

AN EXPLORATION OF THE RELATIONSHIPS BETWEEN SUPERVISEES'  
PERCEPTIONS OF FACILITATIVE CONDITIONS IN SUPERVISION, CLIENTS'  
PERCEPTIONS OF FACILITATIVE CONDITIONS IN COUNSELING, AND CLIENT  
OUTCOMES

by

CHASTITY HOPE BELL

B.S. Mississippi State University, 2003  
M.S. Loyola University, 2006

A dissertation submitted in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
in the College of Education and Human Performance  
at the University of Central Florida  
Orlando, FL

Summer Term  
2013

Major Professors: Edward H. "Mike" Robinson III & W. Bryce Hagedorn

© 2013 Chastity Hope Bell

## **ABSTRACT**

The counseling relationship has long been considered an essential part of the foundation of positive client outcomes in counseling. While many factors play a role in the therapeutic relationship, the facilitative conditions of empathy, unconditional positive regard, and genuineness have been the most-researched components of the Person-Centered construct of the therapeutic relationship. The supervisory relationship parallels the therapeutic relationship in many ways, and as the therapeutic relationship is critical to counseling, the supervisory relationship is foundational to effective supervision. While the facilitative conditions are empirically proven to contribute to positive client outcomes within the therapeutic relationship, the role of the counselor's supervisory relationship has been largely unexplored in its association to client outcomes. The purpose of this study was to determine if there is a relationship between the facilitative conditions perceived by the client during counseling, and the facilitative conditions perceived by the counselor-in-training during supervision. Additionally, these variables were tested for their ability to predict client outcomes.

The sample of this study consisted of 88 clients and 55 counselors-in-training at a large university in the southeastern United States. Both clients and counselors-in-training completed two instruments to ascertain the quality of their counseling and supervision relationships. The Outcomes Questionnaire-45 was utilized to collect client outcomes data. Results validate a correlation between the client's perception of the therapeutic relationship and client outcomes, however there appears to be no relationship between the supervisory relationship and client outcomes. Further results of the study and limitations were discussed.

For my mother, who always said I could do anything I put my mind to.

## ACKNOWLEDGMENTS

First, I would like to thank my dissertation co-chairs, Dr. Mike Robinson and Dr. Bryce Hagedorn. I truly would never have gotten to this point in my education without your support, encouragement, and guidance. Also, thank you to my other committee members: Dr. Gulnora Hundley and Dr. Kristy Brumfield. It has been an honor to know and learn from two strong women in the field of counselor education. Thank you all for the time you have dedicated to assisting me in forming the idea for this project, guiding my decision making, and creating a stronger dissertation. Additionally, I'd like to thank the Southern Association for Counselor Education and Supervision for the generous grant I received- it was extremely helpful in paying for materials for my research.

I would also like to thank the people who have taken this journey with me for the last three years: the Sunrise Sojourners cohort. Each and every one of you has served as a light in my darkest times, a laugh when I most needed it, and an inspiration to keep me moving forward. I am so privileged to know and care for each one of you- Dodie, John, Lamerial, Kristina, Jesse, and Chris. Thank you for being who you are as individuals and who we are as a team.

I have had the best group of cheerleaders a girl could ask for. Thank you to my mother- who kept saying "You can do this," my brother, who constantly reminded me of how much more money I would make if I ever finished school, and my boyfriend Matt, who sat by me through many breakdowns and moments of crazy over the last year. I simply could not have done this without all of you and your love and support.

Finally, thanks to all my mentors over the years that have made the counselor, counselor educator, and person that I am- you believed in me before I believed in me.

## TABLE OF CONTENTS

LIST OF FIGURES .....	xi
LIST OF TABLES .....	xii
LIST OF ACRONYMS .....	xiii
CHAPTER ONE: INTRODUCTION.....	1
Background of the Study .....	4
Therapeutic Relationship.....	4
Facilitative Conditions .....	5
Supervisory Relationship .....	6
Client Outcomes.....	7
Statement of the Problem .....	8
Justification of the Study .....	9
Research Questions & Hypothesis .....	10
Research Question 1.....	10
Hypothesis 1.....	11
Research Question 2.....	11
Hypothesis 2.....	11
Research Question 3.....	11
Hypothesis 3.....	12
Research Question 4.....	12
Hypothesis 4.....	12
Research Question 5.....	13
Research Design .....	13

Significance of the Study.....	15
Delimitations/Assumptions .....	16
Definitions of Terms.....	17
Facilitative Conditions .....	17
Client Outcomes.....	19
Chapter Summary .....	20
<b>CHAPTER TWO: A REVIEW OF THE LITERATURE .....</b>	<b>21</b>
Person-Centered Theory .....	21
Therapeutic Relationship.....	22
Facilitative Conditions .....	23
Supervision & The Supervisory Relationship .....	31
The Supervisory Relationship.....	33
Person-Centered Supervision .....	41
Client Outcomes .....	46
Facilitative Conditions and Client Outcomes.....	47
Supervision and Client Outcomes .....	49
Chapter Summary .....	51
<b>CHAPTER THREE: METHODOLOGY .....</b>	<b>53</b>
Orientation to Research Design.....	53
Population, Sample, & Sampling Procedures.....	54
Data Gathering/Collection Procedures .....	54
Instrumentation.....	56
Research Questions & Hypotheses.....	60
Research Question 1.....	60

Hypothesis 1 .....	60
Research Question 2.....	61
Hypothesis 2.....	61
Research Question 3.....	61
Hypothesis 3.....	61
Research Question 4.....	62
Hypothesis 4.....	62
Research Question 5.....	62
Statistical Analysis Procedures.....	63
Ethical Considerations .....	63
Chapter Summary .....	64
<b>CHAPTER FOUR: RESULTS .....</b>	<b>66</b>
Sample Demographics .....	66
Client Demographics.....	67
Counselor-In-Training Demographics .....	67
Descriptive Statistics, Tests of Normality, and Assumptions.....	68
Instruments Completed by Clients .....	69
Instruments Completed By Counselors-in-Training .....	74
Correlations .....	78
Relationship Questionnaire and Barrett-Lennard Relationship Inventory Correlations .....	78
Sub-Scale Correlations of the RQ and BLRI .....	78
Supervisory and Counseling Relationship Correlations.....	81
Client Outcomes Correlations .....	82
Linear Multiple Regression .....	83



Regression 1 .....	84
Regression 2 .....	86
Summary.....	87
<b>CHAPTER FIVE: DISCUSSION &amp; IMPLICATIONS .....</b>	<b>89</b>
Research Questions, Hypotheses, Results, and Discussion.....	89
Research Question 1.....	89
Research Question 2.....	92
Research Question 3.....	94
Research Question 4.....	95
Research Question 5.....	97
Non-Research Question Related Findings and Discussion .....	99
Limitations.....	101
Research Design and Data.....	102
Sampling and Generalizability .....	103
History.....	104
Maturation, Testing, and Instrument Decay .....	105
Conclusion.....	106
Implications for the Practice of Supervision and Counseling.....	106
Assessing the Supervisory Relationship.....	107
Negative Correlation Between the Supervisory and Therapeutic Relationship .....	108
Validation of the Importance of the Therapeutic Relationship in Counseling .....	110
Future Research.....	112
Conclusion.....	113
<b>APPENDIX A: IRB CONSENT.....</b>	<b>115</b>

APPENDIX B: IRB OUTCOME LETTER..... 116

APPENDIX C: DEMOGRAPHICS FORMS..... 119

APPENDIX D: RELATIONSHIP QUESTIONNAIRE..... 122

APPENDIX E: BARRETT-LENNARD RELATIONSHIP INVENTORY ..... 127

REFERENCES ..... 134

## LIST OF FIGURES

Figure 1. Histogram of Client Relationship Questionnaire Data.....	70
Figure 2. Box Plot of Client Relationship Questionnaire Data.....	70
Figure 3. Histogram of Client Barrett-Lennard Relationship Inventory Data.....	71
Figure 4. Box Plot of Client Barrett-Lennard Relationship Inventory Data.....	72
Figure 5. Client Outcomes as measured by change in OQ-45 score from Session 1 to Session 5. .....	73
Figure 6. Client Outcomes as measured by change in OQ-45 score from Session 1- Termination. .....	74
Figure 7. Histogram of Counselor Relationship Questionnaire Data.....	75
Figure 8. Box Plot of Counselor Relationship Questionnaire Data.....	76
Figure 9. Histogram of Counselor Barrett-Lennard Relationship Inventory Data.....	77
Figure 10. Box Plot of Counselor Barrett-Lennard Relationship Inventory Data.....	77

## LIST OF TABLES

Table 1. Counselor-in-Training Theoretical Orientation .....	68
Table 2. Client RQ and BLRI Sub-Scale Correlations .....	80
Table 3. Counselor RQ and BLRI Sub-Scale Correlations.....	81
Table 4. Supervisory and Counseling Relationship Correlations .....	82
Table 5. Client Outcomes Correlations.....	82
Table 6. Correlations of Independent and Dependent Variables. ....	84
Table 7. Coefficients of Multiple Regression 1.....	85
Table 8. ANOVA of Multiple Regression 1. ....	86
Table 9. ANOVA of Multiple Regression 2. ....	87
Table 10. Coefficients of Multiple Regression 2. ....	87

## LIST OF ACRONYMS

ACA	American Counseling Association
ACES	Association for Counselor Education and Supervision
BLRI	Barrett-Lennard Relationship Inventory
CACREP	Council for Accreditation of Counseling and Related Educational Programs
OQ-45	Outcomes Questionnaire-45
RQ	Relationship Questionnaire

## **CHAPTER ONE: INTRODUCTION**

Bernard and Goodyear (1992) defined clinical supervision as “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession” (p. 7); where the supervisory relationship is (a) evaluative, (b) stratified, (c) longitudinal, (d) enhances functioning of the supervisee, (e) ensures quality services for clientele, and (f) acts as a gatekeeper for the profession. In addition, the Association for Counselor Education and Supervision (ACES, 1990) stated, “The supervisor’s primary functions are to teach the inexperienced and to foster their professional development, to serve as consultants to experienced counselors, and to assist at all levels in the provision of effective counseling services” (p. 32). Thus, counselor supervision has multiple purposes and foci, spanning from evaluation to professional development of the supervisee.

Clinical supervision is foundational to beginning counselors’ education and development. Similar to various therapies, supervision is a separate intervention from other functions the counselor or counselor educator may perform (Bernard & Goodyear, 2009). The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) defines supervision in terms of both knowledge and skills/practices. Supervision knowledge for doctoral students encompasses an understanding of (a) supervisory purposes; (b) theories and models; (c) relationships and roles; and (d) ethical, legal, and multicultural skills and practices. Additionally, master’s level counseling students enrolled in a CACREP accredited program are required to attend one and a half hours of group supervision per week and one hour of individual or triadic supervision during their practicum and internship experiences. Thus, clinical supervision is a significant factor in supporting the development of ethical counseling students both at the

master's and doctoral level, who possess the skills and dispositions to provide effective counseling services to diverse client populations, as well as counselor educators who possess the skills and dispositions to provide instruction in counseling.

A strong supervisory relationship serves as the foundation of meeting the goals outlined in the previously mentioned definitions of supervision. During the infancy of the counseling profession, Patterson (1964) stated: "Supervision, while not therapy, should be, like all good human relationships, therapeutic. Supervision is a relationship, which is therapeutic, and in which the student learns" (p. 48). Many continue to highlight the centrality of the supervisory relationship in fostering trainees' abilities, self-efficacy, and self-actualization (Bernard & Goodyear, 2009; Ladany, Ellis, & Friedlander, 1999; Lambie & Sias, 2009; Rønnestad & Skovholt, 1993). The supervisory relationship has many parallels to the therapeutic relationship, and as the supervisory relationship is central to effective supervision, the therapeutic relationship is key to positive client outcomes in therapy (Duncan & Moynihan, 1994; Lambert & Barley, 2001).

Research has shown that the variable contributing most to client outcomes is the therapeutic relationship between the counselor and client (Duncan & Moynihan, 1994). The therapeutic relationship is partially built upon what Rogers (1957) deemed "necessary and sufficient conditions" in Person-Centered Theory (PCT), such as warmth/unconditional positive regard, genuineness, and empathy, also known as the 'facilitative conditions' (Rogers, 1957). While more recent research indicates that these facilitative conditions may not be necessary or sufficient in and of themselves, they are key to building a strong therapeutic relationship (Kirschenbaum & Jourdan, 2005; Tausch, 1990), which has been shown to be the foundation of,

and best predictor for, positive client outcomes (Duncan & Moynihan, 1994; Lambert, 2001; Lambert & Hill, 1994; Lambert, 1992).

The supervisory relationship parallels the therapeutic relationship in many ways, and as the therapeutic relationship is critical to counseling, the supervisory relationship is critical to supervision (Bernard & Goodyear, 2009). The supervisory relationship builds upon the facilitative conditions of the therapeutic relationship, to create a strong alliance between supervisor and supervisee, as well as modeling these conditions for the supervisee. While the presence of facilitative conditions within the therapeutic relationship has strong empirical support, little is known about the impacts of those facilitative conditions within the supervisory relationship, and how, in turn, those affect client outcomes. The purpose of this study was, therefore, to examine the relationship between supervisees' perception of the facilitative conditions of unconditional positive regard, empathy, and genuineness in the supervisory relationship, the supervisees' clients' perception of these conditions within the therapeutic relationship, and client outcomes. Measuring the perception of the conditions from both the clients' point of view of the therapeutic relationship, and the supervisees' point of view of the supervisory relationship may offer several benefits, such as highlighting the difference between how counselors and supervisors believe they present themselves, and how they are being perceived. Additionally, perception of the facilitative conditions by the client, or supervisee, is a necessary ingredient for client/supervisee growth (Bachelor, 1988; Barrett-Lennard, 1962; Rogers, 1957), thus attempting to measure what conditions the counselor or supervisor believes they are providing to the client or supervisee, instead of the client or supervisee's perception, may not accurately reflect the perceived conditions.



## **Background of the Study**

This study is grounded in three concepts: the therapeutic relationship, Roger's facilitative conditions, and the impact of the supervisory relationship. The therapeutic relationship is explored through Roger's conceptualization of it: as a partnership between the client and counselor, in which an environment is created to facilitate the client's self-actualization. This process is aided by the facilitative conditions- most notably empathy, unconditional positive regard, and genuineness, which serves the foundation on which the relationship is built. Finally, the supervisory relationship is both like and unlike the therapeutic relationship. Trust, respect, and positive regard may play a role in forming the relationship, however aspects such as evaluation and instruction set it apart. This study sought to explore the connections between these three concepts.

### **Therapeutic Relationship**

Rogers (1957) was the first to discuss the therapeutic relationship in detail, which launched decades of research on the relationship itself and the facilitative components of the relationship. The therapeutic relationship is the single most important factor in PCT, as it sets a climate for change, and ultimately acts as the agent of change (Rogers, 1957). Building the therapeutic relationship through in-depth reflections is the technique and goal of every session of Person-Centered (PC) counseling (Bohart, 2005).

The therapeutic relationship is estimated to account for 30% of the variance in positive client outcomes (the highest variance of any manipulable variable), which is more than the 15% accounted for by technique or the 15% accounted for by positive client expectations, and only second in variance to extra-therapeutic factors which account for 40% of positive client

outcomes (Duncan & Moynihan, 1994; M. J. Lambert, 1992). Though several therapeutic techniques and theoretical orientations have empirical support, research results indicate that most therapies are roughly equivalent in effectiveness (Ahn & Wampold, 2001; Messer & Wampold, 2002; Smith & Glass, 1977). Thus, the therapeutic relationship still has a place in counseling today, and contributes to positive client change. While the significance of the therapeutic relationship has been empirically validated, many studies are dated (e.g. Carkhuff, 1967; Chiappone, Piccinin, & Schmidtgoessling, 1981; Gurman, 1977; Truax et al., 1966), and more recent studies have broken away from Rogerian theory and viewed the relationship through alternative theories and models (Kirschenbaum & Jourdan, 2005). This study examined the importance of the relationship through the lens of the Rogerian facilitative conditions of empathy, genuineness, and unconditional positive regard, which has not been completed through a parallel examination of the supervisory relationship, the therapeutic relationship, and client outcomes.

### **Facilitative Conditions**

The therapeutic relationship as defined by Rogers (1957) is created and strengthened through certain factors. These factors, known as the facilitative conditions, are comprised of four main components: a) empathy of the counselor for the client, b) unconditional positive regard of the counselor for the client, c) genuineness of the counselor while in the counseling session, and d) the client perceiving the counselor's empathy, unconditional positive regard, and genuineness. The facilitative conditions of empathy, unconditional positive regard, and genuineness have been studied both together and separately, resulting in significant evidence of the importance of these conditions within the therapeutic relationship in regards to client outcomes (Gurman, 1977;

Tepper & Haase, 2001). Interestingly, the impacts of these conditions within the supervisory relationship, and the subsequent impact or connection to the therapeutic relationship and client outcomes, have not been investigated. The current study adds to this literature, while examining the influence of the supervisory relationship through the lens of the facilitative conditions.

### **Supervisory Relationship**

As supervision occurs between the supervisor and the supervisee, a relationship is formed (Bernard & Goodyear, 2009; Rogers, 1969). Regardless of theoretical orientation, the bulk of supervision literature and research suggests that the supervisory relationship is a necessary and critical component of counselor supervision and counselor development (Bernard & Goodyear, 2009; Borders, 1989; Rønnestad & Skovholt, 1993). Studies have illustrated the importance of the supervisory relationship to supervisees. When asked about ‘significant incidents’ in supervision, or the incidents that most critically influenced counselor development, most supervisees focused on the supervisory relationship (M. V. Ellis, 1991; Ladany et al., 1999; Muse-Burke, Ladany, & Deck, 2001; Nelson & Friedlander, 2001).

Many factors can the development of the supervisory relationship, such as supervisor and supervisee personalities, cultural factors, and gender (Bernard & Goodyear, 2009). Each supervisory relationship is as unique as the people in the relationship, paralleling the therapeutic relationship. Though every relationship is distinctive, several authors have suggested that the techniques utilized to build the therapeutic relationship may also be used to build the supervisory relationship, such as empathy, unconditional positive regard, and respect (Borders et al., 1991; Pearson, 2000; Rønnestad & Skovholt, 1993). For example, McCarthy, Kulakowski, and Kenfield (1994) found over 40% of supervisees within their sample rated supervisory

characteristics such as empathy, trustworthiness, unconditional positive regard, and genuineness to be the most helpful aspect of supervision. Additionally, Shanfield, Mohl, Matthews, and Heatherly (1992) found empathy towards the supervisee to be the greatest predictor of effective counselor supervision. Thus, a focus on the controllable elements of relationship building, such as levels of perceived empathy, genuineness, and unconditional positive regard, may be a key to overcoming individual differences that may prohibit the formation of a strong supervisory relationship. This study sought to examine the impact of these specific facilitative conditions on the supervisory relationship, the therapeutic relationship, and client outcomes.

### **Client Outcomes**

Measuring the effectiveness of counseling through client outcomes predates the creation of the counseling profession as it is known today, and goes back to 1952 when Hans Eysenck compared symptomology of clients in therapy to those not receiving therapeutic services. Counseling effectiveness has progressed over the decades, however, and is now a much more complex concept than simply comparing clients in treatment to those not receiving treatment. Researchers now measure change through three different lenses: counselor techniques, counseling process and interactions, and client behaviors (Lambert & Hill, 1994). Client behaviors can further be broken down into three areas of change to procure a complete picture of well-being in a client's life: distress level (i.e. symptomology), performance in all roles of one's life (work, personal, etc.), and relationship functioning (Lambert & Hill, 1994). Many factors have been examined in searching for connections between extra-therapeutic variables and counseling effectiveness, such as counselor attributes, anxiety levels of clients, social support, and the aforementioned therapeutic relationship (Ahn & Wampold, 2001; Barrett-Lennard, 1962;

Cornelius-White, 2002; Leibert, Smith, & Agaskar, 2011). Client outcomes as they are affected by supervision remains an area rarely explored and ripe for investigation. For this study, client outcomes were measured through a change over time in symptomology, measured by a statistically reliable assessment measure- the Outcomes Questionnaire (Lambert et al., 1996). The client outcomes variable was the dependent variable of this study, thus relationship were explored between client outcomes and both the therapeutic relationship and the supervisory relationship.

### **Statement of the Problem**

Person-centered counseling is a widely used and accepted form of therapy (Kelly Jr., 1995). Research has shown that the relationship between the counselor and client is the most significant predictor of client outcomes (Duncan & Moynihan, 1994; Lambert & Hill, 1994; Lambert, 2001). Similarly, the importance of the relationship in supervision has been stated, though not as clearly supported through research (Bernard & Goodyear, 2009). As the development of the relationship is a person-centered construct, it is justifiable to wonder if the relationship, among other aspects of person-centered theory, such as empathy, unconditional positive regard, and genuineness (Rogers, 1957) also apply to counselor supervision, regardless of the supervisor's theoretical standpoint. Few studies, however, have examined the facilitative conditions of empathy, unconditional positive regard, and genuineness within the supervisory relationship, combined with the question of whether these conditions transfer from the supervisory relationship to therapeutic relationships, and thus impact client outcomes. Additionally, through a thorough search of the literature via Ebscohost, Psych Info, Academic

Search Premier, and other databases, no studies have been found that examined the relationship between the facilitative conditions in supervision and a potential link to client outcomes. Therefore, a gap exists in the literature showing the connection, or lack thereof, between facilitative conditions presence in supervision, in the counseling sessions of the supervisees, and the relationship of those conditions within both supervision and counseling to client outcomes. Results of this study attempt to begin filling in that gap, and can provide insight into the connection between these three variables.

### **Justification of the Study**

While it is known and widely accepted that the facilitative conditions of empathy, unconditional positive regard, and genuineness are important factors in the therapeutic relationship, there is limited information on the effects of these conditions within the supervisory relationship. While one may logically infer that the greater presence of the conditions in supervision would lead to a greater presence of the conditions in the supervisee's counseling sessions, research has not yet been conducted to show if this relationship is in fact present. Additionally, if facilitative conditions in the counseling relationship lead to positive client outcomes, the presence of the facilitative conditions in supervision may have a trickle down affect to the client, and thus the client's outcomes. Finally, while the importance of the therapeutic relationship and its conditions remains an important cornerstone in counseling, it is often down played in training new counselors and with clients (Bozarth, 1997; Glauser & Bozarth, 2001). This study seeks to close a gap in the literature related to the facilitative conditions of empathy, unconditional positive regard, and genuineness both within the

supervisory and therapeutic relationships, and seek the relationships between these variables and client outcomes. Results of the study provide insight to the relationship between the supervisory relationship and the therapeutic relationship, and the effects of these relationships on client outcomes. This information gives counselor education and supervisors specifically, needed information on how the supervisory relationship is affecting both supervisees and clients.

### **Research Questions & Hypothesis**

This study examined five research questions. These questions focus on the relationships between the independent variables of therapeutic relationship and supervisory relationship, as well as the relationship between the independent variables and the dependent variable of client outcomes. The final research question examines the relationship between demographic variables and the dependent variable.

#### **Research Question 1**

Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are used to build the therapeutic relationship) as perceived by the clients of these supervisees (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973)?

### **Hypothesis 1**

There will be a positive relationship between the quality of the supervisory relationship and the quality of the therapeutic relationship.

### **Research Question 2**

Is there a relationship between the quality of the therapeutic relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the relationship) as perceived by clients in counseling (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973) and client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

### **Hypothesis 2**

There will be a positive relationship between quality of the therapeutic relationship and client outcomes.

### **Research Question 3**

Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and those supervisees' client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45)?



### **Hypothesis 3**

There will be a positive relationship between the quality of the supervisory relationship and supervisees' client outcomes.

### **Research Question 4**

How well does the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) predict client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

### **Hypothesis 4**

The quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling will significantly predict client outcomes.

### **Research Question 5**

Are there relationships between demographic factors (such as place in program, gender, supervisor theoretical orientation, etc.), behaviors in counseling, and the independent variables of therapeutic and supervisory relationships, and the dependent variable of client outcome?

### **Research Design**

Given that correlational research seeks to determine whether or not a relationship exists between variables, and the degree to which the variables related (Fraenkel & Wallen, 2009; Pallant, 2010), a correlational research design was utilized to explore each of the research questions.. Fraenkel and Wallen (2009) further support the use of correlational research for this study both because data will not be influenced through an intervention, and that exploration of the nature of the relationships was the primary focus of the study. Additionally, this was a two-step correlational design, first looking at the relationship between the variables produced by Pearson  $r$  correlation coefficients, then exploring the predictive ability of the independent variables of quality of the supervisory relationship and quality of the therapeutic relationship, on the dependent variable of client outcomes. The independent variables were both measured with the same two instruments: the Barrett-Lennard Relationship Inventory (BLRI) and the Revised Relationship Questionnaire (RQ). Initially, the RQ was the only instrument selected to measure the supervisory and therapeutic relationships, however further investigation revealed that the RQ was quite dated and had not been utilized for research in some time. Thus, the BLRI was added as a more robust and frequently used instrument to measure the state of relationships through a

Person-Centered lens. The RQ stayed in the study, as utilizing both instruments provided an opportunity to establish concurrent validity.

The sample for this study consisted of counseling students enrolled in a practicum or internship course in which they saw clients in a university-based clinic. The particular clinic utilized is located in a large university in the Southern United States. This sample was purposive, and contained 55 counselors-in-training and 88 clients, more than the 84 needed to produce a medium effect size at the .05 alpha level in multiple regression analyses with four independent variables and one dependent variable (Cohen, 1992). The independent variables in this study were the supervisees' perceptions of the quality of the supervisory relationship- determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness were utilized to build the supervisory relationship (as measured by the Revised Truax-Carkhoff Relationship Questionnaire (RQ)- Variable 1, and the Barrett-Lennard Relationship Inventory (BLRI)- Variable 2), and the supervisees' clients' perceptions of the quality of the therapeutic relationship- determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness were utilized to build the therapeutic relationship (as measured by the RQ-Variable 3 and the BLRI- Variable 4). The dependent variable was the change in client symptoms which occurred from the first counseling session to the fifth counseling session (as measured by the Outcomes Questionnaire-45, Lambert et al., 1996).

A linear multiple regression was used to explore bivariate relationships between the variables, as well as the predictive ability of the independent variables on the dependent variable (Fraenkel & Wallen, 2009). The multiple regression yielded Pearson  $r$  correlation coefficients to

determine the extent of the relationships between the supervisory relationship and the therapeutic relationship (Research Question 1), the therapeutic relationship and client outcomes (Research Question 2), and the supervisory relationship and client outcomes (Research Question 3). Finally, the multiple regression shows the extent to which supervisees' perception of the facilitative conditions in the supervisory relationship and clients' perceptions of the facilitative conditions within the therapeutic relationship predict client outcomes- significantly or not, as well as the percentage of variance explained by the two independent variables (Research Question 4).

### **Significance of the Study**

This study strived to connect three individually important components: supervisees' perception of the quality of the supervisory relationship, the supervisees' clients' perceptions of the quality of the therapeutic relationship, and client outcomes. While each of these constructs has strong empirical backing on their own, a gap exists in potentially linking the perception of the level of the conditions from the supervisory relationship to the therapeutic relationship, and client outcomes. Should this study find a significant correlation between the quality of the supervisory relationship (i.e. perception of the facilitative conditions within the supervisory relationship) and the supervisees' clients' perceptions of the therapeutic relationship (i.e. facilitative conditions within the therapeutic relationship), an inference may be made that the more these conditions are modeled in supervision, the more likely they will be utilized to build the therapeutic relationship. Should the perception of the level of the facilitative conditions in supervision and in therapy significantly predict client outcomes, implications for counselor

educators may include greater accountability to supervisors for providing and checking in with supervisees as to the levels of facilitative conditions offered, greater accountability for counselors-in-training to provide and assess the facilitative conditions with clients, and a greater focus on teaching and emphasizing the facilitative conditions throughout the counselor education curriculum.

### **Delimitations/Assumptions**

As with every study, parameters were needed to determine the sample for this study. Delimitations of this study include that the counselors-in-training were serving clients within a university-based clinic, were enrolled in an experiential counseling course in which they see clients- such as practicum or internship, and were supervised by faculty or staff from the university. Assumptions stemming from these delimitations include a lack of counseling experience and limited professional self-efficacy in the counselors-in-training, and high levels of supervision due to the location of the clinic within a university and the enrollment of the counseling students in an experiential counseling course. Thus, results from this study are limited in generalization to a population of counselors-in-training who meet the sample's criteria- including limited experience and high supervision. Clients were only included in this study if they completed five counseling sessions and have OQ-45 scores from both the first session and the fifth session. Should a counselor-in-training have had clients who are not willing to participate in the study, or have clients who do not complete five counseling sessions, neither the counselors' nor the clients' data will be included in the final analyses. The study, therefore, focused on clients who attended sessions regularly for at least five weeks and consented to

participate. Results cannot be generalized to client populations outside of heavily supervised counselors-in-training, or those who do not attend at least five sessions.

### **Definitions of Terms**

Several terms were used in this study to define the constructs measured. The quality of both the supervisory and therapeutic relationships were determined by measuring three of Roger's facilitative conditions- empathy, unconditional positive regard, and genuineness (Rogers, 1957). Additionally, a fourth facilitative condition was utilized in the way the data was collected- the perception of the person receiving the services. In these instances, the client was receiving the counseling services, thus the client's perception of the therapeutic relationship was measured, and the counselor-in-training was receiving the supervision services, thus the counselor-in-training's perspective was used to measure the quality of the supervisory relationship. Finally, client outcomes can be defined in many different ways, however for this study client outcomes were measured based on symptomology upon entering counseling, and approximately mid-way through the semester- at the fifth session. All of the constructs are further defined below.

### **Facilitative Conditions**

Rogers (1957) outlined six "necessary and sufficient" conditions in person-centered theory: 1) a client and counselor are in psychological contact, 2) the client is suffering from some form of incongruence, 3) the counselor is congruent, or genuine, within the therapy session, 4) the counselor feels unconditional positive regard for the client, 5) the counselor feels empathy for the client, and 6) unconditional positive regard and empathy are communicated to the client.

While researchers have shown that these conditions are not necessary or sufficient within themselves; empathy, unconditional positive regard, and genuineness are positively related to client outcomes, therefore will be used for this study (Blatt, Zuroff, Quinlan, & Pilkonis, 1996; Tausch, 1990; Truax & Mitchell, 1971).

**Empathy.** Empathy is the active process of putting oneself into another's perceptive world, taking an honest look at life and the meaning of life events through another person's eyes (Barrett-Lennard, 1962). Rogers stated, "to sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe" (1957, p. 99). Through this process, the client, within a therapeutic context, or the supervisee within a supervisory context, experiences a sense of deep understanding from the counselor/supervisor, and choices that may not have seemed unacceptable, are at the very least, now understandable (Bohart, 2005; Rogers, 1957). Empathy builds the bridge between counselor and client and supervisee and supervisor, allowing the client/supervisee to feel safe and understood.

**Unconditional positive regard.** Rogers defined unconditional positive regard as "the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client" (1957, p. 98). Unconditional positive regard is the act of prizing the client. This does not mean the client's actions or choices must be accepted, but rather the client as a person is accepted unconditionally (Bohart, 2005; Rogers, 1957). Within the supervisory context, unconditional positive regard relays a sense of belief in the counselor-in-training's abilities to become a competent professional and work through any personal or professional issues impeding professional competence (Muse-Burke et al., 2001).

**Genuineness.** Genuineness is defined as the degree to which the counselor is himself or herself with the client, and presents him or herself as a ‘whole’ individual (Barrett-Lennard, 1962). This does not refer to transparency, as the counselor or supervisor does not say every thought that comes into his or her head. In defining genuineness, Rogers stated the counselor is “freely and deeply himself, with his actual experience represented by his awareness of himself. Additionally, it is not necessary that the counselor or supervisor be genuine in all aspects of life, but rather within the counseling hour.

**Client’s Perception.** While a counselor or supervisor may think he or she is relaying empathy, unconditional positive regard, and genuineness to a client, Rogers (1957) hypothesized that the client’s perception of these conditions is equally, if not more, important. If the client or supervisee cannot or does not perceive the facilitative conditions, they cannot influence the therapeutic/supervisory relationship or client growth. Rogers stated, “Unless some communication of these attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned, and the therapeutic process could not, by our hypothesis, be initiated” (1957, p. 99). This is further supported by research indicating that client’s perception of the facilitative conditions is key to growth (Barrett-Lennard, 1962; Martin, Sterne, & Hunter, 1976).

### **Client Outcomes**

For this study, client outcomes are defined as the change in symptomology measured between the first counseling session and the fifth counseling session. Counselors are ethically obligated to know if counseling treatments are helping or harming clients. This information can



be attained through tracking client change (Heppner, Kivlighan, & Wampold, 1992; M. J. Lambert, 1992).

### **Chapter Summary**

While some of the facilitative conditions as posited by Rogers (1957) may have more empirical support than others, the essentials of the therapeutic relationship remain unconditional positive regard, genuineness, and empathy, and relaying these to the client (Glauser & Bozarth, 2001). The research design, variables, data collection, sample, and analysis began the process of illuminating the relationships between facilitative conditions in building relationships in supervision and counseling, and their relationship to client outcomes. Recent research is limited both in person-centered theory and person-centered supervision, so while this study may have limitations, it also served as a stepping-stone to greater understanding in this area.

## **CHAPTER TWO: A REVIEW OF THE LITERATURE**

### **Person-Centered Theory**

Person Centered Theory (PCT) was created by Carl Rogers in the 1950s and 1960s and continues to be one of the most widely identified theoretical orientations used by counseling practitioners (Kelly, 1995). At the core of PCT is the idea that humans are unique, and unlike any that have ever been, are presently, or will be in the future (Cooper & McLeod, 2011). Humans all have growth potential, which is innate through the self-actualizing tendency to move towards greater order and more complexity in life (Rogers, 1961). The self-actualizing tendency pushes people towards being fully functional. The fully functioning person is open to new experiences, capable of intellectual thinking, and honors emotion (Bohart, 2005). While posited over 50 years ago, PCT remains highly relevant, with 908 journal publications on the topic from its origin to 2004, and ranking number five in the most studied therapeutic theories within psychological research (Kirschenbaum & Jourdan, 2005).

In PCT counseling, the counselor does not take on the role of the ‘expert.’ Instead, the counselor’s role is one of a partner, exploring the issues brought to counseling by the client. In fact, it is the client that is the expert on his or her life (Rogers, 1957, 1961). The counselor serves as a ‘process expert’: a person that facilitates discussions of emotions, meanings, and incorporations of new, creative views of past experiences (Bohart, 2005). Additionally, the counselor sets a goal for him or herself to be as present as possible with the client and to provide the optimal conditions for client change through empathy, unconditional positive regard, and genuineness (Rogers, 1957). The presence of these facilitative conditions fosters the therapeutic relationship and promotes client growth.

The heuristic value of PCT lies in the applicability of this theory not only in counseling and psychotherapy, but also in the expansions of the theory into group work with non-clinical populations, into other fields such as education, health care, communication, and parenting skills, and into the creation of new therapies such as focus-oriented therapy and process-experiential therapy (Bohart, 2005; Kirschenbaum & Jourdan, 2005). Later in life, Rogers expanded his theory to opening up dialogue between groups of people with conflicting beliefs that often caused racial or political tensions. He facilitated this through group work, and conducted groups with populations such as blacks and whites in South Africa and Protestants and Catholics in Northern Ireland. Research has also been conducted in the field of education and PCT, beginning with Rogers in 1983. Results from subsequent studies indicate that the strength of the relationship between educators and students is strongly correlated with student outcomes and achievement (Lyon & Rogers, 1981; Robinson, 1967; Rogers, 1969, 1983). Finally, PCT has been widely adopted in health care, from management relationships within health care systems, to physician-patient relationships (Levant & Shlien, 1984; Lietaer, Rombauts, & Van Balen, 1990). Given the applicability of PCT in these various fields, one may infer that aspects of PCT, such as the focus and importance of the relationship and the facilitative conditions used to build that relationship, may also be important to the area of counselor supervision.

### **Therapeutic Relationship**

Rogers was the first to discuss the importance of the therapeutic relationship and its components in detail and subsequently performed research on these components (Kirschenbaum & Jourdan, 2005). The therapeutic relationship is the single most important factor in PCT (Rogers, 1957). Additionally to setting a climate for change, it acts as the agent of change.

Building the therapeutic relationship is the technique and goal of every session of PC counseling (Bohart, 2005). To build a strong therapeutic relationship, Rogers, (1957) posited several constructs that are central to building the therapeutic relationship, three of which are the facilitative conditions of empathy, unconditional positive regard, and genuineness.

The therapeutic relationship is estimated to account for 30% of the variance in positive client outcomes, more than the 15% accounted for by technique, 15% accounted for by the placebo effect (Duncan & Moynihan, 1994; Lambert, 1992). Though several therapeutic techniques and theoretical orientations have empirical support, research results indicate that most therapies are roughly equivalent in effectiveness (Ahn & Wampold, 2001; Messer & Wampold, 2002; Smith & Glass, 1977). Thus, the importance of the therapeutic relationship, and the facilitative conditions used to build the relationship, remains central to client change.

### **Facilitative Conditions**

Rogers (1957) proposed six conditions he believed to be both necessary and sufficient for client change. These included psychological contact between a counselor and client and incongruence within the client, as well as the core conditions for a therapeutic relationship: congruence or genuineness in the counselor, unconditional positive regard for the client, empathy for the client, and client perception of genuineness, unconditional positive regard, and empathy from the counselor. Of the client's perception, Rogers stated, "Unless some communication of these attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned, and the therapeutic process could not, by our hypothesis, be initiated" (1957, p. 99). This is further supported by research indicating that client's perception of the facilitative conditions is key to growth (Bachelor, 1988; Barrett-Lennard, 1962; Lambert & Barley, 2001;

Martin et al., 1976). Barrett-Lennard (1962) stated, “It is what the client experiences that affects him directly... (and) from this that the relationship as experienced by the client (rather than by the therapist) will be most crucially related to the outcome of therapy” (pg. 2).

The facilitative conditions and their importance within the relationship, posited by Rogers in 1957, have been widely researched throughout the last fifty years in exploring many different types of relationships both in psychotherapy and in other fields (Aspy, 1975; Bodoïn & Pikunas, 1977; Buki, Borrayo, Feigal, & Carrillo, 2004; Carkhuff, Kratochvil, & Friel, 1968; Carkhuff, 1967; Combs & Soper, 1963; Kendrick, Simmons, Richards, & Roberge, 1993; Rogers, 1983; Schacht, Howe, & Berman, 1989; Tepper & Haase, 2001; Truax & Carkhuff, 1967). To examine the facilitative conditions through a client’s perception, Barrett-Lennard (1962) conducted one of the first studies via an instrument he developed to measure empathic understanding, level of regard, congruence, and willingness to be known. This study served to validate the instrument, the Relationship Inventory, or Barrett-Lennard Relationship Inventory as it was later known (BLRI). Client change was also measured through both the perception of the therapist and the perception of the client: therapist perceptions were gathered through ratings of client change on a 10-point Likert scale, as well as a four-point change scale used by the therapist at termination; while client perception of change was measured through the *Q* Adjustment Scale, the Taylor Manifest Anxiety Scale, and the Depression Scale (both from the Minnesota Multiphasic Personality Inventory). Clients (N= 42) and therapists (N=21) completed the Relationship Inventory after 5, 15, and 25 sessions. Of the 21 counselors included in the sample, client load ranged from 1-4 client participants. Of the 42 participants, all were sampled at 5 sessions, 30 were sampled at 15, and 26 were sampled at 25 sessions. Results from the BLRI indicated that

counselors viewed the relationship slightly more positively than clients- meaning that the clients' perception of the therapeutic relationship was not as positive as the therapist perception. Split-half reliability was tested on the instrument, and found to be it to be an internally reliable instrument. Additionally, scores at the 25<sup>th</sup> session were comparable to scores from the 5<sup>th</sup> session, indicating use of the scale after a shorter time period is suitable. In examining the therapeutic relationship after five sessions, clients with greater change (more than two points on the 10 point change scale) rated the relationship significantly higher (M=155.6) than clients with smaller change scores (M=101.0). Results also support the idea that the client's perception of the relationship is more central to client change than the therapist's perception, as therapist perception results were less significant. Overall, this seminal study set a precedent for studying the therapeutic relationship from the client's perception, and launched decades of research improving the BLRI and applying facilitative conditions related relationship research (Barrett-Lennard, 1962).

A meta-analysis conducted by Truax and Mitchell (1971) reported 66 statistically significant correlations between positive client outcomes and the facilitative conditions of empathy, unconditional positive regard, and genuineness, versus one negative correlation across 14 studies. Blatt, Zuroff, Quinlan, & Pilkonis (1996) conducted a large experimental study on depression in which participants were given a drug therapy, cognitive-behavioral therapy, interpersonal therapy, or a placebo treatment. While no significant difference were found in client outcomes based on treatment group, the facilitative conditions of empathy, genuineness, and unconditional positive regard as measured in the second session were highly correlated with positive client outcomes across treatment groups. Additionally, Lambert and colleagues

examined 100 studies focused on client outcomes that also included statistical analyses, and concluded that ‘common factors,’ made up of concepts such as empathy, warmth, and the therapeutic relationship, constituted 30% of client outcomes; whereas other constructs such as technique and expectancy only accounted for 15% of outcomes each (Lambert & Barley, 2001).

Facilitative conditions are also necessary in building a strong supervisory relationship (Moses & Hardin, 1978; Muse-Burke et al., 2001). Conditions such as empathy, unconditional positive regard- often referred to as respect, and genuineness relayed from the supervisor to the supervisee creates an environment and relationship in which the supervisee can freely explore both personal and professional issues related to client treatment (Muse-Burke et al., 2001). As with clients, the supervisee’s perceptions’ of these conditions is key to supervision being considered effective.

**Empathy.** Empathy remains the most researched construct of Rogers’ original theory. Building off the definition of empathy introduced earlier, Elliott and colleagues (2011) distinguish between three types of empathy: *empathic rapport*, *communicative attunement*, and *person empathy*. Empathic rapport is defined as, “The therapist exhibits a compassionate attitude toward the client and tries to demonstrate that he or she understands the client’s experience, often in order to set the context for effective treatment” (Elliott et al., 2011, pg. 44). Communicative attunement occurs as the counselor works to actively listen to the client, and relays the active listening to the client through nonverbal and reflections. Finally, person empathy encompasses the definition originally posited by Rogers in 1957, and is defined as, “a sustained effort to understand the kinds of experiences the client has had, both historically and presently, that form the background of the client’s current experiencing” (Elliott et al., 2011, pg. 44). Coupled with

the dimensions of empathy are mediating factors produced by both the counselor and the client. Counselors who practice open discussions of countertransference issues, are more similar to their clients, and communicate positively through non-verbal behaviors are generally perceived as more empathic (Peabody & Gelso, 1982; Watson & Greenberg, 2009; Watson, 2001). Client mediating factors may include intelligence level, less clinical dysfunction, and participate in open communication with the counselor (Barrett-Lennard, 2002; Orlinksky, Grawe, & Parks, 1994). Elliot and colleagues (2011) sum this up by stating, “Empathy truly appears to be a mutual process of shared communicative attunement” (pg. 47). More recently, a greater understanding of mirror neurons has led to the definition of empathy being extended to include three subconscious processes:

(a) an *emotional simulation* process that mirrors the emotional elements of the other’s bodily experience with brain activation centering in the limbic system and elsewhere (Decety & Lamm, 2009); (b) a conceptual, *perspective-taking* process, localized in parts of the prefrontal and temporal cortex (Shamay-Tsoory, 2009); (c) an *emotion-regulation* process used to soothe personal distress at the other’s pain or discomfort, making it possible to mobilize compassion and helping behavior for the other (Decety & Lamm, 2009).

With the many interpretations and dimensions of empathy introduced and posited throughout the literature, instruments and methods to measure empathy have been broad and un-uniform. Researchers have utilized observer-rated empathy- with outside ‘raters’ listening for empathic responses during session segments; therapist ratings of empathy- in which the counselor rates him or herself in empathic interactions with the client; client ratings of empathy- where the client relays how empathic they perceive the counselor to be; and empathic accuracy- measuring congruence between both counselor and client perceptions of empathy (Elliott et al., 2011; Greenberg, Watson, Elliot, & Bohart, 2001).



Bohart, Elliot, Greenberg, and Watson (2002) conducted a large meta-analysis on empathy research. This study covered 47 studies across 39 years and 3,026 participants. Overall, empathy was shown to have a medium effect size of .32 on positive client outcomes, which is considered a noteworthy correlation within counseling research. This meta-analysis was revisited in 2011, with a sample size of 57 studies, 224 separate measures of empathy, and 3,599 clients. Empathy was again found to be a moderate predictor of client outcomes, with  $r = .31, p < .001$  (Elliott et al., 2011). Correlating with the research produced in 2002, this study also showed that empathy accounts for around a 9% variance in therapeutic effectiveness/positive client outcomes. When breaking the sample down by measurement type, client-rated empathy was the best predictor of client outcomes, with  $r = .32$ ; followed by observer ratings of empathy,  $r = .25$ , and counselor ratings of empathy,  $r = .20$ . This article resulted in seven conclusions: a) empathy is essential in all forms of therapy, regardless of theoretical orientation, b) counselors must attempt to not only understand their clients, but also to relay this understanding to them, c) accurate reflections of meaning are a powerful tool in which empathy can be relayed, d) empathic counselors attend to what the client has said, but also to what has not been said, and how that affects the client's overall level of perception and functioning, e) empathy is a personalized construct (i.e. the same responses given to different individuals will not seem empathic to all), f) empathy should always be given knowing that the counselor can be wrong about his or her interpretation of the client, and finally, g) empathy is strongly correlated to other facilitative conditions, and thus should be given in correspondence with both genuineness and unconditional positive regard (Elliott et al., 2011).

**Unconditional positive regard.** Some confusion is introduced into measuring this construct due to the varying terminology used to describe the same construct. In reviewing research on unconditional positive regard, Orlinsky, Grawe, and Parks (1994) found terms including positive regard, acceptance, non-possessive warmth, and respect, and formed the umbrella term of *therapist affirmation*. Additionally, this concept has not been widely studied within the counseling and psychotherapy research (Farber & Lane, 2001). In Orlinsky et al.'s (1994) meta-analysis, the authors reported 56% of 174 findings associated with unconditional positive regard were positive, and from the client's perspective 65% were positive. In summation, the authors reported, "Overall, nearly 90 findings indicate that therapist affirmation is a significant factor, but considerable variation in ES [Effect Size] suggests that the contribution of this factor to outcome differs according to specific conditions" (p. 326).

In a review of 16 more recent studies, Farber and Lane (2001) did not find any negative correlations between unconditional positive regard and client outcomes, with the relationship of unconditional positive regard and client outcome split evenly between significant positive correlations and non-significance. They concluded that offering unconditional positive regard does not harm the therapeutic process, and may aid in client change sometimes by itself, or with the presence of other facilitative conditions or therapies. Finally, the authors recommended that counselors be especially aware of communicating their unconditional positive regard to clients, as 88% of findings reviewed support unconditional positive regard as important to the client (Farber & Lane, 2001).

**Genuineness.** Genuineness is defined as the degree to which the counselor is himself or herself with the client. It is the opposite of presenting a façade, either knowingly or

unknowingly” (Rogers, 1957, p. 97). Rogers (1957) believed that the counselor is not required to be genuine throughout every aspect of his or her life, as that would be difficult, but must be genuine within the therapeutic session. This genuineness allows the counselor or supervisor to acknowledge his or her own thoughts and feelings within the moment, so that attention is directed back to the client (Rogers, 1957). Within a supervisory relationship, the supervisor utilizes his or her knowledge of the supervisee to determine genuine responses that will facilitate the growth of the counselor-in-training, such as normalizing the difficulty of being a professional counselor and modeling personal disclosure.

The concept of genuineness has caused some debate, as it may be confused as over self-disclosure or lack of attention to the client due to self-introspection (Orlinksky et al., 1994); however, Rogers described it as a state of acknowledging one’s feelings about a client instead of repressing them (1957). This process allows the counselor to focus again on the client, instead of the underlying feelings the counselor is experiencing. The counselor may discuss these feelings in the therapeutic relationship or a supervisory relationship when they stand in the way of the counselor experiencing and relaying empathy and unconditional positive regard.

As an abstract concept, genuineness has been the least researched of the facilitative conditions, and more research is necessary to fully understand the construct (Sachs & Elliot, 2001). However, a client’s perception of genuineness may be easier and more appropriate to measure, as the counselor’s genuineness will not affect client growth unless it is perceived (Rogers, 1957). Counselor genuineness is important to clients, as evidenced by Klien, Kolden, Michels, and Chisholm-Stockard’s study in which 83% of clients rated counselor genuineness as a positive experience (2001).

**Contradictory research of the facilitative conditions.** While many studies have validated Rogers' theory of the importance of the facilitative conditions, some have studies have produced vague results (e.g. Bergin & Suinn, 1975; Bolton, 1977; Parloff, Waskow, & Wolfe, 1978). Experts in the field of Person Centered Theory have pointed out several problems with these studies, including minimal use of the facilitative conditions and misinterpreting Rogers' theory in that one condition should be sufficient for client growth, while he clearly stated that it was the combination of these conditions that elicit growth (Kirschenbaum & Jourdan, 2005; Rogers, 1957). This piece of PCT is supported through Rudolph and colleagues' research (1990). This study examined 80 PC counselors, 149 clients, and used a wait-list as the control group. Results indicated significant client growth when two of the three facilitative conditions were present, as compared to the control group (Rudolph, Langer, & Tausch, 1980).

### **Supervision & The Supervisory Relationship**

Clinical supervision is foundational to beginning counselors' education and development (Bernard & Goodyear, 2009). Similar to various therapies, supervision is a separate intervention from other functions the counselor or counselor educator may perform (Bernard & Goodyear, 2009). The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) defines supervision in terms of knowledge and skills/practices. Supervision knowledge encompasses understanding of (a) supervisory purposes; (b) theories and models; (c) relationships and roles; and (d) ethical, legal, and multicultural concerns. Supervision practice and skills are demonstrated through counselor educators-in-training developing their own supervision style and then effective demonstration of the above supervision knowledge areas

(Doctoral Standards Section IV, A-B). Additionally, counseling students enrolled in a CACREP accredited program are required to attend one and a half hours of group supervision per week and one hour of individual or triadic supervision during their practicum and internship experiences. Thus, clinical supervision is a significant factor in supporting the development of ethical counseling students who possess the skills and dispositions to provide effective counseling services to diverse client populations.

Bernard and Goodyear (1992) define clinical supervision as “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession” (p. 7); where the supervisory relationship is (a) evaluative, (b) stratified, (c) longitudinal, (d) enhances functioning of the supervisee, (e) ensures quality services for clientele, and (f) acts as a gatekeeper for the profession. In addition, the Association for Counselor Education and Supervision (ACES, American Counseling Association, 1990) stated “The supervisor’s primary functions are to teach the inexperienced and to foster their professional development, to serve as consultants to experienced counselors, and to assist at all levels in the provision of effective counseling services” (p. 32). Counselor supervision, however, is more than association definitions. It is seen as a key factor in producing qualified, effective counselors through forming a relationship and modeling, teaching, and counseling in the supervision process. Moses and Hardin (1978) stated, “Supervision should provide an extending experience in which the supervisee can blend professional knowledge and personal qualities, becoming ever more capable of being effective help to others in realizing more fully the potentials of their true selves” (pg. 444).

Supervision is viewed as a complex concept, made-up of various constructs that all exist on continuums across each individual supervisor and supervisee. These constructs include theory of the supervisor and the supervisee, individual differences of the supervisor and supervisee—such as race/ethnicity, experience level, and trainee attributes, evaluation, and the supervisory relationship (Goodyear & Bernard, 1998). While all of these concepts are critical to supervision, the supervisory relationship is the central concept of supervision in this study, and thus will be discussed in more depth.

### **The Supervisory Relationship**

The supervisory relationship is an essential component of developing competent counselors-in-training (Bernard & Goodyear, 2009; Muse-Burke et al., 2001; Rønnestad & Skovholt, 1993). In establishing a supervisory relationship, the supervisor seeks to develop a rapport and environment in which the supervisee can wholly investigate any issues preventing or delaying growth as a counseling professional or inhibiting client change (Muse-Burke et al., 2001; Worthen & McNeill, 1996). Moses and Hardin stated, “The supervisory relationship is thus seen to be an encounter, a genuinely personal interchange between supervisor and supervisee, a sharing interactive process based on mutual respect” (pg. 445). There are many aspects of the supervisory relationship that relate to the therapeutic relationship, and others that are unique to supervision. Though the constructs focused on within this study are the transferable skills encompassed within the facilitative conditions, it is worth mentioning that beyond the skills necessary to build a therapeutic relationship, a supervisory relationship may also consist of transference and countertransference issues, trainee evaluation, and supervisee resistance and anxiety (Pearson, 2000). Counselor supervision is a broad field of study, thus this literature

review focuses on the elements of counselor supervision that are most pertinent to the constructs studied: the supervisory relationship as it is affected by the facilitative conditions and the importance of the supervisory relationship to effective supervision and therapy.

As previously mentioned, the conditions such as trust, empathy, respect, and genuineness form a foundational part of the supervisory relationship (Ladany et al., 1999; Moses & Hardin, 1978; Muse-Burke et al., 2001; Pearson, 2000). Thus, there is a strong similarity between the supervisory relationship and the therapeutic relationship. The idea of the interrelatedness of counseling and training, or supervision, is a type of isomorphism. Isomorphism- the idea of patterns, structure and content repeating itself in different but parallel domains- can be applied to counseling and supervision/training (Liddle & Saba, 1983). Parallel process, as it is now known, is a strong indicator of the tie between supervision and counseling, and thus the supervisory relationship and the therapeutic relationship. For example, Frankel and Percy (1990) examined the affects on supervisor phone-ins on client counselors-in-training and clients. Utilizing 12 supervisors and 48 counselors-in-training, both counselors-in-training and supervisors were asked to fill out a Live Supervision Process form following each video-taped counseling session stating the most and least helpful aspect of the phone-in. In addition, counselor-in-training submitted video segments of 4-8 minutes of every session in which a phone-in occurred. Two of these segments from each counselor-in-training were randomly selected for use in the study, giving a final N of 96 counseling sessions. Unaffiliated observers coded each session for client resistance (as a form of outcome), supervisor behavior, and counselor-in-training behavior. Utilizing the Live Supervision Process forms and the video taped, coded segments, results indicated that the effectiveness of the supervisors' use of both supportive and teaching behaviors

were significantly related to the counselor-in-trainings' use of supportive and teaching behaviors with clients. Additionally, the supervisors' relationship and structuring skills within supervisory phone-ins were significantly correlated with the counselor-in-trainings' relationship and structuring skills with the client. Though study limitations include lack of a control group, lack of experimental design, and lack of any measure of client outcomes with the exception of any resistant behavior displayed in the videotapes, this study illustrates the strong connection between the supervisory relationship and the therapeutic relationship.

In a study of critical incidents in supervision, Ellis (1991) examined the following factors in supervision: competence, emotional awareness, autonomy, personality, individual differences, professional ethics, purpose and direction, and the supervisory relationship. To measure critical incidents, counselors-in-training completed 48 Critical Incident Questionnaires (CIQ) asking three questions: 1) Please describe any critical incident in your most recent supervision session, 2) What made this a critical incident for you, and 3) At what point in the session did this occur? This data was then broken down and coded by two doctoral students uninvolved in the study. Ellis (1991) found relationship issues within the supervisory relationship to be significantly the most prevalent critical incident reported by counselors-in-training, with  $N= 48$ ,  $mean=2.38$ ,  $SD=.98$ ,  $p<.004$ . Thus, Ellis found the supervisory relationship to be an especially important component in counselor training.

A goal and by-product of a strong supervisory relationship is the building of self-efficacy within counselors-in-training (Bernard & Goodyear, 2009). Levels of self-efficacy have been linked to effective supervision (Cashwell & Dooley, 2001). Fernando and Hulse-Killacky (2005) performed a study to research the impact of supervision style on supervision satisfaction and



perceived self-efficacy of the counselors-in-training. The Supervisory Style Inventory was utilized to ascertain counselor's-in-trainings perceptions of their supervisors' styles. This instrument breaks supervision style down into three categories: Attractive (e.g. friendly, supportive, trusting), Interpersonally Sensitive (e.g. reflective, intuitive, trusting), and Task Oriented (e.g. goal-oriented, structured). The Supervisory Satisfaction Questionnaire was used to obtain satisfaction scores, and the Counseling Self-Estimate Inventory was utilized to measure self-efficacy. With a sample size of 82 counselors-in-training across six universities, multiple regressions were drawn from the data to correlate supervisory style with perceived self- efficacy and supervision satisfaction. Results indicate that Interpersonally Sensitive supervisor style significantly correlated with supervision satisfaction ( $\beta=.483$ ;  $p<.005$ ), while the Task-Oriented style significantly correlated with counselor-in-training self-efficacy ( $\beta=.376$ ,  $p<.005$ ). Thus, the supervisory relationship, and the counselor-in-training's perception of the supervisory style which guides the formation of the relationship, may play a significant role in supervision satisfaction and counselor-in-training self-efficacy, both of which are hallmarks of effective supervision (Fernando & Hulse-Killacky, 2005).

Hilton, Russel, and Salmi (1995) conducted a study to examine the effects of varying levels of support and racial differences in supervision. High support was defined very similarly to the establishment of a therapeutic relationship, in that the supervisor establishes a rapport, reinforces positive behaviors, and provides emotional support through mechanisms such as non-verbal affirmations, use of the counselor's name, and voice tone. Participants included 60 Caucasian female counselor trainees, six supervisors (three African American, three Caucasian), and 3 undergraduate female Caucasian students to role-play as clients. The sample was

purposely all female to control for gender effects. The researchers used several instruments: the Counselor Rating Short Form (CRF-S), given to the clients and supervisors to measure the counselor's expertness, attractiveness, and trustworthiness; the Supervisory Evaluation Form-Counselor & Supervisor Forms (CEF-C, CEF-S), to measure perceptions of the supervision session including helpfulness in understanding client, overall rating of supervisor, portion of session spent discussing various topics such as relationships, and level of supervisor support (counselor form), and the supervisor form examining how typical the supervisor's behavior was during the session, how much they helped the supervisee, how closely they adhered to their plan for supervision, the percent of time spent discussing content areas, and perceptions of support provided; and finally, the Barrett-Lennard Relationship Inventory (BLRI), to measure of supervisory relationship, from both the supervisee and supervisor perspectives. Supervisees were assigned randomly to five conditions, which constituted a mix of racial differences and levels of support. The findings indicate that level of support is a significant determining factor in effective supervision,  $F(1, 44) = 6.99, p < .01$ . Additionally, BLRI mean scores were higher for supervisees in high support conditions ( $M=97$ ), than those in low-support conditions ( $M=66.75$ ). Two by two ANOVA results indicated that levels of supervisory support have a significant effect on the supervisory relationship,  $F(1,44) = 12.88, p < .01$ . Thus, supervisees in high support conditions rated the quality of their supervisory relationships as higher and their supervision as more effective. Interestingly, no significance was found for racial differences throughout the study (Hilton, Russell, & Salmi, 1995).

McCarthy and colleagues studied a large sample of practicing therapists to determine supervision practices, particularly to identify characteristics of supervision such as ethics of

supervisors and values of supervisees. The Clinical Supervision Questionnaire, a 45 question instrument covering a range of issues from demographics to the nature and context of supervision, was sent out to a large sample of master's level, licensed psychologists, with a return rate of N=232 usable returns. Among other findings, researchers asked the participants to rank their supervisors' techniques from most-used to least-used, with results showing that support/encouragement was the most highly ranked technique. Additionally, when asked about the most helpful aspects of supervision, respondents rated the supervisor's facilitative characteristics- empathy, genuineness, regard, etc.- as the most helpful at 44.2% (McCarthy, Kulakowski, & Kenfield, 1994).

Worthen and McNeill (1996) conducted a phenomenological qualitative investigation of 'good' supervision with eight participants. The participants consisted of four men and four women from six different sites, and were all counseling psychology PhD students currently under supervision. Participants agreed to an interview with the researchers, which focused around this research question: "Please describe for me as completely, clearly, and concretely as your can, an experience during this semester when you felt you received good psychotherapy supervision" (Worthen & McNeill, 1996, p. 26). Interviews were not time constrained, however none lasted over an hour and most lasted between 45 and 50 minutes. Interviews were then transcribed for analysis. Data analysis consisted of breaking the transcripts down into meaning units, and analyzed both individually and as a group. The researchers concluded that four phases were present within the data, as to what makes a 'good' supervision event. The following describes the four phases:

The first phase was the *existential baseline*, or the context from which the events of good supervision emerged. *Setting the stage* was seen as a second phase, in which events

leading up to good supervision were experienced. The third phase was labeled the *good supervision experience*. This was the pivotal phase in which the influence of supervisor and supervisee factors interacted to create within the supervisee a sense that something positive and eventful had occurred within supervision. The final phase was designated *outcomes of good supervision*. The effects of the good supervision experiences were manifested in this phase. (p. 28)

Additionally, the researchers reported that each of the eight participants reported the supervisory relationship to be “crucial and pivotal” (p. 32). Though the relationship was not the focus of each individual supervision session, it served as the foundation to exploring critical issues. The researchers concluded, “learning and acquisition of professional skills and identity may be delayed, hampered, or not fully developed outside the context of an effective supervisory relationship” (pg. 32).

**Negative effects of the supervisory relationship.** As the supervisory relationship can be a powerful mechanism in training counselors, a negative experience within supervision can be equally as powerful. Gray, Walker, Ladany, and Ancis (2001) conducted a qualitative study to investigate how negative events in supervision impact the supervisory relationship and the therapeutic relationships of the counselors-in-training. Based on past literature which indicated negative supervisory experiences were disempowering and often due to inflexible, authoritarian-type supervision (e.g. Allen, Szollos, & Williams, 1986; Hutt, Scott, & King, 1983; Kennard, Stewart, & Gluck, 1987), and positive supervision experiences were non-judgmental, accepting, supportive, and respectful, among other attributes (e.g. Hutt et al., 1983; Kennard et al., 1987; Worthen & McNeill, 1996), researchers conducted open-ended long interviews with 13 participants on supervisory experiences. Utilizing CQR to analyze the data, researchers found that counterproductive events in supervision did lead to a weakening of the supervisory

relationship. This caused permanent damage to some relationships, while most others were able to recover from the negative event. Relationship recovery was credited to actions such as discussing the negative event, affirmation of the negative event by the supervisor, and gradual rebuilding of trust in the relationship. Results also indicated that while participants found some aspects of supervision negative, they typically found supervision to be a positive experience. In reference to the research question surrounding supervision and interactions with clients, counselors-in-training found parallel process to be dominant between supervision processes and therapeutic processes. Thus, negative relationship components such as authoritarianism, lack of growth and learning, and lack of reflection within the supervisory relationship may also play out within the therapeutic sphere (Gray, Ladany, Walker, & Ancis, 2001). While not generalizable as qualitative research, the implications of this study do point towards the importance of a strong supervisory relationship not only to benefit counselors-in-training, but also clients of those counselors.

**Critiques of the importance of the supervisory relationship.** While the supervisory relationship is viewed as central effective supervision by many (Bernard & Goodyear, 2009), it is also viewed as a small piece of the much larger concept of supervision. As previously mentioned, multiple components of supervision beyond the supervisory relationship include but are not limited to the individual attributes of both the supervisor and supervisee, experience level of the supervisee, race, and gender. While covering the supervisory relationship extensively in their books on supervision, in a journal article regarding supervision research, Goodyear and Bernard (1998) state, “because the purpose of supervision is to help the trainee learn skills rather than to change enduring personality patterns, the supervision relationship probably is somewhat

less central, although still an essential element” (pg. 13). Additionally, Lambert and Ogles (1997) assert, “There exists little empirical evidence supporting the necessity of a therapeutic climate for the acquisition of interpersonal skills... and it appears that learning these skills can occur without high levels of empathy, genuineness, and unconditional positive regard, as long as the supervisee perceives the supervisor is indeed trying to be helpful” (pg. 426). While these assertions downplay the importance of the supervisory relationship in supervision, the multiple studies over many years support the notion that the supervisory relationship is a central component of effective supervision.

### **Person-Centered Supervision**

While the supervisory relationship is central to all counselor supervision regardless of theoretical orientation, person-centered supervision operates on the assumption that the relationship in which the supervisee and supervisor create is based on the supervisor trusting the supervisee’s innate desire to grow both personally and professionally (Rogers, 1961). At the core of the Person-Centered Theory (PCT; Rogers, 1957) are the facilitative conditions necessary for therapeutic change (e.g. empathy, congruence, unconditional positive regard), coupled with the belief that all individuals desire to grow. The therapeutic relationship is the focus of PCT, and all elements of therapy, and thus supervision, align to the purpose of building the relationship. In turn, the relationship is the agent of change. To form the optimal therapeutic or supervisory relationship, core facilitative conditions and a strength-based approach are utilized. The core therapeutic factors within PCT include but are not limited to genuineness, respect, and empathic understanding (Rogers, 1957). Person-centered supervisors practice remaining in the present with their supervisees, reflecting, and empathizing to build the relationship.

Patterson (1964) stated: “Supervision, while not therapy, should be, like all good human relationships, therapeutic. Supervision is a relationship, which is therapeutic, and in which the student learns” (p. 48). Within the supervisory process, a strong relationship is central to the effectiveness of supervision in growing trainees’ abilities and self-actualization (Bernard & Goodyear, 2009; Lambie & Sias, 2009; Ramon-Sanchez et al., 2002; Ronnestad & Skovholt, 1993). The person-centered supervisor mirrors the therapeutic process with the supervisee by listening, allowing the supervisee to lead the discussion, and minimizes questioning; allowing the supervisor to model skills for the supervisee without reiterating material taught prior to beginning practice (Patterson, 1983). The strong supervisory relationship is characterized by open and honest communication, unconditional positive regard for the supervisee, and a working partnership for the betterment of clients and growth of the counselor-in-training; and thus fosters developmental growth in the supervisee in the same way that the therapeutic relationship acts as the agent of change for the client.

The supervisory relationship can be strengthened through the perception of the facilitative conditions of empathy, unconditional positive regard, and genuineness by the supervisee. Muse and colleagues (2001) state that the facilitative conditions “ground the relationship in mutual trust and respect” (pg. 34). Empathy may be perceived through the supervisor expressing sincere interest in the supervisee’s struggles in becoming a counselor and reflecting back the emotions and challenges of the supervisee. In a study discussed more fully under “Client Outcomes and Supervision”, Harkness (1995) found supervisory empathy significantly correlated with client contentment, ( $r=.31, p < .05$ ). Thus, empathy displayed by the supervisor affected both the supervisee and the supervisee’s clients. Unconditional positive

regard, or respect, may be relayed through focusing on the supervisee's strengths and valuing the supervisee despite setbacks. Finally, genuineness may be conveyed through the supervisor utilizing appropriate self-disclosure and being him or herself within the supervisory relationship, while guiding the supervisee through the lens of understanding of the supervisee's needs and developmental level (Muse-Burke et al., 2001).

Beyond the scope of therapeutic factors necessary for change, person-centered supervision involves setting up clear expectations for evaluation and facilitating the self-actualization of the supervisees through meeting them at their current developmental level (Dollarhide & Granello, 2001; Patterson, 1997). The supervisory relationship is held to the same standards of genuineness and honesty as the therapeutic relationship; therefore, evaluation criteria must be explained and understood from the beginning of the supervision process. The clear and open discussion of the evaluation process within supervision serves a dual purpose of the supervisor modeling the desired core conditions necessary for client growth, while concrete and clear expectations match the developmental needs of anxious supervisees and prevents possible ruptures in the relationship when, at a later time, the evaluation process begins. Also, the person-centered counselor conceptualizes clients through the innate tendency towards self-actualization. Thus, the person-centered supervisor also conceptualizes supervisees in the same manner, creating a unique supervisory process that will look different according to the needs of the supervisee (Dollarhide & Granello, 2011). This is reflected in supervisee-lead sessions, a strengths-based approach, and the supervisor's support through challenging, growth-inducing situations.



Returning to idea of isomorphism, Pierce and Schauble (1970) conducted a seminal study on the person-centered facilitative conditions of empathy, positive regard, genuineness, and concreteness as they relate to supervision. They examined the affect of the supervisor's level of facilitative condition functioning in sessions with clients on supervisees' levels of facilitative condition functioning, basing the study on a model of person-centered supervision posited by Carkhuff in 1967. This theory divided supervisors and supervisees into five levels of facilitative condition functioning. Supervisors and supervisees with higher levels of functioning ( $> 3$ ) exhibit accurate empathy, caring for and seeing potential in clients, are freely and deeply themselves in session, and guide the conversations in a concrete, detail oriented manner. Those with lower levels of facilitative functioning ( $< 3$ ) seem unaware of the client's feelings, unable to relay genuineness of self in session, do not see creative potential in clients, and direct conversations toward abstraction and intellectualization. A level 3 was deemed a minimal level of facilitative condition functioning to be effective in utilizing the conditions (Carkhuff, 1967; Pierce & Schauble, 1970). Finally, this theory ascertained that a supervisor must be a least one level above that of his or her supervisee to effect change or growth in the supervisee. To test this theory, 15 counseling internship and advanced practicum students were recruited at a college counseling center. Their supervisors, a total of 12, also participated. Supervisors were all PhD level counselors, with counseling experience ranging from 1-25 years, and were from a variety of theoretical orientations. To ascertain the supervisor level of functioning, outside raters viewed videos of the supervisors in sessions with clients, and rated them (1-5) on empathy, regard, genuineness, and concreteness within the counseling sessions. Means were calculated based on several raters, and the supervisors were then divided into an overall high functioning group ( $n=4$ ;

Means: empathy: 3.44, regard: 3.27, genuineness: 3.29, concreteness: 3.42) and an overall low functioning group (n=8, Means: empathy: 2.04, regard: 1.94, genuineness: 1.95, concreteness: 1.80). Supervisees were then split into two groups depending on the group their supervisor was placed into: one high functioning supervisor group (n=7) and one low functioning supervisor group (n=8). Supervisees turned in 6 tapes of counseling sessions across one school year, with one pre-measure within the first three weeks of counseling, and five subsequent tapes. Again, outside raters examined the sessions and rated the levels of empathy, genuineness, regard, and concreteness exhibited during the counseling sessions. Due to a small N, researchers used non-parametric tests to examine between-groups and within-groups differences. Overall, results showed a significant difference between the high supervisor functioning group of supervisees, and the low supervisor functioning group of supervisees. Additionally, there were significant differences with the high group- indicating that growth was positive but not even across the group; while no significant differences were seen in the low functioning supervisor group. No significant differences were found between groups during the pre-measure, however as early as six weeks into the study, the high functioning supervisor group showed significant improvement in all four conditions, while the low functioning supervisor group showed no change (Pierce & Schauble, 1970). Though limitations of the study do include the small sample size and limited demographics, this study set a foundation for the importance of modeling the facilitative conditions for supervisees, in order to pass the skills down to the benefit of clients.

## **Client Outcomes**

The greatest positive client outcome is lasting, constructive change in the client's life (Mash & Hundey, 1993). Measuring the effectiveness of counseling through client outcomes predates the creation of the counseling profession as it is known today, and goes back to 1952 when Hans Eysenck compared symptomology of clients in therapy to those not receiving therapeutic services. His study found no difference in symptomology of the two groups, thus drawing the conclusion that counseling effectiveness to improve symptomology was an unproven concept (Eysenck, 1952). This study sparked the research movement in finding psychotherapies to be effective or ineffective and gave birth to the 'empirically proven methods' movement in counseling.

Though Eysenck's (1952) study was criticized for its many limitations, including the threats to internal validity and use of studies without a common statistical procedure, research began in earnest not only to prove the effectiveness of therapy, but also a debate on how to examine client effectiveness across studies with a range of sample sizes and usage of various statistical analyses (Smith, Glass, & Miller, 1980). From this, the meta-analysis was created to examine client outcomes and determine counseling effectiveness across studies. Through utilization of effect sizes- i.e. "the mean difference between the treated and control subjects divided by the standard deviation of the control group," (Smith, et al, 1980, p. 68)- rather than statistical significance, researchers are now able to compare outcomes studies which may have had various samples sizes and utilized various measures of client change. By utilizing this method, Smith and colleagues found the overall effect size for therapy to be 0.85. This finding

greatly differed from that of Eysenck's, in that people engaging in therapy of some sort showed 80% less symptomology than those not in therapy (Smith et al., 1980).

Researchers now measure change through three different lenses: counselor techniques, counseling process and interactions, and client behaviors. Client behaviors can further be broken down into three areas of change to procure a complete picture of well-being in a client's life: distress level (i.e. symptomology), performance in all roles of one's life (work, personal, etc.), and relationship functioning (M. J. Lambert & Hill, 1994). It is now considered both an ethical and moral responsibility to assess counseling efficacy for clients (Heppner et al., 1992), therefore, for this study client outcomes will be measured through a change over time measured by a statistically reliable assessment measure- the Outcomes Questionnaire (Lambert et al., 1996).

### **Facilitative Conditions and Client Outcomes**

Several studies have been conducted over the last 40 years examining the facilitative conditions of empathy, genuineness, positive regard/warmth and their affects on client outcomes in counseling. One seminal work which examined the facilitative conditions and therapeutic outcome was conducted by Truax and colleagues in 1966. This study utilized 40 in-patient clients deemed 'psychoneurotic,' and the four counselors that treated them. Clients must have had four sessions to be included in the study, and sessions were once per week for an hour. Instruments used included the Accurate Empathy Scale, Non-possessive Warmth Scale, and the Therapist-Genuineness Scale. Six three-minute excerpts were used from each session and rated using the above-mentioned scales. Outcomes were measured through a global improvement scale- a symptomology based assessment- that was completed by both the client and the

counselor. Results showed significant differences across the therapists in regards to empathy, genuineness, and warmth. Additionally, clients paired with the counselors which had the greatest ratings of levels of facilitative conditions, showed the greatest im (Truax et al., 1966).

Chiappone, Piccinin, and Schmidtgoessling (1981) examined the affects of therapist levels of facilitative conditions on assertiveness training. Their sample consisted of 45 participants- 23 males and 22 females with a mean age of 24.4. Participants were divided into six groups: 2 focusing on utilizing facilitative conditions, 2 using a 'discussion' format, and 2 as the control group following the standard assertiveness group format. The facilitative groups included the standard program plus discussions and interventions to relay acceptance, understanding/empathy, and concern. The discussion group utilized the standard intervention plus a 15-minute period of group-member lead discussion at the end of each session. Each group met for 2 hours per week, for eight weeks. Researchers used the Assertion Inventory to measure level of comfort with assertiveness, and the Counselor Rating Form and Barrett-Lennard Relationship Inventory (BLRI) to measure facilitative conditions. While all groups improved in comfort with assertiveness with no significant differences, higher scores on the BLRI were significantly positively correlated with outcome measures. Thus, the higher the client rated the group counselor on use of the facilitative conditions, the lower the client scored on discomfort with assertiveness.

Iberg (1991) conducted a study in which counselors-in-training used a post-session outcome evaluation to assess empathic responses, questions asked, and the number of times suggestions or advice were given on the therapeutic relationship (N=48). While larger amounts of advice giving lead to greater dependence on the counselor and the amount of questions asked

had no effect on the therapeutic relationship, greater amounts of empathic responses were positively correlated with client's feelings of being understood and greater client independent introspection (Iberg, 1991). Thus, clients met with more empathic responses had a deeper level of self-understanding as an outcome of therapy.

### **Supervision and Client Outcomes**

According to Lambert and Hawkins (2001), there is a lack of research exploring the link between supervision and client outcomes, even though client outcomes are viewed as “one of the most meaningful tests of the efficacy of clinical supervision” (pg. 131). Additionally, client outcomes have been declared the “acid test” of supervision (Ellis & Ladany, 1997, pg. 485). Moses and Hardin (1978) stated, the “ultimate goal of supervision is the supervisee's ability to translate these supervisory experiences into client benefits” (pg. 444). Effective supervision not only impacts the growth and development of the counselor, but may also increase positive client outcomes through having a more experienced counselor viewing the client through the supervisory lens. At the very least, “supervision minimizes the possibility that clients are harmed by their treatment experience” (Lambert & Hawkins, 2001, pg. 133).

**Utilizing client outcome assessments in supervision.** Repeated use of instruments to assess client outcome throughout the counseling process provides an overall picture of client progress, and may serve as a guide to the counselor in tailoring treatment. Supervision plays a key role in encouraging counselors-in-training to use such instruments through teaching how and when to use the instruments, how to interpret them, and how to implement treatment changes based on results (Lambert & Hawkins, 2001). Utilizing information from outcome assessments

allows both the supervisor and the counselor-in-training to increase the efficacy of counseling and supervision.

**Studies on supervision and client outcomes.** Prior to 1998, Freitas (2002) found only ten studies examining supervision and client outcomes. With these studies, he found multiple problems and offered the following suggestions in conducting more efficacious research on supervision and client outcomes: 1) utilize instruments with sound psychometrics, 2) control for Type I and II errors, 3) utilize supervisees with similar training and clientele, and 4) utilize multiple methods to assess client outcomes (Freitas, 2002).

Harkness (1995) conducted a study of the interactions of skills, relationships, and outcomes of supervision within clinical social work. Both the clinical social workers (N=4) and clients of those social workers (N=161) participated in the study over the course of 16 weeks. The social workers rated weekly supervision sessions on levels of empathy, trust, problem-solving, helpfulness, and overall satisfaction with the supervisory relationship. Clients of these social workers completed two forms- the Client Satisfaction Scale (CSS) and the Generalized Contentment Scale (GCS) to rate social worker skills, relationships, and therapeutic outcomes. Utilizing a correlational methodology, two-tailed correlation coefficients were used to seek relationships between the variables. Significant correlations include: supervisory empathy with client general contentment ( $r=.31, p < .05$ ), supervisory problem solving with client goal attainment ( $r=.34, p < .05$ ), supervisee ratings of the supervisory relationship with client goal attainment ( $r=.34, p < .05$ ), and supervisee ratings of supervisor helpfulness with client generalized contentment ( $r=.31, p < .05$ ). Limitations of the study do include the number of correlations run from the data (36), weak experimental control in controlling for Type I errors,

and lack of causality inherent to any correlational study (Harkness, 1995). Even given the limitations of this research, results indicate that a pattern does exist between supervision and therapy, and that the supervisory relationship was the best predictor of client outcomes of all the variables tested.

### **Chapter Summary**

Research has shown a connection between the therapeutic relationship through the lens of the facilitative conditions and counseling outcomes (Chiappone et al., 1981; Duncan & Moynihan, 1994; M. J. Lambert & Hill, 1994; Truax et al., 1966). Additionally, supervision, and in particular the supervisory relationship, provides a critical piece in creating effective counselors (Bernard & Goodyear, 2009; Muse-Burke et al., 2001). It stands to reason, therefore, that the supervisee's perception of the facilitative conditions within the supervisory relationship may affect the client's perception of these conditions within the therapeutic relationship. Since perception of these conditions has already been linked to positive client outcomes (e.g. Chiappone et al., 1981; Iberg, 1991), one may deduce that the greater perception of these conditions in supervision may lead to greater use of the conditions, and thus greater perception by clients, resulting in positive client outcomes.

A gap exists in potentially linking the perception of the level of the conditions from the supervisory relationship to the therapeutic relationship, and client outcomes. Should this study find a significant correlation between the perception of the facilitative conditions within the supervisory relationship and the supervisees' clients' perceptions of the facilitative conditions within the therapeutic relationship, an inference may be made that the more these conditions are



modeled in supervision, the more likely they will be utilized to build the therapeutic relationship. Should the perception of the level of the facilitative conditions in supervision and in therapy significantly predict client outcomes, implications for counselor educators may include greater accountability to supervisors for providing and checking in with supervisees as to the levels of facilitative conditions offered, greater accountability for counselors-in-training to provide and assess the facilitative conditions with clients, and a greater focus on teaching and emphasizing the facilitative conditions throughout the counselor education curriculum.

## **CHAPTER THREE: METHODOLOGY**

This was a correlational research study designed to explore the relationships between three constructs. The three constructs measured for this research study were: a) supervisee's perceptions of the supervisory relationship as seen through the facilitative conditions of empathy, genuineness, and unconditional positive regard, b) supervisee's clients' perceptions of the therapeutic relationship as seen through the facilitative conditions of empathy, genuineness, and unconditional positive regard, and c) client outcomes. The first two perceptions of the relationship constructs was assessed once during the course of the semester through two instruments, the Barrett-Lennard Relationship Inventory (BLRI) and the Revised Truax-Carkhoff Relationship Questionnaire (RQ, Lin, 1973). As this resulted in two data sets- one for supervisees and one for clients, and two assessments per data set, the result was four independent variables. Client outcomes were measured through the difference in scores of the Outcomes Questionnaire-45 (OQ-45; Lambert et al., 1996) from the first to fifth session.

### **Orientation to Research Design**

A correlational research design was utilized to explore the research questions. Correlational research seeks to determine whether or not a relationship exists between variables, and the degree to which they are or are not related. Correlational research is appropriate for this study, as data was not influenced through an intervention, and the relationships between the variables were explored (Fraenkel & Wallen, 2009). Additionally, this was a two-step correlational design, first looking at the relationship between the variables produced by Pearson  $r$

correlation coefficients, then exploring the predictive ability of the four independent variables on the dependent variable.

### **Population, Sample, & Sampling Procedures**

The population for this study was counselors-in-training that are currently under supervision and their clients. The sample for this study was the counseling practicum students at a large university in the Southeastern United States. This is a purposive sample, and contained 55 practicum counselors-in-training and 88 clients, more than the 84 participants needed to produce a medium effect size at the .05 alpha level in multiple regression analyses with four independent variables and one dependent variable, and more than the 85 participants needed to produce at medium effect size at the .05 alpha level for correlations using a Pearson  $r$  (Cohen, 1992).

### **Data Gathering/Collection Procedures**

This researcher attended practicum sessions the between the first and fourth week of the fall and spring semester to explain the study to the practicum students and present the informed consent form and a study sign-up sheet, along with a brief description of the study participants' responsibilities. Perceptions of the facilitative conditions within the supervisory relationship and the therapeutic relationships, along with participant demographics, were collected once through the Relationship Questionnaire (RQ) and Barrett-Lennard Relationship Inventory (BLRI) assessments. Though the presence of the facilitative conditions as measured during the second week of therapy show significant predictive ability for client outcomes (Blatt et al., 1996), this study assessed both supervisee perceptions of the supervisory relationship and supervisees' clients' perceptions of the therapeutic relationship following the fourth supervisory or counseling

session. Assessing the perceptions of these relationships after four sessions allowed greater time for the supervisors and counselors to establish norms of the relationship and deal with counselor-in-training anxiety, however limits the supervisory sessions such that the assessments will be given prior to mid-term evaluations of the practicum students by their supervisors. Measuring the perceptions of these relationships too early may result in measurement of the desired or expected characteristics of the relationship, versus the actual characteristics of the relationship. A minimum of three sessions is strongly recommended in order to create a substantial relationship and account for the desired characteristics effect (Barrett-Lennard, 2002). It is vital to assess the supervisory relationship prior to evaluation, as supervisees may adjust their feelings about the supervisory relationship based on their own performance ratings or in an effort to 'get back' the supervisor they may have felt was unfair or too harsh. In a 12-week semester, it is fair to assume that midterm evaluations would take place between the fifth and seventh week of classes. Additionally, the university clinic in which this research took place reports that during 2011-2012 academic year, over 50% of clients attended 1-5 sessions, with 64% of clients attending at least four sessions (Community Counseling Clinic Attendance Report, 2012). Thus, measuring these constructs at the fourth session was a logical and empirically based choice.

The primary researcher for this study administered the RQ and BLRI assessments for the supervisory relationship in a secure place away from the current supervisors. Supervisees presented the research study to their clients with the informed consent, and administered the demographics form, RQ, and BLRI to their clients, with an envelope in which to seal the assessments following completion, ensuring client confidentiality. These envelopes were then

given to clinic staff to store in a secure, locked room until the researcher returned to collect the envelopes.

Client outcomes were determined through the change in scores of the Outcomes Questionnaire- 45 (OQ-45). A positive change in OQ score indicated that symptomology levels were decreasing (i.e. the client was improving), while negative changes in OQ score indicated symptomology was increasing. The OQ-45 was given by the counselors-in-training to their clients during the first, fifth, and next to last sessions, as part of normal clinic procedures. For the purposes of this study, change will be measured through the difference between the initial OQ-45 and fifth session OQ-45 to reduce client mortality rates.

Finally, the behavioral checklist form was given to the counselors-in-training who volunteer to participate in the study to track certain behaviors over course of the first semester of data collection. The checklist contained a place for the date of the scheduled session, and boxes to check if the client attends, if the client in late, and if the client completes homework if it was assigned. Additionally, this checklist provided a final count of the number of sessions each client in the study completed. Supervisees found this checklist difficult to implement post- fourth session, which resulted in extremely low return rate to the researcher. Thus, it was not used for data analysis, and was not re-introduced during the second semester of data collection.

### **Instrumentation**

*The Revised Traux-Carkhuff Relationship Questionnaire (RQ)*. This instrument was used to measure the degree to which the facilitative conditions of empathy, genuineness, and unconditional positive regard are perceived by the supervisee within the supervisory relationship,

and by the supervisees' clients within the therapeutic relationship. It is a 34 item, True/False questionnaire that measures six aspects of a person-centered approach: therapeutic relationship, accurate empathy, genuineness, unconditional positive regard (non-possessive warmth), concreteness, and interpersonal relationships (Lin, 1973; Truax & Carkhuff, 1967). The revised Truax-Carkhuff Relationship Questionnaire has an internal validity of .92, and has a significant concurrent validity with other empathy-based measures (Lin, 1973). This questionnaire was selected due to its broad overview of person-centered aspects, the ease of taking the questionnaire, and the applicability to both the supervisory and counseling relationships. Additionally, this scale has been frequently used to measure the constructs of interest in this study, namely perceptions of empathy, unconditional positive regard, and genuineness (Farber & Lane, 2001).

*The Barrett-Lennard Relationship Inventory (BLRI).* The BLRI was developed in the early 1960's to measure Roger's 1959 theory of the necessary and facilitative conditions of client change (Barrett-Lennard, 1962). Dr. Barrett-Lennard created the BLRI as part of his dissertation, which was supervised by Carl Rogers. Similar to the RQ, client perception is the focus of this instrument, as it is the client's (or supervisee's) perception of the relationship that is most impactful to that client or supervisee. The BLRI centers around four constructs: empathic understanding, level of regard, unconditionality, and congruence; and measures them on a continuum as posited by Rogers in 1959. The BLRI and its different versions have been used in over 400 published studies (Barrett-Lennard, 1996).

The original BLRI contains 64 items with four scales matching the four constructs of empathic understanding, level of regard, unconditionality, and congruence. In a compilation of

several of his previous definitions of empathic understanding, Barrett-Lennard described this scale as attempting to measure the “active process of desiring to know the full, present, and changing awareness of another person, and of reaching out to receive the other’s communication and meaning which matches at least those aspects of his awareness that are most important to him at the moment” (1986, p. 441). The level of regard scale is the least modified scale over the past 50 years, and is measured on a positive to negative continuum examining the general inclination of a person’s affective response to another person (Barrett-Lennard, 2002). The unconditionality scale measures the continuum of unconditional to conditional attitudes one has for another person based on behaviors and/or personal characteristics. Finally, the congruence scale serves a cornerstone in that it is an independent construct, however the other constructs may partially depend upon the congruence construct. Barrett-Lennard described it saying, “Optimum congruence means maximum unity, wholeness, or integration of the total spectrum or organismic process in the individual, from physiological to conscious symbolic levels” (Barrett-Lennard, 1962, p. 5). These scales can be summed up individually, or may be added together to reveal an overall view of the relationship, as was the case for this study.

The BLRI has many variations and specialty forms, and thus is more a system of assessments than one instrument (Barrett-Lennard, 2002). The main versions of the BLRI are a longer form with 64 items, and a shorter form with 40 items. The 40 item instrument contains 10 questions for each of the four scales, and has consistent test validation and reliability with the 64 item version. For this study, the shorter BLRI Form 40-OS will be used. Participants answer questions based on the degree to which they agree or disagree with the statement, given a 6-point interval scale. Answers range from -3 to +3, with an absolute zero not given as an alternative,

thus forcing participants to rate each item either positively or negatively. For the original 64 item BLRI, test-retest reliability coefficients ranged from .84-.90, with internal coherence correlations between .82-.93 (Barrett-Lennard, 1962). The shorter 40 item version of the BLRI's reliability alpha coefficients are .91 empathic understanding, .87 for regard, .82 for unconditionality, and .88 for the congruence scale. Additionally, test-retest reliability was drawn from 10 samples with coefficients ranging from .61-.95 (Gurman, 1977). Overall, several authors have stated that the existence of reliability for the BLRI is apparent (Barrett-Lennard, 2002; Gurman, 1977).

While developed to measure clients' perceptions of the facilitative conditions, the BLRI has been used to study relationships between couples, groups, teachers and students, nurses and patients, and supervisors and supervisees in education and therapy (e.g. Clark & Culbert, 1965; Norwich & Jaeger, 1989; Quick & Jacob, 1973). For this study, the BLRI will be used to measure supervisee's perceptions of the supervisory relationship, as well as these supervisees' clients' perceptions of the therapeutic relationship. The BLRI can be used to obtain a total score that is reflective of the relationship as a whole construct built upon the facilitative conditions (Townsend, 1988), or may be interpreted using the four scales separately. For this study, the total score was used for the initial correlations and multiple regression.

*The Outcomes Questionnaire-45 (OQ-45)*. This instrument was used to collect data on client outcomes in counseling. It was administered during the first counseling session and the fifth counseling session. The changes from the first counseling session to the fifth counseling session were used as the client outcome variable. The OQ-45 was developed in 1996 (Lambert et al.) and is one of the most commonly used outcomes instrument (Hatfield & Ogles, 2004). The OQ-45 has a test-retest reliability of .84 and a Cronbach's alpha of .93 (Mueller, Lambert, &



Burlingame, 1998). This is a 45-item test with a five point Likert scale ranging from 0 (Never) to 4 (Almost Always). Additionally, the final score may range from 0-180 (Lambert et al., 1996). Some research has suggested that anything over a 14-point change is a significant shift (Hannan et al., 2005). The OQ-45 has also shown change in clients over short periods of time (Vermeersch, Lambert, & Burlingame, 2000). This instrument was chosen because it is a widely used outcomes measurement, has a strong research background, and measures change over shorter periods of time.

### **Research Questions & Hypotheses**

This study examined five research questions.

#### **Research Question 1**

Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973)?

#### **Hypothesis 1**

There will be a positive relationship between the quality of the supervisory relationship and the quality of the therapeutic relationship.

## **Research Question 2**

Is there a relationship between the quality of the therapeutic relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by clients in counseling (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973) and client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

## **Hypothesis 2**

There will be a positive relationship between quality of the therapeutic relationship and client outcomes.

## **Research Question 3**

Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and those supervisees' client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45)?

## **Hypothesis 3**

There will be a positive relationship between the quality of the supervisory relationship and supervisees' client outcomes.

#### **Research Question 4**

How well the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) predict client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

#### **Hypothesis 4**

The quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling will significantly predict client outcomes.

#### **Research Question 5**

Are there relationships between demographic factors (such as place in program, gender, supervisor theoretical orientation, etc.), behaviors in counseling, and the independent variables of therapeutic and supervisory relationships, and the dependent variable of client outcome?

### **Statistical Analysis Procedures**

A linear multiple regression was used to explore bivariate relationships between the independent variables and the dependent variable, as well as the predictive ability of the independent variables on the dependent variable (Fraenkel & Wallen, 2009). This was appropriate as multiple regression is a correlational analysis and all of the variables are continuous. The multiple regression yielded Pearson  $r$  correlation coefficients to determine the extent of the relationships between supervisees' perceptions of the supervisory relationship and supervisees' clients' perceptions of the therapeutic relationship (Research Question 1), clients' perceptions of the facilitative conditions within the therapeutic relationship and client outcomes (Research Question 2), and the supervisees' perceptions of the facilitative conditions in the supervisory relationship and client outcomes (Research Question 3). Finally, the multiple regression will result in showing the extent to which supervisees' perception of the facilitative conditions in the supervisory relationship and clients' perceptions of the facilitative conditions within the therapeutic relationship predict client outcomes- significantly or not, as well as the percentage of variance explained by the two independent variables (Research Question 4). Post hoc tests will be run to explore the relationship between demographic information and the independent and dependent variables (Research Question 5).

### **Ethical Considerations**

The main ethical concern for this study is the maintaining the confidentiality of the counselors-in-training so they may assess the supervisory relationship without fear of their assessment being shared with their supervisors. This will be addressed by assigning

identification numbers for both the students and their clients, as well as by the lead researcher collecting the supervisee instruments in a secure location away from supervisors. This may also parallel a concern for clients in assessing the therapeutic relationship. This will be addressed by again, providing identification numbers and by providing envelopes in which they can seal their results for the researcher to collect.

One other ethical consideration is the sample of students utilized for this study. These students are enrolled in practicum or internship counseling courses for a large, research oriented university, and thus may be participating in other studies while simultaneously participating in this study. While this is a limitation, it has been deemed ethically appropriate by supervising faculty.

### **Chapter Summary**

To conduct this research study, a correlational design was used to examine the relationships between the independent and dependent variables. Three instruments were utilized to collect data: the RQ (Lin, 1973) and the BLRI (Barrett-Lennard, 1962) to assess presence of the facilitative conditions in the supervisory and therapeutic relationships, and the OQ-45 (Lambert et al., 1996) to assess client outcomes. Additionally, demographics forms for both counselors-in-training and clients were collected. The sample consisted of counselors-in-training and clients, and constituted more than the 85 participants needed to produce at medium effect size at the .05 alpha level for correlations using a Pearson  $r$  (Cohen, 1992). This research study attempted to answer the research question of how the independent variables of supervisees' perceptions of the supervisory relationship as seen through the facilitative conditions of empathy,

genuineness, and unconditional positive regard, supervisees' clients' perceptions of the therapeutic relationship as seen through the facilitative conditions of empathy, genuineness, and unconditional positive regard, and dependent variable of client outcomes are related to each other, and how well the independent variables predict the dependent variable of client outcomes.

## **CHAPTER FOUR: RESULTS**

The purpose of this study was to examine the relationship between the perception of the quality of the supervisory relationship, the perception of the quality of the therapeutic relationship, and client outcomes. The quality of both the supervisory and therapeutic relationship was measured based on the facilitative conditions of empathy, unconditional positive regard, and genuineness, utilizing instruments developed to measure these constructs within a relationship. A total of 88 clients and 55 counselors-in-training participated. Full demographics of the sample are discussed below, as well as data distribution and descriptive statistics. Correlations were run on the two relationship instruments themselves, and on their subscales, to determine the extent to which these instruments are measuring the same constructs. Finally, correlations and linear multiple regressions were run on the main constructs of this study to determine their relationships and predictive ability.

### **Sample Demographics**

Two groups were studied within this research. First, counselors-in-training were studied to ascertain their views of their supervisory relationships. Counselors-in-training completed both instruments to assess the supervisory relationship, the RQ and the BLRI. Additionally, counselors-in-training completed a demographics form, and were responsible for submitting the OQ-45 scores for their clients who participated in the study. Thus, the second group studied were clients of the counselor-in-training participants. Clients were also asked to complete both relationship instruments to assess the quality of their therapeutic relationship with their counselor-in-training, and a demographics questionnaire.

## **Client Demographics**

A total of 88 clients participated in this study spanning over two semesters. Of these clients, 58 (67%) were female, and 29 were male (33%). Racially, 46 (52.3%) participants were White, 15 (17%) were African Americans, 16 (18.25) were Hispanic, 6 (6.8%) were Asian or Asian Americans, and 5 (5.7%) were Bi/Multi Racial clients. As this study was limited to adults, the age of participants ranged from 18-59, with the modal age of participants being 21. Of the sample, 22 (25%) participants had prior counseling experience with the specific counselor that they were seeing during the semester in which the data was collected, the remainder (75%) had not had prior counseling with their current counselor.

## **Counselor-In-Training Demographics**

A total of 55 counselors-in-training participated in the study over the course of two semesters. Seven counselors-in-training participated in both the first and second semesters of data collection- as Practicum I counselors-in-training, and as Practicum II counselors in training. These participants did however, complete assessments each semester individual to their current supervisor. Of the counselors-in-training, 48 (87.3%) were female, and 7 were male (12.7%). Racially, 37 (67.3%) participants were White, 4 (7.3%) were African Americans, 5 (9.1%) were Hispanic, 4 (7.3%) were Asian or Asian Americans, and 2 (3.6%) were Bi/Multi Racial clients. Three (5.5%) of counselor-in-training participants designated "Other." Counselors-in-training ages ranged from 22 to 59, with the modal age being 23. One counselor-in-training chose not to report age.

Practicum I counselors-in-training constituted 32 (58.2%) of participants; followed by Practicum II with n=19 (34.5%), one Internship I participant, and three Internship II participants.



The majority of the counselors-in-training were in the Mental Health Counseling track, with N=38 (69.1%), Marriage and Family Counseling track constituted n=14 (25.5%), and three School Counseling track students participated (5.5%). Fifty-four counselors-in-training reported their primary counseling orientation. Cognitive-Behavioral theory was the most designated, with n=17 (30.9%); followed by n=13 (23.6%) Solution-Focused. See Table 1 for the full theoretical orientations of counselor-in-training participants.

*Table 1. Counselor-in-Training Theoretical Orientation*

<i>Theoretical Orientation</i>	<i>Frequency</i>	<i>Percentage</i>
Cognitive-Behavioral	17	30.9
Solution-Focused	13	24.1
Person-Centered	10	18.2
Adlerian	3	5.5
REBT	2	3.6
Family-Systems	2	3.6
Eclectic	7	12.7

### **Descriptive Statistics, Tests of Normality, and Assumptions**

While a total of 88 client participants, numbers varied as to how many actually completed each assessment. The Client Relationship Questionnaire was completed by 85 participants, while the Client BLRI was completed by all 88 participants. Changes in OQ score from the first to the fifth session were reported for 85 clients, and changes in OQ score from the first session to the final session were only reported for 37 client participants. This difference can be explained by the fact that counselors' collection of their clients' final OQ scores was presented as an option by the researcher. For all independent and dependent variables the following is described below: the number of clients reporting, the minimum and maximum scores, the mean and 5% trimmed

mean, skewness and kurtosis values, and normal distribution test results. Additionally, violations of any of the assumptions of running a multiple regression are reported, such as: multicollinearity, significant outliers, and lack of a normal distribution.

### **Instruments Completed by Clients**

Client participants in this study completed three instruments. The Client Relationship Questionnaire (RQ) and Client Barrett-Lennard Relationship Inventory (BLRI) were utilized to assess the quality of the therapeutic relationship from the client's perspective. Both of these instruments were utilized to study the same concepts- the relationship and its facilitative condition components- due to the difference in type of assessment (True/False versus Likert Scale, respectively), and no previous attempts for cross-validation of the instruments. Client outcomes were measured through the change in score of the Outcomes Questionnaire- 45, taken during the first session and the fifth session.

**Client Relationship Questionnaire.** As previously mentioned, 85 participants completed the client RQ. The minimum total score for the Client RQ was 14, with a maximum of 34 ( $M=30.53$ ,  $SD= 4.18$ ). The 5% trimmed mean was 31.06. This data presented as negatively skewed, with a value of -1.99. Additionally, the kurtosis of the Client RQ was 4.392. The Kolmogorov-Smirnov test reported a value of .203,  $p<.01$ , which showed the data as not normally distributed. The box-plot indicated four outliers. See Figure 1 for the histogram of Client RQ data and Figure 2 for the box plot, of the data, visually depicting the non-normality.

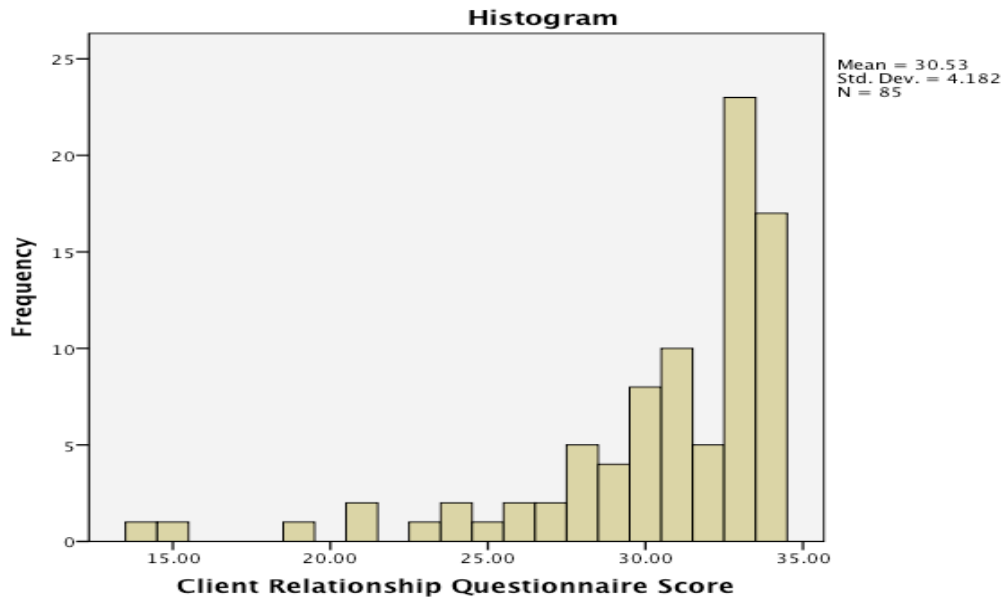


Figure 1. Histogram of Client Relationship Questionnaire Data.

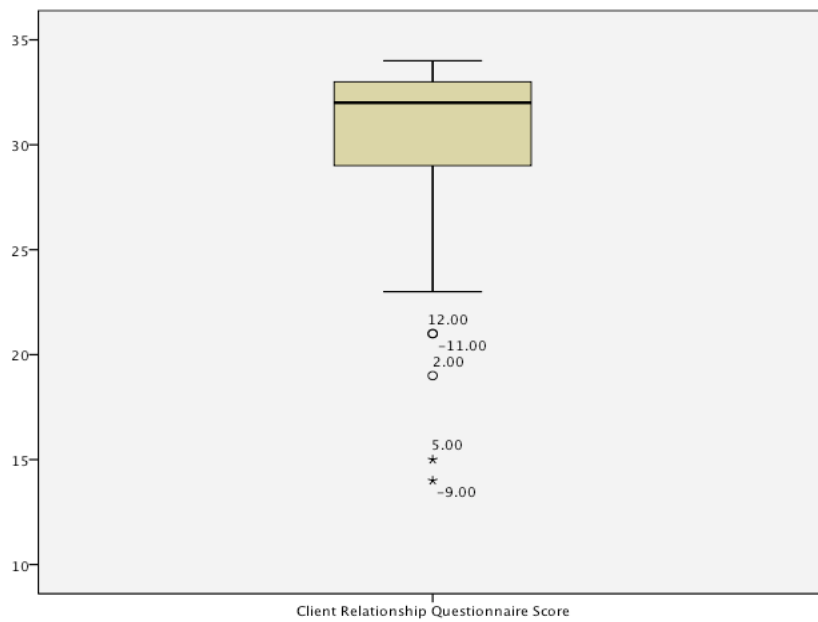


Figure 2. Box Plot of Client Relationship Questionnaire Data.

**Client Barrett-Lennard Relationship Inventory.** The Client BLRI was completed by all 88 participants. The minimum score was -16, and the maximum score was 121 ( $M= 71.11$ ,  $SD= 28.49$ ). Additionally, the 5% trimmed mean was 72.19. The data presented as slightly negatively skewed with a skewness value of  $-.515$ , and a fairly normal kurtosis value of  $.249$ . The Kolmogorov-Smirnov test reported a value of  $.059$ ,  $p = .20$ , which indicated the data for this instrument was normally distributed. See Figures 3 and 4 for a visual depiction of the normality of the Client BLRI data. This was supported by the Normal Q-Q Plot, and the Box Plot, which indicated only one outlier. Thus, the Client BLRI data only violated the assumption of multicollinearity with the Client RQ, as previously mentioned.

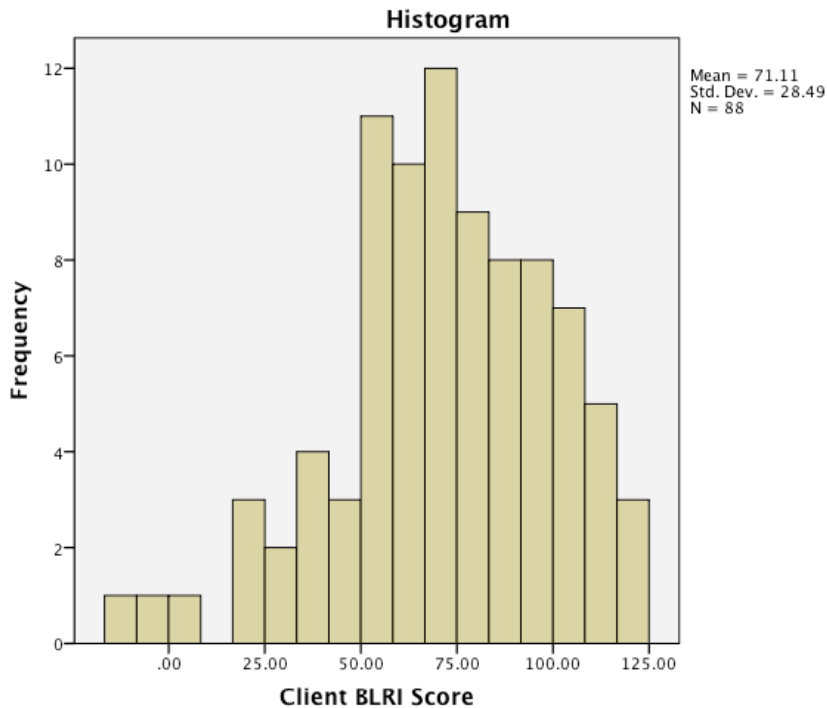
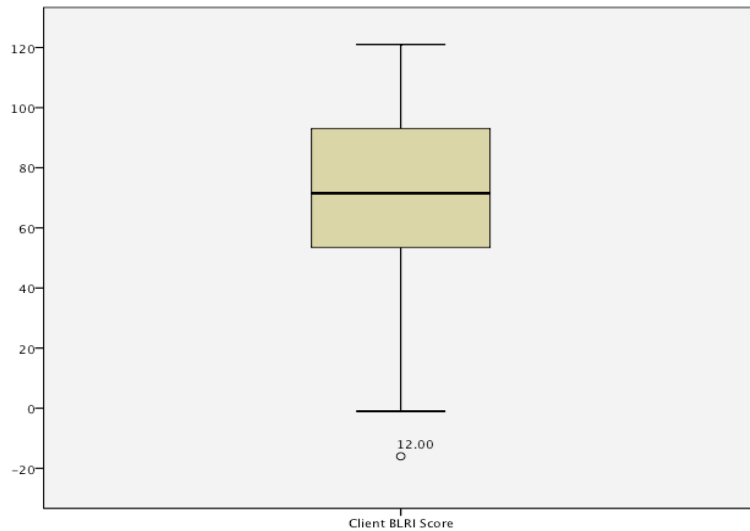


Figure 3. Histogram of Client Barrett-Lennard Relationship Inventory Data.



*Figure 4. Box Plot of Client Barrett-Lennard Relationship Inventory Data.*

**Changes in OQ-45 Scores.** OQ-45 scores were collected during the first and the fifth session, with 85 client scores were reported. Client OQ scores from the final session were collected optionally, with 37 scores reported. First to fifth session score changes ranged from -34 to 41 ( $M=2.92$ ), a mode of 9, skewness of  $-.354$ , and a kurtosis value of  $.242$ , falling within the normal range. Out of the 85 reported scores, 29 clients (34%) experienced an increase in symptoms from the first session to the fifth, and two clients experienced no change in symptomology. Additionally, 23 clients (27%) had score changes of 12 and above, marking significant positive client change. See Figure 5 for the histogram of the Client Outcomes variable as measured by change in OQ-45 scores from the first to the fifth session.

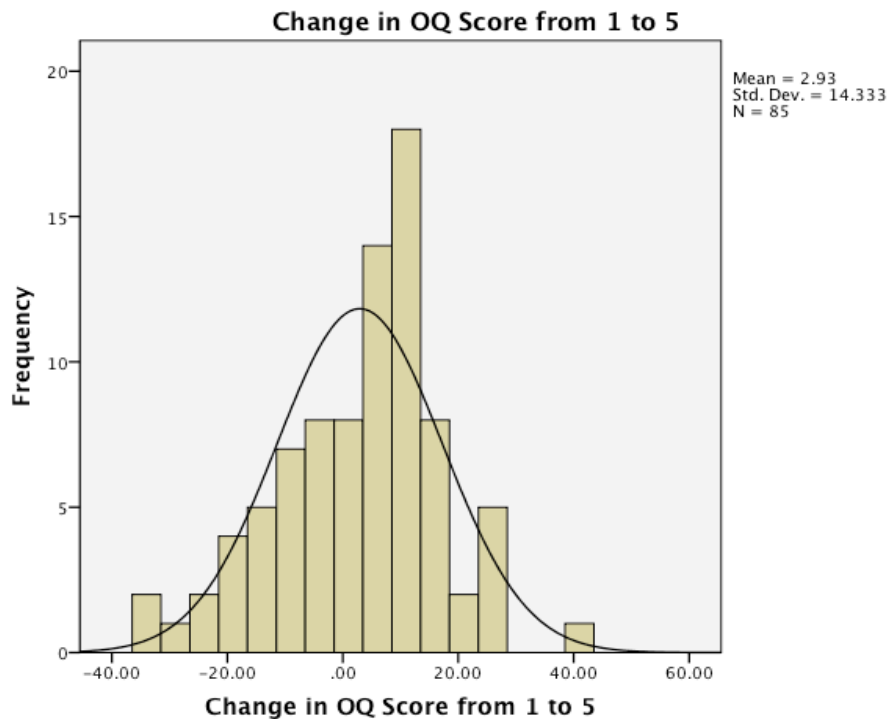


Figure 5. Client Outcomes as measured by change in OQ-45 score from Session 1 to Session 5.

As previously mentioned, 37 client scores were collected that demonstrated change between the first and final session. The range of these scores was -15 to 59, with a skewness of .799 and a kurtosis value of .743, considered a normal distribution. The mode of OQ-45 change was 5, however the mean of client change scores ( $M=12.10$ ) constituted significant positive change. Of the 37 clients, 9 clients' symptomology increased (24%), zero stayed the same, and 28 decreased (i.e. they improved). Of the 28 which improved, 18 reached a score change of 12 or greater (48.65%). See Figure 6 for Client Outcomes as measured by change in OQ-45 score from the first session to termination.

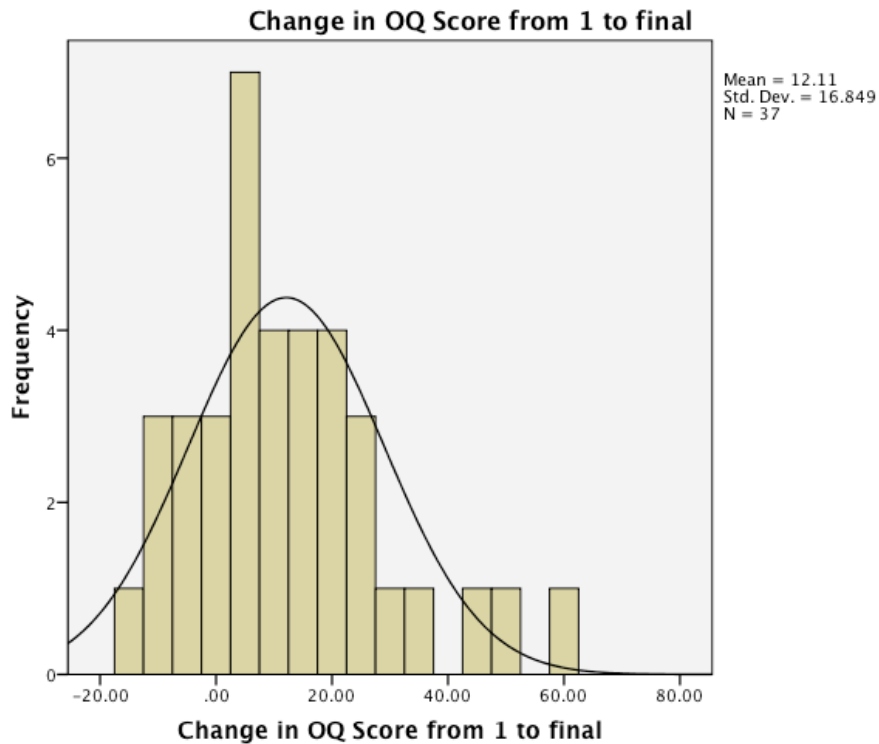


Figure 6. Client Outcomes as measured by change in OQ-45 score from Session 1- Termination.

### Instruments Completed By Counselors-in-Training

Besides the demographic questionnaire, counselors-in-training completed two assessments. These were the Counselor Relationship Questionnaire and the Counselor Barrett-Lennard Relationship Inventory. Counselors-in-training were assessing the quality of their supervisory relationship when taking the assessments. All 55 counselor-in-training participants completed both instruments.

**Counselor Relationship Questionnaire.** As previously stated, the Counselor RQ was completed by all counselors-in-training participants. This data, however, was entered into the data set for each client of the counselor's whom participated in the study, resulting in each case

having score for both the client and counselor, and totaling 88 entries to match client data. The scores ranged from 7 to 34 ( $M=28.67$ ). The 5% trimmed mean was 29.29. The data indicated a negative skew at -2.029, and a kurtosis of 5.623. These figures indicate non-normality, verified by the Kolmogorov-Smirnov with a value of .146,  $p < .01$ . See Figure 5 and 6 for the histogram and box plot of the Counselor RQ data.

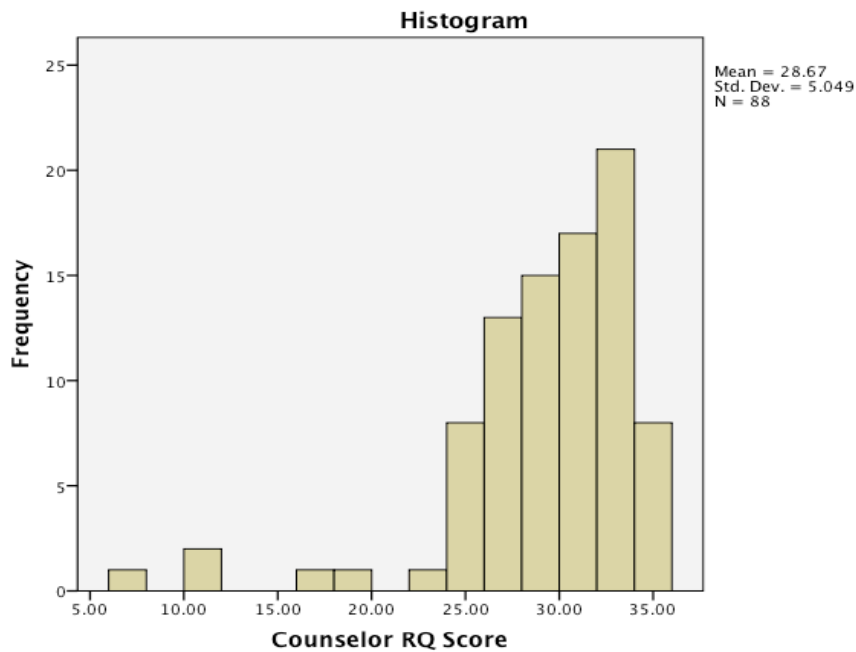


Figure 7. Histogram of Counselor Relationship Questionnaire Data.



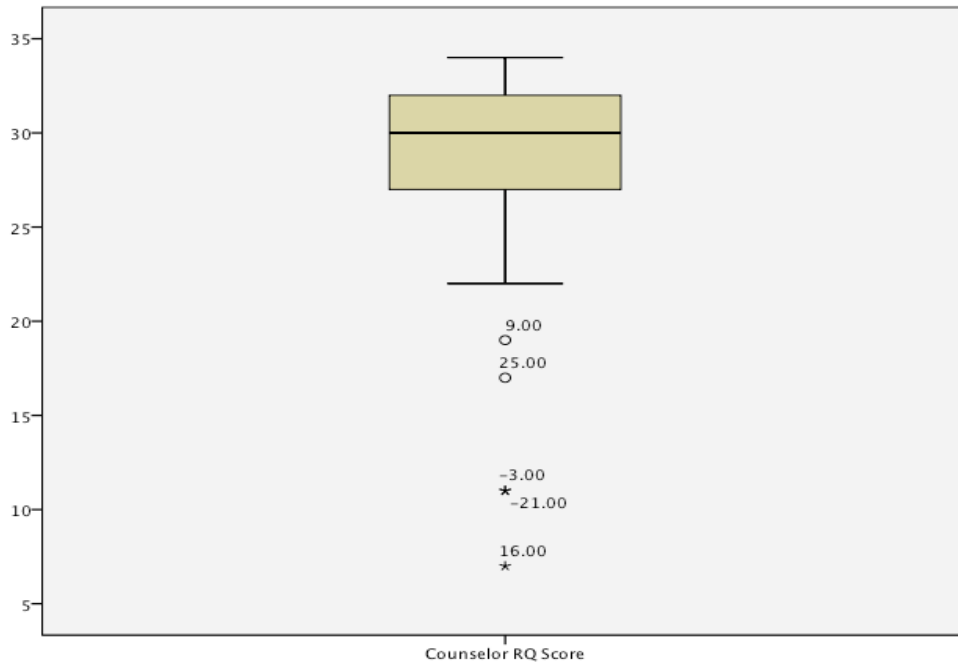


Figure 8. Box Plot of Counselor Relationship Questionnaire Data.

**Counselor Barrett-Lennard Relationship Inventory.** Similar to the Counselor RQ, the Counselor BLRI was completed by all 55 counselors-in-training participants, and was entered into the data set for each client of the counselor's whom participated in the study. The range of scores on the Counselor BLRI was -31 to 107 ( $M=64.66$ , 5% trimmed  $M= 66.61$ ). The skewness value indicated a slightly negative skew of -1.134. The kurtosis value was reported as 1.536. Though the values fall within the range of normal, the Kolmogorov-Smirnov indicated non-normality, with a value of .159,  $p < .01$ . Thus, the assumption of normality may have been violated by this data. See Figures 9 and 10 for a visual depiction of the Counselor BLRI data via histogram and box plot, which suggest a non-normal distribution of the data, despite skewness and kurtosis values falling in the normal range.

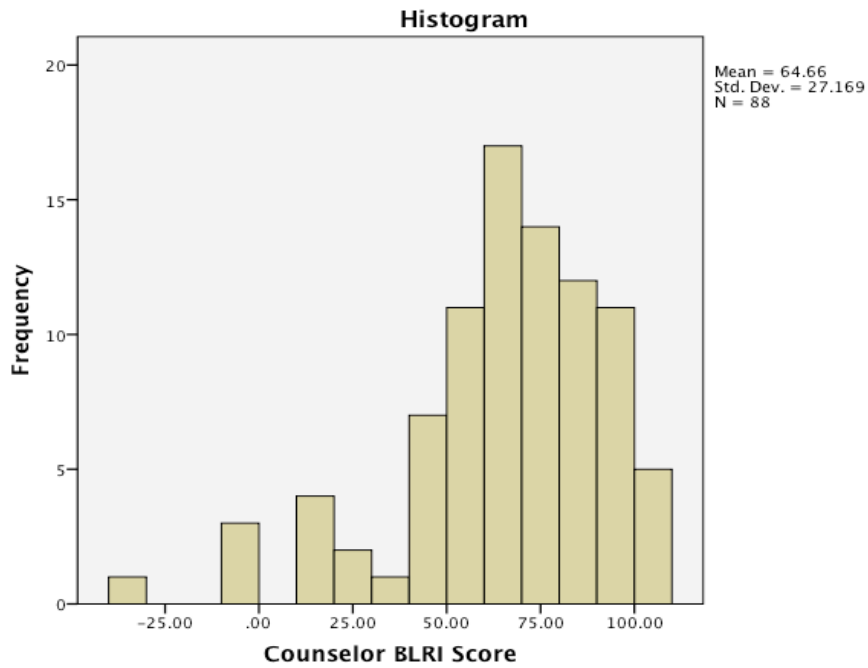


Figure 9. Histogram of Counselor Barrett-Lennard Relationship Inventory Data.

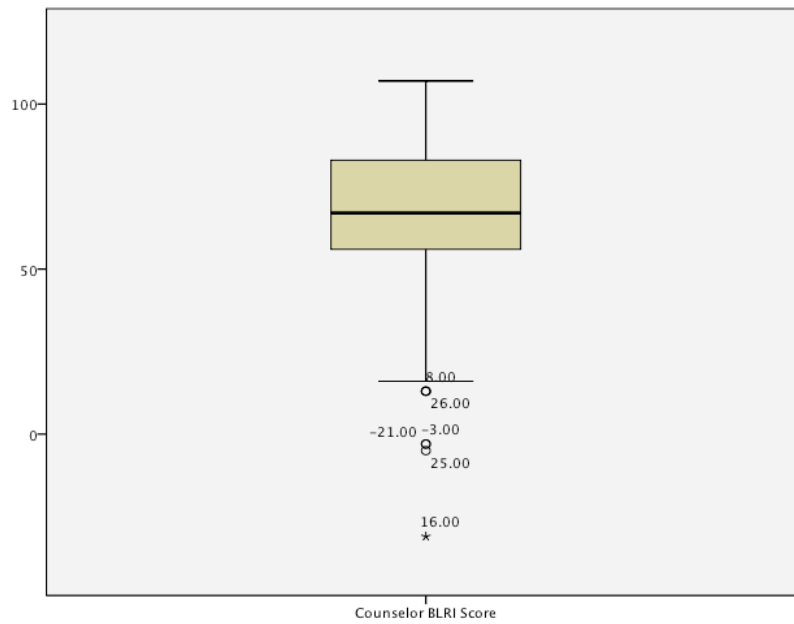


Figure 10. Box Plot of Counselor Barrett-Lennard Relationship Inventory Data.

## Correlations

### Relationship Questionnaire and Barrett-Lennard Relationship Inventory Correlations

As previously mentioned, the RQ and BLRI showed a strong correlation in both the client and supervisory versions. The Client RQ and Client BLRI correlated at  $r(85) = .580, p < .01$ . The Counselor RQ and Counselor BLRI correlated at  $r(88) = .804, p < .01$ . As these instruments are both supposed to measure the relationship, it is not surprising that they are highly correlated (Cohen, 1992). It does present a problem, however, in running the multiple regression analysis, due to multicollinearity. This will be addressed further in the results section of the multiple regression.

### Sub-Scale Correlations of the RQ and BLRI

As the total score correlations between the RQ and BLRI were significant for counselor and client versions, both instruments were broken down into their respective sub-scales and correlations conducted between the subscales of each instrument by itself (intra-instrument correlations), and between each of the subscales from both instruments (inter-instrument correlations). This allowed the researcher to more closely examine the interactions between the two instruments and explore the concept of the facilitative conditions (represented by the sub-scales) apart from the relationship as a whole. Subscales of the RQ include genuineness, empathy, and non-possessive warmth. Subscales of the BLRI include level of regard, empathy, unconditionality, and congruence. The first two sections below cover the intra-instrument correlations of the subscales, first the intra-instrument relationship between the subscales of the RQ, then the intra-instrument relationships between the subscales of the BLRI. The final section

covers the correlations between the subscales of the two instruments. Results are reported for both the client and the counselor forms of each instrument.

**RQ Subscales.** Three subscales were added for the RQ both on the client and counselor forms. These were genuineness, empathy, and non-possessive warmth. Not surprisingly, all three subscales highly and significantly correlated with each other. For the Client RQ, genuineness and empathy correlated at  $r(55) = .585, p < .01$ , genuineness and non-possessive warmth at  $r(55) = .660, p < .01$ , and empathy and non-possessive warmth at  $r(55) = .647, p < .01$ . For the Counselor RQ, correlations were even greater. Between genuineness and empathy,  $r(88) = .801, p < .01$ , genuineness and non-possessive warmth at  $r(88) = .802, p < .01$ , and empathy and non-possessive warmth at  $r(88) = .711, p < .01$ .

**BLRI Subscales.** Four subscales of the BLRI were run for client and counselor forms: level of regard, empathy, unconditionality, and congruence. For the client form, level of regard and empathy were correlated at  $r(88) = .705, p < .01$ , level of regard and unconditionality at  $r(88) = .372, p < .01$  (the lowest subscale correlation within the BLRI), level of regard and congruence at  $r(88) = .657, p < .01$ . Additionally, empathy correlated with unconditionality at  $r(88) = .402, p < .01$ , and with congruence at  $r(88) = .709, p < .01$ . For the counselor form, level of regard and empathy were correlated at  $r(88) = .797, p < .01$ , level of regard and unconditionality at  $r(88) = .569, p < .01$ , level of regard and congruence at  $r(88) = .623, p < .01$ . Empathy correlated with unconditionality at  $r(88) = .620, p < .01$ , and with congruence at  $r(88) = .720, p < .01$ .

**RQ and BLRI Subscales.** Most of the subscales of the RQ and BLRI for both the counselor and client forms significantly correlated with each other. For the counselor form, all of the subscales significantly correlated between the instruments. The highest correlations between

the subscales of the two instruments were BLRI level of regard and RQ genuineness, at  $r(88) = .803, p < .01$ , and BLRI empathy and RQ empathy at  $r(88) = .791, p < .01$ . For the client form, the highest correlations were BLRI empathy and RQ empathy at  $r(85) = .673, p < .01$  and BLRI level of regard and RQ non-possessive warmth, at  $r(88) = .610, p < .01$ . The BLRI unconditionality subscale, however, did not correlate significantly with any of the RQ sub-scales on the client form. Additionally, no significant correlations were found between the counselor and client form subscales for either instrument. For a full list of inter-instrument subscale correlations for client data, see Table 2. For a full list of inter-instrument subscale correlations for counselor data, see Table 3.

*Table 2. Client RQ and BLRI Sub-Scale Correlations*

		<i>RQ- Genuineness</i>	<i>RQ- Empathy</i>	<i>RQ- NonPoss. Warmth</i>	<i>BLRI- Level of Regard</i>	<i>BLRI- Empathy</i>	<i>BLRI- Uncond.</i>	<i>BLRI- Congru.</i>
<i>RQ-Genuineness</i>	Pearson <i>r</i>	1	.585*	.660*	.470*	.397*	.107	.524*
	Sig.		.000	.000	.000	.000	.347	.000
<i>RQ- Empathy</i>	Pearson <i>r</i>	.585*	1	.647*	.500*	.673*	.113	.560*
	Sig.	.000		.000	.000	.000	.320	.000
<i>RQ-NonPoss. Warmth</i>	Pearson <i>r</i>	.660*	.647*	1	.610*	.542*	.053	.484*
	Sig.	.000	.000		.000	.000	.644	.000
<i>BLRI- Level of Regard</i>	Pearson <i>r</i>	.470*	.500*	.610*	1	.705*	.372*	.657*
	Sig.	.000	.000	.000		.000	.001	.000
<i>BLRI- Empathy</i>	Pearson <i>r</i>	.397*	.673*	.542*	.705*	1	.402*	.709*
	Sig.	.000	.000	.000	.000		.000	.000
<i>BLRI- Uncond.</i>	Pearson <i>r</i>	.107	.113	.053	.372*	.402*	1	.402*
	Sig.	.347	.320	.644	.001	.000		.000
<i>BLRI-Congru.</i>	Pearson <i>r</i>	.524*	.560*	.484*	.657*	.709*	.402*	1
	Sig.	.000	.000	.000	.000	.000	.000	

\* Correlation is significant at the 0.01 level (2-tailed).

Table 3. Counselor RQ and BLRI Sub-Scale Correlations

		RQ- Genuineness	RQ- Empathy	RQ- NonPoss. Warmth	BLRI- Level of Regard	BLRI- Empathy	BLRI- Uncond.	BLRI- Congru.
RQ-Genuineness	Pearson <i>r</i>	1	.801*	.802*	.803*	.714*	.529*	.673*
	Sig.		.000	.000	.000	.000	.000	.000
RQ- Empathy	Pearson <i>r</i>	.801*	1	.711*	.775*	.791*	.573*	.556*
	Sig.	.000		.000	.000	.000	.000	.000
RQ-NonPoss. Warmth	Pearson <i>r</i>	.802*	.711*	1	.749*	.711*	.467*	.601*
	Sig.	.000	.000		.000	.000	.000	.000
BLRI- Level of Regard	Pearson <i>r</i>	.803*	.775*	.749*	1	.797*	.569*	.623*
	Sig.	.000	.000	.000		.000	.000	.000
BLRI- Empathy	Pearson <i>r</i>	.714*	.791*	.711*	.797*	1	.620*	.720*
	Sig.	.000	.000	.000	.000		.000	.000
BLRI- Uncond.	Pearson <i>r</i>	.529*	.573*	.467*	.569*	.620*	1	.491*
	Sig.	.000	.000	.000	.000	.000		.000
BLRI-Congru.	Pearson <i>r</i>	.673*	.556*	.601*	.623*	.720*	.491*	1
	Sig.	.000	.000	.000	.000	.000	.000	

\* Correlation is significant at the 0.01 level (2-tailed).

### Supervisory and Counseling Relationship Correlations

As it relates to the supervisory relationship and the counseling relationship, there was a lack of significance between the Client RQ and the Counselor RQ (with an  $r(85)=-.136, p=.108$ ) and between the Client BLRI and the Counselor RQ (with  $r(88)=-.121, p=.131$ ). On the other hand, there was a significant negative relationship between the Client RQ and the Counselor BLRI (with  $r(85)=-.190, p<.05$ ), and between the Client BLRI and the Counselor BLRI (with  $r(88)=-.215, p<.05$ ). Again, it is not surprising that the correlation between the BLRI's would yield the largest correlation, as the BLRI was the more robust of the two tests, and did not violate the assumptions of normality as the RQ. See Table 4 for a full comparison of the correlations between the supervisory and counseling relationships.

*Table 4. Supervisory and Counseling Relationship Correlations*

		<i>Counselor RQ</i>	<i>Counselor BLRI</i>
<i>Client RQ</i>	Pearson <i>r</i>	-0.136	-0.190
	Sig.	0.108	<0.05
<i>Client BLRI</i>	Pearson <i>r</i>	-0.121	-0.215
	Sig.	.131	<0.05

### **Client Outcomes Correlations**

As it relates to the correlation between the independent variables and the dependent variable of Client Outcomes (as measured by the change in OQ-45 scores between the first and the fifth session) , only the correlation between the Client BLRI and the OQ-45 score change was significant (with  $r(85) = .249, p < .05$ ). Though significant, this is considered a small correlation value (Fraenkel & Wallen, 2009). Other non-significant correlations with Client Outcome were reported in Table 5. as follows: Client RQ:  $r = .108, p = .166$ ; Counselor RQ:  $r = -.126, p = .125$ ; and Counselor BLRI:  $r = -.152, p = .083$ .

*Table 5. Client Outcomes Correlations*

		<i>Client Outcomes</i>
<i>Client RQ</i>	Pearson <i>r</i>	0.108
	Sig.	0.166
<i>Client BLRI</i>	Pearson <i>r</i>	0.249*
	Sig.	<0.05
<i>Counselor RQ</i>	Pearson <i>r</i>	-0.126
	Sig.	0.125
<i>Counselor BLRI</i>	Pearson <i>r</i>	-0.152
	Sig.	.083

A significant correlation was also found between the change in OQ-45 scores between the first and fifth session and the change in OQ-45 scores between the first and the next-to-last

session. Though the N was smaller for this sample (N=37), the correlation was significant at  $r=.532, p<.01$ . This is considered a large correlation and effect size (Cohen, 1992).

### **Demographic Correlations**

Only two significant correlations were found between demographics and the independent and dependent variables. First, a significant correlation was found between the counselor's primary theoretical orientation and the Counselor's BLRI score, with Spearman's  $\rho=.323, p<.01$ . This relationship was duplicated in a correlation between the counselor's primary theoretical orientation and the Counselor's RQ score, with Spearman's  $\rho=.265, p<.05$ . As the sample was not evenly spread over the categories of theoretical orientation, however, supplemental testing was not conducted.

### **Linear Multiple Regression**

Linear multiple regression was used to answer the research question: How well does the supervisees' perceptions of the supervisory relationship and supervisees' clients perceptions of the therapeutic relationship predict client outcome change from the first to the fifth counseling session? The perceptions of both the counseling relationship and the supervisory relationship were measured through two instruments: the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) and the Revised Relationship Questionnaire (Lin, 1973). Thus, the original regression equation included all four independent variables: Counseling Relationship (from the client's perspective) as measured by the BLRI, Counseling Relationship (from the client's perspective) as measured by the RQ, Supervision Relationship (from the supervisee's perspective) as measured by the BLRI, and Supervision Relationship (from the supervisee's



perspective) as measured by the RQ. However, due to the multicollinearity of the RQ and BLRI discussed in the correlations results, a second linear multiple regression (LMR) was conducted after removing both the Client and Counselor RQ. The Client and Counselor BLRI scores were left in the regression, as it was the more robust of the two instruments and provided normally distributed data.

### Regression 1

Prior to running the first regression, it was clear that the assumption of normality of data was violated by the Client RQ and Counselor RQ data. Additionally, correlations between the both the Client RQ and BLRI and Counselor RQ and BLRI violated the multicollinearity assumption. Another problem that presented itself through correlations produced by the LMR was the small relationships between the independent variables individually and the dependent variable, as shown in Table 6.

*Table 6. Correlations of Independent and Dependent Variables.*

		<i>Client RQ</i>	<i>Client BLRI</i>	<i>Counselor RQ</i>	<i>Counselor BLRI</i>	<i>Client Outcomes</i>
<i>Client RQ</i>	Pearson <i>r</i>	1	.580**	-.136	-.190*	.108
	Sig.		.000	.108	.041	.166
<i>Client BLRI</i>	Pearson <i>r</i>	.580**	1	-.121	-.215*	.249*
	Sig.	.000		.131	.022	.011
<i>Counselor RQ</i>	Pearson <i>r</i>	-.136	-.121	1	.804**	-.126
	Sig.	.108	.131		.000	.125
<i>Counselor BLRI</i>	Pearson <i>r</i>	-.190*	-.215*	.804**	1	-.152
	Sig.	.041	.022	.000		.083
<i>Client Outcomes</i>	Pearson <i>r</i>	.108	.249*	-.126	-.152	1
	Sig.	.166	.011	.125	.083	

\* Correlation is significant at the 0.05 level (2-tailed).

\*\*Correlation is significant at the 0.01 level (2-tailed).

As the LMR was a multivariate analysis, the Mahalanobis Distance and Cook's Distance were utilized to determine outliers, which may have affected the analysis. Though the descriptive statistics indicated outliers on several of the independent variables, when checking the Mahalanobis Distance statistic for values greater than the critical value of four independent variables (18.47), only one case presented with a value larger than the critical value (Pallant, 2010). Additionally, the Cook's Distance maximum for the regression was .315, well under the score of 1 that would infer outliers greatly affecting the regression (Pallant, 2010). Given that there was only one outlier indicated by the Mahalanobis Distance scores and the low Cook's Distance maximum value, no cases were removed from the regression. Individual contributions of the variables are shown in Table 7, with none reaching statistical significance. The model summary for this regression showed a  $R=.275$ , an  $R^2=.076$ , and an adjusted  $R^2=.028$ . Thus, the model explains only 2.8% of the variance of Client Outcomes. Results from the ANOVA indicate a non-significant regression, with  $F(4,81)= 1.581$ ,  $p= .188$ , as shown in Table 8.

*Table 7. Coefficients of Multiple Regression 1.*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	<i>Sig.</i>
<i>Client RQ</i>	-.227	.463	-.066	-.491	.625
<i>Client BLRI</i>	.134	.069	.267	1.962	.053
<i>Counselor RQ</i>	-.136	.525	-.048	-.259	.797
<i>Counselor BLRI</i>	-.036	.099	-.069	-.365	.716

Table 8. ANOVA of Multiple Regression 1.

	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>p</i>
Regression	4	315.665	1.581	.188
Residual	77	199.697		
Total	81			

*Note. Dependent variable: Client Outcomes as measured by change in OQ-45 score from Session 1-Session 5*

## Regression 2

Given the multicollinearity, a second multiple regression was conducted with only the Client BLRI and Counselor BLRI as independent variables. Removing the RQ scores for both counselors and clients allowed the normal data of the BLRI to be utilized exclusively, and removed the multicollinearity issue. Preliminary correlations from this LMR showed that Client BLRI and Client Outcomes are correlated at  $r=.249, p<.05$ , which mirrors the above correlations between these two variables. Additionally, Counselor BLRI scores again correlated with Client BLRI scores at  $r=-.215, p<.05$ . Finally, Counselor BLRI scores did not show a significant correlation with Client Outcomes, with  $r=-.152, p=.083$ . The model summary for this regression showed a  $R=.269$ , an  $R^2=.072$ , and an adjusted  $R^2=.050$ . Thus, the model explains 5% of the variance of Client Outcomes. Results from the ANOVA indicate a significant regression equation, with  $F(2,84)= 3.194, p<.05$ , with results shown in Table 9. Individual contributions of the variables are shown in Table 10, with Client BLRI making the only significant contribution.

Table 9. ANOVA of Multiple Regression 2.

	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>p</i>
Regression	2	623.532	3.194	.046*
Residual	82	195.226		
Total	84			

\* Significant at the 0.05 level (2-tailed).

Table 10. Coefficients of Multiple Regression 2.

	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	<i>Sig.</i>
<i>Client BLRI</i>	.114	.055	.227	2.086	.040*
<i>Counselor BLRI</i>	-.054	.057	-.103	-.946	.347

\* Significant at the 0.05 level (2-tailed).

### Summary

Data collected for this study spanned two groups of counselors-in-training (N=55) and clients (N=88). Of the dependent variables, only the data produced by the Barrett-Lennard Relationship Inventory fell into the category of ‘normally-distributed’ data. Significant correlations included correlations between the two relationship instruments, and between the sub-scales of these instruments. Additionally, significant correlations were found between the counseling relationship as measured by the BLRI, and client outcomes, as well as between client outcomes measured from the first to fifth session, and when measured from the first to the next-to-last session.

The originally posited linear multiple regression presented with several issues, including a violation of the assumption that the data is normally distributed, as well as a violation of multicollinearity between the BLRI and RQ for both the client and counselor forms. Given the limitations, it was not surprising that the regression did not reveal a significant contribution to the variance of client outcomes. The second regression, calculated with only the normal data of the BLRI scales, did show a significant contribution to the variance of client outcomes. The next chapter will interpret these results through the lens' of the five research questions which guided this study. Other results not anticipated through the research questions will also be discussions, as well as implications of these results for both counselors and counselor education.

## **CHAPTER FIVE: DISCUSSION & IMPLICATIONS**

The purpose of this study was to examine the relationship between the perception of the facilitative conditions of unconditional positive regard, empathy, and genuineness in the supervisory relationship, the perception of these conditions between the supervisee and his or her clients, and client outcomes. In this chapter, the study research questions are revisited, with hypotheses accepted or rejected and results further explored. Limitations including research design, sampling, and maturation are discussed. Additionally, implications for the field of counseling and counselor education, as well as suggestions for future research are put forth.

### **Research Questions, Hypotheses, Results, and Discussion**

This study examined five research questions. The results of these questions and rejection or acceptance of the hypothesis are discussed. Implications of the results in relation to the research question and hypothesis are discussed.

#### **Research Question 1**

**Question.** Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are utilized) as perceived by the clients of these supervisees (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973)?

**Hypothesis.** There will be a positive relationship between the quality of the supervisory relationship and the quality of the therapeutic relationship.

**Results and Discussion.** Given that two instruments were utilized to measure the relationship between the counseling relationship and the supervisory relationship, four correlations were necessary. These correlations examined the connections between: Client RQ and Counselor RQ, Client BLRI and Counselor BLRI, Client BLRI and Counselor RQ, and Client RQ and Counselor BLRI. Whereas, two correlations revealed no significant relationship between the supervisory relationship and the counseling relationship (Client RQ and Counselor RQ, [with an  $r(85)=-.136, p=.108$ ], and Client BLRI and Counselor RQ, with  $r(88)=-.121, p=.131$ ), two correlations did show a significant negative relationship between the counseling and supervisory relationships (Client RQ and the Counselor BLRI [with  $r(85)=-.190, p<.05$ ] and the Client BLRI and the Counselor BLRI [with  $r(88)=-.215, p<.05$ ]). Thus, the hypothesis that there would be a positive relationship between supervisory relationship and the counseling relationship is rejected.

Though these correlations had a small to medium effect size (Cohen, 1992), within the scope of social science research, these effect sizes carry weight. The presence of a significant *negative* relationship, especially between the normally distributed BLRI data, was of note. Several hypotheses could be drawn to account for the relationship, such as the difference in priorities between the supervisory relationship and the counseling relationship, the presence of instruction and assessment (e.g. grading) in the supervisory relationship, and the supervisor's theory of supervision and role usage. As to the first conjecture, the priority in most counseling relationships, regardless of theoretical orientation, is establishing rapport (and thus, the

relationship) with the client. On the other hand, within counselor supervision, supervisors may decide to first establish the each individual's roles (i.e. supervisee versus supervisor), or may attend to other factors before building a relationship with the supervisee (e.g. logistics, grading, parameters, etc). In a nation-wide study of supervision within CACREP programs (n=329), Freeman and McHenry found the highest rated of goal of supervision by supervisors to be the development of clinical skills in counselors-in-training. Additionally, they found the roles supervisors' most described themselves in were teacher, challenger, and supporter (Freeman & McHenry, 1996). Given this study, building the relationship did not appear to be a focus during supervision. Another possibility may be a type of negative modeling that occurs during poorly-perceived supervision, thus prompting the supervisee to form a stronger bond, or 'do as I say, not as I do' type of relationship with his or her clients. Freeman and McHenry's (1996) study also found modeling aspects of counseling to be the least important goal of supervision. While this may not be a goal of supervisors', it is naïve to assume that modeling would not happen even if unintentionally, during the supervision process. Finally, depending on the supervisor's theory of supervision, the supervisor may focus more on teaching rather than creating a relationship with the supervisee through the facilitative conditions. In the previously mentioned study, the highest ratings of important functions of supervision were both teaching related- teaching professionalism and ethics, and teaching client conceptualization. Additionally, the most used theory of supervision was found to be developmental (Freeman & McHenry, 1996). Even if the relationship is not seen as particularly important through the teaching lens or through a particular theoretical lens, the facilitative conditions could still be incorporated into supervision to increase supervisees' satisfaction and perception of supervision. Thus, the negative relationship between



the supervisory relationship and the counseling relationship tends to be of concern, especially considering the large difference between the means of the Client BLRI (71.11) and the Counselor BLRI (64.66) scores. This is supported by previous research indicating that the state of the supervisory relationship is considered a critical component of effective supervision and in growing much-needed self-efficacy in counselors-in-training (Cashwell & Dooley, 2001; Ellis, 1991; Ladany et al., 1999). Thus, even if supervisors do not see or feel the need to build the supervisory relationship, it can be important from the counselor-in-training's perspective- for both personal and professional growth.

## **Research Question 2**

**Question.** Is there a relationship between the quality of the therapeutic relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by clients in counseling (as measured by the Barrett-Lennard Relationship Inventory, Barrett-Lennard, 1962, and the Revised Relationship Questionnaire, Lin, 1973) and client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

**Hypothesis.** There will be a positive relationship between quality of the therapeutic relationship and client outcomes.

**Results and Discussion.** Again, two correlations were necessary to conduct correlations between client outcome and the quality of the therapeutic relationship, as two instruments were used to measure the relationship. These were conducted between the Client RQ and Client Outcomes (as measured by the change between OQ-45 scores from the first and fifth session), and between the Client BLRI and Client Outcomes (as measured by the change between OQ-45

scores from the first and fifth session). Where as no significant relationship was found between Client RQ score and Client Outcomes ( $r(85) = .108, p = .166$ ), a significant positive correlation was found between Client BLRI scores and Client Outcomes ( $r(85) = .249, p < .05$ ). As the BLRI data was normally distributed, this correlation was a more robust estimate of the relationship between client outcomes and the counseling relationship. Though this correlation is statistically significant, the effect size is approaching medium (Cohen, 1992). This estimate of the importance of the relationship in counseling outcomes, however, is in line with previous research indicating that the relationship accounts for around 30% of client outcomes (Duncan & Moynihan, 1994). Thus, the hypothesis for this research question was accepted.

These results indicate that the relationship between the client and the counselor is connected to the client's outcome in counseling. While outcomes are predominately determined by factors outside the counseling session (e.g. stressful life situations, client personality, etc.), the counseling relationship is a powerful realm in which the counselor does have the ability to influence outcomes (Duncan & Moynihan, 1994; M. J. Lambert, 1992; M.J. Lambert & Barley, 2001; Lutz et al., 2006). Thus, it is essential for the counselor to be educated in how to build a strong therapeutic relationship, how to assess the quality of the relationship, and how to repair the relationship when ruptures occur. Many counselors may be missing a one or more of these aspects due to lack of focus on the relationship within current counselor education programs (Glauser & Bozarth, 2001). Due to this lack of knowledge on the therapeutic relationship, counselors may be providing ineffective services, or at least, be able to improve the quality of counseling by placing more of an emphasis on the relationship.

### Research Question 3

**Question.** Is there a relationship between the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and those supervisees' client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45)?

**Hypothesis.** There will be a positive relationship between the quality of the supervisory relationship and supervisees' client outcomes.

**Results and Discussion.** As two instruments were utilized to assess the quality of the supervisory relationship, two correlations were conducted to determine the relationship between Client Outcomes and the Supervisory Relationship variables. These were between the Counselor RQ and Client Outcomes (as measured by the change in OQ-45 score between the first and fifth session), and the Counselor BLRI and Client Outcomes (as measured by the change in OQ-45 score between the first and fifth session). Of these two correlations, neither found a significant relationship between the Supervisory Relationship and Client Outcomes (Counselor RQ:  $r(85) = -.126, p = .125$  and Counselor BLRI:  $r(85) = -.152, p = .083$ ). Thus, the hypothesis for this research question was rejected.

The lack of significant connection between the supervisory relationship and client outcomes was an interesting and surprising finding, especially considering the positive relationship between the therapeutic relationship and client outcomes. On the other hand, given the negative significant relationship between the supervisory relationship and the therapeutic

relationship found in reference to Research Question 1, these two findings combined indicate a chasm between the interpersonal interactions in supervision and the interpersonal interactions in counseling. Had a positive significant correlation been found between the supervisory relationship and the therapeutic relationship, one might speculate that the supervisory relationship would have significantly correlated with client outcomes indicating less of a difference between the supervisory and therapeutic relationship. Still, while there may be several theories behind the difference in type of relationship in counseling and supervision and resulting lack of influence of the supervisory relationship on client outcomes, these findings indicate that the counseling relationship can be positively established and impact client outcomes regardless of the quality of the supervisory relationship. Thus, a high quality supervisory relationship (as defined by the presence of the facilitative conditions) may not be necessary for counselors to establish high quality therapeutic relationships.

#### **Research Question 4**

**Question.** How well does the quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling (as measured by the Barrett-Lennard Relationship Inventory and the Revised Relationship Questionnaire, Lin, 1973) predict client outcomes (as measured by the change in scores from the Outcomes Questionnaire-45, Lambert et al., 1996)?

**Hypothesis.** The quality of the supervisory relationship (determined by the degree to which the facilitative conditions of empathy, unconditional positive regard, and genuineness are utilized to build the supervisory relationship) as perceived by supervisees during supervision and the quality of the therapeutic relationship (determined by the degree to which the same facilitative conditions are perceived by the clients of these supervisees) during counseling will significantly predict client outcomes.

**Results and Discussion.** As discussed in the results section, two linear multiple regressions were conducted to address this research question. The first regression included all four independent variables: Client RQ, Client BLRI, Counselor RQ, and Counselor BLRI. Due to the multicollinearity of the RQ and BLRI, and the non-normal distribution of the RQ data, a second regression was conducted using only the Client and Counselor BLRI. Results from the first regression calculated did not show a significant regression equation with all four independent variables ( $R=.275$ , an  $R^2=.076$ , and an adjusted  $R^2=.028$ ); only explaining 2.8% of the variance of Client Outcomes ( $F(4,81)= 1.581$ ,  $p= .188$ ).

The second regression utilizing only the Client and Counselor BLRI data resulted in a significant regression equation ( $R=.269$ , an  $R^2=.072$ , an adjusted  $R^2=.050$ , and  $F(2,84)= 3.194$ ,  $p<.05$ ). Thus, the model explained 5% of the variance of Client Outcomes. Upon careful examination, the Client BLRI (Counseling Relationship) was the only independent variable that contributed significantly to the model. The correlations and regression analyses all indicate a non-significant relationship between the Supervisory Relationship and Client Outcomes.

The findings for Research Question 4 support the findings of the previous research questions in that the quality of the counseling relationship does significantly contribute to client

outcomes, while the quality of the supervisory relationship does not. Thus, for this study the supervisory relationship was not a useful variable for inclusion when running prediction analyses for client outcomes. While this aspect of supervision does not appear to influence client outcomes, other unmeasured aspects of supervision may contribute, and will be discussed further in the Future Research section.

### **Research Question 5**

**Question.** Are there relationships between demographic factors (such as place in program, gender, supervisor theoretical orientation, etc.), behaviors in counseling, and the independent variables of therapeutic and supervisory relationships, and the dependent variable of client outcome?

**Hypothesis.** Results were not hypothesized for this research question, as it was exploratory in nature.

**Results and Discussion.** Correlations were conducted between a number of demographic factors of both the client and counselor participants in this study, including but not limited to client and counselor gender, age, and ethnicity, as well as counselor time in the program, and theoretical orientation. Only two significant correlations were found between the demographic variables and the independent and dependent variables. Both of these correlations were between the Counselor's Primary Theoretical Orientation and the Supervisory Relationship variable (as measured by the RQ and BLRI). Counselors were given eight choices for this demographic question: Cognitive Behavioral, Solution Focused, Person-Centered, Adlerian, Family Systems, Psycho-analytic, REBT, and Eclectic. In the demographics, Cognitive-Behavioral theory was the most designated, with N=17, or 30.9%; followed by N=13, or 23.6% Solution-Focused, N=10, or

18.2% Person-Centered, N=7 Eclectic, or 12.7%, and Adlerian, Family Systems, and REBT totaling 2-3 participants each. Significant correlations were found between the counselor's primary theoretical orientation and the Counselor's BLRI score (Spearman's  $\rho = .323, p < .01$ ). This relationship was duplicated in a correlation between the counselor's primary theoretical orientation and the Counselor's RQ score (Spearman's  $\rho = .265, p < .05$ ). This may indicate that the counselor's primary theoretical orientation may influence their perception of the supervisory relationship. However, as the sample was not evenly spread over the categories of theoretical orientation, however, supplemental testing was not conducted.

Overall, the lack of correlations between the demographic factors and the independent and dependent variables suggest that the formation of both the supervisory and counseling relationships, as well as client outcomes, are not overtly influenced by demographics. Thus, building these relationships and the resulting client outcomes were produced from what one might call 'an even playing field' - that the relationships and client outcomes in this study were connected regardless of demographics of the counselor or supervisor. This is somewhat surprising given the literature on demographics factors' influence on formation of both the supervisory and counseling relationships, and the emphasis placed on acknowledging individual differences within both types of relationship (Ahn & Wampold, 2001; Bernard & Goodyear, 2009; Blatt et al., 1996; Buki et al., 2004; Dollarhide & Granello, 2011; M. V. Ellis & Ladany, 1997; M. V. Ellis, 1991). The finding, however, suggests that the barriers between two people forming a relationship can be overcome to the point that a significant connection does not exist between those individual differences and the quality of the relationship formed.

## **Non-Research Question Related Findings and Discussion**

As with most research, this study's results included findings not addressed in either the research questions or hypotheses. These results centered around the instruments utilized to measure the quality of the relationships studied, and the relationship between the changes in symptomology over time. The first finding, the relationship between the BLRI and RQ and each instrument's subsequent sub-scales, allows for discussion of cross-validation of instruments, as well as an inquiry into the concept of the facilitative conditions separate from the relationship as a whole. The second finding revealed a relationship between the change in symptomology early in counseling and the change in symptomology over the entire course of counseling. Though not part of the original research questions, both of these results are deserving of further discussion.

**Correlation between the BLRI and RQ and each instruments' subscales.** Both the BLRI and RQ were created several decades ago to measure the quality of the therapeutic relationship through a Rogerian lens (Barrett-Lennard, 2002; Lin, 1973; Truax & Carkhuff, 1967). Both scales have been revised and validated over the years, however this author was not able to find any previous studies cross-validating the two instruments. Both the overall correlation of the instruments (Client RQ and Client BLRI at  $r(85)=.580, p<.01$  and Counselor RQ and Counselor BLRI at  $r(88)=.804, p<.01$ ), and the subscale correlations indicated that these two scales are measuring the same constructs.

Subscale correlations were also of note, both within each instrument and between each instrument. For instance, within the RQ subscales of empathy, non-possessive warmth, and genuineness, all three scales correlated significantly on both the client and counselor forms (for instance, the Client RQ minimum correlational value between subscales was  $r(85)=.585$ , while



the minimum for the Counselor RQ was even higher at  $r(88) = .711$ ). The BLRI subscales of level of regard, empathy, unconditionality, and congruence also all correlated significantly with each other on both client and counselor forms. The unconditionality scale correlated the lowest with the other sub-scales, though was still significantly correlated (Client BLRI minimum subscale correlation at  $r(88) = .372, p < .01$ , and Counselor BLRI minimum subscale correlation at  $r(88) = .569, p < .01$ ). Between instruments, the unconditionality subscale of the BLRI was the only subscale not to significantly correlate with all other subscales on the client forms. All across-instrument subscales, however, significantly correlated on the counselor forms.

The majority of high correlations both within the subscales of each instrument and between the subscales of both instruments lends question to the differences in the facilitative conditions themselves and the facilitative conditions and the relationship as a whole. In other words, are these sub-scales measuring different constructs, or the same construct? Are the facilitative conditions different enough from the relationship as a whole to be able to measure them? Certain correlations suggest that the concepts really aren't different enough to distinguish between- such as the Counselor RQ form subscale correlations between genuineness and empathy ( $r(88) = .801, p < .01$ ), and genuineness and non-possessive warmth ( $r(88) = .802, p < .01$ ), the Client RQ form subscale correlations between level of regard and empathy ( $r(88) = .705, p < .01$ ) and empathy and congruence ( $r(88) = .709, p < .01$ ), and the Counselor BLRI subscale correlations of level of regard and empathy ( $r(88) = .797, p < .01$ ) and congruence and empathy ( $r(88) = .720, p < .01$ ). These high correlations suggest the concepts are either highly similar, or even potentially the same, thus there may not be a reason to break down the measurement of the relationship into further components.

**Relationship between changes in symptomology over time.** Though not specifically addressed in this or any research question in this study, the change in client outcomes between the first and fifth session, compared with the change between the first and next-to-last session showed a significant positive correlation. Participants were not required to turn in the final OQ-45 scores for this study, however an n of 37 did turn these in these scores. Thirty-seven was larger than the sample size of 28 needed to run a large correlation at the .05 significance level (Cohen, 1992). Thus, a correlation was conducted between the two changes in OQ-45 scores, which resulted in a positive significant correlation ( $r(37) = .532, p < .01$ ). This is considered a large correlation and effect size (Cohen, 1992), and results indicated that if clients showed improvement at the fifth session, they were likely to continue improving by the final session. This finding was quite surprising considering the widely accepted counseling adage that ‘clients get worse before they get better.’ Research conducted by Lutz and associates calls into question the ‘clients get worse before they get better’ myth, with results indicating that if clients decline early, they will most likely continue to decline (Lutz et al., 2006). Thus, client outcomes should be examined early and often to highlight declining clients throughout the counseling process.

### **Limitations**

As with every research study conducted, this study had limitations that must be taken into consideration when reading and interpreting the results and implications of the study. Within this research, some of these limitations include the research design and data, sampling and generalizability of the study, history of events that occurred during data collection, and the

maturation and testing effects of the participants. Each of these will be covered below, with information on how these limitations affected the overall study and interpretation of the results.

### **Research Design and Data**

Research design is the methodology chosen through which the research questions will best be answered (Fraenkel & Wallen, 2009). As this research sought relationships between the independent variables and dependent variable, the research design for this study was correlational. While correlational research reveals relationships between the variables and aids in the prediction of variables, causation of one variable on another cannot be inferred (Fraenkel & Wallen, 2009). The lack of ability to infer causation of the variables is a limitation in the present study, as the researcher cannot say that the relationships between the variables are caused by one or the other, but are merely present. Though lack of causation is a limitation, exploration of the existing relationship between the variables is the first step in exploring the connections of the variables, which this study accomplished.

Additionally, the in this study design Counselor-in-training participants did not receive an intervention, but instead were sampled as to their perception of their supervisory relationships. Supervisors were not sampled to ascertain their views of the relationship, or provide demographics such as theoretical orientation, educational background, or years of experience. Finally, the non-normality of most of the data for the independent variables accounted for a limitation of the study. Though a multiple regression is a robust statistical procedure, non-normal data is a violation of an assumption of regressions, thus must be taken into consideration. Though the research design and non-normality of the data added limitations to this study, these were deemed necessary as a part of an introductory study into a new subject area. Subsequent

research can now be performed utilizing alternative research designs to address these limitations as the foundation of these research questions was established through this study.

### **Sampling and Generalizability**

Sampling is defined as the process of selecting participants for a research study (Fraenkel & Wallen, 2009). The sample is used as a representative of a larger population. The population for this research was counselors-in-training under supervision, and their clients. Thus, the sample needed would represent this population. The sample used for this study was a purposive sample, meaning it was purposefully selected by the researcher to represent the larger population. This purposive sample was drawn from one university in the Southeastern United States. While this sample was specifically selected for the study, one must proceed with caution when generalizing results to the larger population. Thus, one may generalize the results to the larger population of counselors-in-training at the university from which this sample was obtained with some confidence, but generalizations beyond that specific population are cautioned.

Additionally, due to a two-semester study, some students were represented twice as counselors-in-training, the first time as Practicum I counselors-in-training, and the second time as Practicum II counselors-in-training. The supervisor and supervisory relationships changed and were measured in both semesters to minimize the impact of the limitation of counselors-in-training being represented twice. Though only the current supervisory relationship was measured each semester, previous supervisory and instructional relationships may have contributed to a counselor-in-training's view of the counseling relationship, particularly in counselors-in-training enrolled in Practicum II or Internship. Additionally, participation was voluntary for both the counselors-in-training and clients, and clients were asked to participate in the study by his or her

counselor-in-training. This may have created bias in participating in the study, as clients with positive feelings about their counselors may have been more willing to participate. To minimize the impact of social desirability of clients, counselors-in-training were asked to introduce the study and request participation, however not to encourage or endorse it. Due to the small, purposive sample size and research design, results should not be broadly generalized.

## **History**

History limitation refers to an internal threat to validity that may come through events that occur during the data collection process (Fraenkel & Wallen, 2009). Several events occurred during the fall semester of data collection for this study. First, two additional research studies were occurring simultaneously in the same location: one studying counselor anxiety and self-efficacy, and the other studying the supervisory relationship. Thus, this study's participants may have been over-exposed to research, which may have impacted their level of energy when completing study assessments and recruiting clients to participate. Second, one supervisor left mid-semester due to a family crisis. This did not affect data collection, however, as data was collected prior to the change in instructor. It is unlikely that this event impacted the data, however an abrupt change in supervisor mid-semester may have contributed to difficulties adjusting to a new supervisor and the formation of a new supervisory relationship. Additionally, during the spring semester one supervisor missed several classes due to a physical injury, thus data from his supervisees was collected further into the semester, once four supervision sessions had occurred. Of the two supervisor incidents, this event more likely influenced the data concerning the supervisory relationship. The process of having several different substitute supervisors may have prevented the formation of a strong supervisory relationship early in the

semester. It is of note, however, that this supervisor's practicum recruited the most client participants the second semester of the study. In conclusion, several factors may have influenced the participants of this study during the two semesters of data collection. However, none of these circumstances were serious enough to warrant devaluation of the data.

### **Maturation, Testing, and Instrument Decay**

Maturation limitations may be present when change occurs as a function of time passing versus an intervention (Fraenkel & Wallen, 2009). As previously mentioned, some counselors-in-training participated in this study as both Practicum I students and Practicum II students. Thus, growth and development as a counselor would likely occur from one semester to the next, potentially assisting in the formation of the therapeutic relationship. Testing, another internal threat to validity, occurs when participants take an assessment multiple times and become familiarized with it. Again, this was the case for students who participated as both Practicum I and Practicum II counselors-in-training. This also may have occurred with clients, in that the OQ-45 was administered at least twice. The impact of maturation and testing limitations were minimal within the counselors-in-training, however, as only seven participated in both semesters of the study. The impact of testing on the OQ-45 for clients was no greater than clients who did not participate in the study, as this assessment is given as part of standard clinic procedure to all clientele.

Another internal threat to validity was instrument decay, or problems encountered by participants when interacting with the study instruments (Fraenkel & Wallen, 2009). This threat appeared with the use of the Relationship Questionnaire. As the older and less used of the two relationship-instruments, many of the words and phrases had to be adjusted to make it more

understandable for both clients and counselors-in-training, such as making the pronouns non-gender specific and adding more literal descriptions to the items. Additionally, the T/F scoring of the instrument left no room for grey areas- prompting several people to write in comments referring to non-applicability or complaining about the wording of the instrument. Instrument decay appeared to be one of the most influential limitations of this research- as it was apparent in the non-normality of the data distribution and the high mean scores for both the client and counselor forms. Therefore, results drawn from data utilizing the RQ must be interpreted and utilized with caution.

## **Conclusion**

This research study focused on five research questions surrounding the relationships between the supervisory relationship, the therapeutic relationship, and client outcomes with two different types of participants: clients and counselors-in-training. With such broad constructs and sampling, limitations arose throughout the study. With the exception of the instrument decay of the RQ, none of these limitations severely impair the findings of this study, and the implications produced as a result of the findings.

## **Implications for the Practice of Supervision and Counseling**

The results from this study yielded several implications for the practices of both supervision and counseling. Supervision remains a relatively young area for research within counselor education, and the supervision implications from this study center around assessing the supervisory relationship and further exploration of the negative correlation between the counseling relationship and the supervisory relationship. Counseling implications resulting from

this study focus on the validation of the importance of the therapeutic relationship in counseling outcomes.

### **Assessing the Supervisory Relationship**

Effective supervision clearly plays a large role in counselor development, and therefore is a critical area for further study (Bernard & Goodyear, 2009; Fernando & Hulse-Killacky, 2005). Building upon the knowledge that the relationship is a determining factor in the satisfaction and effectiveness of supervision (Ellis, 1991), supervisors may consider introducing the concept of the supervisory relationship when beginning supervision, and assessing the supervisory relationship throughout the supervision process. The relationship can be assessed through many different forms, both informal and formal. Informal assessments may include discussions during supervision about the quality of the relationship, needs the counselor-in-training feel are being met and those unmet, and the parallels and differences between the supervisory and counseling relationships. Discussions which bring the relationship into the ‘hear and now’ can be powerful modeling tools for counselors-in-training not only in the forming, building, and repairing ruptures in the relationship, but also in modeling the practice of bringing the present into a discussion with clients. In addition to informal assessments of the relationship, supervisors can utilize formal assessments such as the instruments used in this study, the Relationship Questionnaire and the Barrett-Lennard Relationship Inventory. Use of these assessments would provide insight into the counselor-in-training’s perception of the relationship, reveal any discrepancies between the supervisor’s perception of the relationship and the supervisee’s perception, and provide an opportunity to repair ruptures in the supervisory relationship. Relationship assessments, whether formal or informal, should occur early and often within



supervision. Past research indicates that the relationship can be measured accurately as early as the second session (Blatt et al., 1996), thus supervisors may utilize assessments to make necessary adjustments to nurture the relationship with supervisees. Whether the assessments are formal or informal, both supervisors and counselors-in-training may benefit from a focus on the relationship in supervision.

### **Negative Correlation Between the Supervisory and Therapeutic Relationship**

This research did not reveal a significant connection between the supervisory relationship and client outcomes, however it did show a significant negative relationship between the supervisory relationship and the counseling relationship. As discussed under the results of Research Question 1, there may be many contributing reasons for a negative relationship between these two types of relationship. Two of the potential causes may be the occurrence of reverse modeling from the supervision session to the counseling session and differing priorities of supervision versus counseling.

Should the negative connection between these two variables be due to reverse modeling (i.e. the counselor-in-training may not be having his or her relationship needs met in supervision, and thus pays extra attention to the relationship in counseling), it is particularly important for the supervisor to monitor the therapeutic relationships of the counselors-in-training. This attention may work out well for the client, however should the client's relationship needs be greatly different from the counselor's, the counselor may feel that the quality of the relationship is better than the client perceives it to be. Monitoring the quality of counselors-in training's therapeutic relationships may be done through several methods. Again, assessments such as the BLRI and the RQ as well as informal discussions within therapy are essential to assess the quality as the

therapeutic relationship, as it provides the client's perception of the relationship. These assessments can be brought into supervision as a springboard for discussions on the quality of the therapeutic relationship, assessing the problems within the relationship, and methods to repair the relationship. In addition, the supervisor may view the counselor-in-training's sessions either in live supervision or through recorded video to give feedback on the counselor's ability to provide empathic, relationship-building responses and an outside perspective of the connection between the counselor and client.

Another potential cause of the negative relationship between the supervisory relationship and the therapeutic relationship may be the counselor-in-training or the supervisor's view of the importance of the relationship. If the supervisory relationship through the context of the facilitative conditions is not as important to the supervisor or the counselor-in-training as other aspects of supervision (e.g. instruction, client conceptualization), then the quality of the supervisory relationship may not influence the counselor-in-training's therapeutic relationships at all. Prior to the beginning of supervision, supervisors may want to review their own beliefs on the importance of the relationship within supervision, so that the topic can be visited early in supervision. There are many supervision theories and theoretical orientations, and while most make mention of the supervisory relationship, some focus more on other tasks of supervision such as goal setting and instruction (Bernard & Goodyear, 2009). Should establishing the relationship with supervisees be of little of importance to the supervisor, the use of facilitative conditions may not be prominent in supervision. Also, supervisors need to ascertain the level of importance of the supervisory relationship to the supervisee. Supervisors can ask counselors-in-training questions such as "What aspects of our supervision relationship do you see present in

your counseling relationships?” or “How is our supervisory relationship different from your counseling relationships?” Asking these questions will let the supervisor know if the counselor-in-training’s relationship needs are being met through supervision. Knowing both the counselor-in-training and the supervisor’s view of the importance of the supervisory relationship can shape the formation and discussion of relationship within supervision.

These three factors, the possibility of reverse modeling, the supervisor’s view of the importance of the relationship, and the counselor-in-training’s view of the importance of the relationship may all impact the negative relationship found between the supervisory relationship and therapeutic relationship. Further exploration of these topics will assist in ascertaining more about the nature of the negative relationship between the supervisory relationship and the therapeutic relationship. It is also possible that this finding was specific to the sample used for this study, and other studies may find different results.

### **Validation of the Importance of the Therapeutic Relationship in Counseling**

The largest implication for the practice of supervision and counseling produced by this study is the validation of the importance of the therapeutic relationship. Client outcomes were found to significantly correlate with the client’s perception of the therapeutic relationship (as measured by the BLRI). The therapeutic relationship has been trumpeted for decades as a foundational piece of counseling, and often blended into techniques and skills-based classes (Kirschenbaum & Jourdan, 2005). However, students may get lost in the vague language of concepts such as “unconditional positive regard” and “accurate empathy.” Thus, a greater emphasis is needed in making these relationship-building blocks more concrete for beginning counselors, so that they may truly understand and strengthen their own counseling relationships.

Efforts to make these concepts more concrete may begin in introduction to counseling classes, and continue throughout a master's level program. In introductory classes, for instance, students can be introduced to the concepts as abstractly, and explored through readings and group projects to help form personal definitions for the facilitative conditions. As students progress, class assignments in theories and practicum courses may include case conceptualizations including aspects of the facilitative conditions, basics of assessing the therapeutic relationship, and the repair of therapeutic relationship ruptures. Continual reinforcement of the foundational constructs of the therapeutic relationship and of the importance of the therapeutic relationship in regards to client outcomes may provide counselors-in-training with a stronger base in building, maintaining, and repairing therapeutic relationships. As Lambert and Barley stated, "Given the importance of the facilitative conditions and the therapeutic alliance for successful treatment outcome, training in relationship skills is crucial for the beginning therapist" (Lambert & Barley, 2001, pg. 359).

Another implication that speaks to both counselor education and counseling in general is the finding that client outcomes from the first to the fifth session correlated with client outcomes from the first to the last session. Often counseling students are taught to expect clients to worsen before recovery, however this finding suggests that clients who are progressing well early in the counseling process are prone to continue to do well. This is supported by findings from Haas and colleagues, who found that clients who showed early treatment gains would continue those (Haas, Hill, Lambert, & Morrell, 2002), as well as by Lutz and colleagues (2006) who noted that if clients were declining early in treatment, they were at a greater risk of continued decline (Lutz et al., 2006). Thus understanding how to track and interpret client outcomes is vitally important

to predicting and treating clients as they progress through counseling. Clients may be tracked through a variety of measures- both informal and formal. Informal methods of client tracking may include weekly check-ins pertaining to functionality, symptoms, and distress. Formal tracking may include use of assessments and instruments designed to assess client outcomes, such as the instrument utilized for this research study. Should formal assessments be utilized, however, it is essential that counselors-in-training are educated on the interpretation of these instruments, and uses for them beyond client functioning. Other uses may include introducing the topic of outcomes to the client, or as a long term tracking method. Whether formal or informal, tracking client outcomes early in treatment may allow counselors to provide additional help to clients who do not show improvement within the first few sessions, potentially turning around the outcome for deteriorating clients.

### **Future Research**

Future research in this area may consider separating participants more closely by demographics such as experience level and supervisor theoretical orientation. One may also add the dimension of asking counselors-in-training to fill out assessments of each of their previous supervisory relationships, then utilize all of those scores in seeking correlation to the counselor-in-training's therapeutic relationships. Another tact may be to ask supervisees or practicing counselors to fill out assessments with their most impactful supervisory relationship in mind. Given that a negative correlation was found between supervisory relationship and counseling relationship, it may be important to assess the priorities of the supervisee within the supervisory

relationship. Facilitative conditions necessary in counseling may not be a top priority for counselor trainees, especially when considering developmental level.

Though the supervisory relationship did not appear to impact client outcomes directly, there may be other aspects of supervision that are affecting client outcomes, such as supervisory role most often used, supervisory theoretical orientation, and supervisory evaluation methods, among others. Future research may consider examining these and other aspects of supervision to determine the relationship of supervision to client outcomes. Client outcomes research continues to be an important research topic as mental health becomes accepted into the model of managed health care worldwide.

### **Conclusion**

Of the five research questions and hypotheses, three hypotheses were accepted: that a significant relationship exists between the counseling relationship and the supervision relationship- though it is a negative relationship and not a the positive one hypothesized (Research Question 1), that a significant relationship exists between the counseling relationship and client outcomes (Research Question 2), and that client outcomes can be significantly predicted using the counseling relationship and supervision relationship as measured by the BLRI (Research Question 4). Two research questions and hypotheses were rejected based on results: there does not appear to be a significant relationship between the supervision relationship and client outcomes (Research Question 3), and with the exception of counselor theoretical orientation, no relationships were found between demographic variables and the independent and dependent variables (Research Question 5). One other interesting finding was the relationship

between the change in client outcome score from the first to fifth session, and the first to the next-to-last session.

As with all studies, this research had several limitations. These included non-normally distributed data and constructs that created multicollinearity. Additionally, limitations included the multiple exposure to research conducted within the clinic in which data was collected and the use of several counselors-in-training for both semester of data collection. These limitations and others discussed in the Limitations section, must be taken into account when interpreting the data.

Implications from this study include the validation of the importance of the therapeutic relationship in counseling, and specifically in relation to client outcomes. The therapeutic relationship appears to have a continued role in producing positive client outcomes. A re-focus is needed in counselor education in affirming these skills in beginning counselors, beyond basic techniques courses. Additionally, the negative relationship between the supervision relationship and the counseling relationship was an unexpected finding, and implies that the characteristics of these relationships are more difference than anticipated. Future research may focus on different aspects of the supervision relationship to determine the nature of the negative correlation between the supervisory relationship and the counseling/therapeutic relationship. In conclusion, the results from this study promote the use of the facilitative conditions within the therapeutic relationship to increase positive client outcomes. Additionally, monitoring changes in client outcomes early in treatment is suggested for better treatment outcomes.

## **APPENDIX A: IRB CONSENT**





## EXPLANATION OF RESEARCH

Title of Project: An Exploration of the Relationships Between Supervisees' Perceptions of Facilitative Conditions in Supervision, Clients' Perceptions of Facilitative Conditions in Counseling, and Client Outcomes

Principal Investigator: Chastity Hope Bell

Faculty Supervisor: Edward H. Robinson III, PhD

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of this study is to examine the relationship between the perception of the facilitative conditions of unconditional positive regard, empathy, and genuineness in the supervisory relationship, the perception of these conditions between the supervisee and his or her clients, and client outcomes.
- Counselors-in-training who participate in this study will complete a demographic form and two supervisory relationship assessments following the fifth supervisory session. Additionally, counselors-in-training who choose to participate in this research will present the study to their clients, request participation, and administer the consent form and client assessments. Counselors-in-training will be provided an internet link to the demographic and supervisory relationship instruments so that they may complete them in their own space and time following the fifth supervisory session. Counselors-in-training will use an ID number to identify their forms instead of a name, so that the study data will remain anonymous.
- Clients who participate in this study will complete a brief demographic form and two therapeutic relationship assessments following the fifth counseling session. Additionally, clients consent to the use of their OQ-45 assessment scores, which are administered as part of normal counseling clinic procedures. All assessments will be given to clients within the counseling session via paper copies from their counselor. Clients will use an ID number to identify their forms instead of a name, so that the study data will remain anonymous.
- For both counselors-in-training and clients, completion of all assessments will take no longer than ten minutes. Assessments will only be administered once.

You must be 18 years of age or older to take part in this research study. *[Delete if not applicable]*

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, or complaints please contact: Chastity Hope Bell, Doctoral Candidate, Counselor Education PhD Program, College of Education, at 407-823-1779, [bell\\_c@knights.ucf.edu](mailto:bell_c@knights.ucf.edu), or Dr. Edward Robinson III, Faculty Supervisor, Department of Educational & Human Sciences, College of Education, at [Edward.robinson@ucf.edu](mailto:Edward.robinson@ucf.edu).

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

## **APPENDIX B: IRB OUTCOME LETTER**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

### Approval of Exempt Human Research

From: UCF Institutional Review Board #1  
FWA00000351, IRB00001138  
To: Chastity H. Bell  
Date: August 24, 2012

Dear Researcher:

On 8/24/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: An Exploration of the Relationships Between Supervisees' Perceptions of Facilitative Conditions in Supervision, Clients' Perceptions of Facilitative Conditions in Counseling, and Client Outcomes  
Investigator: Chastity H Bell  
IRB Number: SBE-12-08625  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 08/24/2012 08:57:07 AM EDT

A handwritten signature in black ink that reads "Joanne Muratori".

IRB Coordinator

## **APPENDIX C: DEMOGRAPHICS FORMS**

Counselor-In-Training Demographics Form

**Counselor-in-Training ID Number:** \_\_\_\_\_

(ID number is the first two letters of last name and last four digits of phone number)

Directions: Please complete the following general demographics form. All responses are anonymous.

1. Clinic course currently registered:

\_\_\_\_\_ Practicum I    \_\_\_\_\_ Practicum II    \_\_\_\_\_ Internship I    \_\_\_\_\_ Internship II

2. Gender:

\_\_\_\_\_ Female    \_\_\_\_\_ Male    \_\_\_\_\_ Other

3. Race:

\_\_\_\_\_ Caucasian/White    \_\_\_\_\_ African American    \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian-American    \_\_\_\_\_ Biracial    \_\_\_\_\_ Other

\_\_\_\_\_

4. Age: \_\_\_\_\_

5. Primary Masters Counseling Track:

\_\_\_\_\_ Mental Health    \_\_\_\_\_ Marriage & Family    \_\_\_\_\_ School

6. What is your primary theoretical orientation? (Pick only one.)

\_\_\_\_\_ Cognitive Behavioral    \_\_\_\_\_ Solution Focused    \_\_\_\_\_ Person-Centered

\_\_\_\_\_ Adlerian    \_\_\_\_\_ Family Systems    \_\_\_\_\_ Psycho-analytic

\_\_\_\_\_ REBT    \_\_\_\_\_ Eclectic

Client Demographics Form

**Counselor-in-Training ID #** \_\_\_\_\_

**Client ID #** (First two letters of last name and last four digits of phone number):

\_\_\_\_\_

Directions: Please complete the following general demographics form. All responses are anonymous.

1. Gender:

\_\_\_\_\_ Female      \_\_\_\_\_ Male      \_\_\_\_\_ Other

2. Race:

\_\_\_\_\_ Caucasian/White      \_\_\_\_\_ African American      \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian-American      \_\_\_\_\_ Biracial      \_\_\_\_\_ Other

\_\_\_\_\_

3. Age: \_\_\_\_\_

4. Have you attended counseling prior to this semester with your current counselor?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**APPENDIX D: RELATIONSHIP QUESTIONNAIRE (COUNSELOR &  
CLIENT FORMS)**

## Relationship Questionnaire- Counselor-in-Training Form

Counselor-in-Training ID#: \_\_\_\_\_

(All ID#s are the first two letters of your last name and last four digits of your phone number.)

Directions: Please circle either T for True or F for False when reading the following statements.

### **My Supervisor:**

1.	Seems to hold things back, rather than tell me what he/she really thinks.	T	F
2.	Understands me.	T	F
3.	Understands exactly how I see things.	T	F
4.	My understand me, but does not know how I feel.	T	F
5.	Almost always seems very concerned about me.	T	F
6.	Feels indifferent about me.	T	F
7.	Acts too professional.	T	F
8.	Acts as if I am just another client.	T	F
9.	Can be counted on to tell me what he/she really thinks or feels.	T	F
10.	Appreciates me.	T	F
11.	Makes me think hard about myself and my clients.	T	F
12.	Knows how I feel even when I cannot quite say what I mean.	T	F
13.	Usually helps me to know how I am feeling by putting my feelings into words for me.	T	F
14.	Forces me to think about some of the things that trouble me when I'm with clients.	T	F
15.	Sometimes seems to be putting up a professional front.	T	F
16.	Says things that usually fit right in with how I'm feeling.	T	F
17.	Often does not seem to be genuinely his or her self.	T	F
18.	Usually knows what I mean, sometimes even before I finish saying it.	T	F
19.	Is curious about what makes me act like I do when I am counseling, but is not really interested in me.	T	F
20.	Makes me feel safe enough to really say how I feel.	T	F
21.	Helps me to know myself better by sometimes pointing to feelings within me that I had been unaware of.	T	F
22.	Seems like a real person, instead of just a counselor.	T	F
23.	Facilitates me learning a lot about myself through talking to him/her.	T	F
24.	Seems to be "just doing a job."	T	F
25.	Uses the same words over and over again, until I'm bored.	T	F
26.	Never knows the difference when I lie to him/her.	T	F
27.	Doesn't understand my struggles with my clients' issues.	T	F
28.	Relays that he/she really wants to understand me through the way	T	F



---

	he/she acts.		
<b>29.</b>	Knows what it feels like to be a beginning counselor.	T	F
<b>30.</b>	Relays that he/she really wants to understand me through the questions he/she asks.	T	F
<b>31.</b>	Doesn't allow me to talk about all the things I'd like to talk about.	T	F
<b>32.</b>	Makes it difficult to tell how he/she feels about things.	T	F
<b>33.</b>	Talks to me, but otherwise seems pretty far away from me.	T	F
<b>34.</b>	Pays attention to me, but seems to be just another person to talk with, an outsider.	T	F

---

## Relationship Questionnaire- Client Form

Client ID#: \_\_\_\_\_ Counselor-in-Training ID#: \_\_\_\_\_  
 (All ID#s are the first two letters of your last name and last four digits of your phone number.)

Directions: Please circle either T for True or F for False when reading the following statements.

### **My Counselor:**

1.	Seems to hold things back, rather than tell me what he/she really thinks.	T	F
2.	Understands me.	T	F
3.	Understands exactly how I see things.	T	F
4.	My understand me, but does not know how I feel.	T	F
5.	Almost always seems very concerned about me.	T	F
6.	Feels indifferent about me.	T	F
7.	Acts too professional.	T	F
8.	Acts as if I am just another client.	T	F
9.	Can be counted on to tell me what he/she really thinks or feels.	T	F
10.	Appreciates me.	T	F
11.	Makes me think hard about myself.	T	F
12.	Knows how I feel even when I cannot quite say what I mean.	T	F
13.	Usually helps me to know how I am feeling by putting my feelings into words for me.	T	F
14.	Forces me to think about some of the things that trouble me.	T	F
15.	Sometimes seems to be putting up a professional front.	T	F
16.	Says things that usually fit right in with how I'm feeling.	T	F
17.	Often does not seem to be genuinely his or her self.	T	F
18.	Usually knows what I mean, sometimes even before I finish saying it.	T	F
19.	Is curious about what makes me act like I do, but is not really interested in me.	T	F
20.	Makes me feel safe enough to really say how I feel.	T	F
21.	Helps me to know myself better by sometimes pointing to feelings within me that I had been unaware of.	T	F
22.	Seems like a real person, instead of just a counselor.	T	F
23.	Facilitates me learning a lot about myself through talking to him/her.	T	F
24.	Seems to be "just doing a job."	T	F
25.	Uses the same words over and over again, until I'm bored.	T	F
26.	Never knows the difference when I lie to him/her.	T	F
27.	Doesn't know what is the matter with me.	T	F
28.	Relays that he/she really wants to understand me through the way he/she acts.	T	F

---

<b>29.</b>	Knows what it feels like to be unwell.	T	F
<b>30.</b>	Relays that he/she really wants to understand me through the questions he/she asks.	T	F
<b>31.</b>	Doesn't allow me to talk about all the things I'd like to talk about.	T	F
<b>32.</b>	Makes it difficult to tell how he/she feels about things.	T	F
<b>33.</b>	Talks to me, but otherwise seems pretty far away from me.	T	F
<b>34.</b>	Pays attention to me, but seems to be just another person to talk with, an outsider.	T	F

---

**APPENDIX E: BARRETT-LENNARD RELATIONSHIP INVENTORY  
(COUNSELOR & CLIENT FORMS)**

Name or code: .....

Answer date: .....

BARRETT-LENNARD RELATIONSHIP INVENTORY: Form OS-40 (ver. 2a)

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with your supervisor, mentally inserting his or her name in the space provided. For example, if the other person's name was John, you would read the #1 statement as "John respects me" and #2 as "John usually senses or realizes what I am feeling".

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to mark every one. *Write in a minus number (-3, -2, or -1) when your answer is on the 'no' side, and a plus number (+1, +2, or +3) when your answer is a grade of 'yes'.* Here is the exact meaning of each answer number:—

- 3: NO, I strongly feel that it is not true.
- 2: No, I feel it is not true.
- 1. (No) I feel that it is probably untrue, or more untrue than true.
- +1: (Yes) I feel that it is probably true, or more true than untrue.
- +2: Yes, I feel it is true.
- +3. YES, I strongly feel that it is true.

- \_\_\_\_\_ 1. \_\_\_\_\_ respects me.
- \_\_\_\_\_ 2. \_\_\_\_\_ usually senses or realizes what I am feeling.
- \_\_\_\_\_ 3. \_\_\_\_\_'s interest in me depends on my words and actions (or how I perform).
- \_\_\_\_\_ 4. I feel that \_\_\_\_\_ puts on a role or front with me.
- \_\_\_\_\_ 5. \_\_\_\_\_ feels a true liking for me.
- \_\_\_\_\_ 6. \_\_\_\_\_ reacts to my words but does not see the way I feel.
- \_\_\_\_\_ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he/she feels about me.
- \_\_\_\_\_ 8. \_\_\_\_\_ doesn't avoid or go round anything that matters between us.
- \_\_\_\_\_ 9. \_\_\_\_\_ is indifferent to me.
- \_\_\_\_\_ 10. \_\_\_\_\_ nearly always sees exactly what I mean.
- \_\_\_\_\_ 11. Depending on my behavior, \_\_\_\_\_ has a better (or a worse) opinion of *me* sometimes than s/he has at other times.
- \_\_\_\_\_ 12. I feel that \_\_\_\_\_ is genuine with me.
- \_\_\_\_\_ 13. I know I'm valued and appreciated by \_\_\_\_\_ .
- \_\_\_\_\_ 14. \_\_\_\_\_'s *own attitude* toward things I do or say gets in the way of understanding me.
- \_\_\_\_\_ 15. No matter what I say about myself, \_\_\_\_\_ likes (or dislikes) me just the same.
- \_\_\_\_\_ 16. \_\_\_\_\_ keeps quiet about his/her real inner impressions and feelings.

- \_\_\_\_\_ 17. \_\_\_\_\_ finds me rather dull and uninteresting.
- \_\_\_\_\_ 18. \_\_\_\_\_ realizes what I mean even when I have difficulty in saying it.
- \_\_\_\_\_ 19. \_\_\_\_\_ wants me to be a particular kind of person.
- \_\_\_\_\_ 20. \_\_\_\_\_ is willing to say whatever is on his/her mind with me, including feelings about either of us or how we are getting along.

(Continues... Page 2)

Relationship Inventory—Form OS-40 (v. 2a) Page 2

Please continue to write in your answer to every statement, in the left margin. Here, again, are the meanings of each answer number: --

- 3: NO, I strongly feel that it is not true.
- 2: No, I feel it is not true.
- 1. (No) I feel that it is probably untrue, or more untrue than true.
- +1: (Yes) I feel that it is probably true, or more true than untrue.
- +2: Yes, I feel it is true.
- +3. YES, I strongly feel that it is true.

- \_\_\_\_\_ 21. \_\_\_\_\_ cares for me.129129
- \_\_\_\_\_ 22. \_\_\_\_\_ doesn't listen and pick up on what I think and feel.
- \_\_\_\_\_ 23. \_\_\_\_\_ likes certain things about me, and there are other things he/she does not like in me.
- \_\_\_\_\_ 24. \_\_\_\_\_ is openly himself (herself) in our relationship.
- \_\_\_\_\_ 25. I feel that \_\_\_\_\_ disapproves of me.
- \_\_\_\_\_ 26. \_\_\_\_\_ usually understands the whole of what I mean.
- \_\_\_\_\_ 27. Whether thoughts I express are 'good' or 'bad' makes no difference to \_\_\_\_\_'s feeling toward me.
- \_\_\_\_\_ 28. Sometimes \_\_\_\_\_ is not at all comfortable but we go on, outwardly ignoring it.
- \_\_\_\_\_ 29. \_\_\_\_\_ is friendly and warm toward me.
- \_\_\_\_\_ 30. \_\_\_\_\_ does not understand me.
- \_\_\_\_\_ 31. \_\_\_\_\_ approves of some things about me (or some of my ways), and plainly disapproves of other things (or ways I act and express myself).
- \_\_\_\_\_ 32. I think \_\_\_\_\_ always knows exactly what s/he feels with me: s/he doesn't cover up inside.
- \_\_\_\_\_ 33. \_\_\_\_\_ just tolerates or puts up with me.
- \_\_\_\_\_ 34. \_\_\_\_\_ appreciates exactly how the things I experience feel to me.
- \_\_\_\_\_ 35. Sometimes I am more worthwhile in \_\_\_\_\_'s eyes than I am at other times.

- \_\_\_\_\_ 36. At moments I feel that \_\_\_\_\_'s outward response to me is quite different from the way s/he feels underneath.
- \_\_\_\_\_ 37. \_\_\_\_\_ feels affection for me.
- \_\_\_\_\_ 38. \_\_\_\_\_'s response to me is so fixed and automatic that I don't get through to him/her.
- \_\_\_\_\_ 39. I don't think that anything I say or do really changes the way \_\_\_\_\_ feels toward me.
- \_\_\_\_\_ 40. I believe that \_\_\_\_\_ has feelings s/he does not tell me about that affect our relationship.

*Please double check and make sure that you have given an answer to every item. Thank you for doing so.*

Please note the other person's relation to you, e.g., a personal friend, spouse or partner, mother or other family member, teacher or supervisor, counselor/therapist, etc. ....

© Godfrey T Barrett-Lennard, 1995 (Form OS-40).

Name or code: .....

Answer date: .....

BARRETT-LENNARD RELATIONSHIP INVENTORY: Form OS-40 (ver. 2a)

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with your counselor, mentally inserting his or her name in the space provided. For example, if the other person's name was John, you would read the #1 statement as "John respects me" and #2 as "John usually senses or realizes what I am feeling".

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to mark every one. *Write in a minus number (-3, -2, or -1) when your answer is on the 'no' side, and a plus number (+1, +2, or +3) when your answer is a grade of 'yes'.* Here is the exact meaning of each answer number:-

- 3: NO, I strongly feel that it is not true.
- 2: No, I feel it is not true.
- 1. (No) I feel that it is probably untrue, or more untrue than true.
- +1: (Yes) I feel that it is probably true, or more true than untrue.
- +2: Yes, I feel it is true.
- +3. YES, I strongly feel that it is true.

- \_\_\_\_\_ 1. \_\_\_\_\_ respects me.
- \_\_\_\_\_ 2. \_\_\_\_\_ usually senses or realizes what I am feeling.
- \_\_\_\_\_ 3. \_\_\_\_\_'s interest in me depends on my words and actions (or how I perform).
- \_\_\_\_\_ 4. I feel that \_\_\_\_\_ puts on a role or front with me.
- \_\_\_\_\_ 5. \_\_\_\_\_ feels a true liking for me.
- \_\_\_\_\_ 6. \_\_\_\_\_ reacts to my words but does not see the way I feel.
- \_\_\_\_\_ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he/she feels about me.
- \_\_\_\_\_ 8. \_\_\_\_\_ doesn't avoid or go round anything that matters between us.
- \_\_\_\_\_ 9. \_\_\_\_\_ is indifferent to me.
- \_\_\_\_\_ 10. \_\_\_\_\_ nearly always sees exactly what I mean.
- \_\_\_\_\_ 11. Depending on my behavior, \_\_\_\_\_ has a better (or a worse) opinion of *me* sometimes than s/he has at other times.
- \_\_\_\_\_ 12. I feel that \_\_\_\_\_ is genuine with me.
- \_\_\_\_\_ 13. I know I'm valued and appreciated by \_\_\_\_\_ .
- \_\_\_\_\_ 14. \_\_\_\_\_'s *own attitude* toward things I do or say gets in the way of understanding me.
- \_\_\_\_\_ 15. No matter what I say about myself, \_\_\_\_\_ likes (or dislikes) me just the same.
- \_\_\_\_\_ 16. \_\_\_\_\_ keeps quiet about his/her real inner impressions and feelings.



- \_\_\_\_\_ 17. \_\_\_\_\_ finds me rather dull and uninteresting.
- \_\_\_\_\_ 18. \_\_\_\_\_ realizes what I mean even when I have difficulty in saying it.
- \_\_\_\_\_ 19. \_\_\_\_\_ wants me to be a particular kind of person.
- \_\_\_\_\_ 20. \_\_\_\_\_ is willing to say whatever is on his/her mind with me, including feelings about either of us or how we are getting along.

**(Continues... Page 2)**

**Relationship Inventory—Form OS-40 (v. 2a) Page 2**

Please continue to write in your answer to every statement, in the left margin. Here, again, are the meanings of each answer number: --

- 3: NO, *I strongly feel that it is not true.*
- 2: No, *I feel it is not true.*
- 1. (No) *I feel that it is probably untrue, or more untrue than true.*
- +1: (Yes) *I feel that it is probably true, or more true than untrue.*
- +2: Yes, *I feel it is true.*
- +3. YES, *I strongly feel that it is true.*

- \_\_\_\_\_ 21. \_\_\_\_\_ cares for me.132132
- \_\_\_\_\_ 22. \_\_\_\_\_ doesn't listen and pick up on what I think and feel.
- \_\_\_\_\_ 23. \_\_\_\_\_ likes certain things about me, and there are other things he/she does not like in me.
- \_\_\_\_\_ 24. \_\_\_\_\_ is openly himself (herself) in our relationship.
- \_\_\_\_\_ 25. I feel that \_\_\_\_\_ disapproves of me.
- \_\_\_\_\_ 26. \_\_\_\_\_ usually understands the whole of what I mean.
- \_\_\_\_\_ 27. Whether thoughts I express are 'good' or 'bad' makes no difference to \_\_\_\_\_'s feeling toward me.
- \_\_\_\_\_ 28. Sometimes \_\_\_\_\_ is not at all comfortable but we go on, outwardly ignoring it.
- \_\_\_\_\_ 29. \_\_\_\_\_ is friendly and warm toward me.
- \_\_\_\_\_ 30. \_\_\_\_\_ does not understand me.
- \_\_\_\_\_ 31. \_\_\_\_\_ approves of some things about me (or some of my ways), and plainly disapproves of other things (or ways I act and express myself).
- \_\_\_\_\_ 32. I think \_\_\_\_\_ always knows exactly what s/he feels with me: s/he doesn't cover up inside.
- \_\_\_\_\_ 33. \_\_\_\_\_ just tolerates or puts up with me.
- \_\_\_\_\_ 34. \_\_\_\_\_ appreciates exactly how the things I experience feel to me.
- \_\_\_\_\_ 35. Sometimes I am more worthwhile in \_\_\_\_\_'s eyes than I am at other times.

- \_\_\_\_\_ 36. At moments I feel that \_\_\_\_\_'s outward response to me is quite different from the way s/he feels underneath.
- \_\_\_\_\_ 37. \_\_\_\_\_ feels affection for me.
- \_\_\_\_\_ 38. \_\_\_\_\_'s response to me is so fixed and automatic that I don't get through to him/her.
- \_\_\_\_\_ 39. I don't think that anything I say or do really changes the way \_\_\_\_\_ feels toward me.
- \_\_\_\_\_ 40. I believe that \_\_\_\_\_ has feelings s/he does not tell me about that affect our relationship.

*Please double check and make sure that you have given an answer to every item. Thank you for doing so.*

Please note the other person's relation to you, e.g., a personal friend, spouse or partner, mother or other family member, teacher or supervisor, counselor/therapist, etc. ....

© Godfrey T Barrett-Lennard, 1995 (Form OS-40).

## REFERENCES

- Ahn, H., & Wampold, B. E. (2001). Where oh where are the specific ingredients ? A meta-analysis of component studies in counseling and psychotherapy, *48*(3), 251–257.  
doi:10.1037//O022-OI67.48.3.251
- Allen, G. J., Szollos, S. J., & Williams, B. E. (1986). Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice, 17*(2), 91–99.
- Aspy, D. N. (1975). The relationship between selected student behavior and the teacher's use of interchangeable responses. *The Humanist Educator, 14*, 3–11. doi:10.1002/j.2164-6163.1975.tb00002.x
- Bachelor, A. (1988). How clients perceive therapist empathy: A content analysis of “received” empathy. *Psychotherapy: Theory, Research, Practice, Training, 25*, 227–240.
- Barrett-Lennard, G. T. (1962). Dimensions of therapist response As causal factors in therapeutic change. *Journal of clinical psychology, 76*(43).
- Barrett-Lennard, G. T. (2002). Perceptual variables of the helping relationship: A measuring system and its fruits. In G. Wyatt & P. Sanders (Eds.), *Contact and Perception* (4th ed., pp. 25–50). Ross-on-Wye: PCCS.
- Bergin, A. E., & Suinn, R. M. (1975). Individual psychotherapy and behavior therapy. *Annual Review Of Psychology, 26*, 509–556.

- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Boston: Allyn & Bacon.
- Blatt, S. J., Zuroff, D. C., Quinlan, D. M., & Pilkonis, P. . (1996). Interpersonal factors in brief treatment of depression: Further analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of consulting and clinical psychology, 64*, 162–171.
- Bodoin, N. J., & Pikunas, J. (1977). Affective learning and achievement in grades three and four. *The Journal of Educational Research, 235–237*.
- Bohart, A. C. (2005). Person centered psychotherapy and related experiential approaches. In A. Gurman & S. Messer (Eds.), *Essential psychotherapies: Therapy and Practice* (pp. 107–148). New York, NY: Guilford Press.
- Bolton, B. (1977). Psychologist versus client perspectives in assessment of psychopathology. *Applied Psychology Measurement, 1*(4), 553–542.
- Borders, L. D. (1989). Developmental cognitions of first practicum supervisees. *Journal of Counseling Psychology, 36*(2), 163–169.
- Borders, L. D., Bernard, J. M., Dye, H. A., Fong, M. L., Henderson, P., & Nance, D. W. (1991). Curriculum guide for training counseling supervisors: Rationale, development, and implementation. *Counselor Education and Supervision, 31*, 58–80.

- Bozarth, J. D. (1997). Empathy from the framework of client-centered theory and the Rogerian hypothesis. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 81–102). Washington, DC: American Psychological Association.
- Buki, L. P., Borrayo, E. A., Feigal, B. M., & Carrillo, I. Y. (2004). Are all Latinas the same? Perceived breast cancer screening barriers and facilitative conditions. *Psychology of Women Quarterly, 28*(4), 400–411.
- Carkhuff, R. R. (1967). Towards a comprehensive model of facilitative processes. *Journal of Counseling Psychology, 14*, 67–72.
- Carkhuff, R. R., Kratochvil, D., & Friel, T. (1968). Effects of professional training: Communication and discrimination of facilitative conditions. *Journal of Counseling Psychology, 15*, 68–74.
- Cashwell, T. H., & Dooley, K. (2001). The Impact of supervision on counselor self-efficacy. *The Clinical Supervisor, 20*(1), 39–47.
- Chiappone, D., Piccinin, M., & Schmidtgoessling, N. (1981). Relationship of client-percieved facilitative conditions on outcome of behaviorally oriented assertive training. *Psychological Reports, 49*(1), 251–256.
- Clark, J. V., & Culbert, S. A. (1965). Mutually therapeutic perception and self-awareness in a T group. *Journal of Applied Behavioral Science, 1*, 180–194.

Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159.

Combs, A. W., & Soper, D. W. (1963). The perceptive organization of effective counselors. *Journal of Counseling Psychology*, 10, 222–226.

Cooper, M., & McLeod, J. (2011). Person-centered therapy: A pluralistic perspective. *Person-Centered & Experiential Psychotherapies*, 10(3), 210–223.  
doi:10.1080/14779757.2011.599517

Cornelius-White, J. H. D. (2002). The phoenix of empirically supported therapy relationships: The overlooked person-centered basis. *Psychotherapy: Theory, Research, Practice, Training*, 39(3), 219–222. doi:10.1037/0033-3204.39.3.219

Council for Accreditation of Counseling and Related Educational Programs. (2009). *CACREP accreditation manual*. : Author. Alexandria, VA: Council for Accreditation of Counseling and Related Educational Programs.

Decety, J., & Lamm, C. (2009). Empathy versus personal distress: Recent evidence from social neuroscience. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 199–213). Cambridge, MA: MIT Press.

Dollarhide, C. T., & Granello, D. H. (2011). Humanistic perspectives on counselor education and supervision. In M. B. Scholl, A. S. McGowan, & J. T. Hansen (Eds.), *Humanistic perspectives on contemporary counseling issues* (pp. 277–303). New York: Routledge.

- Duncan, B. L., & Moynihan, D. W. (1994). Applying outcome research: Intentional utilization of the client's frame of reference. *Psychotherapy: Theory, Research, Practice, Training*, 31(2), 294–301. doi:10.1037/h0090215
- Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, 48, 43–49.
- Ellis, M. V., & Ladany, N. (1997). Inferences concerning supervisees and clients in clinical supervision: An integrative review. In C. E. Watkins (Ed.), *Handbook of Psychotherapy Supervision* (pp. 447–507). Hoboken, NJ, US: John Wiley and Sons, Inc.
- Ellis, M. V. (1991). Critical incidents in clinical supervision: Assessing supervisory issues. *Journal of Counseling Psychology*, 38(3), 342–349. doi:10.1037//0022-0167.38.3.342
- Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology*, 16, 319–324.
- Fernando, D. M., & Hulse-Killacky, D. (2005). The relationship of supervisory styles to satisfaction with supervision and the perceived self-efficacy of Master's level counseling students. *Counselor Education and Supervision*, 44, 293–305.
- Fraenkel, J. R., & Wallen, N. E. (2009). *How to design and evaluate research in education*. New York, NY: McGraw-Hill Higher Education.

- Freeman, B., & McHenry, S. (1996). Clinical supervision of counselors-in-training: A nationwide survey of ideal delivery, goals, and theoretical influences. *Counselor Education and Supervision, 36*(2), 144–158.
- Freitas, G. J. (2002). The impact of psychotherapy supervision on client outcome: A critical examination of 2 decades of research. *Psychotherapy: Theory, Research, Practice, Training, 39*(4), 354–367. doi:10.1037/0033-3204.39.4.354
- Glauser, A. S., & Bozarth, J. D. (2001). Person-centered counseling: The culture within. *Journal of Counseling & Development, 79*, 142–147.
- Goodyear, R. K., & Bernard, J. M. (1998). Clinical supervision : Lessons from the literature. *Counselor Education and Supervision, 38*, 6–22.
- Gray, L. a., Ladany, N., Walker, J. a., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*(4), 371–383. doi:10.1037//0022-0167.48.4.371
- Greenberg, L. S., Watson, J. C., Elliot, R., & Bohart, A. C. (2001). Empathy. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 380–384. doi:10.1037/0033-3204.38.4.380
- Gurman, A. (1977). The patient's perception of the therapeutic relationship. (pp. 503-543). . In A. S. Gurman & A. M. Razin (Eds.), *Effective psychotherapy* (pp. 503–543). New York: Pergamon.



- Haas, E., Hill, R. D., Lambert, M. J., & Morrell, B. (2002). Do early responders to psychotherapy maintain treatment gains? *Journal of Clinical Psychology, 58*(9), 1157–1172.
- Hannan, H. C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of clinical psychology, 61*(2), 155–163.
- Harkness, D. (1995). The art of helping in supervised practice: relationships and outcomes. *The Clinical Supervisor, 13*(1), 63–76.
- Hatfield, D. R., & Ogles, B. M. (2004). The use of outcome measures by psychologists in clinical practice. *Professional Psychology: Research and Practice, 35*, 485–491.
- Heppner, P., Kivlighan, D. R., & Wampold, B. E. (1992). *Research design in counseling*. Belmont, CA US: Thomson Brooks/Cole Publishing Co.
- Hilton, D. B., Russell, R. K., & Salmi, S. W. (1995). The effects of supervisor's race and level of support on perceptions of supervision. *Journal of Counseling & Development, 73*, 559–563.
- Hutt, C. H., Scott, J., & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, Research, Practice, Training, 20*, 118–123.
- Iberg, J. R. (1991). Applying statistical control theory to bring together clinical supervision and psychotherapy research. *Journal of consulting and clinical psychology, 59*, 575–586.

- Kelly Jr., E. W. (1995). Counselor values: A national survey. *Journal of Counseling & Development, 73*(6), 648–653.
- Kendrick, S. B., Simmons, J. M., Richards, B. F., & Roberge, L. P. (1993). Residents' perceptions of their teachers: Facilitative behaviour and the learning value of rotations. *Medical Education, 27*, 55–61.
- Kennard, B. D., Stewart, S. M., & Gluck, M. R. (1987). The supervision relationship: Variables contributing to positive versus negative experiences. *Professional Psychology: Research and Practice, 18*(2), 172–175.
- Kirschenbaum, H., & Jourdan, A. (2005). The current status of Carl Rogers and the Person-Centered Approach. *Psychotherapy: Theory, Research, Practice, Training, 42*(1), 37–51.  
doi:10.1037/0033-3204.42.1.37
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development, 77*, 447–455.
- Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94–129). New York, NY: Basic Books.
- Lambert, M. J. (2001). Psychotherapy outcome and quality improvement: introduction to the special section on patient-focused research. *Journal of consulting and clinical psychology, 69*(2), 147–9. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11393592>

- Lambert, M. J., & Hawkins, E. J. (2001). Using information about patient progress in supervision : Are outcomes enhanced ? *Australian Psychologist*, *36*(2), 131–138.
- Lambert, M. J., & Hill, C. E. (1994). Assessing psychotherapy outcomes and processes. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 72–113). New York: Wiley.
- Lambert, M.J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 357–361.
- Lambert, Michael J., Burlingame, G. M., Umphress, V., Hansen, N. B., Vermeersch, D. a., Clouse, G. C., & Yanchar, S. C. (1996). The reliability and validity of the Outcome Questionnaire. *Clinical Psychology & Psychotherapy*, *3*(4), 249–258.  
doi:10.1002/(SICI)1099-0879(199612)3:4<249::AID-CPP106>3.0.CO;2-S
- Lambie, G. W., & Sias, S. M. (2009). An integrative psychological developmental model of supervision for professional school counselors-in-training. *Journal of Counseling & Development*, *87*(3), 349–356.
- Leibert, T. W., Smith, J. B., & Agaskar, V. R. (2011). Relationship between the working alliance and social support on counseling outcome. *Journal of Clinical Psychology*, *67*(7), 709–719.
- Levant, R. F., & Shlien, J. M. (Eds.). (1984). *Client-centered therapy and the Person-Centered Approach: New directions in theory, research, and practice*. New York, NY: Praeger.

- Liddle, H. A., & Saba, G. W. (1983). On context replication: The isomorphic relationship of training and therapy. *Journal of Strategic & Systemic Therapies*, 2, 3–11.
- Lietaer, G., Rombauts, J., & Van Balen, R. (1990). *Client-centered and experiential psychotherapy in the nineties*. Leuven, Belgium: Leuven University Press.
- Lin, T. T. (1973). Revision and validation of the Truax-Carkhoff Relationship Questionnaire. *Measurement and Evaluation in Guidance*, 6(2), 82–86.
- Lutz, W., Lambert, M. J., Harmon, S. C., Tschitsaz, A., Schürch, E., & Stulz, N. (2006). The Probability of Treatment Success , Failure and Duration — What Can Be Learned from Empirical Data to Support Decision Making in Clinical Practice ? *Clinical Psychology & Psychotherapy*, 13, 223–232. doi:10.1002/cpp
- Lyon, H. C., & Rogers, C. R. (1981). *On becoming a teacher*. Columbus, Ohio: Charles E. Merrill Publishing Company.
- Martin, P. J., Sterne, A. L., & Hunter, M. L. (1976). Share and share alike: mutuality of expectations and satisfaction with therapy. *Journal of clinical psychology*, 32(3), 677–83.  
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/956437>
- McCarthy, P., Kulakowski, D., & Kenfield, J. A. (1994). Clinical supervision practices of licensed psychologists. *Professional Psychology: Research and Practice*, 25(2), 177–181.  
doi:10.1037//0735-7028.25.2.177

Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9(1), 21–25.

Moses, H. A., & Hardin, J. T. (1978). A relationship approach to counselor supervision in agency settings. In J. Boyd (Ed.), *Counselor Education* (pp. 437–480). Muncie, IN: Accelerated Development.

Mueller, R. M., Lambert, M. J., & Burlingame, G. M. (1998). Construct validity of the Outcome Questionnaire: A confirmatory factor analysis. *Journal of Personality Assessment*, 70, 248–262.

Muse-Burke, J. L., Ladany, N., & Deck, M. D. (2001). The supervisory relationship. *Counselor Supervision: principles, process, and practice* (pp. 28–62). Philadelphia, PA: Brunner-Routledge.

Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48(4), 384–395.  
doi:10.1037//0022-0167.48.4.384

Norwich, B., & Jaeger, M. (1989). The predictive relationship between beliefs, attitudes, intentions, and secondary school mathematics learning: A theory of reasoned action approach. *British Journal of Educational Psychology*, 59, 314–325.

- Orlinksy, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy—noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270–376). New York: Wiley.
- Pallant, J. (2010). *SPSS survival manual: A step by step guide to data analysis using SPSS* (4th ed.). Maidenhead: Open University Press/McGraw-Hill.
- Parloff, M. B., Waskow, I. E., & Wolfe, B. E. (1978). Research on therapist variables in relation to process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (2nd ed.). New York, NY: Wiley and Sons.
- Peabody, S. A., & Gelso, C. J. (1982). Countertransference and empathy: The complex relationship between two divergent concepts in counseling. *Journal of Counseling Psychology, 29*, 240–245.
- Pearson, Q. M. (2000). Opportunities and challenges in the supervisory relationship: Implications for counselor supervision. *Journal of Mental Health Counseling, 22*(4), 283–294.
- Pierce, R. M., & Schauble, R. G. (1970). Graduate training of facilitative counselors: The effects of individual supervision. *Journal of Counseling Psychology, 19*, 210–215.
- Quick, E., & Jacob, T. (1973). Marital disturbance in relation to role theory and relationship theory. *Journal of Abnormal Psychology, 82*, 309–316.

- Robinson, E. H. (1967). *Students' perceptions of teachers' ability to provide certain facilitative conditions and their relationship to language arts achievement gains.*
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103. doi:10.1037/0033-3204.44.3.240
- Rogers, C. R. (1961). *On becoming a person.* Boston: Houghton Mifflin.
- Rogers, C. R. (1969). *Freedom to learn: A view of what education might become.* Columbus, Ohio: Charles E. Merrill Publishing Company.
- Rogers, C. R. (1983). *Freedom to learn for the 80s.* Columbus, Ohio: Charles E. Merrill Publishing Company.
- Rønnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development, 71*(4), 396–405.
- Rudolph, J., Langer, I., & Tausch, R. (1980). Demonstrations of the psychic results and conditions of person-centered individual psychotherapy. *Zeitschrift Für Klinische Psychologie, 9*(1), 23–22.
- Schacht, A. J., Howe, H. E., & Berman, J. J. (1989). Supervisor facilitative conditions and effectiveness as perceived by thinking and feeling type supervisees. *Psychotherapy: Theory, Research, Practice, Training, 26*(4), 479–483.

- Shamay-Tsoory, S. (2009). Empathic processing: Its cognitive and affective dimensions and neuroanatomical basis. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 215–232). Cambridge, MA: MIT Press.
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore, MD: The Johns Hopkins University Press.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752–760. doi:10.1037/0003-066X.32.9.752
- Tausch, R. (1990). The supplementation of client-centered communication therapy with other validated therapeutic methods: A client-centered necessity. In G. Lietaer, J. Rombauts, & R. Van Balen (Eds.), *Client-centered and experiential psychotherapy in the nineties* (pp. 447–455). Leuven, Belgium: Leuven University Press.
- Tepper, D. T., & Haase, R. F. (2001). Verbal and nonverbal communication of facilitative conditions. In C. E. Hill (Ed.), *Helping skills: The empirical foundation* (Vol. 44, pp. 211–223). American Psychological Association.
- Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy: Training and practice*. Chicago: Aldine.
- Truax, C. B., & Mitchell, K. M. (1971). Research on certain therapist interpersonal skills in relation to process and outcome. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 299–344). New York: John Wiley.



- Truax, C. B., Warrgo, D. G., Frank, J. D., Imber, S. D., Battle, C. C., Hoehn- Saric, R., Nash, E. H., et al. (1966). Therapist empathy, genuineness, and warmth and patient outcome. *Journal of Consulting Psychology, 30*, 395–401.
- Vermeersch, D. A., Lambert, M. J., & Burlingame, G. M. (2000). Outcome questionnaire: Item sensitivity to change. *Journal of Personality Assessment, 74*, 242–261.
- Watson, J. C. (2001). Re-visioning empathy. In D. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 445–471). Washington, DC: American Psychological Association.
- Watson, J. C., & Greenberg, L. S. (2009). Empathic resonance: A neuro-science perspective. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 125–138). Cambridge, MA: MIT Press.
- Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology, 43*, 25–34.