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PERCEPTIONS OF THE SUPERVISORY RELATIONSHIP: RECOVERING AND NON-RECOVERING SUBSTANCE ABUSE COUNSELORS

by

John R. Culbreth

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
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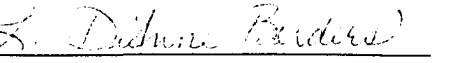

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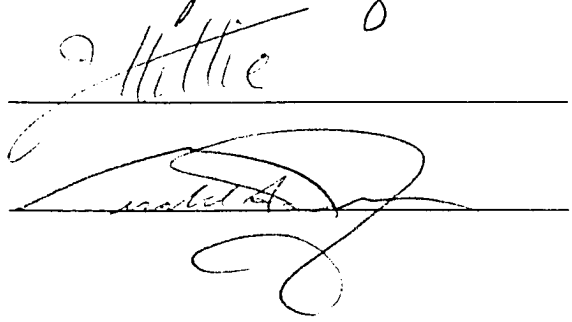

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Recovering substance abuse counselors are a unique aspect of the counseling profession; one which creates a challenge for setting professional development agendas. An examination of the literature reveals a lack of empirical studies about clinical supervision of substance abuse counselors. The unique set of dynamics found in the substance abuse field (i.e., recovering and non-recovering counselors and supervisors) calls for a separate examination of the supervisory relationship within the context of substance abuse counseling supervision.

In this study, differences in counselors' perceptions of the supervisory relationship based upon counselor and supervisor recovery status and the match or mismatch of counselor and supervisor recovery status were examined. Substance abuse counselors (N = 547) working for the public mental health system of North Carolina were surveyed to determine their levels of satisfaction with supervision and their perceptions of the supervisory relationship using the Supervisory Styles Inventory, Supervisor Rating Form-Short, Working Alliance Inventory, and Barrett-Lennard Relationship Inventory. The sample represented 66% of the total population, with 34.2% of the sample consisting of recovering substance abuse counselors.

A 2 (counselor recovery status: non-recovering and recovering) X 2 (supervisor recovery status: non-recovering and recovering) MANOVA was calculated on satisfaction with supervision questions and each instrument scale. Results indicated no significant differences in ratings of satisfaction or

relationship dimensions based on either the counselors' or supervisors' recovery status. A significant interaction effect for counselor and supervisor recovery status (i.e., match or mismatch of recovery status) was found for all satisfaction and relationship measures.

Results suggest that the supervisory relationship may not be affected solely by the recovery status of the counselor or supervisor, but rather by the match or mismatch of counselor and supervisor recovery status. In addition, these results strongly suggest that recovery status is a significant issue both within the supervisory relationship for substance abuse counselors and as an overall relationship dynamic that must be considered beyond the individuals involved in substance abuse counseling supervision.

ACKNOWLEDGMENTS

Successful completion of this dissertation would have been much more difficult but for the support, guidance, and suggestions of a number of important individuals. I would like to take this opportunity to publicly thank those people.

The 1993 Fall doctoral cohort has been an on-going source of inspiration, motivation, humor, and all around "good stuff." I will value the learning they provided during the past three years. My research and graduate work has benefited from the help of four practicing counselors. Thanks to Katherine Townsend, Wren Rivenbark, Betty Dibrell, and David Swann. Each of these individuals has provided wonderful insights, ideas, and support for this process. Thanks to the substance abuse counselors of North Carolina for their willingness to participate in this study and to Dr. Julian Keith, Chief of Substance Abuse Services, as well as each of the regional and area coordinators for their support of this project from the beginning.

I would like to thank the faculty members of the Department of Counseling and Educational Development, and my committee members, for their firm yet flexible guidance through this process. It is difficult to put into words the level of gratitude that I feel for the chair of my committee, Dr. L. DiAnne Borders. Her patience, understanding, patience, listening, patience, guidance, and patience have been, at times, overwhelming. She has set a very high standard for my future work with students; a standard that will likely take many years to attain. Thank you, DiAnne.

I believe that an undertaking such as this would have been incomprehensible for me if many family members had not provided on-going assistance and support. Early in my life, both of my parents created a strong belief in the importance of education. I have lived by that belief. While my grandparents are not present to see the completion of this experience, I know they are aware of this accomplishment and are happy for me, particularly my grandfather, Allen D. Kerr, who reinforced the importance of education in my early years as well.

Finally, I would like to thank my "fifth" committee member. My wife, Barbara, has been one of the main forces behind this entire process. She initially suggested and supported this endeavor, and her support has never wavered. In addition, she has provided insight into this process from her perspective as a professional counselor. Words cannot express the feelings that I have about her companionship. If ever there was a case for an honorary spouse-degree, this would be it. Thank you, Bubba.

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CHAPTER I

INTRODUCTION

Substance abuse treatment is a unique specialty within the greater field of counseling and psychotherapy in several ways. Perhaps the most unique aspect of this specialty is the issue of recovering versus non-recovering counselors. Historically, within the substance abuse field there has been a strong bias in favor of recovering counselors, based on the belief that chemically dependent clients will only listen to recovering counselors who have had their own experience overcoming an addiction. Indeed, a large percentage of substance abuse counselors have had personal experience with the recovery process (M. Staley, National Association of Alcoholism and Drug Abuse Counselors, personal communication, October 27, 1994), often creating a tense relationship between them and those who have not experienced substance abuse and recovery. The recovery issue is somewhat confounded by a second unique aspect of the field, variations in the professional training of substance abuse counselors. State certified substance abuse counselors with only a high school diploma may work side-by-side with practitioners who have graduate degrees in counseling. Typically, educational training levels often parallel recovery status, with non-recovering counselors more likely to have graduate degrees (Mann, 1973; Valle, 1979). Consideration of these unique within group differences, along with the increasing number of graduate level, non-recovering counselors entering the field, are critical in designing service delivery and clinical supervision programs for substance abuse counselors.

In terms of service delivery, there is empirical evidence that recovering counselors are equally as effective as non-recovering counselors (Aiken & LoSciuto, 1985; Lawson, 1982; LoSciuto, Aiken, Ausetts, & Brown, 1984). These counselors, however, seem to use different approaches and methods with their clients. Recovering counselors are more likely to be involved in community education programs, to socialize with clients away from the work environment, and to visit clients who may be in the hospital (Aiken, LoSciuto, Ausetts, & Brown, 1984a). Each of these activities is consistent with the philosophy described in the twelfth step of Alcoholics Anonymous, "...we tried to carry this message to alcoholics..." (Alcoholics Anonymous, 1976). Non-recovering counselors are less likely to make a yes/no diagnosis of alcoholism. Instead, they view alcohol and drug problems on a continuum of illness and diagnose in terms of degree of problem drinking (Lawson, Petosa, & Peterson, 1982). These differing approaches to substance abuse treatment are likely to influence the supervision context.

Other contrasts between recovering and non-recovering counselors also have implications for supervision and the supervisory relationship. Recovering counselors, for example, tend to be older than non-recovering counselors; they often come to the field as a result of a mid-life career change associated with their recovery experience (Powell, 1993). Relapse of the recovering counselor also is a significant issue, particularly if the counselor's primary credential for working in the field is his/her recovery status (Mann, 1973; Valle, 1979). The treatment field expects relapse to occur during the treatment process for clients but, at the present time, there are no guidelines for dealing with recovering counselors who may experience one or several relapses (Kinney, 1983). In addition, although two

years of sobriety is considered the minimum amount of time before a recovering person should assume a counselor role, there is no empirical evidence to support the efficacy of this criteria (Kinney, 1983). Some recovering counselors still may be acting out their addictive personality traits in the workplace if they have been hired too soon in their recovery process (Powell, 1993). In addition, recovering counselors are more likely to promote the belief that only alcoholics can understand other alcoholics (Rivers, 1977). These ideological differences between the groups of counselors can result in high levels of stress and tension between staff members, including supervisors and supervisees. Given the difficult within group differences among substance abuse counselors and the specific needs of recovering counselors, it is imperative that substance abuse counseling supervisors have some understanding about how a counselor's recovery status may or may not affect the supervisory relationship.

"Mismatches" by recovering status (e.g., recovering counselor and non-recovering supervisor) may be particularly problematic in the supervision process. Supervisors may give more attention to personal issues of recovering counselors, which may be viewed as intrusion by the recovering counselor, particularly if the supervisor is non-recovering. Recovering counselors may feel that non-recovering supervisors downplay, or even disregard the contributions of recovering counselors due to lack of education. In addition, recovering supervisors may feel threatened by better educated, non-recovering counselors. Clearly, substance abuse counselors and supervisors must negotiate their way around these issues if they are to succeed in establishing effective working relationships with these two distinct groups of clinicians.

Despite its apparent significance, no researchers to date have investigated the potential impact of recovery/ non-recovery status of counselors or supervisors on the supervisory relationship. In fact, almost no literature on clinical supervision of substance abuse counseling exists (Juhnke & Culbreth, 1994). What does exist are a small number of articles, books, and book chapters which speak to various ideas believed to be important when working with substance abuse counselors, such as the desired personality characteristics of clinical supervisors (Powell, 1991), clinical responsibilities of the substance abuse counseling supervisor (Machell, 1987), and specific supervision techniques useful when working with substance abuse counselors (Valle, 1984). A thorough search of the literature, however, produced no empirical support for these assertions.

It is particularly important to begin focusing on the supervisory relationship in substance abuse counseling because a) the dynamics in the substance abuse field (i.e., recovery status) include factors that have great potential for negatively affecting the relationship, as previously noted, and c) the relationship is critical to supervision outcome. A number of studies have indicated that the quality of the relationship variables in supervision are directly related to the positive outcome of supervision (Cohen & DeBetz, 1977; Worthington & Roehlke, 1979). This conclusion has been supported by studies of counselors across all levels of experience, all of whom have indicated a desire for supervision which is supportive and relationship-oriented (Kennard, Stewart, & Gluck, 1987; Usher & Borders, 1993). In fact, Holloway (1995), based on her extensive research, views the supervisory relationship as the core factor in supervision. She stated, "The structure and character of the relationship embody

all other factors and in turn all other factors are influenced by the relationship" (p. 41).

Critical aspects of the supervisory relationship identified in the literature, which also have particular relevance to the substance abuse field, include (a) supervisory style, as defined by perceptions of the supervisor's behavior on the three dimensions of attractiveness, interpersonal sensitivity, and task-orientation (Friedlander & Ward, 1984); (b) the social influence dimensions of expertness, attractiveness, and trustworthiness (Corrigan & Schmidt, 1983); (c) the working alliance (Bordin, 1983), defined as agreement on the goals and tasks of the relationship and the presence of a necessary bond between the two individuals in the relationship; and (d) the core conditions of the relationship, characterized by Rogers (1957) as level of regard, empathic understanding, unconditionality, and congruence. Each one of these aspects of the supervisory relationship has a demonstrated relationship to supervision outcome (Borders & Fong, 1991; Heppner & Handley, 1981; Ladany & Friedlander, 1995; Schacht, Howe, & Berman, 1988; Schiavone & Jessell, 1988), and each has specific implications for supervision in substance abuse counseling. For example, non-recovering counselors may have difficulty considering less-educated, recovering supervisors as expert, thus detracting from the influence these supervisors may have on counselors' behaviors and development. Recovering counselors may perceive a greater degree of agreement on the goals and tasks of the supervisory working alliance, and may feel greater amounts of congruence and empathy from a recovering supervisor. Non-recovering supervisors may provide an inadequate amount of task orientation for the recovering counselor, preferring to focus on a more collegial relationship, while the recovering counselor may not view the

non-recovering supervisor as expert due to the supervisor's lack of recovery experience.

Personal experience with the process of recovering from an addictive illness necessitates a continual examination of thoughts, feelings, behaviors, and beliefs (Alcoholics Anonymous, 1976). This ongoing personal review becomes a significant factor in the lives of recovering individuals. Recovery characteristics in counselors have been demonstrated to affect how the recovering counselor works with clients (Aiken et al., 1984a) and co-workers (Rivers, 1977), so it is reasonable to conclude that recovery status would affect how the counselor works with his/ her supervisor. Similarly, recovery status of the supervisor may affect how they view and work with substance abuse supervisees. Recovery status could be viewed as similar to other individual characteristics, such as cognitive style, race, and gender, which have been demonstrated to have an impact on the supervisory relationship (Cook & Helms, 1988; Handley, 1982; Robyak, Goodyear, & Prange, 1987; Worthington & Stern, 1985). Thus, it is now necessary to examine the impact of the individual characteristic of recovery status on the supervisory relationship in the supervision of substance abuse counselors. Considering the significant lack of research efforts on this topic (Juhnke & Culbreth, 1994), an appropriate starting point is to begin gathering information on the impact of substance abuse counselors' and supervisors' recovery or non-recovery status on counselors' perceptions of the supervisory relationship.

Purpose of the Study

An examination of the literature reveals a lack of empirical studies about clinical supervision of substance abuse counselors. The clinical supervision

literature that does exist consists primarily of descriptive pieces based on personal observations. The unique set of dynamics found in the substance abuse field calls for a separate examination of the supervisory relationship within the context of substance abuse counseling supervision. In this study, I will begin to explore the impact of counselor and supervisor recovery status on counselors' perceptions of the supervisory relationship. This information will be used to begin to develop a better understanding of the unique aspects of the supervisory relationship between substance abuse counselors and their supervisors.

Need for the Study

The substance abuse treatment community includes a diverse population of counselors with a variety of background experiences which impact their work as counselors, supervisees, and supervisors. The recovery status of substance abuse counselors is a unique aspect of the profession that creates a challenge for those setting professional development agendas. Ongoing supervision and training is central to meeting the needs of counselors, the demands of clients, and the fiscal responsibilities of agencies. Therefore, it is imperative that treatment facilities provide clinical supervision experiences which are tailored for the specific needs of both recovering and non-recovering counselors. An examination of the important components of the supervisory relationship between differing groups of substance abuse counselors and their supervisors will assist in the development of an appropriate model(s) of clinical supervision for the substance abuse counseling field. Clinicians, supervisors, and administrators will gain valuable information for developing future counselor and supervisor training initiatives and programs.

Statement of the Problem

This study will investigate the impact of substance abuse counselors' and their supervisors' chemical dependency recovery status on counselors' perceptions of the supervisory relationship. Specific research questions are as follows:

1. What is the effect of the recovery status of substance abuse counselors and supervisors, and the match or mismatch of their recovery status, on counselors' overall satisfaction with supervision, the supervisors' competence, and the contribution of supervision to professional growth?
2. What is the effect of the recovery status of substance abuse counselors and supervisors, and the match or mismatch of their recovery status, on counselors' perceptions of the supervisory style of their supervisor?
3. What is the effect of the recovery status of substance abuse counselors and supervisors, and the match or mismatch of their recovery status, on counselors' perceptions of the trustworthiness, attractiveness, and expertness of their supervisor?
4. What is the effect of the recovery status of substance abuse counselors and supervisors, nad the match or mismatch of their recovery status, on counselors' perceptions of the supervisory working alliance?
5. What is the effect of the recovery status of substance abuse counselors and supervisors, and the match or mismatch of their recovery status, on counselors' perceptions of the core conditions of level of regard, unconditionality, congruence, and empathy in the supervisory relationship?

Definition of Terms

Recovering counselor - is any counselor who indicates having experienced some form of addiction to a chemical of abuse (e.g., alcohol, cocaine, amphetamines, or marijuana) and considers him/herself to be in recovery for this addiction.

Non-recovering counselor - is any counselor who indicates that he or she has not experienced an addictive problem nor considers him/herself to be in recovery.

Supervision - is defined as an intervention between two professionals, a counselor and a supervisor. The purpose of this intervention includes the enhancement of the counselor's professional development and monitoring of the quality of care delivered to that same counselor's clients. An evaluation component also is included in this relationship (Bernard & Goodyear, 1992).

Supervisor - is an individual who is responsible for conducting supervision, as designated by his or her working environment. This individual typically has more experience and/or training than the individual(s) whom he or she supervises.

Supervisory relationship - refers to the interaction between the supervisor and the supervisee during the course of supervision. For the purposes of this study, the supervisory relationship will be considered in terms of supervisory style, social influence dimensions, working alliance, core conditions of the relationship, and self-report ratings of overall satisfaction with the supervisor, supervisory relationship, and supervision effectiveness.

Supervisor style - is the manner in which a supervisor approaches and responds to trainees and how they implement supervision within the supervisory relationship. For the purposes of this study, these styles will be measured by the Supervisory Styles Inventory (Friedlander & Ward, 1984). Styles, as measured by the SSI subscales, include the attractive scale, the interpersonally sensitive scale, and the task-oriented scale.

Social influence - refers to factors associated with changing the opinions of supervisees in the supervision relationship. The factors used to change opinions, according to Strong (1968), are expertness, attractiveness, and trustworthiness, as measured by the Supervisor Rating Form-Short (Schiavone & Jessell, 1988).

Working alliance - refers to an integration of three distinct relationship components (Bordin, 1976) that are believed to be similar and necessary to effective helping, regardless of theoretical orientation. The components of the working alliance include the tasks of counseling, the goals of counseling, and the bond between supervisee and supervisor. For the purposes of this study, the components of the working alliance will be measured by the Working Alliance Inventory (Horvath & Greenberg, 1989).

Core conditions of the relationship - refers to the set of necessary conditions that are present in any relationship that is considered mutually beneficial for the growth of both individuals (Rogers, 1957). The five conditions are empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known, and, for the purposes of this

study, are measured by a shortened version of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988).

Organization of the Study

The study is presented in five chapters. Chapter 1 is a brief introduction to the literature related to the study. Also included is a statement of the purpose and need for the study. The research questions are presented, followed by a definition of terms pertinent to the study. The chapter concludes with an outline of the chapters in the study.

Chapter 2 presents the literature which was significant in developing the hypotheses to be examined. This chapter is divided into sections, with each section examining a portion of the relevant literature. The first section examines issues of recovering versus non-recovering counselors. The second section focuses on research about the supervisory relationship and issues that affect it, such as supervisor style, social influence, working alliance, facilitative conditions of the relationship, and matching of supervisor and supervisee characteristics. The third section reviews the existing literature concerning clinical supervision in the substance abuse field. The final section summarizes the literature and conclusions, based upon the review, that are relevant to this study.

In chapter 3, the methodology used in the study is described. This chapter includes a statement of the research hypotheses, instruments used, participants, procedures, and data analysis.

Chapter 4 is a presentation of the results of the data analysis. Discussion of the data analysis parallels the research questions presented in the previous chapter.

Chapter 5 includes a summary of the study, a discussion of the conclusions, recommendations for future research, and implications for substance abuse counselors and supervisors.

CHAPTER II

REVIEW OF RELATED LITERATURE

The literature relevant to this study can be divided into the following sections: (a) Issues concerning recovering versus non-recovering counselors, including treatment efficacy, differences in diagnostic perceptions, and personality characteristics; (b) the supervisory relationship in general and issues that affect it, including supervisor style, social influence, working alliance, facilitative conditions of the relationship, and supervisor/supervisee matching; and (c) clinical supervision in the substance abuse field. The final section will summarize the literature and conclusions, based upon the review, that are relevant to this study.

Recovery vs. Non-Recovery Issues

Research efforts to study within group differences of substance abuse counselors have taken many forms. Researchers have investigated differences in treatment effectiveness, including client perceptions of counselor effectiveness. Investigators have examined within group differences of counselors' clinical methods and clinical decision-making. Finally, some investigators have explored differences in personality characteristics between recovering and non-recovering counselors. Results have varied, producing an unclear picture of similarities and differences for the two groups of counselors. Nevertheless, results (reviewed below) suggest recovery versus non-recovery issues are potentially an important factor in the supervisory relationship.

Counselor Treatment Effectiveness

During the past thirty years, substance abuse treatment research primarily has been focused on which group of counselors, recovering or non-recovering, is more effective with alcoholic clients. In the early stages of formal treatment, the field was characterized by the use of recovering counselors due to a lack of qualified professionals willing to work with this client population (Kalb & Propper, 1976). The result was a treatment field that began to rely on its own "graduates" to fill the ranks of counselors. Following this trend, researchers attempted to validate the effectiveness of recovering counselors as compared to non-recovering counselors.

There have been two primary methods for attempting to address this research question. One method has been to explore differences in client perceptions of effectiveness based on the recovery status of the counselor. The other method has been to compare treatment outcome variables between recovering and non-recovering counselors.

Client perceptions of counselor effectiveness. Lawson (1982) approached the question of differences between recovering and non-recovering counselor effectiveness by examining clients' perceptions of counselor effectiveness. Lawson suggested that clients' perceptions of recovering counselors would be different from their perceptions of non-recovering counselors, based on the counselors' former experiences with addiction, and that there would be a relationship between counselor recovery status and perceptions of counselor expertness and ability. Lawson cited early research that suggested the client and counselor must be similar in background to produce an effective treatment outcome (Gunnings, 1971).

Client participants (n = 28) were asked to complete a packet consisting of a demographic questionnaire and a 64-item version of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962), a measure of the core conditions of the relationship as postulated by Rogers (1957). Clients' counselors (n = 28) completed an information questionnaire to provide demographic data pertinent to the independent variables under study. Overall scores on the BLRI were significantly higher for clients of recovering counselors than non-recovering counselors. More specifically, scores on the unconditionality and level of regard subscales were significantly higher for clients of recovering counselors.

Lawson concluded that recovery status positively affected the counseling relationship for clients in this study and supported the concept of recovering counselors having a greater ability to work with substance abuse clients. However, there were limitations in the design that may have affected the results. Counselor ratings were provided by only one client on that counselor's caseload, and the number of counselor-client pairs (n=28) was small. Thus, aspects of the counseling relationship independent of recovery status (e.g., personality conflicts) may have been a factor. In addition, the counselor's relationship with the supervisor may have affected the counseling relationship for recovering counselors and for non-recovering counselors in either a positive or negative manner.

LoBello (1984) agreed with Lawson's assertion that clients' perceptions of recovering and non-recovering counselors needed to be addressed empirically. It was his belief that the lack of empirical support promoted the myth that only recovering alcoholics can help alcoholic clients. Accordingly, LoBello examined the effect of counselor credentials on client perceptions of counselor credibility.

Rather than rely on actual counseling relationships, he conducted an analog study.

Participants for the study were 40 male clients in an in-patient, substance abuse treatment program. Each participant was assigned to one of four treatment groups. Each group viewed an identical, 12-minute, videotaped segment of a counseling session. There were no indications of the educational level or recovery status of the counselor during the session segment. Each group was provided with a written statement concerning the counseling scenario, the description of the counselor (which included recovery status information), and the instrument used to rate the counselor.

LoBello (1984) reported no significant differences in perceptions of counselor credibility based on the recovery status of the counselor. However, there was a significant relationship between counselor credibility ratings and the professional training level of the counselor. The educational level of the counselor was related to client perceptions of counselor credibility, specifically perceptions of trustworthiness and expertness. Counselors with professional training were considered more expert and trustworthy than counselors without professional training. Based on these findings, LoBello concluded that counselor recovery status does not impact clients' perceptions of counselor credibility.

Kirk, Best, and Irwin (1986) used an analog design similar to that of LoBello (1984) to examine client perceptions of empathy in alcoholism counselors. They hypothesized that clients of recovering counselors would experience or perceive greater levels of empathy due to the counselors' similar background of addiction. No significant differences were observed in empathy ratings by clients ($\underline{n} = 42$) based of the recovery status of counselors, providing

no support for the treatment philosophy that recovering alcoholics demonstrate more empathy due to their personal experience with the recovery process. In addition, results did not support the idea that untrained recovering counselors elicit greater perceptions of empathy from clients, thus compensating for deficits in professional training (Kirk et al., 1986).

Johnson and Prentice (1990) conducted a study similar in design to LoBello (1984) as well. They examined the effect of counselor recovery status on clients' perceptions ($n = 93$) of counselor expertness, attractiveness, trustworthiness, and confidence in the counselor. The investigators added gender as an additional independent variable to their study. Results were consistent with earlier findings of LoBello (1984) and Kirk et al. (1986). Recovering counselors were not perceived as more expert, attractive, or trustworthy by clients, nor were they able to generate more client confidence in their ability. Johnson and Prentice (1990) suggested that these results indicate that the drinking or recovery status of the counselor is not a major determinant of effectiveness as perceived by the clients of substance abuse counselors.

Treatment outcome variables as a measure of counselor effectiveness. Argeriou and Manohar (1978) conducted an early examination of the effects of counselor recovery status on subsequent treatment effectiveness. They compared treatment outcome variables for clients ($n = 273$) of recovering and non-recovering counselors ($n = 7$). Client outcome variables included number of months in the treatment program, number of individual counseling sessions, status of drinking at termination of the program, whether or not the client acknowledged a drinking problem, early termination of counseling against

medical advice, and the number of weeks of abstinence at termination of the program.

Overall, results indicated no significant treatment outcome differences between the two groups of counselors across the entire range of client ages. A difference in treatment outcome was noted for the younger clients of recovering counselors; however, no explanation for this result was provided. The researchers concluded, somewhat contradictorily, that the differences found in younger clients of recovering counselors indicated an outcome difference between recovering and non-recovering counselors, and that recovering counselors were at least as effective, and, in some cases, more effective than non-recovering counselors (Argeriou & Manohar, 1978).

Brown and Thompson (1976) investigated the issue of differential treatment effectiveness based on the recovery status of the counselor ($\underline{n} = 59$) in a narcotics treatment program. They examined client outcomes ($\underline{n} = 136$) after a one-year period of treatment involvement. Treatment effectiveness was determined using four criteria: 1) continuation in the program during the one year period of the study; 2) no use of illicit drugs during the treatment program, as determined by regular urinalysis examinations; 3) employment during treatment; and 4) no arrests by local authorities during the treatment program.

Comparisons were made, using these treatment objectives, between clients assigned to non-addict counselors and ex-addict counselors. No significant differences were found in the treatment objectives based on the recovery status of the counselor. The researchers suggested that lack of education among the ex-addict counselors might have been offset by their backgrounds and experiences as former addicts. This difference in background, they added, might account for

the lack of significant differences between the two groups of counselors and might be indicative of a difference in treatment methodology utilized by recovering counselors (Brown & Thompson, 1976).

A similar finding was reported by Longwell, Miller, and Nichols (1978). This study was conducted in a narcotics treatment program over a period of a year using negative urinalysis results as the outcome criteria. Twenty-six counselors, 16 non-recovering counselors and 10 recovering counselors, and 253 clients participated in the study.

Longwell et al. (1978) found no significant differences in the percentages of negative urinalysis results based on recovery status of the counselor. Of particular note were the results of clients involved in the group in which counselor assignments were switched after the first three months from ex-addict to non-addict, and vice versa. There were no differences in the urinalysis results over the two three-month time intervals for these clients. Longwell et al. (1978) concluded that past life experiences of ex-addict counselors seems to balance their lack of education and formal training, thus equalizing client outcomes between the two groups of counselors.

Aiken, LoSciuto, Ausetts, and Brown (1984b) conducted a study to examine differences in treatment outcome based on the educational level of the counselor ($\underline{n} = 82$). The methodology used, however, also provided information concerning treatment effectiveness based on counselor recovery status. The researchers divided the paraprofessional counselor group into two subgroups, differentiating between recovering and non-recovering paraprofessional counselors. They further compared these two groups with a group of non-recovering professional counselors. Outcome variables included client drug use

reports at follow-up, client employment status, client educational attainment, and involvement in criminal activity.

Client interviews (n = 302) were conducted at a random point in the treatment process to gather initial data concerning the outcome variables. Questions were directed at gathering background information on the treatment outcome variables during the year prior to beginning treatment and in the immediate 30 days prior to treatment. Clients completed a self-assessment of their lifestyles and quality of life. Follow-up interviews were conducted with clients four months after the initial interviews, regardless of whether or not they had completed treatment. Counselors were asked to provide corroborating information on client status.

Results of the study indicated no significant differences in treatment effectiveness among the three groups of counselors. The only significant difference in clients across all groups of counselors and all of the treatment outcome and quality of life variables was the educational attainment of clients. Clients of professional level counselors were more likely to be involved in some form of educational enrichment (Aiken et al., 1984b).

The Aiken et al. (1984b) study represented several significant departures from previous studies. Clients involved in the study were not entirely from methadone maintenance programs, but were involved in drug-free treatment programs as well. The studies conducted by Brown and Thompson (1976) and Longwell et al. (1978) did not include clients from drug-free programs, nor did they differentiate between types of paraprofessional counselors. By dividing the paraprofessional counselors into two groups, ex-addict and non-recovering, the researchers were able to explore a larger amount of within group difference. In

addition, the size of the client sample, along with the diversity of treatment center locations, greatly enhanced the generalizability of the results, providing a significant argument that counselor effectiveness is not reduced by a lack of education or lack of recovery experience.

Building on the belief that recovering and non-recovering counselors do not differ in treatment effectiveness, but do differ in the treatment methods used, McLellan, Woody, Luborsky, and Goehl (1988) conducted a study to examine counseling process variables for the two groups of counselors. Two counselors resigned from a treatment program within one week of each other, creating a situation in which clients had to be re-assigned, in a rapid manner, to the remaining four counselors. This unique situation provided the researchers with an opportunity to examine treatment outcome variances in a randomly re-assigned group of clients. Treatment effectiveness criteria consisted of weekly, supervised urinalysis testing, methadone dosage monitoring, client use of ancillary psychotropic medications, client employment, and client arrest records during their involvement in the treatment program.

Results indicated differences in the treatment effectiveness criteria among the four counselors. Clients of the non-recovering counselors exhibited either a decrease or a maintenance of the drug usage outcome criteria levels from pre-transfer to post-transfer (e.g., fewer positive urinalysis screens and decreases in methadone usage). Clients working with the recovering counselor demonstrated an increase in drug usage outcome criteria from pre-transfer to post-transfer (e.g., more positive urinalysis screens and increases in methadone usage). The one counselor who experienced improvements in all outcome categories was a non-recovering, master's level counselor. This counselor reported using

psychotherapeutic techniques in addition to the patient management skills used by the other counselors.

The researchers cautioned against using the results of this study as evidence of a lack of effectiveness of recovering counselors or counselors with less educational background for several reasons. First, post hoc examination of client charts was used to determine possible causes for the differences. In addition, the researchers noted the small number of counselors involved in the study. However, the researchers did conclude that counseling is a significant part of the recovery process for substance abuse clients, beyond participation in abstinence or 12-step programs alone.

Aiken, LoSciuto, Ausetts, and Brown (1984a) interviewed counselors, clients, and administrators at 16 different treatment centers in five different major metropolitan areas across the United States in an attempt to explore differences in treatment methodology used by recovering and non-recovering counselors. Results of interviews with the counselors ($n = 82$) revealed significant differences in the manner in which they worked with their respective clients. Non-recovering counselors ($n = 51$) reported a significantly greater amount of time in individual counseling sessions with their clients than did the recovering counselors. In comparison, recovering counselors ($n = 31$) spent more time in group counseling sessions with their clients than did non-recovering counselors. In addition, recovering counselors were more likely than non-recovering counselors to be involved in community education efforts outside of their respective agencies, to socialize with clients away from their respective agencies, and to conduct counseling in the community away from their agencies, such as visiting clients who were in the hospital or in jail. Aiken et al. (1984a) noted that

these differences were related to activities outside of the treatment center, and were consistent with the twelfth step of Alcoholics Anonymous (Alcoholics Anonymous, 1976).

These differences in activities were supported by information gathered from administrator interviews ($n = 29$). A correlation of $r\ (39) = .78$, $p < .001$ was calculated for the administrator-reported counselor tasks and tasks reported by the counselors. The only differences in activities with clients reported by the administrators were interventions requiring advanced training. The administrators reported expecting professional counselors to be more involved in psychological testing and in exploring childhood experiences of clients.

The results of the McLellan (1988) and Aiken et al. (1984a) studies offer a substantial amount of support for the concept of different yet equivalent treatment effectiveness for the two groups of counselors. Overall, client outcomes were similar. However, the primary component of within group differences appears to be different methods for achieving the same treatment goal. With this in mind, it is reasonable to conclude that recovering counselors interacting differently with clients might interact differently with their supervisors, and might prefer a different focus in supervision. For example, recovering counselors may want to discuss self-help group intervention involvement that may not be known to the supervisor (e.g., AA 12-step activity). As a result, the two groups of counselors might form different relationships with and have different expectations of their supervisors.

Differences in Clinical Decision-Making

Lawson, Petosa, and Peterson (1982) suggested that a primary indicator of within group treatment differences between recovering and non-recovering

counselors would be differential diagnosis of client drinking behaviors. He stated that, due to the problems experienced in their pasts, recovering counselors would be more likely to classify client behaviors as an indication of alcoholism or the potential for alcoholism. Lawson's belief was that recovering counselors are less likely to consider drinking problems on a continuum of dysfunction, and more likely to view the problem as an either/or diagnostic situation.

To test these ideas, Lawson et al. (1982) asked participants (n = 87) in a state level alcoholism training institute to respond to 20 client scenarios. Each scenario varied the client description and the client's involvement with alcohol. Results strongly suggested that recovering counselors, when given the same client information, were more likely to make the diagnosis of alcoholism than were non-recovering counselors.

The findings of Lawson et al. (1982) corroborated an earlier hypothesis of Forrest (1978) that recovering counselors are less likely to discriminate between alcoholism and problem drinking. Forrest suggested that recovering counselors may be less flexible in their views of drinking behavior, resulting in a greater tendency to diagnose client behaviors as alcoholism.

Leavy (1991) examined perceptions of problem drinking among alcoholism counselors as well. Leavy stated that since alcoholism counselors are on the front lines of the fight against addiction, their perceptions of what constitutes a drinking problem should be considered a primary criteria for society. He cited previous research findings (Leavy & Dunlosky, 1990; Matross & Hines, 1982) that suggested people have different views of drinking problems which are based on their own individual characteristics, such as gender and personal drinking behavior.

Leavy (1991) surveyed certified alcoholism counselors (n = 223) about their beliefs concerning treatment issues in the field of substance abuse counseling, including recovering counselor relapse, recovering and non-recovering treatment effectiveness, and differences in perceptions of drinking problem criteria. There was no significant difference in the perceptions of problem drinking among the counselor sample based on individual drinking behaviors of the respondents. However, there were significant differences in the perceptions of problem drinking among subgroups of the counselor sample. Counselors with less education (paraprofessional counselors with less than a bachelor's degree) were more likely to have more conservative views of problem drinking than more educated counselors. In addition, older counselors were more conservative in their views of problem drinking than younger counselors.

Leavy's (1991) suggestion that the group of alcoholism counselors were uniform in their perceptions of problem drinking does not appear to be completely accurate. Two groups of counselors, paraprofessional and older, indicated a more conservative view of problem drinking; a view that is often associated with recovering counselors (Powell, 1993; Valle, 1979). The educational level and paraprofessional status characteristics might be a better discriminator of recovery status than the self-reports of drinking patterns used by Leavy. Self-reported drinking behaviors may not accurately differentiate between recovering and non-recovering counselors. While it is likely that recovering counselors would report less drinking than non-recovering counselors, it is not appropriate to assume that a group of substance abuse counselors reporting no drinking consists only of recovering counselors.

Nevertheless, the results of Leavy's (1991) study lend support to the hypothesis of differential perceptions of problem drinking based on recovery status of the counselor. Differential perceptions of problem drinking, in turn, further supports the previously mentioned results suggesting differences in treatment methodologies of recovering counselors. As suggested earlier (Aiken et al., 1984a; McGovern & Armstrong, 1987; McLellan et al., 1988), recovering counselors seem to work with clients in a different manner than non-recovering counselors. This difference in treatment method does not seem to affect the treatment outcome; however, it is a distinctly different manner of working with chemically dependent clients.

Both differences in treatment methods (Aiken et al., 1984a; McLellan et al., 1988) and differences in diagnostic perception (Lawson et al., 1982; Leavy, 1991) must be considered significant by the supervisor working with recovering and non-recovering counselors. A supervisor who does not respect these different but viable treatment procedures may be creating a supervisory relationship dynamic that will undermine the process of supervision. Also, it is possible that differences in counselors' diagnostic perceptions may be indicative of other differences in perceptions, such as the supervisory relationship, for recovering and non-recovering counselors. In other words, differences in perceptions of client drinking problems, a seemingly basic tenet to the profession, may not be the only perceptional differences among recovering and non-recovering counselors; there may be differences in perceptions of the supervisory relationship as well. That being the case, some supervisory relationship variables may be more or less important for recovering counselors than non-recovering counselors. These differences may have a positive or negative effect on the

supervisory relationship, without the supervisor being aware of such a possibility.

Differences in Counselor Personality Characteristics

Lovern and Price (1983) conducted a survey of alcoholism counselors and their supervisors (n = 50) to learn their perceptions of the ideal characteristics of a substance abuse counselor. The predominant characteristics listed by both counselors and supervisors were empathy, good communication skills, honesty, unconditionality, patience, and flexibility. Characteristics considered bad for substance abuse counselors included rigid, dogmatic, judgmental, not being a "team player," and having poor interpersonal skills.

The characteristics listed as positive for counselors would appear to be appropriate for any counselor, regardless of recovery status. The issue is whether or not recovering counselors differ significantly from clients in treatment for substance abuse problems. Calaycay and Altman (1985) examined differences in the personality characteristics of alcoholic outpatient clients (n = 60) compared to a normal population. Their results indicated significant differences between scores of clients and those of a normal group of participants on the scales of neuroticism, level of frustration, tendency toward feelings of guilt, ego weakness, paranoid insecurity, and low levels of self-sentiment. The alcoholic clients scored higher on each of these scales than the sample of normal participants. These results demonstrate a greater likelihood of alcoholic clients experiencing detrimental emotional problems that may be related to their addiction.

How different are these characteristics from those of recovering counselors? Powell (1993) suggested that recovering counselors hired too soon in

the recovery process can bring unresolved alcoholic interaction patterns and personality characteristics into the treatment environment and supervisory relationship. In addition, there are no indications that the two year sobriety requirement, considered the industry standard for recovering counselors, can or does address the possible personality deficits and interaction patterns of recovering counselors (Kinney, 1983; Moyers & Miller, 1993; Nielson, 1987). That being the case, the possibility exists that these characteristics remain a part of the interaction style of recovering counselors, and thus a potential factor in their interactions with supervisors.

Hoffman and Miner (1973) found that alcoholics who became counselors after their recovery demonstrated lower levels of autonomy and change on the Edwards Personal Preference Schedule (Edwards, 1959) compared to a general adult sample. These results characterized the counselors ($n = 13$) as less flexible and less willing to accept alternative viewpoints, as well as being more dependent and conventional. The findings of Hoffman and Miner were similar to the results of a later study conducted by Thrower and Tyler (1986). In the latter study, Thrower and Tyler examined the correlation between EPPS characteristics of alcoholism counselors ($n = 31$) and ratings of treatment effectiveness. Paraprofessional counselors considered more effective by supervisors and peers scored higher on the scales of dominance and lower on the scale of order.

The combination of conventional treatment methods with little flexibility and strong tendencies toward being dominant in the counseling relationship create a counseling relationship scenario that appears to be less empathic, less unconditional, and more rigid in nature. Moyers and Miller (1993) found some

support for this conclusion (n = 170). They found that recovering counselors were more rigid in their belief of the disease model of alcoholism, that this rigidity was imposed on general treatment goals, and that it lead to inflexibility in the treatment process for clients. Recovering counselors were more likely to impose their own treatment goals on clients rather than work with clients to develop individualized treatment plans that involved a goal of moderation rather than abstinence.

Shipko and Stout (1992) also investigated personality characteristics of alcoholism counselors. They attempted to examine differences in personality characteristics based on the recovery status of counselors. While their findings indicated no significant differences, overall, between recovering (n = 15) and non-recovering (n = 30) counselors, a closer examination of the results appears to contradict their conclusions of similarity. Shipko and Stout used seven scales from the 16 Personality Factor Questionnaire (Cattell & Institute for Personality & Ability Testing Staff., 1967) to compare the groups of counselors. The subgroup of paraprofessional level counselors were significantly different from professional counselors on two scales. Paraprofessional counselors were more concrete in their thinking patterns and were more likely to be classified as tough-minded versus tender-minded in dealing with clients. Considering the greater likelihood of paraprofessional counselors being in recovery, it is reasonable to conclude that these findings may be more characteristic of recovering counselors than non-recovering counselors. Both of these differences support earlier findings of inflexibility in the treatment process by recovering counselors (Moyers & Miller, 1993).

Rigidity in treatment planning and methods also may have a direct impact on the supervisory relationship. These recovering counselor personality characteristics will be present in the supervisory relationship as much as they are present in the counseling relationship. There is no reason to expect recovering counselors to be capable of turning off these characteristics during their work in supervision. Therefore, it is reasonable to conclude that these characteristics play an important part in the supervisory relationship between recovering counselors and their supervisors, creating a relationship dynamic that is not present between non-recovering counselors and their supervisors.

Differences in Counselor Attitudes

Attitudinal differences based on counselor recovery status have been explored as well. In a national survey of substance abuse counselors ($n = 201$), McGovern and Armstrong (1987) found significant differences in their perceptions of counselor treatment effectiveness based on the recovery status of the counselor. Recovering counselors were less positive than were non-recovering counselors about the effectiveness of non-recovering counselors. In addition, recovering counselors were less likely to view additional counseling training as a priority compared to non-recovering counselors. Further, statements about obtaining additional professional-level support (i.e., supervision) were viewed less positively by recovering counselors. Recovering counselors were less likely to view professional guidance as a positive or necessary aspect of their work. These findings appear to have significant implications for supervisors of recovering counselors. It is possible that recovering counselors enter the supervisory relationship with a more negative disposition toward supervision in general. This may be caused by the recovering

counselor's belief that the supervisor is less skillful or expert in working with substance abuse clients; this belief may be particularly strong if the supervisor is non-recovering.

Summary

When considering the results of the previously discussed literature, a number of key points are consistently supported: (a) Clients do not perceive differences in treatment effectiveness based on the recovery status of the counselor; (b) there seem to be no differences in treatment outcome between recovering and non-recovering counselors; (c) there seem to be differences in the treatment methods used by recovering and non-recovering counselors; (d) recovering and non-recovering counselors perceive substance abuse problems in a different way; and (e) there are personality and attitude differences between recovering and non-recovering counselors. The review of the literature reveals distinct differences between the groups of counselors, but these differences do not affect their respective effectiveness. They do, however, have a bearing on how they work with their clients and seem relevant to their perceptions of the supervisor, expectations for the supervision process, and their interaction within the supervisory relationship. Therefore, it seems important to consider how differences growing out of the counselor's recovery status would affect the supervisory relationship.

One of the primary purposes of supervision is to foster the growth of the supervisee, and the primary vehicle through which this happens is the supervisory relationship (Bernard & Goodyear, 1992; Holloway, 1995). If growth entails an examination of beliefs and challenging previously held assumptions, then clinical supervision with recovering counselors may be particularly

challenging, given their more rigid belief systems. Therefore, it is imperative that the substance abuse treatment community accept and examine counselor differences based on recovery status within the supervisory relationship. In order to develop an appropriate training and development agenda for substance abuse counselors, it is important to determine differences in recovering and non-recovering counselors' perceptions of (a) supervisory styles of supervisors; (b) social influence dimensions of supervisors; (c) dimensions of the working alliance with supervisors; and (d) core conditions of the relationship with supervisors.

Clinical Supervision and the Supervisory Relationship

Clinical supervision is an accepted part of the therapeutic process within the counseling profession. This acceptance is due, in large part, to the contribution supervision provides in skill development of counselors and positive treatment outcomes for clients. Supervision has been shown to improve the skills of beginning clinicians to the degree that expert raters are able to determine skill level differences when compared to more experienced clinicians (Martin & McBride, 1987). In fact, the absence of clinical supervision has been linked to deterioration in clinical skill levels of postdegree counselors (Spooner & Stone, 1977). Given the critical importance of supervision, research efforts have been aimed at determining what aspects of clinical supervision are related to successful outcomes in supervision and in counseling. The supervisory relationship has consistently emerged as a critical factor in clinical supervision, both in conceptual writings and empirical research studies (Borders & Leddick, 1987; Friedlander & Ward, 1984; Holloway, 1995; Worthington & Roehlke, 1979).

Importance of the Supervisory Relationship

As early as 1972, the supervisory relationship was discussed as an important aspect of clinical supervision (Ekstein & Wallerstein, 1972). In their seminal work on the stages of counselor development, Loganbill, Hardy, and Delworth (1982) stated that "the importance of the relationship between the supervisor and the counselor trainee is inherent within the supervisory context" (p. 29). They further described the supervisory relationship as the "vehicle" for imparting knowledge and skills to counselor trainees. Indeed, the relationship itself is a means of significant learning for counselor trainees, providing an ongoing model of interaction for supervisees to learn from and then transpose to their own therapeutic relationships with clients (Loganbill et al., 1982).

Research efforts have supported the importance of the supervisory relationship. Studies have demonstrated that relationship variables in supervision are directly related to the outcome of and satisfaction with supervision (Bartlett, 1983; Cohen & DeBetz, 1977; Krause & Allen, 1988; Worthington & Roehlke, 1979; Worthington & Stern, 1985), and to overall job satisfaction for practicing counselors (Greenspan, Hanfling, Parker, Primm, & Waldfogel, 1991; Newsome & Pillari, 1991). These findings have come from studies of counselors across all levels of experience, all of whom have indicated a desire for supervision which is supportive and relationship oriented (Kennard et al., 1987; Usher & Borders, 1993). In her most recent writing, Holloway (1995), a noted author and supervision researcher, placed the supervisory relationship at the center of her systems approach to supervision, stating that the process of supervision is conducted through the relationship.

Constructs Defining the Supervisory Relationship

Considering the degree of importance placed on the supervisory relationship, researchers have attempted to define the salient aspects of the relationship for counselors and supervisors. There have been numerous approaches by various researchers. Many of these attempts to define the supervisory relationship have been adapted from general counseling literature. Others have been developed specifically for supervision. Four supervisory relationship constructs have emerged from research efforts over the past 15 years, including supervisory style, social influence, working alliance, and the core conditions of the relationship.

Supervisor style. Friedlander and Ward (1984) defined supervisory style as "the supervisor's distinct manner of approaching and responding to trainees and of implementing supervision" (p. 541). While the style used by different supervisors has been a topic of discussion in the literature for quite a number of years (Goodyear, Abadie, & Efros, 1984; Goodyear & Bradley, 1983), few studies have specifically examined the relationship between supervisors' style and supervisees' satisfaction with supervision.

Friedlander and Ward (1984) developed the Supervisory Styles Inventory (SSI) to assess the style of the supervisor. They conducted a series of studies to develop and validate the instrument. Three different supervisory styles emerged from this process: interpersonally sensitive, attractive, and task-oriented.

Supervisors having a predominantly interpersonally sensitive style are more likely to focus on aspects of the relationship between themselves and their supervisees. These supervisors tend to be committed to the supervisory relationship itself, are invested in maintaining the relationship, and are more

perceptive of relationship issues. Interpersonally sensitive supervisors have been characterized as therapeutic by supervisees. This scale appears most closely associated with the counselor role, a role that is associated with a focus on the relationship.

Supervisors predominantly attractive in style are more likely to concentrate on reflecting a warm and friendly demeanor to their supervisees. Attractive supervisors promote a sense of trust and openness to the supervisee in an attempt to create a sense of equality or collegiality between supervisor and supervisee. Friedlander and Ward compared this SSI scale to the consultant role of Stenack and Dye (1982). In addition, they acknowledged the possibility of overlap between this scale and the interpersonally sensitive scale, stating that there were some similarities between the two scales. However, they believed that the individual factor loadings of the items associated with each scale were distinct enough to warrant separate scales.

The third scale, task-oriented, describes supervisors who are structured, goal oriented, and thorough. Task-oriented supervisors tend to use a didactic approach to supervision, similar to teachers. They are also more likely to focus on evaluation criteria. This scale of the SSI was distinctly separate from the other two scales, with virtually no overlap.

All supervisors have elements of these three dimensions in their supervisory style. Each one of these styles is an indicator of the method or focus of the supervisor when working with the supervisee in the context of the supervisory relationship. The style used by a supervisor can be expected to fluctuate. However, Friedlander and Ward suggested that supervisors have a

predominant style, and they will vary that style based on the situation and/or needs of the supervisee.

In an additional part of the same study, Friedlander and Ward compared SSI results with ratings of satisfaction with supervision. Participants were asked to rate their current or most recent supervisor using the SSI. The participants (n = 183) completed four questions about satisfaction with supervision as well. Upon analysis, Friedlander and Ward determined that participants classifying their supervisor as primarily interpersonally sensitive also reported more satisfaction with their supervision. As previously mentioned, the interpersonally sensitive scale is most closely associated with a supervisor who focuses on relationship aspects of supervision. This finding supports the importance of the supervisory relationship for supervisees.

Two studies have further examined supervisees' preferences for particular supervisory styles (Davena, 1993; Usher & Borders, 1993). Davena (1993) examined the relationship between ideal and actual supervisory style and satisfaction with supervision among counseling students (n = 84). The sample consisted of 84 graduate students enrolled in a practicum or internship that was part of the graduate curriculum. Results suggested that both practicum and internship students considered the attractive and the interpersonally sensitive styles to be ideal for supervisors. In addition, higher supervision satisfaction ratings were associated with higher ratings for supervisors on the attractive and interpersonally sensitive scales for both groups of supervisees.

Similar preferences were found when Usher and Borders (1993) surveyed National Certified Counselors (n = 357) about their preferences for supervisory style. The counselors equally preferred the attractive and the interpersonally

sensitive supervisory style the most and the task-oriented style of supervisor the least. A sub-group of school counselors expressed a greater preference for task-oriented supervisors than non-school counselors.

Results of these studies support the amount of importance placed on the supervisory relationship by supervision researchers. Supervisees want a supervisor who is attentive to the supervisory relationship. Considering the types of individuals who are attracted to the counseling profession, these results are not surprising. In fact, they empirically support the significance of the supervisory relationship within supervision.

Social influence of the supervisor. Strong (1968) adapted the concepts of opinion change theory to the counseling environment, suggesting that the expertness, attractiveness, and trustworthiness of counselors are significant variables in the change process for clients. Expertness is defined as the perception of competence by the client of the counselor. Counselors establish expertness by displaying credentials, creating a professional atmosphere, and acting in a professional manner. A structured and planned system of interviewing displays a counselor's confidence in his or her theoretical and procedural abilities (Strong, 1968).

The trustworthiness dimension of social influence is representative of behaviors that instill a sense of trust in the client. This perception of trust is promoted through the concept of the counselor role as a source of help or assistance for people experiencing problems with living. At the professional level, the existence of ethical codes governing counselor behavior encourage a feeling of trustworthiness. Individually, counselors promote a sense of trust with

clients by expressing a calm, interested, and optimistic outlook that is dedicated to the best interests of clients (Strong, 1968).

Attractiveness is the scale that describes counselors' ability to make clients feel cared for and valued; this is done through unconditional positive regard. Clients who feel cared for by their counselors often develop a reciprocal sense of concern and feeling. Counselors further encourage these feeling by sharing experiences and communicating an understanding of clients' situations through the use of empathic responses.

Strong maintained that these three dimensions are the keys to developing expert power for counselors, which increases their influence power with clients, which then results in client change. If clients view the counselor as more expert, trustworthy, and attractive, then they are more likely to perceive the counselors' suggested interventions as a solution to their problems. LaCrosse (1980) tested this hypothesis with clients in an outpatient drug treatment program. He found a positive relationship between higher ratings of perceived counselor expertness, attractiveness, and trustworthiness and higher ratings of postcounseling outcome measures. Social influence theory, then, describes dynamics of the counseling relationship that are critical to successful outcome.

As has been the case for many constructs of the counseling relationship, examination of social influence variables has been conducted within the supervisory relationship as well. Dorn (1984) proposed that counselors seek assistance from supervisors for reasons similar to clients; they are having difficulty and supervisors have the resources to assist them. As a result, he believed the three dimensions of social influence to be equally applicable to supervision. He suggested that supervisees would more likely follow suggested

interventions if they perceive their supervisors as more trustworthy, expert, and attractive.

There have been numerous attempts to explore the relationship between satisfaction with supervision and perceived social influence dimensions (Allen, Szollos, & Williams, 1986; Carey, Williams, & Wells, 1988; Heppner & Handley, 1981; Heppner & Handley, 1982; Schiavone & Jessell, 1988). Results have been mixed, with different (rather than consistent) social influence dimensions appearing to contribute more to positive supervision outcomes. Some researchers have found the expertness dimension to be more important while others have found attractiveness and/or trustworthiness to be more important.

Heppner and Handley (1981) conducted a study of the relationship between perceived social influence dimensions and satisfaction with supervision. Their sample consisted of 33 graduate students enrolled in beginning counseling practicum courses. Each participant was paired with a doctoral student supervisor for supervision during the semester long course. Participants completed the Supervisor Rating Form (SRF), the BLRI, and a questionnaire designed to assess satisfaction with supervision. Results indicated that trainees' perceptions of the attractiveness and trustworthiness dimensions were more highly correlated with ratings of satisfaction and ratings of a positive supervisory relationship than were trainees' perceptions of the expertness dimension.

These findings supported the researchers' hypotheses based on previous research results (Corrigan, Dell, Lewis, & Schmidt, 1980). Heppner and Handley suggested that this difference in outcomes, specifically, the reduced amount of significance for the expertness scale, may have resulted from the extended length of time (a full semester) involved in the project, compared to shorter time

intervals in other studies examining social influence variables in counseling (Corrigan et al., 1980). These results suggest that within the supervisory relationship, over an extended period of time, the importance of expertness decreases and trustworthiness and attractiveness increases. This finding appears to contradict the perceived importance of expertness associated with being a supervisor.

Similar results were found in studies conducted by Carey, Williams, and Wells (1988) and Friedlander and Snyder (1983). Friedlander and Snyder compared ratings of counselor self-efficacy with ratings of supervisor social influence among 82 graduate trainees at different levels of training (i.e., beginning practicum, advanced practicum, and internship). Results demonstrated the trustworthiness dimension to be more important to trainees than either expertness or attractiveness, across all levels of trainee experience.

Carey et al. (1988) compared SRF ratings of 31 master's level trainees in a counseling practicum with trainee evaluations conducted by 17 faculty or doctoral-student supervisors. The trustworthiness scale was the dimension most significantly correlated with high trainee evaluations. Both of the other dimensions, attractiveness and expertness, were significantly correlated with higher trainee evaluations also, but the relationships were not as strong as trustworthiness.

The results of Heppner and Handley (1981), Friedlander and Snyder (1983), and Carey et al. (1988) demonstrate the significance of trustworthiness in the supervisory relationship for supervisees. However, not all studies examining social influence in supervision have produced the same results. Allen, Szollos, and Williams (1986) compared the social influence attributes of supervisors to

ratings of the best and worst supervision experiences of 147 advanced graduate students. Their original hypotheses concerned differences in ratings of social influence dimensions based on the gender of the supervisee and the supervisor. No significant differences were found related to the original hypotheses. However, as a group, the trainees reported that supervisor expertness was more important than trustworthiness and attractiveness. The importance of trustworthiness also was statistically significant, although it was second to expertness.

By comparing differences within groups of counselors, Allen et al. (1986) provided a departure for examining the significance of social influence within the supervisory relationship. Within group comparisons between different types of counselors (e.g., gender or race) generally have not been conducted. The social influence dimensions are known to be important to counselors within the supervisory context (Carey et al., 1988; Friedlander & Snyder, 1983; Heppner & Dixon, 1981; Heppner & Handley, 1982), but the extent of variations among different groups of counselors, based on counseling discipline or work setting, had not been addressed previously. Allen et al. (1986) found no significant differences in perceptions of social influence based on the gender of supervisee and supervisor. Friedlander and Snyder (1983) did not find significant differences based on the experience level of trainees; since their sample was composed of graduate students, they were not able to determine differences based on counseling discipline, nor did they examine differences based on gender.

The working alliance in supervision. A number of studies have been conducted examining the working alliance in counseling relationships (Al-

Damarki & Kivlighan, 1993; Halstead, Brooks, Goldberg, & Fish, 1990; Horvath & Symonds, 1991), however, the importance of the working alliance in the supervisory relationship is just beginning to be examined. Bordin discussed working alliance as an aspect of the supervisory relationship in 1983. He had previously defined the counseling working alliance using the dimensions of tasks, bond, and goals (Bordin, 1976). The tasks dimension consists of the steps required of the client to accomplish a desired outcome, and the procedures used by the counselor to facilitate this process. The bond dimension reflects feelings of caring, trusting, and liking between client and counselor. The goal dimension of working alliance is agreement on the desired outcome of the therapeutic relationship. While Bordin stated that these concepts were applicable to supervision, there have been few attempts to specifically measure the connection between supervisory working alliance and the supervisory relationship. Even so, the results of the studies that have been conducted point to the possibility of the supervisory working alliance being an important component of the supervisory relationship.

Numerous methods have been developed to measure working alliance in the counseling relationship (Tichenor & Hill, 1989). Only two methods have been used in supervision research. Efstation, Patton, and Kardash (1990) developed an instrument based on the theoretical framework of the working alliance and then tested it using practicing supervisors and trainees in a supervisory setting. They considered the working alliance to be the encapsulation of the relationship between supervisor and trainee. Within this relationship are the actions used by both the supervisor and trainee in an interactive way, resulting in learning for the trainee. They also suggested that

aspects of social influence are part of the process of the working alliance. Efstation et al. suggested that, since the inventory was developed in a supervision context, the results from the factor analyses indicate the most salient factors specific to supervision.

Efstation et al. (1990) developed the Supervisory Working Alliance Inventory (SWAI) in an attempt to identify the factors associated with a positive working alliance between supervisee and supervisor. Each supervisor (n = 185) completed the supervisor form of the SWAI and asked a current trainee (n = 178) to complete the trainee form of the SWAI. A factor analysis was conducted to determine the primary factors of the scale for supervisors and trainees. Three factors on the supervisor version of the instrument emerged as primary factors in the supervisory working alliance: client focus, rapport, and identification. Two factors on the trainee version of the instrument were found to be significant; client focus was the most significant, followed by rapport. Efstation et al. stated that the items associated with rapport reflected aspects of relationship development and maintenance between supervisors and supervisees. This dimension of the instrument was the highest factor on the trainee form and the second highest on the supervisor form of the SWAI. They concluded that the SWAI successfully measures aspects of the supervisory working alliance, and that focusing on the supervisory relationship, as indicated by the rapport scale, is the most important factor in the working alliance between supervisor and supervisee.

Patton, Brossart, Gehlart, Gold, and Jackson (1992) conducted a study to replicate the findings of Efstation et al. (1990) using a different sample of supervisors and trainees. The sample consisted of supervisors (n = 65) and

trainees (n = 88) at 14 different university counseling centers. The methodology was similar to Efstation et al. in that data was collected from supervisory dyads. The same three primary factors in the Efstation et al. (1990) study accounted for the largest amount of variance on the supervisor version of the SWAI. The difference in the Patton et al. (1992) study was that the identification dimension accounted for the largest amount of variance and the client focus dimension accounted for the least amount of variance among the three factors. The rapport dimension remained stable as the second most significant factor on the supervisor form of the SWAI. On the trainee version of the instrument, rapport was found to be the most significant factor by far, accounting for 43% of the variance, compared to 11% for client focus. The working alliance factor of rapport was also a significant component found to be important for both supervisors and trainees by Efstation et al. (1990), further supporting the importance of the supervisory relationship within the overall construct of supervisory working alliance.

Although the SWAI was developed specifically for supervision, differences in the outcome of the factors for the supervisor and trainee versions of the instrument cause some concern. Other measures of working alliance have greater amounts of utility and theoretical foundation. Only two dimensions of working alliance are able to be compared when using the SWAI, rapport and client focus. Using an instrument that is based on the original working alliance dimensions of tasks, bond, and goals allows for a greater degree of examination and comparison of components of working alliance in the supervisory relationship.

Bahrick (1990) and Baker (1990) each adapted an existing measure of working alliance, the Working Alliance Inventory (Horvath & Greenberg, 1989), to reflect the supervisory context, changing item stems to fit appropriately. Baker suggested that the supervisory relationship was similar enough to the counseling relationship that the working alliance would be accurately measured between the supervisor and supervisee. This belief was similar to that of Bordin (1983), who stated that a working alliance exists when two individuals are attempting to create some type of change. Bordin further stated that the application of working alliance to supervision was a "natural extension" of his earlier work on working alliance in psychotherapy (Bordin, 1976).

Considering the supervisory working alliance as an indicator of the supervisory relationship, Ladany (1995) hypothesized that higher ratings of the working alliance would be correlated with lower levels of trainee role ambiguity and role conflict. He suggested that supervisors' attempts to establish a positive working alliance helps supervisees minimize role difficulties that may occur during their training experience. The working alliance was measured using the Working Alliance Inventory-Trainee Version (Bahrick, 1990), which is a similar adaptation of the inventory developed by Horvath and Greenberg (1989). Results were compared to the Role Conflict and Role Ambiguity Inventory (Olk & Friedlander, 1992), which was designed to measure perceptions of conflict and ambiguity in trainees concerning their position as supervisees.

Ladany reported a significant positive relationship between ratings of the supervisory working alliance and ratings of trainee role conflict and role ambiguity. Specifically, a higher rating of the bond scale, as perceived by trainees ($\underline{n}$ = 123), was associated with lower levels of trainee role conflict. In

addition, higher ratings of combined task and goal scale scores were associated with lower scores on role conflict and role ambiguity for trainees. Ladany suggested that lower levels of role difficulty for trainees indicate a more favorable training environment within the supervisory relationship. Further, he suggested that working alliance is a significant predictor of the quality of that relationship and the training experience for supervisees.

In summary, the supervisory working alliance seems to be a good predictor of relationship dimensions associated with supervision. Variables such as rapport and bond can be used to assess the quality of the relationship between supervisor and supervisee. Further, a positive working alliance may be a predictor of successful supervision outcomes through reduced levels of trainee role conflict and role ambiguity.

The core conditions of the relationship. Rogers (1957) stated that there are four aspects of the therapeutic relationship that facilitate change within the client: congruence, unconditionality, positive regard, and empathy. Rogers called these the core conditions of the relationship, and stated that it is the responsibility of the counselor to establish these conditions in order for clients to experience change. Rogers' theory, referred to as person-centered theory, focused on the relationship as the primary means of helping clients change (Gelso & Carter, 1985). Rogers did not confine this theory to the counseling relationship, but stated that these conditions were part of all relationships. Given the similarities of supervision to counseling (Bernard & Goodyear, 1992), it is reasonable to examine the supervisory relationship using Rogers' theoretical framework. Barrett-Lennard (1962) developed the Barrett-Lennard Relationship Inventory (BLRI) to measure differences among therapists in their ability to foster the core

conditions of the relationship, as put forth by Rogers. This relationship inventory also has been used by supervision researchers to examine the supervisory relationship.

Lemons and Lanning (1979) investigated the relationship between the core conditions of the relationship and ratings of effective communication between supervisor and supervisee. They theorized that higher ratings of effective communication indicate a better relationship between supervisor and supervisee. Participants (n=37) completed 12 weeks of practicum instruction, which included six hours per week of counseling practice, two hours per week of group supervision, and one hour per week of individual supervision. Following instruction, participants completed the BLRI and the Interview Rating Scale (Anderson & Anderson, 1962), which had been adapted for the supervision setting. The Interview Rating Scale was developed to measure levels of effective communication in relationships. Supervisors and trainees respond to statements describing communication patterns in their supervisory relationship, using a Likert scale of one to five. Higher scores indicate a greater amount of perceived effective communication by the respondent.

A strong positive correlation was found between high ratings of effective communication patterns in the supervisory relationship and high ratings of the relationship on the BLRI. Lemons and Lanning suggested that effective communication within the supervisory relationship enhances the overall satisfaction for trainees, and that effective communication, promoted by the core conditions of the relationship, is a fundamental part of the supervisory relationship.

Heppner and Handley (1981) also postulated the presence of the core relationship conditions as an indicator of satisfaction with the relationship. They attempted to verify this hypothesis in a study that used a sample of 33 graduate students enrolled in a practicum associated with a beginning counseling course in both psychology and counseling departments. The measurement of relationship satisfaction was conducted using a questionnaire designed to assess overall satisfaction. Strong correlations were found between all four of the core conditions of the relationship and the questions pertaining to trainee satisfaction with supervision. Heppner and Handley concluded that the BLRI is a sufficient measure of relationship satisfaction in supervision.

Examination of the core conditions of the supervisory relationship have been conducted within cross-cultural supervision settings as well (Cook & Helms, 1988; Hilton, Russell, & Salmi, 1995). Cook and Helms (1988) examined the connection between the core conditions of the relationship and overall satisfaction with supervision scores for an ethnically-diverse group of supervisees. Their sample consisted of 225 graduate students in counseling and psychology programs across the country. Participants completed the BLRI and a modification of the Worthington and Rhoelke's (1979) satisfaction questionnaire. All of the BLRI relationship dimensions were strongly correlated with higher satisfaction ratings of the relationship.

Hilton, Russell, and Salmi (1995) examined the relationship between supervisor support levels and ratings of the supervisory relationship. Sixty undergraduate women enrolled in advanced undergraduate psychology classes comprised the sample. The researchers' rationale for using this sample was that the undergraduate women were similar to beginning graduate students and

were available in numbers suitable for the research design. Participants were assigned to one of three supervisory conditions; (a) a supervisor who provided high levels of support during supervision; (b) a supervisor who provided low levels of support during supervision; or (c) no supervision. Participants worked with their assigned supervisors after each of two sessions with a confederate client. Three volunteer clients were trained to portray a standardized client role, complete with presenting problem and depressive symptoms. After the counseling sessions, supervisors and counselors completed evaluations of supervision effectiveness and quality of the supervisory relationship. As a group, supervisees considered the high-support supervision style as more effective than the low-support style, and the high-support supervision style was rated higher on all aspects of the core conditions of the relationship than the low-support supervision style.

In an attempt to shorten the BLRI from the original 64-item version, Schacht, Howe, and Berman (1988) compared relationship scores for supervisors considered the most and least effective by supervisees. Each participant (n = 152), who had completed their doctorate in clinical or counseling psychology, was provided with two versions of a 40-item BLRI. One version was directed at rating the participant's most effective supervisor and the other version was directed at rating the participant's least effective supervisor. Findings indicated a significant and consistent pattern across all of the relationship dimensions, with the most effective supervisor being rated higher than the least effective supervisor.

In this 40-item version of the BLRI, a fifth scale, willingness to be known, was included. Barrett-Lennard removed this scale in subsequent versions of the

instrument (Barrett-Lennard, 1969), but Schacht et al. concluded that this scale was important when using the BLRI in supervision research. Counselors, they stated, develop clinical skills from modeling the behaviors of their supervisors. Supervisors who share aspects of themselves with counselors provide an opportunity for supervisees to identify with and internalize beliefs and attitudes of their supervisors. The willingness to be known scale may define this modeling behavior better than the other dimensions. This scale is similar to the identification scale found by Efstation et al. (1990)

It was Rogers' belief that the core relationship conditions were appropriate for all types of pairings between individuals (Rogers, 1957). Considering the similarities between counseling and supervision (Bernard & Goodyear, 1992; Holloway, 1995), and that supervision is a pairing of two individuals, it is reasonable to consider the core conditions of the relationship as an adequate measure of the supervisory relationship. While there are important differences between counseling and supervision, there are enough similarities to warrant the use of the core conditions of the relationship to measure dimensions of the supervisory relationship.

Characteristic Matching in the Supervisory Relationship

Up to this point, only the counselor's recovery status has been discussed. The match between recovery status of the counselor and the supervisor, however, may be equally important. To date, the influence of this match in the supervisory relationship has not been investigated. In fact, matching on only a few demographic variables has been studied. Three areas of matching characteristics that have been examined in the supervision literature are race, sex, and cognitive style. Results, discussed below, have been mixed.

Racial matching in supervision. Cook and Helms (1988) examined differences in relationship dimensions and overall satisfaction with supervision in an ethnically-diverse group of supervisees. Their sample consisted of 225 minority graduate students in clinical and counseling psychology programs across the country. Each participant completed the BLRI, a modification of Worthington and Rhoelke's (1979) satisfaction questionnaire, and a demographic questionnaire, which included information about the race of the supervisor being rated. Factor analysis revealed two primary relationship factors, supervisor liking and conditional interest, accounted for most of the variance in positive ratings of the relationship,. Post hoc examinations indicated that there were differences in perceptions of supervisor liking (i.e., how much the supervisor conveyed a sense of liking to the supervisee) based on the supervisees' racial group. In general, Native American, Black, and Hispanic supervisees perceived lower levels of supervisor liking than did Asian-Pacific Islander supervisees, Native American supervisees perceived the highest levels of emotional discomfort, and Black and Native American supervisees perceived the highest levels of unconditional liking by their supervisors. Although no analyses were conducted to examine the impact of supervisor/supervisee match on race, most supervisees (88.9%) reported ratings for a White supervisor. Thus, these results seem to be based predominantly on supervisor/supervisee mismatching on race.

Cook and Helms (1988) concluded that, given the predominance of White supervisors in the study, there are differences in how supervisors interact with supervisees based on the race of supervisees. The authors were unable to state, based on data collected for this study, what caused the differences in supervisor interactions with supervisees from different racial groups nor could they suggest

how supervisors should work within a cross cultural supervisory relationship. Also, it is not known how different combinations of racial matching between supervisor and supervisee may impact relationship ratings by supervisees.

Hilton et al. (1995) also investigated the impact of supervisor and supervisee race on supervisees' ratings of the supervisory relationship. Undergraduate women ($\underline{n} = 60$) enrolled in advanced undergraduate psychology classes comprised the sample. The researchers' rationale for using this sample was that the undergraduate women were similar to beginning graduate students and were available in numbers suitable for the research design. Participants were assigned to one of three supervisory conditions; (a) a supervisor who provided high levels of support during supervision; (b) a supervisor who provided low levels of support during supervision; or (c) no supervision. In addition to being assigned to different levels of supportive supervisors, the supervisees, all Caucasian, were assigned to supervisors of different races. Six female supervisors were used in the study; three were Black supervisors and three were White. Participants worked with their assigned supervisors after each of two sessions with a confederate client. After the counseling sessions, supervisors and counselors completed evaluations of supervision effectiveness and quality of the supervisory relationship. As a group, supervisees considered the high-support supervision style as more effective than the low-support style, and the high-support supervision style was rated higher on all aspects of the core conditions of the relationship than the low-support supervision style. No differences were found in supervisee ratings of the relationship based on the race of the supervisor or the race of the supervisee.

Sex matching in supervision. Worthington and Stern (1985) reported findings indicating same sex pairings were considered important to supervisees. Supervisors (n = 92) and supervisees (n = 86) rated their supervisory relationships at the end of a semester long practicum. Results indicated that supervisees felt same sex pairings were related to closer relationships between supervisor and supervisee, but supervisors did not rate same sex pairs different from mixed sex pairs.

Social work researchers also have investigated sex pairing of students and instructors, particularly within the context of field placement experiences. In a study conducted with 276 social work graduate students, Behling, Curtis, and Foster (1988) found that same sex pairings, especially female student-female instructor, produced the most positive supervisor evaluations by students. The female student-male instructor combination was the most negative of the student instructor combinations. Students in this pairing rated the supervisor and the overall experience lower and received lower grades than students in other combinations. Results from a similar study (Thyer, Sowers-Hoag, & Love, 1988) of student-instructor field placement pairs (n = 413) supported the positive effects of the female student-female instructor pairings. However, Thyer et al. also reported that, in their study, same sex pairing only accounted for approximately five percent of the variance in final evaluation scores of the instructor. Thyer et al. concluded that, due to the small amount of variance accounted for by same sex pairing, it would be unwise to differentially assign male and female students based on sex alone.

Goodyear (1990) examined the effect of supervisor and supervisee sex configurations on both supervisor and supervisee global ratings of supervision

and skill levels. Counseling interns (n = 68) were asked to self-assess their skill levels and then estimate their supervisors' rating of their skill levels. Supervisors (n = 58) rated the interns on skill levels also. No significant main effects or interactions were found based on the sex of the intern and the supervisor.

Allen et al. (1986) compared the social influence attributes of supervisors to ratings of the best and worst supervision experiences of 147 advanced graduate students. They hypothesized that there would be differences in ratings of social influence dimensions based on the gender of the supervisee and the supervisor. No significant differences were found, however.

Nelson and Holloway (1990) used the Penman Classification Scheme to rate passages of communication between supervisor and supervisee in middle sections of supervision sessions. Their study provides indirect data regarding the impact of gender matching on the supervisory relationship. The researchers reported consistent differences in communication patterns based on supervisor and supervisee sex. Both male and female supervisors did not support (i.e., respond to a high power message with a low power message) female supervisees' use of high power statements. Further, female supervisees were less likely to respond to a supervisor's low power message with a high power message. The researchers concluded that supervisors do not support females assuming the role of expert within the supervisory relationship, and that when the opportunity to assume that role is presented, female supervisees do not accept it.

Cognitive style matching in supervision. Results from studies examining the effect of cognitive style matching on ratings of the supervisory relationship have been contradictory. Using the Myers-Briggs Type Indicator (MBTI) as the

indicator of cognitive style, Handley (1982) compared supervisory relationship ratings (BLRI) and satisfaction with supervision ratings of supervisees (n = 33) and their supervisors (n = 20). Handley found that increased similarity in the cognitive style of taking in information (i.e., the Sensing-Intuitive scale) between supervisee and supervisor produced higher ratings of the relationship. This finding also held true for trainees' overall ratings of satisfaction with supervision.

Carey and Williams (1986) conducted a similar study, again using the MBTI as a measure of cognitive style, and the BLRI, and adding a counselor evaluation measurement as an outcome measure. They compared student (n = 46) and supervisor (n = 18) relationship ratings and counselor evaluations with information obtaining and decision processing styles of cognition (i.e., Sensing-Intuitive and Thinking-Feeling MBTI scales). Their results did not support the earlier findings of Handley (1982). There was no significant relationship between cognitive style similarity for supervisees and supervisors and the supervision outcome variables.

Summary

Each of the supervisory relationship constructs (i.e., supervisor style, social influence, working alliance, and core conditions of the relationship) have been shown to be a significant part of the relationship between supervisor and supervisee. Although the importance of these constructs to supervision has been demonstrated, very few efforts have been made to examine any variation in ratings of these constructs based on within group differences of counselors. For those studies in which a counselor characteristic has been examined, results have been mixed. Matching supervisor and supervisee by demographic variables also has yielded mixed results. While the few previous studies of within group

differences have been mixed, recovery status of the counselor may be a more pervasive factor, given the significance of recovery within the substance abuse counseling field. In particular, recovering and non-recovering counselors may indicate different satisfaction levels with supervision, and different perceptions of supervisory style, social influence dimensions, supervisory working alliance, and the core conditions of the relationship. Further, there may be differences associated with the match or mismatch of supervisor and supervisee based on recovery status.

Clinical Supervision in Substance Abuse Counseling

While researchers in the field of counseling have been exploring the supervisory relationship for the past 10-15 years, researchers in the substance abuse field have left this area virtually untouched. There have been no significant empirical examinations of the dynamics of the supervisory relationship in substance abuse counseling (Juhnke & Culbreth, 1994). In fact, only six publications focused on clinical supervision of substance abuse counselors were located; only one of these was empirical. Thus, there is a large gap in the literature, with available sources primarily composed of descriptions of the duties a good supervisor should remember and hypothetical essays containing different writers' ideas about the supervisory relationship. These writings are summarized below.

Historical Perspective

Early work in this area consisted of brief statements of the importance of supervision and the supervisory relationship in the substance abuse setting. Valle (1979) stated that, in the alcoholism treatment profession, adequate supervision is critical to the maintenance of quality service delivery. Further, he

suggested that, due to the variety of backgrounds and training experiences among substance abuse counselors (e.g., recovering versus non-recovering), supervision experiences should encompass administrative, educational, and clinical perspectives. Focusing on each of these three areas in the supervisory relationship would create a treatment environment in which service delivery to the client was equivalent regardless of the background characteristics of the counselor. For example, non-recovering counselors with professional training may have limited experience in addiction, necessitating a clinical approach from a supervisor. A recovering counselor may need a more educational form of supervision that is oriented toward providing basic counseling theory and skills information. It was Valle's belief that the supervisory relationship is the key to learning for the counselor. In order for a counselor to begin developing professional development goals with a supervisor, a relationship must be established (Valle, 1984).

Machell (1987) listed eight key functions of a clinical supervisor working with substance abuse counselors: (a) Clinical supervisors should provide consultation to staff members concerning the legal, ethical, political, and administrative issues related to counseling, and they should help counselors understand the workings of their organization; (b) supervisors should help clinical staff maintain objectivity and awareness with clients; (c) supervisors should help clinicians become aware of personal and professional strengths and limitations; (d) supervisors should be prepared to make decisions in clinical discussions and case reviews; (e) clinical supervisors should monitor the emotional climate of the organization to insure a balance of positive and negative evaluative feedback; (f) supervisors should monitor adherence to ethical

standards by clinical staff; (g) supervisors should encourage staff development and growth; and (h) supervisors should promote the team concept among staff to help with feelings of isolation and promote a collegial atmosphere. These eight functions contain a mix of the three duties of administrative, clinical, and educational supervision as described by Valle (1984). Machell (1987) did not discuss any special dynamics of supervision in the substance abuse setting, nor did he address how these functions might be received differentially by recovering and non-recovering counselors.

Freeman (1988) suggested that there are four areas of role conflict for supervisors in the substance abuse treatment field. She stated that the variety of treatment professionals representing a variety of treatment disciplines (e.g., counseling, social work, psychiatry, and psychology) creates an environment in which supervisors must negotiate their way around role conflicts. According to Freeman (1988), the four primary role conflicts are: (a) Attempting to balance between effective intake record keeping while maintaining effective intake interviews; (b) balancing between focusing on the addiction as the primary illness without excluding family members and other pertinent areas of the client's life; (c) balancing between a group treatment focus while meeting clients' individual treatment needs; and (d) balancing the agency guidelines and policies with helping counselors broaden their perspectives and take risks. Although each one of these role conflicts may be a factor to consider in the substance abuse treatment setting, they do not provide an understanding of the supervisory relationship in this setting. Rather, they focus primarily on treatment choices and administrative issues that supervisors may face.

David Powell's Work

Over the last twenty or so years, David Powell has attempted to examine the unique aspects of supervision within the field of substance abuse counseling, becoming the foremost writer on the topic of clinical supervision in substance abuse counseling to date. In 1976, Powell developed the Clinical Preceptorship Program (CPP) to train counselors and supervisors working in the substance abuse treatment field (Powell, 1993). The CPP was developed to provide clinical supervision to civilian and military counselors working at substance abuse treatment programs located at United States military installations. Presently, there are CPPs affiliated with the United States Navy, Marine Corps, and Army bases in 24 states and 10 countries.

During the first ten years of the CPP, Powell conducted needs assessments and outcome studies with the counselors and supervisors involved in the program, to assess the effectiveness of the CPP (Powell, 1989). Results clearly pointed to the importance of the supervisory relationship. Factors identified as critical to supervision were: (a) The supervisor being open to feedback; (b) the supervisor facilitating feelings of openness and relaxation for the counselor; (c) the supervisor being able to listen and attend to the counselor; (d) the supervisor providing emotional support for the counselor; and (e) the sharing of clinical responsibilities (Powell, 1989).

Powell concluded that, although providing counselor skills training as part of supervision was important to the supervisors and their supervisees, the quality of the supervisory relationship appeared to be the most important consideration for the supervisors (Powell, 1989). This conclusion was supported by the above list of critical factors from his study, as each one of these aspects of

supervision is directly related to the supervisory relationship. In Powell's opinion, then, the supervisory relationship is a significant source of professional and personal support, similar to the findings of Usher and Borders (1993) and Kennard et al. (1987), and is the essential ingredient in the training of substance abuse counselors.

Powell (1991) conducted a study using the same population of CPP clinical supervisors to identify characteristics of effective clinical supervisors. Powell hypothesized that there are common personality profiles among effective clinical supervisors. In addition, Powell suggested that there are common behavioral and attitudinal aspects in the functioning of effective supervisors. His intent was to identify predictors of effective supervisors for future screening and selection.

The Personal Profile System (PPS; cited in Powell, 1991) was used to differentiate the characteristics of the supervisors involved in the CPP. There are four dimensions of the PPS: dominance, influence, steadiness, and compliance. The dominance scale characterizes individuals who are action and results-oriented. They use power and authority to accomplish results. The influence scale characterizes individuals who use alliances with other people to accomplish their results. They generate enthusiasm and create favorable impressions of themselves with others. People who score high on the steadiness scale cooperate with others to accomplish their results. They are good listeners and responsive to others. High compliance individuals attempt to work within existing systems to accomplish results. Compliance-oriented persons attend to standards and are diplomatic. Powell hypothesized that the profile of the CPP supervisors would

be high influence and high steadiness (Powell, 1991). These were the two profiles most closely associated with teacher and counselor roles.

Results were fairly consistent with Powell's hypotheses. The predominant scale of the supervisors who participated (n=50) was influence. There was virtually no association with the dominant scale and a modest association with the steadiness and compliance scales. These results most closely fit the profile of a counselor. Powell (1991) suggested these results were appropriate since the supervisors were counselors prior to becoming supervisors. In addition, this counseling background predisposed supervisors toward focusing on the relationship between supervisor and supervisee, similar to focusing on the counseling relationship. Considering the importance of the relationship to counseling (Gelso & Carter, 1985), it is reasonable to conclude that supervisors may perceive their roles with supervisees in a manner similar to counseling, resulting in a focus on the supervisory relationship.

Based on his accumulated evaluations of the CPP and his experience, Powell (1993) concluded that, "nothing matters more to counselors than the process of open, professional sharing with a trusted, objective clinical expert" (p. xx). Key components of the relationship, Powell believed, include trust, an open atmosphere between supervisor and supervisee, the listening ability of the supervisor, emotional support, similarity of therapeutic orientations, and acceptance of the counselor's style and background. Powell (1993) listed four characteristics of a good supervisor. A supervisor must be (a) available, which includes being nonthreatening, open, and trusting; (b) accessible or easy to approach; (c) able, including having both the knowledge and the skills to transmit that knowledge; and (d) affable, friendly, or reassuring. Each one of

these characteristics is a key component to a productive supervisory relationship (Powell, 1993). Upon examination, availability, accessibility, and affability are each relationship-oriented characteristics while ability is a task-oriented component.

Powell (1993) stated the initial task of a supervisor is to establish a working relationship by "laying a groundwork of trust and respect" (p. 138). He believed that the supervisory relationship is the way in which a supervisor conveys positive regard for the prior learning and experiences of the supervisee. According to Powell, this acknowledgment of past experiences is particularly relevant in the substance abuse field due to past recovery experiences of counselors. In order to develop the supervisory bond, the supervisor must be willing to share what he or she brings to the supervisory relationship with the supervisee, such as past clinical experiences, or past history of personal contact with addiction. This "mutual reciprocity" initiates the process of openness and trust between the supervisor and supervisee; two components to the relationship which Powell (1989) previously determined were critical to effective supervision.

Powell (1993) has also stated that working with recovering counselors presents a unique challenge for supervisors. He indicated that recovering counselors can be resistant to input from supervisors who may be more educated and/or younger than themselves. These counselors have worked for numerous years in the field without any formal training or education, and often do not perceive a need to acquire additional professional guidance. These counselors may be resistant to change, rigidly set in their ways, and unresponsive to any form of supervisory assistance. Beyond suggesting a display of respect for their years of experience and recovery backgrounds, Powell offered no guidelines for

easily identifying or dealing with recovering counselors who may have this "anti-supervision" sentiment (Powell, 1993). By attending to the past experiences of recovering counselors, supervisors acknowledge recovery experiences within the supervisory relationship (Powell, 1989).

Summary

Thus, the importance of the supervisory relationship in substance abuse counselor supervision is clear. In order to conduct appropriate clinical supervision for substance abuse counselors, a greater understanding of the supervisory relationship, considered to be the foundation of all good supervision (Holloway, 1995), is necessary. As previously discussed, recovering and non-recovering counselors appear to work with clients in different ways, differences apparently related to their own involvement in the recovery process. An understanding of these same differences in the supervisory relationship is necessary. Powell (1993) has begun this process by calling attention to the supervisory relationship in the field of substance abuse counseling. While the few previous studies of within group differences, based on mostly demographic variables (e.g., sex and race) have been mixed, recovery status of the counselor may be a more significant factor. In particular, counselor recovery status seems to have implications for their interactions with others. Thus, this study has been designed to investigate the potential impact of counselors' recovery status on their ratings of the supervisory relationship. In particular, recovering and non-recovering counselors may indicate different satisfaction levels with supervision, and different perceptions of supervisory style, social influence dimensions, supervisory working alliance, and the core conditions of the relationship. In

addition, the impact of the match between the recovery status of counselor and supervisor will be investigated.

CHAPTER III

METHODOLOGY

Introduction

A review of the related literature supports the hypothesis that a substance abuse counselor's recovery status may affect the supervisory relationship in clinical supervision. The facilitative conditions of the relationship, the dimensions of social influence, the supervisory working alliance, and the style of the supervisor are variables that the literature suggests describe the parameters of the supervisory relationship. Thus, differences in these supervisory factors by recovery status of substance abuse counselors were explored. This chapter presents the design and methodology for the study intended to address this question, which thus far has not been addressed by researchers. Included are research hypotheses; description of the instruments, participants, procedures, and statistical procedures.

Hypotheses

The following hypotheses were tested:

1a. There is a difference in overall ratings of satisfaction with supervision, ratings of supervisor competence, and ratings of the contribution of supervision to professional growth, based on the recovery status of the counselor and supervisor, as measured by a questionnaire developed to ask the respondents to rate their supervision experience.

1b. There is a difference in overall ratings of satisfaction with supervision, ratings of supervisor competence, and ratings of the

contribution of supervision to professional growth, based on the match or mismatch of counselor and supervisor recovery status, as measured by a questionnaire developed to ask the respondents to rate their supervision experience.

2a. There is a difference in substance abuse counselors' perceptions of the supervisory style of their supervisor, based on the recovery status of the counselor and supervisor, as measured by the Supervisory Styles Inventory (Friedlander & Ward, 1984).

2b. There is a difference in substance abuse counselors' perceptions of the supervisory style of their supervisor, based on the match or mismatch of counselor and supervisor recovery status, as measured by the Supervisory Styles Inventory (Friedlander & Ward, 1984).

3a. There is a difference in substance abuse counselors' perceptions of the social influence dimensions of trustworthiness, expertness, and attractiveness, based on the recovery status of the counselor and supervisor, as measured by the Supervisor Rating Form-Shortened Version (Schiavone & Jessell, 1988).

3b. There is a difference in substance abuse counselors' perceptions of the social influence dimensions of trustworthiness, expertness, and attractiveness, based on the match or mismatch of counselor and supervisor recovery status, as measured by the the Supervisor Rating Form-Shortened Version (Schiavone & Jessell, 1988).

4a. There is a difference in substance abuse counselors' perceptions of the supervisory working alliance, based on the recovery status of

the counselor and supervisor, as measured by the Working Alliance Inventory (Horvath & Greenberg, 1989).

4b. There is a difference in substance abuse counselors' perceptions of the supervisory working alliance, based on the match or mismatch of counselor and supervisor recovery status, as measured by the Working Alliance Inventory (Horvath & Greenberg, 1989).

5a. There is a difference in substance abuse counselors' perceptions of the core conditions of the relationship in supervision, based on the recovery status of the counselor and supervisor, as measured by a shortened version of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988).

5b. There is a difference in substance abuse counselors' perceptions of the core conditions of the relationship in supervision, based on the match or mismatch of counselor and supervisor recovery status, as measured by a shortened version of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988).

Instrumentation

Participants completed a packet of five instruments (see Appendix A) as measures of the dependent variables, in the following order: an overall satisfaction with supervision questionnaire, the Supervisory Styles Inventory (Friedlander & Ward, 1984), the Supervisor Rating Form (Schiavone & Jessell, 1988), the Working Alliance Inventory (Horvath & Greenberg, 1989), a shortened form of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988), and a demographic questionnaire. The demographic questionnaire was designed to provide descriptive information about the respondents' age, sex, race, education

level, and recovery status as well as the sex, race, education level, and recovery status of their respective supervisors.

There are two reasons for the order of instrument presentation in the questionnaire. The first reason concerns the first set of questions about respondents' satisfaction with supervision. These questions asked respondents about their general satisfaction with their supervision, their supervisors' competence, and their supervisors' contribution to their growth as counselors. It was anticipated that asking these questions initially will provide a more accurate overall impression of supervision. Considering the focus of the other instruments on the supervisory relationship, it was felt that responses concerning overall satisfaction with supervision may become biased or affected after consideration of the relationship aspects highlighted in the other instruments. The second reason was to increase the return rate of the questionnaire. It was anticipated that by beginning the questionnaire with instruments that do not appear to be long or difficult, respondents would be more likely to complete the entire packet.

Supervision Satisfaction Questionnaire

Participants were asked to rate their overall level of satisfaction with supervision (see Appendix A). Specifically, the three part question asked respondents to rate their level of satisfaction with their supervision, with the competence of their supervisor, and with their supervisors' contribution to their improvement as a counselor. The response format is a 5-point Likert scale with each point anchored: 1 meaning "not at all," 2 meaning "a little," 3 meaning "somewhat," 4 meaning "much," and 5 meaning "very much." Respondents were asked to consider their current supervisory situation when providing their

responses. These satisfaction with supervision questions were adapted from a similar series of satisfaction questions used by Worthington and Roehlke (1979).

Supervisory Styles Inventory

Friedlander and Ward (1984) developed the Supervisory Styles Inventory (SSI; see Appendix A) to measure a supervisor's style, defined as the manner in which a supervisor approaches and responds to trainees and how they implement supervision within the supervisory relationship . Friedlander and Ward particularly wanted to focus on the relationship or interpersonal dynamics that are important to supervision outcomes, similar to the relationship dynamics which are important to positive therapeutic outcome between counselor and client. The intent of the SSI was to be specific to the style of the supervisor. This is in contrast to other instruments that examine the role of the supervisor, the various techniques of the supervisor, and differences that may occur due to variations in the theoretical orientation of the supervisor and/or the supervisee. Many times these areas are confounded in the same instrument, resulting in the need to conduct an item analysis. However, none of these instruments measure the style of the supervisor (Friedlander & Ward, 1984).

The intent of the SSI is to examine the manner or style in which a supervisor conducts supervision. Results from the development of the SSI produced three subscales: the attractive scale, the interpersonally sensitive scale, and the task-oriented scale. Each one of these scales, according to the researchers, is able to examine aspects of the supervisor style in the supervisory relationship. Friedlander and Ward (1984) also suggested that the scales of the SSI measure characteristics of the supervisor's style that are not specific to the counselor's role. This concept is a departure from other instruments used in

supervision research that were originally developed to examine the counseling relationship, then adapted for supervision (i.e., the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, the Supervisor Rating Form, Schiavone & Jessell, 1988, and the Working Alliance Inventory, Horvath, 1989).

The SSI consists of 33 items; each item is a single, descriptive adjective. Following the word is a 7-point Likert scale, anchored by the words "not very" and "very." Respondents are asked to circle the number on the scale that best describes their perception of their supervisor for that particular item. Seven items make up the attractive scale, eight items make up the interpersonally sensitive scale, and ten items make up the task-oriented scale. Eight items are considered filler items, not corresponding to any of the three scales. The filler items were removed from the SSI format used in this study. This reduced the number of items to 25, helping to reduce the length of the overall instrument package without affecting the instrument. Responses to each scale item are totaled and divided by the total number of scale items, providing an average scale score between one and seven. A higher scale score represents a greater perception by the supervisee of that dimension as being part of the supervisor's style.

Convergent validity was determined by comparing the ratings of supervisors on the SSI scales to the supervisor's roles proposed by Stenack and Dye (1982), teacher, counselor, and consultant. As expected, strong correlations were shown between each of the SSI variables and the corresponding Stenack and Dye variables: attractive scale ($rs \geq .65$) with counselor and consultant items and ($r = .42$) with the teacher items, interpersonally sensitive scale with all three variables ($rs \geq .60$), and the task-oriented scale was most highly correlated with

the teacher role items (r = .61) and least correlated with the counselor role items (r = .21). These results demonstrated a significant similarity in assessing the role of the supervisor on the SSI scales when compared to an existing measure of perceived supervisory behaviors (Stenack & Dye, 1982).

The test-retest reliability estimate for the combined instrument, over a two week interval, was .92. The individual scale reliability estimates were .94 for the attractive scale, .91 for the interpersonally sensitive scale, and .78 for the task-oriented scale.

Supervisor Rating Form

The Supervisor Rating Form-Short Version (SRF-S; see Appendix A) is Schiavone and Jessell's (1988) adaptation of the Counselor Rating Form-Shortened Version (Corrigan & Schmidt, 1983) which, in turn, is a modification of the Counselor Rating Form (Barak & LaCrosse, 1975). Barak and LaCrosse (Barak & LaCrosse, 1975) developed the Counselor Rating Form to correspond to the social influence dimensions proposed by Strong (1968). Strong suggested that factors related to opinion-change research were similar to factors in the counseling relationship; in fact, Strong stated that counseling was an attempt to change the opinion of the client. Building upon this concept, Barak and LaCrosse (1975) developed an instrument which measured the three specific dimensions of social influence: expertness, attractiveness, and trustworthiness. These dimensions of social influence comprised the foundation for the working relationship between the counselor and client. Strong suggested that the client's perception of the counselor on these three dimensions would influence the therapeutic relationship.

The CRF originally consisted of 36 adjectives, with twelve items describing each of the three social influence dimensions. A 7-point bipolar response format was used for each item with an opposite descriptive adjective anchoring the other side of the Likert scale. In developing the original list of 36 adjectives for the CRF, Barak and LaCrosse (1975) presented 83 adjectives describing the three scales of social influence to four experts. The experts were provided with a description of the scales and asked to either classify each adjective into one of the scales or remove it from the list. The final list consisted of 36 adjectives; 22 adjectives had 100% agreement among the experts; the remaining 14 had 75% agreement, which was the lower limit of acceptability. Factor analysis of the scales showed the items accounted for 52% of the total variance.

LaCrosse and Barak (1976) used a split-half method to measure the internal consistency of the scales, producing an estimate of the reliability of the scales. The Spearman-Brown formula was used to correct the reliability coefficients for the adjustment to the test length, yielding coefficients of .87 for expertness, .85 for attractiveness, and .91 for trustworthiness.

Heppner and Handley (1981) utilized the CRF in a study examining social influence dimensions in supervision. The original CRF was slightly modified to reflect the field of supervision; in other words, they changed the word "counselor" to "supervisor" only. The title was changed to the Supervisor Rating Form (SRF), and the instructions were modified to ask the respondents to rate their supervisor. No other significant changes were made to the CRF which might impact the original psychometric properties of the instrument.

Corrigan and Schmidt (1983) adapted the CRF to a shorter version, producing the Counselor Rating Form-Shortened Version (CRF-S). In addition,

the format of the CRF was altered. The original number of adjectives was reduced to 12, four adjectives for each scale. Selection of the four items for each scale was determined based on the factor loadings of the item on the appropriate scale and the comprehension level necessary for understanding the item. The items were listed in random order. The response format was changed, dropping the opposite adjective from the Likert scale and anchoring each end of the scale with the words "not very" and "very." The rationale for removal of the opposite adjectives was to reduce any negative associations with the descriptor, resulting in a greater amount of variance in the responses. The scoring of the instrument consisted of totaling the ratings for each scale. This produced a possible range of scores for each dimension from 4 to 28, based on the 7-point response format. The higher the total for a specific social influence dimension, the more a respondent perceived that dimension in the counseling relationship.

A three factor oblique model accounted for the results of the analyses. The factor structure of each item was validated through the replication of the previous study (Barak & LaCrosse, 1975) and through an extension of the study to a separate clinical population. In addition, each item demonstrated high item loadings in the factor analysis, similar to the original factor loadings of the CRF.

The Spearman-Brown formula was used to estimate the reliability coefficients for the shortened version of the test. The expected values for each four item scale were .70 for expertness, .65 for attractiveness, and .77 for trustworthiness. The results were far better than the estimates and were equal to, or sometimes greater than, the original reliability estimates; .92 for expertness, .91 for attractiveness, and .85 for trustworthiness.

Schiavone and Jessell (1988) further modified the CRF-S, albeit slightly, to be used in a clinical supervision context, creating the Supervisor Rating Form-Short Version. The 12 items of the CRF-S were used in a 7-point format with the words "not very" and "very" as the anchors. The only modification occurred in the instructions to the respondent, which changed from "rate your counselor" to "rate your supervisor." The researchers reported no significant differences in the validity and the reliability of the SRF-S caused by the minimal changes to the CRF-S.

The present study used the Supervision Rating Form-Short Version (SRF-S) to obtain information regarding the perceptions of substance abuse counselors on the social influence dimensions of their supervisors. Since the response format is identical to that used in the SSI, the present study combined the two instruments, placing the SRF-S items at the end of the SSI items. The intent was to reduce the number of "instruments" that respondents were being asked to complete in order to increase the response rate. In addition, two items from the SRF-S were not included in the SRF-S presentation due to already being presented in the SSI list of adjectives. This change was intended to prevent the respondents from perceiving the instrument as repititious or similar to the SSI, resulting in an unwillingness to complete the questionnaire (personal communication, Dr. John Hattie, September 29, 1995).

Working Alliance Inventory

Horvath and Greenberg (1989) developed the Working Alliance Inventory (WAI; see Appendix A) based on the working alliance theory of Bordin (1976). Bordin hypothesized that there were aspects of all theoretical approaches to therapy which were similar and necessary to effective helping. This similarity

provides a foundation for all change-inducing relationships. Bordin did not consider the working alliance to be a counseling intervention, but rather a vehicle that allows various specific counseling techniques to work (Horvath & Greenberg, 1989). In effect, the working alliance theory was intended to be a pantheoretical concept. The potential outcome of such a theory, according to Bordin (1976), was an integration of relationship variables with counseling interventions which would provide insight into the counseling process and assist in predicting counseling outcome.

Bordin defined the working alliance as an integration of three distinct components (Bordin, 1976). The tasks of the counseling relationship describe the in-session behaviors that create the counseling process. The goals of the counseling relationship are the mutually endorsed outcomes that are the purpose of the interventions. The bonds of the counseling relationship are the interpersonal connections between the client and the counselor, such as trust, acceptance, and confidence (Horvath & Greenberg, 1989).

The original Working Alliance Inventory consisted of 36 item stems, with a blank in each stem for respondents to fill in the name of their client or counselor (depending on which form was being completed); for example, "_____ and I agree about the things I will need to do to improve my abilities as a therapist" is a statement from the trainee version of the WAI. A 7-point Likert scale is provided for respondents to answer each item. Each point on the scale is fully anchored, with 1 meaning "never," 2 meaning "rarely," 3 meaning "occasionally," 4 meaning "sometimes," 5 meaning "often," 6 meaning "very often," and 7 meaning "always." There are 36 items, 12 items for each of the dimensions; tasks, goals, and bonds. Responses for each dimension are totaled

and divided by 12 for a scale score between one and seven. A higher scale score for a dimension represents a greater perception of that dimension by the respondent in the counseling relationship.

Convergent validity was determined using a multitrait-multimethod matrix, treating each WAI dimension as a trait and each source of evaluation (i.e., clients and counselors) as the method. Validity coefficients for each dimension were .76 for task, .80 for goal, and .53 for bond. Concurrent validity of the scales was determined by a comparison of the WAI scales with other measures of the counseling relationship, the CRF (Barak & LaCrosse, 1975) and the empathy scale of the BLRI (Barrett-Lennard, 1962). Intercorrelations were found between the CRF and the WAI, ranging from 6%-40% across two studies. In addition, there were intercorrelations found between the WAI and the empathy scale of the BLRI, ranging from 48%-52% in the same two studies as the CRF. These findings indicated that while there is some congruence in measurement of the relationship variables based on conceptual similarity, the WAI also examines other components of the relationship that are specific to the concept of the working alliance. This latter conclusion was based on the idea that while the inventory had strong associations with other relationship instruments, the design of the instrument was able to capture the unique aspects of the working alliance.

Predictive validity was determined by examining other studies that had used the WAI in predicting counseling outcome. In the first study (Moseley, 1983), each of the three WAI scale scores were found to be significantly correlated with the composite and satisfaction scores of the Counseling Posttherapy Questionnaire (CPQ). This finding indicated that results from the WAI can be used to estimate the likelihood of successful counseling outcome, as indicated by

results on the CPQ. The second study (Greenburg & Webster, 1982) compared the task scale scores with scores on the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970), the Target Complaint questionnaire (Battle, Imber, Hohen-Saric, Stone, Nash, & Frank, 1966), and the Therapist's Target Complaint questionnaire (Greenburg & Webster, 1982), an adaptation of the Target Complaint questionnaire. The task scale was significantly correlated with each of these outcome measures, indicating the ability of the task scale to measure the client's and the counselor's perception of the purpose and means of the therapeutic working relationship.

Reliability estimates were calculated using Cronbach's alpha (Cronbach, 1951). The client version of the instrument had an estimated reliability coefficient of .93. The counselor version of the instrument had an estimated reliability coefficient of .87.

The WAI was modified by Baker (1990) to reflect the supervisory relationship. Only minor changes were made, most notably the instructions to the respondents. Instead of rating the counselor or client, respondents were asked to rate their supervisor or supervisee. In addition, when the original stem referred to counseling, the word supervision was inserted. The item stems remained the same, as did the 7-point response format.

The present study used the WAI in this altered format (i.e., Baker, 1990), with one additional alteration. Rather than using item stems, the words "my supervisor" were placed into the stem to complete the sentence. This modification was intended to further adapt the instrument to the supervision setting.

Barrett-Lennard Relationship Inventory

The Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) was designed to measure the necessary and sufficient conditions for behavior change proposed by Rogers (1957). The intent of the Barrett-Lennard Relationship Inventory (BLRI; see Appendix A) is to measure clients' perceptions of the five variables described as significant in creating therapeutic personality change: empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known (Barrett-Lennard, 1962). Barrett-Lennard (1962) posited that the higher the clients' experiences of these conditions within the therapeutic relationship, then the more clients will experience individual therapeutic personality change.

In developing the five factors of the BLRI, the author remained consistent with Rogers' theoretical definition of empathy and congruence (Barrett-Lennard, 1962). Empathy was defined as the ability of an individual to be aware of the immediate consciousness, process, and experience of another person. Congruence was defined as an "absence of inconsistency" in an individual's experience, awareness, and overt communication. The concept of unconditional positive regard was divided into two categories, level of regard and unconditionality of regard. Level of regard was defined as the affective response, either positive or negative, of one person toward another. Unconditionality of regard was defined as the degree of variability in the affective responses of one person to another based upon the communication of experiences from the second person. The fifth variable, willingness to be known, was formulated by Barrett-Lennard for this instrument, and was defined as the

degree that a person was willing to share experiences and self-perceptions with another person.

The original version of the BLRI consisted of 92 items, but has since been reduced to 85-items (Barrett-Lennard, 1969). Each item consists of a statement about the relationship on one of the five relationship dimensions. Respondents are asked to state whether they agree or disagree using a 6-point scale. Barrett-Lennard wanted respondents to be able to differentiate between degrees of agreement or disagreement. The result was a response format ranging from -3 to +3, representing strong disagreement to strong agreement respectively. Statements representing each scale were placed in the instrument such that each fifth item represents the same scale. This was done to insure maximum independence of responses to the five variables.

Each statement was subjected to content validity ratings by experts in the field of client-centered therapy (Barrett-Lennard, 1969). Variable definitions were provided to the expert judges, who were requested to rate each item as to the appropriateness of that question for the specific variable it represented. The ratings of appropriateness were unanimous on all but four of the items in the inventory. Of the four remaining items, three were removed, and the fourth was kept on the basis that the one of the experts rated it neutral rather than positive compared to the rest of the judges.

A subsequent factor analysis of the BLRI was conducted by Walker and Little (1969). Findings indicated that questions related to unconditionality loaded strongly on the factor designated as nonevaluative acceptance, ranging from .396 to .685, while concurrently loading weakly on the other two factors of the analysis. Questions related to empathic understanding loaded strongly on

the second factor, ranging from .149 to .561. In addition, questions concerning congruence in the relationship loaded strongly on the second factor, ranging from .509 to .61. It was hypothesized that congruence and empathy together create a dimension, which Walker and Little (1969) referred to as "psychological insight." This concept was supported by the high correlation values obtained between the empathy scales and the congruence scales. The third factor was entitled "likeability" rather than positive regard. The researchers felt that this designation was more appropriate due to the nature of the questions. Factor loadings for the two sets of regard questions were strong on the third factor, ranging from .452 to .834. Walker and Little (1969) concluded that each of the relationship dimensions originally proposed by Rogers (1957) was accurately measured by the BLRI.

Reliability estimates for the original 85 item version ranged from .64 on the empathy scale to .83 on the Regard scale (Wiebe & Pearce, 1973). The overall instrument reliability estimate was .93 (Wiebe & Pearce, 1973). The original 85 item instrument, however, was considered too long for adequate use in most research settings (Schacht et al., 1988). A 64-item instrument was developed which removed the willingness to be known scale, as it was thought to be closely associated with the congruence dimension (Barrett-Lennard, 1969). Reliability estimates for this version were somewhat higher than the original 85 item instrument, ranging from .76 for the unconditionality scale to .92 on the congruence scale (Lin, 1973).

Dalton (1983) further improved the BLRI by adding items to the empathy scale and reducing the items in the unconditionality scale. This created an instrument that was equal in the number of items (10) for the empathy, regard,

and congruence scales, with five items for the unconditionality scale. The resulting reliability estimates for the four scales were better than the original version of the instrument (Wiebe & Pearce, 1973) and comparable to the reliability estimates of the 64-item version (Lin, 1973). The estimates ranged from .83 for unconditionality to .91 for congruence, with a total reliability estimate of .95 (Dalton, 1983).

Schacht et al. (1988) further adapted the BLRI to work in the supervision setting. The method of response was changed to 1 through 6 versus -3 to +3. The lower end of the response scale represented disagreement with the given statement, 1 being the strongest form of disagreement. The upper end of the response scale represented agreement with the given statement, with 6 being the strongest form of agreement. Thus, higher scale scores were associated with a higher perception of that particular scale as being present in the relationship by the respondents. The instructions were altered to reflect the context of supervision, as were the statements within the body of the instrument.

The intent of Schacht et al.'s (1988) adaptation was to use the revised form of the BLRI to examine respondents' perceptions of their most and least effective supervisory relationships. Two versions of the instrument were created with the questions worded in such a way as to correspond with the respondent's least and most effective supervision scenario. Forty items were used in the revised instrument; the 35 items used by Dalton (1983), plus five additional items on the willingness to be known scale that were determined to be the best indicators of this scale by Wiebe and Pearce (1973). Reliability estimates for this version of the BLRI were comparable to those obtained by other researchers (Dalton, 1983; Lin, 1973; Wiebe & Pearce, 1973). The overall instrument reliability estimate was .92,

with scale estimates ranging from .72 on the willingness to be known scale to .90 on the Regard scale.

The present study used the Schacht et al. (1988) version of the instrument. The response format remained unchanged, using a 6-point Likert scale. The statements were modified to ask about the respondents' current perceptions of their supervisory relationships, rather than their perceptions of their most or least successful supervisory relationship. In addition, the statements did not use the "MS" abbreviation for the phrase "my supervisor."

Demographics Questionnaire

The final series of questions in the instrument package were designed to gain demographic information concerning the respondents and their supervisors (see Appendix A). Respondents were asked to provide the sex, race, education level, and recovery status of their supervisors. For respondents who are unaware of their supervisors' education level and recovery status, an unknown response option was provided. Also, respondents were asked to provide information concerning their own age, sex, race, marital status, education level, recovery status, and, if in recovery, for how long.

Participants

The population for the study consisted of substance abuse counselors employed by the state of North Carolina. Thirty-eight of the forty-one individual treatment areas across the state and two of the three regional alcohol and drug abuse in-patient treatment centers agreed to participate in the study. Three of the mental health area systems contract with private agencies for substance abuse services. These private agencies were not included in the study.

The entire population of substance abuse counselors employed by the state of North Carolina within the state mental health system received the survey. The total eligible recipient pool consisted of 562 substance abuse counselors. Fifteen surveys were not included due to data contamination. Four surveys were not included due to insufficient responses. This resulted in an eligible recipient pool of 547 substance abuse counselors. Three-hundred sixty completed surveys were returned, providing a response rate of 66%.

During initial data collection stages, demographic information was obtained from each area substance abuse coordinator about the demographic characteristics of their counselors. Each coordinator was asked to provide total staff figures for each of the demographic characteristics. This procedure was included in the project to systematically gather this information for sample comparison purposes. These state level figures were not available from the state level officials for substance abuse services. The complete list of sample demographic characteristics and corresponding state estimates for each demographic category are provided in Table 1.

The sample of counselors consisted of more females (n = 202; 56.1%) than males (n = 122; 33.9%), with an overall mean age of 41.4 years (SD = 9.7 years) and a range of 22 to 68 years. The counselors were predominantly White (n = 282; 78.3%), with a small number of minority counselors, who were mostly Black (n = 65; 18.1%). The majority of the counselors were married (n = 188; 52.2%). Counselors' education level ranged from high school diplomas to doctoral degrees. Close to one half of the counselors had completed graduate level training at either the master's or doctoral level (n = 160; 44.4%). The mean year of graduate level completion for the counselors was 1988 (SD = 7.5 years); for

doctoral level counselors it was 1981 (SD = 15.4 years). Over one third had completed a four year degree only (n = 149; 41.4%).

The demographic characteristics by subgroup of counselors, non-recovering and recovering, are presented in Table 2. The majority of the counselors in this sample reported being non-recovering substance abuse counselors (n = 235; 65.3%). The non-recovering group was predominantly female (n = 155; 66.8%), compared to the recovering group, which was predominantly male (n = 66; 53.7%). The non-recovering group was younger (mean age = 38.8 years; SD = 9.25 years) than the recovering group of counselors (mean age = 46.4 years; SD = 8.5 years). Both groups were predominantly White, with Black counselors comprising most of the minority counselors. More recovering counselors (n = 42; 34.2%) reported being separated, divorced, or remarried than non-recovering counselors (n = 35; 14.9%). More non-recovering (n = 118; 50.2%) than recovering counselors (n = 41; 33.3%) reported completion of graduate level training.

Participants provided demographic information about their supervisors also. They were asked to report the sex, race, education level, and recovery status of their supervisors. A slight majority of the counselors reported working with a female supervisor (n = 185, 51.4%), and most reported working with a White supervisor (n = 304, 84.7%). The majority of counselors reported their supervisors to have graduate level training, primarily at the master's level (n = 203, 57.2%), with some doctoral level supervisors (n = 34, 9.4%). Most counselors reported working with a non-recovering supervisor (n = 251, 69.7%). The complete set of supervisor demographics are presented in Table 3.

Table 1

Sample Demographic Information and State Estimates of Substance Abuse Counselor Demographics

Characteristic	Sample n	Sample %	State estimate n	State estimate %
Sex				
Male	122	33.9	228	40.6
Female	202	56.1	334	59.4
No response	36	10.0		
Race				
White	282	78.3	422	75.1
Black	65	18.1	125	22.2
Hispanic	2	0.6	6	1.1
Native American	3	0.8	5	0.9
Asian	1	0.3	1	0.1
Other	3	0.8	3	0.2
No response	4	1.1		
Marital Status				
Single	82	22.8	156	27.8
Married	188	52.2	285	50.7
Separated	7	1.9	8	1.4
Divorced	59	16.4	58	10.3
Remarried	11	3.1	26	4.6
Other	1	0.3	19	3.4
No response	12	3.3		
Education Level				
Completed high school	9	2.5	26	4.6
Trade or business school	1	0.3	11	2.0
Some college	41	11.4	39	6.9
Completed college	92	25.6	207	36.8
Some graduate work	57	15.8	35	6.2
Completed graduate work	152	42.2	226	40.2
Some doctoral work	5	1.4	2	0.4
Completed doctoral work	3	0.8	5	0.8
Unknown	0	0	11	2.0

Table 1 (continued)

Sample Demographic Information and State Estimates of Substance Abuse Counselor Demographics

Characteristic	Sample n	Sample %	State estimate n	State estimate %
Recovery Status				
Non-recovering	235	65.3	362	64.4
Recovering	123	34.2	171	30.4
No response	2	0.6		
Unknown			26	5.5

Table 2

Demographic Information of Non-recovering and Recovering Substance Abuse Counselors

Characteristic	Non-recovering n	Non-recovering %	Recovering n	Recovering %
Sex				
Male	56	23.8	66	53.7
Female	155	66.8	46	37.4
No response	24	10.2	11	8.9
Race				
White	178	75.7	103	83.7
Black	48	20.4	17	13.8
Hispanic	3	1.3	2	1.6
Native American	0	0.0	0	0.0
Asian	1	0.4	0	0.0
Other	3	1.3	0	0.0
No response	2	0.9	1	0.8
Marital Status				
Single	60	25.5	22	17.9
Married	131	55.7	55	44.7
Separated	2	0.9	5	4.1
Divorced	29	12.3	30	24.4
Remarried	4	1.7	7	5.7
Other	0	0.0	1	0.8
No response	9	3.8	3	2.4
Education Level				
Completed high school	3	1.3	6	4.9
Trade or business school	0	0.0	1	0.8
Some college	14	6.0	26	21.1
Completed college	59	25.1	33	26.8
Some graduate work	41	17.4	16	13.0
Completed graduate work	114	48.5	37	30.1
Some doctoral work	3	1.3	2	1.6
Completed doctoral work	1	0.4	2	1.6
Unknown	0	0.0	0	0.0

Table 3

Demographic Information of Participants' Supervisors

Supervisor Characteristic	n	%
Sex		
Male	171	47.5
Female	185	51.4
Race		
White	304	84.7
Black	43	12.0
Hispanic	6	1.7
Native American	4	1.1
Asian	0	0
Other	2	0.6
No response	1	0.3
Education Level		
Completed high school	3	0.8
Trade or business school	0	0
Some college	17	4.7
Completed college	60	16.7
Some graduate work	29	8.1
Completed graduate work	202	56.9
Some doctoral work	1	0.3
Completed doctoral work	34	9.4
Unknown	9	2.5
Recovery Status		
Non-recovering	251	69.7
Recovering	71	19.7
Unknown	33	9.2

Procedures

North Carolina has 41 area mental health agencies for outpatient treatment and three regional inpatient treatment facilities. Each facility, both inpatient and outpatient, has a substance abuse counselor coordinator. The coordinators are responsible for the administrative and clinical supervision of the substance abuse counselors in their respective areas. The state system is divided into four regions: east, north-central, south-central, and west. Each one of the area mental health systems is placed into one of the four regions and each has a regional substance abuse coordinator. Each regional substance abuse coordinator conducts monthly meetings with the area substance abuse coordinators.

The four regional substance abuse coordinators were contacted to request participation of the individual area mental health systems and the regional inpatient facility. The project was presented to the local substance abuse coordinators at their monthly regional meetings by the researcher. The principal investigator presented the area of investigation, the goals of the project, and the method of data collection at this meeting. Each area coordinator was asked to participate in the study. The coordinators who agreed to participate were given a set of instrument packages corresponding to the number of substance abuse counselors working in their area system. These figures provided a total number of instrument packages distributed throughout the state. The participating coordinators were instructed on the procedures for administering the questionnaires at the regional meeting by the researcher.

The counselor coordinators distributed the questionnaires to the substance abuse counselors. An information sheet was provided to the coordinators to help

answer questions that counselors may ask about the project (see Appendix B). The coordinators were requested to designate a counselor as a contact person. An introduction and instruction letter (see Appendix B) for the designated contact person was included in the original package of questionnaires. This instruction letter described the purpose of the study and the procedures for the contact person to follow. The packages of questionnaires also included a log sheet (see Appendix B) to list recipients of the questionnaires and to designate whether the questionnaire was returned by each counselor. This information provided an accurate assessment of the questionnaire return rate. Once each questionnaire was returned, the designated individual mailed the package of completed instruments in a pre-paid envelope to the principal investigator.

Each questionnaire package contained an introductory letter to the participant (see Appendix B), the set of instruments to be completed, and an envelope addressed to the principal investigator. The questionnaires were completed, sealed in #10 envelopes with initials or a mark placed across the seal for confidentiality, and returned to either the contact person or the principle investigator. Each envelope had the return address of the principal investigator printed on the front. Participants who were uncomfortable returning the questionnaire to the designated person, were instructed to place a stamp on the envelope and mail the questionnaire directly to the principal investigator.

A six week period was allotted for data collection. One week after distribution of the instrument packages to the counselor coordinators, a reminder phone call was made to the counselor coordinator of the agencies who had not returned their instrument packages. Two weeks after distribution, the coordinators of agencies who had not returned their packages were contacted by

phone again to check on the project status and to remind them of the need to return the instrument packages. Data collection ended six weeks after distribution of the instrument packages. The coordinators were informed of the deadline for returning the packages in a coordinator instruction letter.

An incentive for staff participation and early return of completed questionnaires was provided to participating agencies. The agency staff that returned at least 80% of the total possible number of surveys, completed, within two weeks of receiving them from the area coordinator's meeting, were entered into a drawing for a staff lunch provided by the project director.

Data Analysis

A series of multivariate analyses of variance ($p < .05$) were conducted to examine significant differences in responses based on the recovery status of the counselors and the supervisors. MANOVAs, rather than a series of ANOVAs, were used to minimize the probability of falsely detecting significant differences. The MANOVAs also allowed for correlations between the various instrument scales. A 2 (counselor recovery status: non-recovering and recovering) X 2 (supervisor recovery status: non-recovering and recovering) MANOVA was conducted to examine differences in (a) satisfaction with supervision; (b) perceptions of supervisory style; (c) perceptions of social influence of supervisors; (d) perceptions of the working alliance; and (e) perceptions of the core conditions of the relationship, based on the recovery status of the counselor and the supervisor. In addition, descriptive statistics were calculated to provide a profile of the respondents and their supervisors.

CHAPTER IV

RESULTS

This chapter consists of the statistical results of the analyses described in Chapter III. Results will be discussed in three sections. The first two sections include preliminary analyses, including reliability estimates for this sample and descriptive statistics for each measure. The third section includes results of statistical analyses designed to test the research hypotheses; reporting of the results will parallel the research hypotheses presented in Chapter III.

Instrument Reliabilities

Estimates of reliability for each scale on each instrument were calculated using Cronbach's coefficient alpha. Results are presented in Table 4. Scale reliabilities ranged from .76 to .96, and each reliability estimate exceeded those reported in other studies (Corrigan & Schmidt, 1983; Friedlander & Ward, 1984; Horvath & Greenberg, 1989; Schacht et al., 1988). As these estimates of reliability are sufficiently high, it was concluded that the measures were meaningful for this sample and appropriate for an investigation of the supervisory relationship in substance abuse counseling.

Descriptive Statistics

Mean scale scores for each instrument were calculated for the complete sample and for each sub-group of counselors, recovering and non-recovering. Means and standard deviations for the entire sample are reported in Table 5, ordered by instrument scale. Regarding overall satisfaction with supervision, counselors reported "much" satisfaction ($\underline{M}$ = 3.77, $\underline{SD}$ = 1.12) with their supervision. They also reported high satisfaction with their supervisors'

Table 4

Instrument Scale Reliabilities

Instrument	Scale	Alpha	Other Studies
Supervisory Styles Inventory (SSI)	Task-oriented	.93	.78[a]
	Interpersonally-sensitive	.95	.91[a]
	Attractive	.96	.94[a]
Supervisor Rating Form (SRF)	Expertness	.92	.92[b]
	Trustworthiness	.94	.85[b]
	Attractiveness	.94	.91[b]
Working Alliance Inventory (WAI)	Bond	.95	.92[c]
	Task	.94	.92[c]
	Goal	.92	.89[c]
Barrett-Lennard Relationship Inventory (BLRI)	Regard	.92	.90[d]
	Empathy	.90	.75[d]
	Congruence	.89	.83[d]
	Willingness to be known	.76	.72[d]
	Unconditionality	.89	.80[d]

a = (Friedlander & Ward, 1984)
b = (Corrigan & Schmidt, 1983)
c = (Horvath & Greenberg, 1989)
d = (Schacht et al., 1988)

competence (M = 4.17, SD = .99), and "much" satisfaction with the supervisors' contributions to their own improvements as counselors (M = 3.76, SD = 1.16).

Similarly, overall means on each instrument also were moderately high. Substance abuse counselors perceived their supervisors as slightly more attractive (M = 5.60, SD = 1.39) and interpersonally-sensitive (M = 5.39, SD = 1.35)

than task-oriented (M = 5.02, SD = 1.26). They reported similarly high levels of trustworthiness (M = 5.78, SD = 1.45), expertness (M = 5.69, SD = 1.33), and attractiveness (M = 5.69, SD = 1.39) in their supervisors. The counselors perceived their supervisors as focusing slightly more on the supervisory bond (M = 5.55, SD = 1.12) than on the tasks (M = 4.96, SD = 1.15) and goals (M = 4.85, SD = 1.10) of supervision. With respect to the core conditions of the relationship, the counselors perceived their supervisors as focusing most on unconditionality (M = 5.53, SD = 1.08) followed closely by congruence, regard, willingness to be known, and empathy. In general, then, the counselors appeared to be satisfied with their supervision.

Examination of the means for each sub-group of counselors (Table 6), non-recovering and recovering, reveals close to identical ratings for each of the satisfaction questions and for each instrument scale. The satisfaction question and instrument scale ratings, similar to the complete sample, also are moderately high. Both groups of counselors appear to be satisfied with their supervision. Both also seem to consider a supervisory relationship focus to be the most important aspect of supervision, with each group rating the attractive and interpersonally-sensitive scale somewhat higher than the task-oriented scale, the trustworthiness and attractiveness scale higher than expertness, the supervisory bond higher than tasks and goals of supervision, and unconditionality higher than all other relationship core conditions.

Table 5

Descriptive Statistics for Entire Sample of Substance Abuse Counselors

Instrument Scale	Scale Range	n	Mean	Standard Deviation
Satisfaction				
Overall	1-5	360	3.77	1.12
Supervisor's competence	1-5	360	4.17	0.99
Supervisor's contribution	1-5	360	3.76	1.16
SSI				
Task-oriented	1-7	337	5.02	1.26
Interpersonally-sensitive	1-7	350	5.39	1.35
Attractive	1-7	352	5.60	1.39
SRF				
Expertness	1-7	352	5.69	1.33
Trustworthiness	1-7	355	5.78	1.45
Attractiveness	1-7	356	5.69	1.39
WAI				
Bond	1-7	351	5.55	1.12
Task	1-7	349	4.96	1.15
Goal	1-7	342	4.85	1.10
BLRI				
Regard	1-6	338	5.09	0.87
Empathy	1-6	342	4.75	0.94
Congruence	1-6	327	5.08	0.90
Willingness to be known	1-6	351	5.08	0.91
Unconditionality	1-6	348	5.53	1.08

Table 6

Descriptive Statistics for Non-recovering and Recovering Counselors

Instrument Scale	Non-recovering (n = 235) Mean	Non-recovering (n = 235) Standard Deviation	Recovering (n = 123) Mean	Recovering (n = 123) Standard Deviation
Satisfaction				
Overall	3.76	1.12	3.80	1.08
Supervisor's competence	4.17	0.97	4.21	0.99
Supervisor's contribution	3.75	1.18	3.84	1.10
SSI				
Task-oriented	4.97	1.34	5.16	1.08
Interpersonally-sensitive	5.34	1.38	5.53	1.25
Attractive	5.57	1.41	5.72	1.30
SRF				
Expertness	5.63	1.35	5.83	1.24
Trustworthiness	5.77	1.43	5.84	1.43
Attractiveness	5.67	1.39	5.78	1.33
WAI				
Bond	5.55	1.07	5.62	1.14
Task	4.96	1.11	4.97	1.19
Goal	4.84	1.09	4.87	1.13
BLRI				
Regard	5.08	0.85	5.16	0.84
Empathy	4.75	0.95	4.79	0.92
Congruence	5.11	0.89	5.07	0.91
Willingness to be known	5.10	0.88	5.06	0.96
Unconditionality	5.58	1.07	5.46	1.11

Main Analyses

Means and standard deviations for non-recovering and recovering counselor sub-groups are listed in Table 6, ordered by satisfaction questions and instrument scales. A 2 (counselor recovery status: non-recovering and recovering) X 2 (supervisor recovery status: non-recovering and recovering) MANOVA was calculated on the three satisfaction with supervision questions and for each instrument scale. Wherever the multivariate F-ratios were significant, univariate F-tests were calculated for each satisfaction question and each instrument scale. Significance was determined using a .05 alpha level for each dependent variable.

Hypothesis 1

1a. There is a difference in overall ratings of satisfaction with supervision, ratings of supervisor competence, and ratings of the contribution of supervision to professional growth, based on the recovery status of the counselor and supervisor, as measured by a questionnaire developed to ask the respondents to rate their supervision experience.

1b. There is a difference in overall ratings of satisfaction with supervision, ratings of supervisor competence, and ratings of the contribution of supervision to professional growth, based on the match or mismatch of counselor and supervisor recovery status, as measured by a questionnaire developed to ask the respondents to rate their supervision experience.

There were no significant main effects for counselor recovery status or supervisor recovery status (Table 7). There was, however, a significant interaction effect for counselor and supervisor recovery status across the three satisfaction with supervision questions. Table 8 presents the univariate ANOVA

for the three satisfaction questions; all three contributed significantly to the overall effect.

Cell means and standard deviations are listed in Table 9 and Figure 1 illustrates the interaction effect for each satisfaction question. For all three satisfaction questions, the pattern was similar. Non-recovering counselors rated overall satisfaction with supervision, satisfaction with supervisor competence, and satisfaction with the contribution of supervision to professional growth higher if they had non-recovering supervisors compared to recovering supervisors. Recovering counselors rated overall satisfaction with supervision, satisfaction with supervisor competence, and satisfaction with the contribution of supervision to professional growth higher if they had recovering supervisors as compared to non-recovering supervisors. Cell sizes for recovering and non-recovering counselor and supervisor matches are listed in Table 10.

Table 7

Multivariate MANOVAs for Counselor Recovery Status x Supervisor Recovery Status on Measures of Satisfaction with Supervision

Variable	F	df	p
Counselor recovery status	2.06	3, 305	.106
Supervisor recovery status	0.22	3, 305	.883
Counselor x Supervisor	7.03	3, 305	<.001

Table 8

Univariate ANOVAs for Counselor and Supervisor Recovery Status on Measures of Satisfaction with Supervision

Variable	F	df	p
Overall satisfaction	19.14	1, 307	<.001
Supervisor's competence	18.27	1, 307	<.001
Supervisor's contribution	14.60	1, 307	<.001

Table 9

Cell Means and Standard Deviations for Non-recovering/Recovering Counselors and Supervisors on Measures of Satisfaction with Supervision

	Non-recovering Supervisors		Recovering Supervisors	
Satisfaction Questions	Mean	Standard Deviation	Mean	Standard Deviation
Overall Satisfaction				
Non-recovering Counselors	3.91	1.05	3.28	1.28
Recovering Counselors	3.61	1.15	4.31	0.60
Supervisor Competence				
Non-recovering Counselors	4.30	0.84	3.77	1.27
Recovering Counselors	4.01	1.09	4.62	0.56
Supervisor Contribution				
Non-recovering Counselors	3.88	1.08	3.39	1.37
Recovering Counselors	3.65	1.09	4.35	0.90

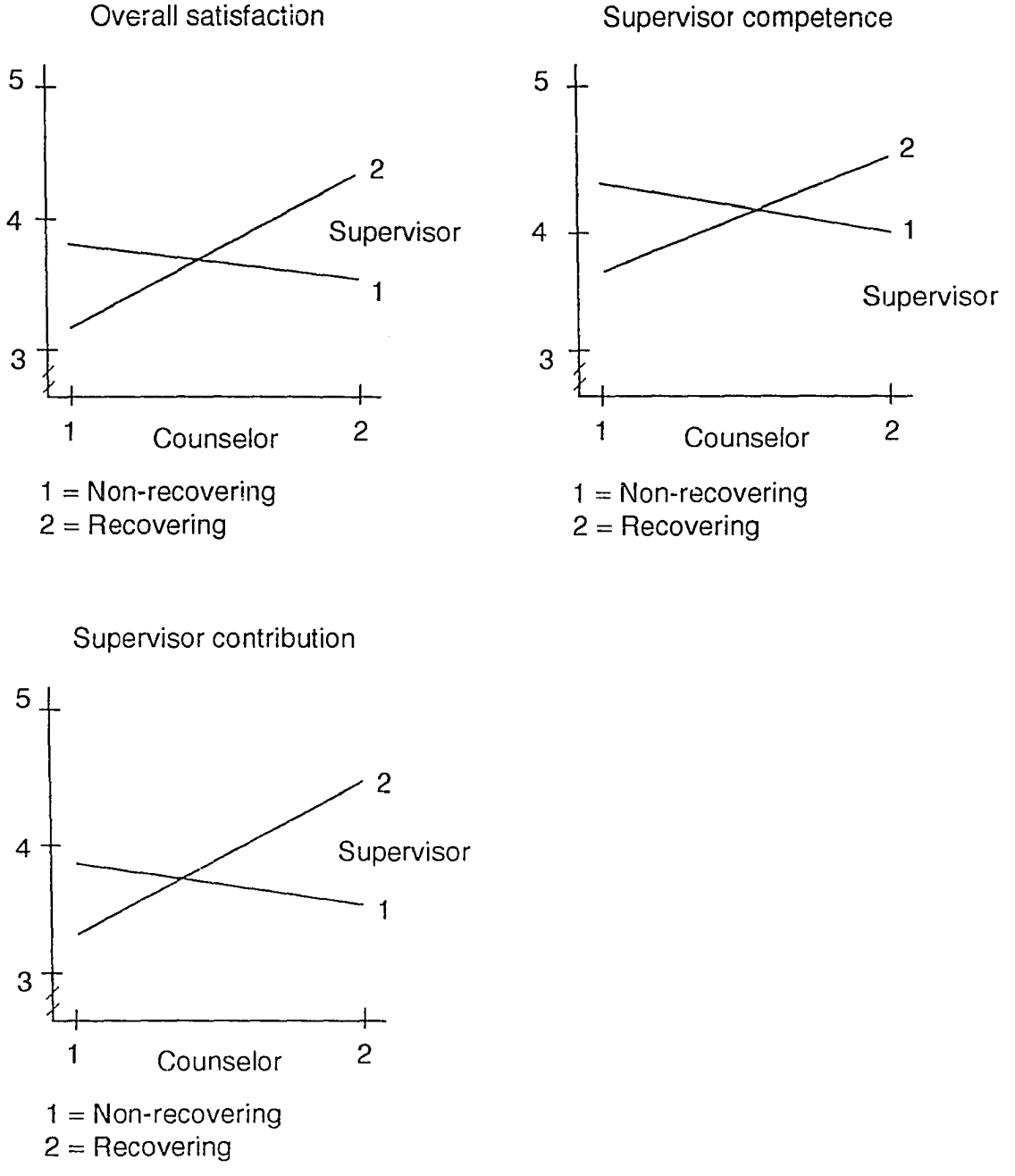
Table 10

Cell Sizes for Non-recovering/Recovering Counselor and Supervisor Matches on Measures of Satisfaction with Supervision

	Non-recovering Supervisors	Recovering Supervisors
Non-recovering Counselors	n = 169	n = 39
Recovering Counselors	n = 74	n = 29

Figure 1

Graph of Satisfaction Question Interactions for Non-recovering/ Recovering Counselors and Non-recovering/ Recovering Supervisors



Hypotheses 2-5

Results of the 2 (counselor recovery status: non-recovering and recovering) X 2 (supervisor recovery status: non-recovering and recovering) MANOVA conducted to test hypotheses 2-5 are presented in Table 11. There were no significant main effects for either counselor or supervisor. There was a significant interaction between counselor recovery status and supervisor recovery status. For this interaction, the univariate ANOVAs were calculated for each dependent variable. Results are presented in the tables below, relevant to each individual dependent variable hypothesis. Cell sizes for recovering and non-recovering counselor and supervisor matches are listed in Table 12.

Hypothesis 2

2a. There is a difference in substance abuse counselors' perceptions of the supervisory style of their supervisor, based on the recovery status of the counselor and supervisor, as measured by the Supervisory Styles Inventory (Friedlander & Ward, 1984).

2b. There is a difference in substance abuse counselors' perceptions of the supervisory style of their supervisor, based on the match or mismatch of counselor and supervisor recovery status, as measured by the Supervisory Styles Inventory (Friedlander & Ward, 1984).

Table 13 presents the univariate ANOVAs for the three scales relating to the SSI. All scales contributed significantly to the overall effect. Cell means and standard deviations are provided in Table 14, and Figure 2 provides an illustration of the interaction effect for each SSI scale. Non-recovering counselors perceived non-recovering supervisors as more task-oriented, more interpersonally-sensitive, and more attractive than recovering supervisors.

Recovering counselors perceived recovering supervisors as more task-oriented, more interpersonally-sensitive, and more attractive than non-recovering supervisors.

Table 11

Multivariate MANOVAs for Counselor Recovery Status x Supervisor Recovery Status for All Measures of Supervisory Relationship (SSI, SRF, WAI, BLRI)

Variable	F	df	p
Counselor recovery status	0.96	14, 230	.492
Supervisor recovery status	0.32	14, 230	.991
Counselor x Supervisor	2.72	14, 230	.001

Table 12

Cell Sizes for Non-recovering/Recovering Counselor and Supervisor Matches on All Measures of Supervisory Relationship (SSI, SRF, WAI, BLRI)

	Non-recovering Supervisors	Recovering Supervisors
Non-recovering Counselors	n = 132	n = 30
Recovering Counselors	n = 64	n = 21

Table 13

Univariate ANOVAs for Counselor Recovery Status x Supervisor Recovery Status Interactions for SSI Scales

SSI Scale	F	df	p
Task-oriented	7.81	1, 243	.006
Interpersonally-sensitive	14.96	1, 243	<.001
Attractive	20.19	1, 243	<.001

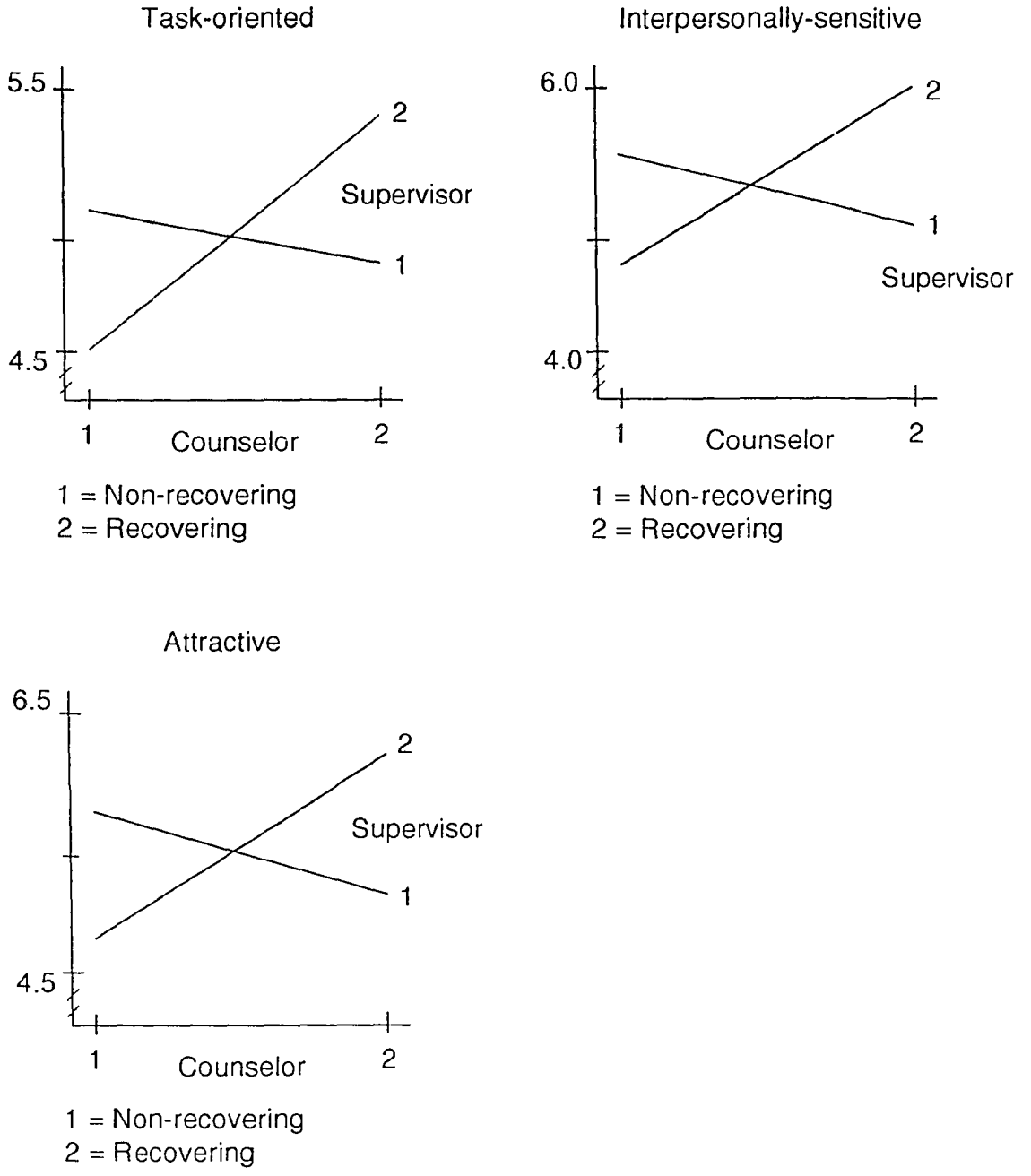
Table 14

Cell Means and Standard Deviations for Non-recovering/Recovering Counselors and Supervisors for SSI Scales

	Non-recovering Supervisors		Recovering Supervisors	
SSI Scale	Mean	Standard Deviation	Mean	Standard Deviation
Task-oriented				
Non-recovering Counselors	5.12	1.18	4.50	1.66
Recovering Counselors	4.92	1.06	5.40	1.19
Interpersonally-sensitive				
Non-recovering Counselors	5.54	1.20	4.80	1.64
Recovering Counselors	5.17	1.27	5.99	0.83
Attractive				
Non-recovering Counselors	5.80	1.18	4.82	1.63
Recovering Counselors	5.33	1.41	6.20	0.74

Figure 2

Graph of SSI Scale Interactions for Non-recovering/ Recovering Counselors and Non-recovering/ Recovering Supervisors



Hypothesis 3

3a. There is a difference in substance abuse counselors' perceptions of the social influence dimensions of trustworthiness, expertness, and attractiveness, based on the recovery status of the counselor and supervisor, as measured by the Supervisor Rating Form-Shortened Version (Schiavone & Jessell, 1988).

3b. There is a difference in substance abuse counselors' perceptions of the social influence dimensions of trustworthiness, expertness, and attractiveness, based on the match or mismatch of counselor and supervisor recovery status, as measured by the Supervisor Rating Form-Shortened Version (Schiavone & Jessell, 1988).

Table 15 presents the univariate ANOVAs for the three scales relating to the SRF. All scales contributed significantly to the overall effect. Cell means and standard deviations are listed in Table 16, and Figure 3 provides an illustration of the interaction effect for each SRF scale. Non-recovering counselors perceived non-recovering supervisors as more expert, more trustworthy, and more attractive than recovering supervisors. Recovering counselors perceived recovering supervisors as more expert, more trustworthy, and more attractive than non-recovering supervisors.

Table 15

Univariate ANOVAs for Counselor Recovery Status x Supervisor Recovery Status Interactions for SRF Scales

SRF Scale	F	df	p
Expertness	10.45	1, 243	.001
Trustworthiness	15.58	1, 243	<.001
Attractive	13.58	1, 243	<.001

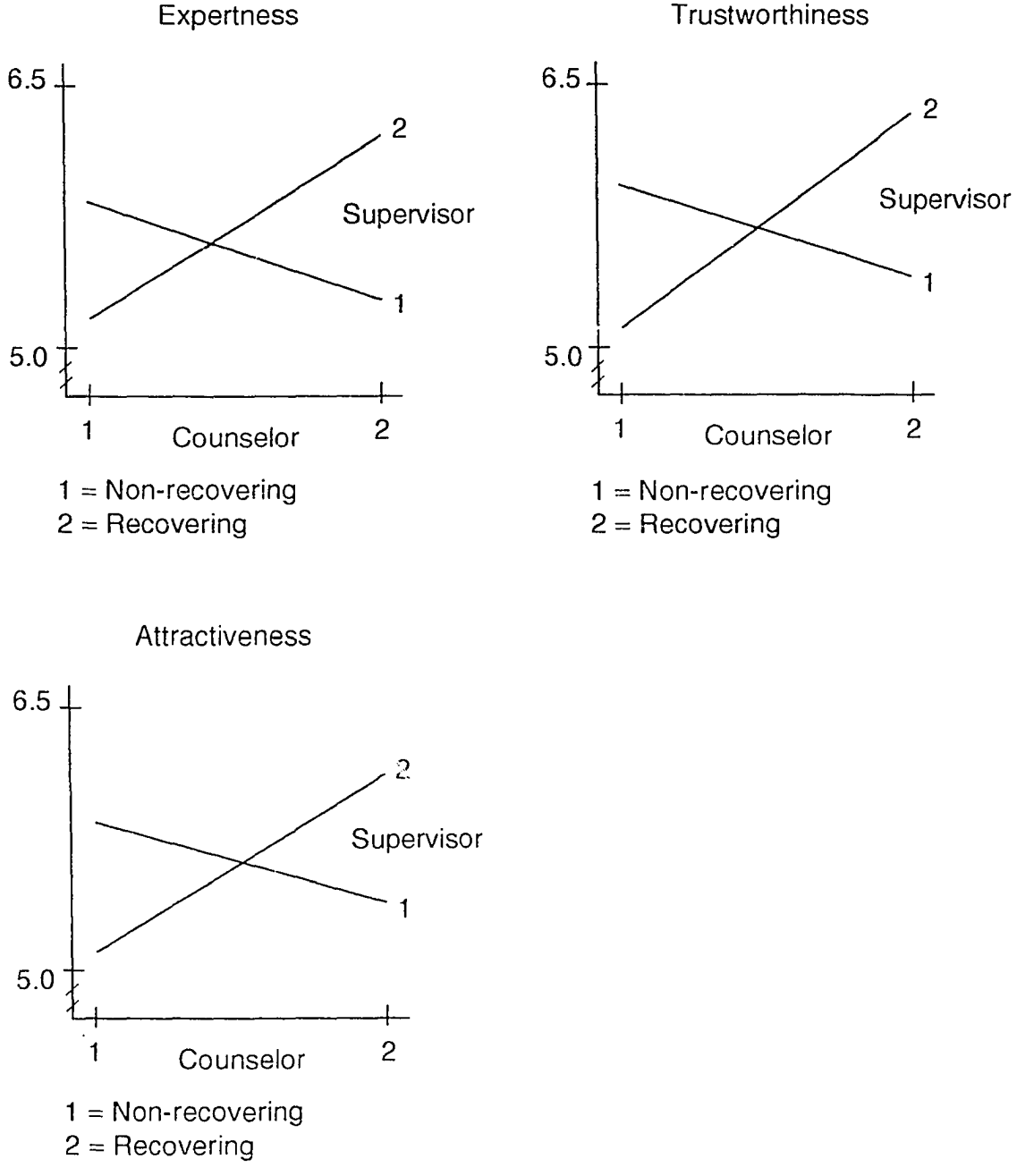
Table 16

Cell Means and Standard Deviations for Non-recovering/Recovering Counselors and Supervisors for SRF Scales

	Non-recovering Supervisors		Recovering Supervisors	
SRF Scale	Mean	Standard Deviation	Mean	Standard Deviation
Expertness				
Non-recovering Counselors	5.80	1.13	5.22	1.67
Recovering Counselors	5.43	1.32	6.17	1.07
Trustworthiness				
Non-recovering Counselors	5.99	1.14	5.13	1.82
Recovering Counselors	5.50	1.46	6.33	1.07
Attractiveness				
Non-recovering Counselors	5.86	1.15	5.08	1.64
Recovering Counselors	5.45	1.41	6.18	0.86

Figure 3

Graph of SRF Scale Interactions for Non-recovering / Recovering Counselors and Non-recovering / Recovering Supervisors



Hypothesis 4

4a. There is a difference in substance abuse counselors' perceptions of the supervisory working alliance, based on the recovery status of the counselor and supervisor, as measured by the Working Alliance Inventory (Horvath & Greenberg, 1989).

4b. There is a difference in substance abuse counselors' perceptions of the supervisory working alliance, based on the match or mismatch of counselor and supervisor recovery status, as measured by the Working Alliance Inventory (Horvath & Greenberg, 1989).

Table 17 presents the univariate ANOVAs for the three scales relating to the WAI. All scales contributed significantly to the overall effect. Table 18 provides the cell means and standard deviations, and Figure 4 provides an illustration of the interaction effect for each WAI scale. Non-recovering counselors perceived a greater focus on the supervisory bond, the tasks of supervision, and the goals of supervision from non-recovering supervisors compared to recovering supervisors. Recovering counselors perceived a greater focus on the supervisory bond, the tasks of supervision, and the goals of supervision from recovering supervisors as compared to non-recovering supervisors.

Table 17

Univariate ANOVAs for Counselor Recovery Status x Supervisor Recovery Status Interactions for WAI Scales

WAI Scale	F	df	p
Bond	20.05	1, 243	<.001
Task	23.48	1, 243	<.001
Goal	19.88	1, 243	<.001

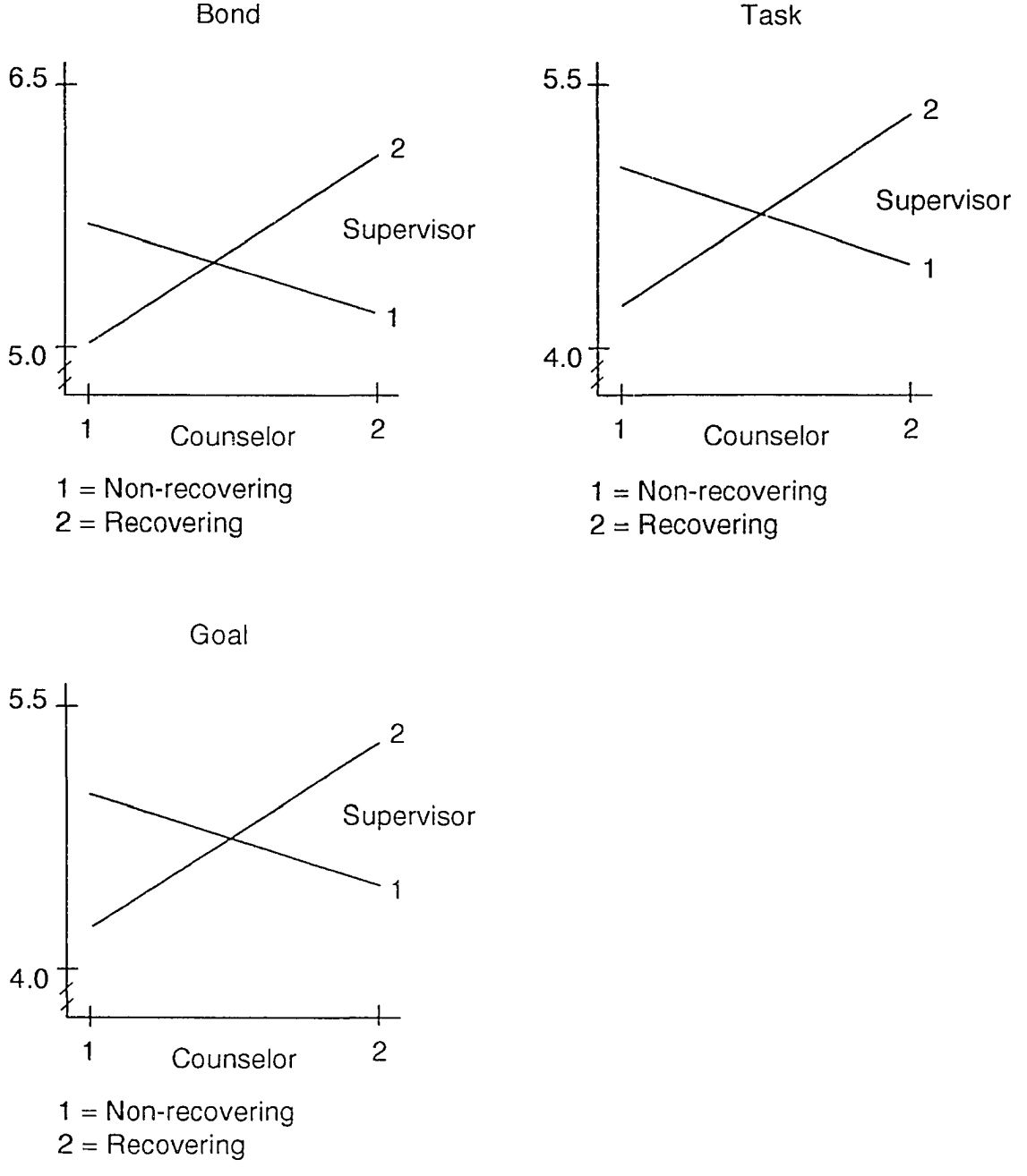
Table 18

Cell Means and Standard Deviations for Non-recovering/Recovering Counselors and Supervisors for WAI Scales

	Non-recovering Supervisors		Recovering Supervisors	
WAI Scale	Mean	Standard Deviation	Mean	Standard Deviation
Bond				
Non-recovering Counselors	5.73	0.94	5.04	1.24
Recovering Counselors	5.29	1.17	6.09	0.78
Task				
Non-recovering Counselors	5.12	1.02	4.32	1.17
Recovering Counselors	4.56	1.17	5.42	0.78
Goal				
Non-recovering Counselors	4.97	1.04	4.25	1.18
Recovering Counselors	4.50	1.13	5.31	0.78

Figure 4

Graph of WAI Scale Interactions for Non-recovering/ Recovering Counselors and Non-recovering/ Recovering Supervisors



Hypothesis 5

5a. There is a difference in substance abuse counselors' perceptions of the core conditions of the relationship in supervision, based on the recovery status of the counselor and supervisor, as measured by a shortened version of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988).

5b. There is a difference in substance abuse counselors' perceptions of the core conditions of the relationship in supervision, based on the match or mismatch of counselor and supervisor recovery status, as measured by a shortened version of the Barrett-Lennard Relationship Inventory (Schacht et al., 1988).

Table 19 presents the univariate ANOVAs for the five scales of the BLRI. All scales contributed significantly to the overall effect. Cell means and standard deviations are listed in Table 20, and Figure 5 provides an illustration of the interaction effect for each BLRI scale. Non-recovering counselors perceived greater levels of regard, empathy, congruence, willingness to be known, and unconditionality from non-recovering supervisors than from recovering supervisors. Recovering counselors perceived greater levels of regard, empathy, congruence, willingness to be known, and unconditionality from recovering supervisors than from non-recovering supervisors.

Table 19

Univariate ANOVAs for Counselor Recovery Status x Supervisor Recovery Status Interactions for BLRI Scales

BLRI Scale	F	df	p
Regard	7.39	1, 243	.007
Empathy	11.66	1, 243	.001
Congruence	14.99	1, 243	<.001
Willingness to be known	13.33	1, 243	<.001
Unconditionality	10.28	1, 243	.002

Table 20

Cell Means and Standard Deviations for Non-recovering/Recovering Counselors and Supervisors for BLRI Scales

	Non-recovering Supervisors		Recovering Supervisors	
BLRI Scale	Mean	Standard Deviation	Mean	Standard Deviation
Regard				
Non-recovering Counselors	5.22	0.76	4.87	0.99
Recovering Counselors	5.00	0.75	5.34	0.80
Empathy				
Non-recovering Counselors	4.90	0.92	4.47	1.02
Recovering Counselors	4.55	0.87	5.12	0.77
Congruence				
Non-recovering Counselors	5.26	0.82	4.77	0.97
Recovering Counselors	4.84	0.91	5.41	0.66
Willingness to be known				
Non-recovering Counselors	5.27	0.79	4.82	0.97
Recovering Counselors	4.83	0.98	5.40	0.74
Unconditionality				
Non-recovering Counselors	5.72	1.04	5.13	1.23
Recovering Counselors	5.13	1.20	5.65	0.60

Figure 5

Graph of BLRI Scale Interactions for Non-recovering/Recovering Counselors and Non-recovering/Recovering Supervisors

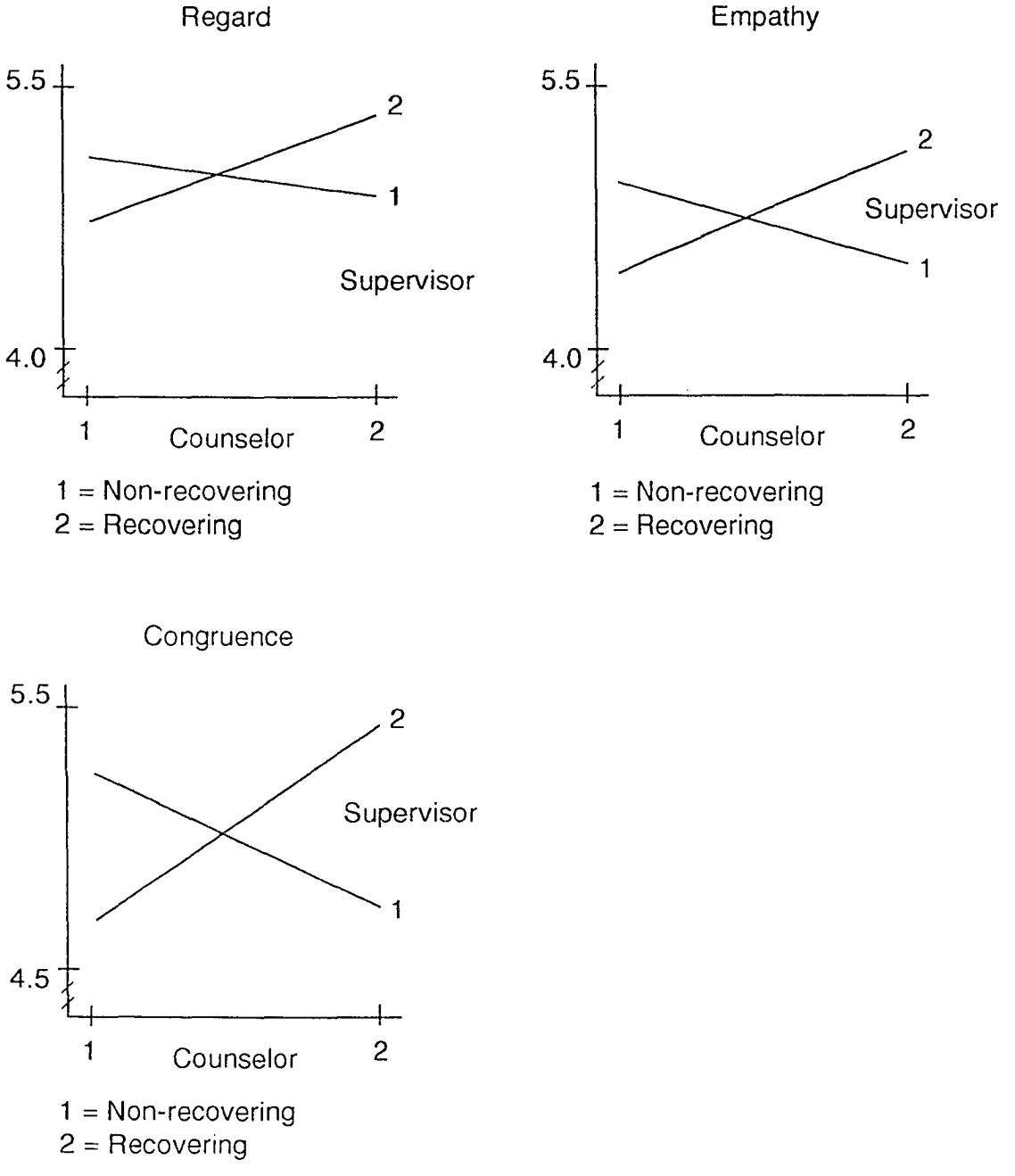
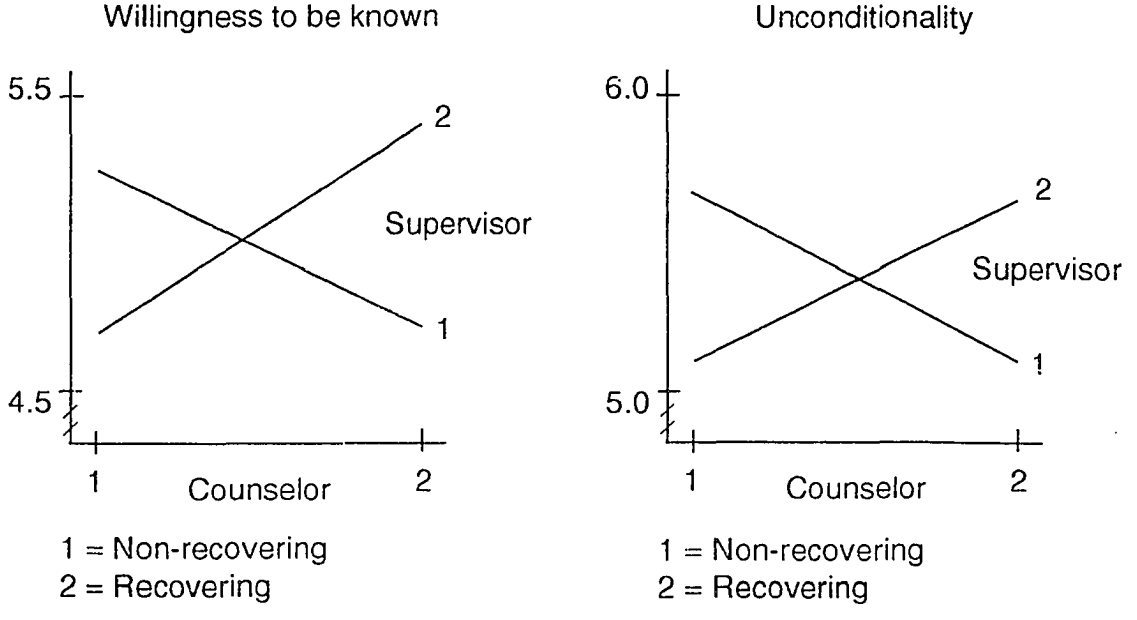


Figure 5 (cont.)

Graph of BLRI Scale Interactions for Non-recovering/ Recovering Counselors and Non-recovering/ Recovering Supervisors



CHAPTER V

SUMMARY, DISCUSSION, LIMITATIONS, IMPLICATIONS, AND CONCLUSIONS

This chapter consists of five sections: summary of the research, discussion of the results, limitations of the study and implications for future research, implications for supervision practice, and conclusions.

Summary

This study investigated differences in substance abuse counselors' satisfaction with and perceptions of the supervisory relationship based on the recovery status of counselors and supervisors individually and the match/mismatch of their recovery status. Participants rated their satisfaction with overall supervision, their supervisors' competence, and the contribution of supervision to their professional growth. They also completed the Supervisory Styles Inventory (Friedlander & Ward, 1984) to assess their perceptions of the style of their supervisor, the Supervisor Rating Form (Corrigan & Schmidt, 1983) to assess their perceptions of social influence dimensions, the Working Alliance Inventory (Horvath & Greenberg, 1989) to assess perceptions of working alliance dimensions, and the Barrett-Lennard Relationship Inventory (Schacht et al., 1988) to assess perceptions of the core conditions of the relationship. The sample consisted of 360 substance abuse counselors employed by the state of North Carolina within the state mental health system. After data collection, a series of 2 (counselor recovery status: non-recovering and recovering) X 2 (supervisor recovery status: non-recovering and recovering) MANOVAs were calculated to

measure significant main effects and interactions in the responses of the two groups of counselors.

Results were similar for all three satisfaction questions and for every scale on the supervisory relationship instruments. No significant differences in satisfaction ratings or perceptions of the relationship were found based upon the counselors' recovery status or the supervisors' recovery status (i.e., no main effects). A significant interaction, however, was found between counselors' and supervisors' recovery status. This interaction was true on all satisfaction questions and all instrument scales. In other words, for all dependent variables in the survey, counselors who were "matched" with their supervisor based on recovery status rated those relationships higher than counselors who were in "mismatched" supervisory dyads based on recovery status.

Discussion

No difference was found between recovering and non-recovering counselors' ratings of satisfaction with supervision. This finding was contradictory to what was expected based on the findings of McGovern and Armstrong (1987). In that study, recovering counselors had a less positive view toward additional professional training and guidance than did non-recovering counselors. Following this, it was expected that recovering counselors would rate their satisfaction with supervision lower than non-recovering counselors, but there were no significant differences based on counselor recovery status. In addition, overall satisfaction ratings for the complete sample were high, indicating that, in general, these counselors felt that their supervisory needs were being met.

The finding of no differences in perceptions of the supervisory relationship based on counselor and supervisor recovery status was not expected. It was believed that differences in various areas of personality and treatment beliefs associated with being in recovery would influence counselors' perceptions of the supervisory relationship. Recovering counselors have been shown to be more rigid in their treatment beliefs and less willing to accept alternative viewpoints, less flexible and more conventional when dealing with clients, and more concrete in their thinking patterns than non-recovering counselors (Hoffman & Miner, 1973; Moyers & Miller, 1993; Shipko & Stout, 1992). Being in recovery is a significant factor in the lives of these counselors; this is a factor that, in the treatment community, is perceived as affecting the way in which this group of counselors works with clients and colleagues. It was anticipated that these factors also would influence the counselors' perceptions of the supervisory relationship. Specifically, it was believed that recovering counselors would have higher perceptions of task-orientation (SSI) or focus on tasks (WAI) than non-recovering counselors. This expectation was not supported by the results of the study.

Counselor recovery status, however, did make a difference on all ratings when combined with supervisor recovery status. Both non-recovering and recovering counselors reported significantly higher ratings when their recovery status matched that of their supervisor. While the finding of higher satisfaction ratings for recovering counselors matched with recovering supervisors was expected, as compared to recovering counselors matched with non-recovering supervisors, it was not expected that the impact of matching would hold true for non-recovering counselors as well. This expectation was due, in part, to previous

findings that recovering counselors were less positive than non-recovering counselors about the counseling effectiveness of non-recovering counselors (McGovern & Armstrong, 1987). It was felt that this less positive view toward non-recovering counselors would hold true for non-recovering supervisors as well. While this expectation for recovering counselors was supported, it was not expected that this matching characteristic would be present for non-recovering counselors also. So, while McGovern and Armstrong's finding of a more negative disposition for recovering counselors toward non-recovering counselors, and possibly supervisors, may have been accurate, it does not appear to be limited to recovering counselors, but rather a function of recovery status matching within the supervisory dyad.

It was expected that recovering counselors would rate recovering supervisors differently from non-recovering supervisors on several of the relationship dimensions, especially for the dimensions of expertness, bond, level of regard, empathy, and unconditionality. This expectation was based, in part, on the generalization of the belief that only alcoholics can understand and help other alcoholics (Lawson, 1982). As a corollary, one could project a belief that only recovering supervisors can understand and help recovering counselors. Also, David Powell (1993), stated that recovering counselors can be resistant to supervision and less flexible in pursuing alternative treatment methods, leading to a defensive posture for recovering counselors, or, in other words, a "professional insecurity." This defensive posture was anticipated to be especially true for the mismatch of recovering counselors and non-recovering supervisors and most closely associated with the relationship dimensions of level of regard, empathy, and unconditionality, since these dimensions could be related to

feelings of professional acceptance by the treatment community. An additional reason for this expectation was the affect of group affiliation, through recovery status, between recovering counselors and their recovering supervisors (Powell, 1993), which would result in a heightened feeling of trustworthiness and bond between like individuals.

Another expectation associated with the expertness scale was that non-recovering counselors would rate recovering supervisors lower in expertness due to the likelihood of the recovering supervisor having had less formal training in counseling skills than the non-recovering counselor (Mann, 1973; Powell, 1993; Valle, 1979). This expectation was based upon the results of Allen et al. (1986), which demonstrated that higher levels of training were associated with greater levels of expectation for expertness in the supervisor. In this study, being a supervisor in recovery does not appear to compensate for possible education deficiencies in the perceptions of expertness for non-recovering counselors. This finding suggests that, for non-recovering counselors, simply being in recovery may be a less significant credential for working in the substance abuse field than the recovering community believes.

Post hoc analyses were conducted to investigate the contribution of the other counselor and supervisor demographic variables (i.e., sex, race, and education level). No other variables were found to be significant in contributing to the overall effect. For recovering counselors and supervisors, a post hoc analysis was conducted to examine the correlation between all dependent variables and reported length of recovery. No correlations were found to be significant, with correlation coefficients ranging from $\underline{r} = .01$ to $\underline{r} = .14$.

Thus, the results of this study give strong indications that recovery status of counselors (more so than other demographic variables) is a significant factor in their perceptions of the supervisory relationship only in terms of the match or mismatch with their supervisors' recovery status. Although these results should be viewed in light of the limitations of the study (presented below), they also have important implications for further research and supervision practice in the substance abuse field.

Limitations of the Study and Implications for Future Research

This study was a survey of the perceptions of the supervisory relationship for substance abuse counselors. Survey designs have several limitations (Isaac & Michaels, 1981). The most obvious is the potential for a low response rate. Because surveys are requests for voluntary participation of the subjects, the possibility exists that the subject pool may not choose to participate in the study, so that respondents may not be representative of the pool. The response rate for this study, however, was over 65% of the total group of substance abuse counselors. Even so, it is not possible to know whether responses from the remaining counselors might have yielded different results.

The method of data collection is another limitation of this study. Having counselors return their surveys, albeit in a sealed envelope, to a central collection point for return to the researcher may have limited the number of participants. It also may have resulted in more favorable ratings of the supervisors due to concern about the confidentiality of the responses. Respondents were given the option of returning their surveys directly to the researcher, and approximately one quarter of the respondents did return their packets directly to the researcher through the mail. While this alternate method of survey return was intended to

assist those participants who were concerned about response confidentiality, the extra effort needed to use this method may have reduced the total number of respondents. It was decided that the accuracy of the responses resulting from the greater amount of confidentiality provided by the this return method outweighed a possible reduction in returned packets. Given the wide range of satisfaction responses along with the high response rate, the additional confidentiality procedures do not appear to have negatively affected the results.

Kalb and Propper (1976) suggested that conducting research in the substance abuse treatment community is difficult due to a lack of emphasis on research methodology and results. They suggested that recovering, paraprofessional counselors were resistant to research efforts for fear of results indicating their ineffectiveness as treatment providers for substance abusing clients. Research efforts to explore issues in substance abuse counseling, therefore, have been met with resistance and rejection for many years due to "professional insecurity" among recovering treatment providers. This insecurity is somewhat justified, given that early research attempts were aimed at determining which group of counselors, recovering or non-recovering, was more effective with clients (Argeriou & Manohar, 1978; Brown & Thompson, 1976; Lawson, 1982). In this study, however, a large number of recovering counselors did participate ($\underline{n}$ = 123, 34.2%). This response rate may have been due to informing counselors that the primary issue for this research was not to identify counseling effectiveness based on recovery status, but to openly acknowledge differences based on recovery status and to explore how those differences are exhibited within the supervisory relationship. The substance abuse treatment community has a long history of discussing differences between recovering and

non-recovering counselors. Understanding how these differences operate and can be used to the best advantage for substance abuse counselors, supervisors, and clients is an appropriate research agenda, and one that appears to be welcomed by both recovering and non-recovering counselors.

Generalizability of the sample, both for the state and a national population of substance abuse counselors, is an additional limitation of the study. Statewide estimates of the population were not available prior to this study. Therefore, a systematic gathering of this information was conducted during the course of this study. Results indicated similar demographic profiles between estimates of the state population of substance abuse counselors and the counselors in this study.

Regarding generalizability to a national level, there is reason to believe that North Carolina substance abuse counselors are similar to a national sample. The North Carolina Substance Abuse Professional Certification Board is a member of the International Certification Reciprocity Consortium (ICRC). The ICRC is a membership organization of certification boards that award reciprocity to counselors fulfilling certification requirements (P. Grace, personal communication, September 12, 1995). Board membership is voluntary and primarily for certification boards offering alcohol and other drug abuse counselor certification(s). A minimum set of standards has been designated by the ICRC for board membership in the consortium. The standards include requirements for work experience levels, minimum levels of education, and ongoing training requirements. Presently, 43 certification boards are members of the ICRC. The members consist of 37 state boards, the District of Columbia certification board, the certification boards of Canada and Sweden, the certification boards for the United States Navy, Air Force, and Marines, and the certification board of the

Indian Health Services. North Carolina currently meets all of the requirements and is a participating member of the ICRC, suggesting the North Carolina substance abuse counselors have some similarity to substance abuse counselors in other states that participate in ICRC. Conducting this survey on a national sample would, however, provide a more accurate determination of the generalizability of these results.

Other limitations are based in the source of ratings. In this study only counselors - not supervisors - were asked to rate their perceptions of the supervisory relationship. However, preliminary results (Reeves, Culbreth, & Greene, 1995) from a study of the supervisory styles of substance abuse supervisors indicate that certified clinical substance abuse supervisors perceive their supervisory style as more attractive and interpersonally sensitive than task-oriented. The findings of this study with counselors are similar, and so appear to support the perceptions of the supervisors. Nevertheless, there was not a one-to-one comparison of each counselor and his/her supervisor in this study; only overall group similarities can be noted at this point.

In future research, examining ratings of the relationship between specific pairs of supervisors and counselors would provide a more defined picture of the connection between recovery status and perceptions of the supervisory relationship. Either a one-to-one pairing and/or using ratings from different supervisees for the same supervisor could provide more information about how each combination of counselor and supervisor works within the supervisory relationship. This type of research could provide direction for handling mismatch problems that may occur, such as a non-recovering counselor and a

recovering supervisor, or whether mismatches should be avoided for recovering counselors altogether.

This study gathered information concerning the current perceptions of substance abuse counselors on relationship dimensions within the supervisory relationship. It did not ask counselors to report their preferences for various relationship dimensions in their ideal supervisor or supervisory relationship. It would be important to determine how preferences for the supervisory relationship can be affected by the recovery status of substance abuse counselors and/or the recovery status of the supervisors. Recovering counselors may have different preferences for supervisor behaviors within the supervisory relationship based on the recovery status of the supervisor, and vice versa for non-recovering counselors. This information would provide much needed direction and guidance for future supervision of substance abuse counselors within the context of recovery status. Also, information about the method of supervision being used by the supervisor who was being rated, and what in-session behaviors led to the ratings was not gathered. Preliminary results from another study concerning the supervision experiences and preferences of substance abuse counselors (Culbreth & Borders, 1996) indicate that individual supervision is the format experienced by most substance abuse counselors. Naturalistic case studies of matched and mismatched pairs of counselors and supervisors might reveal some of the dynamics within the one-to-one relationship that contribute to counselors' perceptions.

Implications for Supervision Practice

This study is one of only a few focused on the dynamics of the supervisory relationship in the substance abuse field. Given the strong indications of an

interaction based on recovery status, it seems quite important for practicing supervisors to know about and give attention to this factor. There are several ways of helping supervisors benefit from these results.

First is supervision training. Currently there are many calls for supervision training in all areas of counseling, including the substance abuse field (Bernard & Goodyear, 1992; Borders, 1992; Borders & Leddick, 1987; Holloway, 1995; Powell, 1993). Results of this study indicate that training in this area should include discussions about working with a supervisee who is not a match in recovery status. One method for this could be having a recovering supervisor talk about recovery issues with the non-recovering supervisor so that a more unconditional and positive supervisory relationship for a recovering counselor can be created. Further, training could include development of supervisor awareness of mismatch relationship dynamics and allow for preparation of strategies that address this issue within the supervisory relationship.

The second method to help supervisors would be to target supervisor continuing education in deficit areas related to recovery status. Recovering supervisors could receive additional on-going training in therapeutic knowledge that the non-recovering counselor already possesses. While previous research has shown no differences in counseling outcome effectiveness due to skill differences between recovering and non-recovering counselors, the perception of skill deficiency among recovering supervisors may still exist. This was evident in non-recovering counselors ratings of expertness for their recovering supervisors. Non-recovering supervisors could participate in on-going recovery seminars,

particularly by attending 12-step meetings, to expand their knowledge of recovery issues in general and in the treatment process specifically.

Another way to enhance supervision of substance abuse counselors is the addition of group supervision. A combination of both group and individual supervision may help minimize differences in mismatched pairs of supervisors and supervisees based on recovery status. Counselors reporting involvement in mismatched supervision pairs indicated lower levels of satisfaction with supervision and lower ratings of all the relationship dimensions measured with the four instruments. Group supervision may provide both counselors and supervisors with differing viewpoints about recovery issues that are provided by team members in a less threatening manner. This suggestion is supported by the fact that the majority of substance abuse counselors report a preference for a combination of individual and group supervision (Culbreth & Borders, 1996).

The significance of the interactions found in this study indicate that there are definite differences in how substance abuse counselors view their supervisory relationship based on their own and their supervisors' recovery status. While results about supervisor/supervisee matching have been mixed for other participant characteristics, such as race, cognitive style, and gender (Carey & Williams, 1986; Cook & Helms, 1988; Hilton et al., 1995; Schacht, Herbert, & Berman, 1989; Worthington & Stern, 1985), these results strongly suggest that recovery status is a significant issue within the supervisory relationship for substance abuse counselors. The existence of recovery in the supervisory relationship is independent of the counselor's recovery status and more of a relationship factor. This finding places recovery status into the category of being a significant relationship dynamic that must be considered beyond the

individuals involved in substance abuse counseling supervision. In addition, it appears to be significant enough to warrant discussing the issue in an open manner within the supervisory dyad.

Conclusions

This study has provided important insights into the supervisory relationship perceptions of substance abuse counselors, both as a group and based on recovery status. Overall, substance abuse counselors seem to be satisfied with their supervisory experiences. However, this satisfaction is closely associated with the match or mismatch of both counselor and supervisor recovery status. There are differences in perceptions of the supervisory relationship for substance abuse counselors based on recovery status. However, those differences are a function of the interaction of the counselor's and the supervisor's recovery status. Counselor recovery status is not an isolated factor in the supervisory process.

Matching or mismatching of recovery status is a significant supervision concern when working within the substance abuse treatment community. The findings of this study further suggest that there are differences in this counseling specialty that justify the continued consideration of substance abuse counseling as a unique specialty within the greater counseling profession.

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Appendix A

CONCERNING YOUR SUPERVISION

Please consider your overall impressions about your current experiences in supervision. (Circle only one answer for each question.)

How satisfied are you with ...		Not at all	A little	Somewhat	Much	Very Much
a.	Your supervision?	1	2	3	4	5
b.	Your supervisor's competence?	1	2	3	4	5
c.	Your supervisor's contribution to your improvement as a counselor?	1	2	3	4	5

Directions: What are the characteristics of your supervisor? The following words describe traits of supervisors and their styles of supervision. Please indicate how you perceive your supervisor at the present time by writing the number from the scale (1 to 7) in the box to the right of each word.

Not Very ... Very

1 2 3 4 5 6 7

Supervisor Style		Supervisor Style		Supervisor Traits	
goal-oriented		didactic		experienced	
perceptive		thorough		honest	
concrete		focused		likeable	
explicit		creative		expert	
committed		supportive		reliable	
practical		open		sociable	
intuitive		resourceful		prepared	
reflective		invested		sincere	
structured		therapeutic		skillful	
evaluative		positive		trustworthy	
friendly		trusting			
flexible		warm			
prescriptive					

The following sentences describe some of the different ways you might think or feel about your supervisor. With each statement there is a seven-point scale. If the statement describes the way you always feel (or think), write the number "7" in the box, if it never applies to you, write the number "1" in the box. Use the numbers between to describe the variations between these extremes. Please work quickly. Your first impressions are the ones we would like to have. Please respond to every item.

1 Never	2 Rarely	3 Occasionally	4 Sometimes	5 Often	6 Very Often	7 Always

1.	I feel comfortable with my supervisor.	
2.	My supervisor and I agree about the things I will need to do to improve my abilities as a therapist.	
3.	I am worried about the outcome of our supervision sessions.	
4.	What I am doing in supervision gives me new ways of looking at how I approach my work as a therapist.	
5.	My supervisor and I understand each other.	
6.	My supervisor perceives accurately what my goals are.	
7.	I find what I am doing in supervision confusing.	
8.	I believe my supervisor likes me.	
9.	I wish my supervisor and I could clarify the purpose of our supervision sessions.	
10.	I disagree with my supervisor about what I ought to get out of supervision.	
11.	I believe that the time my supervisor and I are spending together is not spent efficiently.	
12.	My supervisor does not understand what I am trying to accomplish in supervision.	
13.	I am clear on what my responsibilities are in supervision.	
14.	The goals of these supervision sessions are important to me.	
15.	I find that what my supervisor and I are doing in supervision is unrelated to my concerns.	
16.	I feel the things I do in supervision will help me to improve as a therapist.	
17.	I believe my supervisor is genuinely concerned with my welfare.	

1 Never	2 Rarely	3 Occasionally	4 Sometimes	5 Often	6 Very Often	7 Always

18.	I am clear as to what my supervisor wants me to do in supervision.	
19.	My supervisor and I respect each other.	
20.	I feel that my supervisor is not toally honest about his/her feelings toward me.	
21.	I am confident in my supervisor's ability to help me.	
22.	My supervisor and I are working toward mutually agreed-upon goals.	
23.	I feel that my supervisor appreciates me.	
24.	We agree on what is important to work on.	
25.	As a result of our supervision sessions, I am clearer as to how I might be able to improve my work as a therapist.	
26.	My supervisor and I trust one another.	
27.	My supervisor and I have different ideas on what my difficulties are.	
28.	My relationship with my supervisor is very important to me.	
29.	I have the feeling that if I say or do the wrong things, my supervisor will stop supervising me.	
30.	My supervisor and I collaborate on setting goals for my supervision.	
31.	I am frustrated by the things I am doing in supervision.	
32.	We have established a good understanding of the kind of changes that would be good for my work as a therapist.	
33.	The things my supervisor is asking me to do don't make sense to me.	
34.	I don't know what to expect as the result of my supervision.	
35.	I believe the way we are working in supervision is correct.	
36.	I feel my supervisor cares about me even when I do things that he/she does not approve of.	

Please rate your supervisor's contribution to your therapeutic effectiveness on the following scales, according to your experience of him/her in supervision. Write the number in the box to the right of each item which corresponds to how strongly you feel each statement is true or not true according to the key below. Please mark every item.

1	2	3	4	5	6
I strongly feel it is not true	I feel it is not true	I feel it is probably untrue; more untrue than true	I feel it is probably true; more true than untrue	I feel it is true	I strongly feel it is true

1.	My supervisor respects me as a person.	
2.	My supervisor understands my words, but not the way I feel.	
3.	My supervisor pretends that s/he likes me or understands me more than s/he really does.	
4.	My supervisor prefers to talk only about me and not at all about him/her.	
5.	My supervisor likes seeing me.	
6.	My supervisor is interested in knowing what my experiences mean to me.	
7.	My supervisor is disturbed whenever I talk about or ask about certain things.	
8.	If I feel negatively toward my supervisor, s/he responds negatively to me.	
9.	My supervisor appreciates me.	
10.	Sometimes my supervisor thinks I feel a certain way, because s/he feels that way.	
11.	My supervisor behaves just the way s/he is in our relationship.	
12.	My supervisor freely tells me his/her own thoughts and feelings, when I want to know them.	
13.	My supervisor cares about me.	
14.	My supervisor's own attitude toward some of the things I say or do, stops him/her from really understanding me.	
15.	I do not think that my supervisor hides anything from him/herself that s/he feels toward me.	
16.	Sometimes my supervisor is warmly responsive to me, at other times cold and disapproving.	
17.	My supervisor is interested in me.	
18.	My supervisor appreciates what my experiences feel like to me.	
19.	I feel that I can trust my supervisor to be honest with me.	
20.	My supervisor adopts a professional role that makes it hard for me to know what s/he is like as a person.	

1 I strongly feel it is not true	2 I feel it is not true	3 I feel it is probably untrue; more untrue than true	4 I feel it is probably true; more true than untrue	5 I feel it is true	6 I strongly feel it is true

21.	My supervisor does not really care what happens to me.	
22.	My supervisor does not realize how strongly I feel about some of the things we discuss.	
23.	There are times when I feel that my supervisor's outward response is quite different from his/her reaction to me.	
24.	Depending on his/her mood, my supervisor sometimes responds to me with quite a lot more warmth and interest than s/he does at other times.	
25.	My supervisor seems to really value me.	
26.	My supervisor responds to me mechanically.	
27.	I don't think that my supervisor is honest with him/herself about the way s/he feels about me.	
28.	My supervisor wants to say as little as possible about his/her own thoughts and feelings.	
29.	My supervisor feels deep affection for me.	
30.	My supervisor usually understands all of what I say to him/her.	
31.	Sometimes my supervisor is not at all comfortable, but we go on, outwardly ignoring it.	
32.	My supervisor's general feeling toward me varies considerably.	
33.	My supervisor regards me as a disagreeable person.	
34.	When I do not say what I mean clearly, my supervisor still understands me.	
35.	I feel that my supervisor is being genuine with me.	
36.	My supervisor's own feelings and thoughts are always available to me, but never imposed on me.	
37.	At times my supervisor feels contempt for me.	
38.	Sometimes my supervisor responds quite positively to me, at other times s/he seems indifferent.	
39.	My supervisor does not try to mislead me about his/her own thoughts or feelings.	
40.	My supervisor is deeply and fully aware of my most painful feelings without being distressed or burdened by them him/herself.	

CONCERNING YOUR SUPERVISOR

Sex of your supervisor (circle one): Male Female

Your supervisor's race: White Black Native American

(circle one) Hispanic Asian Other (please specify) _____

Highest level of education attained by your supervisor (circle one answer):

1 Completed high school
2 Completed trade or business school
3 Some college
4 Completed bachelor's degree
5 Some master's level work
6 Completed master's degree
7 Some doctoral work
8 Completed doctoral degree
9 Unknown

To your knowledge, does your supervisor consider him/herself to be in recovery from a primary chemical addiction problem? (circle one answer)

1 No
2 Yes
3 Unsure

CONCERNING YOURSELF

Your age: _____ Your sex (circle one): Male Female

Your race: White Black Native American

(circle one) Hispanic Asian Other (please specify) _____

Your marital status: Single Married Separated Divorced Remarried
(circle one)

Your highest level of education attained (circle one answer):

1 Completed high school
2 Completed trade or business school
3 Some college
4 Completed bachelor's degree
5 Some master's level work
6 Completed master's degree; _____ (when?)
7 Some doctoral work
8 Completed doctoral degree; _____ (when?)

Do you consider yourself to be in recovery from a primary chemical addiction problem? (circle one answer)

1 No
2 Yes ----------> If Yes, for how long? _____

THANK YOU FOR YOUR ASSISTANCE

Appendix B

Dear Participant,

The substance abuse treatment community is made up of a diverse group of counselors with varying levels of formal training and clinical expertise. This is unique to our profession and creates a challenge for clinical supervision initiatives. To better plan clinical supervision, information about the supervisory relationship of substance abuse counselors and supervisors is needed. However, no research exists on the clinical supervision of substance abuse counselors. Therefore, gaining information about the clinical supervision relationship is necessary in addressing the needs of substance abuse counselors. This survey will help provide such information.

I would ask that you complete this survey. Your participation in this study is completely voluntary. It will be a tremendous help if you answer all of the questions. The more complete the answers, the greater the value of the responses.

Your responses will not be associated with your name or any identifying information. Confidentiality will be maintained because we will report only group responses. The results of the survey will be made available to substance abuse counselors through professional newsletters and publications.

While this questionnaire may look long, it only takes approximately ten to fifteen minutes to complete. Your assistance in gathering important information concerning the supervision relationship of substance abuse counselors and their supervisors is greatly needed and appreciated. By lending your expertise to this research effort, you can help shape the future of clinical supervision for substance abuse counselors.

I will be happy to answer any questions you may have. Please write me Box 3661 UNCG Station, Greensboro, NC 27413, call me at 910-334-3570, or send Email messages to CulbretJ@Iris.UNCG.Edu. Thank you for your assistance.

Sincerely,

Jack Culbreth, M.A., NCC
Project Director

Instructions for survey administration

- Each area substance abuse coordinator will designate a counselor to be the contact person for the administration of the survey in their area. The coordinator will give the contact person the complete set of instrument materials that were distributed at the regional meeting.
- The contact person will distribute each packet to the substance abuse counselors working in the area system. The packet will include a survey, an introduction letter, and an addressed return envelope.
- Write the initials of each person receiving a packet on the survey log sheet. If an individual does not want to complete the survey, they may return it to the contact person without completing it. Participation is voluntary and confidential. The initials are intended to help with determining the correct percentage of surveys distributed, completed, and returned. The initials on the log sheet will not be associated with the completed surveys.
- The contact person will be the collection point for returning the surveys.
- When a counselor returns the survey, place a check mark beside that person's initials indicating that the survey was received.
- If a person refuses to accept a survey, place a mark beside their initials indicating a refusal to participate.
- Once all of the packets are accounted for, place all of the survey envelopes and the survey log sheet into the large return envelope and mail them to the project director. Please make sure the survey log sheet is included.
- If a counselor is concerned about the confidentiality of their responses, they may mail their survey to the project director. They should place a stamp on the survey return envelope and drop the envelope in the mail. They should also indicate this to the survey contact person.

The agency staff that returns at least 80% of the total possible number of surveys, completed, within two weeks of receiving them from the area coordinator's meeting, will be entered into a drawing for a staff lunch provided by the project director at a local restaurant.

Survey Response Log Sheet

Agency name _____

Contact Person _____

Total number of substance abuse counselors working at agency [ ]

Counselor Initials	Survey returned	Did not return survey	Did not want to participate