

EXPLORING CLINICAL SUPERVISION EXPERIENCES OF EARLY  
CAREER SCHOOL COUNSELORS: AN INTERPRETATIVE  
PHENOMENOLOGICAL ANALYSIS STUDY

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## ABSTRACT

Clinical supervision is representative of an exclusive relationship between a supervisor, supervisee, and the clients being served. Yet, there is absence of supervision for school counselors working in the PK-12 school setting. Upon graduation, early career school counselors must quickly acclimate to a new school environment while balancing student related concerns and the programmatic implication of a comprehensive school counseling program (CSCP). Whereas clinical supervision was readily during their graduate programs, there is limited access to clinical supervision post-graduation which can prove problematic for early career school counselor development. Unfortunately, very little is known about early career school counselors' clinical supervision needs and experiences. The purpose of this study was to explore the clinical supervision experiences of early career school counselors. With a focus on clinical supervision experiences, adding this perspective will address the gap in the literature and highlight the meaning of supervision amongst early career school counselors. Through semi-structured interviews, nine early career counselors shared their lived experiences with post-master's clinical supervision and provided insight on their supervision needs, experiences, and meaning of supervision and how it impacted their work as school counselors.

## DEDICATION

I dedicate my dissertation to the women in my life, my mother and paternal and maternal grandmothers, all strong and loving women who molded me into the woman I am today.

To my mom, you were my first example of a woman and mother. Despite being a single parent and mother of five girls, you always put our needs before your own. Now that I'm a mother, I honestly don't know how you raised five girls by yourself. Thank you for teaching me resilience, hard work, the importance of advocating for myself. I love you.

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“Blessed is she who has believed that what the Lord has said to her will be accomplished.”

Luke 1:45

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## CHAPTER I:

### INTRODUCTION

#### **The School Counseling Profession**

The school counseling profession has been in existence for over 100 years with ongoing influences from educational, social, and economic forces (Borders & Drury, 1992; Gysbers, 2010; Gysbers & Henderson, 2006; Lambie & Williamson, 2004; Mitchell, 1978). With multiple evolutions of counseling, dating back to the early 1900s, the definition of the school counseling profession and the specific roles and functions of school counselors has changed through the years (Gysbers, 2010; Lambie & Williamson, 2004; Lasser, 1975; Wheeler & Loesch, 1981). For example, during the early 1900s, an emphasis was placed on vocational guidance, assessment, and academic placement (Christy, Stewart, & Rosecrance, 1930; Dollarhide & Saginak, 2017; Kefauver & Hand, 1934; Payne, 1924).

In the mid-1900s, Carl Rogers' person-centered approach to counseling promoted empathy, an emphasis on human relations skills, and a holistic approach that was instrumental in establishing school counselors as the mental health professionals in the school settings (Lambie & Williamson, 2004; Nystul, 2016; Rogers, 1995; Schmidt, 2014). The latter part of the twentieth century was influenced by movements such as the Vocational Education Act of 1946 (Gysbers, 2010) and the National Defense Education Act of 1964 (NDEA, Public Law 85-864) (Dollarhide & Saginak, 2017; Gysbers & Henderson, 2012), prompting an expansion of school counselors' roles to include administrative, non-counselor duties related to consultation,

coordination, and special education services (Dollarhide & Saginak, 2017; Lambie & Williamson, 2004; Schmidt, 2014).

The twenty-first century school counseling profession has continued to evolve and is much different from the profession's initial inception in the early 1900s. For example, the emergence of the National Standards for School Counseling Programs (Campbell & Dahir, 1997) and the Transforming School Counseling Initiative (TCSI) (The Education Trust, 1997) emphasized the pre-service training of school counselors, shifting the focus towards student advocacy for academic achievement of low-income and minority youth (Martin, 2002; Perusse et al., 2004). The ASCA National Model, which was initially published in 2003, offered a national plan for school counseling programs to implement for the first time. The ASCA National Model provided a programmatic framework for continued and unified progress in the field of school counseling. For example, the new model embraced shifting school counseling from responsive services, for select number of students to a comprehensive programming for *all* students (ASCA, 2012). Also, during the past decade, school counselors have increased their accountability by focusing on data-driven comprehensive school counseling programs (CSCPs), modeled after the ASCA National Model (Dahir & Stone, 2003; House & Hayes, 2002; Johnson, Johnson, & Downs, 2006). These are examples of the much-needed evolution from the vocational guidance movement of past years to the current model (ASCA, 2012; Gysbers 2010; Schmidt, 2014). CSCPs emerged at the onset of the 21st century, transforming the school counseling profession, and directly impacting the roles of school counselors. Certainly, in more recent years, accountability and showing how school counselors make a difference has been emphasized (Dahir & Stone, 2003; Gysbers & Henderson, 2006, 2012; Hatch, 2014; Hatch, Carey, & Dimmitt, 2007). However, because of the evolution of the school counseling profession, school

counselors experience role ambiguity impacting counselor identity development and administrators' perceptions of school counselors' roles (Arbuckle, 1968; Burnham & Jackson, 2000; Granello & Young, 2012).

### **Early Career School Counselor Challenges**

Over time, school counselors have faced many obstacles related to their roles and responsibilities (Borders & Drury, 1992; Campbell & Dahir, 1997; Gysbers et al., 1992; Sink, 2009; Treacy, 1937; Wheeler & Loesch, 1981). Often, school counselors have faced concerns and issues presented by students, parents, faculty, and staff. Further, school counselors often have large caseloads in schools (Baggerly & Osburn, 2006; Moyer, 2011), must confront unclear school counseling roles and functions, and struggle with role ambiguity (Amatea & Clark, 2005; Burnham & Jackson, 2000; Chandler et al., 2018). Further, school counselors must develop and implement CSCPs that are designed to enhance students' academic achievement and performance.

While there are challenges for all school counselors, early career school counselors (counselors in the initial years of their career) encounter a plethora of new professional and personal challenges, specific to their emerging role that if left unaddressed could lead to ethical dilemmas (Curry & Brickmore, 2012; Skovholt & Ronnestad, 1992, 2003). To illustrate, a study by Matthes (1992) revealed that with the exception of one participant, first-year early career counselors were expected to perform at the same level as more experienced counselors, without adequate resources, and often in isolation from other professional counselors serving in one or more schools (Lund, 1990).

Because of the challenges faced by early career counselors, Stickel and Trimmer (1994) suggested that early career counselors should participate in some type of formalized reflection

(i.e., supervision). This reflection would be utilized to increase self-efficacy surrounding problem-solving, decision-making, and establishing skills for complex issues (McMahon & Patton, 2000). Clinical supervision, an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession (Bernard & Goodyear, 2014; Fall & Sutton, 2004), has been suggested as a way to support early career counselors as they work through the challenges faced during the formative years of their career (Borders & Brown, 2005; Borders & Usher, 1992; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 1998; Worthington, 1987). Early career school counselors new to the profession may benefit from skill development that extends beyond what they received in counseling training programs (McMahon & Patton, 2000).

### **CACREP Influence**

While earning a master's degree, the school counselor-in-training is required to have clinical placement in the schools, as well as clinical supervision (CACREP, 2016). The Council for Accreditation of Counseling and Related Educational Programs Standards (CACREP) is the premier specialty accreditation body for counseling programs in the U.S. and abroad, providing educational standards and competencies that ensure that training, supervision experience, and coursework for counselors-in-training. CACREP (2016) requires that school counselors-in-training receive weekly clinical supervision from site supervisors (i.e., school counselors) and university supervisors (i.e., counselor educators) during the practicum and the internship field placements (CACREP, 2016, Section 3, F, J; Studer & Diambra; 2010).

### **ASCA Influence**

The American School Counseling Association (ASCA), the flagship professional association for school counselors, developed and published the ASCA National Model (2003,

2005, 2012). School counselors should look to ASCA for specific professional expertise, training, and professional development, during training to become a school counselor and post-degree. The most current ASCA National Model recommends that school counselors seek consultation and supervision to guide and support ethical decision-making, incorporate reflection to enhance professional development and growth, and receive in-service instruction and supervision to develop a CSCP (ASCA, 2012, 2B-4j; 3B-1i). Additionally, the *ASCA Ethical Standards* (ASCA, 2016, B.3.e) remind school counselors of their *Responsibilities to Self* that include engaging in ongoing professional development and growth opportunities. Several experts in the school counseling profession have suggested that post-master's clinical supervision is needed to provide early career school counselors with ongoing clinical professional development, specifically the delivery component (i.e., direct services, indirect services) of the ASCA National Model (2012) (Luke & Bernard, 2006; Wood & Rayle, 2006).

### **Statement of the Problem**

After graduating and obtaining employment in a P-12 schools, early career school counselors enter into pre-established school environments that are likely different from the schools where the practicum and internship field hours were completed before graduation (i.e., school cultures are usually distinctive and individualized) (Curry & Brickmore, 2012). Yet, despite a host of professional and personal challenges during the course of their work (i.e., role ambiguity, adjusting to a new school culture, large caseloads, balancing work and home life), early career school counselors are also tasked with implementing a comprehensive school counseling program (CSCP) modeled after the ASCA National Model (2012) (Amatea & Clark, 2005; Baggerly & Osburn, 2006; Dahir, Burnham, & Stone, 2009; Gysbers & Henderson, 2012; Luke & Bernard, 2006; Wood & Rayle, 2006;). This ability to balance ongoing school activities,

student and school-related concerns brought to the counselor, and the programmatic implementation of a school counseling program is a huge undertaking for an early career counselor, often proving to be stressful and ultimately having a negative impact career satisfaction and counselor wellness if not managed well (Curry & Brickmore, 2012; Matthes, 1992; Stickel & Trimmer, 1994).

Further complicating the adjustment period post-graduation for the early career school counselor, is the significant change in supervision. As mentioned earlier, clinical supervision has been a CACREP requirement for all master's level counseling programs, including school counseling for decades (CACREP, 2016). Yet, after graduating from a CACREP-accredited graduate program with a master's degree, the early career school counselor's opportunities for clinical supervision change drastically. While clinical supervision, an educational experience that was required each week for school counselors-in-training, during the master's degree program, supervision becomes sparse after graduation (Borders & Usher, 1992; Boyd & Walter, 1975; Perera-Diltz & Mason, 2012; Worthington, 1987).

This absence of clinical supervision for the school counselor has been addressed in four statements from the literature: (1) Early career school counselors need formalized reflection practices to promote counselor development and enhance self-efficacy (Curry & Brickmore, 2012; Matthes, 1992; Stickel & Trimmer, 1994). [Reflection in supervision creates a supportive environment where a supervisee's ideas are encouraged and integrated into the supervision session (Bernard & Goodyear, 2014; Borders & Brown, 2005; McMahon & Patton, 2000)]; (2) school counselors desire supervision from a more experienced counselor (Borders & Usher, 1992; Page, Pietrzak, & Sutton, 2001; Roberts & Borders, 1994; Sutton & Page, 1994); (3) research has concluded that clinical supervision is beneficial and empowers school counselors'

work with their students. [School counselors who receive clinical supervision are better equipped to fulfill their counselor roles than school counselors who do not receive clinical supervision (Cook et al., 2012)]; and (4) clinical supervision is not readily available for most school counselors (McMahon & Patton, 2001; Page et al., 2001). Another issue stems from the type of supervision offered to school counselors after graduation. If an early career school counselor does receive post-master's supervision, it is often not clinically-based from a professional counselor, but rather it is usually administrative or program/developmental supervision, provided by a school principal or other non-counseling professional (Benshoff & Paisley, 1996; Borders & Usher, 1992; Gallo, 2013; Roberts & Borders, 1994).

### **Significance of the Study**

This absence of ongoing and regular clinical supervision of school counselors has been a topic of discussion spanning four decades (Barrett & Schmidt, 1986; Borders & Usher, 1992; Boyd & Walter, 1975; Cook et al., 2012; Gallo, 2013). Whether this drastic change from weekly site and university supervision to limited supervision is problematic for the early career school counselor is important to consider as the early career counselor learns to balance the professional challenges of a new position and implements a school counseling program for the first time. Moreover, from a developmental perspective, this shift from weekly site and university supervision as a school counselor-in-training to limited opportunities for consultation as an early career school counselor needs review. Certainly, having more consultation from seasoned professionals would seem to be useful during this early career phase for the early career counselor.

Thus, this study examined the clinical supervision experiences of early career school counselors choosing to seek clinical supervision. A review of the literature confirms that there

are many quantitative methodological studies that have studied the status of post-master's supervision and the desires for and benefits of clinical supervision (Borders & Usher, 1992; Cashwell & Dooley, 2001; Cook et al., 2012; Crutchfield & Borders, 1997; Page et al., 2001; Sutton & Page, 1994). However, on the other hand, there is a paucity of qualitative studies that focus on the clinical supervision experiences of early career school counselors. With this gap in mind, there is a need for additional research on this topic.

This study focused on the clinical supervision experiences of early career school counselors with three years or fewer of school counseling experience. The researcher believes that interviewing early career school counselors and examining the phenomenon surrounding their desire to seek out clinical supervision experiences is important, while also offering insight from the qualitative literature which is currently underrepresented. It is hoped that the findings from this study will supplement existing contemporary empirical scholarship on the supervision of school counselors. Early career school counselors can provide valuable insight into clinical supervision experiences, supervision preferences, and personal and professional benefits of clinical supervision which can influence advocacy efforts surrounding the topic and provide administrators with information pertaining to the professional development and personal development needs of early career school counselors.

### **Conceptual Framework**

School counselors-in-training receive weekly supervision during their degree program and then post-degree, school counselors can be devoid of supervision in their assigned schools. How early school counselors experience this phenomenon will be examined. While more seasoned counselors certainly encounter the same professional and personal challenges as a

result of non-existent clinical supervision, this study's focus is on early career school counselors. For these reasons, a qualitative study was proposed.

The School Counselor Supervision Model (SCSM) served as the conceptual framework for this study (Luke & Bernard, 2006). "Much like counseling theories, supervision models serve as a guide for choosing an intervention for a particular supervisee and session for evaluating one's effectiveness as a supervisor" (Borders & Brown, 2005, p. 6). The SCSM is an extension of J. M. Bernard's (1979, 1997) Discrimination Model. The SCSM uses a 3 (focus of supervision) X 3 (supervisor role) X 4 (Comprehensive School Counseling Plan [CSCP] points of entry) and is designed to address multiple aspects of school counseling and roles of school counselors within the CSCP (Luke & Bernard, 2006).

Central to this study was the notion that clinical supervision is crucial for the growth and maintenance of counseling skills (Bernard & Goodyear, 2014; Bordin, 1983; Borders & Brown, 2005; Cashwell & Dooley, 2001; McMahon & Patton, 2000; Stoltenberg & McNeill, 2010). Ironically, post-master's degree clinical supervision is encouraged but is not mandated by ASCA (2016). The *ASCA Ethical Standards (2016)*, Section B.3.h., instructs school counselors to seek supervision from school counselors and other professionals knowledgeable about counseling ethics when problems arise.

Additionally, because it has been perceived that traditional supervision models only focus on individual counseling rather than factoring in the multiple roles of school counselors within CSCPs, the needs of developing school counselors can be ignored (Luke & Bernard, 2006; Wood & Rayle, 2006). The SCSM addresses the four components of the ASCA National Model (2012) including: foundation, management, delivery, and accountability. The SCSM creates a framework in support of the early career school counselor's efforts to design and implement a

CSCP unique to his/her school and student body (Dollarhide & Saginak, 2017; Luke & Bernard, 2006).

### **Purpose of the Study**

The purpose of this qualitative phenomenological study was to explore the supervision experiences of early career school counselors choosing to seek clinical supervision. This study looked to understand early career school counselors' clinical supervision experiences regarding (1) supervision needs (i.e., personal, professional); (2) benefits of clinical supervision; (3) clinical supervision received in the delivery of services to students (i.e., face-to-face) and for students (i.e., consultation).

### **Research Questions**

To gain an understanding of early career school counselors clinical supervision experiences, the following research questions were explored:

1. What are the supervision needs of early career school counselors;
2. What are the supervision experiences of early career school counselors choosing to seek clinical supervision; and
3. What do early career school counselor perceive as the influence of clinical supervision on their work as school counselors?

### **Assumptions**

This study was guided by the following philosophical assumptions derived from the constructivist paradigm (Creswell & Poth, 2018):

1. Ontological Assumptions: The researcher attempted to gain access to the realities of early career school counselors to understand and communicate their experiences surrounding post-master's clinical supervision.

2. Epistemological Assumptions: The participants voluntarily and honestly shared their perceptions surrounding post-master's clinical supervision.
3. Axiological Assumptions: The researcher made her values known and did not fail to report the values of those who are a part of the study.
4. Research Reflexivity: The researcher shared her background, experiences, and perspectives with participants recognizing that doing so will likely shape the research and participants' responses to the research questions. It was important for the researcher to be transparent about her position as a counselor supervisor and former school counselor with the hopes of establishing rapport and generating genuine responses from the participants (Rossman & Rallis, 2003; Roulston, 2010).
5. Research Subjectivity: Subjectivity is an important contribution to the research process where the researcher openly acknowledges pre-existing biases, prejudices, and stereotypes related to the research topic in lieu of viewing subjectivities as problematic. The benefit of examining subjectivity throughout the process will enable the researcher to engage in reflexivity as shaping various aspects of the research process (Roulston, 2010, Smith, Flowers, & Larkin, 2012).

### **Limitations**

This study was exploring the clinical supervision experiences of early career school counselor choosing to seek clinical supervision. Creswell (2003, 2013) acknowledges certain limitations are characteristic of qualitative research. Common to all qualitative research is the researcher serving as the instrument of data collection and data analysis (Creswell & Poth, 2018; Rossman & Rallis, 2003). To offset researcher bias and assumptions during data analysis, the researcher will constantly engage in an examination of subjectivities and communicate her

assumptions, positionality, and role within the study to participants (Merriam & Tisdale, 2016). An additional limitation to the study is focus on early career school counselors' clinical supervision experiences. The participants in the study were delimited to early career school counselors in the "novice professional phase" with only a few years of school counselor practitioner experience (Ronnestad & Skovholt, 2003). Therefore, the findings may not be applicable to more "seasoned" school counselors with four or more years of school counseling experience. This criterion was chosen to address the gap in the literature surrounding very few studies that highlight early career school counselor's clinical supervision experiences.

### **Operational Definitions of Terms**

**Administrative Supervision** - Administrative supervision provided by a school principal is focused on organizational topics such as staff communications, planning, implementation, and evaluation of individuals, programs, or both individuals and programs (Dollarhide & Miller, 2006; Page et al., 2001; Remley & Herlihy, 2001; Roberts & Borders, 1994;).

**American School Counselor Association (ASCA)** - ASCA is a professional organization created for school counselors, school counseling/interns, school counseling programs directors/supervisors, and school counselor educators (ASCA, 2012).

**American School Counselor (ASCA) National Model** - ASCA National Model is a national framework that outlines the components of a comprehensive school counseling program.

**American School Counselor Association (ASCA) Ethical Standards (2016)** - ASCA Ethical Standards are school counseling standards that were developed to communicate the values, norms, and beliefs of the school counseling profession.

**Clinical Supervision** - "An intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members

of that same profession. This relationship is evaluative and hierarchical, extends over time, has simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for the profession the supervisee seeks to enter” (Bernard & Goodyear, 2014, p. 9; Remley & Herlihy, 2001).

**Clinical Supervisor** - A clinical supervisor is a credentialed and/or licensed mental health professional (e.g., counselor, social worker, psychologist) who has at least five years of experience and training in the field (Bernard & Goodyear, 2014; Page et al., 2001).

**Council for Accreditation of Counseling and Related Educational Programs (CACREP)** - CACREP is the largest and most prestigious accrediting body in the nation for counseling programs created to (1) present guidelines reflecting the expectations of the profession, (2) endorse professional quality programs, and (3) strengthen the accreditation of counseling (CACREP, 2016).

**Counselor Educator/Practicum and Internship Supervisor** - Counselor educators/practicum and internship supervisors oversee and coordinate the school counseling program at the college/university level to ensure program quality for students in their P–12 educational training (ASCA, 2012; CACREP, 2016).

**Early Career Counselor** – Early career counselors are defined operationally as those who are clinically active but still within three years’ since they completed their master’s degree in counseling. Ronnestad and Skovholt (2003) describes this phase of counseling as “novice professionals”, a sense of being on one’s one experiencing the process of shedding and adding conceptually and behaviorally (p. 17

Formal supervision - Formal supervision is structured supervision in which the supervisor designates time to discuss issues directed related to the school counseling role and professional and personal experiences (APA, 2014).

Informal supervision - Informal supervision is unstructured supervision in which individuals who are not formally assigned supervisors engage in significant conversations about early career school counselor's clinical work (Coren & Farber, 2017).

Program Supervision - Program supervision aligns with administrative supervision and is usually provided by a program coordinator at the district level with a focus on program development, accountability, and management (Dollarhide & Miller, 2006; Roberts & Borders, 1994).

School Counselors - School counselors possess a minimum of a master's degree and meet state-specific certification and/or license to be employed in a school setting. School counselors address students' academic, career, and social/emotional developmental needs and are employed as counselors in elementary, middle, and high school settings; district supervisors; and counselor educators (ASCA National Model, 2012; Dollarhide & Saginak, 2017; Schmidt, 2014).

### **Summary and Organization of the Study**

Chapter I revealed the evolution of the school counseling profession and the school counselor's roles across the years. While clinical supervision was required and readily available during graduate school, this changes significantly post-graduation as the early career school counselor's professional career begins. An overview of the research revealed that post-master's clinical supervision can assist early career school counselors.

Chapter II will include the influence of the ASCA National Model (2012) and Comprehensive School Counseling Programs (Borders & Drury, 1992; Dollarhide & Saginak,

2017; Gysbers & Henderson, 2012; Myrick, 2002) on the role of early career school counselors. An overview of early career school counselor roles and experiences will be paired with contemporary research surrounding school counselors' desire for clinical supervision, advantages of clinical supervision, and the lack of availability for clinical supervision will also be examined. The School Counselor Supervision Model (SCSM) (Luke & Bernard, 2006) will serve as the guiding conceptual framework for this study.

Chapter III will provide an overview of the purpose, outline, and research methodology of this study. The researcher chose to explore early career school counselor experiences related to post-master's clinical supervision. The researcher will explain why qualitative methods are appropriate for this study and why the researcher chose interpretative phenomenology to guide the process. Additionally, the researcher will disclose how the participants were selected, how the study was conducted, and how data were collected and analyzed. Chapter IV will reveal the research findings which will include an analysis of the participants' answers to the interview questions. Chapter V will include the discussion section, applications, conclusions, and future recommendations.

Forty-three years ago, Boyd and Walter (1975) compared school counselors' careers to the life of a cactus plant. These researchers revealed that school counselors were surviving on minimal nutrients in the work setting and struggling in isolation without the much-needed clinical supervision. While the current status of clinical supervision of school counselors remains far from ideal (Black, Bailey, & Bergin, 2011; Borders & Usher, 1992; Cook et al, 2012; McMahon & Patton, 2000; Herlihy, Gray, & McCollum, 2002), hopefully this study will provide insight about early career school counselors' clinical supervision experiences and instigate

advocacy efforts on behalf of early career school counselors' professional development needs surrounding clinical supervision.

## CHAPTER II:

### REVIEW OF THE LITERATURE

To structure this study, an overview of the history of school counseling and the evolution of the roles and responsibilities of school counselors, and school counseling influences will be presented. The study will also examine the comprehensive school counseling program (CSCP) and discuss the counseling program delivery system commonly used by all school counselors. Next, this section will offer the definition and role of clinical supervision in the development of school counselors in training, followed by the pathway toward becoming a school counselor and the impact of clinical supervision during graduate school will be discussed. The role and experiences of early career school counselors in the professional setting will be noted. Additionally, an overview of the types of supervision available to early career school counselors will be presented, with an emphasis placed on clinical supervision. An important aspect of the clinical supervision section sheds light on school counselors' desire for and the perceived benefits of clinical supervision. Obstacles associated with obtaining clinical supervision in the P-12 setting will also be discussed. The School Counselor Supervision Model (SCSM) will serve as the guiding conceptual framework for this study. This chapter will conclude by revealing the gaps in the literature pertaining to the supervision of school counselors.

#### **History of School Counseling Profession**

Counseling is defined as a relationship between a trained professional and a client designed to bring about favorable changes and outcomes centered around coping, healthy decision-making, and enhanced personal relationships (Granello & Young, 2012; Nystul, 2016).

School counseling, a specialty of counseling, is defined within the framework of the American School Counseling Association (ASCA) National Model (2012) as a joint effort between school counselors, parents, and school staff to establish an environment that fosters student achievement and success in K-12 schools (ASCA, 2012).

School counseling has been in existence for over 100 years (Gysbers, 2010; Lambie & Williamson, 2004; Nystul, 2016). In many ways, the history of school counseling chronicles the growing need for and value in systematic, ongoing clinical supervision across the counseling profession (Borders & Brown, 2005; Martin, 1983). This history is explained subsequently.

At the onset of the twentieth century, the United States transitioned from a rural to an industrialized society and found itself at an educational crossroads (Brewer, 1942; Lambie & Williamson, 2004). Generations of high school students attended school (for over 100 years), before there were dedicated adults (i.e., school counselors) present to guide them toward their preferred fields of study. During the early 1900s, Jesse B. Davis and Frank Parsons, the “Father of Guidance” were major counseling influences during the formative years (Brewer, 1942; Davis, 1914). Their initiatives would lead to school counseling by encouraging vocational guidance in public schools across the U.S. (Christy, Stewart, & Rosecrane, 1930; Schmidt, 2014). Parsons’ impact was also instrumental in the training and hiring of teachers and administrators to deliver vocational guidance in public schools (Ginn, 1924; Gysbers, 2010).

The second evolution of counseling embraced an attention to mental health in schools, which was the beginning of modern-day school counseling (Dollarhide & Saginak, 2017; Gysbers, 2010). For example, the journalist writings of John Dewey in the 1920s introduced a clinical approach to school counseling, shifting the profession from economic concerns to the inclusion of mental health (Ginn, 1924; Granello & Young, 2012). Well into the 1930s,

counseling services continued with an emphasis on student services which resulted in the terms “guidance” and “counseling” being used interchangeably (Fenton, 1943; Weitz, 1958). School counseling shifted from a uniform list of duties (i.e., developing and presenting lessons on occupations; scheduling individual student and parent meetings), which were often duties carried out by a teacher rather than a counselor, to an actual employed position requiring special skills, resulting in a surge of counselor personnel and training in the high school setting (Arbuckle, 1968; Gysbers, 2010; Williamson, 1939).

The 1940s and 1950s were a movement towards expanding counseling in schools with a continued emphasis on guidance (Fenton, 1943; Schmidt, 2014). Rogers’ Client Centered Therapy approach to counseling was instrumental in establishing school counselors as mental health professionals. This approach prompted mental health professionals to revisit their counseling philosophies and incorporate a holistic view of the relationship between school counselors and their students (Granello & Young, 2012; Rogers, 1995). Financial support for the hiring and training of school counselors was also generated because of the Vocational Education Act of 1946 (Gysbers, 2010) and the National Defense Education Act (NDEA, P.L. 85-864) (Nystul, 2016; Wellman, 1962). The passage of the NDEA in 1958 was also significant. NDEA was in direct response to the Soviet Union launching the first space satellite, Sputnik. Russia’s achievement shone a light on the educational shortcomings of American schools causing Congress to pass the NDEA. The NDEA generated funds to increase counseling services for all students, specifically gifted students destined for college. Funds were also generated for colleges and universities to develop school counseling training programs across the U.S. (Campbell & Dahir, 1997; Gysbers, 1969; Wellman, 1962).

At the same, in 1952, the American School Counselor Association (ASCA) was established. The American School Counselor Association (ASCA) is a not-for-profit organization whose mission is to serve and represent school counselors, promoting professionalism and ethical standards of practice (ASCA, 2012). This was the first organization designed to enhance the professional environment for school counselors and was created to support and enhance the professional identity of school counselors (ASCA, 2012; Granello & Young, 2012; Gysbers, 2010). ASCA's vision has been to enhance the profession of school counseling via leadership, advocacy, partnership, and systematic change, while promoting success for students in the school, community, and the world (ASCA, 2012; Dollarhide & Saginak, 2017). ASCA continues to provide school counselors with information and resources to support the students in their schools.

Developmental guidance, which signifies the third evolution of the school counseling profession, emerged during the 1960s and 1970s with school counselors providing prevention lessons (e.g., social awareness, healthy adjustment, interpersonal problem solving) to students in the classroom (Dollarhide & Saginak, 2017; Gysbers, 2010). This would later be described as large group guidance or classroom guidance. During the 1970s, student enrollment in secondary schools declined and school counselors' positions were being eliminated, causing school counselors to be reassigned to administrative (i.e., non-counseling) duties in lieu of traditional counseling duties (i.e., individual counseling, group counseling) (Roeber, 1963; Lambie & Williamson, 2004). School counselor role ambiguity due to this change in job description negatively impacted school counselors' professional identity and administrators' perceptions of school counselors' roles (Arbuckle, 1968; Burnham & Jackson, 2000; Granello & Young, 2012).

Fortunately, government legislation also paved the way for school counseling transitions. For example, the Educational Act for All Handicapped Children of 1975 (PL 94-142), which mandated free public education for all students including exceptional children, expanded school counselors' roles as consultants offering counseling related services such as parent counseling, program planning, and curriculum monitoring (Harrison, 2000; House & Hayes, 2002; Schmidt, 2002). With the development of a step-by-step process via their textbook, *Improving Guidance Programs*, Gysbers and Moore (1981) provided school counselors with a theoretical framework for organizing, assessing, and implementing a comprehensive school guidance program.

Additionally, recognized publications such as “A Nation at Risk: The Imperatives for Reform” (The National Commission of Excellence in Education, 1983), highlighted the declining achievement of students across the United States prompting the need for educational standard and accountability (Gysbers et al., 1992; Johnson, 2002). This publication incited a similar level of concern as the launching of the Russian satellite, Sputnik, resulting in an increase in school counselor accountability. Comprehensive guidance counseling programs emerged on the scenes during the 1980s (Gysbers & Henderson, 2006, 2012; Myrick, 2003). As a result of comprehensive programs, school counselors were increasingly required to assess how they spent their time and the impact their programming efforts had on students' performance and career development outcomes (Gysbers, 1978; Lambie & Williamson 2004; Lapan et al., 1997; Tenneyson & Hanson, 1971).

Well into the 1990s, the school counseling profession focused on legitimizing and standardizing the profession as a distinct and unique segment of the counseling world which prompted contributions from the American School Counseling Association through the work of Barr, Hoffman, Kaplan, and Neukrug (1990) who set out to address the academic, personal-

social, and career development needs of students (Gysbers, 2010). Later, Starr and Gysbers (1986) published a program model that led to state models for comprehensive school guidance across the United States including Missouri (i.e., Missouri Comprehensive Guidance) (Starr & Gysbers, 1986), Nevada (Gribble, 1990), and Alabama (i.e., Alabama State Department of Education, 1996, 2003).

The Transformation School Counseling Initiative (TSCI; The Education Trust, 1997) was implemented in the late 1990s with significant impact. Recognized as one of the “key players” in the trajectory of school counseling by the National Association of College Admissions Counseling (NACAC), The Education Trust collaborated with leaders from ASCA and The Association for Counselor Education and Supervision (ACES) to explore the future of school counseling by examining school counselor preparation programs (Perusse et al., 2004, p. 152; Martin, 2002; NACAC, 2000). The Education Trust’s TSCI (1997) proposed a “guidance” model in lieu of a “mental health” model, placed an emphasis on the pre-service training of school counselors, † expanded academic opportunities to all students, and closed the achievement gaps for all students, especially low income and minority students (Brigman & Campbell, 2003; Gysbers, 2004; House & Hayes, 2002; Lee, 2001). This shift in school counselor services altered the initial service-driven model to a programmatic-driven delivery system that focused on comprehensive services centered around delivery and accountability (Campbell & Dahir, 1997; Dahir, Burnham, & Stone 2009; Johnson & Johnson, 2001; Education Trust, 1997).

This era of school counseling saw the development of the first set of training standards for graduate programs provided by ACES (Dahir, 2001; Gysbers, 2004). Counselor accreditation also began to appear during this time. ACA formed the accreditation body, Council for Accreditation of Counseling and Related Educational Programs (CACREP), and CACREP

subsequently approved the ACES Standards for Preparation in Counselor Education (1989). The ACES Standards were designed to audit and accredit counselor education graduate programs (Gazolla & Theriault, 2007; Granello & Young, 2012; Nystul, 2016). The National Board for Certified Counselors (NBCC) was also created during this time as a means to offer national certification for individual counselors. To date, the NBCC Board authors the National Counselor Examination (NCE). The NCE is the assessment used for licensure and certification by the majority of state licensure boards in the U.S. (Granello & Young, 2012; Nystul, 2016).

In these first two decades of the 21st century, school counseling has evolved into a thriving profession of trained mental health professionals working in the P-12 school setting (DeKruyf, Auger, & Trice-Black, 2013; Gysbers & Henderson, 2002; Johnson, 2000). School counseling, as it is practiced today, is best defined within the framework of the ASCA National Model (2012) as a comprehensive and developmental model designed to support children and adolescents in the P-12 school setting (ASCA, 2012; Paisley & McMahon, 2011). Nonetheless, the initial publication of the ASCA National Model in 2003 that was largely influenced by contributions from Gysbers and Henderson (2002); Johnson and Johnson (2001), and Myrick (2003) was a critical juncture for school counseling. Along with this most recent evolution, comprehensive school counseling programs (CSCPs) emerged in response to the ongoing educational reforms (Campbell & Dahir, 1997; Gysbers, 1990; Gysbers & Henderson, 2002, 2000; Myrick, 2003). The establishment of comprehensive school counseling programs (CSCPs) transformed the roles and functions of school counselors (Bemak, 2000; Neukrug et al., 1993; Sink & McDonald, 1998). Research has demonstrated that students who participate in comprehensive programs perform better academically and have fewer classroom disruptions (Brigman & Campbell, 2003; Lapan, Gysbers, & Sun, 1997; Sink, 2005). The holistic approach

to CSCP programming is most visible across student developmental domains: academic, career, social/emotional development (ASCA, 2012). Each domain is accompanied by student competencies designed to address students' needs and enhance learning for *all* students.

### **The Professional School Counselor**

School counselors are certified/licensed professionals with a master's degree or higher in counseling who uphold ASCA ethical codes and professional standards and create and deliver comprehensive, developmentally appropriate programs designed to enhance student performance and achievement (ASCA, 2012; Baker & Gerler, 2007; Campbell & Dahir, 1997; Schmidt, 2002). Counselor development has been categorized in phases and themes (Ronnestad & Skovholt, 2003). The six phases offered by these authors included: lay helper, beginning student, advanced student, early career professional, experienced professional, and senior professional. Early career school counselors were categorized in the "novice professional phase" possessing only a few years of work experience post-graduation and experiencing anxiety and a lack of self-confidence working with clients for the first time (p. 17). There were fourteen themes of counselor development affiliated with the six phases of counselor development, including Theme 8, "Many beginning practitioners experience much anxiety in their professional work. Over time, anxiety is mastered by most" (p. 32).

Despite being new to the profession, early career school counselors must quickly acclimate to a pre-established school environment and the demands of designing a CSCP. The early career school counselor is encouraged to adhere to the guidelines and ethical standards set forth ASCA (Curry & Brickmore, 2012; Dollarhide & Saginak, 2017). ASCA is the primary organization that an early career school counselor looks to for support and counseling resources post-graduation, particularly since the resources available via the graduate counseling program

(i.e., clinical supervision) are no longer readily available. It is not uncommon for school counselors in the P-12 setting to interact with students with presenting issues related to depression, suicidal ideations, pregnancy, child abuse, and school violence (Auger et al., 2013; Baker & Gerler, 1997). School counselors-in-training often encounter student challenges early in their practicum and internship placements in their graduate program (Binder & Strupp, 1993; Neufeldt, 2007). To assist with the challenges, school counselors-in-training participate in weekly sessions set aside in practicum and internship for clinical supervision, as required by CACREP (2016). It is during this time that counselors-in-training can consult about professional and personal challenges with faculty, peers, and site supervisors (Stoltenberg, McNeil, & Delworth, 1998; Studer & Diambra, 2010).

Fortunately, the need for clinical supervision is recognized and required in the CACREP accreditation standards (2016). However, on the other hand, post-graduation is different for the school counselor. ASCA does not require clinical supervision of school counselors. This lack of clinical supervision can become problematic for early career school counselors as they acclimate into a new work environment and encounter a wide-range of challenges from students paired with demands from school faculty, parents, and community stakeholders (Henderson & Lampe, 1992; VanZandt & Perry, 1992). As a result, early career school counselors can experience work-related stress and feel disconnected in their attempt to implement a CSCP based on the ASCA National Model (2012) (Coll & Freeman, 1997; Culbreth et al., 2005). This can have a direct impact on delivery services (i.e., direct counseling, indirect counseling) where establishing therapeutic alliances can be challenging for early career counselors working with clients for the first time (Curry & Brickmore, 2012; Schwing et al., 2010; Skovholt & Ronnestad, 2003). The

next section will explain more about clinical supervision for school counselors-in-training and the lack thereof post-graduation.

### **Clinical Supervision Influence**

Clinical supervision is an intensive and interpersonal professional relationship between a supervisor and counselor (i.e., supervisee), designed to enhance the supervisee's competence and clinical skills regarding the counselor's work as a mental health professional (Bernard & Goodyear, 2014; Herlihy et al., 2002). Clinical supervision, provided by a licensed mental health practitioner such as a counselor, psychologist, or social worker, with a minimum of five years' experience, focuses on the counseling process, interventions, and case conceptualization (Barrett & Schmidt, 1986; Henderson & Lampe, 1992). Clinical supervision is an effective way for school counselors to sustain and strengthen their competence by providing opportunities for professional identity development, self-efficacy, and ongoing professional development (Cashwell & Dooley, 2001; Dollarhide & Miller, 2006; Herlihy et al., 2002; Hill, 2004; Sutton & Fall, 1995).

### **CACREP Influence**

Once enrolled in a CACREP-accredited master's program, counselors-in-training register for core academic classes related to counseling theory and clinical skills training, followed by specialty classes that are designed to prepare them for a career in a specific setting, such as schools, mental health facilities, rehabilitation centers, or colleges and universities (Granello & Young, 2012; Neufeldt, 2007; Studer & Diambra, 2010). Counselors-in-training enrolled in CACREP-accredited programs must participate in professional practice, also known as the practicum and the internship, both of which rely heavily on supervision (see CACREP Standards, 2016, Section 3). During the practicum (100 hours) and the internship (600 hours)

placements, counselors-in-training (i.e., supervisees) are placed in defined work settings, based on their specialty, with specific populations of clients. They are under the supervision of a site supervisor at the site and the university supervisor for the field-based course (i.e., practicum or internship) (CACREP Standards, Section 3, F, J; Studer & Diambra, 2010).

Supervision is an important transition resource for all counselors-in-training (Bernard & Goodyear, 2014; Borders & Usher, 1992; Spooner & Stone, 1977; Stoltenberg & McNeil, 2010). Specifically, the value of supervision for school counselors-in-training can be witnessed during the practicum and internship placements in schools (Neufeldt, 2007; Studer & Diambra, 2010). During the practicum and the internship, school counselors-in-training (i.e., supervisees) participate in weekly individual and/or triadic supervision provided by a counselor (i.e., school counselor), student supervisor under the supervision of a counselor education faculty member, or site supervisor (i.e., School Counselor Specialty; CACREP Standards, 2016, Section 3). Additionally, school counselors-in-training participate in weekly group supervision provided by a counselor educator/supervisor or graduate student supervisor under the supervision of a counselor educator/supervisor (CACREP Standards, Section 3; Studer & Diambra, 2010). During clinical supervision, counselors-in-training watch their own recorded counseling sessions and discuss concerns related to their theoretical approaches, skill development, client behavior, and the counseling process (Studer, 20062010). The benefit of clinical supervision from knowledgeable, seasoned professionals is essential for counselors-in-training during the formative experience (Neufeldt, 2007; Schmidt & Barrett, 1983; Stoltenberg & McNeil, 2010).

Aspiring school counselors must obtain a minimum of a master's degree in counseling, preferably from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited graduate program. CACREP-accredited programs adhere to the national

standards for counselor preparation, established by the profession (CACREP, 2016; Granello & Young; 2012; Kimbel & Levit, 2017).

CACREP is a counseling accreditation body. CACREP emerged as a significant aspect of counseling in 1981 in response to the American Counseling Association's (formerly the American Personnel and Guidance Association) task force to develop national standards for counseling accreditation (Granello & Young, 2012). The Association for Counselor Education and Supervision (ACES) and American Counseling Association (ACA) recognize CACREP as the premier counseling accrediting body.

In 2015, the Council on Rehabilitation Education (CORE; 2015) merged with CACREP making CACREP the exclusive accrediting body of counseling programs (Gysbers, 2010; Kimbel & Levitt, 2017; Nystul, 2016). Previously, the CORE accredited rehabilitation counseling programs and was separate from CACREP. These councils recognized the necessity of supervision as a counselor-in-training acquires the necessary skills to provide counseling services and made clinical supervision a mandatory feature of any CACREP accredited counseling program (CACREP, 2016).

### **ASCA Influence**

As part of its mission to stabilize and advance the school counseling profession, ASCA has published a variety of documents for its members including the *ASCA National Model (2012)* and the *ASCA Ethical Standards for School Counselors (2016)*. The *ASCA National Model (2012)* which recommends that school counselors seek consultation and supervision to guide and support ethical decision-making, incorporates reflection to enhance professional development and growth, and receive in-service instruction and supervision to develop a CSCP (ASCA, 2012, 2B-4j; 3B-1i).

The *ASCA Ethical Standards for School Counselors (2016)* is created to guide the ethical decision-making practices of school counselors, counseling educators, and supervisors/directors of school counseling programs (ASCA, 2016). The *ASCA Ethical Standards (2016)* are comprised of six sections: (a) responsibility to student, (b) responsibility to parents/guardians, school, and self, (c) school counselor and administrators/supervisors, (d) school counselor intern site supervisors, (e) maintenance of standards, and (f) ethical decision-making. For this study, section B of the *ASCA Ethical Standards (2016)* is the most pertinent section. More specifically, attention is given to section B.3.h. which states, “seek consultation and supervision from school counselors and other professionals who are knowledgeable of the school counselor ethical practices when ethical and professional questions arise” (ASCA, 2016, p. 7).

This section examines the accreditation and professional associations that have influenced school counseling. Nonetheless, there is a gap in clinical supervision that must be addressed. The literature on clinical supervision of counselors-in-training is readily available (Corey et al., 2010; Holloway & Neufeldt, 1995; Loganbill et al., 1982; Stoltenberg & Delworth, 1987; Studer, 2005). However, there is an absence of clinical supervision for early career school counselors, particularly when it is needed most--when the counselor actually enters the world of professional counseling (Boyd & Walter, 1975; Crespi, 1998; Luke & Bernard, 2006; Page et al., 2001). Early career school counselors receive minimal clinical supervision after graduating and receive less supervision than counselors who work in other counseling settings (i.e., clinical mental health) (Borders & Usher, 1992; Dollarhide & Miller, 2006; Remley & Herlihy 2001). Unlike other counseling specialties (i.e., clinical mental health, marriage and family counseling) whose professional organizations set codes for clinical supervision in order to secure licensure, school counselors are unique in that clinical supervision is not mandated by ASCA.

## **Comprehensive School Counseling Programs**

The implementation of CSCPs revamped school counselor roles and improved public perceptions about the value of school counselors (Gysbers & Henderson, 2012; Hatch & Bowers, 2004; Johnson & Johnson, 2002; Myrick, 2003; Paisley & Hubbard, 1994). The introduction of CSCPs in schools altered the focus of school counseling from a crisis intervention design to a prevention model, minimized clerical and administrative tasks, and shifted school counselors' focus from individualized responses for a few students to programmatic counseling that impacts all students (Dollarhide & Saginak, 2017; Gysbers & Henderson, 2006, 2012; Myrick, 2003).

There were a plethora comprehensive school programs that predicated and/or preceded the ASCA National Model. Some of the more recognizable included the Developmental Guidance and Counseling model (Myrick, 2003); Results-Based Student Support Program model (Johnson & Johnson, 2001); Comprehensive Guidance Program Model (Gysbers & Henderson, 2012); and the Domains/Activities/Partners (DAP) model (Dollarhide & Saginak, 2017), which placed an emphasis on the Delivery system of the ASCA National Model. Despite the varied CSCP models, components of the ASCA National Model (2012) - foundation, management, delivery systems, and accountability - served as a prototype that shaped the structure of a CSCP and provided an organizational framework for school counselors, district coordinators, and administrators to model in their efforts to revitalize their school and district-wide counseling programs and support students across the academic, personal-emotional, and career domains (Barr et al., 1990; Dahir, 2001; Dollarhide & Saginak, 2017; Gysbers, 2010; Perusse et al, 2004).

The *ASCA National Model (2012)* has served as a resource that empowers school counselors to strategically design and implement a CSCP that is equitable, accessible, and data driven. The ASCA Model has been symbolic of a systemic delivery approach comprised of four

themes (i.e., leadership, advocacy, collaboration, and systemic change) and four components (foundation, delivery systems, management systems, and accountability) (Dahir, 2001; Dollarhide & Saginak, 2017). The ASCA themes and components will be explained subsequently.

### **ASCA Model Themes**

The four thematic elements of leadership, advocacy, collaboration, and systemic change frame the ASCA Model and are integrated within school counselor roles and CSCPs (Diambra & Studer, 2010). The first theme, leadership, has been described as a central feature of a school counselor's role, largely influenced by The Education Trust (1997). The Education Trust recognized school counselors as leaders and empowered them to serve as change agents within their perspective schools and communities.

Advocacy is the second theme. School counselors who have implemented a CSCP, modeled after the ASCA National Model, understand the importance of the theme, advocacy. School counselors are taught to serve as advocates for *all* students, ensuring equity and access to opportunities that could otherwise impede student learning (ASCA, 2012; Dahir, 2001; Holcomb-McCoy & Chen-Hayes, 2011). To add, school counselors have been encouraged to utilize student data as a resource to advocate for CSCPs that target marginalized students' needs. This use of data, through the ASCA delivery system component (i.e., direct counseling, indirect counseling), promotes equity, not equality (ASCA, 2012; Johnson, 2002).

Collaboration is the third theme. School counselors have recognized the importance of collaborating with parents, teachers and staff, and community stakeholders as partners in student achievement (Amatea & Clark, 2005; Bemak, 2000). Despite the changing roles of the school counselors through the years, school counselors are trained to partner and collaborate in an effort

to cultivate a school climate that is encouraging and promotes the success of all students (ASCA, 2012; Holcomb-McCoy & Coker, 2009).

Systemic change is the fourth theme. As systems change agents, school counselors access and analyze student data and communicate it with the goal of transforming school policies that will better address the needs of all students (Baker & Gerler, 2007; Bemak, Williams, & Chung, 2014). School counselors are required to create systemic change within their perspective schools (ASCA, 2012; Isaacs, 2003; Johnson, 2002). Systemic change positively impacts student academic performance (Bemak, 2000; Dahir, 2004).

### **ASCA Model Components**

The four thematic elements, (i.e., ASCA themes previously introduced), are embedded into a school counselor's roles-by way of the ASCA components. The four ASCA components are foundation, management, delivery, and accountability systems (ASCA, 2012; Campbell & Dahir, 1997; Dollarhide & Saginak, 2017), each will be explained.

The foundation component of the *ASCA National Model (2012)* consists of the school counseling program's philosophy, vision statement, mission statement, and program goals which are based on the academic, social/emotional, and career needs of students (ASCA, 2012; Campbell & Dahir, 1997; Dollarhide & Saginak, 2017). The program focus helps establish the philosophy of a CSCP, aligning with school improvement goals that were created to positively impact student success at the school, district, and state levels (ASCA, 2012; Dahir et al., 2009). It is critical that CSCPs are equipped with clarity that embodies the vision and mission of the school counseling program which directly aligns with the district's vision and mission statements (ASCA, 2012, p. 24, 25).

The management component includes the application of assessments and tools to ensure that services are being delivered to *all* students (ASCA, 2012; Gysbers, 2004; Mason, 2010). A CSCP must be managed properly in order to adequately address students' needs and craft a guidance curriculum that is developmentally appropriate (ASCA, 2012). In addition to assessments and tools, school counselors are encouraged to formulate a counseling advisory board that is comprised of students, parents, school staff, and community stakeholders. The purpose of a counseling advisory to assist with the development of the CSCP, support CSCP implementation, and assist with program assessment and evaluation.

The accountability component includes the process of data collection, analysis, and evaluation, which informs decisions about the effectiveness of CSCPs (Bemak et al., 2014; Hatch, 2014). School counselors are expected to design and implement a data driven comprehensive CSCP that is measurable and answers the question, "How are students different?" (ASCA, 2012, p. 99; Hatch, 2014). At the core of the accountability system are data driven practices that ensure fairness and access for all students (Dollarhide & Saginak, 2017; Hatch & Bowers, 2004). Once data are assessed and evaluated, school counselors are encouraged to share data outcomes with all stakeholders to determine the best approach for enhancing programing efforts and student support services (ASCA, 2012; Dollarhide & Saginak, 2017). ASCA has recommended that school counselors evaluate their CSCPs' strengths and weaknesses, gaps, and issues, with the use of data, noting what needs are to be addressed (ASCA, 2012; Bemak et al., 2014; Dollarhide & Saginak, 2017).

Central to the CSCP is the component, delivery systems, where school counselors provide direct counseling and indirect services to students (ASCA, 2012). The *ASCA National Model (2012)* reveals multiple ways that direct student services are delivered to students (i.e.,

creating developmentally appropriate guidance lesson plans that focus on curriculum needs of *all* students including close-the-gap activities, incorporating technology, and addressing multicultural and pluralistic curriculum trends). Direct services also consist of responsive services such as individual and small-group counseling and in-person services centered around: guidance curriculum, individual student planning, responsive services and system support (ASCA, 2012; Gysbers, 2010; Gysbers & Henderson, 2012). In addition to direct counseling services, school counselors also rely on indirect services such as consultation, crisis counseling, and referrals to address student's unique needs and support student achievement (ASCA, 2012, I.2). Indirect counseling services include referrals, consultation, and collaboration (Bemak, 2000; DeKruyf et al., 2013; Kampwirth, 2006).

The *ASCA National Model (2012)* suggests that school counselors dedicate 80 percent of their time to the delivery system component, therefore providing direct counseling to students and indirect counseling services for students (ASCA, 2012, p. 83). Of importance to this study, the primary work of the school counselor, and the aspect over which clinical supervision is most necessary for early career school counselors, falls under the delivery systems component.

### **ASCA Domains**

The counseling domains refer to the three focal points of student development: Academic, Career, and Social/Emotional Development (ASCA, 2012; Dollarhide & Saginak, 2017). School counselors are expected to establish a CSCP that addresses student needs across academic, social/emotional, and career domains (Amatea & Clark, 2005; McMahon & Patton, 2000).

Whereas early career school counselors are trained to provide direct and indirect services to all students, the complexity and difficulty of such an endeavor that spans across academic,

career, and social/emotional development needs of *all* students can be often overwhelming (ASCA, 2012; Lampan, 2001). ASCA published the *Mindsets and Behaviors for Student Success: K12 College and Career Readiness Standards for Every Student* (ASCA, 2014) that aligns with the domains of a CSCP to create student success model to support the Delivery Systems model within a CSCP. School counselors can access the 35 standards to assess student growth and design a program that promotes student's success across the three domains. Each domain is examined in more detail subsequently.

The first domain is academic development. The academic development of students is a key component designed to guide school counseling programs that support and maximize a student's ability to learn (ASCA, 2012). School counselors should immerse themselves in the academic development of students by using data to recognize student achievement or educational gaps in pursuit of academic achievement (Hatch, Carey, & Dimmitt, 2007; Hatch, 2013, 2014; Schmidt, 2002). School counselors should play an integral role in assisting students with achieving academic success amidst academic and social/emotional challenges that are often beyond student's control (Brigman & Campbell, 2003; Galassi & Akos, 2012). For early career school counselors, the academic development of students is integral to any school's mission and, therefore, should become a top priority as early career school counselors begin to craft a CSCP within their perspective schools (Dollarhide & Saginak, 2017; Myrick, 2003).

The second domain is career development. Career development is designed to serve as a foundation for students to acquire skills and exposure on the path to postsecondary transition to the world or work (Ancil et al., 2012; ASCA, 2012). Career development in its entirety is the lifelong process integrating foundational skills, aspirations, personality, preferences, and work aspirations (ASCA, 2012, Dollarhide & Saginak, 2017). Early career school counselors are

tasked with exposing and supporting students through the career decision process in a holistic manner that includes: understanding self, understanding the world of work, reality testing, commitment, career preparation, career entrance, and evaluation and renewal (ASCA, 2012; Bragg & Taylor, 2014). Early career school counselors are directly responsible for guiding all students on the path of career exploration that enables a successful post-secondary transition from school to work across the lifespan (Ancil et al., 2012; ASCA, 2012).

The third domain is social/emotional development. In addition to the academic and career needs of each student in the school, the early career counselor must assess and address the social and emotional development needs of the students. The ASCA National Model standards for social/emotional development ensure that students develop personally and socially as they progress through school into adulthood (ASCA, 2012). The school counselor plays an influential role in assisting students with addressing social and mental health needs (DeKruyf et al., 2013). Emphases within the social and emotional domain are placed on self-concept and identity development (Studer & Diambra, 2010; Swank & Swank, 2013). School counselors are tasked with supporting the diverse developmental processes for *all* students and integrating identity theory into the CSCPs to promote healthy identity development and tolerance (Gysbers & Henderson, 2012; Dollarhide & Saginak, 2017).

### **Early Career School Counselor Challenges**

Once counselors-in-training graduate, they typically work in schools that are different from practicum and internship placements, requiring them to acclimate to the culture of the new school and their many roles largely influenced by non-counseling individuals (i.e., administrators) who lack knowledge about the school counseling profession (Curry & Brickmore, 2012; Matthes, 1992). The unique quality of school counselors' roles differs from

the roles and responsibilities of principals, teachers, and support staff in schools (Chandler et al., 2018; Gallo, 2013). One of the most important roles, across the P-12 school settings (i.e., elementary, middle, high), is that the school counselor is viewed as the site-based mental health expert on the issues that could impede student learning (Amatea & Clark, 2005; Mason, 2010). Yet, studies show that despite having only a minimal amount of professional experiences, early career school counselors are expected to acclimate into their new school environments and perform at a high level, similarly to more experienced counselors despite an absence of resources (i.e., discretionary funds, clerical staff), supervision or mentoring, and inconsistent and minimal referral services (Matthes, 1992). This type of transition into the professional work setting brings forth a host of professional and personal challenges for early career school counselors that extend beyond being new to the profession and the normal stressors of school counseling (i.e., large caseloads, low social status) (Curry & Brickmore, 2012; Dollarhide & Miller, 2006; Lambie & Williamson, 2004; Low, 2009; Skovholt & Ronnestad, 2003).

### **Professional and Personal Challenges**

The evolution of school counseling as a profession has fostered the transformation of the school counselor's role within schools over the decades of existence (Dollarhide & Saginak, 2017; Gysbers, 2010; Gysbers & Henderson, 2012). Over time, it has been noted that school counselors, early career to veteran school counselors, face a variety of professional and personal challenges related to role ambiguity (Burnham & Jackson, 2000; Chandler et al, 2018; Lambie & Williamson, 2004); lack of professional identity (Collins, 2014; McMahon & Patton, 2000); and performance anxiety (Ronnestad & Skovholt, 2003). School counselors range from a few in number working in an individual school to being the only designated school counselor in a school, which can lead to working in isolation (Curry & Brickmore, 2012; McMahon & Patton,

2000). Further, ASCA's (2012) suggested ratio for students to counselor is 250:1, yet recent data from 2015 - 2016 revealed the national student to counselor ratio is 464:1, almost double the suggested ASCA ratio (ASCA, 2012; USDE CCD, 2015). Early career school counselors also encounter professional and personal challenges as they acclimate to a new school environment and craft and implement a comprehensive data driven program to unfamiliar students, parents, and community stakeholders (Curry & Brickmore, 2012).

### **Comprehensive School Counseling Programs (CSCPs)**

Despite working in isolation paired with inflated student to counselor ratios that extend beyond ASCA's suggestion, the early career school counselor faces other professional challenges related to the implementation of a CSCP, designed to advance the academic, career, and social/emotional needs of *all* students. Presently, CSCPs are the most pronounced organizational framework within school counseling (Gysbers & Henderson, 2012; Myrick, 2003). Whereas school counselors are encouraged to rely on the *ASCA National Model (2012)* to craft a developmentally appropriate CSCP for the students in their building, creating a CSCP is a huge undertaking for seasoned counselors (Dahir, 2001; Dollarhide & Saginak, 2017), and more so for the early career school counselor.

During practicum and internship, counselors-in-training are supervised weekly and guided through the counseling Delivery Systems (i.e., direct services, indirect services) (CACREP, 2016; Neufeldt, 2007; Studer & Diambra, 2010). But, after graduation, there is an absence of mentoring and guidance for early career school counselors (Barrett & Schmidt, 1986; Boyd & Walters, 1975; Luke & Bernard, 2006). Further, once the early career counselor accepts his or her first job as a school counselor, there may be an absence of clinical supervision from

experienced counselors and counselor educators for the first time (Borders & Usher, 1992; Oberman, 2005; Page et al., 2001).

The demands associated with practicing as a counselor and working with actual clients for the first time is strenuous and it is common for early career counselors to feel overwhelmed early in their professional careers (Low, 2009; Orlinsky & Ronnestad, 2001; Skovholt & Ronnestad, 2003). The once stellar counselor-in-training when placed faced with the demands of conceptualizing human behaviors realizes how challenging acquiring counseling skills and the complexity of clinical practice really are (Coll & Freeman, 1997; Culbreth et al., 2005). Simply stated, an absence of school counselor development leads to compromised self-efficacy (Cashwell & Dooley, 2001; Cinnoti & Springer, 2016). If not managed, compromised self-efficacy can lead to occupational stress that can negatively impact the early career school counselor's ability to provide direct (face-to-face) and indirect counseling (i.e., referrals, collaboration) and establish a therapeutic working alliance with clients (Culbreth et al., 2005; Curry & Brickmore, 2012; Ronnestad & Skovholt, 2003; Schwing et al., 2010).

### **Self-Efficacy**

Alfred Bandura (1977, 1982) defined self-efficacy as the level of perceived confidence that materializes from the development and practice of skills. Efficacy has an impact on an individual's thoughts, feelings, and behaviors (Cinnoti & Springer, 2016; Holloway & Neufeldt, 1995). Counselor self-efficacy measures how practicing counselors view their competence as a counselor (Cashwell & Dooley, 2001).

**Counselor development.** Counselor development is a combination of educational training paired with a counselor's belief of his or her professional abilities (Loganbill et al., 1982). Dating back to the mid-1949s, Boyd and Walter recognized the importance of ongoing

school counselor professional development and the impact on professional identity and self-efficacy. Cashwell and Dooley (2001) determined the self-efficacy of counselors who received supervision versus counselors who did not receive supervision. In their study, counselors receiving clinical supervision indicated increased levels of counseling self-efficacy and enhanced counseling skills. Another study by Theriault, Gazzola, and Richardson (2009), revealed that early career counselors experience feelings of self-doubt and feelings of incompetence (FOI) as effective mental health professionals. Feelings of incompetence (FOI) can lead to counselor performance anxiety and fear, both of which can negatively impact an early career counselor's ability to interact with clients and conceptualize their presenting issues (Schwing et al., 2010; Skovholt & Ronnestad, 2003). Instead of focusing relating the client, the early career counselor is more focused on reducing anxiety and external visible effects (i.e., unsteady voice, trembling hands) (Skovholt & Ronnestad, 2003; Theriault et al., 2009).

**Role stress.** Among early career school counselors, evidence of occupational stress has been discussed (Culbrith et al., 2005; Curry & Brickmore, 2012; Lambie & Williamson, 2004; Paisley & McMahon, 2001). Managing large student caseloads and role conflict all while working in isolation has been difficult for veteran counselors; yet, most early career school counselors work through these challenges without leadership, guidance, and needed clinical supervision (Borders & Usher, 1992; Curry & Brickmore, 2012; Henderson & Lampe, 1992). Rather quickly, the early career school counselor has uncertainty related to the actual versus the ideal roles and responsibilities of school counselors (Burnham & Jackson, 2000; Chandler et al., 2018; Culbreth et al., 2005). Additionally, early career school counselors often recognize the disconnect between their educational training and ASCA's suggestions (Barr et al., 1990; Dahir et al., 2009). For example, ASCA suggests that 80 percent of a school counselor's work day

should be in the delivery systems component and should be assigned to providing direct counseling services to students (ASCA, 2012).

There is also the stress of inexperience. Ronnestad and Skovholt (2003) suggested that early career counselors' "professional innocence" is most visible when interacting with clients for the first time (p. 46). If role stress is not managed appropriately, it can cause an early career counselor to become overwhelmed early in their professional careers and lead to performance fatigue and burnout (Brimrose & Wilden, 1994; Curry & Brickmore, 2012; Matthes, 1992; McMahon & Patton, 2000; Orlinsky & Ronnestad, 1999; Young & Lambie, 2007). Additionally, role stress can lead to performance anxiety and self-doubt, two potentially harmful effects on establishing therapeutic relationships (Theriatult et al., 2009).

**Therapeutic relationships.** The ability to transfer skills that were introduced in graduate training and apply them toward establishing a therapeutic alliance with students is challenging for the early career counselor (Skovholt & Ronnestad, 2003; Schwing et al., 2010; Theriatult et al., 2009). Per Studer and Diambra (2010, p. 83) "direct service to counselees has traditionally been one of the most challenging counseling components for school counselors." Yet, therapeutic relationships are central to the early career counselor's growth and development (Schwing et al., 2010; Skovholt & Ronnestad, 2003; Teyber, 2006).

Based on the literature, it is common for early career counselors to experience struggles, from initial interactions with clients to establishing therapeutic relationships (Martink, Garske, & Davis, 2000; Schwing et al., 2010). Often, early career counselors also struggle with moving beyond micro-skills (i.e., attending, empathizing, immediacy) to establishing rapport with clients, the frustrations with this developmental process can result in self-doubt and stress (Gazzola & Theriatult, 2007; Skovholt & Ronnestad, 2003; Teyber, 2006; Theriatult et al., 2009).

For example, early career counselors often focused more on themselves and their counseling skills in lieu of focusing on the clients presenting issues, which can jeopardize the working alliance and therapeutic relationship (Schwing et al., 2010; Stoltenberg et al., 1998; Teyber, 2006). A compromised therapeutic relationship can prevent an early career school counselor from connecting with students and jeopardize the implementation of the CSCP, specifically the Delivery system (i.e., direct counseling, indirect counseling) (Cashwell & Dooley, 2001; Schwing et al., 2010; Skovholt & Ronnestad, 2003).

### **Multifaceted Roles and High Expectations**

It is obvious that the world of the school counselor is complex and encompassing, as they are expected to provide direct and indirect services to *all* students across a host of academic, career, and social/emotional needs. The stakes of the school counseling position have been clear, with high expectations (Granello & Young, 2012; Isaacs, 2003; Sink, 2009). For example, the well-being, growth, and development of students is largely impacted by the quality of care being provided by a school counselor (Johnson & Johnson, 2002; Lapan et al., 1997; Schmidt, 1990). Further, the daunting task of providing counseling services (i.e., direct, indirect counseling) to each student who presents with his or her own unique needs can be overwhelming for the early career counselor (Schwing et al., 2010; Skovholt & Ronnestad, 2003).

The early career school counselor not only has a new school environment to master but he or she also faces this new environment for the first time without the clinical supervision experiences required in the master's degree program (Curry & Brickmore, 2012; Luke & Bernard, 2006; Oberman, 2005). This lack of supervision for the early career school counselor is contradictory to the required weekly supervision received as part of their graduate training experience. This results in stress and emotional exhaustion that can lead to job impairment,

particularly in the forming of therapeutic alliances with clients (Curry & Bickmore, 2012; McMahon & Patton, 2000; Oberman, 2005; Studer & Diambra, 2010). Being ethically sound extends beyond providing developmentally appropriate services to students and stakeholders; good ethical practice is inclusive of professional and personal development and self-care in order to provide effective and quality services to students and stakeholders (ASCA, 2016, B.3.3; Dollarhide & Saginak, 2017).

### **Justification for Clinical Supervision during Training**

Because of the roles and expectations of counselors, CACREP requires extensive clinical supervision of counselors-in-training during graduate programs (CACREP, 2016; Neufeldt, 2007). There is a plethora of clinical supervision experiences (i.e., university supervision, site supervision) for the school counselor-in-training. However, after graduation, clinical supervision is often lacking or replaced by administrative supervision once the early career school counselor is employed in his or her first position as a professional school counselor. This significant change in clinical supervision, from counselor-in-training to professional school counselor, is worth examination. Looking closely at the impact clinical supervision or lack of clinical supervision has for the school counselor is important for the school counseling profession to consider. Examining how supervision or the lack thereof impacts such school counseling functions as the delivery system of the CSCP, specifically direct student services (i.e., face-to-face counseling) and indirect student services (i.e., referrals, collaborations) are important.

### **School Counseling Supervision: What is Available Versus What is Needed**

School counselors, both the early career and veteran counselors, are similar to other counseling specialties, (i.e., mental health, rehabilitation) who desire or need clinical supervision to refine clinical skills, address complex student issues, and perform multifaceted job

responsibilities (Dollarhide & Miller, 2006; Page et al., 2001; Roberts & Borders, 1994). A closer look at supervision will be considered subsequently. There are three primary types of supervision available to school counselors: administrative supervision, development or program supervision, and clinical supervision (Barrett & Schmidt, 1986; Dollarhide & Miller, 2006). Each will be addressed, with the understanding that administrative, program, and clinical supervision are likely provided by three different people with varied educational backgrounds and training (Schmidt, 1990).

### **Administrative Supervision**

Administrative supervision placed an emphasis on the school counselor's performance and her or his roles and responsibilities as an employee (Herlihy et al., 2002). Administrative supervision is readily available and is usually provided by a school administrator (Herlihy et al., 2002; Perera-Diltz & Mason, 2012). It is an ongoing process during which the administrator manages all staff, planning, and evaluation of individuals, programs, or both (Black, Bailey, & Bergin, 2011). Administrative supervision is designed to benefit the organization as a place of education, not the clinical development of the supervisee (Perera-Diltz & Mason 2012). While administrative supervision is accessible with emphasis on compliance and accountability by a school administrator, this supervision is not counseling specific and the administrator does not typically have a counseling background (Remley & Herlihy, 2001). Research has demonstrated that school counselors often receive administrative supervision in lieu of clinical supervision and lack access to counseling supervision as part of their ongoing professional development (Low, 2009; Oberman, 2005; Roberts & Borders, 1994).

## **Development/Program Supervision**

Development or program supervision is another form of readily available supervision and is usually provided by a program coordinator at the district level, assigned to supervise school counselors. This supervision has a focus on program development, accountability, and management (Dollarhide & Miller, 2006). Similar to administrative supervision, program supervision is designed to benefit the organization, not the clinical development of the counselor (Perera-Diltz & Mason, 2012; Schmidt, 1990). Program supervision assists school counselors with grasping the school's mission and developing programming that aligns with the school district's overall mission (Schmidt, 1990). Although likely provided by another of the counseling profession, program supervision does not support or deepen the counseling skills of the early career school counselor. Administrative and programmatic supervision do not adequately address the professional development needs of early career school counselors, resulting in the frustration, professional isolation, and ultimately a less effective school counselor in this critical role.

## **Clinical Supervision**

For this study, clinical supervision is defined as an intervention provided by a more experienced member of the counseling profession to a more junior member with the goal of enhancing professional services offered to clients (Bernard & Goodyear, 2014). During the 1970s, the American Counseling Association (ACA), formerly the American Association of Counseling and Development (AACD) Task Force (1989), explored school counseling supervision across the U.S. (AACD, 1989). The AACD's investigation revealed an absence of "proper supervision of school counseling" and that school counseling supervision was practically non-existent (AACD, 1989, p. 20). In the 1980s, the AACD Task Force concluded that an

absence of school counseling supervision could jeopardize the profession of school counseling (AACD, 1989; Cook et al., 2012). The AACD suggested that the Association for Counselor Education and Supervision (ACES) division generate, distribute, and collect data to assess school counselor supervision (AACD, 1989; Sutton & Page, 2004). This call for data resulted in a surge of national and state studies to explore the status of school counseling supervision.

### **School Counseling Supervision Contemporary Research**

Over the past three decades, a number of studies have looked at school counseling supervision. A review of the literature reveals a plethora of quantitative methodological studies surrounding the status of clinical supervision and the desires for and benefits of clinical supervision for school counselors. However, there is an absence of research pertaining to clinical supervision experiences of early career school counselors and what meaning they make of the clinical supervision experience.

Schmidt and Barrett (1983) explored the status of counseling supervision for school counselors in North Carolina in the early 1980s. This study yielded two primary findings that have relevance to the field. They were (1) North Carolina school counselors were being supervised by personnel without counseling training or background and no affiliation with the professional counseling associations; and, (2) Counseling supervisors were largely responsible for program supervision and not direct supervision. With these findings in mind, Schmidt and Barrett (1983) suggested that credentialed and experienced counselors should supervise school counselors and that clinical supervision is necessary for school counselors' professional development.

Almost a decade later, Borders and Usher (1992) surveyed National Certified Counselors (NCCs), with 78 of the participants acknowledging that they were school counselors (n = 357).

This study assessed post-degree supervision practices and preferred supervision methods for counselors working in schools, private practice, and college counseling centers. This study set forth the following three findings. They were as follows: (1) of the respondents, 39% worked in schools and reported fewer hours of post-degree supervision than counselors who worked in other settings (i.e., clinical mental health, college counseling centers); (2) school-based respondents (i.e., school counselors) reported being supervised by an administrator with no counseling background. In some cases, their end-of-the-year evaluations served as their supervision; and, (3) the outcome data validated that post-degree school counseling supervision was lacking, and counseling practitioners desired ongoing clinical supervision. School-based respondents preferred supervision from a counselor or supervisor with experience and training.

In the mid-1990s, Roberts and Borders (1994) surveyed North Carolina professional school counselors (n = 168) in an effort to assess administrative, program, and clinical supervision. This study generated three findings that were important to this current review. They were as follows: (1) of the respondents, 85% reported receiving administrative supervision for the purpose of end of the year evaluations; (2) of the respondents, 70% reported receiving program supervision from a principal or director of counseling; and, (3) thirty-seven percent of the respondents received clinical supervision from counseling directors. Despite participants reporting that over 44% of their work schedule was spent counseling and consulting, they received the least amount of supervision for these activities. In contrast to these findings, an overwhelming 79% of respondents expressed that they desired clinical supervision from a supervisor with a master's degree or higher. Respondents also desired clinical supervision to supplement professional development and provide ongoing support.

That same year, Sutton and Page (1994) surveyed 493 professional school counselors in Maine to determine the current state of post-degree clinical supervision, perceived need for supervision, factors that hinder or ease obtaining supervision, and assessment of participants' attitudes towards supervision goals. The researchers offered two primary findings. They were as follows: (1) 20% of the respondents reported receiving individual clinical supervision and 40% of the respondents received peer supervision; and (2) of the respondents, 48% expressed a desire to receive clinical supervision, while 37% reported they did not desire supervision, and 15% wished to continue clinical supervision. Importantly, this study highlighted a discrepancy between the large percentage of respondents desiring post-degree clinical supervision (63%) compared to a small percentage of respondents (20%) receiving post-degree clinical supervision.

Other than the national survey of NCCs by Borders and Usher (1992) which included school counselors, and was previously discussed in this review, the literature surrounding school clinical supervision consisted primarily of state of statewide studies (Roberts & Borders, 1994; Schmidt & Barrett, 1983; Sutton & Page, 1994). However, Page, Pietrzak, and Sutton, Jr. (2001) conducted a national study that examined the current supervision practices of 267 ASCA members. The study explored the status of clinical and administrative supervision, perception of importance of supervision goals, and intention to become a certified clinical supervisor. The study registered two primary findings. They were as follows: (1) 57% of school counselors desired post-degree clinical supervision, whereas only 13% reported actually received clinical supervision; and (2) school counselors prefer supervision from a school counselor trained in supervision. It is interesting to note that almost three times as many counselors desired clinical supervision, but only a small percentage received it. Although administrative supervision is prevalent in schools, school counselors prefer supervision from trained school counselors

In another study in Georgia, Black, Bailey, and Bergin (2011) surveyed 129 employed school counselors. Survey questions, modeled after Page et al. (2001), were distributed to participants in an effort to determine the role of clinical supervision in the professional experiences of school counselors and the percentage of counselors wishing to receive supervision. The study revealed two primary findings. They were as follows: (1) in this study, approximately 60% of the respondents desired clinical supervision; and (2) seventy-one percent of participants said they would seek clinical supervision if offered by their school districts. Despite a ten-year difference between the Page et al. (2001) study and the current study, an overwhelming majority of participants (i.e., seventy-one percent) continued to desire clinical supervision. Also, the two top-rated goals in clinical supervision between both studies are (a) taking appropriate actions with client problems and (b) developing skills and techniques.

In another national study, Perera-Diltz and Mason (2012), surveyed ASCA members (n = 1557) to examine current supervision practices of school counseling practitioners. This mixed methods study explored school counselor supervision, how often supervision was received, and the types of supervision supplied to the counselor (i.e., technology-mediated supervision). The researchers noted the following: (1) results revealed 41.1% of school counselors provided clinical supervision; (2) 63% of participants received administrative supervision, (i.e., 28.3% from school counselors and 27.6% from other mental health professionals [i.e., social worker, psychologists]); and (3) 5% of school counselors engaged in technology-mediated supervision. The authors discussed two emerging themes: (1) there were no obstacles to securing clinical supervision for 12.1%; and (2) two primary difficulties in securing clinical supervision related to a lack of qualified supervisors, (i.e., 22.1% and lack time to receive supervision, 15.7%). Nonetheless, based on Perera-Diltz and Mason's (2012) findings, the number of school

counselors receiving clinical supervision has improved in the last decade, however, school counselors continue to receive less clinical supervision than counselors in other specialties (i.e., clinical mental health).

In a more recent study, Cook, Trepal, and Somody (2012) used grounded theory research to explore the experiences of school counselors receiving clinical supervision under the Professional Academic Response Model (PARM). The study offered two primary findings. They were (1) school counselors desire supervision, and (2) participants who received ongoing clinical supervision provided by their school districts were empowered to fulfill their roles (e.g., support, accessibility, and advocacy) which directly impacted their work with students. Conversely, school counselors who did not receive clinical supervision continued felt isolated and believed that they operated without much-needed professional support. Additionally, when supervision was offered to counselors, such relational qualities as support, advocacy, accessibility, feedback, and teamwork (SAAFT) between the supervisor and the supervisee enhanced the school counselors' professional identity and role fulfillment within the P-12 school setting.

In another more recent study, Bledsoe, Logan-McKibben, McKibben, and Cook (in press) conducted a content analysis study on 69 articles on school counseling supervision from 1968 - 2017. The content analysis extended previous reviews of clinical supervision in counseling and focused on the school counseling specialty. Publication trends revealed that outside of a spike in publication in 2006 related to a special section in *Counselor Education and Supervision* on school counseling supervision, there were fewer than ten articles published annually on supervision. Additionally, across the 69 articles, 31 (44.93%) were empirical research of which 20 (28.99%) were quantitative, eight (11.59%) were qualitative, and three

(4.35%) were mixed methods. Lastly, topical trends discovered a host of topics and subtopics across empirical and conceptual articles (e.g., supervision interventions, client/student presenting issues) however, the differences were not statistically significant.

### **Clinical Supervision Goals**

Clinical supervision goals have also been reviewed in the previous section. The most prominent supervision goals were reported by Borders and Usher (1992). These researchers noted that overarching supervision goals were taking appropriate action with client problems, developing skills, and improving skills in diagnosis (Borders & Usher). Two years later, Sutton and Page (1994) noted that the top three goals for supervision were: taking appropriate actions with clients, developing skills and techniques, and formulating treatment plans. Seventeen years later, Black, Bailey, and Bergin (2011) posited that the benefits of clinical supervision related to understanding psychotropic medications, taking appropriate actions with clients, and developing skills and techniques. In summary, the studies reviewed have underlined that school counselors need and want to participate in clinical supervision from qualified counseling supervisors. Further, this research has shown that many school counselors do not receive clinical supervision.

### **Research Summary**

Over the years, as suggested by the AACD (1989) studies have been conducted to investigate the number of school counselors who desire clinical supervision versus the number of school counselors who are receiving supervision. Nonetheless, the literature has revealed a serious lack of school counselor post-master's clinical supervision, even though studies have shown that a large percentage of school counselors would like to participate in clinical supervision, and only a small percentage receive supervision, paired with a small percentage of

school counselors who do not desire clinical supervision (Page et al., 2001; Sutton & Page, 1994).

This lack of supervision has been reported across studies and has revealed discrepancies, especially for school counselors. For example, although school counselors reported spending 44% of their time counseling and consulting, they received the least amount of supervision in these areas (Roberts & Borders, 1994). To add, school counselors have been more likely to receive administrative supervision in lieu of clinical supervision (Black et al., 2011; Roberts & Borders, 1992), and they receive less supervision than counselors in other specialty settings (i.e., clinical mental health, college counseling; Borders & Usher, 1992; Perera-Diltz, & Mason, 2012). Conversely, of school counselor respondents, 70% desired supervision from an experienced school counselor trained in counseling supervision (Page et al., 2001). Of note, (Black et al., 2011) another issue reported has been the cost of supervision and release time from work were factors that hindered the process of obtaining clinical supervision.

### **Conceptual Framework: School Counselor Supervision Model (SCSM)**

Clinical supervision models have provided roadmaps for intervention and evaluation of supervisees (Borders & Brown, 2005). Bernard and Goodyear (2014) proposed that significant counselor growth occurs after graduation as long as the counselor is willing to learn and has the appropriate supervision and environment. The current study focuses on the post-master's clinical supervision experiences of early career school counselors. The School Counselor Supervision Model (SCSM) will serve as the conceptual framework for this study (Luke & Bernard, 2006).

For the purpose of this research, early career school counselors are professionals who possess a minimum of a master's degree in school counseling with three years or less school

counseling (Granello & Young, 2012; Ronnestad & Skovholt, 2003). The role of a school counselor includes fostering student success via programming initiatives, strategies, and interventions that are embedded in a CSCP (ASCA, 2012; Dollarhide & Saginak, 2017). The delivery system of the ASCA National Model: the foundation, management system, delivery system, and accountability components serve as the framework that supports the CSCP (ASCA, 2012; Dollarhide & Saginak, 2017).

The School Counselor Supervision Model (SCSM), an extension of Bernard's Discrimination Model (1979, 1997) combined with the delivery system of the *ASCA National Model (2012)*. Luke and Bernard's (2006) SCSM is a 3 X 3 X 4 matrix which combines supervisor foci (intervention, conceptualization, personalization) by supervisor roles (teacher, counselor, consultant) by four points of entry via CSCP domains (large group intervention, counseling and consultation, individual and group advisement, and planning, coordination, and evaluation). Amidst the various tasks performed by school counselors on any given day, most duties will align with one of the CSCP domains (i.e., large group intervention, counseling and consultation, individual and group advisement, and planning, coordination, and evaluation) designated as a point of entry for supervision (Studer & Diambra, 2010).

Supervisors who elect to use the SCSM model are encouraged to 1) identify which CSCP domain (point of entry) is being addressed, 2) identify the supervision focus, and 3) determine supervisor role (i.e., teacher, counselor, consultant) (Luke & Bernard, 2006). The SCSM matrix is the comprehensive school counseling program (CSCP) domain. Comprehensive school counseling programs (CSCPs) are holistic, systemic, balanced, preventative, integrated, and reflective and designed to benefit all students (Dollarhide & Saginak, 2017; Johnson & Johnson, 2002; Myrick, 2003). The four CSCP domains include large group intervention, counseling and

consultation, individual and group advisement, and planning, coordination, and evaluation (Dollarhide & Saginak, 2017). The CSCP domains serve points of for clinical supervision of school counselors in the P-12 setting (Luke & Bernard, 2006). The SCSM is “an attempt to address the concern (e.g., Remley & Herlihy, 2001) that clinical supervision has not been modified to accommodate the growth of CSCPs” (p. 286).

Supervision focus outlined in the SCSM addresses supervisee’s intervention skills (i.e., observable behaviors), conceptualization skills (i.e., choosing appropriate intervention, organizing themes, and establishing process and outcome goals), and interpersonal skills that enable a counselor to use oneself properly in counseling (i.e., interpersonal warmth, intrapersonal cohesion) (Luke & Bernard, 2006). Further, the supervision roles in the SCSM are identified as teacher, counselor, and consultant. As a teacher, supervisors are expected to instruct, model, and provide feedback. In the counselor role, supervisors are to ask supervisees to reflect on their thoughts or an activity. Lastly, in the consultant role, supervisors serve as a resource, sharing the responsibility for learning with the supervisee (Luke & Bernard, 2006).

Whereas traditional clinical supervision models do not recognize the elements of a CSCP paired with the distinct roles and responsibilities of a school counselor and the system in which they function, the SCSM is designed to address the unique needs of school counselors (Luke & Bernard, 2006). Additionally, the SCSM facilitates school counselor professional identity and program development.

### **Implementing**

*ASCA Ethical Standards (2016)*, section B.3.h., encouraged school counselors to seek consultation and supervision when ethical and professional situations arise yet, some supervisors may not possess a comprehensive understanding of school counselor’s roles and responsibilities

related to providing direct counseling services to students and collaborating with community stakeholders and school staff to provide indirect services (Dollarhide & Saginak, 2017; Remley & Herlihy, 2001). Fortunately, Luke and Bernard's (2006) SCSM recognizes and substantiates the need to address the delivery system of the *ASCA National Model (2012)* as it pertains to "delivering counseling and other services to students" (Dollarhide & Saginak, 2017, p. 79), unlike traditional supervision models that focus primarily on individual and group counseling (i.e., Discrimination Model, Integrated Developmental Model). Once the clinical supervisor using the SCSM determines which of the four CSCP domains is being addressed during supervision, he or she can place an emphasis on his or her supervision role (i.e., teacher, counselor, consultant) that will most appropriately assist with supervisee development across the domains of the CSCP (Luke & Bernard, 2006). Luke and Bernard's (2006) SCSM is significant to the school counseling profession in that it addresses the professional and personal needs of school counselors working the P-12 school setting.

### **Benefits of Clinical Supervision**

Benefits of post-master's school counseling clinical supervision include professional identity development, self-efficacy, and counselor wellness (Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Crutchfield & Borders, 1997; Dollarhide & Miller, 2006; Herlihy et al., 2002; McMahon & Patton, 2000; Moyer, 2011). Not only is supervision beneficial to the supervisee, but for the students to (Cook et al., 2012)

### **Professional Identity Development**

Professional identity development within counseling extends beyond graduating and obtaining licensure and certification and encompasses the beliefs, values, traditions, and roles of counseling (Granello & Young, 2012). Clinical supervision provides that missing link to the

profession that enables early career and seasoned school counselors alike to continue clarifying their professional identity and working with administrators to redefine their roles within the school setting (Herlihy et al., 2002; Luke & Bernard, 2006). Studies have focused on the professional identity of school counselors. For example, Sutton and Fall's (1995) study revealed that counselor professional identity was impacted by the appropriateness of job responsibilities assigned to the school counselor that aligned with comprehensive models such as the *ASCA National Model (2012)*. Thus, significant efforts have gone into altering school counselor professional identity from that of an educator with a vocational checklist to a clearly defined mental health professional delivering data driven, results-oriented counseling programs for school-aged children (Lambie & Williamson, 2004; Schmidt, 2014). Obtaining professional identity development via clinical supervision can help offset role ambiguity (Sutton & Fall, 1995).

### **Counselor Self-efficacy**

Self-efficacy is amount of perceived confidence as a result of skill development and the practice of those set skills (Bandura, 1977, 1982). Self-confidence in one's abilities as a counselor is critical for personal fulfillment, quality job performance, and for effective support and counseling provided to the client. Therefore, with an increase in skills provided by clinical supervision, there is the added benefit of self-efficacy (i.e., practitioners internalize their skill set and become confident in their abilities) to address the myriad of client's presenting issues (Cashwell & Dooley, 2001; Spooner & Stone, 1977). Additionally, increased self-efficacy leads to higher self-concepts, minimal state and trait anxiety, and an increased perception of problem-solving abilities further proving that clinical supervision enhances positive efficacy for counseling practitioners and counselors-in-training.

The value of clinical supervision and its impact on self-efficacy, school counselor's effectiveness, and confidence has been embedded within the literature, spanning across a decade (Boyd & Walter, 1975; Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Cook et al., 2012). As per Herlihy, Gray, and McMillan (2002), “there is empirical support for the efficacy of clinical supervision for school counselors” (p. 55) that yields positive results related to increased effectiveness and accountability, enhanced counseling skills, support for professional development, and boosted self-confidence and job comfort (Agnew et al., 2000; Benschhoff & Paisley, 1996; Borders, 1991; Crutchfield & Borders, 1997). Stickel and Trimmer (1994) suggested that early career school counselors participate in some type of formalized reflection (i.e., supervision) to increase self-efficacy surrounding problem solving, decision making, and establish skills for handling complex issues. Finally, as noted by Cashwell and Dooley (2001), the ultimate measure of a counselor is confidence in her or his own abilities, which can be positively impacted by clinical supervision. In this way, clinical supervision may assist the early career school counselor in establishing a strong professional identity, the techniques and skills to provide outstanding client care, and the courage to do so.

### **Wellness and Self-care**

Wellness is described as “a way of life oriented towards optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully (Myers, Sweeney & Witmer, 2000, p. 252). It is not uncommon for early career counselors to feel overwhelmed and experience stress early in their professional careers, largely in part to a lack confidence in their skill sets and their inability to adequately regulate and express emotions (Orlinsky & Ronnestad, 2001; Skovholt & Ronnestad, 2003). Unfortunately, early career counselors do not always recognize the value in taking care of themselves in order to adequately care for their

clients, which can lead to burnout and compassion fatigue (Moyer, 2011; Young & Lambie, 2007).

The *ASCA Ethical Standards (2016)* instructs school counselors to monitor emotional and physical health and practice wellness (B.3.f). Therefore, it is important for counselors to take good care of themselves, and clinical supervision provides an avenue that permits counselors to reflect and discuss personal concerns that are essential to counselor wellness (McMahon & Patton, 2000; Myers et al., 2000). Studies have shown that ongoing clinical supervision can increase counseling skills and offset stress levels, fatigue, and lack of confidence (Cashwell & Dooley, 2001; Crutchfield & Borders, 1997). Fortunately, many early career counselors actively seek the support of a supervisor or mentor who “knows the ropes” and who is available and supportive (Skovholt & Ronnestad, 2003). Clinical supervision provides early career counselors with validation and normalization, both of which are desirable and helpful processes for early career counselors that fosters wellness and self-care (Myers et al., 2000; Theriault et al., 2009).

### **Obstacles to Supervision**

There are multiple reasons that may explain why school counselors and counselors-in-training receive limited or inadequate supervision, one of which is a shortage of trained supervisors (Black et al., 2011; Dollarhide & Miller, 2006). Additionally, a lack of time, financial support, and release time from school are also obstacles to post-master’s clinical supervision (Perera-Diltz & Mason, 2012; Sutton & Page, 1994). In some instances, school counselors work in rural areas and simply cannot access a supervisor for clinical supervision (Allen & James, 1990; Wilson, Schaeffer, & Bruce, 2015).

Ironically, ongoing counseling supervision is encouraged but not mandated by the *ASCA Ethical Standards (2016)*. The American School Counselor Association’s Ethical Standards

(2016), instructs school counselors to seek supervision from school counselors and other professionals knowledgeable about counseling ethics when problems arise (see Section B.3.h.). Clinical supervision is crucial for the growth and maintenance of counseling skills (Bernard & Goodyear, 2014; Cashwell & Dooley, 2001). Yet, school counselors often work in schools without supervision, fully aware that ongoing clinical supervision could prove beneficial to their individual growth, the student population, program development, and for the profession as a whole (Cook et al., 2012; Magnuson et al., 2004). Without an ASCA requirement for ongoing supervision for school counselors after graduation, there are concerns.

### **Conclusion**

Early career school counselors exit their graduate school programs equipped to enter the profession as a result of ongoing clinical supervision, in most instances from multiple sources including site and university supervisors (CACREP, 2016). They enter into their careers as school counseling practitioners in P-12 school settings and quickly recognize that the clinical supervision that was readily available to them as students is no longer available to them as professionals (Barrett & Schmidt, 1986; Boyd & Walter, 1975). Instead, clinical supervision for school counselors has been typically replaced with administrative supervision, which better serves to advance the non-counselor aspects of the counselor's career (Page et al., 2001).

A review of the literature has revealed the impact of educational reform on the school counseling profession and the plight of early career school counselors (i.e., professional and personal challenges, counselor development, compromised self-efficacy, etc.). Whereas clinical supervision was readily available during counseling training programs, that is not the case in the professional work setting. A review of the literature reveals that a significant number of practicing school counselors desire clinical supervision (Paige et al., 2001; Roberts & Borders,

1994; Sutton & Page, 1994). Further, early career school counselors should seek supervision for skill development that will enable them to deliver a high quality CSCP (Cook et al., 2012). Yet, few studies have considered early career school counselors' experiences related to post-master's clinical supervision. By investigating early career school counselors' experiences surrounding post-master's clinical supervision this study will examine: the impact that supervision has on professional and personal development and with providing direct and indirect student services; early career school counselors' desire for supervision; benefits of that supervision, and the lack of access to clinical supervision that school counselors experience.

Post-master's clinical supervision bridges the gap between what is taught in counselor education programs and on the job work experiences by equipping school counselors with the necessary skills to address client's presenting issues and offset professional and personal challenges (Gallo, 2013; Sutton & Page, 1994). The following chapter will focus on the specific methodology to examine early career school counselors' experiences related to post-master's clinical supervision.

CHAPTER III:  
METHODOLOGY

**Introduction**

School counseling has evolved through the years with 21<sup>st</sup> century school counselors taking a holistic approach to comprehensive school counseling programming that is data driven and designed to *all* students' academic, career, and social/emotional development needs. Clinical supervision is an intervention provided by a more senior member of a profession to a junior college and has been suggested to support early career counselors navigate profession challenges as they navigate through the formative years of their careers.

An absence of post-master's school counseling clinical supervision has been a topic of discussion spanning four decades (Barrett & Schmidt, 1986; Borders, 1991; Borders & Usher, 1992; Boyd & Walter, 1975; Cook et al., 2012; Gallo, 2013). A review of the literature revealed a paucity in the research related to the study of early career school counselors and fewer studies devoted to the study of early career school counselors' clinical supervision experiences. For this reason, a qualitative study was crafted to address this obvious gap in the literature. The purpose of this qualitative phenomenological study was to explore the supervision experiences of early career school counselors choosing to seek clinical supervision. Luke and Bernard's (2006) School Counseling Supervision Model (SCSM) is the conceptual framework guiding the study. The SCSM model is a 3 X 3 X 4 matrix designed to address the unique needs supervision needs of school counselors.

This chapter provided an overview and rationale for the use of a qualitative methodological design approach that is phenomenological in nature. The researcher selected participants who had intimate knowledge concerning this issue and experience with this phenomenon. Data was collected according to qualitative procedures and analyzed by means of thematic development. Lastly, the researcher shared a personal synopsis of school counseling, supervisee, and supervisor experiences paired with her personal biases and assumptions related to the research study.

### **Research Questions**

To gain an understanding of early career school counselors clinical supervision experiences, the following research questions were explored:

1. What are the supervision needs of early career school counselors;
2. What are the supervision experiences of early career school counselors choosing to seek clinical supervision; and
3. What do early career school counselor perceive as the influence of clinical supervision on their work as school counselors?

### **Setting**

In order to gain a better understanding of the clinical supervision experiences of early career school counselors, the researcher set out to collect data in the participants' natural setting, PK-12 schools. Pre K -12 schools consist of: elementary (Pre-K thru 5), middle (grades six thru eight) and high school (grades nine thru twelfth grade) across urban, suburban, and rural districts. The researcher recognized the importance of identifying a location and environment that was safe and comfortable for the participant. The researcher made every effort to include a diverse group of participants, grade levels, and school types (e.g., urban, public) recognizing that

diversity is important to gain a better understanding of participants' clinical supervision experiences.

### **Participants**

The researcher sought to better understand the clinical supervision experiences of early career school counselors who chose to seek clinical supervision. Participants for this study were selected based on their experience with the phenomenon, clinical supervision. It is important to note that IPA participants are selected based on their ability to provide access to a perspective or phenomena (Eatough & Smith, 2012; Smith, Flowers, & Larkin, 2012). However, until the researcher started the nationwide recruiting process, she did not know the makeup of the participants.

### **Sampling**

There is a plethora of sampling strategies that are available to qualitative researchers such as maximum variation (e.g., outlier cases, patterns); homogenous (e.g., similar demographic characteristics); and convenience sampling (e.g., accessibility) (Creswell & Poth, 2018; Miles, Huberman & Saldana, 2014; Patton, 2008). Purposeful sampling, also known as informed sampling, was utilized for this study as participants had intimate and shared experiences in the phenomenon being studied, and it aligned with interpretive phenomenological analysis (IPA) sampling procedures (Meriam & Tisdale, 2016; Seidman, 2006; Smith et al., 2012).

The purposeful strategy implemented in this study was maximum variation sampling. Maximum variation sampling seeks to recruit participants who have knowledge which will assist the researcher in answering the research questions. Additionally, maximum variation sampling added the component of diversity to the sampling pool (Creswell & Poth, 2018). This study used maximum variation sampling in order to assure a wide scope of perspectives. Criterion sampling

was also important for this study because it ensured that participants satisfied one or more pre-determined criteria (i.e., currently receiving clinical supervision), an important factor in this particular study that reflected the purpose of the study (Creswell, 2003, 2013). Lastly, this study also implemented snowball sampling, also known as cluster sampling, when one individual who has experienced the phenomenon, the basis of the research, is asked to refer others who have also experienced the phenomenon which is the subject of the research (Miles et al., 2014).

### **Recruitment Procedures and Methods**

The researcher was particularly interested in understanding the meaning of early career school counselor's lived experiences with the phenomenon of clinical supervision. Participants for the study satisfied certain criteria: (a) credentialed and/or licensed school counselor; (b) school counselor with three or fewer years of school counseling experience; (c) presently employed as a school counselor in a PK-12 school setting; and (d) currently receiving clinical supervision. The researcher excluded school counselors who did not satisfy all the criteria for the study (i.e., four or more years of school counseling experience).

Qualitative research is interested in addressing *how*, *why*, and *what* questions (Merriam & Tisdell, 2009; Rossman & Rallis, 2003). Participants were selected based on their experiences surrounding clinical supervision, the phenomenon for this study. The researcher employed purposeful sampling. Therefore, participants were sought who experienced the phenomenon being investigated (Seidman, 2006; Stake, 1995). The researcher selected participants via purposeful sampling, specifically maximum variation with the goal of recruiting a small homogeneous sample of participants. The data provided by these participants was advantageous in addressing the gap in the literature, answering research questions, and fulfilling the purpose of

the research. The researcher made every attempt to secure a homogeneous group of participants who fit the participant selection criteria and for whom the research questions were meaningful.

Upon IRB approval (see Appendix G), participants were invited to participate in the study via a two-step recruitment approach: 1) LISTSERV posting (i.e., national [CESNET, ASCA], state [AL Counseling Association]); and 2) email invitation (see Appendix E). First, the researcher contacted administrators of various national, regional, state, and local LISTSERVs and requested permission to post onto their platform. For example, the ASCA Scene LISTSERV is an online community platform for members of ASCA that was created for networking purposes and learning opportunities. Per ASCA requirements, the researcher provided a sample of the recruitment flyer (see Appendix F) for approval. Once approved, the researcher posted the recruitment flyer to the ASCA Scene listserv. Additionally, the researcher contacted state affiliated organizations (e.g., Alabama, Georgia) and their LISTSERV administrators for permission to share the researcher recruitment flyer on their perspectives LISTERSERVs.

Second, the researcher sent an email invitation (see Appendix E) to school counseling professional colleagues across the United States who were providing clinical supervision or receiving clinical supervision. The email contained a link to the informed consent and demographic for participants to complete via Qualtrics. This was the process used to recruit participants and this was how they first learned about the study.

Interested participants emailed the researcher for additional information and to volunteer to participate. The researcher responded to interested participants via the email script (see Appendix E) and recruitment letter (see Appendix A). Interested participants emailed the researcher for additional information and to volunteer to participate in the research study. The researcher responded to interested participants via the email invitation (see Appendix E) and

recruitment letter (see Appendix A) and asked individuals to sign and return the informed consent form (see Appendix B), complete a demographic survey via Qualtrics (Appendix C), and schedule an interview.

Participants were asked to successfully complete three parts of this research study: (1) the online survey via Qualtrics; (2) a semi-structured, in-depth interview; and, (3) the participant member check of transcription. It is important to note that the participants' demographic and school information were secondary in the recruitment efforts, yet were included, but not limited to age, gender, years of experience, school size (i.e., small), school type (i.e., elementary, middle, high) school district (i.e., urban, rural), student population and demographics (i.e., ethnicity, socioeconomic status), and school counselor training programs (i.e., CACREP accredited).

### **Sample Size**

Qualitative research typically involves small samples of participants (Creswell & Poth, 2018). For phenomenological studies, the recommended sample size is three to 10 participants (Creswell, 2013; Vagle, 2014). Traditionally, IPA studies are conducted with small sample sizes, placing an emphasis on obtaining an in-depth analysis of participants' experiences that will enable the researcher to identify convergent or divergent themes that constitute the lived experiences surrounding post-master's clinical supervision (Rossman & Rallis, 2003; Smith et al., 2012). IPA participants represent a perspective in lieu of a population (Smith et al., 2012). IPA is concerned that a sample size that is too large could produce problems in data collection and analysis (Smith & Osburn, 2008). For this study, a sample size encompassing nine participants was reasonable based on the contemporary literature surrounding phenomenology, specifically IPA (Smith et al., 2012), however, the researcher continued to recruit participants until saturation is achieved.

## Methodology

Qualitative research is the most suitable approach to research when a problem or issue needs to be explored, or in this case when a specific population warrants attention (Creswell, 2003, 2013; Yin, 2018). Qualitative research empowers participants to tell their stories and desires to understand the problem or issues as they occur in their natural settings (Merriam, 2009; Strauss & Corbin, 1998). Qualitative research emerged on the scene with the goal of conducting field research in lieu of traditional approaches to research that occurred in artificial settings (Rossman & Rallis, 2003; Willig, 2008). Qualitative research has multiple unique characteristics: research is conducted in a natural setting; multiple methods are to understand participants; focus is on context; researcher's role in study; emergent versus prefigured; and richly descriptive research product (Creswell, 2003, 2013; Merriam, 2009; Rossman & Rallis, 2003).

The field of counseling has embraced qualitative research largely because of contributions furthering the counseling profession including: offering insights into critical events during therapy, granting a voice for oppressed people, and providing in-depth understanding of emotional and cognitive experiences of people which aids in the advancement of theory and practice (Ponterrotto, Kuriakose, & Granavskaya, 2008). Whereas quantitative research normally seeks to determine if there is a difference between two or more groups or if there is a relationship between two or more variables, qualitative research is interested in the process through which data occurs (Creswell, 2003, 2013; Merriam, 2009). Qualitative researchers seek to understand *how* and *why* behaviors occur (McMillan, 2000; Strauss & Corbin, 1998).

Researchers should employ qualitative research methods to examine research problems and

empower individuals to share their stories so that their voices can be heard (Creswell & Poth, 2018; Rossman & Rallis, 2003; Roulston, 2010; Savin-Baden & Major, 2013; Yin, 2018).

Qualitative research can be used to explain a model or theory as a follow up to quantitative research or when quantitative measures do not adequately address the problem or issue being explored (Creswell, 2003, 2013; Merriam, 2009; Willig, 2008). A qualitative research design was most appropriate for this study because the researcher sought to explore the clinical supervision experiences of early career school counselors as they occur in the natural setting. The researcher used semi-structured, in-depth interviews to explore the topic and will be the instrument of data collection and analysis. The study used an inductive approach which employed a thematic design to answer the research questions. The findings of the study gave voice to early career school counselor participants involved in the study. In order to answer the *how*, *why*, and *what* questions of research, an emerging research design was requisite. As data accumulated, it was necessary to adjust various portions of the architectural structure of the study.

## **Method**

Qualitative research is most often employed when the study calls for an emergent research design; the study seeks to explain a phenomenon; and the study seeks to better understand an issue (Creswell & Poth, 2018; McMillan, 2000). There are a host of qualitative approaches in social and health science literature including: narrative, grounded theory, ethnography, case study, and phenomenology (Creswell, 2013; Merriam, 2009). The qualitative research design that was applied to this study was phenomenological in nature. Phenomenology is defined as a philosophical approach to the study human experience (Husserl, 1982; Moustakas, 1994). The purpose of phenomenological research is to discover what meaning can be attributed

to participants' experiences via a detailed description of the experience as it appears in the lifeworld (Moustakas, 1994; Vagle, 2014).

Researchers employing a phenomenological approach are seeking to “understand the deep meaning of a person's experiences and how she articulates these experiences” (Rossman & Rallis, 2003, p. 97). Defining features phenomenological studies include: study of lived experiences and development of description of the essence of the experiences (Creswell & Poth, 2018; Stewart & Mickunas, 1990); and exploration of a group of individuals who have experienced the phenomenon also known as lived experiences (Van Manen, 1990; Smith & Osborn, 2008). Participants do not construct their phenomenological experience, instead, they experience the world in relation to others or things (Creswell, 2003, 2013; Leedy & Ormand, 2013; Vagle, 2014). In lieu of getting into participants' minds and explaining how things work, phenomenologists are interested in slowing down and exploring how things are experienced through being in the world (Husserl, 1982; Vagle, 2014; Van Manen, 1990).

There are two philosophical approaches to phenomenology, hermeneutic phenomenology (Van Manen, 1990) and empirical or transcendental phenomenology (Moustakas, 1994). Van Manen (1990), revered in health literature, described phenomenology as the lived experiences and interpreting the texts of life as hermeneutics. Moustakas' transcendental phenomenology placed a stronger emphasis on the participants' experiences in lieu of researcher interpretations (Creswell, 2003, 2013; Moustakas, 1994). A central feature of phenomenology is that it provides an abundance of information about ways to assess and comprehend lived experience in the way that it occurs (Creswell & Poth, 2018; Smith et al., 2012). In this study, the researcher attempted to arrive at the essence of the supervision experiences of early career school counselors via in-depth, semi-structured interviews.

**Interpretative phenomenological analysis.** To gain an understanding of early career school counselor's clinical supervision lived experiences in the P-12 school setting, the researcher applied the methodology of interpretative phenomenological analysis (IPA) (Smith et al., 2012; Smith & Osborn, 2008). IPA is a detailed exploration of how participants make sense of their major life experiences, specifically the *meanings* specific experiences and events hold for participants (Eatough & Smith, 2008; Smith & Osborn, 2008). IPA is becoming increasingly more popular in human, social, and health sciences (Charlick et al., 2016). IPA is an approach of qualitative research that emerged on the scene in the mid 1990s with roots in phenomenology, hermeneutics, and ideography (Smith et al., 2012). First, phenomenological contributions to IPA are centered around the lived experiences of participants, specifically how they occur and in what terms (Smith & Osburn, 2008). Second, IPA is hermeneutic, the theory of interpretation, in which the researcher accesses and interprets participants' experiences (Creswell, 2003, 2013; van Manen, 1990). Third, ideography is focused on the particular, specifically how a phenomenon can be understood by a particular people in a particular context (Smith et al., 2012). IPA is a detailed examination of humans lived experiences and maintains close ties to the theoretical underpinnings of phenomenology, hermeneutics, and ideography (Ashworth, 2008; Moran, 2000). IPA employs a two-fold hermeneutic approach that involves discovery and interpretation of participants' experiences while maintaining focus on the individual and the experience itself (Charlick et al., 2016; Pringle et al., 2011).

The research study sought to understand the meaning of early career school counselor's lived experiences with the phenomenon of clinical supervision, therefore it is phenomenological in nature following the work of interpretative phenomenology. Specifically, the IPA approach to data collection and analysis informed the research design. Characteristics of the IPA approach

included flexibility and a natural flow of questioning, interpretation, and meaning assembling as the process evolves for both the participant and the researcher (Smith et al., 2012; Willig, 2001). Unlike traditional phenomenological approaches that only examine what the participants says, IPA researchers attempt to expose and understand participants lived experiences and how those experiences affect them (Alase, 2017; Creswell, 2013). Therefore, IPA researchers should be flexible, patient, and possess the willingness to enter into the participants' world and grasp their perspectives while eliminating any personal and experimenter bias from interpretation (Abayomi, 2017; Eatough & Smith, 2008).

IPA is a research approach that focuses on participants lived experiences and exploring the involvement in a particular event or phenomenon (Smith et al., 2012). Within IPA, the researcher is attempting to make sense of the participant trying to make sense of what is happening to them (Smith & Osburn, 2012). The researcher is particularly interested in conducting an IPA study on the supervision experiences of early career school counselors as it provides a way to explore the needs, experiences, and meaning that post-master's supervision has on school counselor professional identity. The researcher's experiences with supervision as a school based site supervisor and supervisee were factored into the data analysis and data interpretation.

### **Data Collection**

This research study collected data through interviews. Interviewing is one of four qualitative data collection types (e.g., observations, interviews, document, audio visual materials) (Creswell, 2003, 2013; McMillan, 2000). Interviews provide an understanding of the participants' view of their worlds, gathering insights into participants' thoughts and perspectives

(Rossman & Rallis, 2003). Interviews provide historical information and can occur in person, face-to-face, via telephone, or in a group (Creswell & Poth, 2018; Seidman, 2006).

Research interviews can be more than conversations and questions; instead, interviewing can involve detailed conversations that unfolds oriented towards an established end (Alby, Zuccheromaglio, & Fatigante, 2014). Qualitative interviews are classified as closed interviews (Rubin & Rubin, 2012); open ended (Merton, Fiske, & Kendall, 1990); and semi-structured (Brinkmann & Kvale, 2015). Upon IRB approval, data were collected according to qualitative procedures, specifically interviews (Creswell, 2003, 2013; Saldana, 2016). Individual, in-depth interviews were conducted with each of the participants that are specific to IPA data collection methods (Smith et al., 2012). Interviews were semi-structured with a host of open-ended questions that will promote flexibility during the interviews (Smith & Osburn, 2008). Semi-structured interview questions enabled participants to share their stories which will used to gain a better understanding of the clinical supervision experiences of early career school counselors.

Prior to the interviews, participants were notified of the interview protocols, anticipated time commitment, and steps made to protect their privacy. At the beginning of each interview, participants were asked to review and provide informed consent (see Appendix B) and were asked for permission to record the interview. Participants were reminded of the purpose of the study and were asked to complete a brief survey designed to collect participant demographic information (i.e., race, gender, years of experience) (see Appendix C).

Semi-structured interviews were audio-recorded and conducted in the participants' natural settings (i.e., school) or at a private location of the participants choosing. In most instances, semi-structured interviews were voice-recorded by way of a REV Voice Recorder, an audio to text transcription platform. The semi-structured, in-depth interviews were focused yet

open-ended and permitted the participants to share their experiences surrounding the phenomenon (Brinkmann & Kvale, 2014; Smith et al., 2012). Each interview ranged in length from 60 minutes to one hour and 15 minutes.

Semi-structured interviews were guided by interview questions that encouraged participants to share their stories and express their concerns in an effort to extract rich descriptions of their experiences (see Appendix D) (Brinkmann & Kvale, 2014; Roulston, 2010; Webb, 2016). The researcher incorporated a prepared interview guide (see Appendix D) with a number of questions (i.e., open-ended) accompanied by follow-up probing questions to obtain additional information about early career school counselors' experiences surrounding clinical supervision. The interview guide included questions grounded in phenomenological interviewing with a focus on generating information that investigates participants lived experiences (Roulston, 2010). A sample interview question may include "how would you describe your experience of clinical supervision." IPA encourages flexible, natural questioning that promotes interpretation and member assembling (Smith et al., 2012).

### **Data Analysis**

Qualitative data analysis includes the researcher immersing himself or herself in to the interview transcripts or field notes collected, systematically organizing the materials into salient themes and patterns, and recording the data so that others can comprehend what has been learned (Creswell, 2003, 2013; Rossman & Rallis, 2003; Saldana, 2016; Savin-Baden & Major, 2013). Interviews were recorded digitally and transcribed verbatim by REV professional transcription service and reviewed by the researcher for accuracy. The transcription of the interviews was forwarded to participants to ensure accuracy. The participants were informed concerning the

researcher's positionality within the research study. Anonymity and privacy were ensured by assigning pseudonyms to participants' names involved in the study.

In this study, the researcher was the instrument of data collection and analysis (Merriam, 2009), as primary data was acquired via a human instrument in lieu of a questionnaire or survey (McCaslin & Scott, 2003). When analyzing the data, researcher applied codes to sections of data (i.e., transcripts) that represented some aspect of the data which was reflective of topics discussed by the interviewer and interviewee (Roulston, 2010; Saldana, 2016). The study used an inductive approach that employed a thematic design to answer the three research questions.

Throughout the process of data collection and analysis, the researcher wrote analytic memos to record her thoughts, questions, and insights after contacting each of the participants. Analytic memos are written personal notes that include themes, insights, methodological questions, and associations between themes and theoretical notations (Rossman & Rallis, 2003). The writing of analytic memos assisted the researcher with the data analysis process by providing a written record of her thought processes throughout the study.

### **IPA Data Analysis**

There is no single "method" for analyzing data via IPA methods other than requiring the researcher to incorporate an intensive analysis of participants' personal accounts with the hopes of making sense of their experiences (Smith, 2009). Data was collected via semi-structured interviews and each transcript will be coded individually. Smith, Flowers, and Larkin (2012) outlined a common set of processes, a cyclical approach for analyzing data collected via individual, semi-structured, in-depth, interviews. It includes (1) immersing oneself in the data by reading printed transcripts; (2) generating comprehensive and detailed set of notes (i.e., thoughts,

questions); (3) identifying emergent themes for a single case; (4) identifying connections across emergent themes; (5) moving to the next case; and (6) identifying patterns across multiple cases. After the data was collected and each transcript is transcribed, the researcher followed a Five Stage Data Analysis (Webb, 2019).

**Five stage data analysis.** In addition to IPA cyclical procedures, the research employed a Five Stage Data Analysis (Webb, 2019) procedure which included the following stages: holistic coding, in vivo coding, versus coding, integrated coding, and thematic coding. Holistic coding is a preparatory step in data analysis (Miles et al., 2014). Holistic coding isolates the essence of the participants' understanding of the phenomenon (Rossman & Rallis, 2003). Holistic coding focuses upon a "chunk" of data and extracts the meaning of the material. Each transcript will be analyzed individually. The data unit interview transcript is scrutinized to discover the essence of meaning (Moustakas, 1994). The meaning of the data is recorded in codes which are comprised of one word or one phrase (Corbin & Strauss, 2015; Miles et al., 2014).

In vivo coding extracts the very words of the participants' meaning which gives breadth and scope to the holistic codes (Strauss, 1987; Corbin & Strauss, 2015). In vivo codes are used to compliment the holistic codes which were derived from the initial cycle of coding. In vivo codes serve the function of explaining, enlightening, and enlarging upon the holistic codes where were uncovered in the first cycle of coding (Creswell, 2003, 2013; Miles, et al., 2014). The various holistic and in vivo codes will be assembled in such a fashion to answer the research questions. Holistic codes will form the foundation of the architectural approach to data analysis (Rossman & Rallis, 2003). In vivo coding will give a more personal understanding of the essences of meaning which have been developed by the holistic codes (Strauss & Corbin, 1998).

Versus coding will draw out internal and external conflicts which are embedded within the data. Versus coding is a more focused coding strategy. Versus coding lends itself to research data which includes a variety of perspectives upon a particular issue (Fox et al., 2007). Versus coding will distinguish the differences in perspectives while preserving the subtle nuances which belong to each specific group and its participants.

Integrated coding categorizes and orders the holistic codes into primary codes (Webb, 2019). Integrated coding gives structure to the data by placing in vivo and versus codes under the primary codes. After the four cycles of data analysis have been completed, the data will be thematized (Van Manen, 2014). Thematizing involves data reduction, categorizing the data, and reorganizing data into thematic representations of findings (Roulston, 2010; Saldana, 2016; Wolcott, 2009). Thematic coding transforms the primary codes into themes which will answer the research questions and be incorporated as findings in Chapter IV.

This study sought to obtain a better understand early career school counselors' clinical supervision experiences regarding: (1) supervision needs (i.e., professional, personal); (2) benefits of clinical supervision; and (3) clinical supervision received in the delivery of services to students (i.e., face-to-face) and for students (i.e., consultation). The study used an inductive approach that employed a thematic design to answer the research questions. In order to answer the *how*, *why*, and *what* questions of qualitative research, an emerging research design was requisite. The findings of the study gave voice to the early career school counselor participants' experiences surrounding clinical supervision.

### **Trustworthiness and Credibility Procedures**

Creswell (2013) recommended researchers use multiple validation strategies to check for accuracy (i.e., triangulation, peer review/debriefing, negative case analysis, clarifying researcher

bias, etc.). Validation is a technique used by the researcher to determine if the research findings are accurate from the perspective of the researcher and the participants (Creswell & Poth, 2018). Validation complements qualitative research by contributing to the value and accuracy of a study (Miles et al., 2014). Validation implies proper use of the information and must be established in the measurement of variables so that the results will have value (McMillan, 2000). The researcher will employ member checking and peer review as validation strategies for this study.

Member checking is a technique is used to ensure accuracy by presenting the findings back to the participants for review (Creswell, 2003, 2013; Roulston, 2010). Lincoln and Guba (1985) cited member checking as the “most critical technique for establishing credibility” (p. 314). The researcher will send the transcriptions of the interviews and the findings back to the participants for review. Implementing member checking enables the participants to engage with, elaborate on and or refute their statements and solidify credibility of his or her viewpoint (Creswell, 2013; Miles, Huberman, & Saldana, 2014; Rossman & Rallis, 2003).

Peer review or debriefing is an external examination of the research process by a peer to ensure accuracy (Creswell, 2003, 2013). Lincoln and Guba (1985) described a peer reviewer as an opponent for the sake of asking difficult questions about the research methods and keeps the researcher truthful. Peer review ensures that the research resonates with persons other than the researcher (Creswell & Poth, 2018). In this study, the researcher sought the expertise of the methodologist on her dissertation committee to examine the data and validate the study’s findings from an alternate perspective.

### **Researcher Positionality**

The researcher understands researcher subjectivity and positionality and the influence both have on the relationship with research participants. The researcher’s 15 years of experience

in the field of school counseling, working as a practitioner and site supervisor for counselors-in-training have led her to the opinion that early career school counselors desire, yet do not receive, much needed clinical supervision. This dissertation is as much a part of the researcher's personal experiences as it is the experiences of the early career school counselors she interviewed. The researcher's subjectivities were both an inevitable and invaluable part of this research.

The researcher's disclosure about her experiences as a school counselor practitioner receiving clinical supervision served as a resource towards creating genuine and intimate dialogues between the interviewer and interviewee (Roulston, 2010). The researcher possesses an understanding of researcher subjectivity in relation to the participants, theoretical perspectives and assumptions, and strategies to structure interviews and analysis (Roulston, 2011). The benefit of examining subjectivity throughout the process enabled the researcher to engage in reflexivity as shaping various aspects of the research process (Roulston, 2010, Smith, Flowers, & Larkin, 2012). There was an unavoidable relationship between the researcher and participants resulting in a reflexivity, phenomenon in and of itself (Rossman & Rallis, 2003). Qualitative research necessitates reflexivity from the researcher, a critical component to conducting qualitative research (Charmaz, 2008; Roulston, 2010; Rossman & Rallis, 2003). Reflexivity can be addressed by three questions at the onset of the research study: (1) Why am I interested in this topic?; (2) How am I positioned in this research?; (3) What perceived notions do I bring to the topic of inquiry?

I was drawn to this research topic through my professional experience. My 15 years' experience in the field of school counseling led me to the opinion that school counselors do not receive needed post-master's clinical supervision. As an early career school counselor, I remember sitting at my desk when a student walked into my office and mumbled the words "I've

been cutting myself, see”. I recall feeling completely overwhelmed and clueless about how to respond. Instead of processing the situation with a supervising counselor and exploring next steps, I was left alone and anxious about how to proceed with getting her the help that she needed. Immediately, I noticed a disconnect between the clinical supervision that I desired as a compared to what I received as a practitioner. Clinical supervision was not readily available; instead, I received administrative and program supervision that failed to address my personal and professional development needs. The supervision I received left me feeling frustrated and did not contribute to my growth professionally particularly as an early career school counselor. Ultimately, an absence of post-master’s clinical supervision and professional development contributed to burnout in my profession.

I am not formally positioned in this research. Presently, I no longer work full-time as a school counselor in the P-12 setting. However, I remain a state certified as a school counselor, and I am also licensed as a professional counselor and supervisor in the state of Alabama. I am not presently supervising any school counselors.

When I began this research study, I carried three opinions which could possibly be considered as biases. First of all, I consider myself an advocate for school counselors and the school counseling profession. My professional and personal experiences led me to believe that early career school counselors do not receive the necessary clinical supervision as they transition from counselors-in-training to practitioners while working in the P-12 school setting. Secondly, based on my professional experience, I have formed the opinion that school counselors, particularly early career school counselors can benefit from professionally and personally from clinical supervision. Finally, from my own research and personal experiences, I consider that

ASCA is not serving its members effectively because they do not actively advocate, require, or mandate clinical supervision for their members and affiliates.

### **Ethical Considerations**

There are minimal anticipated ethical concerns for this study. This study is classified as “minimum risk” to participants per the University of Alabama Internal Review Board website (IRB, retrieved from UA IRB website, 26 July 2018), and the researcher followed the procedures outlined in her IRB application. Risks were low risk because research participants were college educated adults who were fluent in English and understood consent and questions being asked.

Member checking was incorporated to offset risks. This study was voluntary, and participants could withdraw at any time. Participants’ job performance was not impacted by participating in the research study. No school districts or individual schools were identified in subsequent findings. There are two specific ethical considerations which are attached to all qualitative research proposals. Those two considerations are anonymity and confidentiality (Creswell & Poth, 2018; IRB, Retrieved from UA IRB website, 3 March 2018). Anonymity was accomplished by giving pseudonyms to all participants involved in the study. Confidentiality was ensured by locking all transcripts and documents in a filing cabinet in my office. The only risk was loss of confidentiality. No person had access to these data sources other than the researcher and the dissertation methodologist. Lastly, there was financial compensation, \$20 Amazon electronic gift cards for successful completion to the participants. Participation may lead to a better understanding of early career school counselor supervision and inform counselor educators and supervisors and school administrators about the supervision needs of early career school counselors.

## Summary

The purpose of this qualitative phenomenological study was to explore the supervision experiences of early career school counselors choosing to seek clinical supervision. A review of the literature revealed that school counselors desire counselor supervision (Black, et al., 2011; Borders & Usher, 1992; Page, et. al., 2001; Roberts & Borders, 1994; Sutton & Page, 1994). Clinical supervision empowers school counselors to perform their job tasks at a high level of competence (Cook et al., 2012). The nature of this purpose lends itself to a qualitative research methodology.

A qualitative study was needed to address this obvious gap in the literature, highlighting early career school counselors' description and meaning of their lived experiences surrounding clinical supervision. This is a complex dilemma that required further exploration into the early career school counselors' experiences in order to truly understand the phenomenon and the impact it has on early school counselors' ability to develop and implement a comprehensive school counseling program (CSCP) modeled after the *ASCA National Model (2012)*, specifically the delivery component (i.e., direct counseling, indirect counseling) (Cinnoti & Springer, 2016; Luke & Bernard, 2006).

Within the domain of qualitative research, interpretative phenomenological analysis influenced by the theoretical perspectives of the Luke and Bernard's (2006) School Counselor Supervision Model (SCSM) was the most appropriate method to address the research questions formulated for this study (Smith et al., 2012). The most suitable data that satisfied the purpose of this study were interviews with early career school counselors. The IPA data analysis procedure paired with a Five Stage Data Analysis (i.e., holistic coding, in vivo coding, versus coding, integrated coding, thematic coding) (Webb, 2019) was utilized to analyze and interpret the data

(Saldana, 2016). In the following chapter, the thematic results of the data analysis will be presented as findings.

## CHAPTER IV:

### FINDINGS

This research study was designed to create a better understanding of the clinical supervision experiences of early career school counselors. Within this chapter, the interviews of nine early career school counselors are presented. These interviews explored the post-master's clinical supervision experiences of the nine school counselors.

To provide the reader with an understanding of the data, additional information will be offered in this chapter, including the demographics of the participants, details about each participants' interview, and an overview of the findings using IPA cyclical procedures (Smith et al., 2012) and the Five Stage Data Analysis (Webb, 2019) procedure. The Five Stage Data Analysis used in this study includes the following five stages: holistic coding, in vivo coding, versus coding, integrated coding, and thematic coding. Through the interview process and the analyses of these data, common themes were discovered that highlight early career school counselors' clinical supervision needs, benefits, and impact on performance. These themes, significant findings, and quotes of participants' will be included and discussed.

#### **Setting**

In this study, nine early career school counselors were interviewed to explore their supervision experiences after they had chosen independently to seek clinical supervision. Of the nine interviews, one was a face-to-face interview and eight were phone interviews. For the face-to-face interview, an attempt was made to meet at the participants' school during school hours, but a complex school situation that involved a student, parents, and administration thwarted

those plans. Ultimately, this interview was rescheduled outside of work hours at a location chosen by the participant. For the eight participants across the U.S, each phone interview lasted between 60 minutes to one hour and 15 minutes.

### **Descriptions of Participants**

Brief descriptions of each participant are provided to give an overview of their background, school type, and training program; this information was gained via a brief questionnaire. Pseudonyms were assigned by the researcher to each respondent to maintain confidentiality. Each participant was forthcoming and willing to share her experiences surrounding clinical supervision. The interviews are subsequently described.

#### **Layla**

Layla has two years of experience as a school counselor at a suburban elementary school in Alabama. She is biracial and is 28 - 37 years of age. Layla is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with school counseling experience. Clinical supervision is not required to maintain employment as a school counselor in her school system. Supervision is off-site from her school and is held after school hours. Layla chooses to spend her own money on clinical supervision for her own professional growth.

#### **Sunny**

Sunny has two years of experience as a school counselor at a suburban, private high school in Georgia. She is Hispanic and is 28 - 37 years of age. Sunny is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her site supervisor is a licensed counselor with no school counseling experience. Sunny is a Ph.D. student at a state university. She receives program and administrative supervision from a site supervisor (i.e., school counselor) and clinical supervision from a counselor educator (since she is a Ph.D.

student enrolled in an internship course). Her supervision costs are embedded in her university tuition and fees.

**Julie**

Julie has less than one year of experience as a school counselor at a rural K-12 school in Alabama. She is Caucasian and is 28 - 37 years of age. Julie is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with school counseling experience. Julie was trained as a clinical mental health counselor, therefore, her employer required to pursue her licensed professional counselor (LPC) credential. As a result, clinical supervision is required to maintain employment. Supervision is off-site and after school hours. Julie chooses to spend her own money on clinical supervision for her own professional growth.

**Nova**

Nova has one year of experience as a school counselor at an urban, PK-8 Catholic school in Louisiana. She is African American and is 28 - 37 years of age. Nova is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with school counseling experience. Clinical supervision is not required for employment. Supervision is off-site and during school hours. Nova chooses to spend her own money on clinical supervision for her own professional growth.

**Valerie**

Valerie has three years of experience as a school counselor at a rural elementary school in Alabama. She is African American and is 28 - 37 years of age. Valerie is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with no school counseling experience. Clinical supervision is not required for

employment. Supervision is off-site and after school hours. Valerie chooses to spend her own money on clinical supervision for her own professional growth.

**Brandi**

Brandi has three years of experience as a school counselor at a rural, K-12 school in Wyoming. She is Caucasian and is 28 - 37 years of age. Brandi is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a Licensed Professional Counselor with school counseling experience. Clinical supervision is not required for employment. Her supervision is on site at her school and during school hours. Brandi does not pay for supervision (e.g., her supervisor does not charge for clinical supervision).

**Shelly**

Shelly has two years of experience as a school counselor at a rural high school in Colorado. She is Caucasian and is 48 - 57 years of age. Shelly is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a social worker with no school counseling experience. Clinical supervision is not required for employment. Supervision is off-site and after school hours. Shelly chooses to spend her own money on clinical supervision for her own professional growth.

**Sarah**

Sarah has one year of experience as a school counselor at a suburban elementary school in Georgia. She is Caucasian and is 28 – 37 years of age. Sarah is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with school counseling experience. Clinical supervision is not required for employment. Supervision is on-site and during school hours. Sarah does not pay for her

supervision. Her school district provides clinical supervision at no cost to school counselors within their school district.

### **Amber**

Amber has three years of experience as a school counselor at an urban high school in Florida. She is African American and is 18 - 27 years of age. Amber is an Associate Licensed Counselor and graduated from a CACREP-accredited institution. Her supervisor is a licensed counselor with no school counseling experience. Clinical supervision is not required for employment. Supervision is off-site and after school hours. Amber chooses to spend her own money on clinical supervision for her own professional growth.

### **Participant Summary**

Participants worked in Pre-Kindergarten (PK) to 12th grade schools (e.g., public, charter, private [i.e., catholic]) of various types (e.g., suburban, rural, urban). While all of the participants were females, the racial backgrounds were more diverse: four females identified as White, three females identified as African American, one female identified as biracial, and one female identified as Hispanic. The participants worked in rural, urban, and suburban schools including elementary, middle, high, PK-8, and K - 12 schools. The participants' ages ranged from 18 years to 57 years; only one participant's age range was from 18 - 27 years, and one other participant was from 48 - 57 years. Participants were employed in schools across the nation, including Alabama, Colorado, Florida, Georgia, Louisiana, and Wyoming.

All the participants graduated from CACREP-accredited institutions and had three or fewer years of school counseling experience. One participant had less than a year of school counseling experience. Each of the participants were Associate Licensed Counselors (ALCs) in pursuit of their Licensed Professional Counselor (LPC) credential. All the supervisors were licensed counselors, except for one licensed social worker. One participant received

administrative supervision from her site supervisor and clinical supervision from her university supervisor. Of the participants, supervision was required for employment for only one the participants. Clinical supervision primarily took place off-site, away from the school, and after school hours. Two participants received clinical supervision on-site at the school during school hours, and one participant received clinical supervision off-site during school hours. Table one presents key demographics of the study participants.

Table 1

*Participant Summary*

Participant	Age	State Employed	Grade Level	Years of Experience	School Type	CACREP Program
Layla	28-37	Alabama	Elementary	Two	Suburban	Yes
Sunny	28-37	Georgia	Secondary	Two	Suburban	Yes
Julie	28-37	Alabama	K-12	<One	Rural	Yes
Nova	28-37	Louisiana	PK-8	One	Urban	Yes
Valerie	28-37	Alabama	Elementary	Three	Rural	Yes
Brandi	28-37	Wyoming	K-12	Three	Rural	Yes
Shelly	48-57	Colorado	Secondary	Two	Rural	Yes
Sarah	28-37	Georgia	Elementary	One	Suburban	Yes
Amber	18-27	Florida	Secondary	Three	Urban	Yes

**Procedures**

Upon IRB approval (see Appendix G) participants were invited to participate in the research study via a two-step recruitment approach through Listservs and recruitment emails.

Participant recruitment requests were made to two national LISTSERVs (i.e., Counselor

Education and Supervision Network's (CESNET) listserv, American School Counseling Association (ASCA) Scene listserv) and a state counseling LISTSERV (i.e., Alabama Counseling Association [ALCA]). Second, the researcher sent an email invitation (see Appendix E) to school counseling professional colleagues across the United States who were providing clinical supervision or receiving clinical supervision. The email contained a link to the informed consent and demographic survey for participants may complete via Qualtrics. This is how participants first learned about the study.

Interested participants emailed the researcher for additional information and to volunteer to participate. The researcher responded to interested participants via the email invitation (see Appendix E) and recruitment letter (see Appendix A) and asked participants to sign and return the informed consent form (see Appendix B), complete a demographic survey vial Qualtrics (see Appendix C), and schedule the interview. Eleven eligible participants responded initially, however, only nine participants successfully completed all three parts of this research study: (1) the online survey via Qualtrics; (2) a semi-structured, in-depth interview; and, (3) the participant member check of transcription. Data collection (e.g., survey, interviews) occurred for one month. Participants were given five to seven days to review their interview transcripts and make changes via Microsoft Word track changes. Upon successful completion of member checking, participants received financial compensation, a \$20 electronic Amazon gift card.

### **Data Collection**

There were nine participants in this study. Prior to the interviews, all nine participants were notified of the interview protocols, anticipated time commitment, and steps made to protect their privacy. I interviewed each of the participants one time. For the first participant, I conducted a face-to-face interview at a private location of the participants choosing (e.g.,

library). I audio recorded her interview using the REV Voice Recorder App, an audio-to-text transcription platform. The remaining eight interviews were conducted via telephone. I also used the REV Call Recorder App, audio-to-text transcription platform to record the interviews. There were a few instances where the audio recordings were inaudible, otherwise, there were no unusual circumstances that occurred during the data collection process.

Each interview ranged in length from 60 minutes to one hour and 15 minutes. Semi-structured interviews were guided by interview questions that encouraged participants to share their stories and express their concerns in an effort to extract rich descriptions of their experiences (See Appendix D). The participants were informed concerning the researcher's positionality within the research study. Anonymity and privacy was ensured by assigning pseudonyms to participants' names involved in the study.

### **IPA Data Analysis**

There was no single method for analyzing data via IPA methods other than immersing myself into the data and incorporating an intensive analysis of participants' personal accounts with the hopes of making sense of their experiences (Smith, 2009). Therefore, I incorporated Webb's (2019) Five Stage Data Analysis: holistic coding, in vivo coding, versus coding, integrated coding, and thematic coding.

Stage One was holistic coding. I immersed myself in the data by reading and re-reading each printed transcript. Occasionally, I re-listened to the recorded interviews to support my re-immersion into the data. I placed a copy of my research questions and corresponding interview questions in proximity and referenced them for context and accountability. My dissertation methodologist and I read three of the nine participants' transcripts out loud and transcribed jointly. I adjusted my margins in Microsoft Word to two inch margins on the left and right sides

to create a space to record notes. I highlighted items and made conceptual and exploratory notes, one to three words that captured the essence of what the participants were saying, in the right and left side in the margins that coincided with the research questions. I analyzed the data and began to capture the meaning of the participants' experiences surrounding post-master's clinical supervision in one word or one phrase and developed a holistic code based on the language (Corbin & Strauss, 2015; Miles et al., 2014; Webb, 2019). For example, a number of participants mentioned "overwhelmed," "self-care," and "someone to talk to" which was coded as *support*.

In Stage Two, I used in vivo codes to compliment the holistic codes which were derived from the initial cycle of coding. I used in vivo codes to extract the very words of the participants' meaning which gave breadth and scope to the holistic codes that were uncovered in the first cycle of coding (Corbin & Strauss, 2015; Miles, et al., 2014). I read each transcript and coded within body of each respective question with a yellow highlighter. For example, I designated understanding as a holistic code and highlighted "didn't know how to" and "have no clue" as corresponding in-vivo codes to "knowledge."

Stage Three was versus coding. With versus coding, I searched for contrasts and antitheses amongst participants. Two of the nine participants who possessed clinical mental experience described their experiences with teacher perceptions of school counselor roles versus clinical mental health counselors' roles. These codes further articulated the holistic codes uncovered in Stage One.

Stage Four was integrated coding. I identified connections across emergent themes by using various holistic and in vivo codes to answer the research questions (Van Manen, 2014). Integrated coding gave structure to the data by placing in vivo and versus codes under the

holistic codes. This helped me to develop an analytical outline for Chapter IV. An example of what became a main code was professional identity. The corresponding in vivo code was “job description” and versus code was “school counseling roles versus non-school counselor roles.”

During Stage Five, I thematized the data: reduced, categorized, and reorganized participant data into thematic representations of findings (Roulston, 2010; Saldana, 2016; Van Manen, 2014; Wolcott, 2009). I used thematic coding to transform the primary codes into themes that answered the three research questions. For research questions one and two, three themes and five sub-themes emerged pertaining to knowledge (e.g., theoretical, functional, professional), self-efficacy, and support (e.g., personal, professional). Research question three yielded five salient themes: improved identity, client relationships, theory and techniques, resources, and confidence. Afterwards, I proceeded on to the next participant transcript. Then, I repeated steps one through four for the remaining eight cases (Smith et al., 2012, Webb, 2019).

### **Evaluation**

It is suggested that researchers employ multiple validation strategies to check for accuracy (i.e., triangulation, peer review/debriefing, negative case analysis, clarifying researcher bias, etc.) (Creswell, 2013). The researcher employed member checking and peer review as validation strategies for this study. Member checking was implemented to ensure the accuracy of the research findings and to enhance the trustworthiness therein. Once each interview was transcribed, the transcriptions of the interviews were electronically transmitted back to the participants for review. This process equipped the participants with the power to elaborate on and/or refute their statements (Creswell & Poth, 2018; Miles, Huberman, & Saldana, 2014).

Additionally, the researcher incorporated a peer review at the onset of the data analysis process. This was completed after reviewing three transcripts, and at the conclusion of data

analysis process to ensure that the research resonates with persons other than the researcher (Creswell & Poth, 2018; Lincoln & Guba, 1985). The researcher sought the expertise of the methodologist on her dissertation committee to assess the data and to validate the study's findings from an alternate perspective. The findings of the study gave voice to the early career school counselor participants' experiences surrounding post-master's clinical supervision.

### **Research Question One**

Research Question One was “*What are the supervision needs of early career school counselors?*” Each participant took part in semi-structured interviews and was asked a series of questions that focused on her clinical supervision experiences and her decision to seek clinical supervision. The needs of early career school counselors varied from professional to personal needs. The salient themes and sub-themes which emerged from an analysis of the in vivo codes were *knowledge (e.g., theoretical, functional, professional)*, *self-efficacy*, and *support (e.g., personal, professional)*. Each theme and sub theme will be discussed.

#### **Theme One: Knowledge**

The initial theme which emerged from the data analysis was *knowledge*. The participants in this study indicated that securing knowledge was one of the primary needs they encountered when they entered the field of school counseling. The knowledge theme that was discussed by the participants fell into three distinct categories: theoretical, functional, and professional. Each category will be explored related to knowledge.

**Theoretical knowledge.** Theoretical knowledge refers to the foundational knowledge which grounds school counseling as a science and as a profession. As noted, all nine of the participants possessed fewer than three years of school counseling experience and found it difficult to transition from a graduate student into an independent practitioner of the

profession. As recent graduates of CACREP-accredited master's degree programs, the participants were equipped with a wealth of theoretical knowledge during their master's program. Layla stated, "in graduate school, they give you a taste of all of the theories, but nothing is in depth." Sunny quickly realized that, "the profession of school counseling leads to a deeper understanding of a theoretical concept by seeing it in context of a greater whole and understanding the 'why' behind it." In fact, all the participants realized that the accumulation of theoretical knowledge was an ongoing process. Several participants used the phrase *life-long learning* when they spoke about the continual accumulation of theoretical knowledge. The participants unanimously agreed that the continual accumulation of theoretical knowledge was essential if they wished to perform at a high level in their professional calling as a school counselor.

One participant, Brandi, suggested that there were two main challenges to new professionals which prevented the accumulation of pertinent theoretical knowledge. She believed that limited collegial interactions and working in isolation in schools significantly impaired her ability to develop as a school counselor and would ultimately keep other early career school counselors from reaching a high level of performance. While counseling graduate programs range in size, students are exposed to a diverse group of student colleagues with unique differences, cultural backgrounds, and experiences. Amber recalled her experiences during graduate school during which she constantly interacted with student colleagues and counselor educators about counseling trends, theory, and best practices. Unfortunately, each of the participants stated that after graduating and taking a position as a school counselor, access to colleagues and needed dialogue disappeared. This change often limited the school counselors'

abilities to collaborate with fellow school counselors about their growing theoretical understandings.

Being the lone school counselor in the building came as a shock to several of the participants and posed a challenge towards attaining counseling theoretical knowledge. Collectively, all of the participants described challenges associated with working in isolation. As Amber stated, “Being a school counselor is a lonely profession.” Sarah stated, “I did not realize how important the input of colleagues was until, all of a sudden, it was no longer there.” Layla mentioned that during her first year as a school counselor she worked in isolation and how that contributed to her occupational stress. Three of the nine participants also indicated that being isolated and not having access to the knowledge gained from collegial interaction with fellow professionals was a severe challenge to face early in their professional careers. This challenge was so great that a couple of participants considered leaving the profession if they did not find a solution to the problem of isolation.

**Functional knowledge.** Functional knowledge refers to the practical application of academic knowledge. The participants in this study were unanimous in their opinion that functional knowledge was their greatest need as early career school counselors. Layla completed her practicum and internship at a middle school and high school; therefore, she did not experience in classroom guidance until securing her first job as an elementary school counselor. She recalled saying to herself, “Oh gosh, I don’t even know how to do a lesson plan, how do they want me to write one?” Nova echoed this and revealed that she had struggled with identifying and applying a counseling theory with her student clients. She recalled being exposed to a host of theories during graduate school; however, counseling in a professional setting was significantly more challenging when she attempted to implement a particular theory with actual

student clients. Each of the participants recalled a designated class time and group supervision during which they discussed client problems, assessed symptoms, and formulated treatment plans. However, when it came to applying counseling theory to real world scenarios, each participant found herself struggling to transfer theoretical knowledge into functional knowledge.

Every participant in the study did, however, receive functional applications in her academic preparation while in graduate school in the form of on-site practicum and internship field placements. These applications as required by all CACREP-accredited institutions were accompanied by supervision by an onsite supervisor (i.e., school counselor) or a university supervisor (i.e., counselor educator, doctoral student). The purpose of field placement or internship was to promote independent application of knowledge and skills in the workplace. One participant recalled one of her professors telling her, “we have given you a lot but when you graduate, you’re going to feel like you know nothing.” With this comment, she indicated that all the practical training offered by the master’s program was helpful but would only be a small fraction of the practical knowledge she would gain over the years as a professional school counselor.

Unfortunately, most early career school counselors lack the functional knowledge to fulfill their roles, largely due to role confusion, large student caseloads, and working in isolation. Layla expressed, “I just wanted to quit because I was just so overwhelmed with everything.” Some of the participants even revealed their inability to talk to the more seasoned school counselors in their buildings to obtain a “real understanding” of their role as a school counselor. Often the more experienced counselors had not been trained in the current manner promoted by CACREP-accredited institutions, had not experienced similar practicums or internships, and therefore, did not value clinical supervision and the support it provides to new

practitioners in the field. Layla expressed that “no one could have expected us to handle the situations that were thrown at us as early career school counselors.” Yet, when early career counselors transition from students to practitioners, they are expected to be the experts on counseling in their building even though they are still learning and crafting theoretical frameworks and honing their ability to apply that knowledge with student clients. The participants in this research study opted for clinical supervision as a better way to increase their functional knowledge and progress in their field.

**Professional knowledge.** Professional knowledge encompasses a set of qualities, skills, and behaviors that are required of a counselor who desires to achieve the standing of consummate professional. Early career school counselors, however, often struggle to acquire professional knowledge so early in their professional careers. As Layla described it, “after you exit graduate school, this is still my opinion, you feel like you know stuff, but then when you actually start a job, you’re like, I don’t know anything, I don’t know any of this.” Nova admitted, “I had no idea what I was doing in order to be a school counselor. I had an idea of what a school counselor does, but I had no idea how to get, get any of it started.” All the participants indicated that they were lacking in essential elements needed to build professional knowledge: school counselor professional development, school counselor professional identity, and school counselor defined roles and responsibilities.

School counselor professional development usually consists of administrative supervision by a school administrator who does not typically have a counseling background. As a result, professional development is influenced by an administrator’s values and expectations and not based on early career school counselors’ professional development needs and goals. A large part of school counselor professional development, according to Brandi, was “having the ability to

learn new things and figure out how things work in the system.” Julie described professional development knowledge as “learning what a school counselor does; even though I took the courses in my master’s program, it’s different when you’re experiencing it.” Sunny also expressed that “professional development is so easy to get lost in the PK-12 system, especially with the day-to-day tasks that are required of you within your respective schools.” These participants revealed the lack of a coordinated system of professional development opportunities for school counselors which significantly impacted their garnering of professional knowledge.

Another missing element of professional knowledge for these participants was a growing understanding of professional identity. One participant, Valerie, spoke of setting professional goals and attending professional conferences to preserve her school counselor identity and to satisfy professional interests. Sunny also noted that acquiring a strong sense of professional identity was difficult as the definition of a school counselor differs from state to state and program to program. Sunny shared:

I think that it can be easy to be siloed into what that job or what being a school counselor looks like at your respective site if you are not getting the supervision to remind you of what it means to be ethical, incorporate multicultural awareness into everything that you do.... not being constantly reminded that these are a part of our school counselor identity and equally as important as class lessons or addressing the student crises.

The final missing element of professional knowledge concerns roles and responsibilities. When asked about their experiences, all the participants shared struggles surrounding their actual roles versus the ideal roles and responsibilities of school counselors in PK-12 schools. Almost immediately into the profession, they recognized the disconnect between their educational training and ASCA’s suggestions related to counseling delivery services. Layla stated:

Being brand new, I didn’t know anything about anything. I was advocating for my role at the school even though my principal was shutting me down for a lot of counseling activities, but I was still doing it because it was important for my students.

Additionally, Julie expressed, “I don’t feel like I can talk to the other school counselors and get an understanding of the role as a school counselor because they have done it so long and they’re just set in their ways.” Thus, the participants revealed a significant need for clinical supervision support related to the following: limited professional development opportunities, a weak understanding of professional identity, and role and responsibility confusion.

### **Theme Two: Self-Efficacy**

Counselor self-efficacy, the second theme that emerged from the data, measures how practicing counselors view their competence as counselors. All nine of the participants acknowledged feeling ill-equipped in the following areas: counseling micro-skills (e.g., empathizing, attending, immediacy) and providing direct (e.g., individual counseling) and indirect counseling services (e.g., consultation, referrals) to *all* students across a host of academic, career, and social/emotional needs. For example, Sunny had an experience with low self-efficacy due to feelings of inadequacy when dealing with an ethical dilemma involving a student client and the parent who happened to work at the school. The parent was her colleague and the child was her student client. Sunny expressed feeling completely overwhelmed and unsure about next steps to protect her student client. She did not feel capable of sorting through and managing the overlapping roles, duties, and expectations presented by this circumstance. Clearly, the absence of counselor self-efficacy directly impacted Sunny’s confidence in her direct counseling services (i.e., individual counseling) and indirect counseling services (i.e., referrals) during this ethical dilemma.

All the participants also acknowledged that they possessed counselor performance anxiety and fear which were contributors to an overall lack of self-efficacy, and many stated exactly how this fear affected their ability to interact with clients and conceptualize clients’

presenting issues. Shelly, for example, expressed her uncertainty surrounding suicide ideation and self-harm and worried deeply that any error on her part could have life and death consequences. Nova admitted that she “gets cold feet” and has to mentally prepare herself to go into a large group lesson with her students because, as she says, “I do not want to mess my kids up.” Layla voiced an anxiety felt by all the participants: “I did not know how to talk to parents about sensitive topics, how to approach my administration, and how to be a leader in mental health in the schools.”

Finally, participants expressed a lack of self-efficacy due to the specific issue of this research--a lack of appropriate clinical supervision. As graduates from CACREP-accredited programs, each participant agreed that she received quality educational training replete with supervision during her practicum and interim training. Yet, each of the participants noted the disappearance of appropriate supervision after graduating and beginning her first professional placement. The absence of consistent clinical supervision led to compromised self-efficacy, causing all nine of the participants to lack confidence in their abilities to provide direct (face-to-face) and indirect counseling (i.e., referrals, collaboration) services and establish a therapeutic working alliance with their student clients.

Clinical supervision is an intervention provided by a more senior member of a profession to a more junior colleague or colleagues and a way to support early career counselors as they work through the challenges faced during the formative years of their careers (Sutton & Page, 1994). Yet, after graduation, clinical supervision is often lacking for school counselors or is replaced by administrative supervision from non-counseling personnel or administrators. Each of the nine participants shared their discontent with receiving administrative supervision which failed to address their personal and professional development needs, leaving them frustrated and

without formal access to critical professional skills. Sunny revealed the stark differences between what early career school counselors need and what, unfortunately, most receive. Sunny described administrative supervision as a “checklist” designed to ensure accountability and compliance, and not the needed clinical supervision which would help counselors gain the confidence they need to address the issues of their student clients. Overall, these young professional counselors, new to their field and insecure in their ability to face the challenges of counseling, needed a way to address their lack of self-efficacy and its contributing factors.

### **Theme Three: Support**

The participants in this study encountered professional and personal challenges as they acclimated to new school environments and crafted comprehensive school counseling programs (CSCPs) to unfamiliar students, parents, and community stakeholders. Largely in part due to school counselors’ roles being so uniquely different from principals, teachers, and support staff in schools. These early career school counselors also only recently graduated from programs in which they were offered nearly constant support from fellow students and faculty and in the form of supervision during their practicums and internships. Thus, *support* was a recurring theme for the new counseling professionals. The common experience of all nine participants was that they needed support in two areas: personal support and professional support.

**Personal support.** Early career school counselors need personal support. During each interview, the participants in the study shared their need for validation and emotional and verbal support from a professional supervisor. Brandi needed someone to check with her to see how her week went or to discuss the “big things” going on with students in the school. Amber needed someone to process her feelings with so that she could stop taking students’ problems home with her. Both Julie and Amber expressed feeling overwhelmed with issues at work and talking to

their spouses, but that despite having sympathetic spouses, they knew their spouse could not fully understand or collaborate with them in such a way as to relieve the pressure of issues at school.

The words *stressed*, *overwhelmed*, and *burned-out* were used to describe the way that the early career school counselors felt. Additionally, several of the participants admitted to neglecting their personal self-care. Each participant in the study acknowledged being overly consumed with the demands of the job and with their students' presenting issues (e.g., trauma, suicidal ideations) and that they had neglected their own wellness. Valerie knew she was working hard and spending most of her free time worrying about her student clients and asked herself, "Am I really taking care of myself?" Shelly said that she felt like a hypocrite because she discussed wellness and balance with her students, but she was not practicing counselor wellness in her own life. She acknowledged that she was not modeling work-life balance for her students and instead "placed all her eggs in one basket," which was work. Brandi had a similar problem and spoke of needing someone to model that work-life balance for her and show her how separate her work life from her home life so that at she could be more present with her family when she gets home. In all, the each of the participants expressed the need for personal support from someone who understood the demands of school counseling and would help her maintain her own wellness despite these demands.

**Professional support.** Early career school counselors also need professional support. As new professionals in the field of counseling, the participants in this study described a need for professional advocacy from a more experienced counselor and encountering difficulties related to devising a list of and accessing local resources.

Participants expressed a need for school counselor professional development and professional support in advocating for school counselor roles. Valerie expressed that “as the low man on the totem pole, it is not uncommon for early career counselors to feel powerless and avoid advocating for their professional development needs.” This exact experience was described humorously by Nova as “feeling clueless during teacher-focused professional development sessions.”

Valerie wished for someone who could advocate for her role as a school counselor and the importance of counseling related duties, noting “my principal isn’t aware of the type of training that school counselors go through to get where we are, and so he throws us administrative tasks.” She often felt frustrated with her principal; yet, she felt she needed professional support to advocate on her behalf to ensure that she would be able to perform more counseling related tasks as opposed to inheriting non-counseling roles and tasks unrelated to her training as a school counselor. Amber was also frustrated in her desire for professional support when she tried to look to her more experienced school counseling colleagues in the building:

I don’t foresee being able to go into my co-workers’ office and ask them how to use a theoretical approach with clients. Because they were former teachers, I can’t approach them from a counselor’s perspective. I have to approach them from an educator’s perspective.

Amber, as did many others, believed that with ongoing professional support from an experienced clinical supervisor, she could adequately address issues of compromised ongoing professional development.

In addition to needing help with improved professional standing, early career counselors need professional help developing their indirect counseling services. The participants expressed a desire to know which individuals and organizations they could consult in their communities when making referrals or gathering resources to support their student clients. Being new to the

community and the school district, the participants collectively noted the challenges associated with accessing counseling-specific resources at their respective schools and the amount of time it took to create a comprehensive counseling resource list. A number of participants shed light on this concern. Shelly needed someone to “point her in the direction of either a resource or a person” so that she could adequately secure resources for her student clients. A few of the participants described searching the internet for resources; however, the downside to online resources (e.g., suicide assessment) was not being certain of their validity and reliability.

Each participant spoke of her desire to create a resource database to reference when providing direct counseling services (e.g., individual counseling) to student clients such as assessments, checklists, and techniques with clients. Additionally, Brandi described the challenge of being new to a school and having limited experience, yet needing reliable resources to support the referral process for her student clients. A few other participants also expressed their challenges surrounding networking with fellow school counselors and other mental health professionals in the community (e.g., social workers, psychologists, pediatricians). In this way, all of the participants noted the need for the expertise and support of a clinical supervisor to help navigate the personal and professional pitfalls of being new to the profession of counseling, and the need for guidance with professional connections for networking and potential referrals.

### **Research Question Two**

Research Question Two was “*What are the supervision experiences of early career school counselors choosing to seek clinical supervision?*” The participants for this study were early career school counselors who possessed intimate knowledge concerning the phenomenon of clinical supervision and their experiences and perspectives surrounding it. Paths for obtaining clinical supervision varied and presented a host of challenges related to securing a supervisor,

providing supervision costs, scheduling supervision sessions, and finding meeting locations. When asked about their supervision experiences, however, an overwhelming majority of the participants described it as positive and impactful. The salient themes which emerged from an analysis of the in vivo codes concerning the experience of clinical supervision were *knowledge* (e.g., *theoretical, functional, professional*), *self-efficacy*, and *support* (e.g., *personal, professional*). Each theme and corresponding sub-theme will be discussed separately.

### **Theme One: Knowledge**

The initial theme which emerged from the data analysis was *knowledge*. Clinical supervision is designed to provide supervisees with the knowledge they need to be more confident and capable counselors. All nine of the participants noted an exposure to professional counseling knowledge by way of their clinical supervision experience. The knowledge garnered by participants fell into three distinct categories: *theoretical, functional, and professional*. The categories were:

**Theoretical knowledge.** School counselors are encouraged to identify with a variety of counseling theoretical models to have a foundation for their practice. Three participants in particular addressed the issue of exposure to new theoretical approaches through clinical supervision. For instance, Sarah revealed challenges surrounding her preferred theoretical perspective and how the experience of supervision showed her another approach. Upon exiting graduate school, Sarah identified with a theoretical framework that was not conducive to her school setting, leaving her unable to reorient herself to another theoretical approach. Sarah explained her relief: “my supervisor helps me take a step back and really pull the theory apart and makes the connections for me like graduate school.” In another interview, Layla shared that her supervisor possessed both clinical mental health and school counselor experiences which

provided her access to a wealth of knowledge, resources, and support in those aspects. During supervision, Layla and her supervisor covered a host of topics, enlarging Layla's base of theoretical knowledge and corresponding techniques, making supervision even more meaningful for her. Julie, who had less than one year of school counseling experience, found, as did Sarah and Layla, that supervision was essential to maintaining a growing base of theoretical knowledge.

**Functional knowledge.** Supervision is designed to ensure the integrity of clinical services and teach supervisees techniques necessary to support their work with clients. Brandi was motivated to seek clinical supervision because she felt overwhelmed and unprepared in her new role as a school counselor and needed someone with experience to guide her when she was unsure of her clinical skills. Her supervisor, pulling from years of experience working as a high school and elementary school counselor, shared that knowledge in her supervision of Brandi.

Nova described her approach to counseling as being like a doctor practicing medicine. She believed that as an early career school counselor, she was still practicing her counseling skills with her student clients, and that it would be a disservice to her student clients if she did not have access to a more knowledgeable, experienced supervisor to consult. Because of clinical supervision, Nova continued to develop her clinical skills and comprehensive counseling approaches to working with students.

Layla also experienced through supervision, a type of functional knowledge that graduate school had not prepared her for. As the lone counselor in her school during her second year, she recalled working with an elementary school student's parent. The parent was in the middle of a divorce and custody battle and was attempting to use Layla as her personal counselor. That was Layla's first encounter with a parent who had boundary issues, which made her upset and

confused. Layla’s supervisor shared her own previous interactions with such parents and gave her the tools to communicate in a “professional way” (i.e., counseling boundaries, school counseling role). This allowed Layla to structure the situation so that she would not offend the parent and could continue her weekly sessions with her actual client -- the student. Layla noted, “my supervisor’s words of wisdom about boundaries, specifically what’s appropriate and what’s not appropriate behavior were helpful.”

Sarah struggled with time management and structuring her work day so that she could balance providing direct and indirect counseling services to all of her students. Sarah’s experience with supervision helped her recognize that she was spending too much time in the classroom working with large groups of students rather than providing some needed individual counseling. Her supervisor advised her to determine the best and most efficient ways to structure her time so that she could address students individually and collectively, and if necessary, when to make a counseling referral.

**Professional knowledge.** In addition to promoting client welfare, supervision is designed to promote supervisee growth and development. Shortly after being hired, early career school counselors must acclimate to a pre-established school environment and design a comprehensive school counseling program (CSCP) to support the needs of all students in her building. Sarah quickly discovered that she and her school counseling colleagues did not share the same professional goals and approaches toward student-centered programming. Whereas she was interested in assessing her students’ needs and crafting a CSCP, her school counselor colleagues opted for the “traditional guidance counselor” approach centered around prevention services and non-counselor roles. Sarah found that she shared similar professional goals and an

understanding about professional identity with her supervisor and experienced support in constructing a CSCP for her school.

Julie's experience with clinical supervision also dealt with professional knowledge. Upon graduation, Julie accepted a position as a school counselor and struggled to define her role and school counselor professional identity. In clinical supervision, she was instructed on the critical aspects of her role as a counselor so that she could develop her professional identity and be more effective. Julie explained her experience with supervision this way: "Sometimes I run across an issue and I don't know what to do in a situation, but when I arrive at supervision, I can talk about it freely and trust that she won't tell anybody."

### **Theme Two: Self-Efficacy**

A second theme regarding the experiences of clinical supervision that emerged from the data was *self-efficacy*. Each of the participants expressed in Research Question One a need to attain self-efficacy in counseling skills related to providing direct counseling (e.g., individual counseling) and indirect counseling services (e.g., consultation, referrals). When asked about their supervision experiences, words such as *confidence*, *empowerment*, and *professional growth* emerged from the transcripts. Nova shared:

Supervision helps me get myself together. It reminds me that counseling is something that I was meant to do, especially if I'm coming through a rough week. When my teacher colleagues make me feel as if I did not do the right thing for my student client, my supervisor tells me for example, "yes, you advocated for that student", and I need to be reminded of that.

Sarah also shared that as the newest member of the counseling department, she sought but did not receive input from her more experienced school counseling colleagues on ways to best implement a comprehensive school counseling program (CSCP). Sarah's supervisor, however, affirmed her and equipped her with the information and resources she needed to

implement foundational items to support a CSCP with her students. Whereas Brandi initially felt anxious engaging with her student clients during individual counseling sessions, her supervision experience provided her with the confidence in her ability to utilize her counseling microskills (e.g., attending, client observation) to assist her clients and craft a treatment plan to address their needs.

### **Theme Three: Support**

All the participants in this study were at the beginning of their professional careers and commented on the experience of feeling supported by their supervisors. Thus, a third theme which emerged from the data was *support*. The participants in this study revealed that as part of their clinical supervision they experienced both personal and professional support from their supervisors.

**Personal support.** *Validation. Affirmation. Encouragement. Reassurance.* These were words that the nine participants used to describe the personal support they received from the clinical supervision they experienced. Sunny's supervisor was concerned with her personal growth and development and often checked in on her. Sunny experienced this attention to her well-being as profound personal support. Julie described her supervision experience as one in which she felt a strong sense of empathy and support from her supervisor. Nova's supervisor drove 30 minutes to visit her school and meet with her co-workers, making her feel valued. Nova acknowledged, "my supervisor offers a lot of encouragement."

Personal support also came by way of encouraging counselor wellness. Clinical supervision promotes discussion of personal concerns and reflection on personal issues, both of which are essential to counselor wellness. Brandi felt supported because her supervisor would "check in and hold me accountable to doing my self-care. Brandi's supervisor gave her ideas for

self-care, and when something did not work, she suggested other possibilities: “This was really helpful because I live in a small town and winter is intense; networking opportunities and community events help me to get out of the house.” Amber reported that her supervisor modeled self-care and that they both shared an interest in yoga and mindfulness counseling. These suggestions and activities supported these early career school counselors as they managed their new profession.

**Professional support.** Several participants in the study admitted to needing professional support as well as personal support. They expressed a need for someone who was available, supportive, and more knowledgeable about their career than they were at this early stage. The participants experienced support in general, as well as through professional development and provided resources.

Brandi, for example, spoke of supervision as a means of providing her with understanding and encouragement that helped her advocate for issues that were important to her on behalf of her student clients. This sentiment was also expressed by Julie and Sunny. Layla shared that her supervisor was flexible and motivating and helped her to work through student client issues, especially when she felt overwhelmed. During times when Layla felt lost and unsure of how to proceed, her supervisor’s words of encouragement provided important professional support.

Sunny experienced professional support through resources when she worked with a suicidal student client. She described her supervisor as “objective and not jaded” by the school system’s policies, which helped her to determine the best course of action by identifying off campus resources in support of her student client. Not only did supervision provide Sunny with knowledge and resources, but her supervisor also streamlined the resources and made them more

accessible which prevented her from spending countless hours researching how to use new resources and materials.

Julie received support from her supervisor during and after an ethical dilemma she experienced in the counseling of one of her student clients. During supervision, she reflected on the incident and processed feelings that arose. Julie felt supported because she could be vulnerable with her supervisor and know that her supervisor would keep their conversations private.

A need for support was especially true for the participants who worked in isolation at their school (e.g., the only school counselor housed at the school) and for participants who were split between two different schools. For instance, Brandi split her work between an elementary school and middle school and struggled with collaborating with her school counseling colleagues and establishing rapport with her students. By consulting with her supervisor, Brandi felt less alone in her work.

Nova struggled with a different set of issues that she addressed in supervision. In her school, previous school counselors had assumed a variety of administrative tasks resulting in a “blurred set of responsibilities” in her role as a school counselor. Her supervisor visited her school and showed her ways to implement boundaries with teachers (e.g., scheduling appointments) and helped her to find her voice by learning when to be assertive with her teacher colleagues.

Another type of professional support came from supervisors who provided opportunities for ongoing professional development for the participants. Sarah explained that her counselor to student ratio is 1:504, with students experiencing a plethora of academic, career, and social/emotional needs. Sarah’s supervisor advocated for her to access school counselor specific

professional development and specialized training (e.g., trauma informed care). Additionally, Sarah's supervisor provided her with networking opportunities within the community.

Professional support also came in the form of resources (e.g., assessments, people, techniques). Supervision equipped the nine participants with access to resources that supported their direct counseling and indirect counseling services to student clients. For example, Brandi's direct counseling was supported when her supervisor suggested the technique of role playing in order to address a student issues. Valerie also felt supported when her supervisor visited her school and observed her large group lesson where she later provided her with constructive feedback during a supervision session. The participants in this study experienced professional support due to their clinical supervision, and Sarah explained that supervision experience in this simile:

If I didn't have clinical supervision, I would kind of feel like a ship lost in the night. I know what I'm doing and I know where I'm going, but my supervisor is like a beacon of light. She is supportive and helpful.

### **Research Question Three**

The third research question was "*What do early career school counselor perceive as the influence of clinical supervision on their work as school counselors?*" School counseling as a profession has evolved since its inception some 100 years ago. Presently, 21st century school counselors are tasked with implementing a comprehensive school counseling program (CSCP) for all students across three domains: academic, social and emotional, and career. The participants in this study revealed the impact that clinical supervision had on ongoing counselor development and counseling delivery services (e.g., direct counseling, indirect counseling). The five salient themes which emerged from an analysis of the in vivo codes were *improved*

*professional identity, improved theory and technique, improved client relationships, improved resources, and improved confidence.* Each will be discussed separately.

### **Theme One: Improved Professional Identity**

School counselors have long struggled with role ambiguity, largely due to the evolution of the school counseling profession which directly impacted school counselor professional identity and principals' perceptions of school counselor roles (Burnham & Jackson, 2000; Granello & Young, 2012). As a result of clinical supervision, the participants in this study developed an improved sense of professional identity. Valerie described "feeling lost in the system" and struggled to provide direct counseling services (e.g., individual counseling). Fortunately for Valerie, supervision helped her navigate how to be a school counselor in an educational setting and possess a strong school counselor identity.

Julie recalled an ethical dilemma with a student client that mandated her to contact the department of human services: "When you are new and just coming out of school, to me, supervision is vital to being a good, ethical counselor." Despite feeling supported by her principal, Julie quickly recognized that as a non-counselor, his approach toward the dilemma felt methodical and insensitive. After consulting with her counseling supervisor, she better understood her role in the situation and how she could support the student client when he returned to school.

Sarah revealed ways that supervision helped to shape her school counselor identity by making her accountable to running a comprehensive school counseling program (CSCP) based on the *ASCA National Model*. She stated:

My supervisor encouraged me to share my yearly calendar, run small groups, and craft lesson plans. She would say to me, "show me what you are doing; let me see". Her hands-on approach was good for me; it was like a continuation of graduate school.

For Sarah, the time spent with her supervisor working on her CSCP helped her to balance her approach to counseling delivery services (e.g., direct, indirect) and positioned her to interact with her students more often and with intentionality. Like Sarah's experience, supervision helped to remind Sunny of her role as a counselor who empowers individuals and families to accomplish their mental health, education, and career goals:

Supervision reminded me of what actually mattered; um, I think again it's easy to lose that piece in the day to day of just getting the job done. Like the foundation of what we're supposed to be doing can get lost.

Collectively, each of the participants expressed the positive impact that supervision had on their ongoing professional identity development, prompting them to stay abreast of the newest counseling research, trends, and professional development.

### **Theme Two: Improved Theory and Techniques**

Early career school counselors are tasked with supporting the diverse developmental processes for their student clients and integrating theory into the comprehensive school counseling programs (CSCPs) with the hopes of promoting healthy identity development and tolerance. Each participant acknowledged the positive impact supervision has had on their improved theory and counseling techniques. Nova quickly discovered as a new professional the need to subscribe to a particular theory in order to guide her treatment approach with her student clients. Her supervisor recommended solution-focused therapy: "She made me aware of it and it made perfect sense to me. It works; I'm still fine-tuning it and still kinda learning." Solution-focused theory reminded Nova of how she interacted with her students already and gave her a foundation on which to build her entire career in school counseling.

Julie leaned how to modify her theoretical orientation to accommodate her limited access to students during the school day. Julie was grounded in cognitive behavioral therapy (CBT),

but her students were impatient and wanted changes to occur immediately. As a result, Julie struggled with getting her student clients to be patient with the CBT process and change thoughts and behaviors: “My supervisor really helped me better know how to address student issues (e.g., anxiety) beyond using CBT techniques, which I’m stuck on a lot of the time.”

Layla and her supervisor worked on tailoring important information to transfer into an upcoming counseling session and implementing solution-focused theory with her student clients. Layla stated, “I was not familiar with solution-focused theory, but my supervisor showed me how to implement it with certain students.” In the interview, Layla acknowledged her realization that certain theories were more beneficial in a school setting.

In addition to their discussions, all of the participants commented on their excitement to continue integrating new theoretical knowledge and techniques to support their student clients. For instance, Shelly expressed that the primary impact of supervision was being able to identify clinical strategies or modalities to work with students. She said, “As the expert in the building, I’m one of the first points of contact and I need to possess the skills to work with a diverse body of student clients with various presenting issues.” Brandi echoed the freedom to try new techniques with clients because of supervision stating, “My supervisor empowers me to take calculated risks with my student clients.”

Layla revealed that supervision has positively influenced her ability to provide a more holistic counseling approach with her students, working with every student in a more comprehensive way. She noted that if she did not have clinical supervision, she would not have known how to reach *all* her students (i.e., beyond the students who were referred or who were frequent visitors in her office). Supervision helped Sunny to look beyond her students’ presenting issues (e.g., failing grades, tardiness) and to conceptualize student issues on a deeper

level. Sunny described working in schools as “fast-paced and chaotic; it requires work and intentionality to actually sit down and think about the why.” Supervision taught Sunny the importance of exploring the “why” questions so that she could make progress with her student clients. Additionally, Sunny learned to incorporate multicultural counseling techniques to best explore various cultural dynamics (e.g., racial/ethnic identity, socio-economic status, religious affiliations) that impacted her students’ behavior and grades in school. In all, the above examples show that having a supervisor with a different perspective and field expertise led these early career school counselors to best practice theories for them in their school settings.

### **Theme Three: Improved Client Relationships**

Early career school counselors are responsible for establishing rapport and forming therapeutic relationships with students and parents. This can be a difficult undertaking for early career school counselors, largely because they are so busy focusing on mastering basic counseling microskills (e.g., empathizing, listening) in lieu of focusing on the student client’s presenting issues. The nine participants acknowledged that the presence of a therapeutic supervision relationship enhanced and expanded their abilities to connect with their student clients and create a stronger rapport. Layla’s supervisor helped her transition from her experience with adolescents to an understanding of younger children. She worked in a middle school and high school during her internship field placement, but found herself struggling to connect with her younger students. When she was hired at an elementary school and was scheduled to be in the classroom 17 hours per week, she quickly realized that she was ill-prepared to work in the elementary setting. Layla recalled saying to herself, “I am not good at this; I’ve never done this before.” Fortunately for Layla, supervision equipped her with the tools to design developmentally appropriate classroom guidance lessons that helped her meet her

student clients where they were and at their level of development. Layla expressed that “supervision really impacted my face-to-face interactions with my kiddos” and helped her adjust to her role as an elementary school counselor.

Julie expressed an improvement with client relationships when her supervisor helped her to adjust to seeing her student clients less frequently than she would like. Because her work was split between two schools and her time was limited, she felt she was not connecting with her student clients. After working with her supervisor, Julie was overjoyed with her ability to better establish therapeutic working alliances with her student clients. Julie noticed that her student clients were coming to see her more often, largely because they and recognized her ability to help them and knew when and how to access her on campus.

In another example, Nova struggled with communicating effectively with her student clients. She discussed how she occasionally reverted to talking like the students when talking with them, using too much slang, or not keeping a professional distance or presenting a professional front. Nova’s supervisor modeled ways to be relatable, yet professional when connecting with student clients and communicated the importance of being her authentic self when interacting with her clients. Nova realized that she actually had stronger relationships with her student clients after implementing some professional boundaries, noting that students were looking to her because she was their counselor, not a friend or peer.

For Sunny, clinical supervision provided a safe place for reflection and support for her own personal issues so these would not interfere with her counseling of student clients. Sunny described the reflection process as “an opportunity for me to go back and say, okay what is it about this student that’s coming up for me? How is this triggering my issues?” Sunny’s supervisor positioned her to reflect on the effectiveness of her counseling approach with student

clients with an awareness of any unresolved personal issues. In this way, Sunny's therapeutic relationships improved because she was focused on the client and not her own issues.

Nova's connection with her student clients improved after working through an issue concerning counseling at a religious school by discussing it with her supervisor. Nova revealed that despite working in a private school (i.e., Catholic school), she was uncomfortable discussing her own Catholicism with her student clients. Nova's supervisor helped her to become more comfortable with religion as a topic of discussion in a school setting, offsetting her fears that she was imposing her religious views on her students. In all of these instances, the participants' supervisors helped them create more appropriate and effective relationships with their student clients.

#### **Theme Four: Improved Resources**

School counselors provide direct counseling services (e.g., individual counseling) and rely heavily on indirect counseling services (e.g., consultation, crisis counseling, referrals) to address students' unique needs and support student achievement. Counseling resources are integral to providing indirect counseling services to best support student clients and their parents. With various student presenting issues (i.e., anxiety, failing grades, career exploration), paired with the significant charge of implementing a comprehensive school counseling program (CSCP), many early career counselors are challenged with acquiring the necessary skills and experiences to support students. All the participants acknowledged how valuable the counseling resources provided by their supervisors were toward successfully implementing a plethora of indirect counseling services. The counseling resources came in the form of strategies, resource lists, and making referrals.

Julie, for example, struggled with providing individual counseling (e.g., direct counseling) to students who presented with social and emotional issues during the school day. She mentioned these concerns during a supervision session, and her supervisor suggested using stress balls and incorporating deep breathing techniques with her student clients. Julie noted, “I’m so thankful that she gives me strategies to use, because it is helpful to hear from a supervisor, rather than, you know, looking for resources online.”

Layla struggled with securing career exploration lessons and resources for her elementary age students, largely because most of the career resources were geared toward middle and high school-aged students. Layla’s supervisor equipped her with a host of grade-specific career lessons and supplemental tools (e.g., books, puppets) which generated excitement from her elementary students. Layla expressed, “she just kind of laid it out and made it simple; her providing me with knowledge and resources was really helpful.”

Each participant also spoke of the importance of having access to a resource list for indirect counseling services (e.g., referrals). Brandi stated, “as far as referrals, I think just having someone who is not in the building that I can lean on for access to outside agencies, resources, and community partners has been a huge advantage.” She also noted her supervisor had been a counselor for over 20 years and knew people, agencies, and organizations that helped her to better serve students.

A few participants related the challenges associated with establishing a resource list prior to having supervision. Amber summarized a common sentiment: “I struggled with constructing a resource list mostly because my colleagues and I were only familiar with the mental health professionals who we’ve encountered; therefore, my resource list was limited and not comprehensive.” Shelly shared that her supervisor had worked in the field for 15 years and

provided her with resources that led to the development of a resource guide for her school. She said, “Identifying the best referral and knowing who to call and how best to collaborate is critical. Also, knowing what phone numbers to give to parents helps, too.” Shelly noted that supervision exposed her to a host of different resources to consider.

Whereas Julie’s school district was interconnected with a variety of community resources and partners, as an inexperienced school counselor she struggled with networking and establishing professional relationships. Fortunately, supervision provided Julie with strategies to communicate and consult with community partners. Furthermore, Julie’s supervisor facilitated a one-on-one networking meeting between her and the district social worker. As a whole, the nine participants expressed an improvement in finding and accessing resources due to their clinical supervision. They felt that consulting with their clinical supervisor, who had more years of experience in the field of counseling, lead them to the best resources and connected them to their resource communities through networking and collaboration.

### **Theme Five: Improved Confidence**

School counselors must address extremely complex and challenging issues with regard to their student clients. Presenting issues may range from abuse, to suicidal ideation, to substance abuse. For this reason, it is only natural for early career counselors to lack self-confidence, especially when working with clients for the first time (Ronnestad & Skovholt, 2003). When asked about the impact that supervision had on their confidence, all participants spoke of increased self-confidence because of supervision.

For Brandi supervision provided her with enhanced counselor confidence overall in her role as a school counselor in the PK-12 school setting. She described her first year on the job as very challenging and that she spent great deal of time crying in the absence of supervision.

Additionally, Layla described being more confident now after a year of working with a clinical supervisor:

I know how to run a session; I know how to create a treatment plan for a child; I know how to reach out; I know how to find resources; I know how to talk to parents about really sensitive topics, and I know how to approach my administration and be a leader in mental health in the school than when I first started.

Layla's response shows her improved confidence in her abilities because, through the help of her supervisor, she knows how to successfully do the work of counseling. Sarah was provided with supervision as a benefit of her job. For Sarah, supervision was free, onsite, and held during school hours. Sarah position on the benefits of clinical supervision:

Supervision was literally handed to me. Had I not had this opportunity, I might have pushed it off for a couple of years. I've gotten the opportunity to see how truly necessary supervision is. It's made me a much stronger counselor, and um it helped me to feel more secure in, in doing my you know, being a counselor.

Amber recalled working as a school counselor prior to securing clinical supervision. She shared how nervous she was when as a first year counselor she realized that one of her student clients might be suicidal. Without clinical supervision, Amber was nervous about administering a suicide assessment for the first time because she understood the gravity of the issue and the implications of her inexperience. Now with supervision, Amber has become confident in her ability to conduct suicide assessments and other difficult aspects of her job. In fact, she admitted that she is the first person that her colleagues turn to when mental health issues arise.

Although Valerie described herself as a "confident person already," she strongly believed that if not for supervision, she would have adopted a more traditional guidance counselor approach with non-counselor roles and emphasis on prevention services. Valerie described her supervision sessions as enriching, providing her with the knowledge, feedback, and resources that boosted her professional confidence as a school counselor.

Ultimately, all nine of the research participants reported some form of improved self-confidence as a direct result of having access to a clinical supervisor. Although their individual experiences varied, collectively the participants expressed the common benefits applicable to everyone. Julie spoke of supervision as the support and access to experience provided by a supervisor:

I'm appreciative of having supervision. If all school counselors could get supervision, that would be great. If I didn't have my supervisor, I'm not sure if I would know exactly what to do. Sure, the ASCA national model lays it out for you, but there's so much stuff in there that it would be really hard to pick through and really know what it's saying without somebody to say, hey, here's what I've experienced; here's what I've done; here's what is important do. Supervision has been so helpful and I'm glad to have it.

Brandi echoed Julie's sentiments noting that "having that support and a relationship with someone who is approachable and responds kindly has been invaluable to my confidence, professional growth, and sustainability; I would recommend supervision to everybody." Clinical supervision clearly enhances the self-confidence of early career school counselors.

### **Summary**

Chapter IV provided a glimpse into the lives of early career school counselors with three or fewer years of school counseling experience from across the U.S. This interpretative phenomenological analysis was articulated in chronological order (i.e., beginning with assessing the clinical supervision needs of early career school counselors followed by participants' actual supervision experiences and concluding with the impact on counselor development and counseling delivery services). During the analysis of the data, varied themes emerged as an analysis of participants' supervision experiences were finalized.

At the onset of the study, the researcher sought to highlight background information on each of the participants including, but not limited to, age, employment location (e.g., state), school type (e.g., urban, rural, private) and years of experience. The participants also noted if

they encountered challenges related to securing supervision such as supervision costs and access to supervision (e.g., before school, on-site). Each of the nine participants shared their post-master's clinical supervision experiences. The participants described professional and personal challenges associated with transitioning into a new school with a pre-established climate, working in isolation, and crafting a comprehensive school counseling program (CSCP) for all students.

The researcher introduced Research Question One, which investigated the participants' supervision needs. The first major theme that emerged was *knowledge* which yielded three sub-themes: *theoretical knowledge, functional knowledge, and professional knowledge*. *Self-efficacy* was the second theme that emerged. The third theme was *support*, which yielded two sub-themes: *personal and professional*. Research Question Two highlighted early career school counselors' clinical supervision experiences. The researcher examined what it was like to desire clinical supervision and receive it. As with Research Question One, three themes and a host of sub-themes emerged: *knowledge, self-efficacy, and support*. Research Question Three revealed the impact of supervision on counselor development and counseling delivery services (e.g., direct, indirect). Five themes emerged: *improved professional identity, improved theory and techniques, improved client relationships, improved resources, and improved confidence*.

Across the study, all nine participants spoke of the impact of clinical supervision.

Chapter V will present an analysis and interpretations of the early career school counselors lived experiences and the overall findings from this study. Using the conceptual framework of The School Counselor Supervision Model (SCSM), this study will shed light on how previous research compares to the current findings and how this research potentially adds to

the current body of literature. Additionally, limitations, implications, and recommendations for future research on this topic as it relates to the counseling profession will be offered.

## CHAPTER V:

### DISCUSSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter summarizes and elaborates upon the major themes reported by participants in this study. The purpose of this research has been to explore the clinical supervision experiences of early career school counselors who chose to seek supervision. This interpretative phenomenological analysis study involved nine female counselors who were identified as early career school counselors, with three or fewer years of school counselor practitioner experience from across the U.S. (e.g., Alabama, Colorado, Florida). Individual interviews were conducted to explore participants' clinical supervision needs and experiences. Additionally, exploration was made into how the participants made sense of the clinical supervision received in terms of the counseling delivery of services to students (i.e., face-to-face) and for students (i.e., consultation).

The theoretical framework utilized for this study was The School Counselor Supervision Model (SCSM) (Luke & Bernard, 2006). The SCSM highlights multiple aspects of school counseling and roles of school counselors within the comprehensive school counseling program, specifically counseling delivery services (e.g., direct [individual counseling]) and indirect services [e.g., referrals, consultation]). Through data analysis, the researcher discovered that participants in this study desired clinical supervision and benefited from clinical supervision professionally and personally. Clinical supervision seemed to have had a significant impact on the participants' counselor development (e.g., self-efficacy, professional identity) and counseling delivery services (e.g., direct counseling, indirect counseling). Additionally, the qualitative

research method used in this study complemented the pre-existing empirical research studies and positioned early career school counselors to share their stories. The qualitative method also helped to further explain *why* they desired clinical supervision, describe *what* clinical supervision is, and explain *how* it benefits them and impacts their work with clients. This chapter concludes with implications and recommendations for future studies.

### **Theoretical Framework**

The School Counselor Supervision Model (SCSM) (Luke & Bernard, 2006) served as the guiding conceptual framework for this study. Luke and Bernard's (2006) SCSM is a 3 X 3 X 4 matrix which combines supervisor foci (intervention, conceptualization, personalization) by supervisor roles (teacher, counselor, consultant) by four points of entry via comprehensive school counseling program (CSCP) domains (large group intervention, counseling and consultation, individual and group advisement, and planning, coordination, and evaluation). Unlike traditional clinical supervision models that do not recognize the elements of a CSCP and the distinct roles and responsibilities of school counselors and the systems in which they function, the SCSM was created to identify and address the unique needs of school counselors (Luke & Bernard, 2006). Additionally, the SCSM facilitated school counselor professional identity and program development.

A significant portion of school counselors' roles and tasks are directly linked to providing counseling services (e.g., direct, indirect) that align with the one or more of the CSCP domains (i.e., large group intervention, counseling and consultation, individual and group advisement, and planning, coordination, and evaluation) (Studer & Diambra, 2010). Therefore, this research study focused on the CSCP domain of counseling and consultation and how it can serve a point of entry for post-master's clinical supervision.

An extensive review of the literature suggested that a significant number of school counselors desired supervision (Black et al., 2011; Borders & Usher, 1992; Page et al., 2001; Perera-Diltz & Mason, 2012; Roberts & Borders, 1994; Sutton & Page, 1994). Cook, Trepal, and Somody (2012) recommended that early career school counselors seek supervision for skill development that will enable them to deliver a high quality CSCP. This study was completed to reveal early career school counselor's clinical supervision experiences related to their clinical supervision needs, clinical supervision experiences, and influence of clinical supervision on their work as school counselors.

### **Discussion of the Findings**

Exploring the clinical post-master's clinical supervision experiences of early career school counselors who sought clinical supervision on their own was the targeted phenomenon of the study. Each of the participants provided a rich description of her supervision needs, supervision experiences and benefits, and the influence that clinical supervision has on her work as a school counselor.

This interpretative phenomenological analysis study yielded a host of themes and sub-themes of how nine early career school counselors described their clinical supervision experiences and the meanings associated with seeking and receiving supervision. The findings were exclusively derived from the experiences of early career school counselors with three or fewer years of school counseling experience. The results of this research study supplement previous empirical research studies regarding school counselors' supervision experiences (e.g., administrative, clinical) and the desire for post-master's clinical supervision. Participants were selected based on their experiences surrounding clinical supervision, the phenomenon for this study. The three research questions will be discussed subsequently.

## Research Question One

*What are the supervision needs of early career school counselors?* Collectively, participants in this study expressed clinical supervision needs that yielded the emergence of three themes: *knowledge, self-efficacy, and support*. These supervision needs were most likely a direct result of the evolution of the school counseling profession since its inception some 100 years ago. School counseling has shifted from vocational guidance to present day comprehensive and holistic approaches designed to address students' needs across three domains: academic, social/emotional, and career (ASCA, 2012). As a result, school counseling, as it is currently practiced, has become extraordinarily complex, and the majority of the participants of this study encountered profound professional and personal challenges as they moved from their school experience to their professional career.

A primary challenge expressed by the participants was an absence of *knowledge*, (e.g., theoretical, functional, professional knowledge) that emerged as the first theme. As the profession of counseling evolved, the views and expectations of school administrators toward school counselors did not, creating a sense of role ambiguity among school counselors and school staff. Without a clear understanding of their professional identities, early career counselors confront many other challenges (e.g., professional, personal) specific to their emerging role that could lead to ethical dilemmas, which was the case for the participants in this study (Curry & Brickmore, 2012; Skovholt & Ronnestad, 2003). Rather quickly, all nine of the participants recognized the critical role they played in addressing serious student issues presented to them (e.g., depression, abuse). These young counselors were the professional experts in the school building for mental health, yet conversely, most of them were still struggling with basic counseling skills and acclimating to their new work environment. Early career school counselors

must adjust to a new school and implement a CSCP based on the *ASCA National Model (2012)* upon being hired (Coll & Freeman, 1997; Culbreth et al., 2005). As a whole, the participants in this study shared a need for knowledge surrounding their school counseling roles and how to implement a data driven CSCP that was holistic and developmentally appropriate for all students. Despite all nine of the participants graduating from CACREP-accredited programs, each of the participants admitted to feeling overwhelmed and ill-prepared to address the multifaceted role associated with being a “new” school counselor and implementing a CSCP designed to enhance students’ academic achievement and performance.

In conjunction with previous research (Borders & Usher, 1992; Page et al., 2001; Perera-Diltz & Mason, 2012; Roberts & Borders, 1994; Sutton & Page, 1994), each of the participants noted that they received administrative supervision from their building-level principals. For decades, the most, and sometimes only, accessible supervision for school counselors has been administrative, typically provided by a school administrator, as opposed to the desired and more appropriate clinical supervision from someone trained in counseling or a related field. The literature has revealed that school counselors desire clinical supervision, instead of administrative supervision, from a trained mental health professional, preferably a school counselor (Borders & Usher, 1992). According to the participants, the absence of clinical supervision for knowledge and ongoing professional development contrasted from the previous graduate school experiences during which clinical supervision was readily available. As a result, all of the participants expressed needing clinical supervision, similar to field placement (e.g., practicum, internship) experiences, from trained counseling supervisors mirroring the most recent published research on this topic (Black et al., 2011; Cook et al., 2012).

A second theme that emerged was an absence of *self-efficacy*. Counselor self-efficacy measures how practicing counselors view their competence as a counselor, which impacts their thoughts, feelings, and behaviors (Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Holloway & Neufeldt, 1995). Previous literature (Schwing et al., 2010; Skovholt & Ronnestad, 2003) described the fear of working with clients early in a counselor's career as feelings of incompetence (FOI). These authors noted that if FOI is not managed, it can negatively impact client conceptualization of their presenting problems and the ability to establish therapeutic relationships with clients. As a whole, the participants in this study admitted to struggles with counselor self-efficacy and that they lacked confidence in providing proficient counseling services to their student clients. Each of the participants described experiencing counselor performance anxiety and fear, both of which can negatively impact an early career counselor's ability to interact with student clients and conceptualize their presenting issues.

All of the participants also expressed a lack of confidence in their counseling micro-skills (i.e., attending, empathizing) which directly impacted their ability to effectively establish therapeutic relationships with student clients. While some participants in this study possessed more confidence than others, all of the participants admitted to lacking competence in their abilities to provide direct counseling services (e.g., individual counseling) and indirect counseling services (e.g., referrals, consultations). These descriptions seemed to align with the literature and denoted the challenges associated with being an early career counselor and working with actual clients for the first time (Low, 2009; Orlinsky & Ronnestad, 2001; Skovholt & Ronnestad, 2003).

Early career school counseling participants also expressed a need for *support*, which emerged as the third theme. School counselors are fundamental in students' lives and crucial

components to maximizing student success (Lapan et al., 2007; Stone & Dahir, 2006). Yet, the challenge of moving beyond micro-skills (i.e., attending, empathizing) to establishing rapport with student clients and their parents without needed clinical support can sometimes result in occupational stress and compromised self-efficacy (Gazzola & Theriault, 2007; Skovholt & Ronnestad, 2003; Teyber, 2006; Theriault et al., 2009). Many early career counselors have sought the support of a supervisor or mentor who has experienced similar struggles and who was available and supportive (Skovholt & Ronnestad, 2003). Similar to Skovholt and Ronnestad, all nine of the participants expressed a desire for ongoing personal and professional support from a supervising counselor.

While the American School Counselor Association's Ethical Standards (ASCA) (2012) instruct school counselors to monitor their own emotional and physical health and practice wellness (see Section B.3.f) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2016) Standards mandates that counselors-in-training who are enrolled in field placement (e.g., practicum, internship) participate in weekly supervision to assist with professional and personal challenges related to student clients, colleagues, faculty, and site supervisors, this changed dramatically for the early career school counseling participants counselors employed in the field. Unfortunately, each of the participants in this study experienced a lack of support and reported a work and life imbalance in the field, that could have been addressed through clinical supervision with a seasoned expert in the counseling profession.

While Roberts and Borders (1994) noted that school counselors desired clinical supervision to supplement professional development and provide ongoing support, some 25 years later, each of the participants in this study still desire and need professional support to discuss and promote ongoing professional learning and provide counseling support, especially

with student client ethical dilemmas. Notably, The American School Counselor Association's Ethical Standards (ASCA) (2012), has instructed school counselors to seek supervision from school counselors and other professionals knowledgeable about counseling ethics when problems arose (see Section B.3.h.). Collectively, all participants in this study wished to consult with an experienced counselor instead of an administrator; they desired understanding and support from another counselor who understood their roles as mental health professionals in the building. Thus, there still seems to be a gap in the availability of clinical supervision for school counselors, specifically early career school counselors.

### **Research Question Two**

*What are the supervision experiences of early career school counselors choosing to seek clinical supervision?* The purpose of this research question was to capture the participants' clinical supervision experiences, highlighting the benefits of supervision. Each of the participants appeared excited to share her experiences pertaining to post-master's clinical supervision. Previous empirical studies, largely quantitative studies (e.g., state, national), also revealed school counselors' desires to receive clinical supervision (Black et al., 2011; Roberts & Borders, 1994; Page et al., 2001; Perera-Diltz & Mason, 2012; Sutton & Page, 1994).

As a qualitative endeavor, the results from this study extended and elaborated upon previous empirical research literature by describing actual clinical supervision experiences and the meaning of those experiences. Similarly to research conducted by Cook et al. (2012), who used grounded theory to explore school counselor clinical supervision experiences using the Professional Academic Response Model (PARM), the researcher in this study framed her research around clinical supervision experiences of early career school counselors using the School Counselor Supervision Model SCSM, an extension of Bernard's Discrimination Model

(1979, 1997) combined with the delivery system of the *ASCA National Model (2012)*. The participants identified three themes to describe their supervision experiences including *knowledge, self-efficacy, and support*.

Whereas traditional school counselors' roles were centered around vocational guidance, 21st century school counselors are tasked with creating and delivering CSCPs that are holistic and designed to address students' needs across three domains: academic, social/emotional, and career (ASCA, 2012; Dollarhide & Saginak, 2017; Gysbers & Henderson, 2012). In this study, the participants revealed that as a result of clinical supervision, they gained present day knowledge related to enhanced theoretical knowledge that enabled them to know what strategies to implement with their student clients in the PK-12 setting. In addition to theoretical knowledge, participants expressed gaining functional knowledge which helped them to navigate the transition from school to work and define their roles within their respective schools. This seemed to be particularly important for five of nine participants who worked in isolation and two participants who actually split their time between two schools. Additionally, clinical supervision provided all nine participants in the study with professional knowledge that likely contributed toward their professional identity and role clarity. It appeared that obtaining a stronger sense of *who* school counselors are and *what* their roles are in their respective schools strengthened the participants' abilities to better communicate roles and responsibilities to staff, students, and parents.

A second theme that emerged from the study was enhanced *self-efficacy*. According to the literature, counselors who received clinical supervision indicated increased levels of counseling self-efficacy and enhanced counseling skills (Cashwell and Dooley, 2001; Cinotti & Springer, 2016). School counselors also noted being more proficient in their counseling roles

and duties (Moyer, 2011) with supervision. There were similar findings in this study. Each of the participants expressed an increase in counselor self-efficacy and belief in her ability to support student clients and ultimately function autonomously as a result of clinical supervision. Further review of the literature highlighted additional benefits of clinical supervision including career satisfaction, knowledge enhancement, and skill development (Dollarhide & Miller, 2006; Dollarhide & Saginak, 2008; Herlihy et al., 2002). Three participants specifically discussed being dissatisfied with their school counseling careers prior to post-master's clinical supervision, describing the significant contrast between their field placement (e.g., practicum, internship) experiences and their own job experiences. Fortunately, as a result of supervision, those three participants and the remaining participants in the study described a significant increase in career satisfaction from one year to the next.

A goal of clinical supervision is to support early career counselors as they process challenges faced during the formative years of their careers (Bernard & Goodyear, 2014; Borders & Brown, 2005). Early career counselors are often in search of support from a supervisor or counselor who is available and encouraging (Skovholt & Ronnestad, 2003). The same was true for the participants in this study. In similar form, support emerged as the third theme in this research study. Whereas school counselors' roles center around supporting students, they too needed ongoing professional and personal support because of the expectations to perform with a similar proficiency as more experienced school counselors even in the absence of resources (i.e., clerical staff), supervision, and minimal referral services (Black et al., 2011; Cook et al., 2012; Matthes, 1992; Roberts & Borders, 1994).

For the participants in this study, professional support came in the form of skill development and resources. Collectively, the participants in this study expressed how clinical

supervision helped to offset their inexperience by equipping them with skill development activities (e.g., role play, micro skill activities). To illustrate this assistance with skill development, one participant described how her supervisor came to observe her large group guidance lessons and in support discussed the observations during their supervision session. Participants also received support to enhance their abilities to provide indirect counseling services (e.g., consultation, referrals) for student clients and parents. While a couple of the participants mentioned not receiving much training or exposure with providing indirect counseling services, all of the participants seemed to appreciate that their supervisors exposed them to a host of resources, including networking with mental health providers and access to community agencies, which significantly enhanced the consultation and referral processes.

Additionally, personal support came in the form of accountability to wellness. All of the participants admitted to an absence of work and life balance and their desire to take better care of themselves emotionally and physically. Two of the nine participants described specific situations in which their supervisors ended supervision early and instructed them to go and do something that relieved stress and supported their personal wellness. Collectively, the participants noted the importance of a collaborative supervisory relationship and the benefits of having a personal support system: a person with whom they could be vulnerable and who could offer empathy, validation, and encouragement.

### **Research Question Three**

*What do early career school counselors perceive as the influence of clinical supervision on their work as school counselors?* The intent of this research question was to explore how the participants found meaning in their clinical supervision experiences. As a whole, clinical supervision appeared to be beneficial to the participants in this study, and five themes emerged

from an analysis of the data: *improved professional identity; improved theory technique, client relationships, resources, and confidence.*

School counselor *professional identity development* emerged as the first theme. Despite efforts to align school counselor professional identity with counseling and the field of mental health, role ambiguity continues to exist in PK-12 school settings. Clinical supervision is designed to help offset role ambiguity and provides an opportunity for school counselors to better understand their roles and indirectly minimize role ambiguity for administrators (Herlihy et al., 2002; Luke & Bernard, 2006; Sutton & Fall, 1995). That was certainly the experience of the participants in this study, each of whom acknowledged the positive influence that clinical supervision had on their school counselor identity development. They stated collectively that clinical supervision equipped them with the knowledge and an understanding of their roles and, importantly, how to clearly articulate the parameters of their roles to others. Additionally, two of the participants revealed that clinical supervision helped them solidify counseling specialties (e.g., trauma specialist, play therapy).

In addition to solidifying their school counselor professional identities, the participants in this study recognized an improvement in their ability to implement counseling theory and techniques with student clients. *Improved theory technique* emerged as the second theme, which also correlated with a major component of a comprehensive school counseling program (CSCP) that instructs school counselors to integrate theory to promote healthy identity development and tolerance (Gysbers & Henderson, 2012; Dollarhide & Saginak, 2017). Prior to clinical supervision, many of the participants expressed an ongoing struggle with applying theoretical knowledge and securing counseling theories that were conducive to the PK-12 school setting. As a result of clinical supervision, the participants were exposed to more appropriate counseling

frameworks, resources, and strategies to use during individual and group counseling sessions. The findings from this study are an extension of clinical supervision goals highlighted in previous contemporary counseling research such as taking appropriate actions with client problems and developing and improving skills and techniques emerges goals of supervision. (Black et al., 2011; Borders & Usher, 1992; Sutton & Page, 1994).

*Improved relationships* with student clients and their parents emerged as the third theme. Transferring counselor micro-skills that were introduced in graduate training and applying them to actual clients can be challenging for early career counselors, particularly early career school counselors implementing comprehensive school counseling programs (CSCPs) in their respective schools (Schwing et al., 2010; Skovholt & Ronnestad, 2003; Theriault et al., 2009). Similar to respondents in previous studies (Coll & Freeman, 1997; Culbreth et al., 2005), participants in this study who were working with clients for the first time experienced occupational stress and anxiety that appeared to jeopardize their abilities to provide counseling delivery services (i.e., direct counseling, indirect counseling) (Curry & Brickmore, 2012; Schwing et al., 2010; Skovholt & Ronnestad, 2003). The participants in this study described ways that their clinical supervision positively impacted their development of counseling micro-skills (e.g., attending, paraphrasing). The participants noted that supervision helped them to minimize feelings of incompetence (FOI) and establish therapeutic relationships with their student clients and parents more rapidly.

Gaining access to a host of counseling resources from the supervisor also enhanced participants' counseling delivery services (i.e., direct, indirect). This resulted in *improved resources* emerging as the fourth theme. School counselors are instructed to provide direct counseling services to *all* students across a host of academic, career, and social/emotional

domains (ASCA, 2012; Granello & Young, 2012; Sink, 2005). The breadth and comprehensiveness of this task proved to be an immense undertaking for the early career school counselor participants in this study, prompting their desire for clinical supervision. Fortunately for the participants in this study, clinical supervision yielded exposure to counseling resources. More counseling resources helped the counselors integrate theoretical knowledge into their comprehensive school counseling programs (CSCPs) and promoted a healthy identity development and tolerance among the participants.

In conjunction with providing direct counseling services (e.g., individual counseling), school counselors heavily rely on indirect services (e.g., consultation, referrals) to address students' unique needs and support student achievement (Dollarhide & Saginak, 2017; Luke & Bernard, 2006; Page et al., 2001; Sutton & page, 1994; Wood & Rayle, 2006). Collectively, the participants in this study expressed an appreciation for the access to professional and community resources (e.g., specialized training, resource list) to use during the referral process with student clients and their parents. Supervision provided them with the confidence to consult with other mental health professionals and community agencies outside of the school and, when necessary, make referrals.

Improved professional identity, theory and technique, client relationships, and resources led to *improved confidence*, the final theme to emerge in this research study. Clinical supervision and its impact on school counselor's self-efficacy and confidence has been established throughout the literature (Boyd & Walter, 1975; Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Cook et al., 2012). The participants in this study described in detail their overwhelmingly positive experiences with clinical supervision. They acknowledged that because of clinical supervision they felt more comfortable providing direct counseling services

(e.g., individual, small group) and did not feel intimidated by complex student presenting issues (e.g., trauma, substance abuse). Additionally, it appeared that participants were more proficient in their abilities to provide indirect counseling services (e.g., referrals, consultation) with community agencies, for student clients and their parents. The results of these findings mirrored the research by Cashwell and Dooley (2001), which described the positive impact clinical supervision had on counselor confidence in his or her own abilities.

### **Limitations**

Findings from this study should be considered with regard to several limitations. First, a nationwide recruitment effort yielded all female participants, which is reflective of school counseling, a largely female dominated profession. Further, seven of the nine participants were between the ages of 28 – 37 years old. Therefore, the current study is limited in terms of gender and age. A second limitation was the interview setting. Of the nine participants, one interview was a face-to-face interview in the natural setting (e.g., school) or location of the participants' choosing. The remaining eight interviews were conducted over the phone. As a result, the participants were not in their natural settings (e.g., school) and could have been distracted. A third limitation pertained to the focus of the study. Because this study explored early career school counselors' clinical supervision experiences, the participants were delimited to early career school counselors with three or fewer years of school counselor practitioner experience. With this in mind, the findings may not be applicable to experienced school counselors with four or more years of school counseling experience. Lastly, the fourth limitation was that each of the nine participants were graduates of CACREP-accredited institutions. CACREP accreditation has the dual requirement of clinical supervision from both site supervisors and university supervisors during practicum and internship (CACREP, 2016, Section 3, F, J) for all counseling programs.

It is possible that non-CACREP program graduates, with varied experience and familiarity with clinical supervision, could have responded differently to the interview questions in this study.

### **Implications**

The purpose of this qualitative phenomenological study was to explore the supervision experiences of early career school counselors choosing to seek clinical supervision. The findings yielded valuable information for working with early career school counselors and offered insight on the importance of ongoing school counselor development. Despite the aforementioned limitations, the findings from this interpretative phenomenological study shed light on practical considerations for counselor educators, district level counseling coordinators and directors, school counselors, and principals.

This research study presented implications related to early career school counselor's desires for and benefits from clinical supervision. The following implications are worth noting.

First, in the PK-12 setting, it is not uncommon for district level counseling coordinators and directors and principals to provide administrative and programmatic supervision to school counselors. However, district level supervision modalities do not always address the professional development needs of early career school counselors. For example, the participants in this study sought their own clinical supervision (from trained counselors) to offset the abundance of administrative and program level supervision available at their respective schools. The lack of clinical supervision likely contributed to a scarcity of counseling knowledge (e.g., functional, theoretical, professional), compromised counselor self-efficacy, and unsupported feelings (e.g., personal, professional) among the participants.

Second, school counselors desire clinical supervision from mental health professionals in lieu of administrative supervision from non-counseling professionals (Borders & Usher, 1992;

Page et al., 2001; Roberts & Borders, 1994). Similarly, the participants in this study desired clinical supervision from a trained counselor, preferably a school counselor, instead of an administrator (i.e., principal). Receiving post-master's clinical supervision resulted in: *improved professional identity, improved theory technique, improved client relationships, improved resources, and improved confidence.*

Third, clinical supervision is limited and often has to be initiated by the school counselors. Clinical supervision, such as that received in the Master's degree training from site supervisors (i.e., school counselors) and university supervisors (i.e., counselor educators) should be as readily accessible to early career school counselors. In this study, only 22% (2 of 9 participants) of the participants participated in clinical supervision onsite and during the school day. Thus, 78% (8 of 9 participants) participated in clinical supervision off-site and after work. Perhaps counselor educators, district counseling coordinators, and principals can collaborate and explore avenues for making clinical supervision readily accessible in the PK-12 schools. It is also preferable to have this supervision at the school and during normal work hours.

Fourth, early career counselors need support as they transition from students to practitioners, define their roles and professional identities, and process challenges during the formative years of their careers (DeKruyf et al., 2013; Ronnestad & Skovholt, 2003). This study demonstrated that clinical supervision provided participants with *support* (e.g., personal, professional), a theme that emerged for Research Questions 1 and 2. Specifically, the participants in this study needed and benefited from receiving personal support (e.g., validation, promote counselor wellness) and professional support (e.g., counseling resources, advocacy, working in isolation) from their clinical supervisors. Obtaining support (e.g., personal, professional) led to *improved identity, improved resources, and improved confidence* for the

participants in this study. Perhaps supervising counselors and administrators can assess early career school counselors' needs and when necessary, provide some much needed personal support (e.g., affirmation) and professional support (e.g., resources, offset isolation) that could prove beneficial to early career school counselors and their student clients.

Fifth, this study underlined that clinical supervision led to counselor self-efficacy. Similar to previous literature surrounding early career counselors and feelings of incompetence (FOI) as effective mental health professionals (Schwing et al., 2010; Skovholt & Ronnestad, 2003; Theriault et al., 2009), the participants described feeling anxious and ill-prepared, which impacted their abilities to successfully establish therapeutic relationships with students and conceptualize their presenting issues. Cashwell and Dooley (2001) discovered that counselors who received clinical supervision indicated increased levels of counseling self-efficacy and enhanced counseling skills. In a similar fashion, each of the participants in this study expressed an increase in counselor self-efficacy and belief in her ability to support student clients and ultimately function autonomously as a result of clinical supervision. Conceivably supervising counselors and school counselors can further this discussion with the hopes of counselor development for early career school counselors.

### **Recommendations for Future Research**

It was revealed that early career school counselors, regardless of age, state of employment, school type (e.g., public, private), grade level assignment (e.g., elementary, secondary), or specific CACREP-accredited master's program, desired clinical supervision and benefited professionally and personally from it. Additionally, this study revealed the vulnerability of early career school counselors working in PK-12 schools without post-master's clinical supervision and the impact this lack of supervision had on counseling delivery services

(e.g., direct counseling, indirect counseling) and developing and implementing comprehensive school counseling programs (CSCPs) designed to address the needs of *all* students.

From this research, there are three recommendations. Whereas I chose to focus on school counselors with three or less years of school counseling experience who sought clinical supervision, the first recommendation would be to replicate this study with school counselors with four or more years of experience. Future studies should compare the clinical supervision experiences of early career school counselors with more experienced school counselors.

A second recommendation for future research involves a deeper analysis of school counselor self-efficacy. Specifically, future research should consider using mixed methods research to assess early career school counselor self-efficacy as impacted by clinical supervision. Previous research (Cashwell & Dooley, 2001; Cinotti & Springer, 2016; Herlihy et al., 2002) has determined that clinical supervision does have an impact on counselor self-efficacy, and how counselors (e.g., clinical mental health) have benefited from supervision. Yet, more focused research on the impact of school counselor self-efficacy is needed.

A final recommendation for future research involves examining clinical supervision and early career school counselor wellness. Many of the participants in this study admitted to an improper work and life balance, resulting in role stress. Their responses aligned with contemporary literature which noted that while counselors often take care of their clients, some counselors do not take care of themselves, leading to role stress and burnout (Moyer, 2011; Young & Lambie, 2007). Exploring the impact of clinical supervision on early career school counselor wellness is needed. Additionally, examining the experiences of early career school counselors who quit or took a leave of absence from the school counseling profession as a result of improper work and life balance, stress, and poor self-care could be insightful.

Overall, this body of research pertaining to early career school counselor's clinical supervision experiences addressed a void in the contemporary research. This research study granted a platform for participants to discuss the challenges and solutions facing early career school counselors and their quest to secure meaningful clinical supervision. It is essential for researchers to continue assessing the lived clinical supervision experiences of school counselors, particularly early career school counselors, in an attempt to fully understand the impact that clinical supervision has on early career school counselors' development and counseling delivery services.

### **Concluding Thoughts**

As the researcher, my own professional and personal experiences led me to believe that early career school counselors desired clinical supervision. Yet, I also believed that early school counselors often lacked the necessary clinical supervision needed to transition from counselors-in-training in the academic program (Master's degree) to practitioners working in the PK-12 school settings. My viewpoint played out in the lived experiences of the participants in this study.

Counseling literature surrounding clinical supervision and school counseling denotes the desire for post-master's clinical supervision and perceived benefits (Black et al., 2011; Bledsoe et al., in press; Borders & Usher, 1992; Page et al., 2001; Roberts & Borders, 1994; Sutton & Page, 1994); however, little was known about the clinical supervision experiences of school counselors, specifically early career school counselors. This qualitative phenomenological study was designed to explore the supervision experiences of early career school counselors who sought clinical supervision. While much of the pre-existing research has been empirical in nature (Black et al., 2011; Borders & Usher, 1992; Page et al., 2001; Roberts & Borders, 1994;

Sutton & Page, 1994), this study sought to grant a voice to school counselors and to provide a descriptive analysis of clinical supervision needs, benefits, and meanings resulting from post-master's clinical supervision.

The participants in this research openly revealed their need for clinical supervision, clinical supervision experiences, and the impact that clinical supervision had on their counseling delivery services (e.g., direct, indirect). Each participant provided the researcher with rich descriptions of her clinical supervision experiences, all of which illustrated the emergent themes that unfolded through IPA analysis in conjunction with Webb's (2019) five-stage data analysis (i.e., holistic coding, in vivo coding, versus coding, integrated coding, thematic coding). Collectively, the participants benefited from clinical supervision and believed it made a significant impact on their counselor self-efficacy, directly impacting their work *with* clients and *for* clients.

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## APPENDIX A:

### PARTICIPANT RECRUITMENT LETTER

My name is Kenya Bledsoe, and I am a Counselor Education and Supervision doctoral candidate at The University of Alabama. I am writing to request your participation in this IRB-approved study, study entitled, “Exploring Clinical Supervision Experiences of Early Career School Counselors: An Interpretative Phenomenological Study”. The purpose of this phenomenological study is to explore the clinical supervision experiences of early career school counselors choosing to seek supervision. You have been invited to participate in this study because of the role you occupy as an early school counselor receiving clinical supervision. I am asking that you consider participating in a one-on-one interview that will last approximately an hour and 15 minutes.

Your participation in this study is completely voluntary. Should you choose to participate, you may withdraw from my study at any point. While there is no compensation or direct benefit to you, your participation may lead to a better understanding of supervision experiences of early career school counselors. The only risk is loss of confidentiality. Participation may lead to a better understanding of early career school counselor supervision and inform counselor educators and supervisors about the supervision needs of early career school counselors.

If you have questions about this study, please contact Kenya Bledsoe at [kbledsoe@crimson.ua.edu](mailto:kbledsoe@crimson.ua.edu). All information obtained during the study will be maintained in a secure manner on a password protected computer to protect your privacy and anonymity. Identifiable research information may be shared with the UA Institutional Review Board and my dissertation methodologist. If you have questions about your rights as a participant, concerns, or complaints, you may contact the IRB at UA, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 205-348-8461.

Thank you for providing your voice in this study and for helping us better understand school counselor post-master’s supervision.

Sincerely,

Kenya Bledsoe, Ed.S., LPC-S, NCC, NCSC  
Doctoral Candidate  
Counselor Education and Supervision  
The University of Alabama

APPENDIX B:

CONSENT FORM

UNIVERSITY OF ALABAMA  
HUMAN RESEARCH PROTECTION PROGRAM

Informed Consent for a Non-Medical Study

**Study title:** Exploring Clinical Supervision Experiences of Early Career School Counselors: An Interpretative Phenomenological Study

**Investigators' Names, Positions, Faculty Status:** Kenya Bledsoe, Doctoral Candidate (The University of Alabama)

You are being asked to take part in a research study. This study is called “Clinical Supervision Experiences of Early Career School Counselors: An Interpretative Phenomenological Study”

The study is being conducted by Kenya G. Bledsoe.

**Is the researcher being paid for this study?**

The investigator is not receiving any payment for this study.

**Is this research developing a product that will be sold, and if so, will the investigator profit from it?**

No, this research is not developing a product that will be sold and the investigator will not profit financially from the results of this study.

**Does the investigator have any conflict of interest in this study?**

No, the investigator does not have any conflict of interest in this study.

**What is this study about? What is the investigator trying to learn?**

This study is being conducted to better understand how school counselors describe (i.e., make sense of) experiences related to post-master’s clinical supervision.

**Why is this study important or useful?**

This knowledge is important/useful because it will counselor educators, supervisors, and school administrators to gain a better understanding of the experiences and perception of early career school counselors.

**Why have I been asked to be in this study?**

You have been asked to be in this study because you satisfy certain criteria: (a) credentialed and/or licensed school counselor; (b) school counselor with three or fewer years of school counseling experience; (c) presently employed as a school counselor in a P-12 school setting; (d) currently receiving clinical supervision.

**How many people will be in this study?**

Between 5-10 other people will be in this study.

**What will I be asked to do in this study?**

If you meet the criteria and agree to participate in the study you will need to: (1) Review the consent form, sign, and date; (2) Complete a brief survey, participate in one face-to-face interview, and participate in member checking of the transcript.

**How much time will I spend being this study?**

Participating in a brief survey approximately 10 minutes; one face-to-face interview will take approximately one hour, and transcription review will take approximately 15 minutes. It is estimated that participation will take approximately 1.5 hours total.

**Will being in this study cost me anything?**

The only cost to you from this study is your time.

**Will I be compensated for being in this study?**

Upon completion, participants will receive one \$20 gift card (i.e., Amazon).

**Can the investigator take me out of this study?** This is a voluntary study; participants may withdraw at any time.

**What are the risks (dangers or harms) to me if I am in this study?**

This study is classified as minimum risk to participants. If a subject becomes distressed during a face to face interview, the PI is a licensed professional counselor who can assist the subject in obtaining needed professional services. Participants' job performance will not be impacted by participating in the research study. Otherwise, there is a minimal risk for participating. If you experience any distress, you can choose to withdraw from the study at any time without penalty.

**What are the benefits (good things) that may happen if I am in this study?**

There are no direct benefits to you.

**What are the benefits to science or society?**

This study may help to understand how early career school counselors describe their need for and access to post-master's clinical supervision. This will hopefully provide valuable evidence for the importance of post-master's clinical supervision for school counselors.

**How will my privacy be protected?**

Anonymity will be accomplished by giving pseudonyms to all participants and institutions involved in the study. Privacy will be ensured by locking all transcripts and documents in a filing cabinet in the office of the primary researcher. No person will have access to these data sources other than the primary researcher. Data will be stored on the UA box.

**How will my confidentiality be protected?**

The participant's job performance or evaluation will not be impacted by her participation in the study. Your confidentiality will be protected in numerous ways. No individual school or school district was identified in any subsequent report of findings. As the researcher, I assigned pseudonyms to all names and locations in order to insure confidentiality and privacy. I will store all data on a password protected, encrypted computer that is only accessible by the primary researcher. Only summarized data will be presented at conferences or publications. I will treat your confidentiality in accordance with the American Counseling Association Code of Ethics.

**What are the alternatives to being in this study? Do I have other choices?**

The alternative to being in this study is not to participate. Participants can withdraw at any time.

**What are my rights as a participant in this study?**

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on employment or on your relations with the University of Alabama. If new information becomes available that might affect your willingness to continue participating in this study, I will tell you. The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

**WHAT ELSE DO I NEED TO KNOW?** The researcher would like to audiotape your interview to be sure that your comments are accurately recorded. Online interviews will be videotaped with your permission. Only the researcher and her dissertation committee members will have access to the audiotapes/videotapes, and they will be destroyed when they have been transcribed.

Do you give the researchers permission to audiotape your interview (in-person interview) or videotape your interview (online interview)? Please initial next to your choice below.

Yes, I agree to be digitally recorded (audio or video) \_\_\_\_\_ (initials)

No, do not audiotape or videotape my interview \_\_\_\_\_ (initials)

**Who do I call if I have questions or problems?**

Please note that the researcher is serving as the instrument of data collection and data analysis for this study. If you have questions, concerns, or complaints about the study right now or later, please contact the primary investigator, Kenya Bledsoe at [kbledsoe@crimson.ua.edu](mailto:kbledsoe@crimson.ua.edu). If you have questions about your rights as a person in a research study, call the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at <http://ovpred.ua.edu/research-compliance/prco/> or email the UA Research Compliance office at [rscompliance@research.ua.edu](mailto:rscompliance@research.ua.edu).

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

By signing below, I acknowledge that I have read this consent form. I have had a chance to ask questions. I agree to take part in it. I will receive a copy of this consent form to keep upon request to the investigator.

---

Printed name Date

---

Participant Signature

APPENDIX C:  
DEMOGRAPHIC SURVEY

1. Initials of First, Last name (i.e., E.G.)
2. What is your age?
  - 18-24 years old
  - 25-34 years old
  - 35-44 years old
  - 45-54 years old
  - 55-64 years old
  - 65-74 years old
  - 75 years or older
3. Which race/ethnicity best describes you? (please choose only one)
  - White
  - Hispanic or Latino
  - Black or African American
  - Native American or American Indian
  - Asian / Pacific Islander
  - Other
4. What gender do you most identify with? your gender?
  - Male
  - Female
  - I would prefer to not comment
5. Years of School Counseling Experience?
  - 1 year
  - 2 years
  - 3 years
6. Grade level you presently serve? (i.e., elementary, middle, high)
7. What type of school are you employed in? (i.e., public, private)

8. Describe the school district presently employed in (i.e., rural, urban, suburban).
9. Describe your clinical supervisor (i.e., counselor, social worker, psychologist).
10. Does your clinical supervisor have school counseling experience?
11. Is clinical supervision a requirement to maintain employment?
12. Clinical supervision occurs during school or after school hours?
13. Describe out of pocket related costs associated with clinical supervision?
14. Graduate from CACREP university?
  - If yes, name: \_\_\_\_\_
15. Are you a licensed counselor or associate licensed counselor?
  - If yes, what state? \_\_\_\_\_

APPENDIX D:  
INTERVIEW PROTOCOL

1. Can you tell me what motivated you to seek clinical supervision? **RQ 1**
  - a. What challenges, if any, did you encounter securing a clinical supervisor (i.e., lack of supervisors)?
  - b. What are some challenges you encountered during clinical supervision (i.e., costs)?
2. How would you describe your experience of clinical supervision? **RQ 1**
  - a. Describe a recent clinical supervision session?
3. How does clinical supervision help you address professional needs (i.e., working in isolation) and personal needs (i.e., burnout)? **RQ 2**
  - a. How do you perceive your professional needs are being addressed because of clinical supervision?
  - b. How do you perceive your personal needs are being addressed because of clinical supervision?
4. Why is clinical supervision important to you as an early career school counselor professional? **RQ 2**
  - a. What do you perceive are benefits of clinical supervision?
  - b. How do you perceive your confidence in your counseling skills has changed because of clinical supervision?
5. Twenty first century school counselors are tasked with taking a comprehensive approach towards addressing the needs of *all* students? How does clinical supervision influence your counseling relationship with student clients? **RQ 3**
  - a. What impact does clinical supervision have on face to face counseling (i.e., direct counseling services)?
  - b. What impact does clinical supervision have on counseling referrals and consultation services (i.e., indirect counseling services)?
6. Is there anything else you would like to share?

## APPENDIX E:

### EMAIL SCRIPT

Hello, my name is Kenya Bledsoe. I am a doctoral candidate at The University of Alabama in the Educational Studies in Psychology, Research Methodology & Counseling Department. I am conducting research on the Clinical Supervision Experiences of Early Career School Counselors, and I am inviting you to participate because you are an early career school counselor receiving clinical supervision.

Participation in this research includes taking a brief demographic survey and participating in a 60-minute interview about your clinical supervision experiences and the impact on your professional and personal goals and delivery of counseling services to student clients (i.e., face-to-face) and for student clients (i.e., consultation). If you participate in both the survey and the interview, your total time commitment will be approximately 75 minutes,

You will be financially compensated for your participation in the amount of \$20 (Amazon gift card) for completion of the survey, interview, and member check.

If you have any questions or would like to participate in the research, I can be reached via email at [kbledsoe@crimson.ua.edu](mailto:kbledsoe@crimson.ua.edu)

APPENDIX F:

RECRUITMENT FLYER

## **ATTENTION: PARTICIPANTS NEEDED**

### **ARE YOU...**

1. Employed as School Counselor?
2. Have three or fewer years of school counseling experience?
3. Receiving clinical supervision?

### **IF YOU ANSWERED YES TO ALL THREE QUESTIONS...**

I may want to **interview** you for one hour for my dissertation study, "Exploring Clinical Supervision Experiences of Early Career School Counselors"

Questions? Contact Kenya Bledsoe,  
kbledsoe@crimson.ua.edu

**UPON COMPLETION, PARTICIPANTS WILL RECEIVE A \$20  
AMAZON ELECTRONIC GIFT CARD**

## APPENDIX G:

### IRB APPROVAL

THE UNIVERSITY OF  
**ALABAMA**®

Office of the Vice President for  
Research & Economic Development  
Office for Research Compliance

October 19, 2018

Kenya Bledsoe  
ESPRMC  
College of Education  
Box 870231

Re: IRB#: 18-OR-385 "Exploring Clinical Supervision Experiences of Early School Counselors: An Interpretative Phenomenological Study"

Dear Kenya Bledsoe:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on October 15, 2019. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent form to provide to your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,



Carrianto T. Myles, M&M, C&M, CIP  
Director & Research Compliance Officer