

Running head: SUPERVISOR AND SUPERVISEE PERCEPTIONS

Correlations Between Supervisory Relationships &  
Effectiveness: Self Perceptions of Supervisor and  
Supervisee

Research Prospectus

Patricia F. Stewart

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Correlations Between Supervisory Relationships &  
Effectiveness: Self Perceptions of Supervisor and  
Supervisee

Introduction

The purpose of this research is to explore aspects of the supervisory relationship and the effectiveness of the supervisory process. Specifically, I hope to learn more about the similarities and differences among supervisor and supervisee perceptions about the supervisory relationship and the effectiveness of the supervisory process. The primary focus of the study is to examine the relationship between the perceptions of supervisors and supervisees in regard to supervisory relationships and effectiveness. The results of this examination may allow for calculation of the predictive value of relationship and effectiveness variables. In sum, these results will provide suggestions as to ways in which supervisor training programs can be improved. Over the past two decades standards for counseling supervisors (Dye & Borders, 1990), a curriculum guide for supervisor training (Borders et al., 1991), and ethical guidelines specific to the practice of counseling supervision have been developed (Hart, Borders, Nance & Paradise, 1995). These changes have spurred a re-

evaluation of the supervisory process and the supervisor training programs across the nation. The importance of the provision of more comprehensive supervisory training has been echoed by a large body of research (e.g., Britton, Goodman & Rak, 2002; Getz, 1999; Manzanares et al., 2004; Roberts, Morotti, Herrick, and Tilbury, 2001; Schultz, Ososkie, Fried, Nelson, and Bardos, 2002).

A variety of training methods have been devised to address the need for improved supervisory practice. Britton, Goodman and Rak (2002) proposed a one day workshop on supervision for community mental health counselors. Their workshop highlights the importance of relationship in supervision efficacy and effectiveness. Getz (1999) developed a curriculum for those training supervisors that places emphasis on the seven core supervision competencies. In this curriculum supervisors are directed to assess the relationship dynamics during the supervisory process. Inclusion of this assessment process in the curriculum denotes the importance of the relationship to effective supervision.

Generally, supervisory training programs equate supervisory effectiveness with evidence of supervisee skill building. This narrow perspective on effectiveness may be

discounting the influence of other supervisory dynamics that could promote supervisory effectiveness beyond that of skill building. Recent studies on the effectiveness of supervisory training programs suggest that there was little observable growth in affective areas of supervision (Baker, Exum, and Tyler (2002). These findings were in line with what Fong (1994) reported regarding challenges faced by supervisors in training dealing with relationship dynamics and issues of supervisee personal concern. The narrow focus of supervisory training programs on skill building may explain why there is little observable growth in the affective components of the supervision process.

Currently, the research related to the effective components of supervision focus primarily on aspects that influence the supervisory relationship. Research in this area has focused on gender, age, attachment, working alliance and supervisory style (e.g., Culbreth & Borders, 1999; Granello, 2003; Ladany & Lehrman-Waterman, 1999; Ladany, Walker et al., 2001; Ladany, Walker, & Melincoff, 2001). Granello's investigation of the impact of age and gender on supervisor-supervisee interactions suggested that both are influential during the supervisory process. Supervisors of both genders were more likely to accept or

build on ideas of female supervisees, and ask more opinions from male supervisees. Female supervisees gave more support and agreement comments to their supervisors while males gave more suggestions. Males who were older than their supervisors were asked and gave their opinions more than any other configuration. These findings are significant with consideration to gender and age as influential factors to the perception of the supervisory relationship.

The role of supervisory style in the supervisory relationship has also been a popular area for examination. This body of research suggests that supervisees prefer a supportive style over a consultative style (Hart & Nance, 2003). An interpersonally sensitive style was found to be predictive of supervisee satisfaction with supervision whereas a task oriented style was predictive of supervisee perceived self-efficacy (Fernando & Hulse-Killacky, 2005). The supervisee preference of a particular supervisory style is seemingly related to the quality of the relationship that is present during the supervisory process.

Interviews of counselors conducted by Magnuson, Wilcoxon, and Norem (2000) suggest that the relational/affective component of supervision was

characterized as one of three areas that characterize ineffective supervision. A more comprehensive look at how relationship and effectiveness components of the supervisory process are related could point to implications for improved supervisory training.

It is the duty of educators to make continued efforts to better prepare students. Having a broader knowledge of the influential components of the supervisory process will aid in bettering the preparatory training of counseling students and supervisors in training. Further, the supervision process is an important component of training that occurs in many different fields; nursing, teaching, medicine, engineering, geosciences. Learning more about the relationship between these important components of the supervisory process will be beneficial across all of these fields. This will be the first study on the association between supervisor and supervisee perceptions of supervisory effectiveness and the supervisory relationship.

#### *Questions*

What is the relationship between the supervisor effectiveness ratings and the supervisee effectiveness ratings? What is the relationship between the supervisor relationship ratings and the supervisee relationship

ratings? Is there a relationship between supervisor and supervisee ratings of relationship and effectiveness? Is the relationship value predictive of the effectiveness value?

*Hypotheses*

1. The supervisor effectiveness ratings are positively correlated to the supervisee effectiveness ratings.
2. There will be a positive correlation between supervisor relationship ratings and supervisee relationship ratings.
3. There will be a positive correlation between relationship and effectiveness ratings for supervisors and supervisees.
4. The relationship variable set will have a predictive value for the effectiveness variable set.

Method

*Participants*

The sample for this study will include graduate level counseling students and their respective supervisors who have participated in six or more sessions of supervision. Supervisors included in the sample may also be current graduate students as is customary in graduate counseling training programs. The composition of this sample is common in counseling relevant quantitative research. A

content and sample analysis conducted on quantitative articles published in the *Journal of Counseling and Development* between 1991 and 2000 revealed that 23% of quantitative samples were comprised of counselors in training and professionals (Nelsson et al., 2007).

A convenience sample will be drawn from current students and supervisors at local universities: University of Cincinnati, Xavier University, and Northern Kentucky University. The curricula for each of these counseling programs is based on the Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation standards. Approximately 50 voluntary participants are expected during initial data collection at the University of Cincinnati. We anticipate the majority of participants being White European American women. This is consistent with national averages on gender and ethnicity in counseling training programs (Day-Vines et al., 2007). This population includes adults of all ages, but it is expected that the sample will be comprised of adults ranging from 22 - 60+ years old.

Initially, this research project will be announced to students and supervisors via the counseling program list service at each university. Following this announcement

the principle investigator will visit the students under supervision in their respective counseling skill courses to invite them to participate. Supervisors who are also current students will be invited to participate during their course on supervision. Off-site supervisors will be invited to participate by email and postal mail.

The obtainment of informed consent will occur at the time of the second primary investigator prospective participant contact. For student participants the informed consent will be introduced and collected during counseling skills or supervision courses. Off site supervisors will receive the informed consent with the postal mailing that invites them to participate in the study. This mailing will include a self-addressed, stamped envelop for the return of the informed consent and instrument packet.

The informed consent document was constructed to meet the requirements set forth by the University of Cincinnati Institutional Review Board (Appendix A). The informed consent statement will be approved by the University of Cincinnati prior to distribution to participants. The research questions regarding the relationship between supervisor and supervisee perceptions preclude complete anonymity. In order to provide a measure of

confidentiality a subject identification letter number sequence will be pre-assigned through labeling on each student and supervisor paired questionnaire set. The principle investigator will be the only person who has access to the name and letter number sequence pairings. Subject names will not be used on any document other than the informed consent which will be stored apart from questionnaires. All documents will be stored in a locked file cabinet behind a locked university office door. Only the faculty advisor, Dr. Yager, and the researcher will have access to the data. The research data will be stored in a locked file cabinet for three years after the end of this study and then will be destroyed by shredding.

#### *Measure*

Participants will be asked to complete a two page questionnaire (Appendix B). The instrumentation for this study includes a demographic questionnaire and the Manchester Clinical Supervision Scale (MCSS). The demographic questionnaire was designed by the principle investigator. This questionnaire collects information on the study background variables: Age, Sex, Ethnicity, Level of Education, Licensure Status, Number of years Professional Experience, Number of year's supervisory experience, Supervision Contract Utilization. The MCSS

measures the quality of the supervisory relationship and effectiveness (Winstanley, 2001). It is a 36-item measure, scored on a five-point scale from 'strongly disagree' to 'strongly agree'. Based on the Flesch Kincaid grade level assessment the MCSS is at a 10<sup>th</sup> grade reading level. Due to the inclusion criteria for the sample all participants should be reading at above a 10<sup>th</sup> grade level.

Reliability and validity of the MCSS was examined by quantitative and qualitative methods. An exploratory factor analysis was used to identify significant factors associated with clinical supervision (Edwards et al., 2005). After the significant factors were identified for inclusion in the questionnaire a full replication study and final factor analysis was conducted. The reliability coefficient for the total scale was .86 (Edwards et al., 2005). The correlations coefficient for test - retest reliability was above .93. Hyrkasa, Appelqvist-Schmidlechnerb & Oksa examined the content validity of the scale. The content validity was demonstrated through triangulation of data from an expert panel and content validity index.

*Pilot Testing*

A group of six student supervisor and supervisee pairs were invited to participate in the piloting of the instrument packet. All of the supervisors who were contacted participated but only one of the supervisees' participated. It should be noted that despite the singular contribution of this supervisee all of the supervisors who participated are practicing as counselors under supervision, thus they too are supervisees. One expert in the field of counselor supervision was invited and provided feedback during the initial phase of the piloting.

Participants were asked to review the content of the instruments, the instrument packet formatting, the directions and the administration process (Appendix C). In review of the content of these instruments it was our aim to eliminate totally irrelevant items from the instrument (Chaiyawat and Brown, 2000; Voutilainen and Liukkonen, 1995), as well as to rephrase or supply new wording for items related to the measured constructs where necessary (Aminzadeh et al., 1999; Hughes, 1998). Panel members were also asked to rate each of the MCSS statements as items assessing effectiveness (E= Effectiveness) or items assessing relationship (R=Relationship). After the written

feedback was obtained the principle investigator met with the participants for a panel discussion.

The written and oral feedback from the panel focused on instrument packet formatting revisions. In response to the feedback several items (MCSS Items 3, 5, 11, and 16) were re-phrased to promote readability and counseling supervision specific application. In addition, items 17, 15, and 16 of the MCSS were reordered to minimize participant response bias. The participant response formatting of each questionnaire was altered to simplify the response process. No items were nominated for exclusion based on construct irrelevance.

The evaluation of the MCSS item content feedback suggested that several statements lacked effectiveness and relationship assessment clarity. Items 3, 11, 13, 14, 18, 20, 35 resulted in a split rating as assessing effectiveness or relationship among panel members. This split response suggests that the content validity for these items is questionable for the purpose of evaluating counseling supervision. In response to this feedback, these items will be excluded from the data analysis for the purpose of this research. The compilation of these revisions can be reviewed in Appendix D.

*Data Analysis*

The data analysis will begin with the use of the Pearson correlation statistic. Employing the bivariate correlation procedure in SPSS will result in a Pearson's correlation coefficient. A significance test will be conducted to determine if this correlation coefficient is significantly different from zero. This analysis will provide answers to the questions regarding the correlation between supervisee and supervisor perceptions of effectiveness and the supervisory relationship. The utilization of the canonical correlation procedure will provide information on how well can we predict the effectiveness variable set when the relationship variable set is known. Before reporting the results I will utilize statistical procedures of the SPSS package to ensure that the assumptions are met for the Pearson and Canonical correlation methods.

Appendix A

Informed Consent

**University of Cincinnati**  
**Consent to Participate in a Research Study**  
**Patricia F. Stewart, M.A., P.C.**  
**859-866-3981 (stewarpf@uc.edu)**

**Title of Study:**

Correlations Between Supervisory Relationships & Effectiveness: Self Perceptions of Supervisor and Supervisee

**Introduction:**

I am inviting graduate level counseling students and their respective supervisors who have participated in six or more sessions of supervision to take part in a research study that I am doing as part of my doctoral degree program. Please read the following explanation carefully and ask questions about anything you do not understand.

**Purpose:**

The purpose of this research is to explore aspects of the supervisory relationship and the effectiveness of the supervisory process. Specifically, we hope to learn more about the similarities and differences among supervisor and supervisee perceptions about the supervisory relationship and the effectiveness of the supervisory.

**Duration:**

The duration of your participation in this study will be approximately 20 minutes.

**Procedures:**

For student participants the research data will be collected during counseling skills or supervision courses. Off site supervisors will receive the data collection packet by postal mailing. Participants will be asked to fill out a two page questionnaire.

**Risks/Discomforts:**

I do not expect you to be exposed to any risk or discomfort from participating in this study. None of the interview questions ask for sensitive personal information and you may choose not to answer any questions.

**Benefits:**

You will receive no direct benefit from your participation in this study. However, your participation may help counselor training programs tailor their supervisory training program requirements to better meet the needs of counselors in training.

**Alternatives:**

There are no other activities planned if you do not want to complete the questionnaire.

**Confidentiality:**

The research questions regarding the relationship between supervisor and supervisee perceptions preclude complete anonymity. In order to provide a measure of confidentiality a subject identification letter number sequence will be pre-assigned through labeling on each student and supervisor paired questionnaire set. The principle investigator will be the only person who has access to the name and letter number sequence pairings. Subject names will not be used on any document other than the informed consent which will be stored apart from questionnaires. The questionnaire you complete will not contain your name or other individually identifying information. Only my faculty advisor, Dr. Yager, and I will have access to your data. The research data will be stored in a locked file cabinet for three years after the end of this study and then will be destroyed by shredding. The data from the study may be published; however, you will not be identified by name.

**Offer to Answer Questions:**

If you have any questions about study-related activities, you may call me at 859-866-3981 or Dr. Yager, my faculty advisor, at 513-556-3347. If you have any questions about your rights as a research participant, you may call the Chair of the Institutional Review Board – Social and Behavioral Sciences at 558-5784.

**Voluntary Participation:**

You do NOT have to participate in this study. You may choose not to participate or you may quit participating AT ANY TIME.

**Agreement:**

I have read this consent document. I voluntarily agree to participate in this study. I will receive a copy of this consent document for my reference.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Person Obtaining Consent

\_\_\_\_\_  
Date

Appendix B

Initial Instrument Packet

Manchester Clinical Supervision Scale  
 (CS = Clinical Supervision)

Subject ID \_\_\_\_\_

Please rate each of the following items from strongly disagree to strongly agree. Circle the response that reflects your answer.

Strongly Disagree=SD Disagree=D Neither Agree OR Disagree=N Agree=A Strongly Agree=SA

For example: My supervisor is on time for supervisory sessions.	SD	<input checked="" type="radio"/> D	N	A	SA
Having someone to talk about personal issues with was a great help.	SD	D	N	A	SA
It is difficult to find the time for CS sessions.	SD	D	N	A	SA
CS sessions don't solve anything.	SD	D	N	A	SA
My supervisor offers an 'unbiased' opinion	SD	D	N	A	SA
I can 'unload' during my CS session.	SD	D	N	A	SA
My supervisor gives me support and encouragement.	SD	D	N	A	SA
I find CS sessions time consuming.	SD	D	N	A	SA
Fitting CS sessions in can lead to more pressure at work.	SD	D	N	A	SA
CS does not solve personal issues.	SD	D	N	A	SA
CS sessions are intrusive.	SD	D	N	A	SA
CS gives me time to 'reflect'.	SD	D	N	A	SA
Work problems can be tackled constructively during CS sessions.	SD	D	N	A	SA
CS sessions facilitate reflective practice.	SD	D	N	A	SA
If there is something I don't understand there is always someone to ask.	SD	D	N	A	SA
Time spent on CS takes me away from my real work in the clinical area.	SD	D	N	A	SA
I can discuss sensitive issues with my supervisor.	SD	D	N	A	SA
Other work pressures interfere with CS sessions.	SD	D	N	A	SA
My CS sessions are an important part of my work routine.	SD	D	N	A	SA
My supervisor is never available when needed.	SD	D	N	A	SA
I learn from my supervisor's experiences.	SD	D	N	A	SA
It is important to make time for CS sessions.	SD	D	N	A	SA
My supervisor provides me with valuable advice.	SD	D	N	A	SA
My supervisor is very open with me.	SD	D	N	A	SA
Sessions with my supervisor widen my clinical knowledge base.	SD	D	N	A	SA
CS is unnecessary for experienced/established staff.	SD	D	N	A	SA
My supervisor puts me off asking about sensitive issues.	SD	D	N	A	SA
My supervisor acts in a superior manner during our sessions.	SD	D	N	A	SA

My supervisor acts in a superior manner during our sessions.	SD	D	N	A	SA
CS is for newly qualified/inexperienced staff only.	SD	D	N	A	SA
Clinical supervision makes me a better counselor.	SD	D	N	A	SA
Without CS the quality of client care would deteriorate.	SD	D	N	A	SA
CS sessions motivate staff.	SD	D	N	A	SA
I feel less stressed after seeing my supervisor.	SD	D	N	A	SA
CS improves the quality of care I give to my clients.	SD	D	N	A	SA
I can widen my skill base during my CS sessions.	SD	D	N	A	SA
My supervisor offers me guidance with client care.	SD	D	N	A	SA
I think receiving CS improves the quality of care that I give.	SD	D	N	A	SA

Directions: Please provide information for the following inquiries.

1. Circle your current supervisory role.

Supervisee                      Supervisor

2. Circle your age range.

21 – 30   31 – 40   41 – 50   51 – 60   61 – 70   71 and older

3. Circle your gender.

MALE                                      FEMALE

4. Circle your current level of education.

Masters	Pre-Practicum	Advanced Skills	Field Practicum	Internship	Advanced Internship
Doctorate	I yr	2 yr	3 yr or more	Part Time	Full Time
Graduate/Professional	Masters Completion	Doctoral Completion	Other		

5. Circle your current licensure status.

Counselor in Training                      Professional Counselor  
 Professional Clinical Counselor              Other \_\_\_\_\_

Please answer the following questions with your most recent supervisory relationship in mind.

6. Write in the number of years of post licensure professional experience you have currently.

\_\_\_\_\_

7. Write in the current number of years of your participation in the supervisory process.

Supervisee \_\_\_\_\_ Supervisor \_\_\_\_\_

8. Please indicate whether a supervision contract was utilized during the supervisory process you are evaluating?

Yes              No

9. Have you participated in 6 or more supervision sessions for the supervisory process you are evaluating?

Yes              No

Appendix C

Pilot Panel Instrument Packet

Manchester Clinical Supervision Scale

Panel ID \_\_\_\_\_

*Review Panel Introduction: In review of the content of these instruments it is our aim to eliminate totally irrelevant items from the instrument (Chaiyawat and Brown, 2000; Voutilainen and Liukkonen, 1995), as well as to re-phrase or supply new wording for items related to the measured constructs where necessary (Aminzadeh et al., 1999; Hughes, 1998). Please take a moment to review the administration process, directions for the instruments and formatting of the instruments.*

*Review Panel Instructions: Please rate each of the following statements as items assessing effectiveness (E= Effectiveness) or items assessing relationship (R=Relationship).*

Instrument Directions: Please rate each of the following items from strongly disagree (1=strongly disagree) to strongly agree (5=strongly agree).

Strongly Disagree=1 Disagree=2 Neither Agree OR Disagree=3 Agree=4 Strongly Agree=5

1. Other work pressures interfere with CS sessions. \_\_\_\_\_
2. It is difficult to find the time for CS sessions. \_\_\_\_\_
3. CS sessions are not necessary/don't solve anything. \_\_\_\_\_
4. Time spent on CS takes me away from my real work in the clinical area. \_\_\_\_\_
5. I can 'unload' during my CS session. \_\_\_\_\_
6. Fitting CS sessions in can lead to more pressure at work. \_\_\_\_\_
7. I find CS sessions time consuming. \_\_\_\_\_
8. My supervisor gives me support and encouragement. \_\_\_\_\_
9. CS does not solve personal issues. \_\_\_\_\_
10. CS sessions are intrusive. \_\_\_\_\_
11. CS gives me time to 'reflect'. \_\_\_\_\_
12. Work problems can be tackled constructively during CS sessions. \_\_\_\_\_
13. CS sessions facilitate reflective practice. \_\_\_\_\_
14. If there is something I don't understand there is always someone to ask. \_\_\_\_\_
15. My supervisor offers an 'unbiased' opinion. \_\_\_\_\_
16. I can discuss sensitive issues y with my superior. \_\_\_\_\_
17. Having someone different to talk about personal issues was a great help. \_\_\_\_\_
18. My CS sessions are an important part of my work routine. \_\_\_\_\_
19. My supervisor is never available when needed. \_\_\_\_\_
20. I learn from my supervisor's experiences. \_\_\_\_\_
21. It is important to make time for CS sessions. \_\_\_\_\_

- 22. My supervisor provides me with valuable advice. \_\_\_\_\_
- 23. My supervisor is very open with me. \_\_\_\_\_
- 24. Sessions with my supervisor widen my clinical knowledge base. \_\_\_\_\_
- 25. CS is unnecessary for experienced/established staff. \_\_\_\_\_
- 26. My supervisor puts me off asking about sensitive issues. \_\_\_\_\_
- 27. My supervisor acts in a superior manner during our sessions. \_\_\_\_\_
- 28. CS is for newly qualified/inexperienced staff only. \_\_\_\_\_
- 29. Clinical supervision makes me a better nurse. \_\_\_\_\_
- 30. Without CS the quality of patient care would deteriorate. \_\_\_\_\_
- 31. CS sessions motivate staff. \_\_\_\_\_
- 32. I feel less stressed after seeing my supervisor. \_\_\_\_\_
- 33. CS improves the quality of care I give to my patients. \_\_\_\_\_
- 34. I can widen my skill base during my CS sessions. \_\_\_\_\_
- 35. My supervisor offers me guidance with patient care. \_\_\_\_\_
- 36. I think receiving clinical supervisions improves the quality of care I give. \_\_\_\_\_

**Administration:** Recruitment - Initially, this research project will be announced to students and supervisors via the counseling program list service. Following this announcement the principle investigator will visit the students under supervision in their respective counseling skill courses to invite them to participate. Supervisors will be invited to participate in their course on supervision. Off cite supervisors will be invited to participate by mail. Informed Consent - Participation will be voluntary. The informed consent will be distributed and collected from participants prior to the completion of questionnaires. Data Collection - Participants will complete the self-report assessments in groups of 5 to 20 students. Off site supervisors will complete the self-report assessments individually and return them in sealed envelopes by mail.

Item Elimination:

Item Re-phrasing:

Comments on Directions:

Comments on Administration:

Comments on Instrument Formatting:

Appendix D

Final Research Instrument Packet

Manchester Clinical Supervision Scale

Subject ID \_\_\_\_\_

(CS = Clinical Supervision)

Please rate each of the following items from strongly disagree to strongly agree. Circle the response that reflects your answer.

Strongly Disagree=SD Disagree=D Neither Agree OR Disagree=N Agree=A Strongly Agree=SA

For example: My supervisor is on time for supervisory sessions. SD  D N A SA

Having someone to talk about personal issues with was a great help. SD D  N A SA

It is difficult to find the time for CS sessions. SD D  N A SA

CS sessions don't solve anything. SD D  N A SA

My supervisor offers an 'unbiased' opinion SD D  N A SA

I can 'unload' during my CS session. SD D  N A SA

My supervisor gives me support and encouragement. SD D  N A SA

I find CS sessions time consuming. SD D  N A SA

Fitting CS sessions in can lead to more pressure at work. SD D  N A SA

CS does not solve personal issues. SD D  N A SA

CS sessions are intrusive. SD D  N A SA

CS gives me time to 'reflect'. SD D  N A SA

Work problems can be tackled constructively during CS sessions. SD D  N A SA

CS sessions facilitate reflective practice. SD D  N A SA

If there is something I don't understand there is always someone to ask. SD D  N A SA

Time spent on CS takes me away from my real work in the clinical area. SD D  N A SA

I can discuss sensitive issues with my supervisor. SD D  N A SA

Other work pressures interfere with CS sessions. SD D  N A SA

My CS sessions are an important part of my work routine. SD D  N A SA

My supervisor is never available when needed. SD D  N A SA

I learn from my supervisor's experiences. SD D  N A SA

It is important to make time for CS sessions. SD D  N A SA

My supervisor provides me with valuable advice. SD D  N A SA

My supervisor is very open with me. SD D  N A SA

Sessions with my supervisor widen my clinical knowledge base. SD D  N A SA

CS is unnecessary for experienced/established staff. SD D  N A SA

My supervisor puts me off asking about sensitive issues. SD D  N A SA

My supervisor acts in a superior manner during our sessions.	SD	D	N	A	SA
CS is for newly qualified/inexperienced staff only.	SD	D	N	A	SA
Clinical supervision makes me a better counselor.	SD	D	N	A	SA
Without CS the quality of client care would deteriorate.	SD	D	N	A	SA
CS sessions motivate staff.	SD	D	N	A	SA
I feel less stressed after seeing my supervisor.	SD	D	N	A	SA
CS improves the quality of care I give to my clients.	SD	D	N	A	SA
I can widen my skill base during my CS sessions.	SD	D	N	A	SA
My supervisor offers me guidance with client care.	SD	D	N	A	SA
I think receiving CS improves the quality of care that I give.	SD	D	N	A	SA

Directions: Please provide information for the following inquiries.

1. Circle your current supervisory role.

Supervisee                      Supervisor

2. Circle your age range.

21 – 30   31 – 40   41 – 50   51 – 60   61 – 70   71 and older

3. Circle your gender.

MALE                                  FEMALE

4. Circle your current level of education.

Masters	Pre-Practicum	Advanced Skills	Field Practicum	Internship	Advanced Internship
Doctorate	1 yr	2 yr	3 yr or more	Part Time	Full Time
Graduate/Professional	Masters Completion	Doctoral Completion	Other		

5. Circle your current licensure status.

Counselor in Training                      Professional Counselor

Professional Clinical Counselor              Other \_\_\_\_\_

Please answer the following questions with your most recent supervisory relationship in mind.

6. Write in the number of years of post licensure professional experience you have currently.

\_\_\_\_\_

7. Write in the current number of years of your participation in the supervisory process.

Supervisee \_\_\_\_\_ Supervisor \_\_\_\_\_

8. Please indicate whether a supervision contract was utilized during the supervisory process you are evaluating?

Yes              No

9. Have you participated in 6 or more supervision sessions for the supervisory process you are evaluating?

Yes              No

Appendix E

Trial Data Collection Introduction

## Introduction

Thank you for agreeing to participate in this study. The data you provide will inform the researcher on the quality of the instruments you are completing. In addition, your data will be used to aid in the design of a database that will allow for later data analysis. This data will be collected from both supervisors and supervisees. The information you provide will only be viewed by the researcher. Upon completion of the packet please place it in the envelope provided. If after completion of these instruments you have questions or comments regarding the study the researcher and her advisor can be contacted by email.

Patricia F. Stewart M.A., P.C.

[stewarpf@email.uc.edu](mailto:stewarpf@email.uc.edu)

Advisor: Dr. Geof Yager

[geof.yager@uc.edu](mailto:geof.yager@uc.edu)

Appendix F

Database Codebook

**CODE BOOK**

**Demographic Data Collection & Manchester Clinical Supervision Scale**

Demographic Data Collection

Item 1) Relationship Status: Supervisor = 1

Supervisee = 2

Item 2) Age: 1 = 21 – 30; 2 = 31 -40; 3 = 41 – 50; 4 = 51 – 60; 5 = 61 -70; 6 = 71 and older

Item 3) Gender: Female = 1; Male = 2

To be coded as Relationship, Age, Sex

Example: A supervisor, age 21 -30, female = 1, 1, 1

Item 4) Education:

Masters	Pre-Practicum = 1	Advanced Skills = 2	Field Practicum = 3	Internship = 4	Advanced Internship = 5
Doctorate	1 yr = 6	2 yr = 7	3 yr or more = 8	Part Time* = 1	Full Time* = 2
Graduate/Professional	Masters Completion = 9	Doctoral Completion = 10	Other = 11		

\* To be coded separately from education level.

Item 5) Licensure: Counselor in Training = 1; Professional Counselor = 2; Professional Clinical Counselor = 3; Other = 4

Item 8) Supervision Contract Utilization: Yes = 1; No = 2

Item 9) 6 or more supervision sessions: Yes = 1; No = 2

Manchester Clinical Supervision Scale

Items 2, 3, 7, 8, 9, 10, 15, 17, 19, 25, 26:

5 = SD

4 = D

3 = N

2 = A

1 = SA

All other items:

1 = SD

2 = D

3 = N

4 = A

5 = SA

Database Variables

Variable Name	Variable Label	Scale	Min-Max	Coding
Study ID	Study Identification Number	Nominal		
SRole	Supervisory Relationship Role	Nominal	1 - 2	1 = Supervisor 2 = Supervisee
Age	Age of Participant	Scale	1 - 6	1 = 21 – 30 2 = 31 -40 3 = 41 – 50 4 = 51 – 60 5 = 61 -70 6 = 71 +

Sex	Sex	Nominal	1 - 2	1 = Female 2 = Male
Education	Current Level of Education	Scale	1 - 11	1 = Pre-Practicum 2 = Advanced Skills 3 = Field Practicum 4 = Internship 5 = Advanced Internship 6 = 1 year 7 = 2 year 8 = 3 year 9 = Masters 10 = Doctorate 11 = Other
Enrollment	Enrollment Status	Nominal	1 - 2	1 = Full Time 2 = Part Time
Licensure	Licensure Status	Nominal	1 - 4	1 = Counselor in Training 2 = Professional Counselor 3 = Professional Clinical Counselor 4 = Other
Experience	Years of Post Licensure Experience	Scale	1 - 50	Numeric Response

YrsSupe	Years of Supervision as a Supervisee	Scale	1 - 50	Numeric Response
YrsSup	Years of Supervision as a Supervisor	Scale	1 - 50	Numeric Response
Contract	Supervision Contract Utilization	Nominal	1 - 2	1 = Yes 2 = No
Sessions	6 or More Supervision Sessions	Nominal	1 - 2	1 = Yes 2 = No
Item 1	MCSS 1	Ordinal	1 - 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 2	MCSS 2	Ordinal	1 - 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 3	MCSS 3	Ordinal	1 - 5	5 = SD 4 = D 3 = N 2 = A 1 = SA

Item 4	MCSS 4	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 5	MCSS 5	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 6	MCSS 6	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA

Item 7	MCSS 7	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 8	MCSS 8	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 9	MCSS 9	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 10	MCSS 10	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 11	MCSS 11	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 12	MCSS 12	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 13	MCSS 13	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA

Item 14	MCSS 14	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 15	MCSS 15	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 16	MCSS 16	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 17	MCSS 17	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 18	MCSS 18	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 19	MCSS 19	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 20	MCSS 20	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 21	MCSS 21	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 22	MCSS 22	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 23	MCSS 23	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA

Item 24	MCSS 24	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 25	MCSS 25	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 26	MCSS 26	Ordinal	1 – 5	5 = SD 4 = D 3 = N 2 = A 1 = SA
Item 27	MCSS 27	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 28	MCSS 28	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 29	MCSS 29	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 30	MCSS 30	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 31	MCSS 31	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 32	MCSS 32	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 33	MCSS 33	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA

Item 34	MCSS 34	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 35	MCSS 35	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Item 36	MCSS 36	Ordinal	1 – 5	1 = SD 2 = D 3 = N 4 = A 5 = SA
Effectiveness	MCSS Effectiveness Score	Ordinal		
Relationship	MCSS Relationship Score	Ordinal		

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