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An Exploration of Counseling Practicum Students' Experiences in Department-Based and Community-Based Settings

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An Exploration of Counseling Practicum Students' Experiences in Department-Based and
Community-Based Settings

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

Corrie DeLorge Minges

B.S., Nicholls State University, 2004
M.A., Nicholls State University, 2006

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Dedication

For my grandmother Serena “Weenie” Borne, who taught me that there are no dreams too big to achieve.

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This journey has been long and arduous, and would not have been achievable without the help and support of several people.

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Abstract

Counselor educators are continually improving the quality of their training programs. The purpose of the present study was to investigate counseling students' practicum experiences and development in community-based and department-based settings. The framework for this study was based on Stoltenberg's integrated developmental model, which describes stages of counselor development and supervision conditions needed for a learning environment (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg, McNeill, & Delworth, 1998)

A nation-wide study was conducted utilizing counselor education practicum students enrolled in programs listed in the CACREP program directory (2008) and *Counselor Preparation: Programs, Faculty, Trends* (12th ed.; Schweiger, Henderson, Clawson, Collins, & Nuckolls, 2008), and subscribed to three listserves COUNSGRAD, CESNET, and COUNSLINK. A total of 435 responses were collected electronically with a completion rate of 70% ($N = 305$). The *Demographic and Experience Questionnaire* and the *Supervision Level Questionnaire Revised (SLQ-R)* were used.

The results of this study indicated that practicum students' experiences differed in community-based versus department-based settings. Students in department-based settings reported their settings were more structured than did students in community-based settings. Students who rated their settings as more structured also reported they were more satisfied with the amount of structure. Direct supervision modalities were utilized more often in department-based settings than in community-based settings. Students in community-based settings were supervised by licensed professional counselors, licensed professional counselor – supervisors, and licensed clinical social workers. Students in department-based settings were supervised by counseling professors, licensed professional counselors, licensed professional counselor –

supervisors, and counseling doctoral students. Despite the differences in structure, supervision modalities, and supervisors, practicum students reported similar experiences in client population types and client issues.

Additionally, no differences were found in counseling practicum students' *SLQ-R* scores in community-based versus department-based settings, and no differences in students' *SLQ-R* scores were found in direct supervision in comparison to indirect supervision. The number of supervision modalities used in practicum settings was not related to students' *SLQ-R* scores. Significant relationships were found in two of the sub-scales on the *SLQ-R*: self and others awareness and autonomy with practicum students' number of credit hours completed.

Keywords: counselor education, practicum, counseling students, training laboratories, community-based clinics, department-based clinics, supervision

CHAPTER 1

Introduction

Counselor education programs include both didactic and clinical components in their training programs. Within the clinical component, practicum is typically the first experience in which counseling students work with clients. A goal of practicum is to facilitate development of counseling students. Practicum experiences vary across counselor education programs. Currently, two settings in which counselor education programs implement practicum are department-based and community-based settings. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has very specific requirements for supervision of practicum students including the number of direct and indirect contact hours. Yet, the 2009 CACREP Standards do not specify whether practicum must be implemented in department-based or community-based settings. Because counselor development is a main goal of practicum, providing the most conducive setting that facilitates counselor development is vital for counselor education programs (Collison, 1994; Pate, 1994, 2010). The purpose of this study is to investigate counseling students' experiences and development during their practicum experiences in community-based and department-based settings.

Background

Practicum experience is critical in counseling students' development. Typically, practicum is initiated after students have completed most of their course work in a counseling program (Neufeldt, 1994). During practicum, counseling students are able to use their counseling skills and knowledge with actual clients for the first time. A significant amount of student learning and development takes place during practicum. Because practicum is such an important time in counseling students' learning experiences, counselor education programs strive

for excellence in facilitating student clinical experiences during practicum. Clinical settings and experiences vary depending on the university and the counseling program in which students are enrolled. Dye (1994) pointed out that practicum experiences differ greatly from program to program in how they are facilitated. Currently, the two types of settings for practicum are department-based settings and community-based settings. Regardless of the settings for practicum, students are required to collect the same amount of indirect and direct contact hours to meet CACREP Standards and licensure requirements. According to the CACREP 2009 Standards (2009), practicum requirements include a total of 100 hours. Of the 100 hours, 40 hours must include direct client contact and 60 hours must include indirect services. Supervision requirements are one hour per week with an individual supervisor and one and one-half hours per week with a group supervisor. If students are completing practicum in a community setting, they must also meet with an on-site supervisor for one hour per week.

Practicum student development.

Practicum student developmental growth can be explained by looking at Stoltenberg's integrated developmental model (IDM). Although there are other developmental models, Stoltenberg's model provides a comprehensive breakdown of counseling students' developmental process throughout their training, which extends beyond graduate training programs (Bernard & Goodyear, 2004). IDM includes four levels of counseling students' development (Stoltenberg, McNeill, & Delworth, 1998). The first level, Level 1, applies to practicum students, applicable to the present study. Level 1 of IDM shows the possible progression of development during the first practicum. Practicum students typically remain at Level 1 during their practicum experiences and sometimes beyond practicum; however, it is possible for students to progress to Level 2 by the end of practicum. Stoltenberg's model further

includes eight domains that occur within students' developmental levels. The eight domains of functioning in Stoltenberg's model are: (1) intervention skills, (2) assessment techniques, (3) interpersonal assessment, (4) client conceptualization, (5) individual differences, (6) theoretical orientation, (7) treatment plans and goals, and (8) professional ethics (Bernard & Goodyear, 2004; Stoltenberg et al., 1998). The first domain, intervention skills, differs somewhat in implementation depending upon students' chosen theory. Examples of intervention skills are: active listening, genuineness, unconditional positive regard, reflection, and paraphrasing (Fall & Sutton, 2004). Examples of the second domain, assessment skills, include conducting psychological assessments such as the use of the DSM-IV and assessing for suicide (Bernard & Goodyear, 2004; Fall & Sutton, 2004). The third domain, interpersonal assessment, includes understanding transference and countertransference and knowing the difference between a client's worldview and a student's worldview (Fall & Sutton, 2004). The fourth domain, students' conceptualization skills, refers to the ability of students to see themes in clients' stories, to see underlying issues, and to understand clients' worldview with all their complexities. Bernard and Goodyear (2004) characterized the fifth domain, individual differences, as counseling students' acknowledgment of the racial, ethnic, and cultural differences between self and others. Theoretical orientation, the sixth domain, is what counseling students understand and use as a specific theory in a counseling session, which Bernard and Goodyear (2004) see as an advanced skill. The seventh domain, treatment plans and goals, pertain to the level of organization of plans and goals in therapy (Bernard & Goodyear, 2004). Finally, the eighth domain, professional ethics, is how well counseling students know and apply ethical standards in their counseling work (Fall & Sutton, 2004). Before counseling students begin practicum, they should be introduced to all eight domains (Woodard & Lin, 1999). Bernard and Goodyear

(2004) stressed that students will not be proficient in the eight domains before beginning practicum or even after completing practicum. In fact, students will continue to gain proficiency in all eight domains after completing a master's program.

Stoltenberg's IDM uses three structures to measure counseling students' developmental level based on the eight domains previously discussed (Bernard & Goodyear, 2004; Stoltenberg, et al., 1998). The three structures are: self and others awareness, motivation, and autonomy. Bernard and Goodyear (2004) described the structure of self and others awareness as how focused counseling students are on self during sessions, how aware counseling students are of clients, how students understand self, and how students use self-understanding in therapy. The structure labeled motivation is described by Bernard and Goodyear as the various forces that motivate counseling students such as level of investment, interest in, and effort towards therapeutic work or learning. The structure of autonomy is the degree to which counseling students are dependent on supervisors. These three constructs apply to all eight domains. Counseling students' development in each domain can be assessed against each of these three structures (McNeill, Stoltenberg, & Romans, 1992).

Borders (1990) completed a study of first semester practicum counseling students at the beginning of practicum and again at the end of practicum using the *Supervisee Levels Questionnaire (SLQ)*. The results showed significant developmental growth on the *SLQ* structures. For instance, counseling students felt less dependent on supervisors, more aware of their motivation in therapy, and less anxious or worried about performance in therapy. Borders (1990) also reported that students felt as though they were applying their skills and knowledge on a consistent basis, indicating that by the end of the first practicum students can be expected to have increased significantly in all structures.

Practicum setting.

In counseling programs, practicum settings occur in community-based or department-based settings, with many similarities and differences. Community-based settings include schools, mental health clinics, substance abuse treatment centers, hospitals, and specialized agencies for specific populations such as women's shelters. Ponton (2009) explained that counseling students' experiences with clients depend on the nature of the chosen clinics, agencies or centers. Additionally, client population types and presenting issues can impact counseling students' experiences. Due to the variety of settings and counseling services provided at community-based settings, counseling students' experiences in gaining clinical hours vary greatly. Brandt and Porteus (2009) pointed out that counseling students placed in community settings such as school settings spend approximately half of their time working with mental health issues. In school-based settings, students are required to participate in activities such as play therapy, psychoeducational groups, and consulting with parents and teachers. A wide variety of client issues that counseling students may encounter are family, behavioral, academic, social relationships, trauma, and neglect. Brandt and Porteus (2009) explained that several family issues that impact children and adolescents in schools include poverty, homelessness, domestic violence, substance abuse, and parental incarceration. In comparison, Ponton (2009) explained that in community-based settings counseling students' experiences are highly dependent on particular agencies or clinics and the setting's mission. Various client issues in community-based settings include substance abuse, mental health concerns, developmental issues, and family adjustment problems. Community-based settings also allow counseling students to experience particular agency policies and procedures.

The 2009 CACREP Standards (2009) require students to be supervised in practicum; however, counseling students' supervision experiences may differ depending upon site supervisors. The Standards do not limit site supervisors to licensed professional counselors or certified school counselors. According to the Standards, site supervisors in community settings must have a master's degree in counseling or a related field, certification or license, minimum of two years experience post master's degree, knowledge of the counseling program's expectations, and relevant supervision training. Site supervisors' may belong to any of the various related mental health professions including: psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, and psychiatric nurses (Guo & Wang, 2009). Based on the variety of professionals who provide supervision, site supervisors have their own methods and styles of supervision. Vernon (2009) pointed out that site supervisors may or may not require counseling students to audio or video record sessions and/or may or may not require live supervision. He explained that some site supervisors use monitoring devices such as a baby monitor to listen to counseling sessions and provide live supervision. Harper and Ricthie (2009) explained that in some community agencies live supervision can and does occur, but live supervision is rare and difficult to accomplish. Also, community settings offer counseling students supervision by on-site supervisors who are immersed and experienced in the work at the particular site (Vernon, 2009).

As with community-based settings, department-based settings vary in setup from university campus to campus (Dye, 1994). Myers and Smith's (1995) survey of counselor education programs explored the different types of department-based settings, which may have between 1 and 17 rooms. The department-based settings may include waiting rooms, videotape rooms, live observation hallways, group or family rooms, play therapy resources, and

administrative space. Most clinics have one-way mirrors for live observation. The types of electronic equipment include audio and video recorders, flat screen monitors, televisions, computers, and telephones. Just as the department-based setting setup varies from campus to campus, client populations also vary. Clients typically are from the community or are university students (Altekruse & Seiters, 1994; Leddick, 1994; Myers & Smith, 1995). Clients from the community are referred from local health services, mental health agencies, or private practices; whereas clients are students from university counseling centers or departments within universities (Altekruse & Seiters, 1994). Myers and Smith (1995) stated that in department-based settings, clients are occasionally self-referred based on clinic advertisement; however, Leddick (1994) explained that self-referrals are not common. Neufeldt (1994) reported that counseling services are provided to clients with a wide range of presenting issues. Some of the client issues seen by counseling students in department-based settings include, but are not limited to eating disorders, personality disorders, depression, family conflict, life transitions, gang activities, coping with loss, and relationship issues (Leddick, 1994; Neufeldt, 1994). Counseling students are expected to conduct individual, group, and family counseling sessions with adults, adolescents, and children (Myers & Smith, 1995).

With the wide range of client issues, supervision is extensive and is a major focus in department-based settings (Neufeldt, 1994). In addition to the CACREP (2009) requirements of one hour of individual supervision and one and one-half hours of group supervision, live supervision and review of videos are often part of supervising counseling students (Dye, 1994;

Neufeldt, 1994). Neufeldt explained that supervision is typically provided by either licensed, experienced faculty members or by advanced doctoral students. Sweeny (1994) pointed out that, in addition to supervision from advanced doctoral students and faculty, peer supervision also occurs.

Problem Statement

Department-based and community-based settings are similar in many aspects; however, the two types of settings also have many differences. University counseling programs use either department-based or community-based settings to facilitate developmental growth of counseling students during practicum experiences (Bernard & Goodyear, 2004; Stoltenberg et al., 1998). Community-based settings often vary in experiences, in supervisors, and in clients, making it difficult for faculty to monitor counseling students' experiences received at agencies and schools (Harper & Ritchie, 2009). Higher levels of supervision are recommended but are difficult to accomplish in community agencies as opposed to department-based campus clinics (Bernard & Goodyear, 2004; Stoltenberg et al., 1998). Within department-based settings, the similar training experiences, supervisors, and structure make counseling students' experiences more consistent than in community-based settings (Dye, 1994; Sweeny, 1994). Both types of learning environments offer advantages and disadvantages; however, each type of learning environment may impact counseling students' levels of growth differently. A priority of counselor education programs is to facilitate counseling students' development; thus, it is important to know the impact of each learning environment on students' development.

Significance of the Study

Considering that practicum students' clinical experiences can occur in community-based or department-based settings, the present study provided information on the impact that each setting has on counseling student development. Further evaluation of counseling students' training experiences has implications for current practice and policies in counselor education programs, as well as the settings where training occurs. Another element of the significance of this study is the results added to the reliability and validity of Stoltenberg's IDM and the *SLQ-R*.

Purpose of the Study

Counselor educators are continually improving the quality of counselor training programs. For instance, counselor education programs strive to meet and exceed national accreditation standards such as CACREP and state licensure requirements. The two ways counselor education programs provide practicum experiences for counseling students are through department-based and community-based settings. CACREP (2009) and state licensing boards such as the Louisiana Licensed Professional Counselor Board of Examiners (2003) require practicum experiences. However, specifications of where practicum clinical experiences take place are not provided. The lack of specification may be due to the fact that little research has been conducted to determine if there are significant differences in counselor training settings during students' clinical experiences. The purpose of this study was to investigate counseling students' development and their practicum experiences within community-based and department-based settings.

Research Questions

The five research questions for the study are:

1. What are counseling students' experiences in practicum settings, in supervision, and with client population types?

2. Are there group differences in counseling practicum students' scores on *Stoltenberg's Supervisee Levels Questionnaire-Revised (SLQ-R)* and the setting of their practicum experience?
3. Are there group differences in counseling practicum students' scores on the *SLQ-R* and the modalities of supervision they received in their practicum setting?
4. Is there a significant relationship between counseling practicum students' scores on *SLQ-R* and the number of supervision modalities received?
5. Is there a significant relationship between counseling practicum students' scores on the *SLQ-R* and the number of credit hours completed by students?

Assumptions of the Study

Three basic assumptions exist for this study. The first basic assumption is that counseling students at the beginning of their practicum experience are the appropriate group of participants for this study. A second assumption is that participants will answer the *Demographic and Experience Questionnaire* and *SLQ-R* honestly and on their own initiative. A third assumption is that the *SLQ-R* will be a valid measure of counseling students' developmental level.

Limitations of the Study

Three limitations existed for this study. First, data were collected through e-mail and an online database collection method, Qualtrics™. According to Van Selm and Jankowski (2006), response rates are not particularly high in e-mail surveys. However, the sample for the present study was recruited from programs listed in the CACREP (2008) directory and programs listed in *Counselor Preparation: Programs, Faculty, Trends* (12th ed.; Schweiger, Henderson, Clawson, Collins, & Nuckolls, 2008) to increase the sample size. Additionally, participants were recruited

from three listserves: COUNSGRAD, CESNET, and COUNSLINK. A second limitation was that potential participants needed have access to the Internet because the documents were distributed by email. A third limitation was that self-report responses of participants may have been affected by social desirability bias (McMillan & Schumacher, 1997).

Definitions of Terms

Assessment techniques: Assessment techniques are psychological assessments (Stoltenberg & McNeill, 2010). Examples of assessment techniques include: conducting psychological assessments such as the use of the DSM-IV and assessing for suicide or harm to others (Bernard & Goodyear, 2004; Fall & Sutton, 2004).

Autonomy: The structure of autonomy is the degree to which a counseling student is dependent on the supervisor (Bernard & Goodyear, 2004).

Awareness of self and others: Bernard and Goodyear (2004) describe awareness of self and others as how focused a counseling student is on self during the session, how aware a counseling student is of the client, how a counseling student understands self, and how a counseling student uses self-understanding in therapy.

Client conceptualization: Client conceptualization refers to the ability to see themes and patterns in a client's stories, underlying issues, and worldview (Fall & Sutton, 2004).

Community-based setting: Community-based settings are sites chosen by the student and faculty that occur within a community or private agency, which provide counseling services to clients (Harper & Ritchie, 2009).

Department-based setting: A department-based setting is a training clinic operated by a counseling program. The clinic is typically set up with one-way mirrors, video equipment, and audio equipment situated within a university counseling program department, which provide counseling services to clients (Myers & Smith, 1995; Sweeney, 1994).

Direct supervision: Direct supervision is when the supervisor observes and/or interrupts the session in some fashion to give direction to a counseling student (Bernard & Goodyear, 2004).

Direct supervision is often referred to as live observation or live supervision.

Group supervision: Group supervision is defined as “a tutorial and mentoring relationship between a member of the counseling profession and more than two counseling students” (CACREP, 2008, p. 62).

Indirect supervision: Indirect supervision is defined as the review of process and case notes, audiotapes, videotapes, and self-reports (Bernard & Goodyear, 2004).

Individual differences: Bernard and Goodyear (2004) characterize individual differences as the supervisees’ acknowledgment of the racial, ethnic and cultural differences between themselves and others.

Individual supervision: Individual supervision is defined as “a tutorial and mentoring relationship between a member of the counseling profession and a counseling student” (CACREP, 2000, p. 62).

Interpersonal assessment: Interpersonal assessment includes a counselor’s abilities to understand transference and countertransference, personal strengths and weaknesses, and differences between clients’ worldview from a counselor’s personal worldview (Fall & Sutton, 2004).

Intervention skill: Intervention skills are skills used to accomplish therapeutic interventions (Stoltenberg & McNeill, 2010). Examples of intervention skills are: active listening, genuineness, unconditional positive regard, empathy, reflection, paraphrasing, relationship building, and appropriate use of self-disclosure (Fall & Sutton, 2004).

Motivation: Motivation is described by Bernard and Goodyear (2004) as the various forces that motivate the counseling student such as level of investment, interest in, and effort towards therapeutic work or learning.

Practicum: Practicum is defined as a “supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. Practicum is completed prior to internship” (CACREP, 2009, p. 61).

Supervision: Supervision is defined as “a tutorial and mentoring form of instruction in which a supervisor monitors the student’s activities in practicum and internship, and facilitates the associated learning and skill development experiences. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients” (CACREP, 2009, p. 62).

Theoretical orientation: Theoretical orientation is a counseling student’s understanding and use of a specific theory in session and is an advanced skill (Bernard & Goodyear, 2004).

Treatment plans: Treatment plans and goals pertain to the level of organization of plans and goals in therapy (Bernard & Goodyear, 2004).

Triadic supervision: Triadic supervision is defined as “a tutorial and mentoring relationship between a member of the counseling profession and two counseling students” (CACREP, 2009, p. 62).

CHAPTER 2

Literature Review

During practicum, clinical experiences are an important part of counseling training for master's level students. Clinical experiences may be provided community-based settings or department-based settings. Community-based and department-based settings offer similar yet different clinical training experiences for counseling students. For instance, these two practicum experiences vary in physical structure, availability of supervision modalities, and client needs, which can impact the developmental growth of counseling students during their practicum experiences. To explore these two types of clinical experiences, three bodies of literature will be reviewed: (a) supervision models and supervisee/counselor development, (b) supervision requirements for practicum students, and (c) practicum settings.

Supervision Models and Supervisee/Counselor Development

Many supervision theories and models have been developed to facilitate counselor development and protect clients. In the CACREP (2009) standards, supervision is defined as “a tutorial and mentoring form of instruction in which a supervisor monitors supervisees’ activities in practicum and internship, and facilitates the associated learning and skill development experiences. The supervisor monitors and evaluates the clinical work of supervisees while monitoring the quality of services offered to clients” (p. 62). Generally, supervision models are divided into three major categories: (a) psychotherapy, (b) social role, and (c) developmental. Each category contains several models with descriptors of the supervisors’ roles and the main components of each model.

Psychotherapy supervision models.

Psychotherapy models were among the first supervision models developed (Bernard & Goodyear, 2004). Bernard and Goodyear (2004) credited Freud as the first supervisor. Several of the supervision techniques and goals used in psychotherapy models are similar to the techniques and goals of psychotherapy. The supervisor often plays the role of therapist as opposed to expert, and focuses on supervisees' processes in supervision and sessions with clients in addition to clients' processes. The four prominent psychotherapy models are: (a) psychodynamic, (b) person-centered, (c) cognitive-behavioral, and (d) systemic. The first model, psychodynamic, is the oldest supervision model, beginning with Freud, which was used in the 1920s at the Berlin Institute of Psychoanalysis and has continued to evolve with time (Bernard & Goodyear, 2004). Frawley-O'Dea and Sarnat's model of psychodynamic supervision focuses on the process of both supervisees and clients with the role of the supervisor as an "uninvolved expert" (Bernard & Goodyear, p. 78). The supervisor works collaboratively with supervisees in the supervision process, which is composed of three dimensions. Dimension one is "the nature of the supervisor's authority in relationship to the supervisee" ranging from absolute knowledge and direction to no knowledge or direction with clients, depending on the situation; dimension two is "the supervisor's focus" on the supervisory relationship, supervisees, or clients; and dimension three is the "supervisor's primary mode of participation" (p. 78) and reflects the approach of the supervisor in supervision.

The second psychotherapy model is person-centered supervision founded by Carl Rogers (Bernard & Goodyear, 2004). Rogers was among the first to use technology in supervision by recording supervision sessions and using the recordings and transcripts of sessions in supervision. Just as in person-centered therapy, in which the therapist believes in clients'

abilities to grow towards self-actualization, the supervisor trusts in supervisees' abilities "to grow and explore both the therapy situation and the self" (p. 79). Just as person-centered supervision is similar to person-center therapy, the third model, cognitive-behavioral supervision, is similar to cognitive-behavioral therapy. The similarities in therapy and supervision include focusing on adaptive and maladaptive behaviors, systematic and specific nature of the sessions, and negotiation of goals. Several supervision methods are used such as building a working relationship, analyzing and assessing, establishing goals, making a plan to implement goals, and evaluating progress. The last psychodynamic supervision model is systemic supervision, which focuses on supervisees' family systems and the relationship between the supervisor and supervisees (Bernard & Goodyear, 2004). "The therapist must be encouraged to relate training to his or her own family of origin issues" (p. 81). A significant contribution to the systemic supervision model is isomorphism, which occurs when supervisees act out the roles they play in their families in supervision sessions. Systemic supervision often uses the modality of live supervision in addition to the other supervision modalities.

Social role supervision models.

Social role models of supervision highlight the different roles supervisors may take during supervision sessions. The two social role models are the discrimination model and Holloway's systems model. In each model, the supervisor incorporates some or all of the following roles: teacher, counselor, consultant, administrator, facilitator, and evaluator (Bernard & Goodyear, 2004). The discrimination model by Janine Bernard is based on three areas that the supervisor should focus on with supervisees: intervention, conceptualization, and personalization skills. The supervisory roles of teacher, counselor, and consultant adjust to supervisees' needs. In Holloway's systems model, the supervisor focuses on different areas such as counseling skill,

case conceptualization, emotional awareness, professional role, and self-evaluation (Bernard & Goodyear, 2004). The supervisor's roles that correspond with the focus areas are evaluator, teacher, consultant, and counselor. In addition to the focus areas and supervisor roles, other factors include the relationship between the supervisees and supervisor, the location of supervision, and the characteristics of clients, supervisees, and the supervisor.

Developmental supervision models.

Developmental models of supervision all focus on supervisees' level of development from the beginning of training to experienced counselors. Developmental models have received criticism. Holloway (1987) described developmental models as cumbersome, "exceedingly complex," and lacking "elegance" (p. 211) and longitudinal research. Despite Holloway's criticisms, he concluded that the literature showed support for developmental models. Subsequent reviews such as those presented by Stoltenberg, McNeill, and Crethar (1994) and Worthington (1987, 2006) are consistent with Holloway's findings for support of developmental models. Several studies with cross-sectional designs found developmental differences between beginning practicum students and internship students (McNeill et al., 1985; McNeil et al., 1992; Miars et al., 1983; Wiley & Ray, 1986; Worthington, 1984). Following Holloway's (1987) review, longitudinal studies were conducted which supported developmental models and growth over time (Borders, 1990; Lovell, 2002; Tryon, 1996). Stoltenberg and Delworth's (1988) responded to Holloway and suggested that what was important was a model's usefulness in supervision and training of counselors, rather than a model's "simplicity" and "elegance" (p.

135). Becoming a counselor is not a simple process; therefore, a simple model may not be adequate (Stoltenberg & Delworth, 1988). Research pointed to the following four developmental models: (a) Ronnestad and Skovholt, (b) Hogan, (c) Loganbill, Hardy, and Delworth, and (d) Stoltenberg.

The first model, developed by Ronnestad and Skovholt, focuses on the development of supervisees over time. According to Bernard and Goodyear (2004), this model stresses that counselors' development does not end, but continues throughout their professional life and is divided into six phases: (a) lay helper, (b) beginning supervisee, (c) advanced supervisee, (d) novice professional, (e) experienced professional, and (f) senior professional. The supervisor provides more structure in the beginning phases and less structure in more advanced phases. Varying themes are associated with the phases of development, which include professional development, self-reflection, personal growth, and anxiety levels.

In comparison, Hogan's developmental model is comprised of four levels of development with specific recommendations for supervisors at each level (Hogan, 1964; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). His model emphasizes the "personal interaction" (Hogan, 1964, p. 139) between the supervisor and supervisees that facilitates growth. The levels are cyclical and supervisees can repeat the levels. Level 1 supervisees are characterized as being "dependent, neurosis-bound, insecure, un-insightful, and highly motivated" (p. 139). Supervisees enter Level 2 when they begin to utilize self in counseling sessions instead of relying on strict procedures. They are characterized by the "dependency-autonomy conflict," (p. 140) of feeling dependent to independent and confident to incompetent. Supervisees enter Level 3 when the conflict between independence and dependence has been resolved and is characterized by "increased professional self-confidence, greater insight, and stable motivation" (p. 140) in addition to becoming master

counselors. The supervisor-supervisee relationship shifts at this level to a peer relationship rather than remaining strictly supervisory. Supervisees at Level 4 are considered master counselors (Hogan, 1964).

The third model, presented by Loganbill, Hardy, and Delworth, is extensive and describes supervisees' growth as well as outlines interventions for supervisors (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987). Their model contains three stages, eight supervisory issues, and five supervisory interventions (Bernard & Goodyear, 2004; Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987). Development is not a one-time occurrence. Supervisees continue to cycle through the three stages (i.e., stagnation, confusion, integration) along each of the eight supervisory issues (i.e., competence, emotional awareness, purpose/direction, autonomy, respect for individual differences, professional ethics, motivation, identity). Supervisors assess supervisees on the eight supervisory issues to determine supervisees' stages and use interventions to facilitate supervisee movement to the next stage of development.

Integrated developmental model.

The fourth and most researched supervision model is Stoltenberg's integrated developmental model (IDM; Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010). IDM is a comprehensive supervision model that offers a research-based explanation for counselor development along with recommendations for supervisors and the supervisory environment. IDM has been in a constant state of growth for the last 30 years (Stoltenberg & McNeill, 2010). Originally, IDM was called the counselor complexity model (CCM). However, in 1987, Stoltenberg and Delworth expanded CCM to incorporate other theories and models, thus changing the name to the integrated developmental model (IDM).

CCM was developed by Stoltenberg in 1981 (Stoltenberg, 1981; Stoltenberg & Delworth, 1987) and is based on two models: Hunt's 1971 conceptual systems theory and Hogan's 1964 model (Stoltenberg, 1981). Stoltenberg utilized the four levels of development from Hogan's model as well as the constructs of motivation, autonomy, and self-awareness. In addition to the levels and constructs, Stoltenberg (1981) incorporated the optimum learning environment from Hunt's 1971 conceptual systems theory for the first three developmental levels. Hunt's (1971) theory changes the environment to match supervisees' level and characteristics. In the early levels of development, the environment is highly structured, gradually decreasing in structure as supervisees move to higher levels. In Miars et al.'s (1983) study, supervisors reported changing supervision environments is dependent upon the developmental level of supervisees. In subsequent studies conducted by Krause and Allen (1988) and Wiley and Ray (1986) exploring the optimum environment, results were consistent with Miars et al.'s (1983) findings that supervisors changed supervision environments according to supervisees' developmental level. McNeill, Stoltenberg, and Pierce (1985) developed the *Supervisee Levels Questionnaire (SLQ)* to measure counselor development across the structures of self and others awareness and autonomy, and levels of the Stoltenberg's 1981 CCM. The original version of the *SLQ* does not measure the structure motivation. In McNeill et al.'s (1985) study, they included beginning, intermediate, and advanced supervisees. Their results supported the constructs of CCM indicating developmental growth occurs over time.

In addition to Hogan's and Hunt's supervision elements, Stoltenberg and Delworth (1987) added elements from Loganbill, Hardy, and Delworth's model to IDM, which includes the eight supervisory issues and the five supervisory interventions. The eight supervisory issues were adjusted to form the eight domains of therapeutic practice. The *SLQ* was revised and tested

in 1992 to fit the development of the IDM and is now called the *Supervise Levels Questionnaire-Revised (SLQ-R)*, McNeill et al., 1992). The *SLQ-R* measures development across the three structures self and others awareness, autonomy, and motivation. McNeill et al. (1992) utilized the same cross sectional design in testing the *SLQ-R* as was used by McNeill et al. (1985). McNeill et al. (1992) found significant differences between beginning and advanced supervisees and intermediate and advanced supervisees. However, there were no significant differences between beginning and intermediate supervisees. McNeill et al. (1992) attributed the differences in supervisees' levels to the fact that all the participants were master's students and were in Levels 1 and 2. In 1998, Stoltenberg et al. added Anderson's (1996) theory on cognitions and incorporated optimum environment because Anderson's (1996) theory stresses that forming schema is dependent upon the correct learning environment. Stoltenberg and McNeill (2010) incorporated the reflective process from Schön to enhance schema development. IDM continues to be developed and currently draws from several theories and models such as cognitive, interpersonal influences, social intelligence, expert versus novice, motivation, and human development models (Stoltenberg & McNeil, 2010; Stoltenberg et al., 1998).

Elements of IDM: structures.

Explanation and understanding of IDM has changed; however, the actual model is not significantly different from the 1998 model. At present IDM is a comprehensive model, which explains supervisee development across three structures, eight domains, and four developmental levels (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Growth in the three structures must occur across the eight domains before supervisees can move to the next level. As supervisees develop, they are expected to become proficient in each the eight domains of clinical or professional practice.

Stoltenberg and Delworth (1987) described the process of supervisee development as structured, orderly, and systematic shifts across the three structures. The structures of self and others awareness, motivation, and autonomy are considered markers for evaluating development in all eight domains (McNeill et al., 1992; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). The structures identify which level of development (i.e. Level 1, Level 2, Level 3, or Level 3i) supervisees are currently performing overall or on a specific domain. The structure of self and others awareness is how focused supervisees are on themselves during sessions, their awareness of clients and clients' worlds, their understanding of themselves, and their use of self-understanding in therapy sessions (Bernard & Goodyear, 2004). When evaluating self and others awareness, two components are considered, cognitive and affective (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). The cognitive component focuses on supervisees' thoughts and the affective component focuses on supervisees' feelings. By examining the cognitive and affective components of self and others awareness, three areas are observed, "self-preoccupation, awareness of the client's world, and enlightened self-awareness" (Stoltenberg & McNeill, 2010, p. 23). On the structure of self and others, students are generally very focused on self and have difficulty focusing on clients. In Hale and Stoltenberg's (1998) study of self-awareness and anxiety of beginning counseling students, they were self-focused, which paralleled their anxiety. As self-focus increased, anxiety increased. Students who experienced overwhelming anxiety were not able to fully understand or focus on clients. Stoltenberg and McNeill (2010) also identified three practicum student concerns that may evoke anxiety: fear of being incompetent, fear of being ineffective, and feelings of confusion. Jordan and Kelly (2004) qualitatively explored practicum students' worries as described by IDM. Their findings are consistent with IDM based on 22% of participants who worried about competence,

13% about effectiveness, and 9.2% about fulfilling requirements. A later quantitative study by Jordan and Kelly (2011) had similar findings with beginning students who worried about competence, supervision, and preparation.

The structure of motivation is described as the various forces that motivate supervisees such as amount of investment, interest, and effort towards therapeutic work or learning (Bernard & Goodyear, 2004; Stoltenberg, & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Motivation for beginning counseling students is usually high; however, motivation often fluctuates from high to low with eventual stabilization. Motivation is impacted by supervisees' awareness of "cognitive and affective components of learning" and the environment in which they are practicing counseling (Stoltenberg & McNeill, p. 24). The components of learning and the environment can evoke a variety of reactions from supervisees such as "confusion to clarity, self-absorption to empathy, and anxiety to a sense of confidence and efficacy," (p. 24), which impact the supervisees' level of motivation for learning.

The third structure, autonomy, is the degree to which supervisees are dependent on the supervisor, which changes over time (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). For example, supervisees beginning their training are extremely dependent on their supervisor, whereas supervisees at the end of their training are more independent. Changes in the other two structures, self and others awareness and motivation, impact supervisees' feelings of independence. Supervisees vary between being dependent to independent especially when they are functioning at Level 2 in most domains. Supervisees' desire to become independent can have two possible outcomes (Stoltenberg & McNeill, 2010). They either become highly motivated to learn as much as

possible or become avoidant to learning more than what is required. If the latter occurs, supervisees may avoid any sort of evaluation including self-evaluation due to fear of failure or of receiving negative feedback.

Using the *SLQ* with first semester practicum students at the beginning and at the end of practicum, Borders' (1990) results indicated significant growth for students on the structures of autonomy as well as self-others awareness. For instance, students felt less dependent on supervisors, more aware of their motivation in therapy, less anxious or worried about performance in therapy, and they applied their skills and knowledge on a consistent basis. Tryon's (1996) longitudinal study was consistent with Borders' 1990 study. Tryon used the *SLQ-R* with five practicum students per year for five years over two semesters of practicum. Significant differences over time on the structure self and others awareness and autonomy were found. However, the results for the structure motivation were not significant. Although, motivation did not reach significance, mean scores did increase over time. Additionally Lovell's (2002) study using the *SLQ-R* supported the findings of both Borders (1990) and Tryon (1996). Lovell found significant mean gains on self and others awareness and autonomy with only slight mean gains on motivation. Lovell concluded that the findings in his study align with constructs of IDM because motivation is constantly changing.

Elements of IDM: domains.

IDM's eight domains of therapeutic practice include: (a) intervention skills, (b) assessment techniques, (c) interpersonal assessment, (d) client conceptualization, (e) individual differences, (f) theoretical orientation, (g) treatment plans and goals, and (h) professional ethics (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Supervisees' development in each domain is assessed against each of

the three structures (McNeill et al., 1992). Stoltenberg and McNeill (2010) pointed out that although domains are extensive and include many aspects of clinical practice, the eight domains are meant to provide direction when looking at specific areas of supervisee development.

Fall and Sutton (2004) described the first domain of intervention skills as active listening, genuineness, unconditional positive regard, empathy, reflection, paraphrasing, relationship building, and appropriate use of self-disclosure. Development in this domain is impacted by how much exposure supervisees have to the client population, the type of counseling provided (i.e. group, individual, or couple) and the counseling theory used (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Intervention skills differ somewhat depending upon the theory of practice espoused by supervisees. Supervisors examine supervisees' competence and confidence in utilizing therapeutic interventions with clients.

The domain, assessment skills, allows supervisors to examine supervisees' competence and confidence in utilizing assessment skills with clients (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Assessment skills include conducting psychological assessments such as the DSM-IV and assessing for suicide or homicide (Bernard & Goodyear, 2004; Fall & Sutton, 2004). Stoltenberg and McNeill (2010) and Stoltenberg et al. (1998) also include personality, vocational, and neuropsychological assessment as assessment skills. Interpersonal assessment, the third domain, addresses supervisees' abilities to utilize self in understanding clients' world (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Fall and Sutton (2004) explained that interpersonal assessment includes supervisees' familiarity with transference and countertransference, knowledge of personal strengths and weaknesses, and awareness of the differences between clients' worlds and their own world, which is vital in all other domains.

The fourth domain, client conceptualization, describes how supervisees understand clients' worlds and includes client diagnosis, characteristics, history, and current circumstance (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Fall and Sutton (2004) explained that client conceptualization skills include the ability to see themes and patterns in clients' stories, see underlying issues, and understand clients' worlds with all of the complexities as well within the framework of the overall picture. The fifth domain, individual differences, describes supervisees' abilities to understand the differences in their clients including, but not limited to, gender, ethnicity, socioeconomic status, and culture (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Bernard and Goodyear (2004) characterized individual differences as supervisees' acknowledgment of racial, ethnic and cultural differences between self and others.

Theoretic orientation, the sixth domain, is supervisees' knowledge and use of a specific theory in sessions, which includes integrated theories (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Fully understanding and utilizing theoretic orientation is an advanced and complex skill (Bernard & Goodyear, 2004). The seventh domain, treatment plans and goals, pertains to the level of organization in therapy (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). The extent to which supervisees effectively utilize treatment plans to accomplish goals depends on the counseling theory supervisees use, their skill level, and their available resources (Stoltenberg & McNeill, 2010; Stoltenberg et al. 1998). Finally, the eighth domain, professional ethics, addresses how well supervisees know and apply ethical standards in their work with clients (Fall & Sutton, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Bernard and Goodyear (2004) and Stoltenberg and McNeill (2010) suggested that ethics should eventually be interwoven into counselors' ways of thinking.

According to Woodard and Lin (1999), students should be introduced to all of the domains before beginning practicum. However, Bernard and Goodyear (2004) stressed students will not be proficient in these domain skills before or after practicum. When counseling students begin practicum, they are functioning at Level 1 on all domains (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Supervisees will continue to gain proficiency in all eight domains even after completing a master's program (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al. 1998).

Elements of IDM: levels.

In addition to the three structures and eight domains, all beginning counseling students start at Level 1 of IDM's four developmental levels (Level 1, Level 2, Level 3, and Level 3i; Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Advanced supervisees can function at different levels depending on the domain. For example, supervisees may function at Level 1 in assessment skills but on Level 2 in intervention skills. Additionally, advanced counselors who are functioning at Level 3 or 4 can function at Level 1 when faced with new client populations, new techniques, or new modalities of counseling (e.g. groups or couples). In the beginning of supervisees' development, Level 1 is generally composed of counseling practicum students (Bernard & Goodyear, 2004). Practicum students typically do not have prior experience applicable to the counseling field (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Of the participants in Jordan and Kelly's (2004) study, approximately 83% of students did not have prior relevant counseling experience. Additionally, practicum students' knowledge of counseling is typically limited to introductory classes such as theories and skills. Stoltenberg and McNeill (2010) explained that supervisors can use a variety

of approaches when supervising practicum students. However, most supervisors focus on three areas: building relationships, using interventions, and assessing clients.

Practicum students, functioning on Level 1, often experience anxiety and confusion on the structure of self and others awareness (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Several authors stressed that providing new information to students at that time is not sufficient because practicum students need step-by-step directions to utilize interventions in sessions (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Students may be able to talk about their knowledge out of sessions; however, they are often unable to access this information with clients due their own anxiety and self-focus. Cognitively, students are not focused on clients' worlds because students are hyper-focused on rules, procedures, skills, or theories (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Because of their inability to fully hear and understand clients, students have a hard time retrieving knowledge needed in sessions. Level 1 students also have a difficult time remembering important interactions with clients, including client information. Over time practicum students improve with counseling experience, reflection, feedback, and intentional practice of interventions and skills. Affectively, Level 1 practicum students may also experience a variety of negative feelings such as anxiety, fear, and sadness (Stoltenberg & McNeill, 2010). Their self-focus is not "insightful self-understanding;" rather, it is considered a "preoccupation on the self" (Stoltenberg & McNeill, 2010, p. 29). Borders' (1989) study of ego development of beginning practicum students found that while ego development did not change, students with already existing higher levels of ego development experience fewer negative thoughts about self

and clients. Both cognitively and affectively, Level 1 students fear failure and negative evaluation. Stoltenberg and McNeill (2010) explained that anxiety and fear of failure and evaluation can either increase motivation or hinder development.

Motivation for Level 1 practicum students is typically high for three possible reasons (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). First, practicum students want to become independently functioning counselors. Second, practicum students want to move beyond the negative feelings such as anxiety, confusion, and uncertainty. Third, practicum students want a right way to work with client issues. Students' autonomy is at the lowest with Level 1 practicum students. McNeill et al. (1992), Stoltenberg and McNeill (2010) and Stoltenberg et al. (1998) indicated students are highly dependent on the supervisor along all eight domains. Stoltenberg and McNeill stressed that this low level of autonomy is developmentally appropriate because practicum students do not have sufficient knowledge, experience, or understanding of the counseling process. Supervisors of Level 1 practicum students need to provide significant structure for student development across all domains of therapeutic practice (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). As practicum students develop, they become less dependent on supervisors and there is a general progression of development (Borders, 1990; Lovell, 2002; Tryon, 1996). Students can remain at Level 1 for more than one practicum. However, it is possible for students to progress to Level 2 by the end of practicum.

Several authors described a transition period between Level 1 and Level 2 (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). However, before students make the transition and move from Level 1 to Level 2, resolution of issues on all three structures must occur. For the structure self and others awareness, students' focus needs to shift

from themselves to clients. For the structure motivation, students begin to have moments of high motivation as well as moments of low motivation. For the structure autonomy, students begin to shift from feeling completely dependent on supervisors to somewhat independent. Stoltenberg and McNeill pointed out that shifts occur across domains. Therefore, students may still be at Level 1 on some domains. Variations of development on domains may be due to supervisors focusing heavily on specific domains in supervision, or students receiving focused training on specific domains.

As students enter Level 2, they become more aware of clients. Students tend to be less anxious about acquiring skills, but not completely confident in using the skills. Shifts in awareness allow students to be able to empathize with clients and focus on clients' worlds (Bernard & Goodyear, 2005; McNeill et al., 1992; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Self and others awareness begins to shift cognitively and affectively (Stoltenberg & McNeill, 2010; Stoltenberg et al. 1998). Cognitively, students begin to work hard to understand clients' worlds, which creates a safe atmosphere for clients. At this point, students may realize that their basic skills and approaches are not going to work with every client. Additionally, because awareness is beginning to shift to clients, students are beginning to see how their interventions and actions in sessions impact clients. Affectively, students are beginning to empathize with clients and accurately read clients' verbal and nonverbal communication, which increases students' understanding of clients. However, students are more susceptible to becoming overwhelmed by clients' emotions, countertransference, and "intervention paralysis" (Stoltenberg & McNeill, 2010, p. 34).

In Level 2, students' motivation varies and the newly found awareness of clients can impact students' motivation (Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). As students recognize that their basic skills and approaches are not adequate for every client, they may have one of three responses. For some students, motivation to learn may increase and shifts slightly from learning skills to perfecting skills (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Students may work harder to learn new techniques and perfect existing skills, including asking for more support from supervisors. For other students, motivation to learn may decrease and students wonder if they really want to be counselors. Some students experience fluctuations of motivation from very high to low. The variation can be attributed to the conflicting and fluctuating feelings of confusion and fear to confidence.

At Level 2, students' autonomy begins to increase (Bernard & Goodyear, 2004; McNeill et al., 1992; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998) and they experience the "dependency-autonomy conflict" (Stoltenberg & McNeill, 2010, p. 36). The struggle between wanting to be autonomous, yet needing structure and guidance can cause friction between supervisors and students. The struggle is not just between students and supervisors, but is also internally happening within students. Rabinowitz, Heppner, and Roehlke (1986) found that in practicum and internship students experience a general trend of shifting from dependence to independence. At times, students feel confident and in control while at other times students feel completely lost. Students gain experience and begin to feel more independent, yet they experience they some failures and still feel dependent on supervisors. Tracey, Elliekson, and Sherry (1989) found fluctuations of autonomy depending on the content of supervision. In this study advanced counseling students were presented with four supervision scenarios, two

scenarios with low structure and two with high structure. When presented with the topic of suicidal clients all of the advanced students preferred highly structured supervision, whereas when presented with relationship issues desire for structured supervision varied.

As students progress through Level 2, they are gaining relevant counseling and supervision experience to draw from with current and future clients. In Rabinowitz et al.'s (1986) study of advanced practicum and internship students, they found that by the end of training "trainees were more likely to make more autonomous interventions and show greater conceptual understanding" (p. 299). Several authors described a transition between Level 2 and Level 3 as students become self-aware of what is going on while attending to clients (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). As students' motivation begins to stabilize, they are significantly more independent and require less structure in supervision. Transitioning from Level 2 to Level 3, students have likely completed a master's training program and are counselors working in the field towards licensure (Stoltenberg & McNeill, 2010).

Level 3 counselors are significantly more insightful, self-aware, and aware of clients (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Level 3 reveals a transition from "self-preoccupation" to "insightful self-awareness" (Stoltenberg & McNeill, 2010, p. 37). Cognitively, counselors are able to fully focus on clients' worlds and are aware of what is going on internally. Counselors are able to adjust approaches, techniques, and interventions "on-the-fly" (Stoltenberg & McNeill, 2010, p. 37) rather than becoming paralyzed in sessions. Additionally, counselors are not only aware of their weaknesses, but they are aware of their strengths. When in supervision, counselors focus on challenging aspects of client cases and different methods to utilize interventions and

incorporate knowledge. Affectively, counselors tune into clients' feelings and reflect on those feelings in sessions without becoming overwhelmed by clients' feeling or their own feelings. As a result, counselors are able to utilize themselves in sessions by being authentic and genuine in their reflections and responses.

At Level 3, counselors' motivations become stable and consistent (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). They are generally confident in their abilities, although some doubt may exist. Level 3 counselors experience occasional fluctuations of motivation and feelings of effectiveness. However, when Level 3 counselors experience feelings of doubt and ineffectiveness, they are not paralyzed by their feelings and the intensity of their negative feelings is not as strong as it was in Level 1 or 2. Counselors at Level 3 are able to focus on their professional identity and their fit with the profession. They are almost completely autonomous and able to work independently (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Level 3 counselors have a strong sense and belief in their counseling abilities and clinical judgments. The supervisory relationship for Level 3 counselors more closely resembles a peer relationship. At this level, supervisees are aware of their strengths and weaknesses and they know when to consult and ask for help with clients.

The transition between Level 3 to Level 3i begins when counselors have reached Level 3 across most of the domains of therapeutic practice (Bernard & Goodyear, 2004; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Level 3i is composed of counselors who may have licenses and are considered master counselors. At Level 3i, counselors may not need formal supervision. On the structure of self and others awareness, counselors have an individualized understanding in all eight domains. Level 3i counselors

recognize and understand how their personal life can impact both their professional life and their clients. They are also aware of how their individual characteristics and personality impact their work with clients. Level 3i counselors have consistent levels of motivation throughout all eight domains. Due to their self-awareness, Level 3i counselors know when and why their motivation in a specific domain is low and they are completely autonomous on all eight domains. Often, they supervise beginning counselors. If Level 3i counselors decide to expand their area of practice, such as beginning to work with couples or children, they may return to Level 1 or 2 with the new populations, resulting in their development cycle starting over.

Environmental recommendations for Level 1, Level 2 and Level 3.

The IDM offers environmental recommendations for Level 1, Level 2, and Level 3 (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010, Stoltenberg et al., 1998). As students develop and grow, the supervisory atmosphere should change to provide the best environment for continued supervisee development. A few researchers have found that supervisors report changing the supervisory environment to match supervisees' development (Krause & Allen, 1988; Miars et al., 1983; Wiley & Ray, 1986). IDM provides suggestions for supervising students, assigning clients, using interventions, and using modalities of supervision for each of the developmental levels.

Supervising Level 1 students requires patience from supervisors (Stoltenberg & Delworth, 2010). Students need structured supervision environments that assist them in managing anxiety (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Several researchers found that not only do students need structure, but beginning students value and appreciate structure (Guest & Beutler, 1988; Rabinowitz et al., 1986; Stoltenberg et al., 1987; Tracey et al., 1989; Worthington, 1984). Supervisors should assign

clients with mild or minimal concerns and risks, although this is not always possible. Ideal clients for Level 1 students are clients who are “mildly troubled” with “adequate personal resources,” (Stoltenberg & McNeill, 2010, p. 67), which allow students to utilize and develop their counseling skills and experience success with clients. If it is not possible to assign such clients to students, intensive and comprehensive supervision should occur to protect clients. During supervision, some of the interventions recommended are teaching, role playing, and modeling of skills; refocusing and self-evaluation; reflecting on client sessions and interactions; and occasional confrontation and praise. Several modalities of supervision are recommended for Level 1 students such as live observation, live supervision, co-counseling, and videotaping. When giving feedback to Level 1 students, supervisors should consider giving positive feedback first to make constructive or negative feedback more hearable to students (Stoltenberg & McNeill, 2010).

The supervisory and clinical environments need to shift for Level 2 students (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Level 2 students have developed counseling skills, self-awareness, autonomy, and client awareness. Because students are experiencing conflicting feelings of independence and dependence, supervisors need to be flexible in providing structure. Tracey et al. (1989) found that advanced practicum students prefer structure when facing a crisis situation such as a suicidal client, but with other potentially challenging client situations preference for structure varied. Stoltenberg et al. (1987) found that, overall, advanced students prefer less structure. If assigning clients to students is an option, the difficulty level of client problems, concerns, or issues should be increased for Level 2 students. However, Level 2 students’ caseload should not be solely difficult clients; rather, it should be a mix of less intensive clients and challenging clients. In supervision, interventions recommended

are occasional teaching, role playing, and modeling of skills, refocusing and self-evaluation, reflection of sessions and client interactions, and increased confrontation. Recommended supervision modalities are live observation, live supervision, and review of videotapes.

The supervisory and clinical environments for Level 3 counselors are very different from those for Level 1 and Level 2 students (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Level 3 counselors are often working toward licensure and have completed their master's programs (Stoltenberg & McNeill, 2010). Level 3 counselors, rather than supervisors, often determine the structure of supervision rather than supervisors. Also, supervision is more of a peer relationship. Some interventions that may be used are occasional confrontation, reflection of client interactions and personal reactions to clients, and exploration of blocks in therapy and personal integration.

Supervision Requirements of Practicum Students

Supervision is a significant component of counseling practicum students' experiences. According to the CACREP (2009) Standards, practicum students are required to participate in a minimum of one hour of individual or triadic supervision and one and one-half hours of group supervision. Individual supervision is face-to-face supervision between a practicum counseling student and a supervisor. Triadic supervision can be used and is between one supervisor and two counseling students. Group supervision is between one supervisor and three or more counseling students. Also, included in supervision experiences of counseling practicum students are two types of supervisors (university and site) and two modalities of supervision (indirect and direct).

Types of supervisors.

During practicum, counseling students may interact with both types of supervisors, university and site. For university supervisors, the 2009 CACREP (2009) Standards indicate that supervisors can be faculty members or doctoral students. Three criteria must be met for faculty members to be supervisors: (a) hold a doctoral degree, (b) hold a license, certification, or be able to “demonstrate competence in counseling,” and (c) trained in counseling supervision (p. 14). The criteria for doctoral students include: (a) hold a master’s degree, (b) trained in supervision, and (c) supervised by faculty members. Site supervisors may be from various professions related to counseling including licensed professional counselors, school counselors, psychiatrists, psychologists, social workers, marriage and family therapists, and psychiatric nurses (Guo & Wang, 2009). The 2009 CACREP Standards do not limit site supervisors to licensed professional counselors or certified school counselors. However, the Standards do require that site supervisors have a master’s degree, certification or license, minimum of two years experience post-master’s degree, knowledge of the expectations of the counseling program, and relevant supervision training.

Modalities of supervision: indirect and direct.

Supervision is based on several different methods; however, the modalities are generally divided into two categories: indirect supervision and direct supervision. Indirect supervision consists of review of process notes, case notes, audiotapes, and videotapes and self-report of counseling sessions (Bernard & Goodyear, 2004). Carlozzi, Romans, Boswell, Ferguson, and Whisenhunt (1997) found that indirect supervision, such as review of audiotapes and videotapes,

is used more often than direct supervision. Bubenzer, West, and Gold (1991) surveyed 307 counseling programs and found that 75.2% of programs used self-report, 72% used review of audiotapes, and 65.6% used review of videotapes.

During indirect supervision, self-report involves students' reports to supervisors about their counseling sessions with clients (Bernard & Goodyear, 2004). One disadvantage of this modality is that self-reports do not allow supervisors to determine if students' accounts of their sessions are consistent with actual counseling sessions. Bernard and Goodyear (2004), Hantoot (2000), and Mehr, Ladany, and Caskie (2010) explained that students may consciously or unconsciously report inaccurately what happened in counseling sessions. Also, critical moments in students' counseling sessions with clients are often forgotten, overlooked, or purposely left out. On the other hand, an advantage is that self-reports allow students to strengthen their case conceptualization skills and gain insight into their relationships with clients. Even with disadvantages, self-reports are the most common modality used in post-graduate supervision (Bernard & Goodyear, 2004). A second indirect supervision modality, review of students' case notes or process notes, is occasionally used. Bernard and Goodyear (2004) stated that an advantage is case notes provide supervisors with opportunities to assist students in strengthening their case conceptualization skills by noticing gaps in students' case notes. The authors noted that the main disadvantage is that reviewing case notes is time consuming and should not be the only modality used in supervision.

Review of audiotapes is another a method commonly used in indirect supervision (Baird, 2008). According to Bubenzer et al. (1991), audiotapes typically are used when there is not a department-based setting to observe students directly or when videotaping is not an option. In supervision, audiotapes are used in several different ways such as listening to the entire tape with

students, listening to the tape prior to supervision and discussing parts of the tape during supervision, asking students to transcribe the tape, or having students choose parts of the tape to discuss during supervision (Baird, 2008; Bernard & Goodyear, 2004). If used correctly, advantages to using audiotapes are that supervisors can listen to accurate accounts of counseling sessions and provide valuable learning moments and feedback for students (Bernard & Goodyear, 2004). A few disadvantages of reviewing of audiotapes also exist. For instance, recording sessions can raise anxiety for both clients and students. Another possible disadvantage is if supervisors find sections of audiotapes during which students are performing poorly, students can become discouraged. Additionally, students may select only audiotapes or sections of tapes where they believe they performed well, giving supervisors a false view of students' true counseling skills (Collison, 1994).

In comparison to audiotapes, videotapes are generally preferred, but are used less frequently (Bernard & Goodyear, 2004). Videotapes are used in the same formats as audiotapes such as watching the entire videotape with students or prior to supervision, reading student transcriptions of tapes, or reviewing portions of the tape (Baird, 2008; Bernard & Goodyear, 2004). Most of the advantages of using audiotapes exist with videotaping; however, the biggest advantage to using videotapes is supervisors are able to see nonverbal communication of students and clients (Bernard & Goodyear, 2004). Despite the tremendous advantage to using videotapes, Bernard and Goodyear stated the cost of expensive equipment and the required space needed for equipment is a major disadvantage. An additional disadvantage is students may feel the need to perform for supervisors, which may create anxiety.

In comparison to indirect supervision modalities, direct supervision is considered the best modality of supervision (Baird, 2008; Bernard & Goodyear, 2004). Young, Lindsey, and Kolodinsky (2010) pointed out that direct supervision methods can be used separately or in conjunction with indirect supervision methods. Direct supervision consists of live observation and live supervision of students counseling clients. Some authors use the terminology live supervision and live observation interchangeably. However, Bernard and Goodyear (2004) and Young et al. (2010) clearly differentiated between live observation and live supervision.

Live observation is when supervisors strictly observe students without intervening in the counseling session. Bernard and Goodyear (2004) and Young, et al., (2010) explained that live supervision takes live observation a step farther by interrupting counseling sessions in some form to give direction and/or feedback to students immediately or to intervene directly with clients. Bernard and Goodyear and Young et al. believed that live observation is preferable to all indirect supervision methods. Baird (2008) stated, “There is no substitute for directly observing therapy sessions” (p. 85). Carozzi et al. (1997) surveyed CACREP counseling programs and found that live supervision is the third most commonly used method of supervision. However, the authors did not specify which types of direct supervision methods are utilized or whether they distinguish between live observation and live supervision. Young, et al. suggested that live observation occurs in four ways. First, supervisors can be physically present in counseling rooms, but not participate in the counseling sessions. Second, supervisors can listen to sessions through a sound system. Third, supervisors can watch and listen to sessions in an observation room. Fourth, supervisors can watch and listen to sessions behind one-way mirrors with a sound system.

Live observation has several advantages and disadvantages. The first of five advantages is that supervisors can conduct thorough reviews of interactions between students and clients (Bernard & Goodyear, 2004; Young et al., 2010). For example, supervisors can observe non-verbal communication, missed opportunities, and counseling interventions as they are occurring. The second advantage is protection of clients (Bernard & Goodyear, 2004; Young et al., 2010). If a crisis situation emerges, supervisors can monitor students' assessments and assist or intervene if needed. Supervisors can assume that clients' best interests and concerns are being served and appropriately addressed. If supervisors do intervene, live supervision becomes live observation. Within live supervision, Young et al. stated that students have a higher chance of responding and acting ethically during sessions, which is the third advantage of live observation. The fourth advantage of live observation is the potential convenience of doing supervision immediately after sessions, allowing students and supervisors to process what happened in sessions while the content of sessions is still fresh for both students and supervisors (Bernard & Goodyear, 2004; Young et al., 2010). The final advantage of live observation is students are able to unobtrusively watch and learn from peers' use of skills and interventions as well as peers' mistakes that may occur during sessions (Dye 1994; Sweeny, 1994, 2010; Wester, 2010; Young et al., 2010). Also, supervisors can point out to peers who are observing what is working and not working for students who are counseling clients.

Although live observation has several advantages, it is not without disadvantages. First, live observation is time consuming for supervisors (Bernard & Goodyear, 2004; Bubenzer et al., 1991; Dye, 1994; Leddik, 1994; Sweeny, 1994; Young et al., 2010). Not only do supervisors supervise students' sessions, they also meet with students for an hour of individual or triadic supervision. Second, coordinating schedules of supervisors and students can be challenging

when supervisors often have more than one student to supervise, have classes to teach, or have their own clients. Third, clients may not react positively to live supervision (Bernard & Goodyear, 2004). Herlihy and Christensen (2010) pointed out that clients are often less cautious about being observed by supervisors if supervisors introduce themselves. Fourth, Bernard and Goodyear suggested that live observation can elicit anxiety from students; however, Mauzey, Harris, and Trusty (2000) found that live observation and live supervision do not greatly contribute to students' anxiety. A fifth disadvantage is that live observation has the potential for dependence on supervisors by students in cases such as emergencies or difficult clients (Young et al., 2010). Finally, a disadvantage of live observation is that supervisors do not give feedback during sessions (Bernard & Goodyear, 2004).

Live supervision combines live observation and the use of counseling interventions by supervisors during students' counseling sessions (Bernard & Goodyear, 2004; Young et al., 2010). Supervisors can be physically present in counseling rooms, but not participate in counseling sessions; supervisors can listen to sessions through a sound system; supervisors can watch and listen to sessions in observation rooms; and supervisors can watch and listen to sessions behind one-way mirrors with a sound system. Young et al. described five ways live supervision occurs during counseling sessions. Supervisors sit in sessions and co-counsel or provide feedback, interrupt sessions by walking into sessions or having students come out of sessions, call into sessions with a phone device, interrupt by providing feedback via an ear device, and type feedback on a screen that students can read. Interventions are made for two reasons, to protect clients and to facilitate counselor development (Bernard & Goodyear, 2004; Collison, 1994; Herlihy & Christensen, 2010; Pate, 1994, 2010; Young et al., 2010). Supervisors' goals for interventions during counseling sessions are to demonstrate appropriate

and correct interventions, adjust students' focus, or "break an impasse" (Young, et al., 2010, p. 5). When intervening during sessions, supervisors must be sensitive to both students and clients and keep the goals of interventions in mind so as not to disempower students' counseling work.

Live supervision can be divided into eight forms of supervision, which include: (a) monitoring, (b) in-vivo, (c) walk-ins, (d) co-counseling, (e) phone-ins, (f) consultation breaks, (g) bug-in-the-ear, and (h) bug-in-the-eye (Young, et al., 2010). Monitoring, in-vivo, walk-ins, and co-counseling are considered the most intrusive forms of live supervision. In using monitoring, supervisors watch students from separate locations such as behind one-way mirrors or from an observation room, and enter counseling sessions to work directly with clients. In-vivo is very similar to monitoring where supervisors watch and listen to students' sessions from separate locations and enter sessions, but it differs in that supervisors do not intervene with clients. Supervisors do give students feedback in front of clients. Walk-in is a combination of monitoring and in-vivo where supervisors watch from separate locations, but when supervisors enter sessions, they interact with both students and clients. Co-counseling is when supervisors and students counsel a client together. Supervisors are able to model interventions and skills, while observing students' skills and interventions. Monitoring, in-vivo, walk-ins, and co-counseling forms of live supervision all involve supervisors being physically present at some point during students' counseling sessions, providing feedback to students or by giving feedback and co-counseling.

Phone-ins and consultation-breaks are less intrusive than monitoring, in-vivo, walk-ins or co-counseling (Young, et al., 2010). Phone-ins involve supervisors watching from separate locations and calling into counseling sessions to provide feedback to students. Additionally, students can initiate phone-ins. Students are able to ask questions and get clarification from

supervisors. During phone-ins, clients cannot hear supervisors' feedback, but clients can hear students' questions or comments. Consultation-breaks involve supervisors watching from separate locations and indicating to students to leave sessions to receive feedback or students can initiate breaks if they feel stuck or have questions. However, consultation-breaks are usually planned rather than spontaneous. If supervisors initiate consultation-breaks, they knock on the mirror. Phone-ins and consultation-breaks are similar in that both involve counseling sessions being interrupted and students receiving feedback from supervisors without clients being able to hear feedback.

Bug-in-the-ear and bug-in-the-eye methods are the least intrusive forms of live supervision (Young, et al., 2010). Bug-in-the-ear involves supervisors watching from separate locations and giving feedback to students wearing an earpiece (Bernard & Goodyear, 2004; Young et al., 2010). Clients are unable to hear what feedback is given or even know if feedback has been given. Bug-in-the-eye involves supervisors watching from separate locations and giving feedback by typing the feedback on a monitor strategically placed in counseling rooms (Young et al., 2010). Students can read the feedback periodically during sessions. Typed feedback can be saved and discussed in individual supervision sessions. Both bug-in-the-ear and bug-in-the-eye are less intrusive because they do not directly interrupt the flow of counseling sessions. However, students are not able to ask questions or get clarification from supervisors.

Live supervision methods have all of the advantages and disadvantages of live observation with an additional advantage of supervisors being able to give students direction during counseling sessions. Direction can be given in several ways: being in counseling rooms with students and interrupting students with direction, watching behind one-way mirrors and entering sessions, asking students to exit sessions to provide direction, or watching behind one-

way mirrors and using telephones, bug-in-the-ear, or bug-in-the-eye devices (Baird, 2008; Bernard & Goodyear, 2004; Young, et al., 2010). Providing students with feedback immediately can assist them in avoiding missed opportunities or mistakes made by novice counselors (Bubbenzer et al., 1991). When using direct supervision methods, it is important for supervisors to meet briefly before counseling sessions to make sure supervisors and students have the same goals and are using the same theoretical orientation to avoid confusion (Young et al., 2010). Baird pointed out a disadvantage is that live supervision interrupts counseling processes; however, interruptions do not cause significant disruptions (Champe & Kleist, 2003; Mauzey et al., 2000; Moorhouse & Carr, 1999; Smith, Smith, & Salts, 1991).

Practicum Settings

Community-based and department-based clinical settings have many advantages and disadvantages. The CACREP (2009) Standards for practicum are equivalent for both settings in that both require private spaces for individual and group counseling sessions, “necessary and appropriate technology and observational capabilities,” (p. 3) and policies and procedures that protect clients’ confidentiality and legal rights. Additionally, the CACREP supervision requirements for both community-based and department-based settings are the same (one hour of individual and one and one-half hours of group; 100 hours of clinical experience, 40 hours direct contact and 60 hours indirect).

Advantages and disadvantages of community-based settings.

Community-based settings are located in a wide range of settings including schools, community mental health clinics, substance abuse treatment centers, psychiatric hospitals, and specialty settings such as women's shelters or family centers. Community-based settings offer several advantages as well as disadvantages within three different categories: students, faculty, and universities.

In the student category of community-based settings, advantages are within three areas: professional development, supervision style, and client experiences. An advantage for counseling students' professional development when working in agencies or schools is that students are able to begin building their professional identity (Harper & Ritchie, 2009). Ponton (2009) explained that professional identity develops slowly and is a process. He stressed that counseling students' interactions with other counselors working in the field contribute to students' professional identity development. Harper and Ritchie (2009) pointed out that students working in community settings are immersed in the counseling culture and through their interactions with counselors, as well as other mental health professionals, learn what it means to be counselors. In addition, community-based settings provide counseling students with a realistic picture of what it is like to be counselors in schools or mental health agencies. Community-based settings provide ample opportunities for students to interact with counselors (Harper & Ritchie, 2009). For example, Guo and Wang (2009) stressed the importance of counseling students learning and understanding the policies and procedures of the setting in which they are working, especially crisis situations such as suicide and abuse.

In community-based settings, supervision is another advantage for counseling students. Just as students are immersed in schools or agencies, supervisors are immersed in specialty areas of the counseling field. Harper and Ritchie (2009) pointed out that supervisors are often more knowledgeable about what is going on in their specialty areas than some professors because supervisors are working daily in the field with clients. The authors provided an example of school counselors supervising school counseling students. They suggested that in some circumstances school counselors are better able to supervise school counseling students than professors who have never worked as school counselors. Therefore, students in community-based settings may benefit from working with site supervisors who have specialized knowledge in their specific areas of counseling.

Disadvantages related to supervision also exist for counseling students working in community-based agencies and schools. As community-based settings differ according to where students are placed, a disadvantage Vernon (2009) described is that clinical experiences differ depending on site supervisors and supervisors' style of supervising. Whereas, all students must meet the supervision requirements set forth by CACREP, supervision experiences may differ depending upon site supervisors. As noted earlier, the CACREP Standards do not limit site supervisors to licensed professional counselor or certified school counselors. Site supervisors can be from a variety of counseling related professions (Guo & Wang, 2009) and site supervisors have their own supervision methods and training. Additionally, Vernon pointed out site supervisors may or may not require students to audio or video record sessions and/or may require live supervision. Harper and Ritchie (2009) explained that while live supervision can and does occur in some community settings, it is rare and difficult to do consistently. Also, supervisors may not have much time to observe counseling skills exhibited by counseling students, limiting

the amount of developmental supervision approaches supervisors can provide. Additionally, Harper and Ritchie (2009) expressed concern that site supervisors may not be trained in supervision. Walter and Lambie (2009) explained the goal of supervision is to facilitate developmental growth in practicum students. Many students at the practicum level require developmental supervision, which site supervisors may not be able to provide. Walter and Lambie (2009) explained that many site supervisors who have not been trained in supervision rely heavily on their past experiences as supervisees. Also, Harper and Ritchie (2009) cautioned that supervisors are often very busy with clients and administrative responsibilities. Due to supervisors' responsibilities, they may not have as much time to supervise counseling students, which can lead to "catch as catch can" supervision (Harper & Ritchie, 2009, p. 22).

In the category of community-based settings, the client population is a third area. Ponton (2009) explained that in community-based settings, students' experiences with clients are dependent on the nature of the community-based setting or agency. Concerns clients bring to community-based settings vary depending on the function of the settings, which can impact practicum students' learning experiences. Ponton (2009) stressed that before students apply to an agency or clinic for practicum, they should ask questions about what the types of clients the agency or clinic serves. An advantage to working in community-based settings is that counseling students are able to work with and gain experience with the population with whom they plan to work after graduating. For example, if counseling students are in an elementary or high school they will be able to experience many of the aspects of working at a school, as well as working with the types of client issues they may encounter after graduation (Brandt & Porteus, 2009). To take another example, counseling students working in a substance abuse center will gain knowledge in the specialty area of substance abuse and dual diagnosis. Also, according to

Harper and Ritchie (2009), students who have completed their practicum may have the option to stay at the same site for their internship, providing more experience with clients in their area of counseling interest. Students may be offered a job after graduation and continue to work at the same agency or school in which their practicum was completed. If students choose to stay at their settings, they may be able to continue with clients through their practicum and internship experiences into their existing jobs. Harper and Ritchie (2009) pointed out that when counseling students continue at specific settings and are working with the same clients, students and supervisors are able to observe professional development and growth of counseling skills.

Community-based settings offer a variety of client populations. Brandt and Porteus (2009) pointed out that an advantage to counseling students working in school settings is that approximately half their time is geared toward a wide array of client and mental health issues. Counseling activities practicum students may be required to participate in include play therapy, cognitive-behavioral modalities, psychoeducational groups, and consulting with parents and teachers. As Brandt and Porteus (2009) explained, family issues that impact children and adolescents in schools are poverty, homelessness, domestic violence, substance abuse, and parental incarceration. In other community-based settings, client issues practicum students may encounter include family, behavioral, academic, social and peer relationships, anger management, trauma, and neglect.

Disadvantages related to client contact also occur for counseling students working in community-based agencies and schools. Harper and Ritchie (2009) suggested that in agencies and schools one area of concern is clients are not always screened before being assigned to practicum students. As a result, practicum students' developmental level may not be appropriate for clients' issues.

For faculty members, community-based settings also have advantages and disadvantages. The major advantage for faculty members is the clinical workload. Because students are doing their practicum in community settings, the workload for faculty members is decreased (Harper & Ritchie, 2009). For instance, faculty members are not required to assign clients to students or to perform any of the other coordination responsibilities of a department-based setting. Harper and Ritchie explained that faculty members are able to focus more of their time on scholarly research rather than on coordinating clinics. The main disadvantage for faculty members is the “lack of control and oversight” (Harper & Ritchie, 2009, p. 21) of students working in community-based settings. Site supervisors have the most consistent and the most contact with counseling students working with clients during their practicum experiences. Evaluations by site supervisors of students’ counseling skills and professional development are sometimes heavily weighted on students’ grades in practicum. However, evaluations of students are made by site supervisors from a variety of professional experiences, leaving a possible added disadvantage to site supervision. With the variety of professionals who are site supervisors, little is known about their supervision experiences or if they have received training in supervision (Walter & Lambie, 2009). Therefore, site supervisors may not be able to provide the type of supervision counseling students need and they may not be able to recognize deficits or appropriate developmental behaviors and counseling skills required of students. Consequently, site supervisors’ evaluations may not be true reflections of students’ progress or lack of progress.

For universities and community agencies, when students complete their practicum in community-based settings there is a unique opportunity for a strong positive relationship between universities and communities (Harper & Ritchie, 2009). Representatives of universities, such as faculty members and doctoral students, make visits to community settings and

collaborate with site supervisors to facilitate counseling students' experiences, which can result in a positive presence in communities. Unfortunately, the advantage to universities can be a disadvantage as well. When students' practicum experiences are in community settings, counseling services provided by practicum students are not a resource for campuses, which is a loss of services for universities and students (Harper & Ritchie, 2009).

Advantages and disadvantages of department-based settings.

As with community-based settings, department-based settings vary from campus to campus (Dye, 1994; Wester, 2010). Myers and Smith (1995) conducted a survey of counselor education programs to explore the different types of department-based settings. They reported department based clinics have between 1 and 17 rooms (i.e. individual, group, family, waiting, administrative). Myers and Smith (1995) reported most clinics have one-way mirrors for live observation and electronic equipment including audio and video recorders, televisions, computers, telephones, and sound systems. Also, most clinics have play therapy resources. Like community-based settings, department-based settings have several advantages and disadvantages in the three different categories of students, faculty, and university.

Department-based settings provide advantages for students in the area of professional development through consultation, modeling, and research. Students are able to use one-way mirrors to observe other students working with clients, providing consultation opportunities for students with peers and advanced students (Dye, 1994). Sweeny (1994, 2010) stated consultation with other counselors is in high demand after graduating and licensure. Consultation can be practiced in department-based settings where students can see and hear what

is happening in other students' sessions rather than relying on audiotapes, videotapes, or self-reports. Practicing consultation allows students to become immersed in professional identity by learning and teaching skills, interventions, and concepts from peers and supervisors (Dye, 1994).

Second, modeling professional development, as Sweeny (1994, 2010) explained, occurs when professors, supervisors, and advanced students are able to model skills, interventions, and diagnosis and treatment planning. Modeling of these skills can be done in the here and now rather than in classrooms or supervision sessions. Wester (2010) stated modeling can occur by supervisors co-counseling with students. Additionally, ethical and legal concerns can be discussed and dealt with immediately. Modeling goes beyond professors, supervisors, and advanced students, to include the policies and practices of department-based settings. Sweeny (1994) pointed out that students in community-based settings learn the policies and procedures of clinics, but students may not have the opportunity or the time to examine or discuss the policies and procedures. Department-based settings allow students opportunities to examine and debate policies and procedures, fostering understanding of why policies exist and are necessary.

Third, students' professional development is impacted when they understand, participate in, and conduct research. The setup of department-based settings contributes to the ease with which students have opportunities to participate in and possibly conduct research (Dye, 1994; Sweeny, 2010). For example, if professors are conducting a study, students could be asked to be participants in the study or to help collect data for the study. In addition to faculty research, advanced students may use department-based settings to conduct studies. Sweeny pointed out research environments teach master's students to utilize research in their continued counselor development and perhaps later engage in research.

In department-based settings, Neufeldt (1994) explained that supervisors are typically either licensed professional counselors and experienced faculty members or advanced doctoral students. During practicum, students require close supervision, usually more than internship students. In addition to the CACREP (2009) requirements of supervision, live supervision and review of videotapes from advanced doctoral students and faculty are often a part of supervision with practicum students (Dye, 1994; Neufeldt, 1994; Sweeny, 1994; Wester, 2010). Several advantages exist for students regarding supervision with faculty in department-based settings. Live supervision and live observation through one-way mirrors and audio and video equipment allow for different types of supervision to occur (Dye, 1994; Myers & Smith, 1994; Wester, 2010). An additional advantage for students is being able to watch fellow students when they are with clients (Dye, 1994; Sweeny, 1994, 2010; Wester, 2010). Live supervision and observation provide students an opportunity to examine what happened in counseling sessions and to see what skills and interventions they need to improve and work through. An additional advantage is having the multi-level support and feedback available if a crisis occurs. Wester used an example of practicum students working with suicidal clients, when individual supervisors, peers, program faculty, and clinic directors may be utilized for support, direction, and feedback immediately. Although students have supervision immediately and frequently, a disadvantage, according to Harper and Ritchie (2009), is that supervisors may not have particular experience in working with specific client populations. For instance, students' supervisors may have worked with adults and may not have experience working with children or adolescents. Students may miss out on learning from the experiences of their supervisors. Also, the setting does not allow students to choose a specific client population to work with and learn from supervisors who are immersed in a specific client population.

Department-based settings provide advantages for students related to their counseling experiences with clients. Leddick (1994) and Neufeldt (1994) explained that counseling students will have a wide variety of experiences with many different types of client issues. Client issues seen by students in department-based settings include but are not limited to: eating disorders, personality disorders, depression, remarriage and step-family issues, family conflict, life transitions, parenting and child discipline, gang activities, coping with loss, and relationship issues (Leddick, 1994; Neufeldt, 1994). Individual, group, and family counseling sessions with adults, adolescents, and children are also conducted (Myers & Smith, 1995). Although students work with a variety of clients, Dye (1994) and Wester (2010) explained that students are less likely to be asked to counsel clients they are not prepared to counsel, as compared to community settings. In department-based settings, clients are usually screened before being assigned to ensure client issues are developmentally appropriate for students' level of learning, to ensure students' caseloads are not beyond their abilities, and to ensure the well-being of clients (Wester, 2010). Another advantage is that department-based settings facilitate an atmosphere where faculty and students focus on students developing counseling skills and theories with few distractions (Dye, 1994). For example, Dye pointed out that students spend little time or effort on administrative details such as when they will meet with their clients or where they will meet with clients.

Disadvantages for students can stem from the department-based settings. Students working in department-based settings have relatively little control over specific client populations and client issues they will counsel (Dye, 1994). Students who are interested in working with specific client issues, such as substance abuse, may not have clients from that population in department-based settings. In contrast, students counseling in community-based

settings are able to choose the population and setting, and are able to gain experiences with the chosen population from the beginning of their field experiences (Harper & Ritchie, 2009; Ponton, 2009). Also, Dye (1994) explained that there can be a limited number of clients in department-based settings, which often contributes to students seeing clients they are assigned, regardless of interest in working with that client population. Additionally, students are not able to experience working in the actual setting in which they will be expected to practice after practicum. Students will not have the full picture of what it is like to work in agencies or schools with the ebb and flow of clients, the application of policies and procedures, or the nuances of working in a particular community-based setting (Dye, 1994; Harper & Ritchie, 2009; Wester, 2010).

Faculty members who work in counseling departments with department-based settings may experience advantages and disadvantages. The first advantage is that faculty can actively demonstrate skills with actual clients while students observe (Dye, 1994; Sweeny, 1994, 2010). Additionally, faculty can co-counsel with students. Another advantage is live supervision and observation, which allow for more accurate evaluations of students (Dye, 1994; Wester, 2010). Faculty members do not have to rely on site supervisors or students' self-report when evaluating students. Also, faculty can monitor the quality of supervision (Wester, 2010). Availability of research opportunities is another advantage. Faculty can research aspects of counseling and counselor education that may be difficult to research without the availability of counseling students, clients, supervisors, and facility (Sweeny, 2010). Directly observing students and clients as well as conducting research in these areas may not be possible without department-based settings, which are unique advantages for faculty.

Department-based settings pose two major disadvantages for faculty members' involvement and time (Dye, 1994; Leddick, 1994; Sweeny, 1994). In addition to other university requirements and responsibilities such as conducting research, participating in committee work, advising students, and teaching classes, department-based settings require a large amount of faculty work. Department-based settings require the same components required by community-based settings to function. Consequently, faculty members are often required to oversee and do many of the administrative tasks of running a clinic (e.g. recruiting, screening, and scheduling clients; answering telephones; developing policies and procedures; obtaining financial support; supervising students). Some counseling programs have clinic directors who are not professors (Foster, 2010; Miller, 2010; Stockton, 1994; Wantz, 1994). However, even in universities with clinic directors, faculty are often required to be involved in supervising students.

Department-based settings present a few advantages as well as disadvantages for universities. One of the major advantages of having department-based settings is that they add to training curriculums (Sweeny, 1994, 2010; Wester, 2010). Basic and advanced counseling skills and group work classes can be enhanced by department-based settings. Professors can utilize department-based settings to demonstrate skills and have students practice skills while watching and coaching. These mock-sessions can also be recorded to review in classes or individually with students (Wester, 2010).

Another advantage for universities is department-based settings provide noticeable services to communities (Dye, 1994; Sweeny, 2010; Wester, 2010). Leddick (1994) described one of the largest benefits for universities is the positive reaction from the community because of the services provided for nominal fees or no fees at all (Herlihy & Christensen, 2010; Leddick, 1994; Wester, 2010). Community members are able to attend counseling who otherwise may not

be able to afford counseling, such as people without insurance or with low incomes (Wester, 2010). Dye (1994), Leddick, (1994), Sweeny (2010) and Wester (2010) pointed out that many clients referred from schools and community agencies utilize department-based settings, helping to facilitate positive relationships between counselor education departments and communities. This unique connection between counselor education departments and community agencies and schools can help students find internship placements and possible employment after graduation, as well as assist professors in locating and meeting counselors in the field with expertise in specific areas of counseling.

Department-based settings are not without disadvantages for universities and counselor education departments. From the standpoint of universities, the major disadvantages are space, cost, and liability. Addressing space as a disadvantage, Myers and Smith (1995) reported the need for space for the counseling and administrative rooms and required equipment is often difficult to justify as having a department-based setting is not a specific CACREP requirement (Dye, 1994; Leddik, 1994; Sweeny, 1994). Dye (1994) and Leddik (1994) pointed out that the rooms allotted to department-based settings, as well as parking, often need to be physically accessible to the general public. The cost of department-based settings is another major drawback for universities and often needs to be justified (Dye, 1994; Leddik, 1994; Wester, 2010). Dye (1994) pointed out that the cost of operating department-based settings depends on the quality of furnishings, level of complexity of technology for monitoring, quality of supplies, and demand for staffing. Staffing a department-based setting for instance may require hiring staff to supervise and run the clinic (Sweeny, 1994). However, administering department-based settings and supervising master's students may be requirements for the doctoral students. Leddik (1994) highlighted an additional cost, marketing, which could potentially be expensive

depending on the method of marketing and the marketing philosophy counselor education departments or universities decide to utilize. When added together, the cost of department-based settings can be daunting for university administrators.

The liability of a department-based setting is a significant concern for universities. However, the questions regarding liability are similar for universities when counseling students counsel and work in community-based settings (Collison, 1994). Because counseling is not free of risks, malpractice is a growing concern for universities, supervisors, and students (Collison, 1994). Therefore, the need for a department-based setting has to be justified before a university is willing to extend liability for having one on campus. Remley (1994, 2010) and Bernard and Goodyear (2004) pointed out that everyone involved with department-based settings can be named in malpractice suits including universities, departments, faculty, supervisors, and students. Although no one is safe from the possibility of being sued, fear of being sued should not prevent universities from having department-based settings (Remley, 1994, 2010).

Ethical issues in community-based and department-based settings.

Community-based settings and department-based settings face ethical dilemmas. Pate (1994, 2010) outlined the ethical dilemma that occurs when counseling students are seeing clients. Is the goal of counseling programs master's students' development or is the goal clients' progress? Pate (1994, 2010) suggested that, perhaps, the goal is both. Achieving a balance of these two goals is often challenging because master's students are not developmentally able to offer the best counseling. While supervisors are facilitating student development, supervisors' first priority is to ensure clients are not being harmed (Collison, 1994; Herlihy & Christensen, 2010; Pate, 1994, 2010). Pate (1994, 2010) posed a question: how do we know students are ready to counsel? Collison (1994) and Herlihy and Christensen (2010) stated this dilemma is not

unique to either practicum setting (i.e., department-based settings or community-based settings). Before students are allowed to counsel actual clients, students need to be able to demonstrate mastery of basic counseling skills. Professors can monitor skill development, before allowing students to proceed to practicum, through advanced and basic skill courses and reviewing portfolios (Herlihy & Christensen; Pate, 1994, 2010). Ensuring that students have the necessary skills is one way of making sure clients are receiving the best counseling possible and reducing the risk of harm to clients.

Two ways to protect clients from harm are informed consent and supervision (Herlihy & Christensen, 2010; Pate, 1994, 2010). Students should inform clients of the risks associated with counseling, as well as the parameters of counseling and supervision (Bernard & Goodyear, 2004). Herlihy and Christensen (2010) stressed that informed consent should be acquired by students at the beginning of the counseling relationship and periodically throughout the counseling process. Department-based settings should have written policies that inform potential clients that counselors will be students. Documentation should include the level of training students have completed, the need for audio and video recordings, the occurrence of live observation and live supervision, and the possibility that supervisors may intervene in sessions (Herlihy & Christensen, 2010; Pate, 1994, 2010). Collison (1994) stressed that supervisors are responsible for students' counseling work at all levels. To reduce the risk of harm to clients, thorough supervision is required for practicum students (Collison, 1994; Herlihy & Christensen, 2010; Pate, 1994, 2010). Collison raised the question about supervision, "How much is enough?" (p. 92). CACREP's (2009) Standards require practicum students must have one hour of individual or triadic supervision and one and one-half hours of group supervision per week. Other modalities of supervision with practicum students are reviewing of audio and video tapes,

live observation, and live supervision (Collison, 1994; Herlihy & Christensen, 2010; Pate, 1994, 2010). If students are counseling in a department-based setting, Pate suggested that supervisors use the least intrusive yet most controlled form of live supervision such as bug-in-the-ear to intervene in students' sessions. Herlihy and Christensen (2010) pointed out that because of live observation and live supervision in department-based settings, more intensive supervision can occur, offering students support and ensuring best care of clients.

CHAPTER 3

Methodology

Introduction

Chapter three consists of the following five sections: (1) research questions, (2) participants, (3) instrumentation (4) data collection, and (5) methods. The first section includes the five research questions. In the participants' section, descriptions are provided of the sample and the sources of data for the sample participation. In the third section, instrumentation a description is provided of the researcher-designed demographic survey and the *Supervisee Levels Questionnaire-Revised (SLQ-R)*. In the fourth section, the data collection procedures are outlined. Finally, in the methods section the variables and data analysis procedures are presented.

Research Questions

The five research questions for the present study were:

1. What are counseling students' experiences in practicum settings, in supervision, and with client population types?
2. Are there group differences in counseling practicum students' scores on *Stoltenberg's Supervisee Levels Questionnaire-Revised (SLQ-R)* and the setting of their practicum experience?
3. Are there group differences in counseling practicum students' scores on the *SLQ-R* and the modalities of supervision they received in their practicum setting?
4. Is there a significant relationship between counseling practicum students' scores on *SLQ-R* and the number of supervision modalities received?

5. Is there a significant relationship between counseling practicum students' scores on the *SLQ-R* and the number of credit hours completed by students?

Participants

Participants in this study consisted of master's level counseling practicum students in counselor education training programs. Students were towards the end of their first clinical practicum experience (e.g., ten weeks or more into the semester). Students from approximately 850 counseling programs were targeted. Sources for the programs were found in the CACREP program directory (2008) and *Counselor Preparation: Programs, Faculty, Trends* (12th ed.; Schweiger et al., 2008). Counseling programs varied on several factors such as accreditation, practicum setting, number of credit hours required, and emphasis areas, which included addiction; career; clinical mental health (i.e. community); college; gerontological; marital, couple, and family; school; and student affairs.

Instrumentation

A researcher-designed demographic survey was administered to participants, the *Demographics and Experience Questionnaire* (see Appendix A). The items requested information regarding: age, sex, ethnicity, program accreditation, number of credit hours completed, emphasis area, supervision experiences, practicum setting, and client population types. For question 1, participants were asked to select age from 21 to 75, which was listed in a drop down menu. For question 2, participants were asked to indicate their sex as female or male. For question 3, participants were asked to indicate their ethnicity as African American, American Indian, Asian/Asian American, Bi/Multiethnic, European American, Hispanic/Latino/a, Middle Eastern, Pacific Islander, or other. A write-in box was available for participants to specify the response, other. For question 4, participants were asked to indicate their counseling program

accreditation status as CACREP, CORE, unsure, or other. A write-in box was available for participants to specify the response, other. For question 5, participants were asked to indicate how many credit hours they have completed (3 to 70 hours), which was listed in a drop down menu. For question 6, participants were asked to indicate their chosen counseling emphasis area as addiction; career; clinical mental health (community); college; gerontological; marital, couple, and family; school; or student affairs. For question 7, participants were asked to indicate their practicum setting as community-based or department-based. For question 8, participants who chose community-based clinic were asked to rate their agreement with the following statement “If I could do it over again, I would choose to do my practicum in a community-based clinic again” on a five point Likert scale (1 = *Strongly Disagree* through 5 = *Strongly Agree*). For question 8, participants who chose department-based setting were asked to rate their agreement with the following statement “If I could do it over again, I would choose to do my practicum in a department-based setting again” on a five point Likert scale (1 = *Strongly Disagree* through 5 = *Strongly Agree*). For question 9, participants were asked to identify the amount of structure of their practicum setting on a five point Likert scale (1 = *Very Unstructured* through 5 = *Very Structured*). For question 10, participants were asked to identify their satisfaction with the amount of structure at their practicum setting on a five point Likert scale (1 = *Very Dissatisfied* through 5 = *Very Satisfied*). For question 11, participants were asked how many supervisors they had (1 to 10), which was listed in a drop down menu. For question 12, participants were asked to identify the kinds of supervision in which they participated as group, individual, and triadic. For question 13, participants were asked to identify who supervises them at their practicum site; counseling professor, counseling doctoral student, licensed clinical social worker, licensed professional counselor, licensed professional counselor – supervisor, master’s level counselor,

master's level social worker, psychiatrist, psychologist, or other. A write-in box was available for participants to specify the response, other. For question 14, participants were asked to identify who supervises them at their university; counseling professor, counseling doctoral student, licensed clinical social worker, licensed professional counselor, licensed professional counselor – supervisor, master's level counselor, master's level social worker, psychiatrist, psychologist, or other. A write-in box was available for participants to specify the response, other. For question 15, participants were asked to identify the total number of hours (1 to 10) they meet for supervision a week, which was listed in a drop down menu. For question 16, participants were asked to rate their agreement with the following statement, "I feel like my supervisor is knowledgeable about the population in which I work," using a five point Likert scale (1 = *Strongly Disagree* through 5 = *Strongly Agree*). For question 17, participants were asked to rate the modalities of supervision experienced in practicum such as bug-in-the-ear, bug-in-the-eye, co-counseling, consultation break, in-vivo, live observation, monitoring, phone-in, review of audio tapes, review of case notes, review of video tapes, self-report, walk-in, or other on a five point Likert scale (1 = *Very Unhelpful* through 5 = *Very Helpful*) or as 6 (*Not Used*). A write-in box was available for participants to specify the response, other. For question 18, participants were asked to indicate client population types as adolescents, adults, children, college students, couples, families, gerontology, and other. A write-in box was available for participants to specify the response, other. For question 19, participants were asked to indicate client issues experienced in their practicum setting as academic concerns, anger management, alcohol/drugs, anxiety, behavior concerns, breakup/loss of relationship, career, dating concerns, depression, domestic violence, eating disorders, finances, grief and loss, health concerns, mood management, relationship concerns, religious/spiritual concerns, self-esteem, stress management,

suicidal feelings, time management, and other. A write-in box was available for participants to specify the response, other. For question 20, participants were asked if they believe their practicum experience prepared them for internship on a five point Likert scale (1 = *Very Unprepared* through 5 = *Very Prepared*). For question 21, participants were asked to indicate their overall satisfaction with their practicum experience on a five point Likert scale (1 = *Very Dissatisfied* through 5 = *Very Satisfied*).

Stoltenberg's *Supervisee Levels Questionnaire-Revised (SLQ-R)*, see Appendix B) was used to assess counseling students' development. The *SLQ-R* is based on Stoltenberg's integrated developmental model (IDM), which includes three structures of awareness of self and others, motivation, and autonomy (McNeill et al., 1992; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010). The *SLQ-R* produces four scores, a total score and three sub-scale scores (i.e. awareness of self and others, motivation, and autonomy). The *SLQ-R* consists of 30 questions based on a 7 point Likert scale (1 = *Never* through 7 = *Always*). Higher scores indicate higher levels of development. Total scores range from 30 to 210. Twelve questions measure awareness of self and others, with sub-scale scores ranging from 12 to 84. Two of the twelve questions are reverse scored. Eight questions measure motivation, with sub-scale scores ranging from 8 to 56. Four of the eight questions are reverse scored. Ten questions measure autonomy, with sub-scale scores ranging from 10 to 70. Four of the ten questions are reverse scored.

Reliability and validity have been examined for the *SLQ-R*. McNeill et al. (1992) reported Cronbach alpha reliability coefficients for self and other awareness as $r = .83$, motivation as $r = .74$, autonomy as $r = .64$ and the total score as $r = .88$. There is variability between the different levels of the IDM. Pearson correlations indicate the three structure

correlations of self and others awareness and autonomy as $r = .53, p < .001$; for self and others awareness and motivation as $r = .58, p < .001$; and motivation and autonomy as $r = .43, p < .001$. However, McNeill et al. (1992) pointed out that the correlations were not significantly strong to indicate that the three structures measure the same construct. A MANOVA was conducted to explore the differences between groups with the independent variable as trainees' experience level (beginning, intermediate, and advanced) and the dependent variable as the score on the *SLQ-R*. To further explore the differences between groups, an ANOVA indicated there was a statistically significant difference between groups, $F(2, 120) = 7.37, p < .001$. This was not an improvement compared to the original *SLQ* where the results to the ANOVA were significant at $F(2, 102), p < .067$. To further explore the validity of the *SLQ-R*, one-tailed t-tests were conducted using an alpha level of .05. The results showed significant differences between experience levels with a medium effect size.

Data Collection

Before data collection began, approval for the proposed study was obtained from the University of New Orleans Institutional Review Board (IRB, see Appendix C). Data was collected through the use of Qualtrics™. Program coordinators or practicum instructors at each university were emailed asking them to distribute an email inviting practicum student participation in the study (see Appendix D). Additionally, the email to practicum students was posted on three professional listserves COUNSGRAD, CESNET, and COUNSLINK. The email to students included the following: (a) purpose of the study, (b) qualifications for participation, (c) confidentiality agreement, (d) contact information of the researcher, and (e) link to the survey. Two reminder e-mail messages were sent to all program coordinators or practicum

instructors and were posted on all three listservs (see Appendix E). The final step of data collection was to retrieve the data from Qualtrics™ and download the data into SPSS.

Methods

Data were analyzed through the statistical program SPSS and recoded. For all data analysis, an alpha level of .01 was used to minimize the potential for a Type I error. The following statistical analyses were conducted for each of the five research questions.

Research question 1.

What are counseling students' experiences in practicum settings, in supervision, and with client population types?

Data analysis.

Descriptive data were used to determine frequencies of counseling students' experiences in practicum settings (department-based setting and community-based clinic), modalities of supervision, and client population types.

Research question 2.

Are there group differences in counseling practicum students' scores on *Stoltenberg's Supervisee Levels Questionnaire-Revised (SLQ-R)* and the setting of their practicum experience?

Data analysis.

A multivariate analysis of variance (MANOVA) was used to determine if group differences existed between counseling practicum students' *SLQ-R* scores and their practicum experience settings. Participants' *SLQ-R* scores (awareness of self and others, motivation, and autonomy) and their practicum settings (department-based setting and community-based setting) were analyzed.

Research question 3.

Are there group differences in counseling practicum students' scores on the *SLQ-R* and the modalities of supervision they received in their practicum setting?

Data analysis.

A MANOVA was used to determine if group differences existed between counseling practicum students' *SLQ-R* scores and the modalities of supervision received. Participants' *SLQ-R* scores (awareness of self and others, motivation, and autonomy) and the modalities of supervision students received (indirect supervision and both direct and indirect supervision) were analyzed. Post-hoc analysis was conducted for differences in the three groups.

Research questions 4.

Is there a significant relationship between counseling practicum students' scores on *SLQ-R* and the number of supervision modalities received by students?

Data analysis.

A Pearson correlation was used to analyze if counseling practicum students' *SLQ-R* scores (sub-scale score) was related to the number of supervision modalities (1 through 14) experienced.

Research question 5.

Is there a significant relationship between counseling practicum students' scores on the *SLQ-R* and the number of credit hours completed by students?

Data analysis.

A Pearson correlation was used to analyze if counseling practicum students' *SLQ-R* scores (sub-scale score) were related to the number of credit hours completed by students.

CHAPTER 4

Results

The purpose of this study was to explore practicum student experiences and development level in department-based and community-based settings. The results of the *Demographic and Experience Questionnaire* and the *Supervisee Levels Questionnaire-Revised (SLQ-R)* are provided in this chapter. SPSS was used to conduct the statistical analysis.

Demographics

A total of 435 responses were collected using the *Demographic and Experience Questionnaire* and the *SLQ-R*. The criteria for responses to be included in the final data analysis were the completion of both the *Demographic and Experience Questionnaire* and the *SLQ-R*. Of the 435 responses, 305 were completed for a completion rate of 70%. The demographic and experience information was composed of questions 1 through 6, which included: age, sex, ethnicity, program accreditation, number of credit hours, and program emphasis area.

Of the 305 participants, the range of ages was 21 to 67. The mean age was 31.5, the median was 28, the mode was 26, and the standard deviation was 9.31. Also, 83.3% ($n = 254$) of participants were female and 16.7% ($n = 51$) were male (see Table 1).

Table 1

Frequencies of Participants' Sex (N = 305)

Sex	<i>f</i>	%
Female	254	83.3
Male	51	16.7

Of the 305 participants, 3.6% ($n = 11$) identified their ethnicity as African American; 0.7% ($n = 2$) as American Indian; 1.6% ($n = 5$) as Asian/Asian American; 3.3% ($n = 10$) as Bi/Multiethnic; 75.0% ($n = 229$) as European American; 5.6% ($n = 17$) as Hispanic/Latino/a; 1.0% ($n = 3$) as Middle Eastern, and 9.2% ($n = 28$) identified other. Other included American, Caucasian, Mexican American, and White (see Table 2).

Table 2

Frequencies of Participants' Ethnicity (N = 305)

Ethnicity	<i>f</i>	%
African American	11	3.6
American Indian	2	0.7
Asian/Asian American	5	1.6
Bi/Multiethnic	10	3.3
European American	229	75.0
Hispanic/Latino/a	17	5.6
Middle Eastern	3	1.0
Other	28	9.2

CACREP was identified by 93.8% ($n = 286$) of participants, CORE by 1.3% ($n = 4$), 1.6% ($n = 5$) participants were unsure of their program accreditation, and 3.3% ($n = 10$) chose other (see Table 3). Other included APA, CACREP equivalent, in process of seeking CACREP accreditation, and not accredited.

Table 3

Frequencies of Program Accreditation (N =305)

Accreditation	<i>f</i>	%
CACREP	286	93.8
CORE	4	1.3
Unsure	5	1.6
Other	10	3.3

Participants' number of credit hours completed ranged from 9 to 70 with a mean of 38.2 and a standard deviation of 15.5. Specific number of credit hours, frequencies of hours, and percentages of credit hours are provided in Table 4.

Table 4

Frequencies of Credit Hours Completed (N = 305)

Credit Hours	<i>f</i>	%
9	4	1.3
11	1	0.3
12	14	4.6
13	2	0.7
14	2	0.7
15	7	2.3
16	1	0.3
17	2	0.7
18	12	3.9
19	3	1.0
20	4	1.3
21	7	2.3
22	3	1.0
24	13	4.3
25	1	0.3
26	4	1.3
27	4	1.3
28	1	0.3
29	1	0.3
30	17	5.6
31	3	1.0
32	1	0.3
33	11	3.6
34	1	0.3
35	2	0.7
36	20	6.6
37	1	0.3
38	5	1.6
39	12	3.9
40	7	2.3
41	3	1.0
42	9	3.0
43	3	1.0
44	4	1.3

(table continued)

45	18	5.9
46	1	0.3
47	1	0.3
48	13	4.3
49	3	1.0
50	11	3.6
51	15	4.9
52	5	1.6
53	3	1.0
54	7	2.3
55	3	1.0
56	1	0.3
57	4	1.3
58	1	0.3
60	15	4.9
61	3	1.0
63	3	1.0
64	1	0.3
65	1	0.3
66	1	0.3
68	1	0.3
69	1	0.3
70	8	2.6

Clinical mental health counseling was identified by 53.1% ($n = 162$) of participants, school counseling by 33.4% ($n = 102$), marital, couple, and family counseling by 9.5% ($n = 29$), addiction counseling by 2% ($n = 6$), college counseling by 1.3% ($n = 4$), and student affairs by 0.7% ($n = 2$) (see Table 5).

Table 5

Frequencies of Emphasis Area (N = 305)

Emphasis Area	<i>f</i>	%
Addiction Counseling	6	2.0
Clinical Mental Health Counseling	162	53.1
College Counseling	4	1.3
Marital, Couple, and Family Counseling	29	9.5
School Counseling	102	33.4
Student Affairs	2	0.7

SLQ-R Scores

For the community-based participants, the mean *SLQ-R* total score was 151.1, the standard deviation was 16.39, and the range was 100 to 186. For the sub-scale self and others awareness, the mean was 63.36, the standard deviation was 8.12, and the range was 42 to 79. For the sub-scale motivation, the mean was 42.04, the standard deviation was 6.02, and the range was 24 to 56. For the sub-scale autonomy, the mean was 45.69, the standard deviation was 5.43, and the range was 28 to 68.

For the department-based participants, the mean *SLQ-R* total score was 149.09, the standard deviation was 18.24, and the range was 101 to 192. For the sub-scale self and others awareness, the mean was 63.03, the standard deviation was 8.9, and the range was 36 to 80. For the sub-scale motivation, the mean was 41.47, the standard deviation was 6.45, and the range was 24 to 56. For the sub-scale autonomy, the mean was 44.58, the standard deviation was 5.4, and the range was 30 to 61.

Table 6

Participants' SLQ-R Total and Sub-Scale Scores (N = 305)

<i>SLQ-R</i>	Community-Based (<i>n</i> = 184)			Department-Based (<i>n</i> = 121)		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
Total Score	151.1	16.39	100-186	149.09	18.24	101-192
Self and Others Awareness	63.36	8.12	42-79	63.03	8.90	36-80
Motivation	42.04	6.02	24-56	41.47	6.45	24-56
Autonomy	45.69	5.43	28-68	44.58	5.40	30-61

Note. *SLQ-R* Ranges for Total and Sub-Scale scores – Total Scores 30-120, Self and Others Awareness 12-84, Motivation 8-56, Autonomy 10-70

Research Question 1

What are counseling students' experiences in practicum settings, in supervision, and with client population types? Data analysis for question 1 included questions 7 through 21 on the *Demographic and Experience Questionnaire*.

Practicum settings.

Of the 305 participants, 60.3% (*n* = 184) identified their practicum settings as community-based and 39.7% (*n* = 121) as department-based (see Table 7).

Table 7

Frequencies of Participants' Practicum Settings (N = 305)

Practicum Setting	<i>f</i>	%
Community-Based	184	60.3
Department-Based	121	39.7

Community-based participants indicated the likelihood of choosing their practicum setting again as follows: 55% ($n = 102$) strongly agreed, 29% ($n = 54$) agreed, 9% ($n = 16$) somewhat agreed, 4% ($n = 7$) disagreed, and 3% ($n = 5$) strongly disagreed. Department-based participants indicated the likelihood of choosing their practicum settings again as follows: 47% ($n = 57$) strongly agreed, 35% ($n = 42$) agreed, 11.0% ($n = 14$) somewhat agreed, 5% ($n = 6$) disagreed, and 2% ($n = 2$) strongly disagreed (see Table 8).

Table 8

Frequencies of Whether Participants Would Choose Their Practicum Settings Again (N = 305)

Agreement	Community-Based ($n = 184$)		Department-Based ($n = 121$)	
	<i>f</i>	%	<i>f</i>	%
Strongly Disagree	5	3	2	2
Disagree	7	4	6	5
Somewhat Agree	16	9	14	11
Agree	54	29	42	35
Strongly Agree	102	55	57	47

The 184 community-based participants rated the structure of their practicum settings as follows: 34.2% ($n = 63$) as somewhat structured, 25% ($n = 46$) as structured, 22.4% ($n = 41$) as unstructured, 9.2% ($n = 17$) as very unstructured, and 9.2% ($n = 17$) as very structured (see Table 8). The 121 department-based participants rated the structure of their practicum settings as the following: 40.5% ($n = 49$) as structured, 35.5% ($n = 43$) as very structured, 19% ($n = 23$) as somewhat structured, 3.3% ($n = 4$) as unstructured, and 1.7% ($n = 2$) as very unstructured (see Table 9).

Table 9

Frequencies of Participants' Perceptions of Their Practicum Setting Structure (N = 305)

Structure	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
Very Unstructured	17	9.2	2	1.7
Unstructured	41	22.4	4	3.3
Somewhat Structured	63	34.2	23	19.0
Structured	46	25.0	49	40.5
Very Structured	17	9.2	43	35.5

The 184 community-based participants rated their satisfaction with the amount of structure at their practicum settings as follows: 47% ($n = 86$) were satisfied with the amount of structure, 23% ($n = 42$) somewhat satisfied, 18% ($n = 33$) very satisfied, 11% ($n = 20$) unsatisfied, and 1% ($n = 3$) very unsatisfied. The 121 department-based participants rated their satisfaction with the amount of structure at their practicum settings as follows: 45.5% ($n = 55$) were satisfied, 34.7% ($n = 42$) very satisfied, 14.9% ($n = 18$) somewhat satisfied, 4.1% ($n = 5$) unsatisfied, and 0.8% ($n = 1$) very unsatisfied (see Table 10).

Table 10

Frequencies of Participants' Satisfaction with Practicum Setting Structure (N = 305)

Satisfaction	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
Very Unsatisfied	3	1	1	0.8
Unsatisfied	20	11	5	4.1
Somewhat Satisfied	42	23	18	14.9
Satisfied	86	47	55	45.5
Very Satisfied	33	18	42	34.7

The 184 community-based participants rated their perceptions of preparedness for internship as follows: 53.8% ($n = 99$) as prepared, 26.1% ($n = 48$) as very prepared, 17.4% ($n = 32$) as somewhat prepared, 2.2% ($n = 4$) as unprepared, and 0.5% ($n = 1$) as very unprepared. The 121 department-based participants rated their perceptions of preparedness for internship as follows: 54.5% ($n = 66$) as prepared, 26.4% ($n = 32$) as very prepared, 17.4% ($n = 21$) as somewhat prepared, and 1.7% ($n = 2$) as unprepared (see Table 11).

Table 11

Frequencies of Participants' Perceptions of Preparedness for Internship (N = 305)

Preparedness	Community-Based ($n = 184$)		Department-Based ($n = 121$)	
	<i>f</i>	%	<i>f</i>	%
Very Unprepared	1	0.5	0	0
Unprepared	4	2.2	2	1.7
Somewhat Prepared	32	17.4	21	17.4
Prepared	99	53.8	66	54.5
Very Prepared	48	26.1	32	26.4

The 184 community-based participants reported their overall satisfaction with their practicum experiences as follows: 42.4% ($n = 78$) very satisfied, 35.9% ($n = 66$) satisfied, 14.7% ($n = 27$) somewhat satisfied, 5.4% ($n = 10$) unsatisfied, and 1.6% ($n = 3$) very unsatisfied. The 121 department-based participants reported their overall satisfaction with their practicum experiences as the following: 47.9% ($n = 58$) satisfied, 38% ($n = 46$) very satisfied, 12.4% ($n = 15$) somewhat satisfied, and 1.7% ($n = 2$) unsatisfied (see Table 12).

Table 12

Frequencies of Participants' Overall Satisfaction with Their Practicum Experiences (N = 305)

Satisfaction	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
Very Unsatisfied	3	1.6	0	0
Unsatisfied	10	5.4	2	1.7
Somewhat Satisfied	27	14.7	15	12.4
Satisfied	66	35.9	58	47.9
Very Satisfied	78	42.4	46	38.0

Supervision.

Of the 184 community-based participants, 40% ($n = 73$) reported having one supervisor, 32% ($n = 59$) two, 23% ($n = 42$) three, 5% ($n = 9$) four, and 0% ($n = 1$). Of the 121 department-based participants, 45% ($n = 55$) reported having one supervisor, 34% ($n = 41$) two supervisors, 16% ($n = 19$) three supervisors, 3% ($n = 4$) five supervisors, and 2% ($n = 2$) four supervisors (see Table 13).

Table 13

Frequencies of Number of Supervisors (N = 305)

Number of Supervisors	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
1	73	40	55	45
2	59	32	41	34
3	42	23	19	16
4	9	5	2	2
5	0	0	4	3
8	1	0	0	0

The 184 community-based participants identified the kinds of supervision used as follows: 92.9% ($n = 171$) individual supervision, 81.5% ($n = 150$) group supervision, and 28.2% ($n = 53$) triadic supervision. The 121 department-based participants identified the kinds of supervision used as follows: 87.6% ($n = 106$) group supervision, 81% ($n = 98$) individual supervision, and 40.5% ($n = 49$) triadic supervision (see Table 14).

Table 14

Frequencies of Kinds of Supervision Used (N = 305)

Kinds of Supervision Used	Community-Based ($n = 184$)		Department-Based ($n = 121$)	
	<i>f</i>	%	<i>f</i>	%
Group	150	81.5	106	87.6
Individual	171	92.9	98	81.0
Triadic	53	28.2	49	40.5

Of the 184 community-based participants, 40.76% ($n = 75$) identified their site supervisors as licensed professional counselors, 28.26% ($n = 52$) as licensed professional counselor – supervisors, 15.76% ($n = 29$) as licensed clinical social workers, 14.67% ($n = 27$) as other, 11.41% ($n = 21$) as counseling professors, 11.41% ($n = 21$) as master’s level counselors – unlicensed, 10.32% ($n = 19$) as psychologists, 3.80% ($n = 7$) as counseling doctoral students, 3.80% ($n = 7$) as master’s level social workers, and 1.08% ($n = 2$) as psychiatrists. Other included certified rehabilitation counselors, licensed addictions counselors, licensed marriage and family therapists, master’s level non-counseling student affairs, pastors, and school

counselors (see Table 12). Of the 184 community-based participants, 67.39% ($n = 124$) identified their university supervisors as counseling professors, 35.32% ($n = 65$) as licensed professional counselors, 26.63% ($n = 49$) as counseling doctoral students, 17.39% ($n = 32$) as licensed professional counselor – supervisors, 8.15% ($n = 15$) as psychologists, 4.89% ($n = 9$) as other, 4.34% ($n = 8$) as master’s level counselors – unlicensed, and 0.54% ($n = 1$) as psychiatrists. Other included rehabilitation counselor and school counselor (see Table 15).

Of the 121 department-based participants, 66.90% ($n = 81$) identified their site supervisors as counseling professors, 36.36% ($n = 44$) as licensed professional counselors, 34.71% ($n = 42$) as licensed professional counselor – supervisors, 31.40% ($n = 38$) as counseling doctoral students, 17.35% ($n = 21$) as psychologists, 6.61% ($n = 8$) as master’s level counselors – unlicensed, 3.30% ($n = 4$) as other, 0.82% ($n = 1$) as licensed clinical social workers, and 0.82% ($n = 1$) as psychiatrists. Other included licensed marriage and family therapists and school counselors (see Table 12). Of the 121 department-based participants, 81.81% ($n = 99$) identified their university supervisors as counseling professors, 37.19% ($n = 45$) as licensed professional counselors, 33.88% ($n = 41$) as licensed professional counselor – supervisors, 30.57% ($n = 37$) as counseling doctoral students, 20.66% ($n = 25$) as psychologists, 4.13% ($n = 5$) as other, 1.65% ($n = 2$) as master’s level counselors – unlicensed, 0.82% ($n = 1$) as licensed clinical social workers, and 0.82% ($n = 1$) as psychiatrists. Other included licensed marriage and family therapists and school counselors (see Table 15).

Table 15

Frequencies of Professional Level of Supervisors (N = 305)

Supervisors	Community-Based (n = 184)				Department-Based (n = 121)			
	Site Supervisors		University Supervisors		Site Supervisors		University Supervisors	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Counseling Professors	21	11.41	124	67.39	81	66.90	99	81.81
Counseling Doctoral Students	7	3.80	49	26.63	38	31.40	37	30.57
Licensed Professional Counselors	75	40.76	65	35.32	44	36.36	45	37.19
Licensed Professional Counselor-Supervisors	52	28.26	32	17.39	42	34.71	41	33.88
Master's Level Counselors (Unlicensed)	21	11.41	8	4.34	8	6.61	2	1.65
Licensed Clinical Social Workers	29	15.76	0	0	1	0.82	1	0.82
Master's Level Social Workers	7	3.80	0	0	0	0	0	0
Psychiatrists	2	1.08	1	0.54	1	0.82	1	0.82
Psychologists	19	10.32	15	8.15	21	17.35	25	20.66
Other	27	14.67	9	4.89	4	3.30	5	4.13

Of the 184 community-based participants, 35% ($n = 65$) reported receiving a total of three hours of supervision per week, 21% ($n = 38$) two hours, 18% ($n = 34$) four hours, 9% ($n = 16$) one hour, 8% ($n = 15$) five hours, 5% ($n = 9$) six hours, 3% ($n = 6$) ten hours, 1% ($n = 1$) seven hours. Of the 121 department-based participants, 48% ($n = 58$) reported three hours of supervision per week, 17% ($n = 20$) two hours, 13% ($n = 16$) four hours, 10% ($n = 12$) one hour, 8% ($n = 10$) five hours, 4% ($n = 5$) six hours (see Table 16).

Table 16

Frequencies of Total Number of Hours of Supervision (N = 305)

Number of Hours	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
1	16	9	12	10
2	38	21	20	17
3	65	35	58	48
4	34	18	16	13
5	15	8	10	8
6	9	5	5	4
7	1	1	0	0
10	6	3	0	0

The 184 community-based participants' perceptions of their supervisors' knowledge of client populations included the following: 60% (n = 111) strongly agreed, 28% (n = 51) agreed, 9% (n = 17) somewhat agreed, 2% (n = 3) disagreed, and 1% (n = 2) strongly. The 121 department-based participants' perceptions of their supervisors' knowledge of client populations included the following: 61.2% (n = 74) strongly agreed, 34.7% (n = 42) agreed, and 4.1% (n = 5) somewhat agreed (see Table 17).

Table 17

Frequencies of Participants' Perceptions of Supervisors' Knowledge of Client Populations

Agreement	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
Strongly Disagree	2	1	0	0
Disagree	3	2	0	0
Somewhat Agree	17	9	5	4.1
Agree	51	28	42	34.7
Strongly Agree	111	60	74	61.2

The 184 community-based participants' responses to supervision modalities received were as follows: 97.3% ($n = 179$) self-report, 72.8% ($n = 134$) review of case notes, 57% ($n = 105$) review of audiotapes, 53.8% ($n = 99$) review of videotapes, 48.9% ($n = 90$) co-counseling, 31.5% ($n = 58$) live observation, 13% ($n = 24$) walk-in, 10.9% ($n = 20$) other, 10.3% ($n = 19$) monitoring, 5.4% ($n = 10$) consultation break, 4.3% ($n = 8$) bug-in-the-ear, 4.3% ($n = 8$) in-vivo, 3.3% ($n = 6$) phone-in, and 2.7% ($n = 5$) bug-in-the-eye. The 121 department-based participants' responses to supervision modalities received were as follows: 95% ($n = 115$) self-report, 92.6% ($n = 112$) review of videotapes, 90.1% ($n = 109$) review of case notes, 63.6% ($n = 77$) live observation, 49.6% ($n = 60$) review of audiotapes, 18.2% ($n = 22$) consultation break, 17.4% ($n = 21$) co-counseling, 15.7% ($n = 19$) monitoring, 14% ($n = 17$) walk-in, 7.4% ($n = 9$) other, 5.8% ($n = 7$) bug-in-the-ear, 5.8% ($n = 7$) in-vivo, 5% ($n = 6$) bug-in-the-eye, and 5% ($n = 6$) phone-in (see Table 18).

Table 18

Frequencies of Modalities Utilized in Supervision (N = 305)

Modality of Supervision	Community-Based (n = 184)		Department-Based (n = 121)	
	<i>f</i>	%	<i>f</i>	%
Direct Modalities				
Bug-in-the-Ear	8	4.3	7	5.8
Bug-in-the-Eye	5	2.7	6	5.0
Co-Counseling	90	48.9	21	17.4
Consultation Break	10	5.4	22	18.2
In-Vivo	8	4.3	7	5.8
Live Observation	58	31.5	77	63.6
Monitoring	19	10.3	19	15.7
Phone-In	6	3.3	6	5.0
Walk-In	24	13.0	17	14.0
Indirect Modalities				
Review of Audio Tapes	105	57.0	60	49.6
Review of Case Notes	134	72.8	109	90.1
Review of Video Tapes	99	53.8	112	92.6
Self-Report	179	97.3	115	95.0
Other	20	10.9	9	7.4

Client population types.

The 184 community-based participants reported the client populations they worked with during practicum as follows: 63% ($n = 115$) adolescents, 60% ($n = 110$) adults, 45% ($n = 83$) children, 25% ($n = 46$) families, 19% ($n = 35$) college, 19% ($n = 35$) couples, 6% ($n = 11$) gerontology, and 4% ($n = 7$) other. Other included impoverished, special education, and substance abuse. The 121 department-based participants reported the client populations they worked with during practicum as follows: 83% ($n = 100$) selected adults, 61% ($n = 74$) college, 58% ($n = 70$) adolescents, 47% ($n = 57$) children, 41% ($n = 50$) couples, 36% ($n = 43$) families, 17% ($n = 21$) gerontology, and 3% ($n = 4$) other. Other included substance abuse and incarcerated (see Table 19).

Table 19

Frequencies of Client Populations (N = 305)

Client Populations	Community-Based (<i>n</i> = 184)		Department-Based (<i>n</i> = 121)	
	<i>f</i>	%	<i>f</i>	%
Adolescents	115	63	70	58
Adults	110	60	100	83
Children	83	45	57	47
College	35	19	74	61
Couples	35	19	50	41
Families	46	25	43	36
Gerontology	11	6	21	17
Other	7	4	4	3

The 184 community-based participants indicated the following client issues they worked with: 82% (*n* = 150) self-esteem, 78% (*n* = 143) anxiety, 73% (*n* = 134) behavior concerns, 73% (*n* = 134) depression, 70% (*n* = 129) stress management, 68% (*n* = 126) anger management, 60% (*n* = 110) grief and loss, 59% (*n* = 109) mood management, 56% (*n* = 103) academic concerns, 56% (*n* = 103) relationship concerns, 55% (*n* = 101) alcohol/drugs, 51% (*n* = 94) breakup/loss of a relationship, 45% (*n* = 83) suicidal feelings, 35% (*n* = 64) career, 34% (*n* = 63) domestic violence, 34% (*n* = 62) dating concerns, 34% (*n* = 62) time management, 30% (*n* = 56) health concerns, 23% (*n* = 43) religious/spiritual concerns, 21% (*n* = 39) finances, 21% (*n* = 38) eating disorder, and 8% (*n* = 15) other. Other included acculturation issues, child abuse and neglect, conflict resolution, divorce, interpersonal communication, motivation, parenting, prison, self-harm, sex addiction, sexual abuse, sexual assault, and trauma (see Table 20).

The 121 department-based participants indicated the following client issues they worked with: 86% (*n* = 104) anxiety, 80% (*n* = 97) relationship concerns, 74% (*n* = 90) self-esteem, 74% (*n* = 89) depression, 70% (*n* = 85) stress management, 60% (*n* = 73) academic concerns, 59% (*n* = 71) breakup/loss of a relationship, 55% (*n* = 66) mood management, 51% (*n* = 62) behavior concerns, 50% (*n* = 61) anger management, 47% (*n* = 57) dating concerns, 47% (*n* = 57) grief

and loss, 42% ($n = 51$) career, 38% ($n = 46$) alcohol/drugs, 37% ($n = 45$) time management, 31% ($n = 38$) suicidal feelings, 30% ($n = 36$) finances, 29% ($n = 35$) health concerns, 19% ($n = 23$) religious/spiritual concerns, 17% ($n = 21$) domestic violence, 12% ($n = 14$) eating disorders, and 11% ($n = 13$) other. Other included body image, life skills, post-traumatic stress disorder, sexual abuse, sexual assault, sexual harassment, sexual orientation, sexuality, and social phobia (see Table 20).

Table 20

Frequencies of Client Issues (N = 305)

Client Issues	Community-Based ($n = 184$)		Department-Based ($n = 121$)	
	<i>f</i>	%	<i>f</i>	%
Academic Concerns	103	56	73	60
Anger Management	126	68	61	50
Alcohol/Drugs	101	55	46	38
Anxiety	143	78	104	86
Behavior Concerns	134	73	62	51
Breakup/Loss of Relationship	94	51	71	59
Career	64	35	51	42
Dating Concerns	62	34	57	47
Depression	134	73	89	74
Domestic Violence	63	34	21	17
Eating Disorders	38	21	14	12
Finances	39	21	36	30
Grief and Loss	110	60	57	47
Health Concerns	56	30	35	29
Mood Management	109	59	66	55
Relationship Concerns	103	56	97	80
Religious/Spiritual Concerns	43	23	23	19
Self-Esteem	150	82	90	74
Stress Management	129	70	85	70
Suicidal Feelings	83	45	38	31
Time Management	62	34	45	37
Other	15	8	13	11

Research Question 2

Are there group differences in counseling practicum students' scores on *SLQ-R* and the setting of their practicum experience?

Data from participants' responses to question 7 on the *Demographic and Experience Questionnaire* were used to create two groups: community-based setting and department-based setting. The results of the MANOVA were not statistically significant for the *SLQ-R* total scores and the two groups (i.e. community-based and department-based); $F(3, 301) = 1.26, p = .280, \eta^2 = .012$. The results for the *SLQ-R* sub-scales were the following: self and others awareness, $F(3, 301) = .116, p = .734, \eta^2 = .000$; motivation, $F(3, 301) = .605, p = .437, \eta^2 = .002$; and autonomy, $F(3, 301) = 3.006, p = .084, \eta^2 = .010$ (see Table 21).

Table 21

MANOVA Results for SLQ-R Scores and Two Practicum Setting (N =305)

	<i>F</i>	<i>p</i>	η^2
<i>SLQ-R</i> Total Scores	1.260	.280	.012
Self and Others Awareness Sub-Scale	.116	.734	.000
Motivation Sub-Scale	.605	.437	.002
Autonomy Sub-Scale	3.006	.084	.010

Note. * = $p < .01$

Research Question 3

Are there group differences in counseling practicum students' scores on the *SLQ-R* and the modalities of supervision they received in their practicum setting?

Data from participants' responses to question 17 on the *Demographic and Experience Questionnaire* were used to create groups for the 14 supervision modalities (i.e. direct only, indirect only, and both direct and indirect). Participants did not indicate direct only as a modality of supervision. Thus, two groups were created; indirect only and both indirect and direct modalities of supervision. The results for the MANOVA were not statistically significant for

SLQ-R total scores and the two groups; $F(3, 294) = 1.65, p = .177, \eta^2 = .017$. The results for the *SLQ-R* sub-scales were; self and others awareness, $F(3, 294) = 2.715, p = .100, \eta^2 = .009$; motivation, $F(3, 294) = .143, p = .706, \eta^2 = .000$; and autonomy, $F(3, 294) = .020, p = .886, \eta^2 = .000$ (see Table 22).

Table 22

MANOVA Results for SLQ-R Scores and Two Groups of Supervision Modalities (N = 305)

	<i>F</i>	<i>p</i>	η^2
<i>SLQ-R</i> Total Scores	1.650	.177	.017
Self and Others Awareness Sub-Scale	2.715	.100	.009
Motivation Sub-Scale	.143	.706	.000
Autonomy Sub-Scale	.020	.886	.000

Note. * = $p < .01$

Research Question 4

Is there a significant relationship between counseling practicum students' scores on the *SLQ-R* and the number of supervision modalities received?

Data from participants' responses to question 17 on the *Demographic and Experience Questionnaire* were used to total the number of supervision modalities received. Pearson *r* did not indicate a significant relationship between number of supervision modalities received and the *SLQ-R* sub-scales scores on self and others awareness ($r = .060, r^2 = .004, p = .294$), motivation ($r = -.066, r^2 = .004, p = .250$), and autonomy ($r = .018, r^2 = .000, p = .755$) (see Table 23).

Table 23

Correlations of SLQ-R Sub-Scale Scores and Number of Supervision Modalities (N = 305)

	<i>r</i>	r^2	<i>p</i>
Self and Others Awareness Sub-Scale	.060	.004	.294
Motivation Sub-Scale	.066	.004	.250
Autonomy Sub-Scale	.018	.000	.755

Note. * = $p < .01$

Research Question 5

Is there a significant relationship between counseling practicum students' scores on the *SLQ-R* and the number of credit hours completed by students?

Data from participants' responses to question 5 on the *Demographic and Experience Questionnaire* were used. Pearson r indicated a significant relationship between number of credit hours and two of the *SLQ-R* sub-scales; self and others awareness ($r = .269, r^2 = .072, p < .001$) and autonomy ($r = .220, r^2 = .048, p < .001$). Pearson r for the *SLQ-R* sub-scale motivation was not significant ($r = .120, r^2 = .014, p = .037$) (see Table 24).

Table 24

Correlations of SLQ-R Sub-Scale Scores and Number of Credit Hours (N = 305)

	r	r^2	p
Self/Others Awareness Sub-Scale	.269	.072	< .001*
Motivation Sub-Scale	.120	.014	.037
Autonomy Sub-Scale	.220	.048	< .001*

Note. * = $p < .01$

Additional Findings

Correlations were computed with the variables of participants' perceptions of the following: (a) *SLQ-R* total score (b) amount of structure, (c) satisfaction with the amount of structure, (d) supervisors' knowledge, and (e) preparedness for internship. Additionally, reliability estimates were computed for the *SLQ-R*.

SLQ-R.

Pearson r indicated a significant relationship between the *SLQ-R* total scores and participants' responses to whether they would select their practicum settings again ($r = .170, r^2 = .029, p = .003$). Pearson r indicated a significant relationship between the *SLQ-R* total scores and participants' satisfaction with the structure at their practicum settings ($r = .306, r^2 = .0936, p < .001$). Pearson r indicated a significant relationship between the *SLQ-R* total scores and

participants' perceptions of their preparedness for internship ($r = .383, r^2 = .147, p < .001$).

Pearson r indicated a significant relationship between the *SLQ-R* total scores and participants' satisfaction with their overall experiences ($r = .335, r^2 = .112, p < .001$) (see Table 25).

Table 25

Correlations of SLQ-R Total Scores and Four Variables (N= 305)

	r	r^2	p
Selection of Practicum Setting Again	.170	.029	.003*
Satisfaction with Structure	.306	.094	< .001*
Preparedness for Internship	.383	.147	< .001*
Satisfaction of Overall Experiences	.335	.112	< .001*

Note. * = $p < .01$

Amount of structure.

Pearson r indicated a significant relationship between participants' ratings of the amount of structure at their practicum settings and their satisfaction with the structure ($r = .497, r^2 = .247, p < .001$). Pearson r indicated a significant relationship between participants' ratings of the amount of structure at their practicum settings and their ratings of how prepared they felt for internship ($r = .225, r^2 = .051, p < .001$). Pearson r indicated a significant relationship between participants' ratings of the amount of structure at their practicum settings and their satisfaction with overall experiences ($r = .291, r^2 = .085, p < .001$) (see Table 26).

Table 26

Correlations of Amount of Structure at Practicum Settings and Three Variables (N =305)

	r	r^2	p
Satisfaction with Structure	.497	.247	< .001*
Preparedness for Internship	.225	.051	< .001*
Satisfaction with Overall Experiences	.291	.085	< .001*

Note. * = $p < .01$

Satisfaction with the amount of structure.

Pearson r indicated a significant relationship between participants' satisfaction with the amount of structure at their practicum settings and whether they would select their settings again ($r = .182, r^2 = .033, p = .001$). Pearson r indicated a significant relationship between participants' satisfaction with the amount of structure at their practicum settings and participants' ratings of how prepared they felt for internship ($r = .578, r^2 = .334, p < .001$). Pearson r indicated a significant relationship between participants' satisfaction with the amount of structure at their practicum settings and their satisfaction with overall experiences ($r = .696, r^2 = .484, p < .001$) (see Table 27).

Table 27

Correlations of Satisfaction with Amount of Structure and Three Variables (N = 305)

	r	r^2	p
Selection of Practicum Setting Again	.182	.033	.001*
Preparedness for Internship	.578	.334	< .001*
Satisfaction with Overall Experience	.696	.484	< .001*

Note. * = $p < .01$

Perceptions of supervisors' knowledge.

Pearson r indicated a significant relationship between participants' ratings of the amount of structure at their practicum settings and their perceptions of supervisors' knowledge of client populations ($r = .250, r^2 = .063, p < .001$). Pearson r indicated a significant relationship between satisfaction with the amount of structure at their practicum settings and participants' perceptions of their supervisors' knowledge of the client populations ($r = .403, r^2 = .162, p < .001$) (see Table 28).

Table 28

Correlations of Supervisors' Knowledge of Client Populations and Two Variables (N = 305)

	<i>r</i>	<i>r</i> ²	<i>p</i>
Amount of Structure	.250	.063	< .001*
Satisfaction with Amount of Structure	.403	.162	< .001*

Note. * = $p < .01$

Number of credit hours.

Pearson *r* indicated a significant relationship between participants' ratings of how prepared they felt for internship and number of credit hours ($r = .158, r^2 = .023, p = .006$) (see Table 29).

Table 29

Correlations of Preparedness for Internship and Number of Credit Hours (N = 305)

	<i>r</i>	<i>r</i> ²	<i>p</i>
Number of Credit Hours	.158	.023	.006*

Note. * = $p < .01$

SLQ-R reliability estimates.

Cronbach alpha reliability coefficients were calculated for the *SLQ-R* total score and three sub-scale scores. The resulting reliability estimates were .88 for the total scores .88 for self and others awareness, .76 for motivation, and .45 for autonomy sub-scale scores.

Summary

This chapter includes frequencies of participants' demographics. Using frequencies and correlations for data analysis, research question one provided an overall perspective of counseling students' experiences based on their practicum setting structure, supervision experiences, and client experiences. Group differences using the *SLQ-R* scores for research questions two, three, and four were not significant in practicum settings, supervision modalities, or number of supervision modalities. Significant correlations were found for research question

five in number of credit hours completed and two *SLQ-R* sub-scale scores: self and others awareness and autonomy. Additional findings included significant relationships between the *SLQ-R* total scores and participants' selection of practicum setting again, satisfaction with amount of structure, preparedness for internship, and satisfaction of overall practicum experiences. Additionally, reliability estimates were reported for the *SLQ-R* total scores and three sub-scales.

CHAPTER 5

Discussion

The purpose of this study was to explore practicum student experiences and level of development in department-based and community-based settings. The framework for this study was based on Stoltenberg's integrated developmental model (IDM), which describes the stages of counselor development and the supervisory conditions needed for an optimum learning environment (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010, Stoltenberg et al., 1998). Chapter 5 includes six sections: (a) summary of the research findings, (b) discussion of the findings, (c) implications for counselor educators, (d) recommendations for further research, (e) limitations of the study and (f) conclusions.

Summary of Research Findings

Much of the research on counseling practicum students has been focused on either their development as counselors (Borders, 1990; Lovell, 2002, Tyron, 1996), their environmental experiences such as the structure of practicum settings (Guest & Beutler, 1988; Rabinowitz et al., 1986; Stoltenberg et al., 1987; Tracey et al., 1989; Worthington, 1984), or supervisors' perceptions of student development and environmental experiences (Krause & Allen, 1988; Miars et al., 1983; Wiley & Ray, 1986). The present study examined a total of 305 counseling students' perceptions of their practicum experiences and developmental level.

Five goals existed for this study. The first goal was to explore practicum students' overall experiences, which included practicum settings, supervision experiences, and client population types. The second and third goals were to explore group differences of students' *SLQ-R* scores in community-based and department-based settings as well as group differences in

students' *SLQ-R* scores and supervision modalities (i.e., indirect and both direct and indirect). The fourth and fifth goals were to explore the relationships in practicum students' *SLQ-R* scores and the number of supervision modalities as well as students' scores and the number of credit hours they completed.

The results of this study indicated that practicum students in department-based settings reported their settings were more structured than students in community-based settings. Students who rated their settings as more structured also reported more satisfaction with the amount of structure. Indirect supervision modalities were utilized more often than direct supervision modalities in both community-based and department-based settings. However, direct supervision modalities were utilized more often in department-based settings than in community-based settings. In both settings, students were supervised by supervisors who were licensed professional counselors and licensed professional counselor – supervisors. Differences occurred with students in community-based settings who were supervised by licensed clinical social workers, whereas students in department-based settings were supervised by counseling professors and counseling doctoral students. Despite the differences in structure, supervision modalities, and supervisors; practicum students reported similar experiences in client population types and client issues. For group differences, the results of this study indicated no differences in students' *SLQ-R* scores who were in community-based versus department-based settings. Additionally, no differences were found in students' *SLQ-R* scores who received indirect versus direct and indirect supervision modalities. And, the number of supervision modalities was not related to practicum student developmental level. However, significant relationships were found in two of the *SLQ-R* sub-scales (self and others awareness and autonomy) and the number of completed credit hours by students.

Discussion of Practicum Students' Experiences

Practicum settings.

The literature on both community-based and department-based settings is largely composed of observable comparisons between the settings or within one setting (Brandt & Porteus, 2009; Collison, 1994; Dye, 1994; Foster, 2010; Guo & Wang, 2009; Harper & Ritchie, 2009; Leddick, 1994; Miller, 2010; Myers & Smith, 1995; Neufeldt, 1994; Ponton, 2009; Remley, 1994, 2010; Stockton, 1994; Sweeny, 1994, 2010; Walter & Lambie, 2009; Wantz, 1994; Wester, 2010; Vernon, 2009). Several similarities and differences existed in practicum student experiences at their settings. In the present study in both settings, the majority of practicum students agreed or strongly agreed they (93%) would choose their settings again and (80%) felt prepared for internship. Also, in both settings (community-based, 78%; department-based, 86%), the majority of practicum students reported being satisfied or very satisfied with their overall practicum experiences.

One of the major tenets of Stoltenberg's theory is that an optimum environment should exist for counselor development, which includes the amount of structure in each developmental stage of counselors-in-training (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010, Stoltenberg et al., 1998). Stoltenberg described opportunities that provide structure based on student developmental level; such as assigning clients, videotaping sessions, co-counseling with students, and observing during supervision. Of the two settings, department-based settings were described as more structured due to screening of clients to match student developmental level, using audio and videotaping of counseling sessions, and conducting live observation and

supervision of students (Dye, 1994; Wester, 2010). Consistent with the literature, in this study a larger percentage of practicum students (76%) in department-based settings perceived their settings as more structured than students (34%) in community-based settings.

Several researchers found that not only do students need structure, but beginning students such as practicum students also value and appreciate structure (Guest & Beutler, 1988; Rabinowitz et al., 1986; Stoltenberg et al., 1987; Tracey et al., 1989; Worthington, 1984). Consistent with previous research, the results from this study indicated that practicum students who rated their settings as high in structure were more satisfied with the amount of structure provided. Approximately 35% of practicum students in department-based settings were very satisfied with the amount of structure as compared to 18% of practicum students in community-based settings. Also, practicum students who rated their settings as more structured scored higher on levels of development (based on *SLQ-R* scores), felt more prepared for internship, were more satisfied with their overall practicum experiences, and perceived their supervisors as more knowledgeable. Additionally, practicum students who reported more satisfaction with the amount of structure at their settings were more satisfied with their overall experiences, felt more prepared for internship, and perceived their supervisors as more knowledgeable.

Supervision.

Community-based and department-based practicum students reported experiencing similar amounts and kinds of supervision. Students in both community-based (70%) and department-based (73%) settings reported receiving a minimum of three hours of supervision per week. In both settings, individual (85%) and group (88%) supervision were experienced more often than triadic (33%) supervision. Both, the amount and kind of supervision reported by students in the present study were in line with current CACREP (2009) standards.

Prior to this study most of the literature has been focused on exploring specific supervision modalities (Baird, 2008; Bernard & Goodyear, 2004; Bubenzer et al., 1991; Carlozzi et al., 1997; Collison, 1994; Dye 1994; Hantoot, 2000; Herlihy & Christensen, 2010; Leddik, 1994; Mehr et al., 2010; Pate, 1994, 2010; Sweeny, 1994, 2010; Wester, 2010; Young et al., 2010) or client and student anxiety in relation to specific supervision modalities (Champe & Kleist, 2003; Hale & Stoltenberg, 1988; Mauzey et al., 2000; Moorhouse & Carr, 1999; Smith et al., 1991). The results of this study indicated no differences in direct and indirect supervision modalities and practicum student development as measured by their *SLQ-R* scores. Additionally, the number of supervision modalities was not correlated with student development.

When looking at the total population surveyed in this study, use of the supervision modalities was consistent with Bubenzer et al. (1991) and Carlozzi et al. (1997). Indirect supervision modalities such as self-report (95%) and review of case notes (80%), videotapes (69%), and audiotapes (54%) were used more often than direct supervision modalities such as live observation (44%) or co-counseling (36%). One of the major differences found when looking at the two practicum settings for direct supervision modalities was that live observation was used twice as often in department-based settings (63.6%) as in community-based settings (31.5%), which is consistent with the assertions of Dye (1994), Harper and Ritchie (2009), Myers and Smith (1995) and Wester (2010). Another finding in the present study was that co-counseling, a type of direct supervision, was utilized twice as often in community-based settings (48.9%) as in department-based settings (17.4%).

Several authors indicated that counseling students have different supervisory experiences depending on the choice of their settings (Guo & Wang, 2009; Harper & Ritchie, 2009; Neufeldt, 1994; Vernon, 2009). The results of this study indicated that practicum students in community-based settings were supervised more frequently by licensed professional counselors (40.76%), licensed professional counselor – supervisors (28.26%), and licensed clinical social workers (15.76%). Comparatively, approximately 66.9% of practicum students in department-based settings were supervised by counseling professors, 36.36% by licensed professional counselors, 35.71% by licensed professional counselor – supervisors, and 31.4% by counseling doctoral students. These results were consistent with the literature that department-based settings are more likely to have professors, licensed professionals, and doctoral students supervising practicum students (Dye, 1994; Neufeldt, 1994; Sweeny, 1994; Wester, 2010). However, 88% or more of practicum students in both settings agreed or strongly agreed that their supervisors were knowledgeable about client populations.

Credit hours.

Neufeldt (1994) asserted that students should take practicum towards the end of their coursework in counseling programs. This study found that 17% of practicum students reported having completed between 9 and 20 hours, 37% reported between 21 and 40 hours, 39% reported between 41 and 60 hours, and 5% reported between 61 and 70 hours. The findings for this study supported Neufeldt's assertion, with significant relationships found in practicum students' number of credit hours completed and two of the *SLQ-R* sub-scales, self and others awareness and autonomy. Practicum students with more credit hours completed felt more aware of themselves and clients and felt more autonomous of their supervisors. Additionally, practicum students who had completed more credit hours felt more prepared for internship.

Client populations.

Client experiences are described in the literature as being potentially limited in department-based settings versus community-based settings (Brandt & Porteus, 2009; Dye, 1994; Harper & Ritchie, 2009; Leddick, 1994; Neufeldt, 1994; Ponton, 2009; Wester, 2010). The results of this study indicated that both settings offer a variety of experiences with client populations as well as client issues. Practicum students' experiences with client populations for both settings included adolescents, adults, children, college, couples, families, and gerontology. In department-based settings, students experienced five out of seven client populations with high percentages for adults (83%) and college students (61%) as well as low percentages for couples (41%) families (36%) and gerontology (17%). In comparison, community-based practicum students had a high percentage of contact with adults (60%) and low percentages with families (25%), college students (19%), couples (19%), and gerontology (6%).

As described in the literature, practicum students in community-based and department-based clinics experienced a wide variety of client issues (Brandt & Porteus, 2009; Leddick, 1994; Neufeldt, 1994). The findings of this study were consistent with the descriptions of possible client issues of students in either community-based or department-based settings. Client issues indicated by practicum students in both settings included academic concerns, anger management, alcohol/drugs, anxiety, behavior concerns, depression, domestic violence, eating disorders, finances, grief and loss, health concerns, mood management, relationship concerns, religious/spiritual concerns, self-esteem, stress management, suicidal feelings, and time management. Practicum students in the community-based settings identified additional client issues of acculturation issues, child abuse and neglect, conflict resolution, divorce, interpersonal communication, motivation, parenting, prison, self-harm, sex addiction, sexual abuse, sexual

assault, and trauma. Practicum students in the department-based settings identified additional client issues as body image, life skills, post-traumatic stress disorder, sexual abuse, sexual assault, sexual harassment, sexual orientation, sexuality, and social phobia.

Discussion of Practicum Students' Level of Development

Practicum students' scores on the *SLQ-R* were interpreted by comparing the findings of Tyron (1996) and McNeill et al. (1992) as viewed through the lens of the IDM (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Practicum student mean scores on all three sub-scales of the *SLQ-R* in both community-based (self-others awareness, 63.36; motivation, 42.04; and autonomy, 45.69) and department-based (self-others awareness, 63.03; motivation, 41.47; and autonomy - 44.58) were consistent with Tyron's (1996) findings (self-others awareness, 63.16; motivation, 38.00; and autonomy, 43.93) and McNeill et al.'s findings (self-others awareness, 63.00; motivation, 47.20; and autonomy, 37.10). When comparing mean total *SLQ-R* scores, Tyron's study did not report means for total score; however, McNeill et al.'s (1992) findings indicated a mean total score of 147.40 (Level 2) and the present study's mean total *SLQ-R* scores for both community-based and department-based were 151.10 and 149.90, respectively (Level 2).

Stoltenberg and McNeill (2010) explained that cut off scores on the *SLQ-R* are not used; however, higher scores equate to higher levels of development, the method used to effectively understand interpretation of the *SLQ-R* scores in the context of counselor level of development. According to IDM, students begin practicum at Level 1, and by the end of practicum some students may be transitioning or have transitioned to Level 2 (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). In the present study, practicum students' total scores for both community-based and department-based settings ranged from 132.85 to

168.15, with a 95% confidence interval. Considering McNeill et al.'s (1992) and Tyron's (1996) findings in the context of Stoltenberg's IDM with higher scores indicating higher levels of development, practicum students surveyed in this study likely are transitioning to Level 2 or have transitioned into Level 2 on the majority of domains.

Implications for Counselor Educators

Initially, one of the goals of this study was to investigate practicum students' development in community-based and department-based settings. The results of the present study indicated that neither setting in and of itself varied in relation to practicum students' *SLQ-R* scores. However, a thorough review of the data indicated that students perceived that the setting structure was different in their practicum experiences, with more structure available in department-based settings. Structure is one of the major tenets of Stoltenberg's optimum environment for development (Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Stoltenberg and CACREP stop short of prescribing in what setting practicum should take place (CACREP, 2009; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998). Perhaps, as indicated in this study from students' perspectives, an optimum environment can be achieved in both settings. An implication for supervisors and counselor educators is that the particular setting may not matter to students, but what is important is what occurs within the setting.

Also, as noted in the present findings, whereas more structure is available in department-based settings, community-based settings do offer highly structured supervision modalities such as co-counseling. The present results were consistent with the literature that live supervision can occur in community-based settings, but may not occur as often as in department-based settings (Harper & Ritchie, 2009; Vernon, 2009). Practicum students who rated their settings as highly

structured also reported higher levels of satisfaction with the amount of structure at their settings. Additionally, students who reported higher levels of satisfaction with structure also had higher *SLQ-R* total scores. An implication for counselor educators and supervisors is that structure in both settings is important to practicum students and may impact student development.

As indicated by practicum students in this study, community-based and department-based settings offer similar amounts of supervision, with a minimum of three hours of supervision per week and various kinds of supervision, such as individual, group, and triadic supervision. Additionally, individual and group supervision were utilized more than triadic supervision. These findings were consistent with the CACREP (2009) requirement of one hour per week of individual or triadic and one and a half hours of group supervision. However, triadic supervision was not used as often as individual or group, which may be related to the fact that triadic is a relatively newly form of supervision, having been approved by CACREP in 2001. An implication is that as counselor educators and supervisors continue to meet and surpass the CACREP recommendations for supervision, they may want to consider using triadic supervision when possible with the ever-increasing demands and expectations in the counseling field.

Often in the literature, site supervisors, kinds of supervision, and supervision modalities were linked to professional identity and development (Dye, 1994; Guo & Wang, 2009; Harper & Ritchie, 2009; Neufeldt, 1994; Ponton, 2009; Sweeny, 1994, 2010; Wester, 2010). Both community-based and department-based settings were referenced as having advantages to facilitating counselor professional identity and development. Community-based settings offer the advantage of being immersed in the actual job of a counselor while being surrounded and supervised by professionals who practice in the field (Guo & Wang, 2009; Harper & Ritchie, 2009; Ponton, 2009). Department-based settings offer the advantage of being surrounded by

professors and doctoral students where consultation, modeling, and research are common and encouraged (Dye, 1994; Neufeldt, 1994; Sweeny, 1994, 2010; Wester, 2010). The findings in this study seem to be consistent with the literature on which professionals supervised students at their sites, what kinds of supervision were being utilized at sites, and what supervision modalities were utilized at sites. In reviewing the present findings and the literature, it appears that both settings encourage professional identity and development in their own unique fashion. Perhaps counselor educators can draw from the strengths of the opposite kind of practicum setting and enhance their setting. For instance, counselor educators in department-based settings may want to increase the amount of exposure to professionals who practice in the field. And, counselor educators in community-based settings may want to emphasize research and consultation.

Currently, CACREP (2009) does not specify the number of credit hours that should be completed before taking practicum. The results of the present study indicated that students who have completed more credit hours had more self and others awareness and were autonomous. Additionally, students who completed more credit hours felt more prepared for internship. Neufeldt (1994) suggested that practicum should be taken after completing most of the credit hours required in a counseling program. The results from this study were consistent with the idea that taking practicum too early will not benefit students as much as when students wait to take practicum towards the end of their program. With a sizable percentage of students enrolling in practicum with 20 hours or less, counselor educators may want to encourage students to wait to take practicum towards the end of their program or structure their programs with prerequisites preventing counseling students from taking practicum too early in their development.

Client experiences in the literature have been described as potentially limited for students in department-based settings (Brandt & Porteus, 2009; Dye, 1994; Harper & Ritchie, 2009; Leddick, 1994; Neufeldt, 1994; Ponton, 2009; Wester, 2010). It may be true that students in department-based settings may not be able to choose which client population types or client issues they will work with; however, department-based practicum students in the present study were not limited in their exposure to a variety of client experiences. In fact, department-based practicum students reported working with some client populations more often than community-based practicum students. Students in both community-based and department-based settings worked with a wide variety of client issues, which was different than what was found in the literature. Based on these findings, counselor educators and supervisors in both community-based and department-based settings can expect practicum students to work with a variety of client populations and issues.

Students who are at the beginning of their training are at Level 1 on most of the domains and structures and are highly self-focused and motivated and dependent on supervisors (Bernard & Goodyear, 2004; Stoltenberg & McNeill, 2010). Towards the end of practicum, students transition to Level 2 and are able to focus on clients as well as attend to self (Borders, 1990; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998; Tyron, 1996). Overall, in the present study, students were in the Level 2 as in McNeill et al.'s (1992) and Tyron's (1996) studies. Also, the findings of this study supported the assertions by Borders, (1990), Tyron (1996), Stoltenberg and McNeill (2010), and Stoltenberg et al. (1998) in which considerable growth of practicum can be seen during practicum where students transition from Level 1 to Level 2. Based on these findings, counselor educators and supervisors in both community-based and department-based settings can expect developmental growth of practicum students.

Recommendations for Further Research

The present study explored practicum student experiences and their counselor development in community-based and department-based settings from a quantitative perspective. The findings offered a snapshot of student perceptions of their practicum experiences and developmental level. A possible recommendation to further the findings of this study would be to conduct a similar study using a longitudinal quantitative approach. For instance, the study could be conducted in both community-based and department-based settings over a series of semesters, administering pre and post-tests. A pre and post-test may produce a more accurate gauge on what development does occur for practicum and internship students, which could be attributed to type of settings, modalities of supervision, or kinds of supervisors.

An additional recommendation is further validation on the *SLQ-R*. The mean scores from this study were consistent with Tyron's (1996) and McNeill et al.'s (1992) studies. However, interpreting the scores on the *SLQ-R* is difficult. Cut off scores do not exist for levels and with exception of Borders (1990) and Tyron (1996), most studies do not clearly define the developmental levels of the populations surveyed. For instance in McNeill et al.'s (1992) study of scale development and validity of the *SLQ-R*, three groups were created beginning, intermediate, and advanced; yet, it was not clear what level of clinical training participants in each group received. More focused research on specific levels of training that compare scores on the *SLQ-R* of different training levels of students would be beneficial to interpreting scores. Also, testing of Stoltenberg's IDM across participants with a wide range of experiences, such as students in didactic courses, practicum students, internship students, and practicing counselors may help define the parameters of developmental levels within the model that would clarify score interpretation on the *SLQ-R*.

A third recommendation for further research would be to conduct a study that explored practicum students' experiences and development as well as supervisors' and counselor educators' perceptions of students' experiences. Conducting research that would include practicum students, supervisors, and counselor educators would add insight from a broad perspective to counselor development and counselor education.

Limitations of the Study

For the present study, four limitations existed. First, data was collected through e-mail and an online collection method, Qualtrics™. According to Van Selm and Jankowski (2006), response rates are not particularly high in e-mail surveys. However, the sample appeared adequate based on programs listed in the CACREP (2008) directory and the counselor preparation booklet (Schweiger, Henderson, Clawson, Collins, & Nuckolls, 2008) and three listserves (COUNSGRAD, CESNET, and COUNSLINK), which were included in the study to increase the sample size. The second limitation was that potential participants needed access to the Internet and be included in the directory or booklet, or subscribe to the listserves to participate in the research.

A third limitation is that participant self-report responses may be affected by social desirability bias (McMillan & Schumacher, 1997). Three of the five research questions did not have significant findings. This may be attributed to desirability bias. The *Demographic and Experience Questionnaire* and the *SLQ-R* are both self-report instruments. Participants may have been influenced by social desirability and answered questions on the instruments to reflect what they thought the correct answers were, not what they really experienced.

The fourth and a final limitation was instrumentation utilized to measure development. The *SLQ-R* has two areas of weakness: score interpretation and reliability estimates. Score interpretation for the *SLQ-R* is difficult because it does not have clearly defined score ranges for levels of development. The research that has been conducted so far with the *SLQ-R* has not determined if it can clearly differentiate between levels of development. For instance, the findings of McNeill et al.'s (1992) study showed overlapping scores of participants with varying levels of experience. Additionally, other studies were conducted with a minimal range of experience level in participants (Borders, 1990; Tyron, 1996). The present study found a low reliability estimate for the *SLQ-R* sub-scale autonomy. However, the reliability estimates for the total score and the sub-scales of self and others awareness and motivation were adequate and consistent with previous studies of practicum students (McNeill et al., 1992; Tyron, 1996).

Conclusions

This study explored experiences and developmental level within community-based and department-based settings of 305 practicum students. Several non-significant results were found, which included no group differences between community-based and department-based settings on students' *SLQ-R* sub-scale scores. Group differences were not found between indirect supervision modalities and direct and indirect supervision modalities on students' *SLQ-R* sub-scale scores. Also, there was no relationship between the number of supervision modalities and students' *SLQ-R* sub-scale scores. However, there was a relationship between the number of credit hours and students' *SLQ-R* scores on two sub-scales.

Practicum students' experiences with supervision differed in community-based and department-based settings. Students in the department-based settings were supervised more often by counseling professors and counseling doctoral students. The community-based settings

offered more co-counseling, while the department-based settings offered more live observation and live supervision. Despite these differences, both community-based and department-based settings offered similar experiences with client populations and client issues.

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Appendix A

Demographic and Experience Questionnaire

Demographic and Experience Questionnaire

1. Age (Drop Down Menu ages 21 through 75)
2. Sex
 1. Female
 2. Male
3. Ethnicity
 1. African American
 2. American Indian
 3. Asian/Asian American
 4. Bi/Multiethnic
 5. European American
 6. Hispanic/Latino/a
 7. Middle Eastern
 8. Pacific Islander
 9. Other _____
4. Indicate the accreditation of your counseling program:
 1. CACREP (Council for Accreditation of Counseling and Related Educational Programs)
 2. CORE (Council on Rehabilitation Education)
 3. Unsure
 4. Other _____
5. How many credit hours have you completed in your counseling program? (drop down menu hours 3 through 70)
6. Indicate the emphasis area of the counseling program in which you are enrolled?
 1. Addiction Counseling
 2. Career Counseling
 3. Clinical Mental Health Counseling (i.e. Community)
 4. College Counseling
 5. Gerontological Counseling
 6. Marital, Couple, and Family Counseling/Therapy
 7. School Counseling
 8. Student Affairs

7. The following are descriptions of a community-based clinic and a department-based clinic. Indicate the setting of your practicum.

Community-based clinics are public or private agencies that are chosen sites by students and faculty and are located within communities. Counseling programs usually have agreements with the sites.

Department-based clinics are training clinics run by counseling programs situated within university counseling program departments which typically include one-way mirrors, video equipment, and audio equipment.

1. Community-Based Clinic
2. Department-Based Clinic

8. Rate your agreement with this statement: “If I could do it over again, I would choose to do my practicum in a community-based setting again.” (Will only be asked if participant answers “Community-Based Clinic” on question 7)

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Somewhat Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

8. Rate your agreement with this statement: “If I could do it over again, I would choose to do my practicum in a department-based setting again.” (Will only be asked if participant answers “Department-Based Clinic” on question 7)

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Somewhat Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

9. Rate the structure of your practicum setting. (An example of a highly structured practicum setting is when clients are screened to match counselor developmental level, there is live observation and/or live supervision, sessions are audio/video recorded and reviewed, and the setting has policies and procedures.)

<i>Very Unstructured</i>	<i>Unstructured</i>	<i>Somewhat Structured</i>	<i>Structured</i>	<i>Very Structured</i>
1	2	3	4	5

10. Rate your satisfaction with the amount of structure provided at your practicum setting?

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Very satisfied</i>
1	2	3	4	5

11. How many supervisors do you have for your practicum? (Drop down menu 1-10)

12. What kind of supervision do you receive? (check all that apply)

1. Group
2. Individual
3. Triadic

13. Indicate the individual who supervises you at your practicum site? (Check all that apply)

1. Counseling Professor
2. Counseling Doctoral Student
3. Licensed Clinical Social Worker (LCSW)
4. Licensed Professional Counselor (LPC)
5. Licensed Professional Counselor – Supervisor
6. Master’s Level Counselor (Unlicensed, Counselor Intern)
7. Master’s Level Social Worker
8. Psychiatrist
9. Psychologist
10. Other _____

14. Indicated the individual(s) who supervises you at your university? (Check all that apply)

1. Counseling Professor
2. Counseling Doctoral Student
3. Licensed Clinical Social Worker (LCSW)
4. Licensed Professional Counselor (LPC)
5. Licensed Professional Counselor – Supervisor
6. Master’s Level Counselor (Unlicensed, Counselor Intern)
7. Master’s Level Social Worker
8. Psychiatrist
9. Psychologist
10. Other _____

15. How many total hours a week do you meet for supervision (i.e. group, individual, or triadic)?
(Drop down menu 1-10)

16. Rate your agreement with this statement: “I feel like my supervisor is knowledgeable about the population in which I work.”

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Somewhat Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

17. Rate each of the methods of supervision utilized in your practicum.

<i>Not Used</i>	<i>Very Unhelpful</i>	<i>Unhelpful</i>	<i>Somewhat Helpful</i>	<i>Helpful</i>	<i>Very Helpful</i>
1	2	3	4	5	6

1. Bug-in-the-Ear (Supervisor watches from a different location, communicates with supervisee via ear piece.)
2. Bug-in-the-Eye (Supervisor watches from a different location, communicates with supervisee by typing on a computer screen strategically placed in therapy room.)
3. Co-counseling with a supervisor
4. Consultation Break (Supervisor watches from a different location, indicates to supervisee to exit sessions to consult on sessions by knocking on the mirror or door.)
5. In-vivo (Supervisor watches from a different location, enters sessions to consult with supervisee in front of clients, does not interact with clients.)
6. Live Observation (Supervisor watches from a different location, does not interrupt counseling sessions.)
7. Monitoring (Supervisor watches from a different location, enters sessions to counsel clients.)
8. Phone-In (Supervisor watches from a different location, calls into sessions to consult with supervisee.)
9. Review of Audio Tape
10. Review of Case Notes
11. Review of Video Tape
12. Self-Report
13. Walk-In (Supervisor watches from a different location, enters sessions, interacts with clients and supervisee.)
14. Other _____

18. Indicate all of the client population(s) you work with at your practicum site:

1. Adolescents
2. Adults
3. Children
4. College
5. Couples
6. Families
7. Gerontology
8. Other _____

19. Check all the client issues you have worked with in your practicum experience:

1. Academic Concerns
2. Anger Management
3. Alcohol/Drugs
4. Anxiety
5. Behavior Concerns
6. Breakup/Loss of Relationship
7. Career
8. Dating Concerns
9. Depression
10. Domestic Violence
11. Eating Disorders
12. Finances
13. Grief and Loss
14. Health Concerns
15. Mood Management
16. Relationship Concerns
17. Religious/Spiritual Concerns
18. Self-esteem
19. Stress Management
20. Suicidal Feelings
21. Time Management
22. Other_____

20. Rate how you feel your practicum experience prepared you for internship?

<i>Very Unprepared</i>	<i>Unprepared</i>	<i>Somewhat Unprepared</i>	<i>Prepared</i>	<i>Very Prepared</i>
1	2	3	4	5

21. Rate the satisfaction of your overall practicum site experience?

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
1	2	3	4	5

Appendix B

Supervisee Levels Questionnaire - Revised

Supervisee Levels Questionnaire – Revised

Answer the items that follow in terms of your own current behavior. In responding to these items, use the following scale:

Never *Rarely* *Sometimes* *Half the Time* *Often* *Most of the Time* *Always*

1 2 3 4 5 6 7

1. I feel genuinely relaxed and comfortable in my counseling/therapy session.

1 2 3 4 5 6 7

2. I am able to critique counseling tapes and gain insight with minimum help from my supervisor.

1 2 3 4 5 6 7

3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

1 2 3 4 5 6 7

4. I lack self-confidence in establishing counseling relationships with diverse client types.

1 2 3 4 5 6 7

5. I am able to apply a consistent personalized rationale of human behavior in working with my clients

1 2 3 4 5 6 7

6. I tend to get confused when things don't go according to plan and lack confidence in the ability to handle the unexpected.

1 2 3 4 5 6 7

7. The overall quality of my work fluctuates; on some days I do well, on other days I do poorly.

1 2 3 4 5 6 7

8. I depend on my supervision considerably in figuring out how to deal with my clients.

1 2 3 4 5 6 7

9. I feel comfortable confronting my clients.

1 2 3 4 5 6 7

10. Much of my time in counseling/therapy I find myself thinking about my next response
instead of fitting my intervention into the overall picture.

1 2 3 4 5 6 7

11. My motivation fluctuates from day to day.

1 2 3 4 5 6 7

12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

1 2 3 4 5 6 7

13. During counseling/therapy sessions, I find it difficult to concentrate because my concern
about my own performance.

1 2 3 4 5 6 7

14. Although at times I really want advice/feedback from my supervisor, at *other* times I really
want to do things my own way.

1 2 3 4 5 6 7

15. Sometimes the client's situation seems so hopeless. I just don't know what to do.

1 2 3 4 5 6 7

16. It is important that my supervisor allow me to make my own mistakes.

1 2 3 4 5 6 7

17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don't.

1 2 3 4 5 6 7

18. Sometimes I question how suited I am to be a counselor/therapist.

1 2 3 4 5 6 7

19. Regarding counseling/therapy I view my supervisor as a teacher/mentor.

1 2 3 4 5 6 7

20. Sometimes I feel that counseling/therapy is so complex that I never will be able to learn it all.

1 2 3 4 5 6 7

21. I believe I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations.

1 2 3 4 5 6 7

22. Regarding my counseling/therapy, I view my supervisor as a peer/colleague.

1 2 3 4 5 6 7

23. I think I know myself well and am able to integrate that into my therapeutic style.

1 2 3 4 5 6 7

24. I find I am able to understand my clients' view of the world, yet help them to objectively evaluate alternatives.

1 2 3 4 5 6 7

25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day.

1 2 3 4 5 6 7

26. I find I am able to empathize with my clients' feelings states, but still help them focus on problem resolution.

1 2 3 4 5 6 7

27. I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.

1 2 3 4 5 6 7

28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically.

1 2 3 4 5 6 7

29. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *undue over involvement* with my clients.

1 2 3 4 5 6 7

30. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *excessive distance* from my clients.

1 2 3 4 5 6 7

Appendix C

IRB Approval Letter

IRB Approval Letter

University Committee for the Protection of Human Subjects in Research University of New Orleans

Campus Correspondence

Principal Investigator: Roxane L. Dufrene
Co-Investigator: Corrie DeLorge Minges
Date: March 15, 2012
Protocol Title: "An Exploration of Differences in Practicum Students within
Department-based and Community-based Settings"
IRB#: 03Mar12

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that the information obtained is not recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,



Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix D

First Email Message to Instructors and Students

First Email Message to Instructors and Students

Dear Program Director/ Practicum Coordinator,

I am a doctoral student under the supervision and direction of Dr. Roxane L. Dufrene at the University of New Orleans in the Department of Educational Leadership, Counseling, and Development. I am conducting my dissertation titled *An Exploration of Differences in Counseling Practicum Students within Department-Based and Community-Based Settings*. I am requesting participation in my study from practicum students in your master's counseling program. Students will be asked to complete an online demographic survey and the *Supervisee Levels Questionnaire-Revised*, which will take approximately 10 to 15 minutes to complete. The Institutional Review Board at the University of New Orleans has approved this study.

Please contact me if you have any questions concerning the research study at cdelorge@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Please forward or distribute the following message to your students.

Very Respectfully,

Corrie DeLorge Minges, M.A.
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive New Orleans, LA 70148

First Student Email Message

Dear Practicum Students,

I am a doctoral student under the supervision and direction of Dr. Roxane L. Dufrene at the University of New Orleans in the Department of Educational Leadership, Counseling, and Development. I am conducting my dissertation titled *An Exploration of Differences in Counseling Practicum Students within Department-Based and Community-Based Settings*. The Institutional Review Board at the University of New Orleans has approved this study.

I am requesting your participation in my study. Participating in my study will include an online demographic survey containing 21 questions along with the *Supervisee Levels Questionnaire-Revised*, which will take approximately 10 to 15 minutes to complete. While there is no direct benefit to you, your participation will potentially increase counselor educators' understanding of counseling students' practicum experiences.

If you are willing to assist me with my study, please click the following link:

If you are unable to connect automatically, copy and paste the link into your address box on your web browser and press enter.

Participation in this study is voluntary and anonymous. At anytime you can chose to withdraw or not participate in the study with no penalty. Completing the survey and questionnaire will indicate your consent to participate. The results from this study may be published, but your name will not be used. There will be no way to identify you. Your name or email address will not be kept or recorded. If you are concerned about an electronic record of your participation, clean out your temporary files and close your web browser after completing the survey. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

Please contact me if you have any questions concerning the research study at cdelorge@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufrens@uno.edu or by telephone at (504) 280-7434.

Very Respectfully,

Corrie DeLorge Minges, M.A.
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive New Orleans, LA 70148

Appendix E

Reminder Email Message

Reminder Email Message

Dear Program Director/ Practicum Coordinator,

This is a second request for participation. If you have already completed the survey, thank you!

I am a doctoral student under the supervision and direction of Dr. Roxane L. Dufrene at the University of New Orleans in the Department of Educational Leadership, Counseling, and Development. I am conducting my dissertation titled *An Exploration of Differences in Counseling Practicum Students within Department-Based and Community-Based Settings*. I am requesting participation in my study from practicum students in your master's counseling program. Students will be asked to complete an online demographic survey and the *Supervisee Levels Questionnaire-Revised*, which will take approximately 10 to 15 minutes to complete. The Institutional Review Board at the University of New Orleans has approved this study.

Please contact me if you have any questions concerning the research study at cdelorge@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Please forward or distribute the following message to your students.

Very Respectfully,

Corrie DeLorge Minges, M.A.
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive New Orleans, LA 70148

Second Student Email Message

Dear Practicum Students,

This is a second request for participation. If you have already completed the survey, thank you!

I am a doctoral student under the supervision and direction of Dr. Roxane L. Dufrene at the University of New Orleans in the Department of Educational Leadership, Counseling, and Development. I am conducting my dissertation titled *An Exploration of Differences in Counseling Practicum Students within Department-Based and Community-Based Settings*. The Institutional Review Board at the University of New Orleans has approved this study.

I am requesting your participation in my study. Participating in my study will include an online demographic survey containing 21 questions along with the *Supervisee Levels Questionnaire-Revised*, which will take approximately 10 to 15 minutes to complete. While there is no direct benefit to you, your participation will potentially increase counselor educators' understanding of counseling practicum experiences.

If you are willing to assist me with my study, please click the following link:

If you are unable to connect automatically, copy and paste the link into your address box on your web browser and press enter.

Participation in this study is voluntary and anonymous. At anytime you can chose to withdraw or not participate in the study with no penalty. Completing the survey and questionnaire will indicate your consent to participate. The results from this study may be published, but your name will not be used. There will be no way to identify you. Your name or email address will not be kept or recorded. If you are concerned about an electronic record of your participation, clean out your temporary files and close your web browser after completing the survey. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

Please contact me if you have any questions concerning the research study at cdelorge@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Very Respectfully,

Corrie DeLorge Minges, M.A.
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive New Orleans, LA 70148

Appendix F

Permission from Dr. Stoltenberg

Permission from Dr. Stoltenberg

From: Stoltenberg, Cal D. <cstoltenberg@ou.edu> 
Subject: RE: Request for permission to use the SLQ-R
Date: January 23, 2012 9:27:02 AM CST
To: Corrie Ann Delorge <codelorge@my.uno.edu>
Cc: Roxane Dufrene

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1 Attachment, 33 KB

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Quick Look

Corrie,

Sorry for the delay in responding. Yes, please feel free to use the SLQ-R. Scoring key is attached.

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VITA

Corrie DeLorge Minges was born in Trinidad, Colorado and was raised in Thibodaux, Louisiana. Corrie attended Nicholls State University in Thibodaux, Louisiana and graduated with a Bachelor of Science in Family and Consumer Science with a concentration in Child, Family, and Social Services in 2004, and earned a Master of Arts in Psychological Counseling from Nicholls State University in 2006. She earned her Doctorate of Philosophy in Counselor Education from the University of New Orleans in 2012. Corrie is a Licensed Professional Counselor in Louisiana and has professional experience working with adults, adolescents, children, college students, couples, and families.