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The relationship between counselor self-efficacy and developmental level during an eleven-week supervisory relationship

Coykendall, Susan Jo, Ph.D.
The Ohio State University, 1993

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THE RELATIONSHIP BETWEEN COUNSELOR SELF-EFFICACY
AND DEVELOPMENTAL LEVEL DURING AN ELEVEN-WEEK
SUPERVISORY RELATIONSHIP

DISSERTATION
Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

by

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********

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TO MY PARENTS
ACKNOWLEDGMENTS

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CHAPTER I
INTRODUCTION

The supervisory relationship has generally been awarded the privilege of serving as the "gatekeeper" of the practitioner, designed to protect the public and those involved in the profession (Bordin, 1983). Alternately, clinical supervision is viewed as "the primary vehicle for the development of therapeutic personality factors (Schacht, Howe & Berman, 1989, p. 475), or as the component of overall training that guides mental health professionals in their modification of in-session and client associated behaviors (Lambert & Arnold, 1987).

However it is defined, supervision has only recently come under the widespread scrutiny of clinical researchers. Whereas the specialty of counseling psychology has been recognized since the early part of this century, it was not until the late 1950s that the profession began to examine its training procedures in an organized and functional manner (Whitley, 1984). The critical vision of Carl Rogers (1957) was instrumental in establishing a precedent for graduate training, with his work providing the seeds from which our supervisory models for counselor training have grown. Rogers' facilitative conditions of empathy, unconditional positive regard and congruence became not only the basis for a new school of psychological thought, but the means by which Rogers taught neophyte counselors the distinct person-centered style of therapy.
as well.

In the decade that followed, Rogers' hands-on approach spawned several phenomenologically-based models of supervision which utilized Rogerian tools of videotaping, role play, direct observation and feedback. Developmental models also emerged, following the general tenet that the counselor follow a discernible path from apprentice to master counselor through training and the supervisory relationship (Ard, 1973; Hunt, 1971; Hogan, 1964).

Building on the technical base provided by Rogers and his followers, the 1970s produced an overwhelming number of training models that were more specifically applicable to the supervisory process. Within the course of about 12 years, the profession witnessed the emergence of some theoretically-based model from almost every major school of psychological thought.

In 1972, the psychodynamic school was represented by Eckstein's model of parallel processing between the counselor-client and supervisor-counselor dyads (Eckstein & Wallerstein, 1972; Mueller & Kell, 1972). Also in 1972, the behaviorists postulated that counseling was simply a learning process like any other. The behaviorists' supervision models were elegant in their organization and tactical approach to counseling, with adaptive and dysfunctional behaviors mediated and refined by conditioning and reinforcement (Delaney, 1972; Linehan, 1980).

Other supervisory models emerged that were based on skill acquisition training, like Ivey's microskills training (1971) and Kagan's interpersonal-process recall approach (IFR; 1972). In yet another direction, Littrell, Lee-Borden, and Lorenz (1979) hypothesized
that the supervisor acts as counselor, teacher and consultant in helping the supervisee move from an initial undifferentiated stage to that of self-supervising.

In retrospect, while this period produced the initial ideas and concepts underlying the supervision process, it wasn't until the early 1980s that both comprehensive and prescriptive models of supervision emerged. Given the heterogeneity of supervisory models introduced throughout the past and the variety of theoretical positions upon which they were built, it is significant that the majority of recent models have a developmental cast to them. One such model, Stoltenberg's Counselor Complexity Model (1981), integrates elements of theories of counselor development, conceptual systems theory, and person-environment fit (Hogan, 1964; Hunt, 1971).

Additional developmental models focus on counselor identity issues across stages (Loganbill, Delworth & Hardy, 1982) or target roles of supervisors (Bernard, 1980). Blout (1982) borrows heavily from Erikson (1963), and postulates that supervision helps counselors work through four developmental crises — adequacy/inadequacy, independence/dependence, conditional dependence/individuation, and professional/personal autonomy. Still other models exist that are not mentioned here (see Worthington, 1987, for a review).

Consequently, as the number of developmental models of supervision proliferated, two subgroups became apparent: models in which progress is attained in a linear fashion through discreet and successive stages; and models suggesting that counselor development is a cyclical process in which a trainee confronts the same process repeatedly with each new
developmental issue (Russell, Crimmings & Lent, 1984).

Whether or not progress through the stages is linear, cyclical or otherwise, it is obvious that the field is saturated with descriptions of the supervision process. In addition, the amount of interest generated by the developmental perspective in supervision suggests that the models are comfortably established in the supervision process literature. So much has been written recently about supervision models that the sheer bulk has necessitated the addition of "professional supervision" as a recent category in Psychological Abstracts (Robiner & Schofield, 1990). Unfortunately, not a lot of empirical evidence exists to support the models themselves or their already widespread utilization in clinical supervisory settings.

**Statement of the Problem**

Russell, Crimmings and Lent (1984) critically acknowledge the lack of supportive research and suggest that supervision research focus on two primary paths: a systematic investigation of relevant tasks for the hypothesized stages, and creation of a time frame for assessing trainee progress through the stages. Their admonition is echoed by Holloway in her conclusion of a critique of developmental models: "... the developmental model...is so intuitively attractive that I fear it will not be sufficiently challenged before psychologists are convinced of its validity" (1987; p. 215).

In early supervision research, Kagan remarked that the practice of counseling requires that the counselor be able to translate his or her academic knowledge, skills, and experiences into actions that would prove beneficial to the client (1980). He suggested that "....in
assisting the counselor, the supervisor (too) needs a repertoire of behaviors to draw from to aid in the various struggles of the counselor" (p. 69). Certainly the belief in oneself as a competent counselor is a struggle of attainment for many students of the profession. One would think that the supervisory relationship, as the context for much counselor growth, would represent the ideal environment in which to study the cognitive, affective and skill development of trainees.

Until the emergence of the developmental models of supervision, much of supervision research has focused on teaching the fledgling counselor skills and techniques. Unfortunately, however, inherent in the teaching of skills is the assumption that the individual in question has an adequate confidence in his or her ability to perform the necessary counseling interventions. For unclear reasons, this assumption has seldom been addressed in the supervision process literature.

As Salomon (1983) suggested, an individual's judgement of his or her capabilities determines the amount of effort put forth and the level of performance attained by an individual. These beliefs or confidence in one's capacity to complete a task are termed self-efficacy (Bandura, 1977). Feelings of efficacy have been hypothesized to contribute to whether or not a task is attempted, the amount of effort expended, and how long a response is continued in the face of challenging obstacles (Bandura, 1977).

Viewed in those terms, and confronted with a stage of counselor development labelled "trial and tribulation" (Stoltenberg, 1981), it would seem desirable that a counselor trainee persist in the face of
"obstacles" from a client (e.g., resistance) or a supervisor (e.g., lack of appropriate interventions or mismatched communication styles). It would also seem desirable that a supervisor understand fluctuating self-efficacy in beginning counselors so she or he could create the optimal supervisory environment for a given trainee, with a particular type of client or client issue.

The present study sought to address the critics' charges of vagueness in developmental models by investigating the interaction between trainee's self-perceptions and the hypothesized developmental stages described by Stoltenberg (1981) and Stoltenberg and Delworth (1987). Patterns of self-efficacy across levels of counselor development were identified in an attempt to provide supervisors with a more accurate appraisal of the trainee's progress and supervisory needs at several points during graduate training. Specific counseling tasks were identified as most likely to be problematic during particular developmental stages. In addition, other factors were examined in relationship to trainee's efficacy for counseling, including various aspects of the supervisor-trainee relationship.

In summary, the research questions investigated in this study have practical significance for enriching the supervisor-trainee relationship. With knowledge of trainee efficacy patterns, supervisors could tailor their supervisory interventions to maximize trainee development and growth. Critical incidents that occur in the supervisory relationship could be explored in the context of promoting self-efficacy for the counselor. The supervisor could design interventions to facilitate a trainee's feelings of self-efficacy and
willingness to incorporate a wider variety of counseling techniques and innovations, with the ultimate goal of better service to the client.
CHAPTER II
REVIEW OF THE LITERATURE

A search of the psychological literature yielded few articles that examined counseling efficacy and the supervisory process. Only a few articles focused on the relationship between efficacy and developmental level, and all were published in the past four years. Due to the lack of publicized empirical research on these variables, it is necessary to incorporate several different areas of research in this literature review. The first part of the review provides a general overview of supervision and the supervisory relationship, presenting some of the criticism of the literature thus far. The second section focuses on background material with a synopsis of the two broad theoretical bases of the study: developmental models of supervision and self-efficacy theory. Subsequent sections of the review follow the experimental hypotheses, and focus on the integration of self-efficacy, counselor development, and the supervisory process. The final section addresses the potential effects of gender and life stress on counselor efficacy.

Supervision

Almost as many definitions of the supervision process exist as there are authors to address it. The supervisory process is alternately viewed as a necessary evil, protecting the public and the
profession (Bordin, 1983), or expansively, as the means to "promote therapeutic progress" (Grater, 1985; p. 605). Boundaries of the supervision process are also vaguely defined in the literature, ranging from a complex process that mirrors the interaction between client, presenting concern, therapist and techniques (Grater, 1985), to the part of training that simply helps clinicians modify their in-session behaviors (Lambert & Arnold, 1987). In either case, Lambert & Arnold (1987) noted that any supervisory model runs the risk of allowing supervision to fall victim to the uniformity myth — that is, that every supervisory relationship follows a pre-determined path (Keissler, 1966).

However conceptualized, critiques of the literature on supervision abound. In an article identifying inconsistencies between the theories and practices of supervision, McCarthy, DeBell, Kanuha and McCleod (1988) suggested that the literature does not provide sufficient practical information for supervisors. The authors reported a widespread lack of prescription for supervisory techniques and timing, and also challenged the assumption that master counselors make master supervisors. In a similar vein, Guest and Butler (1988) criticized the supervision literature as emphasizing broad proficiency at the expense of skill or technical acquisition, in that supervision has nebulous goals because it has a nebulous approach.

The relationship between supervisor and supervisee has also been subject to scrutiny. Friedlander, Dye, Costello and Kobos presented a developmental model for "teaching and learning in psychotherapy supervision" ostensibly based on students' varying levels of "technical preparation and personal readiness" (1984; p. 189). Upon close
inspection, the model resembles a typical model of therapy. Furthermore, the authors suggested that while supervision can be "dynamic, exciting and challenging,"... it can also be "frustrating, hurtful and empty" for its practitioners and recipients (1984; p. 189). Instead of the model, their most relevant contribution appears to be recognition of the possibility that the supervisory relationship has long-lasting effects that extend beyond its demarcated boundaries.

Regardless of the specific component we choose to examine, it is apparent that the empirical literature does not support a single, comprehensive theory of counseling supervision. Some theories emphasize technique, some the supervisor-supervisee relationship, while others focus on the process. The most recent movement in the field, however, appears to be in the direction of viewing the process as a vehicle for counselor development. Developmental models, in fact, have been recently labelled as the "zeitgeist of supervision research" (Holloway, 1987; p. 209).

A brief synopsis of general comments on supervision research has been presented. The next section of the review examines counselor development from the perspective of developmental models of supervision, with a focus on Stoltenberg's Counselor Complexity Model (Stoltenberg, 1981; Stoltenberg & Delworth, 1987).

Developmental Models of Supervision

In the previous decade, counseling research has produced several developmental models of supervision. Models by Stoltenberg (1981),
Loganbill, Hardy & Delworth (1982) and Hess (1986) are three of the more well-known and empirically tested examples. While Friedman and Kaslow (1986) presented a developmental model of supervision matching stages in professional identity development to individuation and identity formation in general, it has not been examined empirically. At present, even the well-known models have found only limited and inconsistent support empirically.

In a recent review of developmental models, Holloway (1987) classified the existing models into two groups: those which posited a theoretical model identifying their origins as developmental in nature (Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981); and those models which characterized the supervisory process in terms of development without provision of a conceptual basis for their conclusions (Hogan, 1964; Littrell et al., 1979).

Holloway reviewed the empirical research associated with the three conceptual models and generated a summary of findings that provided marginal support for a broad-based developmental theory of supervision. She concluded that strong evidence existed only to support the differences distinguishing entry-level beginning counselors and intern-level trainees.

Specifically, Holloway found evidence only for the idea that counseling trainees prefer much support early in training, in contrast to the more sophisticated focus on skills preferred by advanced trainees (Heppner & Roelke, 1984; Miars et al., 1983; Wiley & Ray, 1986; Worthington, 1984). More recently, Tracey, Ellickson and Sherry (1989) corroborated and extended Holloway's conclusion by suggesting that the
amount of structure offered in supervision acts in a similar fashion. In a study of 78 practicum students at various points of development, the authors found that beginning students desired more structure in supervision than more advanced students when asked to respond to an analogue tape of a counseling session. In addition, all of the subjects preferred a higher degree of supervisory structure when faced with an anxiety-producing client issue like suicide.

Whether or not these limited findings point to supervision as a developmental process is the basic question Holloway (1987) sought to address. One of her primary assertions was that the supervisory relationship is the single common element to all developmental theories of supervision. This observation can be viewed as adding strength to the hypothesis that dynamics in the supervisory relationship are solely responsible for moving the trainee from his/her initial vulnerability to final independence. However, it is necessary to remember that no matter how critical the supervisory process appears to be to counselor development, it is but one part of a comprehensive graduate training approach.

Overall, Holloway's review concluded that none of the developmental models was sufficiently formulated or substantiated empirically to be critically accepted. Several times, she claimed that the "evidence" presented in favor of developmental models of supervision could be understood as easily from a task mastery perspective (Linehan, 1980). The review closed with a challenge to those who posit a developmental model to explain the supervision
process: "... it remains incumbent upon developmentalists to substantiate that a structural, qualitative, and predictable change occurs as a result of training to be a counselor" (Holloway, 1987, p. 215).

The Counselor Complexity Model

Perhaps the most well-known and empirically tested of the developmental models is the Counselor Complexity model (Stoltenberg, 1981). Based on an integration and elaboration of Hogan's comprehensive model of counselor development (1964), and Hunt's Conceptual Systems theory (1971), Stoltenberg hypothesized that counselors progress through four developmental stages in their movement from entry-level to master counselor. The counselor identity is viewed as the natural culmination of skill integration, counseling theory and knowledge of self and others.

The model outlines four progressive stages corresponding to dependency on supervisor, dependency and autonomy conflict, conditional dependency and master counselor. Each of the stages has specific characteristics postulated to be common to counselors at that point in their development, and movement through the stages is accomplished through the medium of the optimal supervisory environment provided by the supervisor.

In the initial stage, the trainee is viewed as naive and unaware. He or she has had little or no exposure to counseling and is highly dependent on his or her supervisor for direction and guidance. The level one individual is seen as insecure and lacking in self-awareness. The
person may be in the process of acquiring academic knowledge about the counseling process and counseling skills, but he or she is not able to convert that knowledge into practical application. The trainee may be searching for the mythically "correct" way to conduct counseling, while neglecting the individual differences of the unique client. Later, in a comprehensive book on counseling supervision, Stoltenberg and Delworth (1987) labelled this stage "the beginning of the journey".

Stoltenberg hypothesized that an optimal level one supervision environment would provide the trainee with high levels of support and structure within an autonomy-enhancing atmosphere. Emphasis would be given to provision of instruction, interpretation, and facilitation of trainee awareness of self and client issues. Modeling, role plays and didactic instruction would be important teaching tools. The primary supervisory task would be to maintain a balance between challenging the trainee to attempt new techniques and providing sufficient direction and structure so that the trainee felt competent in providing services to his or her clientele.

The level two trainee is typified by the conflict between autonomy needs and dependency. Increasing level of self-awareness frequently contributes to self-questioning and unstable levels of motivation: the developing counselor is caught between his or her increased ability to apply therapeutic techniques and self-doubt. Confrontation is an issue, in that the trainee's level of self-confidence is precariously balanced. Insight into his or her own issues also contributes to the struggle for counselor identity at this level.
In terms of a level two supervision environment, the major emphasis is on high autonomy and low normative structure. Support is still used frequently, but is superseded by clarification of ambivalence, provision of clinically relevant examples, and minimal instruction. This stage was aptly named "trial and tribulation" by Stoltenberg and Delworth (1987).

The level three trainee is characterized by increased confidence in her or his counseling abilities coupled with greater security in the chosen professional identity. The maturing counselor is comfortable with his or her own issues and is aware of dependency needs for supervisory input. Individuals in this stage are highly interpersonally sensitive and are willing to adapt their counseling style to fit the special needs of the client. They are comfortable with confrontation and are able to do it in an objective fashion. In the original model, Stoltenberg labelled this stage "conditional dependency", where the counselor experiences more stable motivation and is able to maintain a higher, more consistent level of empathic concern for clients. In the revised model, the stage is termed "challenge and growth" (Stoltenberg & Delworth, 1987).

The optimal supervisory environment for a level three trainee emphasizes the developing self-awareness representative of level two, but also focuses on strengthening the trainee's awareness, compassion and understanding for clients as individuals. The supervisory relationship is more collegial and peer-oriented in nature, with increased focus on the sharing of ideas and experiences. Both the trainee and the supervisor are hypothesized to be secure enough in their
counselor identity to reveal weaknesses without being afraid of losing
the respect of the other.

The final stage of counselor development, the master counselor
stage, is not as clearly defined as the previous stages. In Hogan's
original model, the endpoint of development was assumed to be where the
counselor had "accurate perceptions of clients, supervisors, and
oneself" and demonstrated "...responsible independence and creativity in
one's counseling work" (Reising & Daniels, 1983; p. 236.) In
comparison, Stoltenberg suggested that level four marks the "development
of the master counselor" (1981; p. 63). The individual counselor is
considered capable of maintaining an independent practice because he or
she is aware of and has come to terms with personal limitations. The
therapist is willing to confront issues related to self or others as he
or she becomes aware of them. Identity as a person is integrated with
professional identity, and the individual is comfortable in knowing that
personal motivation for the profession will fluctuate mildly in
relationship to concerns outside the professional identity.

The ideal supervision environment for the master counselor is
collegial in nature. The independent counselor may seek out supervision
on a consultation basis because he or she is aware of personal biases
and/or limitations. The end goal is termed "willful interdependence"
with others (Stoltenberg, 1981), and suggests that the counselor has
achieved a balance between professional and personal needs.

As mentioned earlier, developmental progress of counselors is
hypothesized to occur primarily through the supervisory process. Thus
one would suspect that the burden of responsibility for providing the
appropriate and nurturing environment would fall on the supervisor. Stoltenberg suggested that this forward motion is facilitated by two supervisory mechanisms: discrimination and creation of the appropriate learning environment.

   Briefly, discrimination refers to the process in which the supervisor assesses and determines the developmental needs of the trainee. Major components of discrimination are the ability to recognize individual differences in trainees, and trainee desire for structure/experimentation, dependency/autonomy, and defensiveness/resistance. Stoltenberg emphasizes the accessibility characteristics of the trainee or what he terms the cognitive, motivational, sensory and value orientations of the counselor. More simply, the orientation spheres represent counselor preferences for different types of learning environments.

   The other task that a supervisor faces is the creation of the optimal supervisory environment. While Stoltenberg does not elaborate much on this particular issue, he does make it clear that a competent supervisor can skillfully and comfortably adapt his or her supervisory style to meet the needs of the trainee. While not implicitly stated, there is an unavoidable conclusion that the supervisor must be a level or more ahead of the trainee developmentally (at least until both reach the level four stage, as in professional practice).

   In summary, Stoltenberg's Counselor Complexity model (1981) was chosen for the proposed study because it is comprehensive without being overwhelming in the number of determining factors and resultant stages of development (Holloway, 1987). The model was also chosen because of
all the leading developmental models, it has the most supporting
evidence in its favor (Heppner & Roehlke, 1984; Holloway & Wampold,
1986; Krause & Allen, 1988; McNeill, Stoltenberg & Pierce, 1985;
Stoltenberg, Pierce & McNeill, 1987; Wiley & Ray, 1986; Worthington &
Stern, 1985). Each stage of development has clearly delineated tasks
that need to be mastered before the trainee advances to the next level
of development. Finally, the model’s emphasis on creation of the
optimal supervisory environment has the most practical implications for
incorporating supervisory interventions aimed at increasing trainee’s
efficacious beliefs, the primary focus of this study.

The previous section focused on the background and current status
of developmental models of supervision, and culminated with the
rationale for choosing the Counselor Complexity model as the basis for
this study. The next section summarizes some of the basic tenets of
self-efficacy theory, and explains how this construct is related to
counselor development.

Self-Efficacy

The concept of self-efficacy, or an individual’s beliefs and
confidence in his or her ability to complete a task successfully has
existed for about 25 years (Bandura, 1977). Since its introduction,
self-efficacy theory has been applied to research on such diverse topics
as career development (Betz & Hackett, 1981; 1986), vocational choice
(Rothberg, Brown & Ware, 1987), depression (Davis & Yates, 1982) and
academic achievement (Lent, Brown & Larkin, 1984). Given the popularity
of self-efficacy application in areas typically studied by counseling psychologists, it is surprising that so few studies have examined the role of self-efficacy in counselor training and supervision (Efstation, Patton & Kardash, 1990; Friedlander & Snyder, 1983; Johnson, Baker, Kopala, Kiselica & Thompson III, 1989; Sipps, Sudgen & Faiver, 1988). Accordingly, Johnson and associates submitted that self-efficacy theory is "replete with implications for counselor training" (1989, p. 206).

In general, self-efficacy is postulated to arise from four primary sources of information: performance accomplishments, vicarious experiences, verbal persuasion and physiological arousal states (Bandura, 1977). Performance accomplishments, or episodes of personal mastery over a specific task, are considered to be most influential of the sources of efficacy because they are directly experienced by the individual and may closely approximate the behavior that is wanted. Vicarious learning experiences also contribute significantly to efficacy because they provide the individual with a successful model that he or she may emulate. Verbal persuasion or encouragement from others is an effective source of self-efficacy information because it gives the individual confidence in his or her ability to perform a task effectively. Finally, one's awareness of his or her physiological arousal states can act to increase self-efficacy expectations because the individual realizes that he or she may be anxious and need to monitor vulnerability to stress.

In a series of studies of individuals with reptile phobias, efficacy theory and the four sources of information were put to the test empirically: the authors concluded that the four sources of information
act to elevate self-efficacious beliefs (Bandura & Adams, 1977; Bandura, Adams & Beyer, 1977; Bandura, Adams, Hardy & Howells, 1980).

Furthermore, it was evident that performance accomplishments were the most dependable of the sources for promoting change in the desired direction (Bandura, Adams & Beyer, 1977).

In his seminal article detailing the role of self-efficacy in human agency, Bandura stated that efficacy beliefs affect an individual cognitively, affectively and behaviorally (1982a). More specifically, the perception of one's ability to perform or complete a task becomes a question of judgement, in that judgement of one's capability in execution of a task determines how much effort an individual will put forth in attempting to master it. Similarly, an individual's motivation, initiation, and persistence in coping can be directly influenced by their "expectations of personal mastery", or efficacy expectations (Bandura, 1982a; p. 193).

Clarifying still further, Bandura noted that efficacy expectations also differ from outcome expectations (1982a). Efficacy expectations represent the conviction that one can successfully execute the behavior required to produce the desired outcome, whereas outcome expectations are the beliefs that a particular course of action will yield a predictable outcome. Thus efficacy expectations play a general role in determining the amount of effort an individual puts forth toward a task, particularly in conditions where the environment is perceived as threatening or aversive.

Bandura also suggested that perceptions of self-efficacy affect preparation for a task (1977). For example, individuals with extremely
high task-specific self-efficacy may anticipate a high level of performance and fail to prepare adequately for the unexpected stressors. In contrast, individuals with low levels of self-efficacy may fixate on their perceived deficiencies, ignore potentially successful options, and ruin any chance they have of performing adequately. In effect, an individual with inadequate self-efficacious beliefs would be likely to adhere to a limited, rigid repertoire of only "safe" behaviors, or to a decreased range of appropriate options (Bandura, 1977; Meichenbaum, 1977).

Viewed in the context of counselor training, Bandura's speculation suggests that feelings of self-efficacy could impact upon a counselor's predilection toward an overreliance on favored counseling skills, while neglecting others in the face of "obstacles" encountered in the therapeutic interaction.

In a recent study of over 200 counseling psychology and counselor education graduate students, Poidevant, Loesch and Witmer (1991) examined vocational aspirations and self-efficacy for specific vocational tasks. Both groups of students reported that their perceived competence (self-efficacy) was highest for counseling, supervision, teaching and training. Research, writing and editing were the activities that received lowest efficacy rankings. The authors determined that individuals' preferences for work-related tasks were positively correlated with their perceived level of competence on those tasks in six of seven cases. Interestingly enough, the only vocational activity for which preference wasn't significantly correlated with efficacy was counseling. The authors reconciled this anomaly by attributing it to the
extensive amount of feedback (both positive and negative) that graduate students in both programs receive during their training experiences. They suggested that the processes of feeling efficacious and making a preference may not develop concurrently because of the overwhelming frequency of evaluation and assessment. The proffered explanation is consistent with another study that found a large incidence of the "imposter phenomenon", in which individuals feel inadequate even though they are actually quite capable (Clance & O'Toole, 1987).

Indeed, if we accept that self-efficacy at least in part determines behavior, it is apparent that self-efficacy theory has significant ramifications for theories of supervision. Current models of counseling supervision typically include some evaluation of performance, modeling, and elements of verbal persuasion, described by Bandura as primary sources of efficacious beliefs (1982). As the supervisor in a supervisory relationship acts to provide much of these efficacy inputs, it is likely that the supervisor-trainee relationship provides fertile ground for investigation of counselor self-efficacy.

Related Research and Experimental Hypotheses

The previous section provided an overview of self-efficacy theory and suggested how it it may contribute to the behaviors exhibited by a counselor in training. The focus thus far has been on two apparently divergent theoretical areas: self-efficacy theory and developmental models of supervision. The task at this point is to integrate the research in these areas and present a rationale for the study of self-efficacy in the developmental context of counseling supervision. The
following section reviews past and current research that addresses the proposed interaction. It is organized to follow the experimental hypotheses.

Developmental Level and Self-Efficacy

In an elaboration of Stoltenberg's Counselor Complexity model, Wiley and Ray (1986) presented a breakdown of "optimal supervision environments" (p. 442) that included affective and cognitive/skill areas for supervisory focus. Each area delineated specific developmental tasks appropriate to counselor trainees at each of the four levels. For example, a level one counselor is hypothesized to need supervisory assistance in "applying skills and techniques learned in a classroom to a counseling situation" (p. 442).

Similarly, Johnson and associates (1989) proposed that a positive relationship should exist between self-efficacy and skill performance during the course of practical training for counselors, suggesting that efficacy for specific counseling skills may be systematically associated with the tasks specific to a counselor's developmental level. The idea that trainees have certain developmental tasks at particular stages is consistent with much of the literature on self-efficacy. In self-efficacy theory, one of the primary sources of efficacious beliefs is the completion of the task itself, i.e., performance mastery (Bandura, 1982). Stated differently, completing a task successfully stimulates one's belief that one can do the task again, and thinking that one can complete a task successfully increases the chances that it will actually occur. Thus self-efficacy and performance mastery become a self-
perpetuating, mutually reinforcing process.

If self-efficacy and task mastery do interact in this manner, it suggests that supervisory focus on raising counselor trainee's efficacy for specific skills would facilitate his or her progression along the developmental continuum.

Furthermore, as there are certain developmental tasks associated with each level of the model, one suspects that counselors would exhibit a discernible pattern of self-efficacy across developmental levels. While work has been done in this area, experimental evidence to support this hypothesis has been inconclusive.

Sipps, Sudgen & Faiver (1988) found a significant positive correlation between level of training and self-efficacy expectation, while another study found that master's level counselor's efficacy scores for counseling skills generally increased across the course of an 8-week practicum class (Johnson et al., 1989). However, both of these studies were methodologically questionable: the Sipps, Sudgen and Faiver study measured efficacy with only two global statements about potential response(s) and desired outcome, and the Johnson study didn't account for the phenomenon of the "catch-up" increases in efficacy after training.

In related research, Munson, Zoerink & Stadulis (1986) found that microskills training and mental practice increased therapeutic recreation students' self-efficacy and competence for attending and responding skills. Forty-eight students served as subjects; their increase in self-efficacy was in comparison to a wait-list control group. Competency was measured by behaviors observed in a clinical
interview by expert raters. The study has limited generalizability, however, in that the subjects were therapeutic recreation students and the targeted skills were very narrow in focus, and developmental level as counselors was not investigated.

Recently, Johnson and Seem (1989) determined while investigating supervisory style and self-efficacy that master's-level counseling students experienced an increase in self-efficacy during a practicum. In contrast, doctoral-level students' self-efficacy declined over the course of the quarter. More surprisingly, the doctoral-level students' decline in efficacious beliefs was robust enough that they ended up at lower levels of counseling self-efficacy than the masters-level students. A major criticism of this study was in the broad division of students into pre- and post-master's degree groups based on status in their academic program. Differences in training level within groups were not addressed in the analysis, nor were other potentially significant variables of gender or type of clients seen. The authors attributed differences in self-efficacy to supervisory task orientation, although the perceptions of the subjects did not support this conclusion. An alternative explanation could be that the doctoral-level students realized that what they knew was only a fraction of what there was to learn. This awareness of the limitations of their training could conceivably have produced a lower level of self-efficacy in their counseling skills than for students at earlier levels of training.

In summary, evidence appears to be inconclusive as to the pattern of self-efficacy exhibited by students of varying training levels. Sipps, Sudgen and Faiver (1983), Munson et al. (1986), and Johnson et
al. (1989) found evidence in favor of a positive relationship between efficacy and training level; however, Johnson and Seem (1989) found a less distinct pattern in a more tightly-designed study.

In their theoretical article on development of professional identity, Friedman and Kaslow (1986) describe six stages of learning and supervision. The beginning stage is characterized by initial anxiety and apprehension in anticipation of working with one's first clients. The second and third stages are characterized by high dependency on the supervisor, since supervisees in this stage are "plagued by the self-doubts and ambivalent feelings which reflect... the minimal degree of skill which they have yet amassed to perform their work" (p. 36). The fourth and fifth stages are termed "exuberance and taking charge" and "identity and independence" respectively, and are characterized by increased confidence in one's efficacy for counseling and the process itself, and solidification of one's internal frame of reference. The final stage of "calm and collegiality" is described as the plateau reached by the counselor when his or her self-doubts about competancy issues are put to rest, coupled with an increased sense of autonomy as a trusted professional (Friedman & Kaslow, 1986, p. 44).

While the model described above is not supported empirically in the literature, it is similar to the Counselor Complexity Model in that both postulate a decline in confidence early in development, when counselors are working with clients but do not have sufficient positive experience to offset their self-doubt and criticism. The initial decline in confidence is followed by an increased confidence in later development, as trainees gain experience and an increased sense of
autonomy about their interventions and counseling skills through feedback from their supervisors and clients.

Returning to basic self-efficacy theory and its ramifications for counselor development, one could predict that shifts in self-efficacy would correspond to the developmental tasks of each stage. As individual counselors progress along a developmental continuum, it is likely that as a developmental group they experience similar issues, and parallel fluctuations in their individual levels of counseling self-efficacy.

Thus it is possible that variations in trainee self-efficacy level would be viewed as predictable and coincide with discreet stages in Stoltenberg's Counselor Complexity Model. Following Sipps, Sudgen & Faiver's (1983) finding earlier and consistent with Friedman and Kaslow's theoretical model (1986), the first experimental hypothesis was tested: distinct patterns of self-efficacy that correspond to each of Stoltenberg's developmental stages will be measurable, with level four counselors demonstrating the highest level of efficacy, followed by levels three, one and two, respectively.

In addition, as Wiley and Ray (1986) noted in their article, specific developmental tasks associated with each of the Stoltenberg levels exist. If we recall that a great deal of the literature on self-efficacy supports the task mastery perspective (Bandura, 1982), it is possible to predict that global measures of self-efficacy at a given developmental level can be reduced to specific skill self-efficacy, at least for tasks postulated to be critical within a stage. Taken one step further, efficacy for discreet counseling skills may be systematically
associated with the counselor's developmental level.

Therein lies the second experimental hypothesis: Specific items on the skill-oriented self-efficacy measure will be predictive of trainee developmental level, given that particular items describe skills that are particularly critical for certain developmental levels.

**Developmental Level vs. Training Level**

Another issue not explored much in the literature is the discrepancy between training level, developmental level, and experience levels. Early supervision research was conducted primarily with students from different levels of practicum training, "training" being associated with formalized, academic-based graduate education. In this manner, subjects are divided into beginning and advanced practicum groups (and sometimes interns) solely on the basis of their progress through an academically-based clinical training program (Friedlander & Snyder, 1983; Miars, Tracey, Ray, Cornfeld, Littrell & Gelso 1983; Sipps, Sudgen & Faiver, 1988; Worthington, 1984).

Miars and associates (1983) found that supervisors reported providing different supervisory environments for trainees based on the extent of their practicum experience. Significant differences were found between the beginning (first term) students and the advanced (fourth term) practicum students on dimensions of structure, directiveness, instruction and collegiality. The authors liken the dimensions to the optimal environment that Stoltenberg posits in his model. However, as Holloway (1987) pointed out, "although there are advantages in naturally occurring and rationally chosen groups...the chosen groups do not
necessarily represent the actual periods in which change occurs..." (p. 212). She suggested instead that research focus on randomly chosen subjects, at different points in their training, in order to capitalize on the chances that data will represent "the naturally occurring developmental progression" (Holloway, 1987; p. 212).

Probably as a result of the influx of developmental models of supervision into the process research arena, many investigators have begun to organize and carry out studies based on developmental status rather than trainee level. Wiley and Ray (1986) investigated the interaction of previous counseling experience on developmental level and found that developmental level was positively related to supervised, but not unsupervised counseling experience.

To address Holloway's recommendation that we look to naturally occurring groups so as not to miss smaller, more subtle movements across stages, the current study initially solicited subjects from a cross-section of training groups. For the analyses, however, trainee subjects were classified on the basis of Stoltenberg developmental level.

In light of the previous discussion, there is a corollary to the initial hypotheses. Based on Wiley and Ray's (1986) conclusion that developmental level was unrelated to unsupervised counseling experience and related to supervised counseling experience, the current study postulated that developmental level and previous supervised experience were positively correlated.
Congruency in Trainee-Supervisor Ratings of Developmental Level

In previous studies of developmental level, it is common for supervisees to be classified into a particular level based on their supervisor's rating or opinion of their skills. However, as Krause and Allen (1987) pointed out, inherent in the developmental models is the "...tacit assumption that supervisors have accurate and detailed knowledge of supervisee's particular developmental levels, and vary their behavior accordingly" (p. 77).

Unfortunately, that assumption isn't always appropriate or true. Worthington (1987) noted that research looks for only good supervisory tactics, and disregards the indisputable fact that bad supervisors exist and practice supervision. Given the relative lack of organized and required training in supervision (Russell, Crimmings & Lent, 1984), it seems reasonable to assume that there are supervisors who perform supervision in a uniform fashion, without making adjustments for individual trainee needs or maturity. Most supervisors, however, fall somewhere in the middle of the continuum between good and bad. While this study does not directly address this issue, we can suggest that one of the reasons behind trainee's dissatisfaction with supervision may be a discrepancy between trainee's and supervisor's estimation of trainee's developmental level.

Support for this idea comes from Krause and Allen (1988), who studied 63 supervisor-trainee dyads and found that 26 pairs agreed on trainee developmental level, while 37 pairs disagreed. The data suggested that trainees and supervisors who held congruent opinions of the trainee's developmental level reported greater satisfaction with the
supervision experience than trainees who held incongruent opinions of their developmental status.

In an extensive study of 107 supervisory-trainee dyads, Wiley and Ray (1986) found that supervisors matched the level of their supervision to the developmental level at which they perceived their trainees. Worthington (1987) pointed out a pertinent fact, though, that both the description of the type of supervision provided and the assessment of the trainee's level were made by the supervisors alone. This design limitation left open the possibility that the environment the supervisors said they provided was much different than that which actually was maintained.

In an earlier study, Miars and associates found that 37 supervisors tended to vary their supervision significantly between second-year and more advanced counseling practicum students (1983). Unexpectedly, the same supervisors did not vary their supervisory behaviors at the other levels (beginning practicum and predoctoral internship supervision). Since this study examined supervisory behavior across training levels instead of developmental levels, it is difficult to draw any relevant comparisons for the present study. Results are also limited in that they did not examine any within group differences.

Regardless of type of trainee classification, it is clear that supervisees perceive that supervisors interact with them differently at different levels of training (Miars et al., 1983; Wiley, 1982; Wiley & Ray, 1986; Worthington, 1987). If we equate levels of training with developmental levels, a supervisor's estimation, however discreet, of a trainee's developmental level can have an effect ranging from
facilitation to devastation. Bordin (1983) addressed the potential power held by supervisors when he stated:

"Whether or not actual grades are involved, supervisors are part of a gatekeeping apparatus designed to protect the public and the profession. Even if that were not so, so much is at stake for the neophyte in terms of realizing highly valued aspirations, that any feedback, even for one's personal use, is approached with trepidation" (p. 38).

In an early study of trainee expectations, efficacy, and Stoltenberg's developmental model, Friedlander and Snyder (1983) concluded that highly efficacious trainees expected greater levels of expertness and evaluation from their supervisors. In fact, more highly efficacious trainees basically held higher expectations for the supervisory process in general. Across training levels, supervisees valued trustworthiness, expertness and attractiveness in their supervisors, in that order of importance. Taken in the context of supervisors rating the developmental level of their trainees, it would seem critical that supervisors held accurate perceptions of their trainees, particularly for the more efficacious individuals.

The fourth experimental hypothesis was embedded in this discussion. On the basis of the literature reviewed above, it was predicted that for trainees and supervisors who differ in their assessment of trainee developmental level, trainees would exhibit lower levels of self-efficacy than their developmental level peers who agree with their supervisors. Intuitively this prediction fits: supervisors who misperceive the developmental level of their trainees may also misperceive their trainee's needs. If the supervisor misperceives the needs of the trainees, how can he or she create the "optimal supervisory environment" for that unique trainee? And if the environment isn't
well-suited to the needs of the trainee, as he or she perceives them, he or she will probably have greater difficulty in learning new skills or overcoming personal and professional obstacles -- i.e., all the things that are associated with increases in self-efficacy.

Self-Efficacy and Expectations of Supervision

In early research on Stoltenberg's model, Friedlander and Snyder (1983) examined 82 beginning, advanced and intern-level trainees' expectations of the supervisory process. The authors developed a self-efficacy instrument (SEI) designed to assess trainee's perceptions of their competence on 21 items deemed "appropriate and important" in the context of counseling application. The activities fell into five domains: academic requirements, assessment, individual counseling skills, group and family interventions and case management. Items were rated on a Likert scale ranging from "0" -- no confidence in ability to complete this task" to "9" -- complete confidence in ability to perform task. Overall elevated scores denoted higher levels of counseling efficacy. This instrument was the precurser to the efficacy scale used in the current study.

The primary conclusion reached by Friedlander and Snyder was that an individual trainee's expectations for the supervision process could be predicted from his or her self-efficacy scores. In other words, trainees with higher levels of counseling efficacy had higher expectations for both the supervision process and for their supervisors. Highly efficacious supervisees expected their supervisors to be strong on dimensions of expertness, attractiveness and trustworthiness. In
addition, Friedlander and Snyder suggested that these demanding trainees would also tend to be more satisfied with supervisors who were highly evaluative.

In a series of studies designed to create and validate the Supervisory Styles Inventory, Friedlander and Ward (1984) found significant correlations between trainee perceptions of supervision and their supervisor's theoretical orientation. Using more than 180 supervisor-supervisee dyads as subjects, the authors determined that trainee satisfaction with the supervisory process was affected by their supervisor's orientation. As a general conclusion, Friedlander and Ward suggested that the extent of congruence in supervisors' and trainees' expectations of the supervisory relationship determined, to some degree, the outcome of supervision.

A third investigation into the interaction of self-efficacy and counselor expectations was conducted by Sipps, Sudgen and Faiver (1988). They divided self-efficacy into two distinct components suggested by Bandura (1977): efficacy expectations and outcome expectations. Efficacy expectations are an individual's beliefs that he or she can perform whatever is needed to complete a task, whereas outcome expectations are an individual's beliefs that a given behavior will produce the desired outcome (p. 193). Studying 78 graduate students in varying levels of training, the authors demonstrated that the expected linear pattern between training level and expectations did not materialize. Instead, expectations fluctuated across training groups in a non-linear fashion. Additionally, a general trend was evident that indicated that efficacy expectations were higher than outcome
expectations for trainees of all levels. The authors interpreted this as evidence that trainees believe in their ability to perform a task more strongly than in their ability to influence an outcome entirely.

In summary, then, some evidence exists that trainees' expectations for the supervisory process are related to how they view their own counseling skills. Friedlander and Snyder (1983) found that students with highly efficacious beliefs about their counseling ability tended to expect a great deal from their supervisory relationships. Since the study was preliminary in nature, data were collected during the examined supervisory relationship and not prior to the relationship for a baseline comparison. This study proposed that the supervisory relationship be explored from a slightly different perspective: supervisory expectations data were collected prior to the supervisory process, and self-efficacy information was collected on four occasions during the supervisory relationship. In this way, potential shifts in self-efficacy during a given supervisory relationship could be viewed in terms of the trainee's expectations about the relationship. In addition, expectations about the supervisory relationship were obtained from both the trainee and the supervisor prior to the supervisory relationship, to investigate if large discrepancies in expectations were reflected in the trainee's self-efficacy scores.

Similar to the previous hypothesis which predicted that discrepancies in trainee-supervisor ratings of trainee developmental stage negatively impact trainee self-efficacy scores, the investigator expected that incongruent or largely disparate expectations about
supervision would have a deleterious effect on trainee's reported level of self-efficacy.

On an intuitive level, one might suspect that supervisors and trainees who expect different things from the supervisory process might have some difficulty in recognizing and addressing each other's needs. In other words, large differences in expectations of the supervisory process may compromise the capacity of the supervisory dyad to create the "optimal supervisory environment" necessary for facilitation of the trainee's growth and development.

Exploratory Hypotheses

Counseling Self-Efficacy and Gender

While the main focus of this study was the investigation of self-efficacy at different developmental stages of counselor training, the investigator was struck by the lack of attention to gender in the published studies of counseling self-efficacy. In seven studies that addressed efficacy for counseling skills, six did not address the potential impact of gender on efficacious beliefs (Efstation, Patton & Kardesh, 1990; Friedlander & Snyder, 1983; Johnson et al., 1989; Johnson & Seem, 1989; Munson, Stadulis & Munson, 1986; Munson, Zoerink & Stadulis, 1986; Poidevant et. al, 1991; Sipps, Sudgen & Faiver, 1988). The single study that did address gender reported no differences in self-efficacy or vocational aspirations based on gender (Poidevant et al., 1991). However, given the extensive literature that supports gender differences in self-efficacy for different career choices, potential gender differences in counselor self-efficacy are seemingly an issue.
worthy of greater attention (Betz & Hackett, 1981; Fitzgerald & Betz, 1983; Rotberg, Brown & Ware, 1987).

Several recent articles in the career decision-making literature address the efficacy issue from the perspective of avoidance: particular occupations being largely ignored or avoided by women because they have scientific or mathematical components (Lapan, Boggs & Morrill, 1989). Occupations that are considered to be scientific or technical in nature generally have been found to be less populated by women than men (Betz & Hackett, 1986).

The occupational title "psychologist" is classified under the primary or secondary Holland type "investigative" in the Dictionary of Occupational Titles (U.S. Department of Labor, 1991). Occupations categorized as investigative involve problem-solving, analytical and organizational skills, and are generally populated by persons who could be described as antisocial (Holland, 1973). In light of the fact that women are stereotypically viewed as more "social" than men, it is surprising the previous decade has has shown an increasing predominance of women in counseling graduate programs in psychology (Cameron, Galassi, Birk & Waggener, 1989; Gallessich & Olmstead, 1987). While this may reflect the diversification of careers under the general classification psychologist (e.g., academic/researchers vs. those in professional practice), it is unclear whether or not this signifies that women are beginning to have more efficacious beliefs about their counseling ability than men. It is also possible that women have enough efficacy about their "helping skills" to override the fact that there is a strongly investigative/scientific component to the field, an area
formerly avoided by most females after a certain age.

Previous counseling research has shown that women are more relationship-oriented than men (Marecek & Johnson, 1980). Indeed, women have been traditionally viewed as more patient and generally better suited to listening and attending to people. In the context of counseling supervision, Worthington and Stern (1985) hypothesized that female trainees would rate supervision relationships more highly than their male counterparts. This hypothesis was not supported; in fact, male trainees and male supervisors rated their supervision as more effective than did females. Worthington and Stern did find, however, that gender-matched supervisory pairs felt their supervisory relationships were "closer" than unmatched pairs.

It is the inconsistency of the evidence and speculation presented above that prompted the present analysis of gender and its impact on counseling self-efficacy. Since women are stereotypically perceived to be naturally more comfortable with interpersonal skills than men are, it was predicted that women at early stages of counselor development would exhibit higher gross levels of counseling self-efficacy than men, at least in initial stages of practical training.

Stressful Life Events and Impact on Self-Efficacy

The final area of inquiry was born primarily out of the investigator's personal and observed experiences as a graduate student in counseling psychology. Briefly, it was expected that low levels of counseling self-efficacy would be positively correlated with high levels of negative life stress, as measured by the negative events portion of
the Life Experiences Survey (Sarason, Johnson & Siegel, 1978).

The hypothesis was based on the premise that a trainee's belief in his or her ability to counsel is influenced daily by events in his or her personal life, particularly early in the developmental process when the trainee does not have extensive experience upon which to rely. In a study of process and outcome variables in the supervisory process, Rabinowitz, Heppner and Roehlke (1986) concluded that critical events played a major role in the supervisory process, albeit different events having greater impact at different training levels. Forty-five graduate students at three levels of practicum training served as subjects. Two primary areas were investigated: the role of critical incidents in supervision (Heppner & Roehlke, 1984), and trainee's perceptions of significant supervisor interventions. Results indicated that beginning trainees expressed a need to believe they had sufficient skills to be competent, while advanced trainees were most concerned that their personal problems might interfere with their ability to counsel effectively. In addition, the more advanced trainees indicated a stronger need to attribute their professional progress to themselves rather than to a supervisor, suggesting a greater need for autonomy than their less extensively trained counterparts.

From a philosophical standpoint, Holloway (1987) addressed this issue when she suggested that developmental shifts needed to be examined outside of the trainee's student and counselor roles and in the context of the other roles of an individual's life. She emphatically argued thus:

"If these (developmental) changes are seen as qualitative shifts central to counselor's growing professional identity, then they
must be influencing other contexts of life. In fact, it has been frequently argued in counseling approaches that the professional identity is a part of and integrated into the personal identity, insofar as without such congruency ... the counselor lacks authenticity and potency in the counseling relationship." (p. 215).

Related to life stressors are the critical events that occur to a trainee both in and outside of counselor training. In a recent study of nine counseling psychology trainee-supervisor dyads, Ellis (1991) concluded that it was critical that supervisors have familiarity with critical incidents that occur in supervision. The most commonly cited critical events were relationship issues, competence, emotional awareness, autonomy and personal issues; the rankings by the subjects supported Sansbury's hierarchy of critical events in supervision (1983).

What Ellis' study suggested, essentially, is that supervisors who are familiar with critical events in supervision are better equipped to plan supervision interventions that are highly effective at promoting efficacy (Borders, 1989; Ellis, 1991). That "personal issues" made the list of common critical incidents in supervision does not seem surprising viewed in the context of Holloway's position. Seemingly, an examination of the role personal issues play in counselor self-efficacy is justifiable. Admittedly, the present study superficially addressed the existence of this potentially powerful relationship: in short, what was expected was that a relationship between self-efficacy and recent negative life events exists.

Summary and Research Hypotheses

As both Bandura (1977; 1982) and Salomon (1983) suggested, an individual's judgment of his or her capabilities plays a major role in
determining the amount of effort an individual invests in completion of a task and in the level of performance attained. If the proposed pattern of self-efficacy across trainee developmental stages exists, then the potential for designing supervisory interventions to facilitate increased counseling efficacy in trainees is great. Prior to this study, the relationship between developmental level, trainee efficacy, and supervision was unclear. This study explored these relationships in detail and identified patterns of efficacy across developmental levels of counselor training.

The potential for practical application of the findings to the supervision process is great. Since mastering a skill has been shown to promote efficacious beliefs and vice-versa, self-efficacy and skill mastery could be viewed together as a self-reinforcing, mutually-enhancing mechanism for skill acquisition. Applied to the counselor training process, supervisors with knowledge of trainee efficacy patterns at particular points in the developmental process may now be able to predict low points in trainee self-efficacy and then design their supervisory interventions to optimize trainee development and growth.

Thus all individuals involved in the training process should benefit from this information: the supervisor, the counselor-in-training, and the client. The supervisor will have a more solid base of knowledge about the trainee from which to suggest and implement supervisory interactions, while the counselor can enjoy the luxury of an individually-tailored training process that maximized the complimentary interaction of skill mastery and efficacy. The client will ultimately gain the most, because he or she will have the attention of a more
confident, skilled counselor who has a full repertoire of skills with the willingness to choose the most appropriate intervention.

The four experimental hypotheses tested are below.

1. There will be a distinct pattern of self-efficacy corresponding to each of Stoltenberg's developmental stages. Specifically, trainees at level one are postulated to have the lowest overall self-efficacy ranking on average, with the observed pattern fluctuating across the four data collection points over time. Self-efficacy within the other developmental levels will be relatively stable, but will be highest for level four counselors, followed by levels three, one and two, respectively.

2. Specific items on the skill-oriented self-efficacy measure will be predictive of trainee developmental level, given that particular items describe skills that are particularly critical for certain developmental levels.

3. Trainee developmental level and supervised clinical experience will be positively correlated.

4. Incongruencies between supervisor and trainee's expectations about supervision will have a deleterious effect on trainee's reported level of self-efficacy while in the supervisory relationship.

The two exploratory hypotheses are as follows:

1. Women at early stages of counselor development will exhibit higher gross levels of counseling self-efficacy than men, at least in initial stages of practical training.

2. A relationship between self-efficacy and recent negative life events exists for counselors in training.
CHAPTER III

METHOD

Participants

Source of participants. Participants in the study were solicited for two different subject roles: counseling trainees and clinical supervisors. Trainees and supervisors were solicited in pairs from six large, public universities in the Midwest and Western United States. All trainee subjects were students in varying stages of completing a master's degree or doctorate in an APA-accredited counseling or clinical psychology program. Trainees' formal schooling in psychology ranged from first-year, pre-master's level to being on pre-doctoral internship at the time data were collected.

Subjects were solicited in two ways, on-site (at Ohio State University), and off-site. Potential subjects in counseling or clinical practica classes at The Ohio State University were contacted through campus mail and by verbal invitation of the experimenter. A prepared letter requesting their participation with a supervisor was provided to them with the initial solicitation (Appendix A). Individuals expressing an interest in the study were asked to return to the experimenter's mailbox a slip of paper with their name, program affiliation, placement site, and contact phone number. Subjects were also asked to provide the name of one of their clinical supervisors who might be willing to
participate in the study. The designated supervisors were also contacted by mail, phone or in person and were asked to participate as part of a supervisory-trainee pair.

Trainee-supervisor dyads off-site were solicited by mail. The experimenter contacted six of her program's doctoral students who were on internship at counseling centers and asked them if they were interested in participating in the study. The interns were also encouraged to ask their fellow interns if they would participate as well. Five of the six interns approached responded that they were willing to participate, but due to logistics only three sites were able to follow through on their initial agreement. Those sites that agreed to participate and returned data were Michigan State University (n=2), Iowa State University (n=3) and University of Minnesota (n=3). The majority of data, however, were obtained from students and supervisors in and or associated with The Ohio State University Counseling Psychology MA/PhD program (n=24, 72.7%). A copy of the off-site solicitation letter is in Appendix B.

Approximately 50 pairs of trainees and supervisors initially agreed to participate; 34 dyads completed sufficient responses to be used in the data analysis.

Demographic information: trainees. Prior to the commencement of the supervisory process, trainees completed a demographic survey indicating their age, gender, type of academic program, status of schooling, and their supervised and unsupervised clinical experiences.

Average age of supervisee participants was 27.4 years (SD=5.2), with a range between 22 and 45 years. Approximately 74 percent of the
sample was between 22 and 29 years of age (n=25), and 88 percent fell into the range of 22 to 31 years of age (n=29).

Although a gender balance was desired in the subject pool, the convenience sample yielded far fewer male trainees (n=9, 26.4%) than female trainees (n=25, 73.5%). This gender distribution is consistent with counseling psychology graduate training demographic information, which indicate that females outnumber males in graduate training programs in counseling psychology at present (Cameron, Gallassi, Birk & Waggener, 1989; Galassi & Moss, 1986; Gallesich & Olmstead, 1987).

Similar to gender, trainee participants from both counseling and clinical psychology programs were solicited. The sample was heavily skewed toward counseling psychology students, however, with only three of the 34 (8.8%) trainees reporting that they had come out of a clinical psychology background. Results of pearson product correlational analyses indicated that type of program was not significantly correlated with any of the experimental variables. On the basis of the lack of discrepancy, the clinical subjects' responses were combined with the balance of the data for the rest of the analysis.

Progress through graduate training was the next demographic variable examined. Ten trainees were completing their predoctoral internships at counseling centers during data collection, representing 30.3% of the sample. Those 10 participants had Master's degrees and had passed their Ph.D. candidacy exams. Four subjects were in their third year of graduate training (12.1%), having completed a Master's degree in the field. Eight subjects were in their second year of training (24.2%), in various stages of completing the Master's degree in their
field. Finally, 11 subjects (33.3%) were first-year graduate students at the time the data were collected. Of the first-year participants, four (36.3%) had graduate degrees already in fields other than counseling or clinical psychology.

Participants also were asked to describe the extent of their supervised and unsupervised counseling/clinical experience, both in the graduate training program and prior to entering graduate school. This data is presented in Table 1.

Table 1
Counselor Trainees' Self-Report of Supervised and Unsupervised Clinical Experience Prior to the Study

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>None</th>
<th>3-6 months</th>
<th>6 months-1 yr</th>
<th>1-2 years</th>
<th>More than 2 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=7</td>
<td></td>
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</tr>
<tr>
<td>20.6%</td>
<td></td>
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<tr>
<td>n=10</td>
<td></td>
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<td>29.4%</td>
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<td>n=5</td>
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<td>14.7%</td>
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<td>n=3</td>
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<td>8.8%</td>
<td></td>
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<tr>
<td>n=9</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>26.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsupervised Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>n=18</td>
<td></td>
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<tr>
<td>52.9%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>n=4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seven subjects (20.6%) reported no supervised experience prior to the study; ten (29.4%) had three to six months of previous supervised clinical experience; five (14.7%) reported six to 12 months of prior supervised experience; three (8.8%) had one to two years; and nine (26.5%) of the trainees reported having more than two years of supervised clinical experience prior to the study.

The number of supervised placement sites was also tabulated for each trainee. Seven had never been clinically supervised prior to the study (21.2%); 11 reported one site (33.3%); nine reported two sites (26.5%); six reported three placements (17.6%); and one individual reported working at four different supervised sites (2.9%). Sites included university counseling centers, mental health clinics, hospitals and VA's, schools and within-department training clinics.

In general, trainees did not report as much unsupervised clinical experience as supervised clinical experience. Eighteen of the 34 trainees (52.9%) had never worked in an unsupervised clinical setting. Four trainees had had three to six months of unsupervised clinical work (11.8%); six trainees (17.6%) reported six months to one year of unsupervised experience; and the remaining six trainees (17.6%) reported more than one year of unsupervised clinical experience.

Similar to the number of settings of supervised experience, the majority of trainees had low numbers of sites where they did clinical work without supervision. Nine trainees reporting working at one unsupervised site (26.5%); seven reported working at two sites (20.6%); and two individuals (5.9%) reported working in three unsupervised clinical settings. Unsupervised sites included homeless shelters,
shelters for battered women, crisis hotlines and peer counseling interactions. (It is probable that these individuals received some type of clinical supervision in these environments; due to its nature, however, they may not have viewed it as such. The demographic question was vague and could have been misinterpreted.)

After careful consideration, the demographic variable of race/ethnic heritage was not included on the demographic data sheet. The decision to exclude ethnicity was intended to protect the anonymity of the subjects because the sample size was small and drawn primarily from a single graduate program and sites associated with it. The demographic information sheet is located in Appendix C.

Demographic information: supervisors. A total of 27 supervisors also participated in the study, representing supervisory experience ranging from post-master's degree (n=15) to years of licensed professional practice (n=12). Some supervisors participated in more than one dyad, but all trainees only participated once. Supervisor's primary theoretical orientation was noted, with 18 (52.9%) identifying themselves as eclectic; one (2.9%) as psychodynamic; six (17.6%) as humanistic; one (2.9%) as cognitive/behavioral; none as developmental; and one (2.9%) as existential. The remaining supervisors (n=6) did not report a particular theoretical orientation when requested to do so.

The effort to attain a gender balance among supervisors was more successful than among trainees. Fifteen supervisors identified themselves as male (44.1%) and fifteen supervisors identified themselves as female (44.1%). The remaining four supervisors declined to identify their gender on the response sheet. Because some of the supervisors
served in more than one experimental dyad, the demographic data on supervisors contains some repeat information. It was impossible to determine which data were duplicated, however, since the data were collected anonymously.

Measures

Trainee participants completed paper-and-pencil instruments on four separate occasions during the study: during the week prior to the supervision process, at the fourth and seventh weeks of the study, and one week after the termination of the supervisor-supervisee relationship. The experimental design is presented in Table 2.

Table 2

Distribution of Measures During the Eleven-Week Period of the Study

<table>
<thead>
<tr>
<th>Participant</th>
<th>Week 0</th>
<th>Week 4</th>
<th>Week 7</th>
<th>Week 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee</td>
<td>Demographics</td>
<td>CSES</td>
<td>CSES</td>
<td>CSES</td>
</tr>
<tr>
<td></td>
<td>SEQ</td>
<td>SLSp</td>
<td>LSES</td>
<td>Qualitative Responses</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Demographics</td>
<td>SEQ</td>
<td>SLSp</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Counseling Self-Efficacy Scale (CSES; Johnson & Seem, 1989) was administered to trainees at all four data collection times; in addition, trainees completed the Supervision Expectations Questionnaire (Bahrick, Salmi & Russell, 1989) and a brief demographic questionnaire prior to commencement of the study (Time 1). Trainees also completed the Supervision Level Scale, Person form (SLSp; Wiley & Ray, 1986) and a modified version of the Life Experiences Survey (LES; Sarason, Johnson & Siegel, 1978) at the final data collection point (Time 4). Supervisor participants completed the supervisor’s version of the Supervision Expectations Questionnaire (Bahrick, Russell & Salmi, 1991) prior to the study and the SLSp post-supervision (Time 4).

Counseling Self-Efficacy Scale

The initial form of the CSES was created by Johnson, Baker, Kopala, Kiselica and Thompson (1989). Using 50 master's degree candidates in counseling psychology as subjects, the authors developed a 26-item scale to assess counseling efficacy for basic and intermediate skills. Both level of self-efficacy (number of items that trainees indicated they can perform) and strength of self-efficacy (100-point range from "no confidence" to "complete confidence") were measured.

On a pilot test of 44 undergraduate students enrolled in an introductory counseling psychology course, two week test-retest correlations for the CSES were reported to be .78 for the level dimension and .88 for the strength dimension. While the initial test sample did not produce a broad enough range of scores on the overall number of skills endorsed to merit further attention, the strength of
efficacy dimension did produce significant findings. The authors reported a 73-point range in overall strength of efficacy scores in the pre-training condition, demonstrating that the instrument could discriminate high efficacy subjects from those with low efficacy for counseling skills prior to training. Further support for the validity of the instrument was provided by the finding that the differences among high and low efficacy groups persisted over the course of skills training. Cronbach alphas for the strength of efficacy scores on the test sample were .95 and .97 for the first and second administrations, respectively. The authors concluded that the scale was stable and had high internal consistency.

The CSES used in this study was a modified version of the expanded version used by Johnson and Seem (1989). Johnson and Seem extended the original CSES from 26 to 57 items measuring self-perceived efficacy for both basic, intermediate, and advanced counseling skills. The authors added several items to the original scale to allow for use with doctoral students, and incorporated items from Friedlander and Snyder's original self-efficacy scale for counseling tasks (1983). The items were divided into roughly one-third beginning, one-third intermediate and one-third advanced items (determined by Johnson and Seem.) While Johnson and Seem's version asked subjects to rate their level of confidence on a 0-100 scale, the version used in this study instructed subjects to rate their confidence in completing a task on a scale of 0 (no confidence, can not perform the task) to 9 (complete confidence in ability to perform task). The numerical rating scale was simplified to streamline the analysis; although the original version asked subjects to rate their
efficacy strength on a scale of 1-100, the Likert scale provided to subjects only consisted of discreet numerical values corresponding to sets of ten.

Reliability data were calculated on the current sample. Cronbach alphas were .97, .97, .97 and .98, respectively, for the four administrations of the instrument. Means and standard deviations for each item are available from the author. A copy of the instrument is in Appendix D.

Supervision Level Scale (person form)

The Supervision Level Scale (SLSp; Wiley & Ray, 1986) consists of 20 items that describe counselor behaviors associated with each of Stoltenberg's developmental levels. Each item on the scale corresponds to a discreet box on a 4x5 grid, with one axis representing the four developmental stages, and the other labelled categorically by: a) degree of confidence in present counseling skill; b) insight about impact on clients; c) approach to a theoretical framework; d) sense of professional identity; and e) awareness of limitations of counseling. The authors derived the items by identifying descriptive phrases in the original Stoltenberg article (1981) and then arranging those descriptive phrases according to developmental stage. Cells that did not contain clear descriptors furnished by Stoltenberg were filled in by the authors.

The 20 items that resulted from this process were put into a Likert scale format, with responses ranging from 1 — the item definitely applies to the trainee, to 7 — the item never applies to the
trainee. While originally designed for supervisors to rate their supervisees, the SLSp can be given both to supervisors and supervisees with simple changes in wording. In this study, supervisees were instructed to endorse those items they thought were most highly descriptive of themselves. The scale is scored by summing the Likert ratings over the five items that represent each developmental stage; the stage with the highest mean ranking represents the predominant developmental level of the trainee. In this study, ties were broken by deferring to the lower developmental level.

In the original study, a pilot sample of seven doctoral-level supervisors from a counseling center yielded test-retest reliability figures of .71-.89 over a two-week period (Wiley, 1982). A content validity check completed by four expert raters (named by Stoltenberg as individuals who were very familiar with his theory) correctly identified 14 of the 20 items on the scale in the levels they were intended to measure 100% of the time. The other six items were identified by the expert raters with 75% accuracy (Wiley, 1982).

In an additional content reliability check, four experienced counseling psychologists who each had at least three years of supervisory experience rated the items in the same manner as the expert raters. Twelve of the 20 items were identified by 100% of the supervisors, four items were identified by 75% of the supervisor raters, and the remaining four items were identified by 50% of the supervisors. Overall, the SLS has demonstrated sufficient reliability in level or stage determination, with a median correlation for each item with the level score of $r = .75$ (Wiley, 1986). A copy of both the instrument and
its score sheet can be found in Appendix E.

**Supervision Expectations Questionnaire**

The Supervision Expectations Questionnaire (SEQ) is a 28-item Likert scale designed to assess trainees' conceptualization and anticipation of the supervision process. The items in the instrument are divided into six categories: conceptualization of supervision, supervisor as counselor, supervisor as teacher, trainee recognition and expression of supervisor needs, trainee reveals concerns, and trainee provides structure (Bahrick, Russell & Salmi, 1991). Each item addresses trainee's thoughts and feelings about supervision and is rated by the supervisee on a scale of 1 — strongly agree to 7 — strongly disagree.

The six categories in the instrument measure different but related supervisory concepts. The first category gauges how well the trainee conceptualizes the process of supervision. The second and third categories provide descriptive behaviors of supervisors as teacher and counselor. The fourth category addresses trainee's propensity toward expressing training needs while the fifth (consisting of a single item) assesses trainee's willingness to confide in the supervisor his or her concerns about counseling. The sixth and final category looks at the trainee's capacity to implement structure on the supervision sessions. Split-half reliability for the entire SEQ was .78, based on a sample of 23 subjects at the graduate level.

The SEQ was given to the trainees, and a modified version with substituted wording was given to the supervisors. The word "I" was changed to "my supervisee" and possessive words like "my" were changed
to "my supervisee's" or "his/her". The total score for the instrument was used as an indicator of the respondent's level of expectations about the supervisory process. Each subscale score was also used to compare supervisor's and trainee's expectations in specific areas. Cronbach alphas for this sample were .93 for the trainee's version and .83 for the version given to supervisors. Copies of the two versions of the instrument are in Appendix F.

Life Experiences Survey

The original version of the Life Experiences Survey (LES) is a 57-item self-report measure that provides subjects with a list of events that are generally considered stressful to most people (Sarason, Johnson & Siegel, 1978). Respondents are asked to specify each event they have experienced in a predetermined recent time frame and rate those items as either positive or negative in impact. Scores on each item range from -3 (event was extremely negative) to +3 (event was extremely positive). Total scores for events rated as positive and events rated as negative can be calculated and are labelled positive and negative change scores.

This study used a modified version of the LES, in which some items on the original scale were deleted and/or combined in order to eliminate heterosexist bias and to make it more appropriate for a graduate student population. Specifically, the term "spouse" was replaced with "partner"; items that were originally directed to a particular gender were combined; and questions about changes in eating, sleeping, recreation were deleted, since changes in these three activities have been found to be more likely a result of stressful events than events
themselves (Hershberger, 1990). In addition, the question about recent retirement was deleted and the the amount of money borrowed that was deemed to be stressful was halved ($5000, instead of $10,000), because of the nature of the graduate student sample.

The version used in this study consisted of 44 items plus three blank spaces for subjects' self-reported stress-producing events. Subjects were instructed to base their responses on events in the previous three months. The three-month period was chosen to correspond with the approximate length of the supervisory relationship utilized in the study.

Sarason and associates (1978) reported that five-week test-retest reliability coefficients for the negative change score equaled .56 and .88 for samples of 34 and 58 undergraduate subjects. Since the change score was designed to indicate the degree of negative impact experienced by the subject at the time the measure is taken, it is logical that test-retest reliability will be in the moderate range several weeks later given life events occurring in the interim interval.

The negative change score was used in the analysis as the indicator of life stress. The creators of the IES concluded that it has been deemed moderately free of social desirability bias, based on its non-correlation with the Marlowe-Crowne Social Desirability Scale (Strahan & Gerbasi, 1972, as reported by Sarason et al., 1978). The version of the IES used in this study is in Appendix G.

Qualitative Response: Additional Questions

In addition to the experimental measures, trainees were asked to
respond in writing at the close of the study to an open-ended question about what they felt was most relevant in supervision to any change in confidence in their counseling skills. The suggestion was provided that they address pertinent characteristics of the supervisor or themselves, qualities or traits of the client they thought might have affected their levels of counseling competence, and external events that may have influenced them throughout the course of the supervisory relationship. Also included was an open-ended question about what they felt or thought to be most facilitative and/or detrimental to their sense of self-efficacy for counseling skills. Thirty-two trainees returned the additional questions sheet (94.1%). The additional questions list is in Appendix H.

Procedure

Following the process of obtaining sufficient numbers of trainee-supervisor dyads, each pair was assigned a numerical code to allow for matching of their particular response packets. The codes were used to insure confidentiality of data, and the matching list of codes/names was referred to only if trainee subjects failed to return instruments within the pre-set time frame. When that occurred the first time, the trainee received a friendly written reminder to return the instrument packet. If participants failed to return the second set of instruments after being contacted by the experimenter, they were given the remaining instrument packets but no longer reminded to complete them. Supervisors who failed to return instruments were contacted once, in similar fashion. In cases where one part of the dyad did not complete the study, the other
individual was not notified in order to preserve confidentiality and status of the supervisory relationship. Partial sets of data were utilized in the data analysis if they were complete enough to be useful (i.e., included at least three or four of the repeated measures data, the demographic instrument from both trainee and supervisor, and either the self or supervisor developmental rating). Four partial sets of data were utilized in the analysis.

Aside from the procedure for missing responses outlined above, all data were collected and maintained confidentially. Responses were kept in sealed envelopes until the study was completed, and the code list was destroyed before the data-containing envelopes were opened.

Subjects were not informed explicitly as to the purpose of the study, but were told that the study investigated the role of perceptions of self and skills during graduate training in psychology. Both trainees and supervisors were assured that their partners did not have access to their responses.

Trainees' initial completion of the demographic questionnaire, the Supervisory Expectations Questionnaire (SEQ), and the Counseling Self-Efficacy Scale (CSES) served as a baseline measure of their efficacious beliefs and expectations about supervision. Repeated measures of the CSES were distributed by mail during the fourth and seventh weeks of the study. The Supervision Level Scale, supervisee form (SLSp) was also included in the seventh week instrument packet. The measures were accompanied by a note requesting that they be returned in seven days. Subjects who failed to return their instruments on time were contacted individually by the experimenter, as explained above. As a check on the
process, trainees were asked to record the number of client and supervision sessions experienced in the interim period between data collection points. Instruction letters that accompanied each packet are in Appendix I.

The final data collection point occurred within the week following termination of the supervisory relationship. Trainees were instructed to once again complete the CSES and an additional instrument, the Life Events Scale (LES). They were asked to consider and respond to two open-ended questions, and return the entire instrument packet to the experimenter within seven days of their final session with the supervisor.

Supervisors also were asked to complete the SEQ prior to the start of the study to provide a baseline idea of their expectations for the upcoming supervisory process. During the seventh week of the study, supervisors were asked to complete the SLSp, supervisor form. Instruments were distributed by mail, and supervisors were given two weeks to complete and return the measures.

At the data collection sites other than The Ohio State University, the interns who served as contacts for the primary investigator collected the data packets from their colleagues in the same manner described above, but all materials were mailed back to the experimenter in one large packet following termination of the study. This procedure was implemented to consolidate mailing costs. Following conclusion of each data collection period, after all unused and used instruments were returned to the experimenter, the code list was destroyed and the packets were opened and collated for data analysis.
All data were collected in 11-week increments during the period of September 1991 to May 1992. Subjects were offered information about the study in return for their participation.
CHAPTER IV

RESULTS

This chapter commences with the demographic variable analysis and descriptive data. The balance of the chapter is organized after the hypotheses presented in Chapter II, followed by post-hoc analysis and a condensed summary of subjects' qualitative responses to several open-ended questions about attributions for self-confidence. An a priori alpha level of $p<.01$ was set for the proceeding analyses to control for Type I error. Findings at the $p<.05$ were treated and discussed as trends.

Preliminary Analyses

Descriptive Variables

Pearson product moment correlation analyses were performed on the descriptive variables: results are summarized and presented in Table 3. Several of the demographic variables were highly correlated with the experimental variables of developmental rating and self-efficacy. Each variable is considered below in order of descending significance.

Year in academic program. The number of years a trainee had been formally enrolled in graduate school was positively correlated with trainee's own estimation of their developmental level ($r=.57, p<.01$), and with their self-efficacy scores in the first and second administrations of the CSES ($r=.58, p<.01$, time 1; $r=.48, p<.01$, time...
Table 3

Pearson Correlation Coefficients for Experimental and Descriptive Variables

<table>
<thead>
<tr>
<th>Descriptive Variables</th>
<th>Developmental Level</th>
<th>Counselor Self-Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-rating</td>
<td>Supervisor Rating</td>
</tr>
<tr>
<td>Age</td>
<td>.06</td>
<td>-.13</td>
</tr>
<tr>
<td>Gender</td>
<td>.15</td>
<td>.27</td>
</tr>
<tr>
<td>Type Of Program</td>
<td>-.04</td>
<td>-.49**</td>
</tr>
<tr>
<td>Year in Program</td>
<td>.57**</td>
<td>.11</td>
</tr>
<tr>
<td>Progress through program</td>
<td>.63**</td>
<td>.09</td>
</tr>
<tr>
<td>Supervised Counseling Experience</td>
<td>.62**</td>
<td>.28</td>
</tr>
<tr>
<td>Number of Placement Sites</td>
<td>.38*</td>
<td>.12</td>
</tr>
<tr>
<td>Unsupervised Counseling Experience</td>
<td>.22</td>
<td>.17</td>
</tr>
<tr>
<td>Number of Unsupervised Sites</td>
<td>.12</td>
<td>.09</td>
</tr>
<tr>
<td>Miscellaneous Experience</td>
<td>.02</td>
<td>-.22</td>
</tr>
</tbody>
</table>

Note. Male=1, females=2 in the gender analysis.

** p<.01.
* p<.05.
2). To a lesser extent, time in academia was also positively correlated with efficacy at time 3 and 4 ($r = .40$, $p < .05$, time 3; $r = .37$, $p < .05$, time 4).

**Progress through the program.** A trainee's progress through his or her academic program was estimated using the academic milestones of completion of the Master's degree, passing general or qualifying exams, being on pre-doctoral internship, and completion of the doctoral dissertation. This variable was significantly positively correlated with self-efficacy scores for counseling at all four data collection points ($r = .64$, $p < .01$, time 1; $r = .62$, $p < .01$, time 2; $r = .61$, $p < .01$, time 3; $r = .55$, $p < .01$, time 4). Progress through the program was also correlated strongly and positively with trainee's self-rating of developmental level ($r = .63$, $p < .01$).

**Type of program.** The type of trainee graduate training program (counseling or clinical psychology) was significantly related to only one variable, the supervisor's rating of trainee developmental level ($r = -.49$, $p < .01$). Trainees from clinical psychology backgrounds were more likely to receive lower developmental level estimations from their supervisors than were counseling psychology trainees. This finding should be interpreted cautiously if at all, since there were only three clinical students in the sample of 34 (8.8%).

**Age.** A trend for age occurred, with age being positively correlated with the total self-efficacy scores for the first and second administrations of the self-efficacy scale ($r = .40$, $p < .05$, time 1; $r = .37$, $p < .05$, time 2). Older subjects had significantly higher self-efficacy totals early in the study in comparison to their younger
colleagues. This trend disappeared with the third and fourth administrations of the self-efficacy scale.

**Gender.** A trend also appeared in the analysis of gender and self-efficacy. Whereas gender did not seem to have a significant effect in the first two administrations of the efficacy instrument, results of the third and fourth administration of the CSES showed that women had higher efficacy scores for counseling than men in the sample ($r = .38, p < .05$, time 3; $r = .42, p < .05$, time 4). Males were scored as 1, females as 2 in the analysis.

Neither age nor gender of trainees was significantly correlated with trainee's estimation of their own developmental level or their supervisor's estimation of their developmental level. Past investigations that examined developmental level of trainees did not report age or gender effects, so it is likely that previous work supports the current finding (Friedlander & Snyder, 1983; Wiley & Ray, 1986).

**Other variables.** None of the other descriptive variables — amount of unsupervised experience, number of unsupervised sites, or miscellaneous training (e.g., suicide hotline training, residence life crisis response training, etc) — were significantly related to either developmental level or self-efficacy scores. It should be noted, however, that there were two large but non-significant positive correlations between the number of unsupervised sites an individual reported and his or her early efficacy scores ($r = .21, p < .23$, time 1; $r = .24, p < .17$, time 2). In addition, non-significant negative correlations were observed between miscellaneous experience and subsequent
efficacy scores ($r = -.21, p < .24$, time 3; $r = -.28, p < .11$, time 4).

Representation of Stoltenberg's Developmental Levels

The sampling procedure was designed to yield a subject pool representing all four of Stoltenberg's postulated developmental levels. Trainees were drawn from all levels of graduate training, ranging from first-year students in their first practicum to those who were close to completing their doctoral degrees in counseling or clinical psychology.

Post-hoc analysis, however, produced a subject pool that was skewed toward the higher levels of Stoltenberg's model. When the developmental rating was done by the students themselves, no subjects identified themselves as level one (0%). Trainees were divided into the other levels as follows: 11 level two subjects (32.3%); 6 level three respondents (17.6%); and 15 level four trainees (44.1%). The percentages do not add up to 100 because two subjects did not return the SLSp to the experimenter.

Supervisors also completed the SLSp and generated developmental levels ratings for their respective trainees. In comparison to the supervisee self-rating data, no level one trainees were reported, but the numbers in the other levels changed slightly in the downward direction. As a result of supervisor rating, 12 trainees were described as level 2 (35.3%), nine trainees were reported as appropriate for level 3 (26.5%), and nine individuals fit level 4 (26.5%). These percentages do not add up to 100 because four of the supervisors failed to complete fully or return the SLSp.
The differences between self-ratings and supervisor ratings of developmental level were analyzed using a Wilcoxon sum rank test. Discrepancies in rating were found to be non-significant ($t(30)=.38; p<.39$). A Kruskal-Wallis test (Chi-square approximation) of the discrepancy also produced a non-significant result ($\chi^2(1, N=30) = .78; p<.38$).

Experimental Hypotheses

Interaction of Developmental Level and Self-Efficacy over Time

Hypothesis 1 predicted that subjects with different developmental level ratings would exhibit a pattern of identifiably varied self-efficacy scores. Specifically, level two subjects were expected to display the lowest levels of efficacy, while level four trainees were expected to exhibit the highest overall efficacy. In addition, each developmental group's self-efficacy scores was expected to fluctuate over the 11-week experimental period, as the supervisory relationship evolved. The hypothesis was partially supported, but the lack of group one subjects prevented it from being completely confirmed. Efficacy scores and mean values are presented in Table 4.

Table 4
Descriptive Data for Self-Efficacy Scores During an Eleven-Week Period

<table>
<thead>
<tr>
<th>Time</th>
<th>N</th>
<th>Range</th>
<th>M</th>
<th>Range</th>
<th>SD</th>
<th>Range</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1 (n=34)</td>
<td>308.0</td>
<td>222-433</td>
<td>52.8</td>
<td>5.4</td>
<td>3.8-7.3</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Time 2 (n=34)</td>
<td>321.2</td>
<td>217-444</td>
<td>52.7</td>
<td>5.6</td>
<td>3.8-7.7</td>
<td>.8</td>
<td></td>
</tr>
<tr>
<td>Time 3 (n=32)</td>
<td>338.1</td>
<td>225-446</td>
<td>49.4</td>
<td>5.9</td>
<td>3.9-7.8</td>
<td>.8</td>
<td></td>
</tr>
<tr>
<td>Time 4 (n=34)</td>
<td>349.5</td>
<td>212-450</td>
<td>52.4</td>
<td>6.1</td>
<td>3.7-7.8</td>
<td>.9</td>
<td></td>
</tr>
</tbody>
</table>
Self-efficacy vs. self-rating. To test the first hypothesis, participants' scores were divided into groups based on their self-rated developmental levels. A general linear model procedure was used to form a graphic representation of efficacy vs. time, divided by developmental group. There was no interaction observed between self-efficacy and time. The graph of self-rating vs. time is found in Figure 1. A least squares means procedure was used to counteract unequal cell sizes in developmental groups. Significant differences were found between efficacy scores for levels 2 and 4 ($p<.01$), but not between levels 2 and 3 ($p>.07$) or levels 3 and 4 ($p<.03$).

Significant increases in efficacy across time also occurred. A general trend of increased self-efficacy across time for all three developmental groups was visible from the graph, substantiated by numerical values in several cases. Efficacy scores significantly increased between times 1 and 3 ($p<.01$), times 1 and 4 ($p<.01$), times 2 and 3 ($p<.01$), and times 2 and 4 ($p<.01$). No significant increases in efficacy for the three groups between times 1 and 2 ($p>.02$) or times 3 and 4 ($p>.25$) occurred. The full model accounted for approximately 87% of the variance in the sample ($R = .87$, $F(40, 87) = 14.82$, $p<.0001$).
Figure 1. Counseling self-efficacy as a function of trainee self-rating over an eleven-week period.
Self-efficacy vs. supervisor rating. In contrast to the analysis presented above, trainee participants' self-efficacy scores were divided into groups based on their supervisor-rated developmental levels. A general linear model procedure was again used to form a graphic representation of efficacy scores vs. time, divided by developmental group. No interaction of efficacy and time occurred. The graph of supervisor-rating vs. time can be found in Figure 2. A least squares means procedure was used to counteract unequal cell sizes for the developmental groups. Similar to the finding of the self-rating analysis reported above, significant differences were found between efficacy scores for supervisor-rated levels 2 and 4 ($p < .01$), but not levels 2 and 3 ($p > .04$) or levels 3 and 4 ($p < .04$).

Parallel to the self-rating analysis, significant increases in efficacy across time for each of the developmental groups were noted. A general trend of increased self-efficacy across time for all three developmental groups was visible from the plot, substantiated by the least squares means analysis. Efficacy scores significantly increased between times 1 and 3 ($p < .01$), times 1 and 4 ($p < .01$), times 2 and 3 ($p < .01$), and times 2 and 4 ($p < .01$). No significant increases in efficacy for the three groups between times 1 and 2 ($p > .04$) or times 3 and 4 ($p > .07$) were found. The full model accounted for approximately 86% of the variance in the sample ($R = .86, F(38,81) = 13.54, p < .0001$).
Figure 2. Counseling self-efficacy as a function of supervisor-rating over an eleven-week period.
Self-Efficacy Items and Developmental Level.

Hypothesis 2 predicted that specific items on the self-efficacy instrument would be indicative of trainee developmental level. Since the trainees and supervisors completed the developmental level rating measure concurrently with subjects' third administration of the self-efficacy instrument, self-efficacy scores at time 3 were used in this particular phase of analysis. Trainees' self-efficacy scores were analyzed separately for rating assigned by self and by supervisor. Specific items that had significantly different means across developmental groups were termed "critical items" and are presented in Tables 5 and 6. Table 5 is based on trainee-rated developmental groups; Table 6 is based on division by supervisors' rating.

Self-rating. Trainees' efficacy scores at time 3 were sorted into groups based on their self-reported developmental level (as measured by the SLSp). This sorting procedure yielded a distribution of 11 individuals in group 2, six individuals in group 3, and 15 individuals in group 4.

Harmonic group means for each of the 57 items of the CSES were calculated and compared using a series of Duncan Multiple Range Tests. (Harmonic means were utilized because of the discrepant cell sizes). Of the 57 items in the CSES, 35 items had means that varied significantly across developmental groups according to self-rating divisions ($\alpha=.05$, $df=29$).

Of the 35 items with significantly different means, 12 items differentiated group 2 from groups 3 and 4; 15 items differentiated group 2 from group 4; and three items differentiated group 4 from groups
3 and 2. In addition, there were three items on which the mean score for group 4 was lower than that of group 3, and two items in which the mean for group 2 was higher than that of group 3.
Table 5

Critical Self-Efficacy Items for Self-Rated Developmental Groups: Item description and Means Groupings

<table>
<thead>
<tr>
<th>Critical Item</th>
<th>Developmental Groupings by H*</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Sit with your upper body leaning slightly toward the client during the interview.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>5. Maintain comfortable eye contact with the client during the interview.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>6. Behave in a free and spontaneous manner during the interview.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>9. Accurately perceive (in your mind) the &quot;themes&quot; in what the client is talking about.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>11. Ask questions in an &quot;open-ended&quot; manner which encourages the client to explore thoughts and feelings.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>18. Notice non-verbal client behaviors that will help you better understand his/her feelings.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>19. Notice what a client is implying from things he/she is saying.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>20. Accurately inform the client of what you think he/she has implied.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>22. Notice discrepancies among client comments and behaviors when they occur.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>23. Constructively confront the client with discrepancies among comments and behaviors.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>24. Notice when something between you and the client is interfering with communications between the two of you.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>42. Do individual counseling or therapy with individuals having anxiety reactions.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>56. Do individual counseling or therapy with individuals having substance abuse problems.</td>
<td>(4.3) (2)</td>
</tr>
<tr>
<td>10. State to the client briefly your understanding of the content of his/her themes.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>13. State to the client your understanding of his/her feelings.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>25. Inform the client about things which you believe are interfering with communication between the two of you in a manner which expresses your feeling and also enhances the counselor-client relationship.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>28. Recognize your feelings about the client or the relationship (e.g., I feel frustrated).</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>29. Constructively inform your client of your feelings about him/her in such a manner that they do not interfere with the relationship.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>32. Present yourself in such a way that clients will be attracted to working with you.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>36. Successfully terminate your counseling relationship.</td>
<td>(4.3) (3,2)</td>
</tr>
<tr>
<td>Critical Item</td>
<td>Developmental Groupings by Η*</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>40. Do group counseling or therapy with less structured groups (e.g., personal/interpersonal problems)</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>43. Do individual counseling or therapy with individuals having personality disorders.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>46. Do individual counseling or therapy with individuals having vocational/educational problems.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>50. Do family counseling or therapy.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>52. Write integrative psychological reports.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>53. Do individual counseling or therapy with individuals having major affective disorders.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>55. Make appropriate referrals.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>16. Summarize the client's thoughts and feelings for him/her.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>45. Do individual counseling or therapy with individuals having adjustment reactions.</td>
<td>(4) (2,3)</td>
</tr>
<tr>
<td>51. Do conjoint marital or relationship counseling/therapy.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>26. Share information with the client in a manner that informs, while not insulting his/her intelligence.</td>
<td>(3,4) (4,2)</td>
</tr>
<tr>
<td>27. Notice an emotional reaction you are having to your client, or something said by your client, as it occurs.</td>
<td>(3,4) (4,2)</td>
</tr>
<tr>
<td>54. Do individual counseling or therapy with individuals having schizophrenic disorders.</td>
<td>(3,4) (4,2)</td>
</tr>
<tr>
<td>39. Do group counseling or therapy with structured groups (e.g., assertiveness, career planning, etc.).</td>
<td>(4,2) (2,3)</td>
</tr>
<tr>
<td>44. Conceptualize or assess a case using standardized personality inventories.</td>
<td>(4,2) (2,3)</td>
</tr>
<tr>
<td>45. Do individual counseling or therapy with individuals having adjustment reactions.</td>
<td>(4) (2,3)</td>
</tr>
</tbody>
</table>

* Developmental Group means in separate parentheses are significantly different at p<.05.
Supervisor rating. Subjects' self-efficacy scores at time 3 were also sorted into three groups based on their supervisors' rating. This sorting procedure yielded a distribution of 12 individuals in group 2, nine individuals in group 3, and eight individuals in group 4. (Fewer scores were used in this analysis because four of the supervisors failed to complete the rating instrument.) Harmonic means were calculated for each of the 57 items and compared utilizing the Duncan Multiple Range Test.

Twenty-three of the 57 total items had significantly different means across developmental groups and were labelled critical items. Of those 23 critical items, nine items differentiated group 4 from group 2, six items differentiated group 2 from groups 3 and 4, and five items allowed group 4 to be discriminated from groups 2 and 3. In addition, there were two items in which group 3 scored significantly higher than group 4, and one item in which group 3 had the lowest overall mean. A summary of significant comparisons is presented in Table 6 ($\alpha = .05$, df=26).
Table 6

Critical Self-Efficacy Items for Supervisor Rated Developmental Groups: Item description and Means Grouping

<table>
<thead>
<tr>
<th>Critical Item</th>
<th>Developmental Groupings by N*</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Accurately perceive (in your mind) the &quot;themes&quot; in what the client is talking about.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>20. Accurately inform the client of what you think he/she has implied.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>24. Notice when something between you and the client is interfering with communications between the two of you.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>27. Notice an emotional reaction you are having to your client, or something said by your client, as it occurs.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>38. Conceptualize or assess a case using clinical interview data.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>39. Do group counseling or therapy with structured groups (e.g., assertiveness, career planning, etc.).</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>40. Do group counseling or therapy with less structured groups (e.g., personal/interpersonal problems).</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>41. Conceptualize or assess a case using behavioral rating scales.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>45. Do individual counseling or therapy with individuals having adjustment reactions.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>44. Conceptualize or assess a case using standardized personality inventories.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>46. Do individual counseling or therapy with individuals having vocational/educational problems.</td>
<td>(4,3) (3,2)</td>
</tr>
<tr>
<td>21. Share experiences from your life in a manner that will not interfere with the client's attempt to clarify his/her problems.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>28. Recognize your feelings about the client or the relationship (e.g., I feel frustrated).</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>45. Do individual counseling or therapy with individuals having adjustment reactions.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>48. Collaborate or consult on cases with other professionals as needed.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>55. Make appropriate referrals.</td>
<td>(4,3) (2)</td>
</tr>
<tr>
<td>53. Do individual counseling or therapy with individuals having major affective disorders.</td>
<td>(4,2) (3,2)</td>
</tr>
<tr>
<td>Critical Item</td>
<td>Developmental Groupings by H*</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>25. Inform the client about things which you believe are interfering with communication between the two of you in a manner which expresses your feeling and also enhances the counselor-client relationship.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>29. Constructively inform your client of your feelings about him/her in such a manner that they do not interfere with the relationship.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>50. Do family counseling or therapy.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>51. Do conjoint marital or relationship counseling/therapy.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>52. Write integrative psychological reports.</td>
<td>(4) (3,2)</td>
</tr>
<tr>
<td>7. Use smiles and nods to encourage the client to talk.</td>
<td>(4,3) (4,2)</td>
</tr>
<tr>
<td>8. Use verbal &quot;um-hmmms&quot; to encourage the client to talk.</td>
<td>(4,3) (4,2)</td>
</tr>
</tbody>
</table>

* Developmental group means in separate parentheses are significantly different at p<.05.
Observed patterns of critical items. When visually inspected from both the supervisor-determined and self-determined groupings, the critical items did create a semi-recognizable pattern.

Critical items that separated groups on the basis of self-and supervisor-rating fell into several broad categories. The items that differentiated level 2 trainees from the other level trainees could be viewed as either particularly difficult for level 2 trainees, or particularly easy for level 3 and 4 trainees. In the self-rated analysis, these items tended to cluster around basic skills, awareness of non-verbal behaviors and implication, and some specific client issues (anxiety, substance abuse problems).

Less clear factors in the supervisor-rated discrimination of level 4 from levels 2 and 3 were found. When divided by supervisor rating, groups of trainees could be differentiated on the basis of items focusing on countertransference, sharing own experiences helpfully with the client, and ability to conceptualize, consult and refer appropriately. Overall, there was not much overlap between the skills that trainees and supervisors targeted to differentiate level 4 from levels 2 and 3.

Another set of items differentiated level 4 trainees from level 2 trainees. In the self-rating split, these items tended to cluster around confrontation of the client in an appropriate and helpful way; the counselor's comfort with him- or herself, and again, specific client issues (personality disorders, major affective disorders). For supervisors, items which separated levels 4 from 2 focused on specific client concerns, therapy with groups, conceptualization, transference
and countertransference issues. Again, there was not much overlap between supervisor and self-designated items.

A third and small set of items was unique because they received lower endorsements from the level 4 trainees than the other groups. For self-rating, these items are suggestive of things that the level 4 trainees may have experienced and then become retroactively cautious of doing (sharing information with clients, countertransference issues, working with schizophrenia), in contrast to less experienced level 2 and 3 trainees who may not know what they should be apprehensive about.

**Trainee Developmental Level and Supervised Clinical Experience**

Hypothesis 3 predicted that trainee developmental level and supervised clinical experience would be positively correlated. The hypothesis was supported for all developmental groups, but for self-rating only (not supervisor rating of developmental level). This information is included in Table 3 (p. 62).

**Supervised experience.** Trainees were asked to estimate the amount of supervised clinical experience they had completed prior to the beginning of the study. Estimates ranged from no experience to more than two years of supervised clinical experience, both in and outside of graduate school. Pearson product correlations showed that the amount of supervised experience was positively correlated with trainee's self-rating of developmental level ($r = .62, p < .01$), as well as with efficacy scores at all points in the study ($r = .64, p < .01$, time 1; $r = .66, p < .01$, time 2; $r = .60, p < .01$, time 3; $r = .55, p < .01$, time 4). Participants' reported supervised clinical experience was not significantly correlated
with their supervisor's rating of their developmental level ($r=.23$, $p<.22$).

**Number of supervised placement sites.** The number of sites at which an individual reported having received clinical supervision was significantly related to his or her efficacy scores for all four data collection times ($r=.50$, $p<.01$, time 1; $r=.52$, $p<.01$, time 2; $r=.45$, $p<.01$, time 3; $r=.44$, $p<.01$, time 4). In addition, a trend was observed that showed trainees with a higher number of placement sites were more likely to rate themselves higher developmentally than their peers ($r=.38$, $p<.05$). This correlation, although significant, was not as strong as that found between amount of experience and developmental level.

**Congruency between Trainee and Supervisor Expectations of Supervision as Related to Self-Efficacy Scores**

The fourth hypothesis predicted that as the inconsistency between trainee and supervisor's expectations about the nature of supervision increased, a decrease in trainee's efficacy levels for counseling would occur. While Pearson product moment correlations for the comparison were not significant, they were in the direction that supported the hypothesis. Correlations at all four times were negative, which suggests that as the inconsistency in expectations increased, efficacy scores tended to decrease. In addition, the relationship between efficacy and inconsistent expectations measured in the middle of the study ($r=-.31$, $p<.09$, time 2; $r=-.34$, $p<.06$, time 3) was stronger than comparable
correlations found at the beginning of the study ($r = -0.14, p < 0.46$, time 1) or at the end ($r = -0.13, p < 0.50$, time 4).

**Exploratory Hypotheses**

**Gender and Counseling Self-Efficacy**

As noted in the demographic analysis presented earlier, gender did not appear to consistently influence trainees' efficacy scores for counseling. However, a trend was observable over the course of the experimental period, in which subsequent administrations of the efficacy scale yielded higher scores for women. Whereas gender did not seem to play a significant role in the first two administrations of the efficacy instrument, results of the third and fourth administrations of the CSES showed that women finished with higher efficacy scores for counseling than men in the sample. Pearson product moment correlational analyses of the relationship between gender and the efficacy scores over time showed a significant difference in male and female scores in the final two administrations of the measure ($r = 0.38, p < 0.05$, time 3; $r = 0.42, p < 0.05$, time 4). Results are summarized in Table 7.

**Table 7**

*Pearson Correlation Coefficients for Gender and Counseling Self-Efficacy During an Eleven-Week Period*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>.17</td>
<td>.23</td>
<td>.38*</td>
<td>.42*</td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05.
Self-Efficacy and Life Stress

The final exploratory hypothesis suggested that participants who experienced a high number of stressful life events during training might reflect this stress in lowered efficacy scores. In other words, it was postulated that an individual who was experiencing negative life stressors might be expected to adopt a darker view of the world, in turn influencing one's beliefs in his or her ability to perform counseling tasks. Therefore, it was expected that participants with high negative stress scores would tend to present lower efficacy scores than their less-stressed peers.

This hypothesis was not supported by the data; neither negative nor positive life stress scores were significantly correlated with self-efficacy scores at any time during the experiment. However, the Pearson product moment correlation between reported negative stress and the final self-efficacy score was large, albeit non-significant ($r= .32$, $p< .09$), as was the correlation between the positive stress score and the final efficacy measure ($r= .26$, $p< .16$). Not only do these figures indicate that those subjects reporting highest levels of stress (either in the negative or positive direction) seemed to have a stronger belief in their ability to do counseling, but that this particular finding is directly opposed to the suggested hypothesis. Overall, it must be noted that without exception trainees reported relatively low stress scores, with none exceeding 32 out of a possible 171 points. This finding suggests that the scale may not be particularly applicable to the population under study.
Post-Hoc Analyses

Number of Counseling Sessions and Counseling Self-Efficacy

As intuitively expected, the total number of counseling sessions reported by individual trainees over the course of the study was positively correlated with their efficacy scores. Pearson product moment correlations for this relationship are provided in Table 8. Participants' self-ratings were also positively correlated with the total number of counseling sessions they reported having conducted ($r=.57$, $p<.01$). Finally, the number of supervision sessions with the supervisor who participated in the study was positively correlated with efficacy in the beginning of the relationship, but the effect decreased as the study progressed ($r=.51$, $p<.01$, time 2; $r=.41$, $p<.03$, time 3; $r=.23$, $p<.25$, time 4).

Table 8
Pearson Correlation Coefficients for Self-Efficacy, Developmental Level and Counseling/Supervision Sessions Conducted During an Eleven-Week Period

<table>
<thead>
<tr>
<th>Developmental Level</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
<th>Self-Rating</th>
<th>Supervisor Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Counseling Sessions by Trainee</td>
<td>.62**</td>
<td>.47**</td>
<td>.38*</td>
<td>.57**</td>
<td>.47*</td>
</tr>
<tr>
<td># of Supervision Sessions Between Trainee and Supervisor</td>
<td>.51**</td>
<td>.41*</td>
<td>.23</td>
<td>.31</td>
<td>.39*</td>
</tr>
</tbody>
</table>

** $p<.01$
* $p<.05$
Qualitative Responses

The final component of the study requested that trainees respond in writing to what they thought was most crucial in determining their efficacious beliefs about their counseling ability. Responses are summarized below, divided into self-rated developmental groups. Thirty-two of the 34 trainee participants completed this component of the study (94.1%).

**Developmental Group 4 (n=15, 46.9% of the total).** The two most frequently cited contributors to increased self-efficacy in this group were expanded depth and breadth of experience (n=8, 53.3%), and trusting oneself enough to accurately assess and work with a variety of individuals (n=7, 46.7%). Working with supervisors who validated and affirmed trainees while offering usable feedback was also described as useful.

Professional identity entered the picture, with three trainees writing that their supervisor's respect for their ability to know when to (or not to) consult helped them to feel especially competent. Another trainee mentioned that a high degree of congruence between his self-evaluation and his supervisor's feedback made him feel like he had an accurate sense both of his abilities and limitations. Finally, experiencing client progress first-hand and other positive outcomes was cited by five respondents as contributing to increased feelings of counseling efficacy.

While trainees at this level might be expected to be more solidly grounded in their efficacious beliefs, it was evident that supervision still has the ability to disrupt that confidence at the ground level.
Several trainees (n=4, 26.7%) mentioned that an overabundance of negative feedback without the balance of positive still had a tendency to make them doubt themselves as counselors: one trainee reported that her experience was so bad that she had to seek out reality checks from other "expert sources" and her peers, and do a great deal of "cognitive work" to regain the confidence she'd lost after working with a particularly critical supervisor. Other negative factors cited included having a supervisor "tell me what to do, step-by-step", and feeling like it was impossible to live up to what was expected of him or her (n=2, 13.3%).

Developmental Group 3 (n=6, 18.8% of the total). Overall, increased conceptualization skills were cited most frequently as contributing to increased efficacy for counseling (n=4, 66.6%). Supervisors were viewed as especially helpful when they assisted trainees in conceptualizing client concerns and putting the conceptualization into a practical therapeutic intervention or treatment plan. Provision of both positive feedback and delineation of areas for growth was again mentioned as helpful, but with a shift toward valuing critical feedback more highly (n=3, 50%).

In a more global sense, two trainees attributed openness on their part in confronting limitations as providing the catalysts for increased confidence. Feeling a "sense of connectedness with the client", and taking more risks were cited as important by one individual. Relying on a personal sense of what's "right for the client", and "having greater faith in my own reading of the client's issues" were mentioned as well (n=2, 33.3%).
Discouraging supervisor behaviors cited included a supervisor "being out of touch with what it means to be a graduate student", supervisors who attempted to push their own theoretical orientation on the trainee (n=2, 33.3%), and again, supervisors who were primarily/exclusively critical in their feedback (n=2, 33.3%).

Developmental Group 2 (n=11, 34.4% of total respondents). This group of trainees provided the widest range of responses, many focusing on receiving specific feedback from supervisors about their abilities and growth areas (n=6, 54.5% of individuals in group 2). Several noted that receiving praise, approval, encouragement, support and practical directives from supervisors was most important in increasing their sense of efficacy for counseling (n=8, 72.7%). Increased knowledge of common counseling techniques and conceptualization skills was voiced as helpful (n=4, 36.4%), as was gaining experience conducting counseling sessions in general (n=4, 36.4%). One respondent said that facing similar issues as her client gave her increased confidence in working through those issues with clients.

A few trainees (n=2, 18.2%) mentioned their increased ability to take risks as an important factor in generating confidence in counseling ability. Two respondents cited increased awareness of self, of "being in touch with me, my core"; and one individual attributed her heightened confidence in her counseling to "acting (in session) in congruence with my personal values". Yet others stated that observing growth in clients was most conducive to increasing their efficacious beliefs (n=3, 27.3%).

Supervisory behaviors mentioned as detrimental to trainees' sense of efficacy included lack of positive feedback in supervision sessions,
exclusive focus on the critical (n=3, 27.3%), being given global negative feedback by experts (i.e., primary supervisor, practicum director) (n=2, 18.2%), and comparing oneself to one's peers and finding skills lacking (n=2, 18.2%).

Overall, the groups of trainees did not tend to attribute overall growth or increased belief in ability to counsel to any single factor. Since most, if not all of the subjects had more than one supervisor during the study, it is difficult, if not impossible, to attribute increases or decreases in counseling efficacy to specific sources. Seemingly most of the trainees were able to gather helpful suggestions from most of their supervisors, and to overcome negative experiences by drawing upon their other resources. Specific developmental patterns in the group responses will be addressed in the discussion section.
CHAPTER V
DISCUSSION

The primary purpose of this study was to investigate the relationship between counselor self-efficacy and developmental levels in the context of a supervisory relationship. This chapter summarizes and discusses the results as they pertain to the research hypotheses. Interpretation of post-hoc analyses are included, as well as limitations of the study and suggestions for future research. Implications and practical suggestions for the supervisory process are delineated.

Summary of Major Findings

Self-efficacy and Developmental Level

The primary finding in the study was that trainees' self-efficacy scores varied significantly in congruence with their developmental levels. In this study, level 4 participants exhibited the highest levels of counseling efficacy across time, followed by level 3 and level 2 trainees in descending order. This finding provided support for the first hypothesis, which predicted that trainees with different developmental level ratings would present differential patterns of self-efficacy for counseling skills across an 11-week period of time. The significant differences in efficacy level for trainees were stable, regardless of whether the developmental ranking was done by trainees
themselves or one of their clinical supervisors.

The finding that higher developmental levels were positively correlated with stronger efficacious beliefs about counseling is interesting in light of conflicting evidence examining self-efficacy and training level. While two studies have shown that advanced training level correlated positively with increases in efficacy (Munson, Zoerink & Stadulis, 1986; Sipps, Sudgen & Faiver, 1988), a third study showed that doctoral-level students actually reported a decrease in level of counseling efficacy after a practicum class. At the same time, master's level students demonstrated increased levels of efficacy during the same time period (Johnson & Seem, 1989). This mixed evidence suggests that care be taken not to assume that progress through a training program and developmental progress are interchangeable.

In addition to a positive correlation between efficacy and developmental rating, data in this study showed that all three developmental groups gained significantly in efficacy across time. This finding also conflicts with Johnson and Seem's (1989) report, since they reported that the more advanced students' scores decreased to where they were lower than those of the masters' level students. Johnson and Seem attributed their finding of decreased efficacy among doctoral students to the students' realization that counseling is difficult and not always overtly successful in outcome. Master's level students, in contrast, may not yet have obtained sufficient practical experience to question their "optimistic" estimation of their skills (1989; p.8).

The current finding that mean efficacy scores vary hierarchically by developmental group provides evidence for a developmental model of
counselor training, at least when measured by the instruments used in this study. Additional evidence can be extracted from the observation that group 2 trainees gained enough in mean efficacy scores during the study to "catch up" to group 3 trainees' initial efficacy scores. This pattern was repeated with group 3 and group 4 subjects as well: by the end of the study group 3 had gained enough in mean efficacy to be equivalent to where group 4 started.

This trend for consistent group gains in efficacy across time conflicts with that found in previous research (Johnson & Seem, 1989). The possibility exists that the observed increase in efficacy in this study is at least partially attributable to simple maturation of the trainees as they gain experience in the skills under examination. However, since the Johnson and Seem study did not find the hierarchical increase in efficacy, and their subjects were divided on training status rather than an estimate of their developmental status, the current finding takes on more significance. In other words, if increased counseling efficacy was merely a maturational process, then the current findings and those cited by Johnson and Seem could not coexist. Therefore, gains in efficacy observed in this study cannot be wholly attributable to maturational processes.

This critical issue of development vs. maturation was raised by Holloway (1987), when she challenged developmental research's overreliance on cross-sectional studies that fail to track individual, long-term development. Her argument was stated thus: "any observed group changes are not necessarily representative of behavior changes for a particular individual" (Holloway, 1987, p. 213). Though this study was
obviously not as longitudinal as Holloway recommended, the repeated measures design over an 11-week period did allow for some individual tracking of efficacy development.

While the efficacy pattern observed in this study supports the developmental progression of efficacy in a general sense, it does not decisively point to a developmental progression of specific counseling skills. The question remains as to whether or not trainees' efficacy scores are supported by actual skill mastery. Since efficacy is a self-report concept by nature, it is possible that the efficacy increases are reflective of trainees' thinking that they ought to be performing skills better with increased experience, rather than actual increases in competence. This is supported by the strong positive correlations between trainees' efficacy scores and such external validators as years in graduate training, progress through the program (as measured by academic milestones), and sheer quantity of direct services hours performed.

To avoid potential incongruity, future research could include a measure of objective observation to determine if variations in efficacy are indeed accompanied by discernible improvements in performance (Munson, Zoerink & Stadulis, 1986). Unfortunately, although many graduate programs already videotape trainees' counseling sessions for a supervisor's observation, the use of real client sessions and not analogue studies brings up the issue of confidentiality and other ethical concerns. In addition, even if evidence of performance increments could be acquired through direct observation, adept performance of counseling skills or techniques is not synonymous with
positive outcome. Certainly the master counselor is much more than just the sum of his or her discreet counseling skills.

Beyond the finding that counseling efficacy in general varies predictably by developmental level, the study was designed to link stages or levels in Stoltenberg's Counselor development model to specific patterns of variance in self-efficacy across stages. The absence of identified stage (level) 1 trainees in the sample, however, made this difficult to do unequivocally. Furthermore, the absence of level 1 trainees in this sample suggests that the model may not be completely appropriate for the graduate student population tested. A possible explanation is that the shift from stage 1 to 2 occurs during the initial phase of graduate training, prior to practica but during the theory-laden training typical of many first-year graduate programs. (There is also the possibility that a self-selection process operates so that individuals who might score as level 1 counselors on the Stoltenberg schema choose other branches of psychology, or different professions altogether.)

The initial hypothesis also predicted that stage 2 trainees would post the lowest overall pattern of efficacy as a result of their experiencing the "trial and tribulation" described by Stoltenberg and Delworth (1987) and Friedman and Kaslow (1986). The second stage of development is characterized by fragile confidence associated with self-doubt, wherein the trainee questions his or her competence without benefit of residue positive experience to consider. In contrast, the level 1 trainee has a certain degree of "bravado", in which he or she may have an unaware or naive perception of what counseling really
entails. Level 1 trainees may gain efficacious beliefs about their
skills from simple interventions, such as successfully carrying out a
technique suggested by a supervisor. This specific rather than global
view of counseling is what prompted the second part of the initial
hypothesis: that level 1 trainees' efficacy patterns would be higher
than those shown by level 2 trainees. Again, no level 1 trainees were
identified in this sample. Had level 1 trainees been included in this
sample, they may well have presented with a pattern of efficacy between
that exhibited by level 2 and level 3 trainees and thus supported the
hypothesis completely.

Finally, although the instrument used to determine developmental
rating had demonstrated adequate reliability in discriminating trainees
in different stages from each other, it is possible that it failed do so
with this sample. As it is scored presently, the SLSp forces the
absolute numerical choice of level. In this manner, subtleties in
behavior discrepancies between developmental levels may be lost. Future
research might be more useful if the SLSp is scored using a weighted
means analysis. Obviously, targeting a larger and more diverse sample
in future research will also be necessary to guarantee a more balanced
representation of Stoltenberg's stages, if indeed, it is possible with
this population.

Specific Efficacy Items and Developmental Levels

Hypothesis 2 suggested that specific items on the self-efficacy
scale were indicative of the developmental stages because they matched
the developmental tasks associated with each stage. The hypothesis was
consistent with Wiley and Ray (1986), who posited that developmental tasks associated with each of Stoltenberg's developmental stages exist. While there definitely were specific items that differentiated levels from one another, the items that did so differed when subjects were divided by self- vs. supervisor-ratings. Items that had significantly different means across developmental groups were labeled "critical items".

The inconsistency between supervisor- and self-rated critical items suggests that supervisors and trainees emphasized different counseling skills when assessing trainee development. When visually inspected from both the supervisor-determined and self-determined groupings, the critical items did create a semi-recognizable pattern. Unfortunately, it is not easy to relate the groupings of critical items to stages described in the Counselor Complexity Model. The pattern of items that arose from the self-rated groups appeared to fit with the stages of the model more easily than those items targeted by supervisors.

Based on this sample, level 2 trainees were working on basic skills, awareness of non-verbal behaviors and implication, and some specific client issues that did not seem particularly problematic for higher level trainees. At the same time, level 4 trainees appeared to be much farther along in their estimated comfort in confronting clients, their comfort with themselves, and with specific client issues. However, the level 4 trainees did indicate that some areas gave them problems which level 3 trainees apparently were less worried about (e.g., schizophrenia, countertransference). This finding is consistent with
Johnson and Seem's research (1989), which found that doctoral students expressed lower levels of efficacy than master's level students after the same practicum training class. The authors attributed this efficacy decline to healthy apprehension resulting from prior experience.

Based on these data, it is difficult to conclude whether specific items on the CSES can be predictive of trainee's developmental level. Future research should be designed to examine efficacy in terms of specific developmental tasks as identified in Stoltenberg's model. One suggestion is to take the developmental level instrument and reword the items so that they are presented in self-efficacy language. Thus, "my supervisee is consistently aware of his/her strengths, weaknesses, motivations..." (Wiley, 1982) becomes "I have confidence in my awareness of my strengths, weaknesses, motivations...". An alternative suggestion would be to examine the CSES items and select a limited number of items that are most closely related to the developmental tasks, then later compare them to an expert rater's estimate of the trainee's developmental rating.

Trainee Developmental Level and Experience

The third hypothesis predicted that developmental level and supervised practical experience would be positively correlated. Previous research found a positive correlation between level of training and efficacy (Sipps, Sudgen & Faiver, 1988). The hypothesis was supported by the data, but only for the self-rating and not the supervisor-rating. One explanation for the discrepancy is that trainees take their previous experience into account when considering their skills, but their
supervisors make the decision based on more limited knowledge of behavior. Depending on the supervisory context, supervisors may have no knowledge of their trainee's previous experiences in the counseling arena. Another possible explanation for this discrepancy is that the supervisors in the study had varying amounts of familiarity with their supervisees and therefore might have been variably influenced by this factor when completing the rating instrument. Whether or not the self-rating is affected by previous experience remains to be determined.

Although the current finding was anticipated based on previous literature (Wiley & Ray, 1986), it is interesting that unsupervised and miscellaneous experiences were not related to developmental ratings or self-efficacy. Many of the trainees had rather extensive counseling-related experiences prior to their graduate programs, but it seemingly did not make a difference in their self-rating or confidence. Perhaps the formal experience of graduate school training creates a negation of the usefulness of previous experience, i.e., "it wasn't formal training, so it didn't contribute to my skill repertoire". Or, it may be that experience without a foundation of knowledge to rest upon is not considered valid by either trainees or supervisors.

**Congruency in Supervision Expectations and Self-Efficacy**

No significant correlation between the amount of discrepancy in supervisor-trainee expectations and self-efficacy scores occurred. However, correlations between these variables were negative at all four times, which may lend limited support to the final experimental hypothesis that degree of discrepancy in trainee-supervisor expectations
of supervision would be predictive of trainee efficacy. The discrepancy in expectations was also not significantly related to the level of trainee self-efficacy at any time during the study.

However, since the majority of trainees and their supervisors came from a closely-knit, interactive training program and many supervisors were more advanced students themselves, one might not expect large differences in expectations of supervision, at least at that particular site. To avoid this idiosyncratic phenomenon, future studies need a larger group of trainees and supervisors who are from more diverse sites. This diversification could be accomplished by soliciting larger numbers of participants from external practicum sites, internship settings and professional practice.

Based on this component of the data, it is reasonable to assume that the supervisors in this study seemed to know their supervisees well enough to provide them with non-efficacy damaging environments. However, this conclusion is limited because the study did not address or counterbalance the effects of trainees' other supervisors (those who did not participate in the study, but who provided supervision to the trainee subjects during the study).

**Exploratory Hypotheses**

**Gender and Counselor Self-Efficacy**

In this study, gender did not consistently influence self-efficacy scores, but a trend was observed in which efficacy scores for females were stronger than for males in the second half of the study. There were no significant differences in efficacy for males and females at
baseline (Time 1). This intriguing finding suggests that gender may play a bigger role in counselor training than originally suspected. Only one previous study of graduate students in psychology reported any attention to the effects of gender on efficacy or vocational aspiration, and it failed to detect any gender-based discrepancies in the variables studied (Poidevant et al., 1991). Certainly future research should examine the interaction of gender and efficacy across time.

The relationship between satisfaction and gender match within the supervisory relationship has been explored in previous research (Worthington & Stern, 1985). Although planned, this relationship was not investigated in this study because several of the supervisors neglected to include their own gender on the response sheet. Nonetheless, given the depth of research on gender and efficacy in other counseling-related areas, it seems crucial that the effects of gender on efficacy in counseling be examined in greater detail in future research.

Life Stress and Self-Efficacy

The hypothesis that participants experiencing greater levels of stress in their lives would have lower levels of efficacy than their peers was not substantiated by the data. While it is possible that the 3-month "window" of time set aside to measure the stressful events was not sufficient to differentiate among subjects, it is more likely that any changes in counseling efficacy due to stress may have been more subtle than the CSES, LES, and method of analysis was capable of detecting. In addition, the LES may be too global an instrument for this population, as the range of scores reported by students tended to
be rather low in general. In either case, there is still something intuitively compelling about the idea that crisis in one sphere of an individual's life spills over into the other spheres. Perhaps better questions to examine would include the context in which stress effects one's counseling abilities, and the extent to which it may be deleterious or useful.

Post-Hoc Analyses

Number of counseling sessions and efficacy scores

As expected, the number of counseling sessions a trainee reported during the study was positively correlated with efficacy. This suggests that the simple accruement of time spent counseling may influence trainee confidence in the positive direction. This finding, albeit comforting, suggests that trainees progress regardless of supervisory process. It suggests that trainees learn from their own experiences, fulfilling a universal goal of training. It also challenges Stoltenberg's postulate that trainee development is at least in part a product of developmentally-appropriate supervisory environments, suggesting instead that development is a process of both internal and externally-catalyzed growth.

Qualitative Responses

The qualitative component of the study was done to construct a picture of trainees' subjective attributions for their counseling confidence. Trainees' responses were sorted by their self-designated developmental groups and patterns in responses were noted. The most
visible trend from levels 2 to 4 appeared to be the movement from attributions of concrete things (specific praise from supervisor, learning a particular practical skill) to attributions of abstraction (increasing ability to conceptualize, developing one's own orientation).

Another observable trend was the movement from external (gaining experience in sessions, facing specific client themes) to internal attributions (feeling connected to the client, trusting oneself to accurately assess and intervene, supervisor's respect for their skills).

As might be expected, the type of feedback received from supervisors played an important role in trainees' developing feelings of confidence in their counseling. Several level 2 and level 3 trainees mentioned that an overemphasis on negative or critical feedback from their supervisors tended to decrease their confidence in their skills globally. To counterbalance this negative experience, several reported actively seeking out additional supports (preferably "expert sources") to balance the criticism. In contrast, some level 3 trainees attributed their own "openness in confronting limitations" as providing catalysts for increased confidence. Finally, some level 4 trainees were more likely to value critical feedback highly, provided it was consistent with their own evaluation of their weaknesses. This willingness to embrace criticism suggests that level 4 trainees have some stable, enduring sense of competency that is strong enough to sustain challenge from external sources.

Although overlapping at times, it is evident that trainees' independent attributions for their counseling efficacy are consistent with the tasks outlined in Stoltenberg's developmental model. Level 2
trainees, who are thought to be experiencing "trial and tribulation", wrote most frequently about the need for positive feedback from their supervisors. Criticism was described as almost damaging when it was not balanced with encouragement and praise. In the level 2 trainee, confidence is said to be precariously balanced and susceptible to self-doubt. This need for reinforcement and validation is evident in the statement written by one trainee that she "compared herself to others (peers) and found herself lacking".

In stage 3 of Stoltenberg's model, increased confidence in counseling ability is coupled with greater security in the chosen profession. This stage is exemplified by the trainee who reported that her counseling confidence was helped by her increased willingness to confront her limitations and take risks in working with clients. Another individual reported feeling greater confidence in her reliance on her own sense of what is right for the client. The "challenge and growth" stage appears to be substantiated by the trainees' subjective statements.

Stage 4 of Stoltenberg's model posits that the counselor has come to terms with personal limitations and is willing to confront issues related to self or others as they arise. Level 4 counselors also have an integrated sense of personal and professional identity. Appropriate supervision for the level 4 counselor is collegial in nature, often termed "willful interdependence". This stage is exemplified by the trainee who wrote that his "supervisor's respect for his ability to know when to (or not to) consult helped him feel especially competent". A second example is in the statement written by one individual that the
high degree of congruence between self-evaluation and his supervisor's feedback made him feel like he had an accurate sense of his abilities and limitations.

Overall, participants' statements about the source of their efficacy seemed congruent with Stoltenberg's Counselor Complexity Model. From these self-reports, those trainees who felt their supervisor participants were not supportive or even negative made sure they sought out more reinforcing, positive supervision elsewhere. This finding suggests that training programs that rely heavily on one individual for most of internal training may need to consider diversifying their supervisory sources. Since no two individual trainees are alike, one may view an evaluative comment as critical (or otherwise) when others may not, on the basis of any number of things (personality factors, gender, race/ethnicity, etc). Thus it seems reasonable that training programs provide access to more than one supervisor in the interests of promoting and embracing a pluralistic point of view.

As with any investigation of abstract theory, several areas appeared in which experimental conclusions were restricted by limitations in the study. General limitations of this study follow.

Limitations of the Study

Participants

Generalizability of results is limited because the majority of data were collected from students and supervisors associated with a single graduate training program in counseling psychology. The
idiosyncratic nature of the sample is especially relevant because the program emphasizes and highly values the skills and attitudes delineated in the Counselor Complexity Model. Thus, generalizability of results may be duly compromised: first due to the high percentage of participants from a single site; and second, in that the program emphasizes the components of the model tested. This single limitation may have contributed extensively to the trainee pool being skewed toward Stoltenberg's higher levels of development because the training was invested in propelling students along to higher-level behaviors.

Another fundamental limitation of the study was the non-randomness of the sample. A random sample of graduate trainees and their supervisors at practicum sites was not used. Instead, a convenience sample was utilized, consisting of those individuals and their supervisors who were willing to participate in an 11-week, repeated measures study. Based on the number of individuals who said initially that they would participate but then didn't follow through, participation seemingly required persistence and willingness to complete several time-consuming instruments without visible benefit to oneself.

Range of supervisory experience was not controlled for, and some supervisors were utilized more than once in the study. Although it is unlikely, it is possible that acting as supervisor to more than one trainee could have encouraged a supervisory response set from individual to individual. The repeated use of supervisors thus may have compromised the independent nature of the data in ways that were not explored in this study. In addition, most of the trainees and supervisors from the largest data site knew the experimenter personally,
which could have contributed to an experimenter expectancy bias.

The trainee sample was limited in other ways as well. The trainee pool was predominantly female and between ages 22 and 29, which limits generalizability to males or older trainees. A final limitation of the subject pool was the inattention given to the variable of ethnicity. While an a priori decision was made by the author not to ask for racial identification on the demographic sheet in order to preserve anonymity of a limited number of students, retrospectively it would have been a good idea to examine the supervisor-trainee matches for effects of ethnicity. Given the limited sample size, however, it is probable that any effects due to ethnicity would have been very unstable and unreliable in a statistical sense.

Measures

As in any study that uses self-report as a major method of data collection, the primary dependent measure (CSES) was at risk for socially desirable response patterns and participants' state of mind at the time of completion. The 57-item self-efficacy scale was also given four times over an 11-week period, which may have resulted in repeated testing fatigue. It is also possible that increases in efficacy over the experimental pattern could have been attributed simply to maturation of each individual subject. The CSES also targets counseling skills only, and does not attempt to address or measure the more intangible elements of counseling (e.g. intuition, pattern recognition).

Another measure utilized in the study, the Supervision Level Scale, demonstrated adequate reliability previously when designed for
use with supervisors rating trainees. However, the validity of its use as a self-rating instrument for counselor trainees was not established prior to its utilization in this study. Due to the lack of previously established validity, findings incorporating self-rating of developmental level should be viewed cautiously.

Its scoring system can be criticized for reliance on absolute ratings and forced choice in case of rating ties. Revised scoring using weighted means for the levels would address the problem of having to make an absolute level decision. In addition, some of the items are worded vaguely and subject to discrepant interpretation by trainees (e.g. "neurotic needs").

Finally, data were gathered in three 11-week increments over a nine-month period. Since all data were not gathered at the same time, it is possible that anomalies in the data exist due to outside influences — i.e., unique historical occurrences.

Analysis

In addition to the sample violation of randomness, analysis was performed on several incomplete sets of data. Though the use of incomplete data sets should not have unduly affected the findings in a significant way, it would have been better to have a much larger sample and more complete sets of responses.

Finally, because the study was designed to be correlational in nature, causation is impossible to determine. Whether or not developmental level contributes to efficacious feelings, efficacious feelings produce behavior indicative of higher developmental levels, or
eificacious behavior is the result of other variables remains to be determined.

Suggestions for Future Research

The biggest limitation of the current research was in the small size, limited diversity, and non-random nature of the sample of graduate students in training. Future research should utilize a larger, more ethnically diverse group of trainees and supervisors, solicited from many different sites and at all levels of training. Since no stage 1 trainees were identified in the sample, the possibility exists that this stage is not descriptive of graduate students in counseling or clinical psychology programs. Perhaps the decision to enter a graduate training program in an applied psychology field acts as a screen to eliminate stage one trainees, or to push them into a stage-two anticipatory state.

It is possible that stage 1 trainees exist only prior to practicum training when they are immersed in exposure to diverse theoretical orientations or taking introductory laboratory classes. Perhaps the use of a developmental level continuum (as opposed to discreet categories) might generate a more balanced pool of trainee levels. Regardless, soliciting trainees from first-term students to professionals in private practice may be the only way to guarantee a balanced representation of all of Stoltenberg's posited stages of development.

Future research would also be more useful if it included a measure of objective observation to be contrasted with subjects' self-reported efficacy scores. An objective assessment of trainees' skills would help to discern whether variations in efficacy are attributable to actual
improvements in performance or to increased confidence without benefit of skill mastery. If it weren't ethically problematic, eliminating the supervision component of the study and tracking efficacy of a control group of counselors over a similar period of time would help to isolate developmental changes during supervision from simple maturation of trainees over time.

In addition, research also should be designed to more tightly link efficacy with specific developmental tasks. It could be useful to give the CSES and SLSp to a sufficient number of trainees to allow for a factorial analysis of the data. It also could be useful to revise the SLSp so the items are presented in a Likert scale format. In this form, subjects could indicate their confidence in their ability to complete the tasks as opposed to how strongly they agree with the statements.

Finally, based on the exploratory trend that gender was related to self-efficacy, it is evident that the effects of gender on efficacy in counseling should be examined in greater detail. Supervisor-trainee gender match should be investigated as well. Supervisor's theoretical orientation might be examined in similar research in the future, as well as the potential impact of ethnicity on trainee self-efficacy. In addition, the methods and type of supervision provided to trainees may need to be addressed, and the presence of other, non-participating supervisor's impact on trainees as well.

Implications for Counseling/Supervision

The primary finding that counselor efficacy varies hierarchically with developmental level provides a solid measure of support for the
Counselor Complexity Model (Stoltenberg & Delworth, 1987; Wiley and Ray, 1986). However, beyond general support, results suggest that it is particularly important to create the "optimal supervisory environment" for our counselor trainees, if indeed, efficacy beliefs permeate our behaviors as thoroughly as Bandura suggested (1977; 1982).

At the very least, supervisors should draw comfort from the finding that efficacy increased significantly across the course of a practicum term and/or supervisory relationship. Whether or not the increase is due primarily to supervision remains unclear, but the comments written by the subjects in the qualitative portion of this study suggest that supervisors are generally doing a good job of assisting trainees in gaining confidence in their skills. Certainly a balance of both positive feedback and constructive criticism was mentioned by many as an important ingredient in raising efficacious beliefs about one's counseling skills, as was an increasing trust in oneself as someone with solid judgment.

On the other hand, this study provided evidence to suggest that counselor trainees gain in efficacy regardless of supervisory behaviors. The current finding that efficacy correlates positively with sheer number of sessions conducted and time spent in graduate study supports this perspective. These results, at the very least, imply that the practical component of graduate training is crucial in student development of counseling skills and belief in those skills.

In addition, some evidence was found that male gains in efficacy in this study were not as strong as female gains by the end of the experimental period. Certainly attention should be paid to this finding
if indeed it is substantiated as more than an anomaly based on this sample, as gender differences in development carry important implications for independent practice and supervision. Future research might examine efficacy changes across time divided on the basis of gender. In this same manner, the relationship of age to efficacy changes needs to be investigated as well.

In addition, one of the other findings suggested that while the extent of supervised experience and developmental rating were positively correlated, they were not interchangeable. This finding suggests that care should be taken that a supervisor's estimation of trainee needs is not dependent solely on that trainee's previous experience or progress through an academic program. This caution is also supported by the finding that trainees' estimation of their own developmental stage and their supervisor's estimate are based on consideration of different tasks. This differential emphasis suggests that supervisors who view some skills as crucial need to make this clear to their trainees.

In addition to the factors described above, it may be necessary to do a formal needs assessment for the trainee prior to supervision to ensure that trainees are getting the focus that they both want and need. The CSES may be useful in this capacity as a tool for discussion in the early stages of a supervisory relationship. It may also be useful in designing an evaluative instrument for practicum classes, so that training programs can assess students' clinical skills in a more concrete fashion than is typically done at present.
Summary and Conclusions

This study provided limited evidence for the developmentally-based Counselor Complexity Model of counselor training (Stoltenberg & Delworth, 1987). Results showed that counseling efficacy was positively correlated with developmental level/stage rating. The study also showed evidence that efficacy increases for all levels of trainees over time and during the course of a supervisory relationship. Furthermore, qualitative responses from trainees targeted specific supervisory behaviors that enhanced or harmed their efficacious feelings about their counseling skills in general.

The study also found that counseling efficacy was related to the extent of supervised experience a trainee had and his or her academic progress through a training program. In contrast, unsupervised practical experience and age were not correlated with trainee's confidence in their skills. Gender did not have a straightforward effect on self-efficacy, but it seemed to play a greater role as supervision progressed.

Evidence suggested that counselor trainees gain in efficacy regardless of supervisory behaviors, simply with the accrualment of counseling experience. The finding that efficacy increased with sheer number of sessions conducted during the study supports this perspective. However, without a group of non-supervision controls with whom to compare efficacy scores, it is impossible to discriminate if supervision causes efficacy increases, or they happen independently of the supervisory process. At any rate, if efficacy increases independently of supervision, then it challenges the model's basic tenet that the
appropriate supervision environment is necessary for trainee growth and development.

The model was also challenged by the lack of identified stage 1 trainees. Although several explanations for this exist, it may be that the development postulated by Stoltenberg does not occur through stages, but along a progressive continuum. The finding that efficacy increases in groups overlapped hierarchically over time (group 2's final efficacy level catching up to group 3's initial level by the end of the study) supports this view. If this were true, the supervisory environments described by Stoltenberg could still be useful, albeit in a more fluid manner.

Finally, negative life stress did not seem to have any significant effect on counseling self-efficacy. This finding runs counter to intuition, but suggests that trainees are able to put aside their personal stressors and go on with training as usual. It would be interesting to see if this trend extends throughout professional careers or if there are times where general existential crises affect one's efficacious beliefs in one's ability to do counseling.

One final issue that warrants consideration is the relationship between specific skills and global counselor development. In this study, global efficacy was calculated by summing and averaging individual trainee's efficacious beliefs for 57 specific counseling skills. However, the scope of counselor training extends far beyond simple skill acquisition. Much of the training that occurs in graduate school probably transpires outside of the narrow confines of academia. Supervisory and collegial relationships contribute, as do life
experiences and the counselor's general stage of development. Any study that focuses on one (or several) component(s) of a process, as this one does, may accidentally leave out the crucial elements by focusing on those components which are more readily quantifiable.

The results of this study suggest that efficacious beliefs increase in conjunction with trainee's developmental progress from neophyte counselor to master clinician. Several variables were found to increase concurrently with efficacy, including amount of experience prior to and during graduate study and academic progress. In addition, individuals described specific supervisory behaviors that were helpful or detrimental to their efficacious beliefs in their ability to do counseling. Approximately 86% of the variance in trainee's efficacy scores over time was accounted for by dividing trainees into developmental groups based on the Counselor Complexity Model. Given that efficacious beliefs have been found to influence an individual's motivation, initiation, persistence and effort directed toward completing a task (Bandura, 1982a), it follows that graduate training programs should have an substantial investment in facilitating their students' completion of the graduate degree. As many graduate counseling programs are based on a dual scientist/practitioner model, facilitating efficacy in practical counseling skills would seem to be as legitimate a goal as insuring competency in research/academically-oriented endeavors.
Appendix A

Participant Solicitation Letters
September 1991

Dear ________________:

Your name has been given to me by one of your supervisees, _______________. I am a student in the counseling psychology program at Ohio State University, and I am currently working on my dissertation research in the area of counseling supervision. I am investigating the potential interaction(s) of trainee developmental level, self-efficacy and expectations about supervision.

I am requesting your participation in the study as part of a supervisor-supervisee dyad. Your participation would be minimal timewise, and consists only of completing a paper-and-pencil measure on two occasions — at the beginning and seven weeks into your supervisory relationship. Each instrument takes no more than 10 minutes to complete, so your total time commitment would be about 20 minutes. All information will be gathered confidentially and supervisees will not have access to your information (and vice-versa).

In exchange for your time, you can receive results and information about the study which may be useful to you in planning future supervisory interactions. In addition, you will have the sincere appreciation of a graduate student, and the feeling that you helped advance the knowledge of the field of psychology. Thank you for your consideration: I hope that you will decide to participate in the study.

Sincerely,

Susan J. Coykendall
Counseling Psychology
126 Townshend Hall
1885 Neil Avenue Mall
Columbus, Ohio 43210

Please complete the information below and return it to your supervisee if you will participate. Thank you!

Name: ____________________________________________

Supervisee: ________________________________________

Preferred Theoretical Orientation: ____________________
September 26, 1991

Dear Colleague:

I am writing to request your participation in my dissertation research. My study is about counselor self-perceptions during the course of graduate training. Within that realm, the study specifically focuses on the process of acquiring clinical skills and the trainees' perceptions of themselves during that process.

I'm seeking individuals who are 1) enrolled in either in-house or external practicum, or 2) are currently beginning their pre-doctoral internship. Your participation would involve filling out a series of short pencil-and-paper questionnaires on four separate occasions, during the course of a supervisory relationship. The time to complete each measure is about 10-15 minutes, for a total time commitment of 40-60 minutes (over a whole quarter). The data collection will take place during either fall or winter quarter/semester. Other than your participation, I need one of your clinical supervisors to complete two instruments, one each at the beginning and 7 weeks into your supervisory relationship. All the information you (or your supervisor) provide will be gathered anonymously and kept confidential.

If you and one of your supervisors are willing to participate, please detach the bottom of this paper, complete it, and return it to my mailbox in 126 Townshend as soon as possible, but no later than September 30.

Thank you in advance! Oh, and for participating you will not only receive a great feeling of self-satisfaction for helping out a fellow grad student in need, but you'll also receive my voluntary participation in any of your research, and results of the study if you're interested. I hope that you'll decide to help out, but thanks for your time and consideration anyway. I'll be waiting by my mailbox for your reply!

Thanks again!
Suzy Coykendall

Name: ____________________________________________
School/Program: _______________________________________
Practicum/Internship site: _________________________________
Supervisor Name: _______________________________________
Phone Daytime: ____________________________ Evening: ____________
Dear Karen:

I am writing to request your permission to solicit CCS trainees for participation in my dissertation research this fall and winter. The proposed study concerns counselor's self-efficacy during various stages in clinical training and its relationship to Stoltenberg's developmental levels. Participation would be primarily from practicum students and interns, and would consist of a series of short (15 minutes or less) pencil-and-paper inventories completed four times during the course of a supervisory relationship. Subjects' supervisors would be asked to complete two (10-15 minute) questionnaires as well, presupervision and at the 7th week of the quarter. All participation would be voluntary, and the data will be collected anonymously. None of the study involves client participation or case disclosure.

Overall results of the study can be made available to the staff at CCS, and have potential value in planning supervision interventions to help increase trainee self-efficacy for counseling skills. Also, the counseling center would be recognized for making a contribution to the research base in the field.

A copy of the procedure for the study is attached. Please contact me if you have questions or require additional information. I appreciate your time and consideration in this matter, and request that you contact me and let me know when to expect a reply. I would like to begin the last week of September, if possible. Thank you in advance for considering my request.

Sincerely,

Suzy Coykendall
Counseling Psychology
126 Townshend
292-1915 (w)
442-9436 (h)
Appendix B

Off-Site Solicitation Letter
October 15, 1991

Dear Ohio State University Intern/colleague:

Greetings from Columbus. I hope that all is going well for you and I want to reassure you that your names come up frequently and fondly in conversation around the counseling lounge. We all wonder how you are doing, and how internship is treating you.

With your workload in mind, I am writing to request your participation in my dissertation research during winter 1992. My study is about counselor self-perceptions during the course of graduate training. Within that realm, the research specifically focuses on the process of acquiring clinical skills and trainees' perceptions of themselves during the supervisory process.

In order to find enough subjects for my study, I need to "reach out and touch" those of you who are on internship, to see if you would be willing to participate. But wait... before you say "how in the world do I have time to do this?", realize that your participation would only involve filling out a series of short pencil-and-paper questionnaires on four separate occasions, during the course of a supervisory relationship. The time to complete each measure is about 10-15 minutes, for a total time commitment of 40-60 minutes (over an eleven-week period). I will mail everything to you, along with self-addressed, stamped envelopes to minimize your energy output. Sound good? Then maybe you can also ask the other interns at your site to participate? I would be grateful if you could do so.

In addition, along with your participation, I will need your clinical supervisor to complete two instruments, one each at the beginning and 7 weeks into your supervisory relationship. The supervisor's participation is REALLY minimal; the two instruments I need the supervisor to complete are only 28 questions each, equal to about 5-10 minutes on two occasions. All of the information you (or your supervisor) provide will be gathered anonymously, identified only by code number.

So, what I'd like you to do, if you're willing to help out is ask around your counseling center and see if the other interns at your site would be willing to participate. In addition, if you could see what "official approval" I need to get prior to the study (human subjects, research committee, etc), I can get started on the setting-up procedures so I can collect data during the first 10 weeks of your winter semester/quarter.

Now that you've heard my request; what's next? I'd like to try and call you individually during the last week in October to see what you think about the request. I hope that you will at least consider my request by then and ask the other interns if they might be willing to participate.

Thank you in advance! Oh, and for participating you will not only receive a great feeling of self-satisfaction for helping out a fellow grad student in need, but you'll also receive my voluntary participation in any of your research and results of the study if you're interested. I hope that you'll decide to participate, but thanks for your time and consideration anyway. I'll talk to you soon!

Thanks again! 2172 Hedgerow Rd, Apt E. Columbus, Ohio 43220

Suzy Coykendall (614) 442-9436*call collect
Appendix C

Demographic Information Sheet
Demographic Information

1. Age: ______

2. Gender: M F

3. Program Type (circle one)  Counseling  Clinical
   Other

4. Number of years in program: ______

5. Progress in program (check those that apply):
   M.A. completed
   Generals completed
   Dissertation completed
   On internship
   Post-internship

6a. Supervised Practicum/clinical experience:
   Estimate # of months
   Estimate # of client hrs

6b. Supervised placement sites (check all that apply):
   Community mental health
   Hospital
   VA medical center
   University or college
   Counseling center
   In-house practicum
   Other

7a. Unsupervised Clinical experience:
   Estimate # of months
   Estimate # of client hrs

7b. Unsupervised experience setting (check all that apply):
   Community mental health
   Hospital
   VA medical center
   University/College/school
   Crisis counseling/Hotline
   Other

8. Did you have any counseling skill training prior to your unsupervised clinical experience? If so, please elaborate.

   ___________________________________________________________
   ___________________________________________________________

Thank you in advance for your participation!

Code # assigned: _____
Appendix D

Counseling Self-Efficacy Scale
PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

122-124
126-130
132-135
137-139

University Microfilms International
Appendix E

Supervision Level Scale (Person version)
Appendix F

Supervision Expectations Questionnaire
Appendix G

Life Experiences Survey
Appendix H

Qualitative Questions
Additional Questions for Trainees

1. During the course of your supervisory relationship, you may have felt that your confidence in your counseling/therapeutic skills grew in strength, remained stable or declined. To what, if anything, do you attribute the change or maintenance in your confidence to? (You may wish to address any characteristics of yourself, your supervisor, your particular client's issues, etc). Please indicate also how your level of confidence has been affected, if it has been.

2. Did you have any other supervisors during the study who affected you in a different way than the supervisor that participated in this study? In what way did that individual affect your confidence in your ability to be a counselor?

3. What do you think or feel is most important to you in determining your beliefs about your ability to do counseling/therapy?

That's all! Thanks again for your participation!
Appendix I

Cover Letters for Data Packets
Dear Participant:

Thank you for agreeing to participate in this study. Your participation will consist of completing the enclosed instrument and three additional (short) instruments during the 4th, 7th and 10th weeks of the quarter. When you complete this instrument, please put it in the self-addressed envelope and drop it in return mail to the experimenter. I will forward the other measures to you one week before I need you to complete them, and each will have a self-addressed envelope for easy return. Thank you again — I realize how busy you are and thus I really appreciate your participation!

Sincerely,

Suzy Coykendall
Counseling Psychology, OSU
126 Townshend Hall

INSTRUCTIONS: (Please complete by October 4, 1991).

1. Please copy the code number at the top of your demographic sheet onto your answer sheet, in the first three spaces of the shaded blue section labeled "identification number". This is the only method of identifying your responses that I am using, so it is very important that you do this step.

2. Please complete the demographic sheet as accurately as you can (from memory).

3. Proceed to the beginning of the first measure. Please mark all your responses to items #1-85 on the answer sheet only.

4. When completed, return your demographic sheet, your answer sheet and the instrument packet in the self-addressed envelope.

Thank you again for participating!!
Dear Participant:

Enclosed is the second installment of my dissertation study. This part is very short and consists of only one instrument. Please respond to the questions on the computer sheet, in PENCIL ONLY. In addition, respond to the following two questions in the "special codes" section of the computer sheet.

a). In the two columns labelled "day", please estimate the number of client contacts (count one per hour of individual counseling) you have had since the study began. In other words, how many hours of counseling have you provided in the last three weeks?

Note: if your response is less than 10, please put a zero in the left column. Example -- 05.

b). In the column labelled "year" indicate the number of supervisory sessions you've had thus far with your current supervisor.

IMPORTANT: if you have several supervisors, this is the number of sessions you've had with the supervisor who is also participating in this study.

Once you complete the measure, please return all materials in the envelope provided to _________________. Please do this within one week of receiving the materials, but no later than ______.

THANK YOU FOR YOUR CONTINUED PARTICIPATION!

Suzy Coykendall
126 Townshend Hall
1885 Neil Avenue Mall
Ohio State University
Columbus, Ohio 43210
(614) 442-9436
November 12, 1991

Dear Colleague:

This is your third installment of my dissertation research — and I just want to say a BIG THANK YOU TO ALL OF YOU WHO CONTINUE TO PARTICIPATE! I realize this is time-consuming, but you're all helping me out immeasurably!

This part has two sections: 1) the 57-item questionnaire that you've already completed twice and a new part. Please complete the first instrument on the computer scored sheet, as usual, in pencil. The new part you get to do on the question sheet itself, in either pencil or pen!

As usual, you have one week to complete the instruments, so please return them to me by NOVEMBER 18 — next Monday. Please encourage your supervisor to complete their parts too — otherwise my study and all your hard work won't be much good. And please respond, like last time, to the following two questions on your computer sheet.

1) please indicate the total number of counseling sessions you've held with clients since the beginning of the study under box "day" (this is any client you've seen, not just with this supervisor).

2) please indicate the number of sessions of supervision you've had with this supervisor only since the beginning of the study under "year".

Thanks again! Hope your quarter is going well and quickly!!

Suzy Coykendall
Dear Participant:

I know that it's hard to believe, but it's the tenth week of the term and time for the last installment of my study. This part has three sections: the 57-item questionnaire, a life events questionnaire, and a one page subjective response sheet. Please answer the 57-item questionnaire in pencil, on the computer sheet, but do the other two measures on the instrument itself (pencil or pen).

Please complete the instruments in this order: the 57-item questionnaire, the life events survey, and the other question sheet.

Also, indicate the number of counseling sessions you've had, since the beginning of the study, under the box on the computer sheet labelled "day". Under the box labelled "year", indicate the number of supervision sessions you've had with the supervisor who is participating in this study.

As before, please complete this in the week after you receive it. Then place all the materials back in the envelope and return it to my mailbox or to ________ no later than__________. Data analysis should be completed in/around June, 1992. If you are interested in results, let me know!

THANKS AGAIN FOR YOUR PARTICIPATION! IT WAS VERY MUCH APPRECIATED!!

Suzy Coykendall  
126 Townshend Hall  
1885 Neil Avenue Mall  
Ohio State University  
Columbus, Ohio 43210  
(614) 442-9436
Dear Supervisor:

Thank you for agreeing to participate in this study. Your participation will consist of completing the enclosed instrument and an additional 21-item instrument during the 7th week of the quarter. When you complete this instrument, please put it in the self-addressed envelope and drop it in return mail to the experimenter. I will forward the final measure to you in about six weeks. Thank you again — I realize how busy you are and thus I really appreciate your participation!!

Sincerely,

Suzy Coykendall
Counseling Psychology, OSU
126 Townshend Hall
1885 Neil Avenue Mall
Columbus, Ohio 43210

INSTRUCTIONS: (Please complete by October 4, 1991).

1. Please copy the code number at the top of this letter onto your answer sheet, in the first three spaces of the shaded blue section labeled "identification number".

2. Indicate your gender in the box marked "sex".

3. Please indicate your predominant theoretical orientation in the section marked "special codes": fill in the circle 0 under the letter that most closely fits the way you view counseling.

   K = eclectic
   L = psychodynamic
   M = humanistic
   N = cognitive/behavioral
   O = developmental
   P = existential

4. Proceed to the following page. Please put your responses on the answer sheet and not on the instrument itself. Return the instrument with the answer sheet, if possible. NOTE: you will only be responding to questions #58-85. Please leave #1-57 blank on your answer sheet!!
November 11, 1991

Dear Supervisor:

Attached is the second and final portion of my study. This time you can put your responses directly on the question sheet, using either pencil or pen. Please complete the instrument by Monday, November 18, and return this to me in the envelope provided as soon as possible!

Thanks again for participating in my research -- I really appreciate your time and effort! Results will be available around June 1992, if you are interested in the findings. THANKS VERY MUCH!

Sincerely,

Suzy Coykendall
126 Townshend Hall
1885 Neil Ave Mall
Ohio State University
Columbus, Ohio 43210
REFERENCES


Clance, P. R., & O'Toole, M. A. (1987). The imposter phenomenon: An internal barrier to empowerment and achievement [Special Issue: Treating women's fear of failure]. Women and Therapy, 51-64.


