or members of that profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper for those who are to enter the particular profession (p. 4)."

Supervision is first defined as occurring between members of one profession. The definition goes on to discuss that supervisors are also responsible for the welfare of clients and skill development of their supervisees. However, supervision's foundation rests upon the professional identity of the supervisor being passed on to the supervisee of the same profession. Therefore, supervision must foundationally be based in the development of the professional identity of the supervisee (Lambie & Sias, 2009; West & Hamm, 2012).

A pilot study on clinical mental health counseling supervisees evaluating the professional identity component of their supervision has already been completed by the researcher. From this small data set, significant results have been found. The first of three areas surveyed, meeting state law requirements, was the strongest for supervisors. However, 20% of supervisors never to occasionally insisted on meeting for the state required supervision time. It appears with high practical significance that the longer a supervisee was post-graduation, the less likely they received state mandated supervision requirements. Results of this pilot study suggest that one in five counselor supervisors needs to be mindful of honoring their state required supervision time.

The second of three areas, the supervisor's professional identity behaviors, was weaker for supervisors. About one in three counselors was supervised by an individual who referred to their profession as a "therapist," "psychotherapist," or "psychologist" even though they are not licensed to use any of these identifying terms. As many of the supervisors were unclear about

their own profession, it is unlikely that they would distinguish between the roles and philosophies of the different mental health professions during supervision. It would also be hard to clearly discuss a distinctive counseling case approach when the supervisor is unclear about their own professional role. Nearly two-thirds of supervisees in this pilot study were not modeled the importance of national and state counseling association membership to their profession by their supervisor. The lack of a clear professional identity would make it less likely that a supervisor would join an association specific to their profession. It is possible that burnout may impact the supervisor's passion for the profession, which was perceived by one in five supervisees. One in five counselor supervisors did not regularly model use of the American Counseling Association Code of Ethics in instances of ethical concerns in supervision.

The third area, the supervisor's encouragement of the supervisee's professional identity, was the weakest area for supervisors in this pilot study. Encouraging discussion of the supervisee's professional growth as a counselor in supervision was the most professional development supervisees' received from their supervisors. As 38% of supervisors were never to occasionally clear in their own identity as a counselor, it is not surprising to find that over half of the supervisors were not encouraging clear professional identity language in supervisees. It is concerning that 25% of supervisors are not encouraging attendance at counseling conferences to promote professional development. Nearly half of supervisors (44%) never to occasionally invited supervisees to become involved in professional activities specific to counseling.

More data needs to be collected to reach an appropriate level of power to examine the state of professional identity development in clinical mental health counseling supervision nationally. Data on the state of professional identity development in clinical mental health counseling supervision has never been collected. This will make a significant and unique contribution to my field as a licensed professional mental health counselor.

Methods and Plan of Work: A random sample of 1,915 licensed counselors who require supervision in order to obtain their independent counseling license will be selected to participate in the study by anonymously completing a survey. The sample will come equally from the four regions of the American Counseling Association (all regions are located in the United States). The researcher already has access to the mailing list of participants. The survey will allow for the evaluation of supervisors meeting the state law requirements for clinical mental health counseling supervision, demonstrating professional identity behaviors, and encouraging the supervisee's professional identity development. Three-hundred and eighty-three responses are required to achieve statically valid survey results. By offering compensation (electronically delivered gift cards) for completing the survey, we anticipate that at least 20% of participants contacted will return completed surveys.

Further, the survey instrument to be used with the national population has proved reliable and valid using the pilot survey data. Cronbach's alpha was acceptable at .76 for the scale asking questions about the supervisor meeting the state law requirements for supervision. Cronbach's alpha was good at .84 for the scale asking questions about the supervisor's professional identity

behavior. Cronbach's alpha was good at .88 for the scale asking questions about the supervisor's encouragement of the supervisee's professional identity. All items were retained as each item in the scale contributed to increasing Cronbach's alpha for the scale, the items correlated well with their respective scale, and since the study focused on information gathered by the survey and not the creation of an assessment.

The Kaiser–Meyer–Olkin Measure of Sampling Adequacy for the pilot study survey was .86 (great). Further, Bartlett's test was highly significant ( $p < 0.01$ ), and therefore, factor analysis was appropriate.

The dimensionality of the 17 items in the survey was analyzed using principle components factor analysis. Three criteria were used to determine the number of factors to rotate: the a priori hypothesis that the measure had three dimensions, the scree test, and the interpretability of the factor solution. The scree plot indicated that the initial hypothesis of three dimensions was incorrect. Based on the plot, two factors were rotated using an oblique rotation with a Kaiser Normalization rotation procedure as the factors were related to each other. The rotated two factor solution accounted for 55% of the variance and suggested the factors of (a) counselor professional identity and (b) ethical supervisor behavior. The counselor professional identity factor accounted for 43.5% of the item variance and the ethical supervisor behavior factor accounted for 11.7% of the item variance. Items were designated as loading on a factor if the highest factor loading was .60 or greater and if the second highest factor loading was .20 or smaller. Four items did not meet the criteria and loaded similarly between the two factors. These items were retained, however, as this study focused on the information collected by the survey and not the creation of an assessment.

For the final data analyses using all study subjects several analyses will be run. Cronbach's alpha calculations will assess the internal consistency among grouped survey items. The Kaiser–Meyer–Olkin measure of sampling adequacy will explain the degree of common variance among the variables. Bartlett's test of sphericity will determine if correlations in the data set are appropriate for factor analysis. Factor analysis procedures will determine factors and factor loadings. Descriptive statistics will explore survey responses. Responses to survey items will be averaged, and t-tests and ANOVA analyses will be conducted to detect statistically significant differences for independent variables {gender (female and male), number of years licensed as a post-graduate counselor needing supervision (write in number), current employment setting, ethnicity and race (write in text)} and dependent variables ("Meeting State Law Requirements," "Supervisor's Professional Identity Behaviors," and "Supervisor's Encouragement of Supervisee's Professional Identity").

October 2014 – Obtained WMU HSIRB approval

December 2014- February 2015 – Mail randomly selected participants

December 2014- February 2015 – Collect survey responses

December 2014- February 2015 – Electronically deliver gift cards

March 2015 – Analyze data

March 2015-June2015 – Write journal article

July 2015 and beyond – Submit journal article for publication and submit conference proposals

September 2015 – Report to Frostic Endowed Chair Delivered

Budget and Justification:

(omitted)

Anticipated Outcomes: The results will provide feedback for counselor education programs, national counseling associations, state counseling associations, continuing education program developers, state licensing boards, supervisors, clinical mental health counselors, and counseling students.

The first set of anticipated outcomes include answering the three specific research questions with enough power to make appropriate comments that can be used for improving clinical mental health counseling supervision: (a) Are supervisors meeting the state law requirements for clinical mental health counseling supervision? (b) Do clinical mental health counseling supervisors demonstrate professional identity behaviors? and (c) Do clinical mental health counseling supervisors encourage the supervisee's professional identity?

The second anticipated outcome includes publishing an article based on results in the journal *Counselor Education and Supervision*, which is published by the Association for Counselor Education and Supervision. This journal is the premiere journal in the field of clinical mental health supervision. As data on the state of professional identity development in clinical mental health counseling supervision has never been collected, this study will be cited often.

The second anticipated outcome includes presenting the results at national conferences. The American Counseling Association and the Association for Counselor Education and Supervision are the premiere professional associations in the field of clinical mental health supervision.

The third set of anticipated outcomes includes presenting the findings at a meeting of the American Association of State Counseling Boards (AASCB), the organization of state boards that regulate the practice of counseling. As these findings represent what is currently occurring in counselor supervision, the state counseling boards are very interested in this information.

Plans for Continuing Research/Creative Activity: While the current study examines clinical mental health counselor professional identity development behaviors of the supervisor in clinical supervision, the pilot study data has already raised other questions. A new study is in development that asks clinical mental health supervisors directly about their professional identity development. A second new study is also being developed to measure global clinical mental health counselor professional identity development as it relates to their counseling practice (as opposed to specifically in the supervisory relationship).

References:

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