

THE RELATIONSHIP BETWEEN
SELF-DISCLOSURE, SELF-EFFICACY,
AND THE SUPERVISORY WORKING ALLIANCE OF
COUNSELOR EDUCATION PRACTICUM AND INTERNSHIP STUDENTS

by

DAVID F. MARCH
B.S. Florida State University, 1997
M.S. Stetson University, 2000

A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Counselor Education
in the College of Education
at the University of Central Florida
Orlando, Florida

Spring Term
2005

© 2005 David F. March

ABSTRACT

A primary goal of clinical supervision in counselor education programs is to develop trainees who express a level of self-awareness, competence, and self-efficacy from which to further develop as a counselor. A vital component of this process is for supervisees to disclose their thoughts and feelings about their clients, their self as a person, their work as a counselor, and experiences with their supervisor. However, current research suggests that it is common for supervisees to hold back personal and professional information from their supervisor leading to missed learning and growth opportunities. Through self-disclosure, trainees receive positive and negative supervisor feedback. It is important to examine how this may influence trainee confidence. It is hypothesized that self-efficacy will be threatened by low levels of supervisee self-disclosure. This study explored the relationship that exists between supervisee self-disclosure and supervisee self-efficacy, and what role the working alliance plays in the relationship.

A total of 71 counselor education students at three CACREP accredited institutions in Florida participate in the study. All participants had experienced at least one full semester of practicum or internship. A sub-sample of the 71, comprised of 32 participants, was also selected based on their responses to an abridged version of one of the three instruments used in the study. Both samples received equal statistical analyses. Overall, the results suggest that counselor education practicum or internship student self-disclosure was not able to explain their self-efficacy. Furthermore, when the participants' perception of the supervisory working alliance was added to their level of self-disclosure, the statistical results were mixed depending on the sample used.

Dedicated to my wife and sons:

AMANDA

BRADFORD

TYLER

DYLAN

For their love, support, patience, and sacrifice over the many years of my studies.

ACKNOWLEDGMENTS

One does not reach this stage of professional development without the contribution of others. Other than my wife and children, to whom this dissertation is dedicated, there are many others that deserve to be mentioned. Beginning with my mother and father, Thomas and Frances March. Now they can finally say, “my son the doctor”. Next, my cohort, affectionately known as the “flygirls”: Dr. Leila Roach, Dr. Linda Vanderbleek, Dr. Page Thanisu, Dr. Michelle Mitcham-Smith, and Susan Hansen. You will always be a part of the Queen’s world. To my professors: Dr. Mark Young, Dr. Mike Robinson, Dr. Andrew Daire, Dr. Stephen Sivo, Dr. Dayle Jones, Dr. Grant Hayes, Dr. Montse Casado, Dr. Leslie Jones, Dr. Lea Witta, Dr. Laura Blasi, and Dr. Mark Freeman. Thank you for your commitment, encouragement, guidance, passion, and dedication. And to those who earned their doctorates before me and were so helpful and encouraging: Dr. Ximena Mejia, Dr. Joanne Vogel, and Dr. Shannon Ray. And, my colleagues at Stetson University: Dr. Lynn Long, Dr. Larry Rosen, Dr. Judith Burnett, Dr. Brigid Noonan, Dr. Grady Ballenger, Dr. Richard Vantrease, Karole Turner, and Donna Schick. Thank you for your support, understanding, flexibility, patience, and interest in my success.

There are many others who were less involved and whose full contribution is probably only known to me: Bill Wilson, Alan Cohen, MD, Ira Shafran, MD, Dr. George Kachmarik, Rosemary Duncan, Reverend Dave Wilson, Marion Johannson, Stephan Johannson, Mark Chrisman, Rosie Johnson, Brian & Susan Garrison, Barbara Tashlein, Brian Sellers, Vicki Lewis, Kim Mitchell, Jim Madison, Dr. Barry Sapolski, John Tatum, MD, Adam Blatner, MD, Karole Turner, Dr. Jim Doran, Erica Mendoza, Anita Riggs, La Amistad Behavioral Health Services, and everyone at the Winter Park YMCA.

Finally, a big thank you to all of the students I have had the pleasure of teaching at Stetson University and all the clients I have had the privilege to serve

TABLE OF CONTENTS

LIST OF FIGURES	xii
LIST OF TABLES	xiii
LIST OF ACRONYMS/ABBREVIATIONS	xiv
CHAPTER ONE: INTRODUCTION.....	1
Self-Efficacy	1
Theoretical Background of Self-Efficacy	4
Self-Efficacy in Counselor Education	5
Summary	7
Self-Disclosure.....	7
Theoretical Background on Self-Disclosure.....	10
Significance of Self-Disclosure in Counselor Education.....	12
Increasing Self-Awareness in Counselor Education through Self-Disclosure	13
Summary	15
Supervisory Working Alliance	16
Theoretical Background of the Supervisory Working Alliance	17
Therapeutic Working Alliance.....	17
Working Alliance as Conceptualized by Bordin	18
Summary	19
Problem Statement	19
Purpose.....	20
Research Questions.....	21

Research Hypotheses	21
Null Hypothesis One.....	21
Null Hypothesis Two	21
Null Hypothesis Three	22
Hypothesis One.....	22
Hypothesis Two	22
Hypothesis Three	22
CHAPTER TWO: LITERATURE REVIEW.....	23
Self Disclosure in Counselor Education & Supervision.....	23
Supervisee Self-Disclosure	24
Supervisor Self-Disclosure	26
Self-Efficacy in Counselor Education & Supervision	27
Supervisory Working Alliance in Counselor Education and Supervision.....	31
Summary.....	34
CHAPTER THREE: METHODOLOGY	36
Research Design.....	36
Limitations of the Research Design.....	36
Participants.....	37
Sampling Procedures	38
Instruments.....	38
Demographic Questionnaire	38
Self-efficacy	39
Supervisory Working Alliance	40

Self-disclosure.....	41
Procedure	43
Data Analysis	44
Summary.....	46
CHAPTER FOUR: FINDINGS	47
Descriptive Statistics.....	47
Profile of Study Participants	47
Survey Scales	53
Statistical Analyses.....	54
Model # 1: Using Self-Disclosure to Explain Self-Efficacy.....	55
Analysis # 1: Relationship between Self-Disclosure and Self-Efficacy for Data Set A (N=71).....	55
Analysis # 2: Relationship between Self-Disclosure and Self-Efficacy for Data Set B (N=32).....	56
Model # 2: The Role of the Supervisory Working Alliance.....	58
Analysis # 1: Working Alliance Effect on the Relationship between Self-Disclosure and Self-Efficacy for Data Set A (N=71)	58
Analysis # 2: Working Alliance Effect on the Relationship between Self-Disclosure and Self-Efficacy for Data Set B (N=32)	59
Analysis # 3: Partial and Part Correlations of Self-Disclosure and Working Alliance on Self-Efficacy for Data Set A (N=71)	61
Analysis # 4 (N=32): Partial and Part Correlations of Self-Disclosure and Working Alliance on Self-Efficacy for Data Set B (N=32).....	62

Model # 3: Using Self-Disclosure with the Interaction of Varying Levels of Working Alliance to Explain Self-Efficacy	63
Analysis # 1: Effect of the Interaction between Self-Disclosure and Working Alliance on Self-Efficacy for Data Set A (N=71)	63
Analysis # 2: Effect of the Interaction between Self-Disclosure and Working Alliance on Self-Efficacy for Data Set B (N=32)	64
Summary of Findings.....	65
CHAPTER FIVE: DISCUSSION AND CONCLUSION	66
Discussion.....	66
Review of the Findings	66
Study Participants	66
Statistical Analyses and Hypotheses Testing.....	68
Implications.....	70
Limitations	72
Suggestions for Future Research	73
Conclusion	74
APPENDIX A: INFORMED CONSENT	75
APPENDIX B: DEMOGRAPHIC INFORMATION.....	78
APPENDIX C: PERMISSION LETTER FOR USE OF COSE.....	80
APPENDIX D: COUNSELING SELF-ESTIMATE INVENTORY	82
APPENDIX E: WORKING ALLIANCE INVENTORY TRAINEE FORM	89
APPENDIX F: INTERN SELF-DISCLOSURE QUESTIONNAIRE	95
APPENDIX G: ABRIDGED ISDQ.....	100

APPENDIX H: IRB APPROVAL LETTER	102
LIST OF REFERENCES	104

LIST OF FIGURES

Figure 1: Summary of Program Track	49
Figure 2: Summary of Practicum and Internship Hours Completed.....	49
Figure 3: Summary of Individual and Group Supervision Hours.....	50
Figure 4: Reported Supervision Methods	51
Figure 5: Summary of Practicum and Internship Site Settings.....	52

LIST OF TABLES

Table 1: Summary of Gender and Age (Data Set A).....	48
Table 2: Summary of Scores for Data Set A (N=71).....	53
Table 3: Summary of Scores for Data Set B (N=32).....	54
Table 4: Regression Analysis # 1 showing no statistical significance for Data Set A (N=71).....	55
Table 5: Model Summary of Regression Analysis # 1 for Data Set A (N=71).....	56
Table 6: Regression Analysis # 2 showing no statistical significance for Data Set B (N=32).....	57
Table 7: Model Summary of Regression Analysis # 2 for Data Set B (N=32).....	57
Table 8: Regression Analysis # 1 showing statistical significance for Data Set A (N=71).....	58
Table 9: Model Summary of Regression Analysis # 1 for Data Set A (N=71).....	59
Table 10: Regression Analysis # 2 showing no statistical significance for Data Set B (N=32)...	60
Table 11: Model Summary of Regression Analysis # 2 for Data Set B (N=32).....	60
Table 12: Partial and Part Correlations for Data Set A (N=71).....	61
Table 13: Partial and Part Correlations for Data Set B (N=32).....	62
Table 14: Analysis # 1 of Interaction Effect showing no statistical significance for Data Set A (N=71).....	64
Table 15: Analysis # 2 of Interaction Effect showing no statistical significance for Data Set B (N=32).....	65

LIST OF ACRONYMS/ABBREVIATIONS

ACA	American Counseling Association
ACES	Association for Counselor Education and Supervision
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CASES	Counseling Activities Self-Efficacy Scales
COSE	Counselor Self-Estimate Inventory
ISDQ	Intern Self-Disclosure Questionnaire
NA	Not Applicable
SCCT	Social Cognitive Career Theory
SD	Standard Deviation
SEI	Self-Efficacy Inventory
SPSS	Statistical Package for the Social Sciences
SWAI	Supervisory Working Alliance Inventory
VIF	Variance Inflation Factor
WAI-T	Working Alliance Inventory – Trainee Version

CHAPTER ONE: INTRODUCTION

The concepts of self-efficacy, self-disclosure and the supervisory working alliance are theoretical constructs intrinsic to counselor development. The purpose of this dissertation was to examine the relationship that exists between these three constructs as they relate to counselor education students engaged in a practicum or internship under supervision. Examining the relationship between self-self-efficacy and self-disclosure, and the counselor education students' perception of the supervisory working alliance might hold valuable implications for supervision. Exploring this relationship would add to the existing knowledge of counselor education and supervision while giving students and counselor educators another dynamic to consider in an effort to enhance the outcomes of the supervision process.

This chapter introduces the concepts of self-efficacy, self-disclosure, and the supervisory working alliance. The theoretical background for each will be discussed as well as their relationship to counselor education. This is followed by a statement of the problem related to current research on the relationship between self-efficacy, self-disclosure, and the supervisory working alliance, a further explanation of the purpose of this study, and the study's hypotheses.

Self-Efficacy

Self-efficacy relates to an individual's perceived abilities to perform behaviors that lead to a successful outcome. A broad look at the concept finds literature on the subject in many areas including education, medicine, career development, and athletics (Adams, 2004; Everhart & Chelladurai, 1998; Morrell & Carroll, 2003; Panagos & DuBois, 1999).

Attention has also been focused on the role of self-efficacy in the realm of counseling and psychotherapy (Fall & McLeod, 2001; Farber, 2003a, 2003b; Geller, 2003; Washington, 1999; Whittinghill, Whittinghill, & Loesch, 2000) as well as counselor education and clinical training (Beitman & Yue, 1999; Heppner, Multon, Gysbers, Ellis, & Zook, 1998; Ladany, Ellis, & Freidlander, 1999; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992; Leach & Stoltenberg, 1997; Lent, Hill, & Hoffman, 2003). In relation to counselor development, the construct has important implications for counselor education students under supervision in practicum or internship. This may be especially true as they experience the personal and professional processes of learning and performing the varied aspects involved in the helping professions (e.g., development of techniques, relationship building, case conceptualization, and awareness of their own unfinished business). In particular, a counselor in training with a greater sense of self-efficacy, or displaying a confident attitude, may be perceived by their clients as more expert or more competent.

The concept of self efficacy has its theoretical roots in social cognitive theory of human development which stresses the interplay of behavior, environment, and cognition (Bandura, 1993; Larson et al., 1992; Lent, Brown, & Hackett, 2002; Lent, Hill, & Hoffman, 2003). Lent, Brown, & Hackett (2002) and Larson et al (1992) report that self-efficacy beliefs are based on information gathered from four factors: a) personal performance accomplishments; b) vicarious learning; c) social persuasion; and d) physical and emotional states. These factors are inherent in the training of counselor education students as they progress throughout their education and practical training. This is particularly important during the supervised practicum and internship phases of their development as they begin to provide counseling services, view others providing

counseling services, receive feedback from their supervisor and peers, and negotiate the emotional experiences of providing counseling services as a novice.

Because many similarities exist between the therapist-client and the supervisor-supervisee relationship, the construct of self-efficacy may play an important role in the professional and personal development of counselors. Young (2001) sees enhancing a client's self-efficacy as one of the primary goals, or curative factors, in the counseling process and wrote that most theoretical orientations see one task of the helper as being a catalyst toward increasing a person's "can-ness" or assisting individuals to have better faith in themselves. The same can be argued in relation to the supervisory relationship for it has an inherent "therapy-like" quality to it (Corey, Corey, & Callahan, 2003). Certainly, it can be said that one goal of a supervised practicum or internship is for counselor education students to experience a growth in their confidence to perform counseling tasks.

It is an increase in this confidence (self-efficacy) that has been identified as a primary desired outcome by Bernard & Goodyear (1998). Creating an environment that allows these students to examine what they are doing, feeling, and thinking, while working with clients and their supervisors, may contribute to this personal and professional growth. Corey, Corey, & Callahan (2003) suggest that "one of the most important goals for clinical supervisors is to promote the supervisee's self-awareness and ability to recognize characteristics that would have a negative impact on the therapeutic relationship" (p. 325). It is this author's position that for a supervisee's awareness to increase they must engage in a degree of self-disclosure. The contention is that trainee self-disclosure leads to supervisor feedback. This feedback leads to an increase in the trainee's awareness of their strengths and weaknesses as a person and as a

counselor. The trainee's evolving awareness coupled with their counseling and supervision experiences leads to higher levels of confidence, and hence, increased self-efficacy.

Theoretical Background of Self-Efficacy

Much of the counseling literature on the construct of self-efficacy credits the social cognitive theory work of Albert Bandura (Heppner et al., 1998; Larson et al., 1992; Lent, Hill, & Hoffman, 2003). Bandura (1993) describes self-efficacy as a "person's belief about their capabilities to exercise control over their own level of functioning and over the events that affect their lives" (p. 118). The more one feels capable of accomplishing a task, the more effort that is likely to be exerted toward that end. In contrast, when one's ability is viewed as deficient, less effort will be expended.

Self-efficacy can influence, in both positive and negative ways, a person's cognitions, motivations, emotions, and psychological well-being (Bandura, 1997). Larson et al. (1992) put forth that self-efficacy theory is based on the assumption that a person's degree of efficacy mediates what a person knows how to do and what they actually do. For example, students may know what to do in order to become a medical doctor but, if they do not believe they could make it through medical school, they might not even take the first step of applying for acceptance.

Bandura (1993) suggests that strong self-efficacy enhances a person's sense of accomplishment as they: a) approach difficult tasks as challenges rather than threats to be avoided; b) foster an interest and deep commitment to activities; c) set challenging goals and stick to them; d) exhibit persistence in the face of obstacles and failures; and e) recover a sense of efficacy after setbacks. He further states that self-efficacy is born out of a multifaceted process that is dependent on efficacy information delivered by personal actions, and experienced vicariously, socially, and affectively.

The theory of self-efficacy appears in constructs of career development as well (Lent, Brown, & Hackett, 2002). Because the counseling field can be viewed as a specific career, the concept of self-efficacy could be said to play a major role in the professional and personal development of counselor education students. A primary objective of counselor education programs is to produce graduates with an adequate degree of confidence in their ability to provide basic counseling services. This confidence, or self-efficacy, develops over time as trainees put knowledge into practice and experience the multifaceted process of counselor development that includes the mistakes, successes, and disclosures so critical to personal and professional growth.

Self-Efficacy in Counselor Education

Heppner et al. (1998) propose that counselor education programs are invested in having students perform with confidence, persist through difficult counseling stages, put forth the effort required to become an effective counselor, and to exhibit a level of competence necessary to help others and continue professional growth. Creating counseling students with an adequate attitude of unassuming confidence likely will lead to an increased motivation on their part for future behaviors that enhance self-efficacy and competence.

From a vocational perspective, self-efficacy is a construct found in several theories of career development (Brown, 2002) and it would be hard to argue that the helping professions are not a vocation. The manner in which Social Cognitive Career Theory (SCCT) addresses the role of self-efficacy is applicable to counselor career development. Therefore, it is important to have a basic understanding of its underlying precepts.

SCCT contains numerous constructivist assumptions including: a) humans have the capacity to develop their own development and surroundings; b) people are active agents of their

own career development; c) individuals help to construct their own career outcomes; d) there are cognitive and affective processes that help to govern career behavior; and e) there can be potent external and internal barriers to career development (Lent, Brown, & Hackett, 2002). In addition, there is an interplay of three central variables inherent in the theory. First is the establishment of personal goals that influence and drive behavior. Second, individuals develop outcome expectations or beliefs about the consequences of particular behaviors. The third variable is self-efficacy or the belief in one's own capabilities. If outcome expectations are met, self-efficacy rises.

Self-efficacy beliefs have been shown to predict how one behaves in relation to career choice, the effort put forth on career activities, determination in the face of barriers to goal achievement, and actual performance outcomes (Heppner et al. 1998). Therefore, it would stand to reason that these characteristics are critical in the development of counselor education students. If these students feel more confident in the varied aspects of providing counseling services, it is assumed that this would translate into such areas as higher level skills, case conceptualization, case presentation, and assessment interpretation.

It has been suggested that, in order to maximize the benefit of the supervisee to supervisor relationship (i.e., working alliance) that supervisee self-disclosure must be present (Farber, 2003a; Stricker, 2003). The more a counseling practicum or internship student is willing to self-disclose in supervision the more likely he or she is to confront attributions that affect self-efficacy. As these obstacles (e.g., countertransference, feelings of inadequacy, mistakes, and trainee personality characteristics) are discussed, a trainee grows as a counselor and as a person. While it is possible that identifying obstacles might reduce a trainee's feelings of self-efficacy, it is also possible that overcoming obstacles could lead to greater confidence. The more a

counselor grows in skill and confidence the more likely they are to provide effective services. Furthermore, one could anticipate that counselors who are better prepared emotionally and possess higher levels of self-efficacy will be more capable of encouraging clients to develop trust and relieve client anxieties surrounding therapy.

Summary

Self-efficacy relates to an individual's perceived abilities to perform behaviors that lead to a successful outcome and much of the literature on the construct credits the social cognitive theory work of Albert Bandura. Self-efficacy can influence, in both positive and negative ways, a person's cognitions, motivations, emotions, and psychological well-being. Larson et al. (1992) put forth that self efficacy theory is based on the assumption that a person's degree of efficacy mediates what a person knows how to do and what they actually do. The construct is of importance to practicum or internship students and the counselor education programs that are charged with their training. Because counselor education programs are invested in having students perform with confidence and, because self-efficacy beliefs have been shown to predict satisfaction with career choice (Lent, Brown, & Hackett, 2002), it would stand to reason that the construct is a critical component in the development of counselor education students.

Self-Disclosure

The concept of self-disclosure implies the imparting of personal information to another. The word disclose means to unveil, to make manifest, to show, to talk about; while self-disclosure involves the actions that make one visible in such a way that others can perceive them (Jourard, 1971). It is a significant element of human communication. Self-disclosure between two individuals can contribute to a deepening of intimacy within the relationship. Trust between the two may be enhanced when there is reciprocity of disclosures and these disclosures are held

in confidence by the receiver. Furthermore, self-disclosure may also have holistic value. Jourard (1971) posited that “man can attain to health and the fullest personal development only insofar as he gains courage to be himself with others...” (p. ix)

The degree to which an individual makes personal statements about one’s self to another has been the subject of study within the social sciences as well as communication theory over the past several decades. The focus of these studies has included: a) factors that encourage self-disclosure; b) gender and cultural differences related to self-disclosure; c) personality traits that motivate self-disclosure; d) the processes of responsiveness and reciprocity; e) age related phenomenon; and f) family interactions (Bell & Bromnick, 1998; Howe, Aquan-Assee, Bukowski, Lehoux, & Rinaldi, 2001; Jourard, 1979; Walsh, Gillespie, Greer, & Eanes, 2002).

The various disciplines of the helping professions (e.g., psychiatry, psychology, psychotherapy, counseling, and clinical supervision) have explored several facets of self-disclosure as well, including client perceptions, gender differences, disclosure avoidance, contextual differences, disclosures in counselor training, and transference issues (Anderson & Anderson, 1985; Beitman & Yue, 1999; Farber, 2003a, 2003b; Hinson & Swanson, 1993; Jourard, 1971; Jourard, 1979; Ladany & Melicoff, 1999; Webb & Wheeler, 1998).

In counseling and counselor development, self-disclosure can be viewed from several perspectives: therapist to client, client to therapist, supervisor to supervisee, and supervisee to supervisor. Whether the disclosure is verbal, non-verbal, or by written word, it is part of an interactive process between two or more individuals that contributes to the formation of relationships and plays a role in trust development (Jourard, 1971). In the interactive process of psychotherapy, without self-disclosure on the client’s part, counseling cannot proceed. If the

client is unwilling to reveal the nature of their problems there will probably be little likelihood of discovering successful solutions.

Furthermore, self-disclosure is fundamental to several theoretical approaches and it is present, to some degree, in all counseling theories (Stricker, 2003). Consequently, the literature has a good deal to offer about the relationship between self-disclosure, on both the client's and the therapist's part, and the effective practice of counseling and psychotherapy (Corey, 2001; Edwards & Murdoch, 1994; Ellingson & Galassi, 1995; Nyman & Daugherty, 2001; Paulson, Truscott, & Stuart, 1999; Young, 2001).

Of importance to this study, characteristics present in the therapeutic relationship also exist in the relationship between a practicum or internship student and their supervisor (Bernard & Goodyear, 1998, Farber, 2003a). They include trust, mutual disclosing, learning new behaviors, increasing self-awareness, transference, and countertransference. This area has received particular attention in the literature with research and position articles focusing on the role that self-disclosure plays in the area of counselor training, and the processes of clinical supervision, that help drive counselor development (Bernard & Goodyear, 1998; Corey, Corey, & Callahan, 2003; Cottone & Tarvydas, 2003; Falvey, 2002; Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Webb & Wheeler, 1998, Yourman, 2003). Studies have looked at a number of issues such as the nature, content, reasons, frequency, and consequences of disclosures (and non-disclosures) made by supervisors and supervisees. These studies show that a variety of factors influence the decision to disclose including supervisor characteristics (e.g., supportive, collaborative, overbearing, or critical) and the supervisory working alliance, often described as the bond that exists between the supervisee and their supervisor (Bordin, 1983; Landany, Ellis, & Friedlander, 1999).

Theoretical Background on Self-Disclosure

Jourard (1958) suggested that being one's real self is vital to a healthy personality and that "real self" is directly related to the nature and degree of one's self-disclosure. Men and women have the ability to put on "masks" that cover up their true selves. Likewise, they have the capacity to make known their true thoughts, feelings, and behaviors and allow others to perceive them as they really are. In addition, Pennebaker (1995) showed experimentally that disclosure, emotions, and overall health are linked in many different ways. For instance, when people talk about emotional events, there can be physical changes in blood pressure and muscle tone. Also, repression of emotions (or non-disclosure) can negatively affect a person's immune system. Therefore, it could be said that self-disclosure is vitally connected to the health of the human condition.

Evidence of disclosure as a means of self-knowledge has been traced back to the Stoic philosophers of the first two centuries A.D. (Georges, 1995). Furthermore, self-disclosure as a construct can be found in the religious practice of confession. Often, individuals experience psychological distress because they have been living dishonestly and secretly (Martin, 1975). It is this principle that forms the foundation of confession in many of the world's religions. Todd (1985) wrote that the belief in the curative effect of confession has been known for hundreds of years and that Carl Jung viewed humans as having the need to confess wrongdoing. Because confession deals with the revelation of one's real self, hidden from others, it is a form of self-disclosure. In theory then, both confession in a religious context and self-disclosure in a psychological context can play an important role in the amelioration of mental health problems, the development of a healthy personality, and improved self-concept.

Within the confines of counseling and psychotherapy, self-disclosure as a theoretical construct can be traced, at the very least, to the work of Josef Breuer and Sigmund Freud (Szasz, 2003). Farber (2003b) writes of Freud's contention that the patient must disclose all things that come to mind in the course of free association. However, it has come to be accepted that the benefits of self-disclosure do not occur solely in the domain of the patient to therapist relationship. It is common for therapists to self disclose to their clients and it is here that disclosure has received most of the research attention (Farber, 2003).

Self-disclosure is also present within the supervisory relationship in which the supervisee and supervisor engage in disclosures with the intent of adding to the personal and professional growth of the supervisee (Ladany & Lehrman-Waterman, 1999; Webb & Wheeler, 1998). However, disclosure may carry with it an element of psychological risk for the supervisee, especially in the area of shame creation (Yourman, 2003). This shame can result from the common characteristics of counseling work that challenge a trainee's competence, autonomy, and sense of self. For example, if a trainee exhibits poor judgment in using a particular counseling skill and this is met by supervisor disapproval about that performance, shame is created and self-efficacy is diminished. Therefore, the dilemma of deciding to disclose or not disclose that Jourard (1971) wrote of is ever present within the working alliance of supervision. Disclosure carries possible risk as well as benefit but so does non-disclosure. The difference is that in not disclosing, opportunities for growth and increased self-awareness are lost.

Whatever context self-disclosure occurs in, it plays a role in the formation of relationships, such as a therapeutic relationships, supervisory relationships, or even friendships. Jourard (1968) contends that the decision of whether to disclose, and what to disclose, is based on the notion of reciprocity, or what he termed the "dyadic effect." In essence, the dyadic effect

explains that one's disclosure is often based on the willingness of the recipient to exchange disclosures. These transactions of disclosure will ultimately dictate the gradual achievement of mutual understanding critical to the formation of intimate relationships (Rottenberg & Chase, 1992)). Put another way, there exists a psychological cost benefit analysis of the value placed on what is disclosed (Farber, 2003). As individuals decide what to disclose to each other they have somehow weighed the pros and cons of that disclosure, and the consequences of such, on the relationship. This process may occur in just a few seconds or it may take weeks or even years. It is through these disclosure exchanges that growth often transpires for all parties involved.

Significance of Self-Disclosure in Counselor Education

Jourard (1971) suggested "that no man can come to know himself except as an outcome of disclosing himself to another person" (p. 6). He went on to posit that the choice of whether to disclose or not disclose is a dilemma that everyone faces as they decide to reveal themselves as they are or to be seen as persons they are not. In the counseling profession, self-awareness and self-understanding are terms often used to describe the way, and to what degree, a counselor has true knowledge about his behaviors, thoughts, values, emotions, and perceptions. Part of the process for increasing self-awareness includes making oneself known to others through the action of disclosure. Becoming more aware of one's strengths and weaknesses provides opportunities to address issues that interfere with interpersonal relationships or other areas of functioning. As one successfully confronts their weaknesses there can be a corresponding increase in one's overall level of confidence. Increased self-awareness, in and of itself, may not lead to an increase in self-efficacy but it has its place in the process. Conversely, a high confidence level does not necessarily mean that one has more self-awareness. There are those

that may feel a sense of confidence that is built on an incorrect appraisal of their abilities. This is where an openness to receiving feedback (e.g., from a supervisor) is vital for growth to occur.

Increasing Self-Awareness in Counselor Education through Self-Disclosure

It is common for counselor education programs to provide opportunities to increase the self-awareness of counselors-in-training through assignments such as writing reflection papers, journals, or a family autobiography (Cummings, 2001; Goodman & Carpenter-White, 1996). Another way this is done is by requiring students to participate in personal growth groups or by receiving individual counseling (Corey, Corey, & Callahan, 2003; Yalom, 1995). The importance of this is found in the belief that counselors who have a strong awareness of their strengths, weaknesses, competencies, biases, conflicts, defenses, unfinished business, and vulnerabilities will be less likely to have personal needs met through their work with clients (Corey, 2000). In fact, counselors and counselor educators are called to address these issues by various professional organizations. The American Counseling Association (ACA) ethical guidelines offer recommendations. For example: a) "...counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients"; and b) "...counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients"; c) "...counselors are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities"; d) "counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance" (ACA, 1995).

The Association for Counselor Education and Supervision (ACES) addresses self-disclosure directly and indirectly by calling for: a) "...supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance"; b) "supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties...presence of any such impairment should begin a process of feedback and remediation wherever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development"; c) "...recommending participation in activities such as personal growth groups or personal counseling when it has been determined that a supervisee has deficits in the areas of self-understanding and problem resolution which impede his/her professional functioning"; d) "when a training program conducts a personal growth or counseling experience involving relatively intimate self disclosure, care should be taken to eliminate or minimize potential role conflicts for faculty and/or agency supervisor..."; and e) "forms of training that focus primarily on self-understanding and problem resolution should be voluntary" (e.g., personal growth groups or individual counseling) (ACES, 1993). These guidelines imply that counselor education student self-disclosure is part of the training process.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) also addresses self-awareness and encourages disclosure by requiring: a) "the institution to make available to students in the program personal counseling services provided by professionals other than program faculty and students"; and b) "studies will facilitate student

self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries” (CACREP, 2001).

It appears, from both a professional and personal perspective, that it is valuable for counselor education students to increase their self-awareness and that this will inevitably involve self-disclosure. In addition, counselor education programs should provide rich opportunities, which at times require disclosure, to assist students in increasing their self-understanding. Without the presence of student disclosures to those in supervisory positions, it would be difficult to fully exercise the guidelines that are called for, provide appropriate training interventions, and capitalize on “teachable moments” that lead to personal and professional enhancement. Promoting disclosures can only lead to vitally important experiences that increase trainee confidence in their abilities, hence, greater self-efficacy. On the other hand, avoiding disclosures by students could raise the potential for harm as trainees miss out on opportunities to pay attention to how their personal issues influence the work they do with clients (Corey, Corey, & Callahan, 2003). Therefore, rather than steering clear of student self-disclosures, counselor educators and supervisors should embrace these opportunities with professionalism, using the “spirit” of the available ethical codes to help their students become better persons and better counselors operating with increasing self-awareness and self-efficacy. This author believes that this approach will be beneficial to everyone involved (i.e., students, counselor educators, supervisees, supervisors, training programs, and the public they directly or indirectly serve).

Summary

The concept of self-disclosure implies the imparting of personal information to another. Self-disclosure between two individuals can contribute to a deepening of intimacy within the

relationship and trust between the two may be enhanced when there is reciprocity of disclosures. Self-disclosure has also been shown to have holistic benefits.

In the counseling profession, self-awareness and self-understanding are terms often used to describe the way, and to what degree, a counselor has true knowledge about his behaviors, thoughts, values, emotions, and perceptions. Part of the process for increasing self-awareness includes making oneself known to others through the action of disclosure. Providing opportunities to counselor education students to increase their knowledge of self is encouraged by various professional organizations associated with the counseling field.

Disclosures on the part of a counselor education practicum or internship student to their supervisor are a common practice in supervision. Investigating its relationship to the student's perceived self-efficacy may provide information of importance to counselor training.

Supervisory Working Alliance

The term, supervisory working alliance, is a concept often used to describe the relationship that exists between a supervisee (e.g., practicum or internship counselor education student) and his or her supervisor. It has been describe as having three elements: a) the bond between supervisee and supervisor; b) the extent to which they agree upon goals; and c) the extent to which they agree on tasks (Bordin, 1983; Bernard and Goodyear, 1998). This supervisory working alliance is critical, for the effectiveness of supervision largely depends upon the quality of the relationship between the supervisor and supervisee (Kauderer & Herron, 1990). It can be viewed as a collaborative effort focused on facilitating change in which the counselor education student experiences professional and personal growth. Efstation, Patton, and Kardash (1990) described it as a group of behaviors that are interactively used by supervisors and practicum or internship students to facilitate the learning of the student. However it may be

described, the supervisory working alliance appears to be a common factor that underlies the various models of supervision (e.g., psychotherapy theory-based, developmental, social role) (Bernard & Goodyear, 1998; Humeidan, 2002).

Theoretical Background of the Supervisory Working Alliance

Niemiec (2002) described the supervisory working alliance as a “direct theoretical descendent of the therapeutic working alliance” (p. 32). Bordin is often cited as the major contributor to the concept (Bernard & Goodyear, 1998; Daly, 2003; Efstation, Patton, & Kardash, 1990; Horvath & Greenberg, 1989; Ladany, Ellis, & Friedlander, 1999), although, Horvath and Bedi (2002) suggest that the concept of the alliance (not the term) owes its origins to Freud. Furthermore, characteristics of the working alliance can also be traced to the groundbreaking efforts of Rogers to define the ingredients of a strong therapeutic relationship (e.g., congruence, empathy, and unconditional positive regard) (Horvath & Greenberg, 1989).

Therapeutic Working Alliance

Because the supervisory working alliance has its roots in the therapeutic working alliance, a brief discussion of the later is warranted. The therapeutic working alliance is based on an interpersonal interaction and is comprised of attitudes, expectations, values, and sentiments of the participants (Horvath & Greenberg, 1994). It also appears to be influenced by personality variables associated with both client and therapist as well as the therapist’s skills and techniques (Binder & Strupp, 1997). The therapeutic alliance has also been linked to the client’s level of maturity in relation to interpersonal relating (Mohr, 1995). Although the importance placed on the therapeutic working alliance may vary across counseling theories, one would be hard pressed to argue against the benefits of a strong therapeutic relationship and a good working alliance between client and therapist.

In an effort to capture the theoretical basis and rising consensus about the benefits of a therapeutic working alliance, Horvath and Bedi (2002) developed a working definition of the alliance concept, suggesting in part, that “the alliance refers to the quality and strength of the collaborative relationship between client and therapist in therapy...is inclusive of the positive affective bonds between client and therapist...encompasses the more cognitive aspects of therapy...and it is purposeful in that it is specific to a context in which there is a therapist or helper who accepts some responsibility for providing psychological assistance to a client” (p.41)

Working Alliance as Conceptualized by Bordin

According to Bordin (1976), the working alliance involves an interpersonal relationship that is a collaborative effort focused on change for at least one of the involved members. Three conditions are necessary in order for change to occur: 1) understanding and agreement on goals sought in the change process; 2) agreement on the tasks to be performed to achieve the agreed upon goals; and 3) the affective bonds between the collaborators required to support the endeavor.

Bordin (1983) applied his concept to the area of supervision and the relationship that exists between and supervisor and supervisee. He put forth eight goals associated with the supervision process: 1) mastery of specific skills; 2) increasing understanding of clients; 3) increasing awareness of counseling process issues; 4) increasing awareness of self and its influence on the counseling process; 5) overcoming personal and intellectual barriers to learning and mastery; 6) increasing an understanding of concepts and theory; 7) providing a motivation for research; and 8) standards of service. The tasks to achieve these goals were also outlined and include: a) preparing oral or written reports on clients; b) the use of objective observation techniques such as videotaped, audio taped, or directly observed sessions; and c) selection of

problems for discussion or presentation. Bordin further argued that these goals and tasks were applicable to both individual and group supervision environments.

Summary

The supervisory working alliance is a concept born out of the theory of the therapeutic working alliance and Bordin is often credited as the major theoretical contributor. It is viewed as a collaborative effort comprised of agreed upon goals and tasks as well as the affective bonds between the supervisor and supervisee (e.g., counselor education practicum or internship student). The strength of the supervisory relationship plays an important role in the outcome of supervision. Research has shown that it is related to both counselor education student self-disclosure and self-efficacy (Humeidan, 2002; Ladany, Ellis, & Friedlander, 1999; Ladany et al., 1996). Further investigation of the relationship between self-disclosure, self-efficacy, and the supervisory working alliance is warranted.

Problem Statement

Although the literature examines self-disclosure and self-efficacy in counselor education and supervision, it appears that they are addressed independently. However, both constructs have been studied regarding their relationship to the supervisory working alliance. A focused search could locate no study that explored the relationship between the variables of self-disclosure and self-efficacy in the training and development of students in counselor education programs. Specifically in the area of supervised practicum and internship, when the student begins to apply classroom knowledge with actual clients, the research has primarily concerned itself with the nature, content, and frequency of disclosures (and non-disclosures) of supervisee and supervisor during supervisory sessions within the framework of the working alliance (Ladany, Hill, Corbett,

& Nutt, 1996; Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Ladany & Walker, 2003; Walsh, Gillespie, Greer, & Eanes, 2002; Webb & Wheeler, 1998).

In terms of the self-efficacy of counselors-in-training, research has primarily focused on its relationship to counseling skills, counseling process, and client outcomes (Heppner et al., 1998; Larson et al., 1992). Exploring this construct has important implications because self-efficacy affects aspects of a trainee's clinical functioning and career development (Lent, Hill, & Hoffman, 2003).

The problem is the absence of research that looks at the relationship between self-disclosure, self-efficacy, and the supervisory working alliance in counselor education and, more specifically, during a student's practicum and internship phase. Seeing how all three constructs, when viewed independently, have an important role in a counselor's development it may be that they are interrelated with one exerting influence on the other. Training carries with it continuous cognitive, behavioral, and emotional experiences for the student. This author believes that having an appropriate outlet within supervision to discuss, analyze, interpret, and learn from these experiences is a vital component of personal and professional growth. The degree to which a counselor trainee engages in some level of self-disclosure related to these experiences, and its effect on counselor self-efficacy, needs to be investigated. Furthermore, because the working alliance between supervisee and supervisor has been shown to influence disclosures in supervision, its role in the relationship between self-disclosure and self-efficacy should be examined.

Purpose

The general purpose of this proposed research study is to add to the existing knowledge of counselor education and supervision. Specifically, this research intends to examine the

relationship between counselor education student self-disclosure (during supervised practicum and internships), their self-efficacy as a counselor, and their perception of the supervisory working alliance. During the course of supervision, there is significant information that counselor trainees do not disclose about themselves, their work as a counselor, and their reactions to the supervisory relationship (Ladany et al., 1996). This appears to have important implications for trainee functioning and self-efficacy. If a trainee does not bring these out into the open through disclosure, there is no opportunity to address them. Opportunities for learning, growth, and confronting obstacles are lost. It is not clear if this affects trainee confidence, but this author believes that it does. Because the existing literature on the constructs of self-disclosure and self-efficacy in counselor training are exclusive of each other, it is believed that this study will help bridge that gap.

Research Questions

1. What relationship exists between self-disclosure and self-efficacy of counselor education students in practicum and internship?
2. What role does the working alliance play in the relationship between self-disclosure and self-efficacy of counselor education students in practicum and internship?

Research Hypotheses

Null Hypothesis One

There is no relationship between a practicum or internship student's self-disclosure and their self-efficacy.

Null Hypothesis Two

The working alliance plays no role in the relationship between practicum or internship student's self-disclosure and their self-efficacy.

Null Hypothesis Three

The interaction of self-disclosure and varying levels of working alliance has no effect on a practicum or internship student's self-efficacy.

Hypothesis One

Counselor education students in practicum or internship who rate as high self-disclosers will have greater self-efficacy scores than low self-disclosers.

Hypothesis Two

The supervisory working alliance plays a role in the relationship between a practicum or internship student's self-disclosure and their self-efficacy.

Hypothesis Three

The interaction of self disclosure with varying levels of working alliance will allow for the prediction of counselor education student's perception of self-efficacy.

CHAPTER TWO: LITERATURE REVIEW

This chapter is devoted to literature that exists in the areas of self-disclosure, self-efficacy, and the supervisory working alliance. Because some of the current literature related to theory was covered in Chapter One, this chapter concerns itself, more specifically, with recent empirical studies connected to the three constructs.

Self Disclosure in Counselor Education & Supervision

Research on the role of self-disclosure as it pertains to the client-therapist relationship has received a good deal of attention over the years. It is suggested that several factors (e.g., strength of the therapeutic relationship, cultural differences between client and counselor, issues of avoidance, and client readiness) influence how clients engage in and view their own disclosures in the counseling process (Vogel & Webster, 2003; Kelly, 1998). There is also literature that explores or discusses client reactions to counselor self disclosures (Chen & Rybak, 2004; Corey, 2001; Edwards & Murdock, 1994; Geller, 2003; Nyman & Daugherty, 2001; Farber, 2003a; Young, 2001). It appears that counselor self-disclosure in both individual and group therapies can foster trust, encourage further client disclosures, and normalize problems clients are facing.

More pertinent to this study, another category of research encompasses the role self-disclosure plays within the framework of counselor education and supervision (Bernard & Goodyear, 1998; Farber, 2003a; Ladany & Lehrman-Waterman, 1999; Ladany & Melnicoff, 1999; Ladany, Walker, & Melnicoff, 2001; Walsh et al., 2002; Webb & Wheeler, 1998; Yourman, 2003). Inherent in the supervisory process is the disclosure of supervisee thoughts and feelings. This may include items that are more personal in nature such as when the trainee's anxiety and

countertransference issues are addressed. There may be reluctance on the supervisee's part to bring these matters to the attention of their supervisor (Ladany, et al., 1996).

In addition, self-disclosure by the supervisor is often a part of the supervisory working alliance as supervisors offer their own experiences as examples of counselor development. This can help to normalize trainee experiences as well as provide valuable learning opportunities (Bernard & Goodyear, 1998; Ladany & Walker, 2003). Similarly, disclosure can also exist within the classroom as counselor educators share their own academic and clinical experiences with their students.

Important quantitative, qualitative, and mixed-design research has been conducted that explored the effect of both supervisee and supervisor self-disclosure in counselor clinical supervision. The research used for this dissertation primarily focused on supervision as it occurred as part of the practicum and internship phases in masters' level counselor training programs.

Supervisee Self-Disclosure

Webb and Wheeler (1998) examined the relationship between supervisee self-disclosure and several characteristics of supervision including the working alliance, environmental factors, and trainee status. The authors stated that the process of supervision carries with it the necessity for supervisees to disclose anything that relates to the relationship with the client. Included in the concept of "anything" are the thoughts and feelings that may reflect on the supervisee in both a personal and professional manner. Examples include supervisee sexual attraction toward the client or supervisee perceptions of self-inadequacy as a counselor. This study, involving 96 participants, found: a) a positive relationship between a supervisee's perception of the working alliance and their willingness to self-disclose; b) supervisees were more likely to self-disclose in

individual supervision as opposed to a group format; c) students in a supervisory relationship were less likely to self-disclose than students who had yet to reach this phase of their training; d) trainees whose supervision took place with a supervisor in the agency where they worked were less likely to disclose than trainees whose supervision was provided outside of their work setting; and e) trainees who were able to specifically choose their supervisor disclosed more sensitive material about their clients and themselves.

Research has been conducted to identify factors that supervisees consider relevant in their willingness to self-disclose material, about themselves as a person and as a counselor, to their supervisors. This includes reactions to clients, thoughts and feelings of their counseling abilities, and clinical “mistakes”. Walsh, Gillespie, Greer, and Eanes (2002) found that the quality of the supervisory relationship was the most critical factor in determining a supervisee’s willingness to self-disclose. In addition, the study indicated that a supervisee’s anxiety about making a clinical mistake and being poorly judged plays a significant role in their openness to self-disclose. As such, a supervisor who stressed a collaborative and mutual supervisory style, and who appeared genuinely interested the trainee’s success, created an environment the supervisee viewed as more conducive for self-disclosure. This included a willingness of the supervisor to self-disclose their own mistakes when providing services as a counselor and supervisor.

The extent and nature of what supervisees do not disclose has also been examined. (Ladany, et al., 1996). The study involved 108 counseling psychology or clinical psychology students engaged in a practicum or internship over a variety of clinical settings. Using the Supervisee Non-Disclosure Survey created explicitly for their study, the research identified that the most typical non-disclosure involved negative reactions toward the supervisor. This was followed by personal issues of the student, clinical, mistakes, evaluative concerns, general client

observations, negative reactions toward clients, countertransference, counselor attraction toward client, positive reactions to supervisor, setting concerns, supervisor appearance, and supervisee attraction to supervisor.

Supervisee self-disclosure in practicum and internship supervision can have career implications as well. According to Social Cognitive Career Theory, an individual's learning experiences and self-efficacy are directly related to outcome expectations, goals, actions, and ultimately performance attainments (Lent, Brown, & Hackett, 2002). For example, if a supervisor reacts to a supervisee countertransference disclosure in a manner that creates shame, the trainee may come to view him or herself as incapable of being an effective counselor.

Supervisor Self-Disclosure

Research has explored disclosures made, and not made, by supervisors during supervision. It is not uncommon for a supervisor to disclose personal information to a supervisee (Ladany & Lehrman-Waterman, 1998). These disclosures may include a supervisor's own successful counseling experiences, past training, past clinical difficulties, reactions to clients, and reactions to those they supervise. Ladany and Lehrman-Waterman (1998) studied the content and frequency of supervisor self-disclosures and the relationship these had to supervisory style and working alliance. They found six content categories of supervisor self-disclosures: a) personal issues of the supervisor; b) neutral counseling experiences which centered on descriptions of how supervisors had handled similar cases; c) counseling struggles experienced by the supervisor; d) counseling successes experienced by the supervisor; e) professional issues and experiences of the supervisor; and f) reactions to the trainee's clients.

It is vital that supervisors provide feedback in various forms to bolster the trainee's knowledge of the process and practice of counseling (Bernard & Goodyear, 1998). However,

there are times when a supervisor is reluctant to provide this feedback. In a study by Ladany and Melincoff (1999) the types of information that supervisors do not disclose to their supervisees were explored. The most often cited non-disclosures were negative reactions of the supervisor toward the trainee's counseling and professional performance. Other categories of supervisor non-disclosures included supervisor personal issues (e.g., divorce, depression, physical problems), negative reactions to a supervisee's functioning in the supervision process, reactions to a supervisee's personal issues (e.g., a student's unfinished business or a student's current personal stressors), low self-efficacy of the supervisor, the appearance of a trainee (e.g., manner of dress or grooming), and supervisor sexual attractions toward a supervisee.

Furthermore, the level of disclosures made in supervision may be viewed differently by the supervisee and supervisor. In a study by Beyer (1999), the relationship between supervisor and supervisee self-monitoring level, frequency of supervisor self-disclosure, and the supervisory working alliance was investigated. It was reported that supervisors viewed their level of disclosures to be higher than their supervisees perceived. Because supervisor self-disclosure can have benefits for the supervisee and the supervisory working alliance, supervisors may want to develop some method for evaluating the disclosures they make in supervision.

Self-Efficacy in Counselor Education & Supervision

Self-efficacy, or the perception of one's capabilities to exercise control over events, has been of psychological interest for decades (Larson, 1992). The literature on self-efficacy in the areas of counseling and counselor training often base its theoretical foundation on social cognitive theory as developed by Bandura (Bernard & Goodyear, 1998; Daniels & Larson, 2001; Fall & McLeod, 2001; Heppner et al., 1998; Ladany, Ellis, & Friedlander, 1999; Larson et al., 1992; Lent, Brown, & Hackett, 2002; Lent, Hill, & Hoffman, 2003; Whittinghill, Whittingill, &

Loesch, 2000). Bandura (1993) suggests that self-efficacy beliefs play an important role in how people feel, think, are motivated, and behave. These beliefs exert power through four major processes. These processes are: a) *cognitive*, characterized by goal setting in which high self-efficacy translates into higher goal challenges and visualizations of success; b) *motivational*, in that the drive for performance is governed by the expectations that a behavior will produce a highly desired outcome; c) *affective*, or one's perceived effectiveness to cope with, or exercise control over threatening or difficult situations which then plays a crucial role in anxiety arousal; and d) *selection*, the process by which individuals gravitate toward behaviors that they judge themselves capable of handling (Bandura, 1993, 1997).

Self-efficacy theory proposes that four sources of information serve to strengthen or reduce self-efficacy perceptions: a) *performance enactment*, or actually executing a behavior successfully b) *vicarious learning* by means of observing someone model a behavior successfully; c) *verbal persuasion*, in which someone explains how to perform a behavior or through being encouraged by another that the behavior can be done; and d) *emotional arousal* that arises in the face of performing a behavior that inhibits self-efficacy, usually anxiety (Bernard & Goodyear, 1998; Larson, 1992; Lent, Brown, & Hackett, 2002). It could be argued that these four factors (i.e., performance enactment, vicarious learning, verbal persuasion, and emotional arousal) are ever present in counselor education and training especially during a student's practicum and internship periods. For example, vicarious learning is experienced when trainees watch live or videotaped counselors successfully performing basic counseling skills. When a trainee's reflection of meaning is confirmed by the client the trainee experiences a reinforcing performance success. Verbal persuasion is present in the form of supervisor explanations or through sending a message to the trainee that they are capable of performing a

certain counseling behavior or skill. Counseling trainees often experience a wide range of emotions as they move through the process of improving performance. It would not be difficult to come up with a list of many other counselor education and supervision experiences that would fit into one or more of these sources of information that can lead to a percept of self-efficacy.

Seeing as how counseling trainee self-efficacy has been the focus of a number of studies over the past ten years, instruments have been developed that measure relevant aspects of trainee self-efficacy (Larson et al., 1992; Lent, Hill, & Hoffman, 2003). In theory, if trainees have measures that indicate a strong belief in their abilities to perform a variety of counseling skills, this should also be predictive of their overall performance (Heppner et al., 1998). However, if the counselor's performance is measured in relation to client outcome, the importance of trainee self-efficacy is not clear. Heppner et al. (1998) found no direct linear relationship between trainee self-efficacy and client outcomes in career counseling. The study did call for more research on the relationship between counselor self-efficacy and client outcomes suggesting that other variables might affect career counseling outcomes. Studies examining counselor self-efficacy outside of career counseling may also provide contrasting or confirmative data.

Supervisor feedback appears to influence counselor trainee self-efficacy. The results of a study by Daniels & Larson (2001) found that positive supervisor feedback increased self-efficacy. In addition, the research showed that positive feedback decreased trainee anxiety levels while negative evaluations increased anxiety. This is an important finding in light of Badura's (1993) contention that self-efficacy and emotional states are interrelated.

Trainee self-efficacy has also been examined within the framework of counselor development models such as Leach and Stoltenberg's (1997) investigation of the construct in relation to the Integrated Developmental Model of supervision. This model proposes that

supervisees move through three developmental levels involving nine dimensions of counseling: a) intervention; b) skills; c) assessment techniques; d) interpersonal assessment; e) client conceptualization; f) individual differences; g) theoretical orientation; h) treatment goals and plans; and i) professional ethics (Bernard & Goodyear, 1998). The Leach and Stoltenberg study looked only at differences between Level 1 and Level 2 trainees. The findings indicated a significant difference in counseling self-efficacy scores with Level 2 trainees measuring higher on all five factors of the testing instrument (i.e., counseling microskills, counseling process, handling difficult client behaviors, cultural competence, and awareness of values).

The literature on the significance of self-disclosure and self-efficacy in the helping professions offers much for the researcher to consider. Both have important implications for the fields of counselor education and supervision. It is in the area of supervised practicum and internship that counselor education students begin to apply the knowledge and experiences they have gained in the classroom as they work with actual clients. As this supervised clinical experience unfolds, trainees will encounter moments of countertransference, feelings of incompetence, anxiety, conflicts, and they will make mistakes. These, and other factors, will impact the belief they have in their ability to be effective counselors. A willingness to disclose and discuss these factors within the supervisory working alliance is a key component of personal and professional development. The counselor education and supervision research to date has looked at the constructs of self-disclosure and self-efficacy independently. Studying the relationship between the two may offer a clearer picture on whether the constructs are interrelated.

Supervisory Working Alliance in Counselor Education and Supervision

The relationship between a supervisee and their supervisor is a critical component of supervision and the training of counselor education students (Bernard & Goodyear, 1998; Bordin, 1983, Walsh et al., 2002; Webb & Wheeler, 1998). Therefore, it is not surprising to find a good deal of research in the area of the supervisory working alliance.

Bordin (1983) described the supervisory working alliance as having three essential components: 1) agreement between the supervisee and supervisor on the goals of supervision; 2) agreement between the supervisee and the supervisor on the tasks necessary to achieve those goals; and 3) the nature of the emotional bond between the supervisee and supervisor. Goals include the mastery of counseling skill, increasing self-awareness, increasing understanding of client issues, increasing understanding of counseling theory, and overcoming personal or intellectual barriers. Tasks for accomplishing these goals include written or oral client reports and the use of methods that allow for the supervisor to directly observe the supervisee in their work as a counselor.

Niemiec (2002) suggests that both participants in the supervisory working alliance engage in the relationship in a variety of spoken and assumed expectations. He further posits that the introduction of the supervisee into the role of counselor is a function of the supervision process. The working alliance is understood to enhance the development of a practicum or internship student's professional knowledge, skills, and attitudes. Without a strong working alliance supervision is less likely to produce this desired outcome.

Several instruments have been created to measure the strength of the supervisory working alliance. Most of them have their basis in the Working Alliance Inventory as developed by Horvath and Greenberg (1989) to measure the relationship between client and therapist. These

included the Supervisory Working Alliance Inventory (SWAI) and the Working Alliance Inventory-Trainee version (WAI-T). The SWAI was developed by Efstation, Patton, and Kardash (1990) who defined the supervisory working alliance as “that sector of the overall relationship between the participants in which supervisors act purposefully to influence trainees through their use of technical knowledge and skill and in which trainees act willingly to display their acquisition of that knowledge and skill” (p.323). The SWAI contains both a supervisee and supervisor form whose intent is to measure the perception of the supervisory relationship.

The WAI-T was developed by Bahrack (1990) to study the effect role induction had on the supervisory working alliance. Utilizing the Working Alliance Inventory (Horvath & Greenberg, 1989) Bahrack made slight alterations to better reflect the relationship between a supervisor and supervisee. For example, the terms client and therapist were changed to trainee and supervisor respectively. Items related to client problems were altered to trainee issues or concerns. Care was taken in making sure that all items related to the three subscales of goals, tasks and the emotional bond. In using the WAI-T, Bahrack found that students who were introduced to the role of the counselor had differing perceptions of the working alliance with their supervisor compared to those who did not undergo the introductory treatment. The study did not look at specific demographic differences of the participants.

The aforementioned scales, and others, have found their way into the body of knowledge on counselor education and supervision. In a study involving 107 counselor education and counseling psychology students, Ladany, Ellis, and Friedlander (1999) explored the relationship between the supervisory working alliance, student self-efficacy, and satisfaction with supervision. The researchers found that one aspect of the working alliance, the emotional bond, was significantly related to the supervisee’s satisfaction with supervision. The bond refers to

degree that the supervisory relationship is constructed, maintained as one that is safe, and nurturing, and characterized by a degree of attachment between the counselor education student and the supervisor (Niemic, 2002). However, changes in the supervisory working alliance, taken together or considered separately, were not useful in predicting self-efficacy (Ladany, Ellis, & Friedlander 1999).

The supervisory working alliance has also been linked to supervisee adherence to a supervisor's treatment model (Patton & Kivlighan, 1997). This study showed that when a supervisee perceived the working alliance to be strong they were more likely to follow the supervisor's expressed theoretical approach to the treatment of clients. How this impacts the student's theoretical choice developed through the course of their didactic instruction prior to practicum or internship is not clear.

Ladany and Lehrman-Waterman (1999) examined the relationship between the supervisory working alliance, self-disclosure, and the supervisor's supervisory style. The study involved 105 participants enrolled in a counselor education or counseling psychology program. This research hypothesized that the strength of the supervisory working alliance was predicated on the degree of supervisor self-disclosures. In the results of the study, there appeared to be greater agreement between the supervisee and supervisor on the goals or tasks of supervision when there was a higher frequency of supervisor self-disclosure. The results also suggested that the emotional bond associated with the alliance was influenced and strengthened with the sharing of counseling struggles experienced by the supervisor. This supported the findings of Derlega, Margulis and Winstead (1987) who suggested that feelings of closeness between a supervisor and their trainee increase when there exists reciprocal self-disclosure between the two.

There also appears to be a relationship between the supervisory working alliance and supervisee's family environment. Kissinger (2004) studied 158 counseling professionals under supervision using the WAI-T and the Family Environment Scale. The study was designed to explore the impact of a supervisee's family environment, especially family relationships, on the working alliance. A negative relationship was found in the area of conflict resolution. Positive relationships were found in the areas of cohesion and expressiveness. The overall results of the study suggested that a supervisee's family environment may be an important resource for conceptualizing supervisee involvement and behaviors in the supervisory working alliance.

Summary

The constructs of self-disclosure, self-efficacy, and the supervisory working alliance are essential in the area of counselor education and supervision. As such, the literature has much to offer about the concepts individually and as they relate to each other. This chapter was devoted to discussing some of the current research that exists in all three areas.

Inherent in the supervisory process is the disclosure of supervisee thoughts and feelings. This may include items that are more personal in nature such as when the trainee's anxiety and countertransference issues are addressed. There may be reluctance on the supervisee's part to bring these matters to the attention of their supervisor. Coincidentally, the same holds true for supervisors as well.

The literature on self-efficacy in the areas of counseling and counselor training often bases its theoretical foundation on social cognitive theory. Self-efficacy theory proposes that four sources of information serve to strengthen or reduce self-efficacy perceptions: performance enactment, vicarious learning, verbal persuasion, and emotional arousal. Supervisor feedback appears to influence counselor trainee self-efficacy and that positive supervisor feedback

decreased supervisee anxieties related to counseling procedures. This has a direct connection to the supervisory working alliance.

The supervisory working alliance refers to the relationship between the supervisor and supervisee. It appears that the stronger the supervisory alliance the more satisfied a supervisee is with supervision and the outcome is often a more confident practicum or internship student. The supervisory working alliance is also linked to supervisee self-disclosure and appears to be a correlate to the supervisee's family environment.

Although research does exist on these three concepts, the relationship between them does not appear to have been investigated to date. Chapter Three describes the methodology used to achieve this end.

CHAPTER THREE: METHODOLOGY

The purpose this study is to examine the relationship among supervisee self-disclosure, the supervisory working alliance, and supervisee self-efficacy of counselor education students enrolled in practicum or internship. This chapter explains the methodology used to investigate the research hypotheses. In particular, this chapter will describe the research design, design limitations, research participants, sampling procedures, sample size, instrumentation, data collection procedures, and data analysis.

Research Design

The design for this research is a correlation study using two existing instruments (Counseling Self-Estimate Inventory and Working Alliance Inventory-Trainee version) and a researcher designed instrument developed specifically for this study (Intern Self-Disclosure Questionnaire). The participants consisted of counselor education students engaged in a practicum or internship at one of three Counselor Education programs located in the central region of the state of Florida. The design involved no manipulation or treatment of the participants and therefore can be considered neither experimental nor quasi-experimental. Participants completed the instruments on only one occasion.

Limitations of the Research Design

Campbell and Stanley (1963) have suggested that, in the absence of including any type of comparison group, the design used in this research does not carry the same value as that of a true experimental design. Therefore, the results of this research would warrant further investigational study. Furthermore, the participants were selected using a sampling procedure of convenience rather than any form of randomized sampling of a larger population. Although participants were

equivalent in that they were all enrolled in counselor education programs and were participating in either a practicum or internship there were inequalities that may have influenced the results. These included differences in program tracks (i.e., mental health, marriage & family, school), number of completed hours of practicum or internship, and methods of supervision experienced.

There is also the issue of the type of instruments used. They are questionnaires and rely on the participants self reporting their perceptions of self-efficacy, working alliance, and self-disclosure. The possibility exists that some of the participants selected response options incongruent with reality, either based on incorrect self appraisal or in an effort to be viewed in a better light. This could have occurred even with the knowledge that their survey results were anonymous. Dillman (2000) suggests that “although self-administered questionnaires are often selected [over interview questionnaires] because of respondent’s greater honesty with their answers, there is little doubt that social desirability is somewhat of a problem for this method as well” (p. 38).

Participants

The participants for this study were masters level counselor education students enrolled in a mental health counseling, school counseling, or marriage & family therapy track participating in a supervised practicum or internship. The counselor education students were selected from programs in the state of Florida that were accredited by the Council for Counseling and Related Educational Programs (CACREP). CACREP visits, surveys, and bestows accreditation to counselor education programs in the United States that exhibit a commitment to academic excellence and have met or exceeded standards of providing quality educational opportunities for students working towards a graduate degree in the helping professions. In more specific relation to this dissertation, CACREP requires a period of field experience with strict

supervision requirements. The three CACREP programs were located at one private college, one private university, and one public university. A total of 71 students agreed to participate in the study. Prior to consenting to participate, students were informed verbally and in writing that all data would be analyzed as a group to assist in securing confidentiality and anonymity. Therefore, a total number of participants from each institution are not reported.

Sampling Procedures

The sample was selected using a purposive criterion based sample of convenience. A total of 83 counselor education students were identified as meeting the primary criteria for inclusion in the study. The primary criterion for selection being a counselor education student who had completed at least one semester of supervised practicum or internship at a site approved by their respective program. The practicum or internship was a requirement for graduation and ultimate licensure or certification by the state of Florida.

A total of 11 professors were identified as having been assigned to teach a practicum or internship class, at the college or university, for the Spring Term of 2005 which began during the first week of January at each institution. Phone or e-mail contact was made with each professor to obtain permission to address their practicum or internship students in an attempt to recruit participants. All of the professors agreed to this request. Of the 83 students identified as meeting criteria for inclusion, 71 ultimately participated in the study giving a response rate of 85%.

Instruments

Demographic Questionnaire

A demographic questionnaire was used to gather information about each participant's age, gender, gender of supervisor, program track, program accreditation, number of completed hours of practicum or supervision, average number of hours in weekly individual supervision,

average number of hours in weekly group supervision, practicum or internship site setting, and method of supervision (e.g., live, using video or audio tape, case discussion). The data for the demographic sample is provided in Chapter Four.

Self-efficacy

Three instruments were identified to measure counseling self-efficacy of practicum or internship students: a) the Self-Efficacy Inventory (SEI) assesses counselor trainee confidence in their ability to perform counseling related activities (Friedlander & Snyder, 1983); b) the Counselor Activity Self-Efficacy Scales (CASES) (Lent, Hill, and Hoffman, 2003) addresses perceived deficiencies in existing counselor self-efficacy scales; and c) the Counseling Self-Estimate Inventory (COSE) developed by Larson (1992).

Of the three, the COSE was selected for use in this study. It is a widely relied upon instrument in the research on counselor self-efficacy (Beitman & Yue, 1999; Daniels & Larson, 2001; Leach & Stoltenberg, 1997). It is a 37-item self report questionnaire utilizing a 6-point Likert scale (1=strongly disagree, 2=moderately disagree, 3=slightly disagree, 4=slightly agree, 5=moderately agree, 6=strongly agree). The content of the items reflect a counselor's confidence that they can perform specific counseling activities. The instrument measures self-efficacy over five domains identified through a factor analysis as: a) executing microskills, such as asking meaningful questions and reflective responses; b) the counseling process, such as establishing goals and challenging a client; c) dealing with difficult client behaviors, such as clients who appear to be unmotivated; d) cultural competence, such as working with clients from a different social class or who are ethnic minorities; and e) being aware of one's values and respecting client beliefs. Scores on the COSE can range from 37 – 222 with higher scores indicating greater counseling self-efficacy. Score range for the five domains break down as: a) microskills, 12 – 72;

b) counseling process, 10 – 60; c) dealing with difficult client behaviors, 7 – 42; ncultural competence, 4 – 24; and e) being aware of one’s values and respecting client beliefs, 4 – 24. For the purpose of this study, only the overall COSE score was used.

The COSE was originally normed on 213 counselor trainees in 1992 (M=147.23; SD=21.87). Reliability coefficients show an internal consistency of .93 for the total score and test-retest reliability of .87. Validity estimates indicate a number of correlations including: a) the COSE and anxiety significantly predicted counselor performance; b) trainees with at least one semester of supervision show higher COSE scores than trainees who have had no supervision; c) the COSE is positively related to self-esteem, self evaluation, positive affect, and outcome expectations; d) the COSE was negatively related to anxiety and negative affect; and e) the COSE minimally correlated with defensiveness, aptitude, achievement, age, personality type, and time spent as a client.

Lisa Larson, the COSE’s principle creator, was contacted and written permission was obtained to use the instrument in this study (See Appendix). It was her recommendation to use the total score results rather than the five factor subscale scores separately. The reason for this is unclear. This recommendation was followed as it fit well into one purpose of the study, to assess overall self-efficacy of the participants.

Supervisory Working Alliance

Measures that assess the working alliance within the supervisory relationship have been developed in supervisor and trainee versions (Bahrck, 1989; Bernard & Goodyear, 1998; Efstation, Patton, & Kardash, 1990). The Working Alliance Inventory-Trainee (WAI-T) form (Bahrck, 1989) is a 36 item self report instrument with ratings indicated on a 7-point Likert scale (1=never, 2=rarely, 3=occasionally, 4=sometimes, 5=often, 6=very often, 7=always). It

was adapted from Horvath and Greenberg's (1986) Working Alliance Inventory originally designed to measure the therapeutic relationship between counselor and client. Bahrlick made alterations to better reflect a supervisee's perception of the working alliance with their supervisor. A shorter version is available based on the work of Efstation, Patton, and Kardash (1990) that contains 19 items measured on the same 7-point Likert scale (Bernard & Goodyear, 1998; Efstation, Patton, & Kardash, 1990) and is known as the Supervisory Working Alliance Inventory Trainee Form (SWAI). It measures trainee perceptions of the supervisory relationship on two scales (rapport and client focus)

The longer, 36-item WAI-T, as developed by Bahrlick was selected for use in this study. Ladany, Brittan-Powell, & Pannu (1997) and Ladany & Friedlander (1995) found evidence for the validity of the WAI-T through its negative relationship with supervisee role conflict and role ambiguity and positive relationship related to favorable supervisory racial identity interactions. Scores on the WAI-T range from 36 – 252 with higher scores corresponding with a perception that the working alliance is strong. Previous research (Ladany & Friedlander, 1995; Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Ellis, & Friedlander, 1999) using the WAI-T reported internal reliability consistency Cronbach's coefficient alphas ranging from .90 to .93. Indication for the validity of the instrument was found in a positive relationship with favorable supervisory racial identity interactions (Ladany, Brittan-Powell, & Pannu, 1997) and negative connection with supervisee role conflict and role ambiguity (Ladany & Friedlander, 1995).

Self-disclosure

No existing instrument could be identified to measure counselor education practicum or internship student self-disclosure for the purposes of this study. As such, a 34-item instrument was developed to meet the needs of the research and was given the title of Intern Self-Disclosure

Questionnaire (ISDQ). Several instruments, designed to measure supervisee self-disclosure in the supervisory relationship were available as a guide. These included the Supervisee Nondisclosure Survey (Ladany et al., 1996), the Self-Disclosure of Clinical Mistakes Form (Walsh et al., 2002), and another by Webb and Wheeler (1998) without an identified title. These instruments have acceptable validity and reliability criteria. In addition, the ISDQ statements were formulated with the five factors of the COSE in mind (i.e., microskills, counseling process, difficult client behaviors, being aware of one's values, and cultural competence.)

The ISDQ contains 34 items related to practicum or internship student disclosures to their supervisor. Examples include: 1) During internship, I disclosed to my supervisor clinical mistakes that I believe I made; 2) During internship, I disclosed to my supervisor when my values conflicted with my client's values; 3) During internship, I disclosed to my supervisor my physical or sexual attraction toward a client; and 4) During internship, I did not bring up something during individual supervision because I was afraid to do so. The ISDQ utilizes a 6 point Likert scale with five choices ranging from "never" to "always" (1=never, 2=rarely, 3=sometimes, 4=most of the time, 5=always, NA=not applicable). The sixth choice, "NA-not applicable", was included for a specific reason. Participants selecting this response to a statement were instructed to do so only when they did not have the experience suggested by the item. For example, selecting "Not Applicable" for the statement, "During internship, I disclosed to my supervisor clinical mistakes that I believe I made", would mean that, during the course of the internship, the student perceived that they never made a clinical mistake. Scores on the ISDQ range from 0 – 170, with higher scores reflecting a greater level of self-disclosure by the practicum or internship student. No validity for the instrument was determined other than face validity. Because the instrument had never been used before, no internal reliability consistency

data was available. Internal consistency reliability Cronbach's alphas based on the samples used for this study are reported in Chapter Four.

Procedure

Prospective participants were identified at three counselor education programs in Central Florida, all of which were CACREP accredited. Students were either enrolled in a mental health counseling, school counseling, or marriage & family therapy track and were participating in a supervised practicum or internship. Contact was made with the faculty at the selected institutions who were responsible for making decisions related to their practicum or internship student's possible participation in research. Permission was sought and granted to attend the practicum or internship classes and address the prospective participants. Written and verbal information was provided in order for the students to make an informed decision about whether to participate in the study. This also presented an opportunity to establish some type of rapport with the participants as this has been shown to increase subject cooperation (Jourard, 1979). Because the instruments used in the entire study related to self-disclosure on some level, emphasis was placed on communicating to participants that care would be maintained to ensure confidentiality and anonymity. Students were given the opportunity to ask questions or make clarifying inquiries. A total of 71 students were addressed and all agreed to participate. Of the 83 originally identified as meeting criteria for participation, 12 were either not in a class the day the researcher attended or they had dropped out of the course for unknown reasons.

A total of 11 practicum or internship classes were assessed over a two week period between January 11, 2005 and January 25, 2005. At each class, the students signed informed consents which were collected and held separately. Students were then given a 9" X 12" envelope containing a demographic information form and the COSE, WAI-T, and the ISDQ,

specifically in that order. The total time any student needed to complete all of the requested items did not exceed 32 minutes. As students completed the surveys, they placed them into the 9" x 12" envelopes, sealed them, and handed them either to the researcher or to their professor who held them for the researcher to collect.

Data Analysis

The data obtained from the returned questionnaires was analyzed using the Statistical Package for the Social Sciences (SPSS). All data collected was entered into SPSS between January 29, 2005 and February 10, 2005 by the researcher and one assistant. Both the researcher and the assistant checked each others' data entries for correctness.

Early statistical analyses revealed a problem with the ISDQ. Originally the choice of "NA" (not applicable) was treated as missing data by SPSS. An internal consistency reliability analysis showed that only two participants completed all 34 ISDQ items without selecting "NA". This made the data collected for the ISDQ invalid for its originally planned purpose. Two actions were taken to rectify this problem. First, "NA" was recoded from being a "missing value" to a value of "zero (0)". The rationale for doing so was based on the role that social desirability may play in the manner individuals respond to items on self report questionnaires (Dillman, 2000; Holtgraves, 2004). Holtgraves (2004) described social desirability as the inclination to respond to self report items in a way that makes the research participant look good rather than respond in an open and honest manner. It was assumed that some participants in this study may have responded to ISDQ items they viewed as highly sensitive disclosures in a defensive manner of denial. For example, one item on the ISDQ instrument dealt with the practicum or internship student having a physical or sexual attraction to a client. Another dealt with the student being dissatisfied with the supervision they were receiving. Rather than acknowledging that they had one of these

experiences, the research participant may have “played it safe” and simply responded that the statement did not apply to them. The action of recoding “NA” from a missing value to a value of zero carried with it the possibility that participants who responded to an ISDQ item by selecting “NA” were doing so accurately and therefore their total ISDQ score was not an actual reflection of their level of self-disclosure.

To address this possibility, the second action taken was based on an internal consistency reliability analysis. Using SPSS, all items on the ISDQ were examined for frequency of “NA” responses. The item having the most “NA” responses was deleted from the scale and a new Cronbach’s coefficient was determined. This procedure was duplicated with the ISDQ item having the second highest frequency of “NA” responses. This process continued until an ISDQ containing 17 (of the original 34) items considered essential to the research was obtained. An internal consistency reliability analysis revealed that 32 participants in the study responded to the 17 item ISDQ without selecting “NA” to any of the items. The result of the two actions taken with the ISDQ data left the researcher with two participant samples. One sample (Data Set A) consisted of all 71 original participants based on the 34-item ISDQ and one sub-sample (Data Set B) of 32 participants based on the abridged 17-item ISDQ.

Having completed the actions discussed above it was decided that both sets of data, the one with an N=71 and the one with N=32, would be analyzed for the study. To investigate the research question, “What relationship exists between self-disclosure and self-efficacy of counselor education students in practicum and internship?”, linear regression analyses were performed using Pearson r correlation coefficients. To investigate the research question, “What role does the working alliance play in the relationship between self-disclosure and self-efficacy of counselor education students in practicum and internship?”, linear and multiple regression

analyses were conducted using Pearson r correlation coefficients. These statistical procedures were used by Ladany, Ellis, and Friedlander (1999) in their investigation to determine if supervisory alliance is related to changes in supervisee reported self-efficacy and their satisfaction with supervision. To further explore the role of the supervisory working alliance in using self-disclosure to predict self-efficacy, partial and part correlation analyses were conducted. In addition, a new set of data was created using the total scores of the COSE, WAI-T, and the ISDQ by subtracting the mean scores for each from the participant's total scores. Linear regression was used to determine if the interaction effect of self-disclosure and the working alliance on self-efficacy produced statistically significant results.

Summary

This chapter described the methodology used to test the research hypotheses. Participants for the study were recruited from three CACREP accredited counselor education programs from the Central Florida area. Participants completed three survey instruments containing a total 107 items as well as demographic information. Data were collected over a two week period in January, 2005. Data were subsequently entered into SPSS over a 12-day period and checked for accuracy. Problems arose with the ISDQ and two actions were taken to address this issue. This resulted in two sample sizes, one consisting of the original 71 participants (Data Set A) and a sub-sample of 32 participants (Data Set B). Linear and multiple regression analyses were performed as well as partial and part correlations. Chapter Four reports the findings of the statistical procedures conducted.

CHAPTER FOUR: FINDINGS

This study examined the relationship between supervisee self-disclosure, supervisee self-efficacy, and the supervisory working alliance. The preceding chapter outlined the study methodology including research design, participants, sampling procedures, sample size, instrumentation, data collection, and data analysis procedures. Chapter Four presents the results of the data analysis and research hypotheses testing including a description of the study participants describing their demographic profile, descriptive statistics, and results of statistical analyses.

Descriptive Statistics

Profile of Study Participants

Participants for the study were recruited from two universities and one college located in the state of Florida. All three were CACREP accredited and offered master's degrees in Counselor Education. A total of 83 students were identified as meeting criteria for study participation. The primary criteria being that the counselor education student had completed at least one full semester of supervised practicum or internship experience. Of the 83 students identified, 71 agreed to participate and fully completed all 107 survey items and the accompanying demographic information sheet.

Of the 71 participants (Data Set A), 64 were female and 7 were male. Their ages ranged from 24 to 54 (N=70) with one participant not responding with a mean age of 33.4 years (SD = 10.7). The mean age for females was 32.5 (SD = 10.7) and the mean age for males was 41.6 (SD = 6.7). Of the 32 participants in Data Set B, 28 were female and 4 were male. Their ages ranged

from 24 to 54 with a mean age of 36.2 years (SD = 9.7). The mean age for females was 34.9 (SD = 9.7) and the mean age for males was 45.3 (SD = 4.3). (Table 1).

Table 1: Summary of Gender and Age (Data Set A)

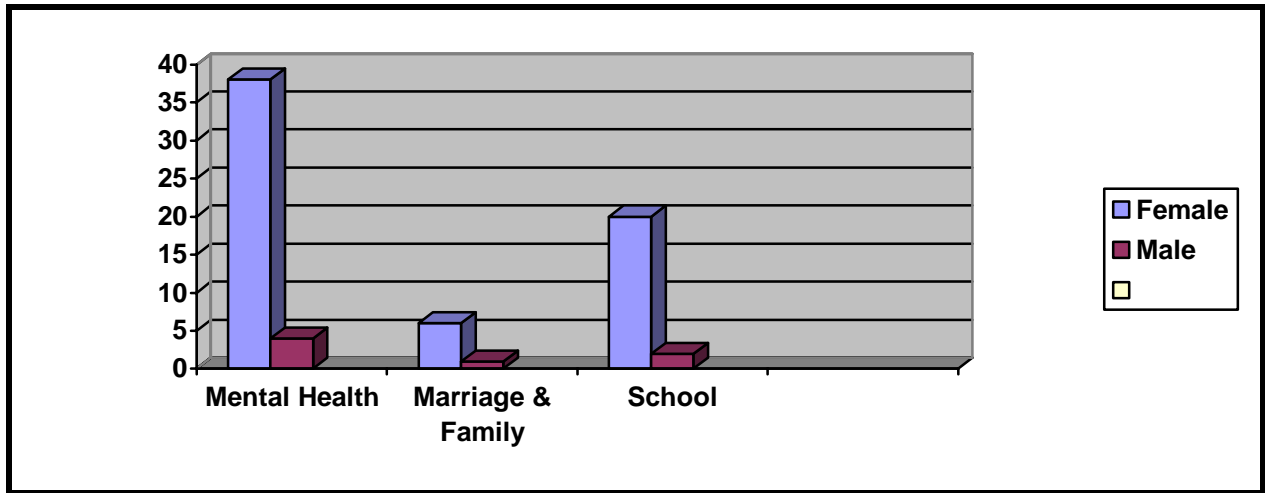
Gender	Mean	N	Standard Deviation
Female	32.52	64	10.725
Male	41.57	7	6.754
Total	33.41	71	10.715

(Data Set B)

Gender	Mean	N	Standard Deviation
Female	34.96	28	9.67
Male	45.25	4	4.27
Total	36.25	32	9.75

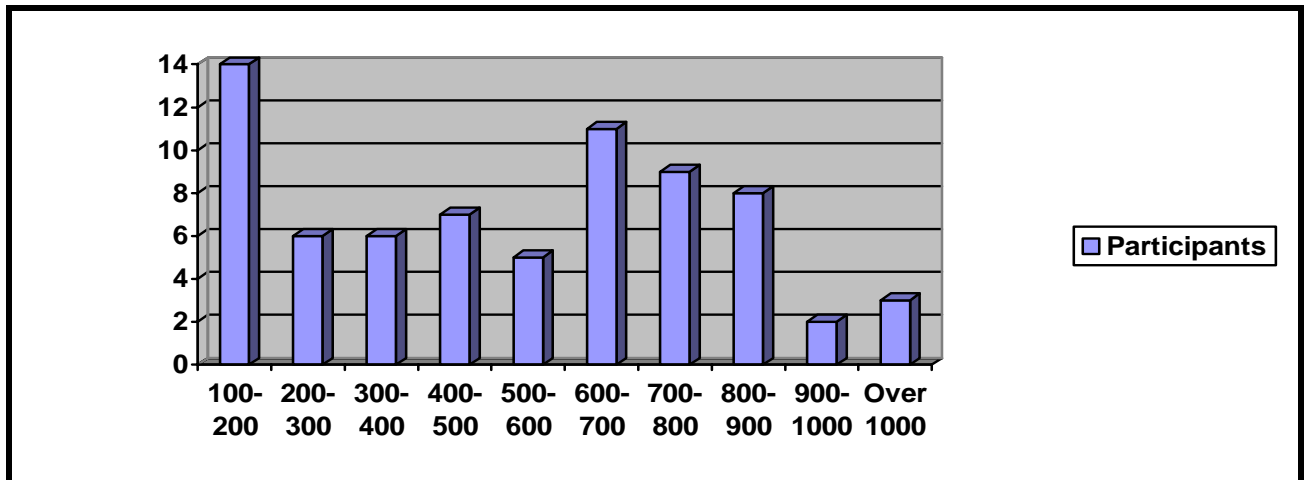
The participants were enrolled in either one of three program tracks with 42 in Mental Health Counseling (59%), 22 in School Counseling (31%), and 7 in Marriage & Family Therapy (10%). In terms of gender, 38 females and 4 males were enrolled in a mental health track, 6 females and 1 male were enrolled in a marriage & family track, and 20 females and 2 males were enrolled in a school counseling track (Figure 1).

Figure 1: Summary of Program Track



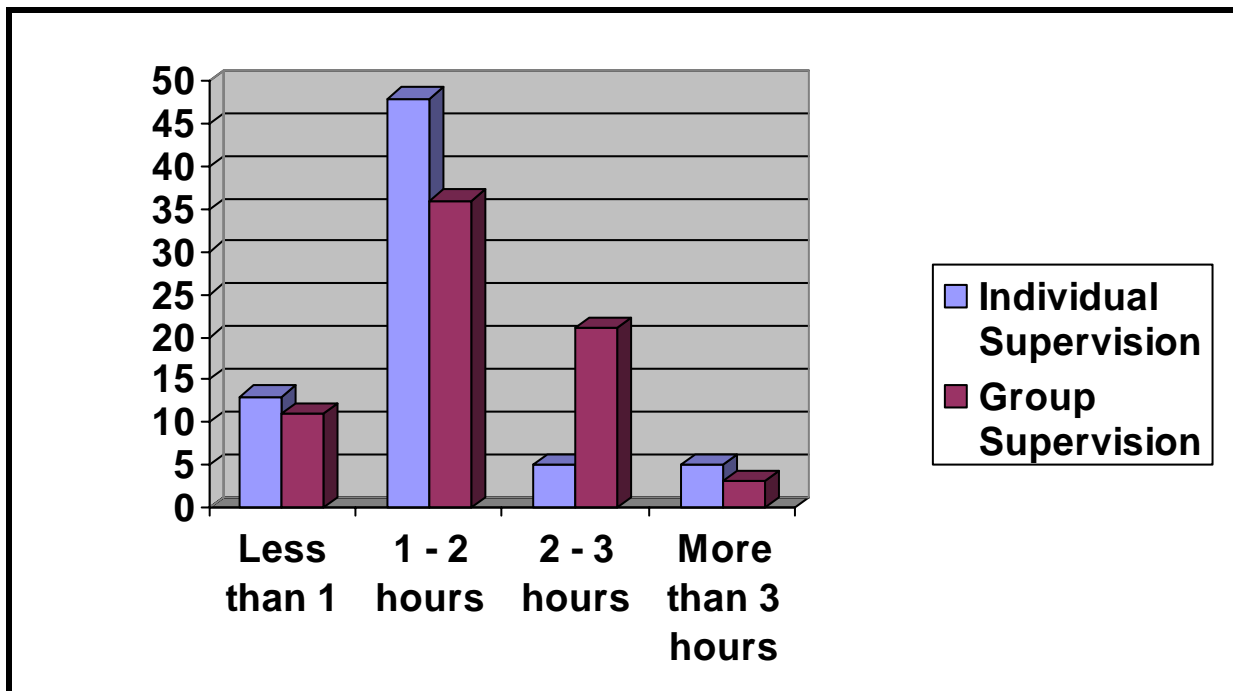
In terms of total number of practicum and/or internship hours completed, the range was from 100 hours to more than 1000 hours. The highest frequency was for 100-200 hours (N=14) and the lowest frequency was for 900-1000 hours (N=2) (Figure 2).

Figure 2: Summary of Practicum and Internship Hours Completed



The average number of individual and group supervision hours ranged from less <1 to more than 3 with a mode of 1-2 hours weekly for individual supervision and a mode of 1-2 hours for weekly group supervision (Figure 3).

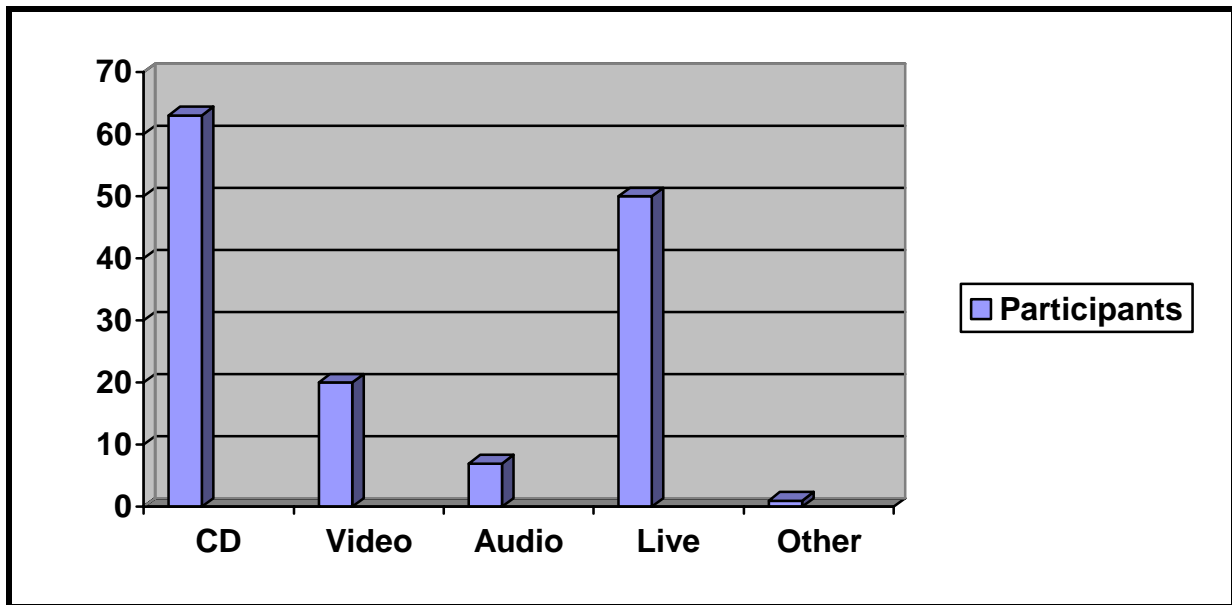
Figure 3: Summary of Individual and Group Supervision Hours



Participants were asked to select the various methods used by their supervisor for supervision. The choices included case study discussion (CD), use of videotape, use of audiotape, live supervision, and other. Figure 4 graphically represents the N for each method the counselor education students experienced. Adding the totals for each method results in a value that exceeds the actual number of participants. This is due to the fact that some participants experienced more than one type of supervision method. One participant selected other and

described it as what is commonly viewed as peer supervision stating, “sat around with other interns and informally talked about our cases”.

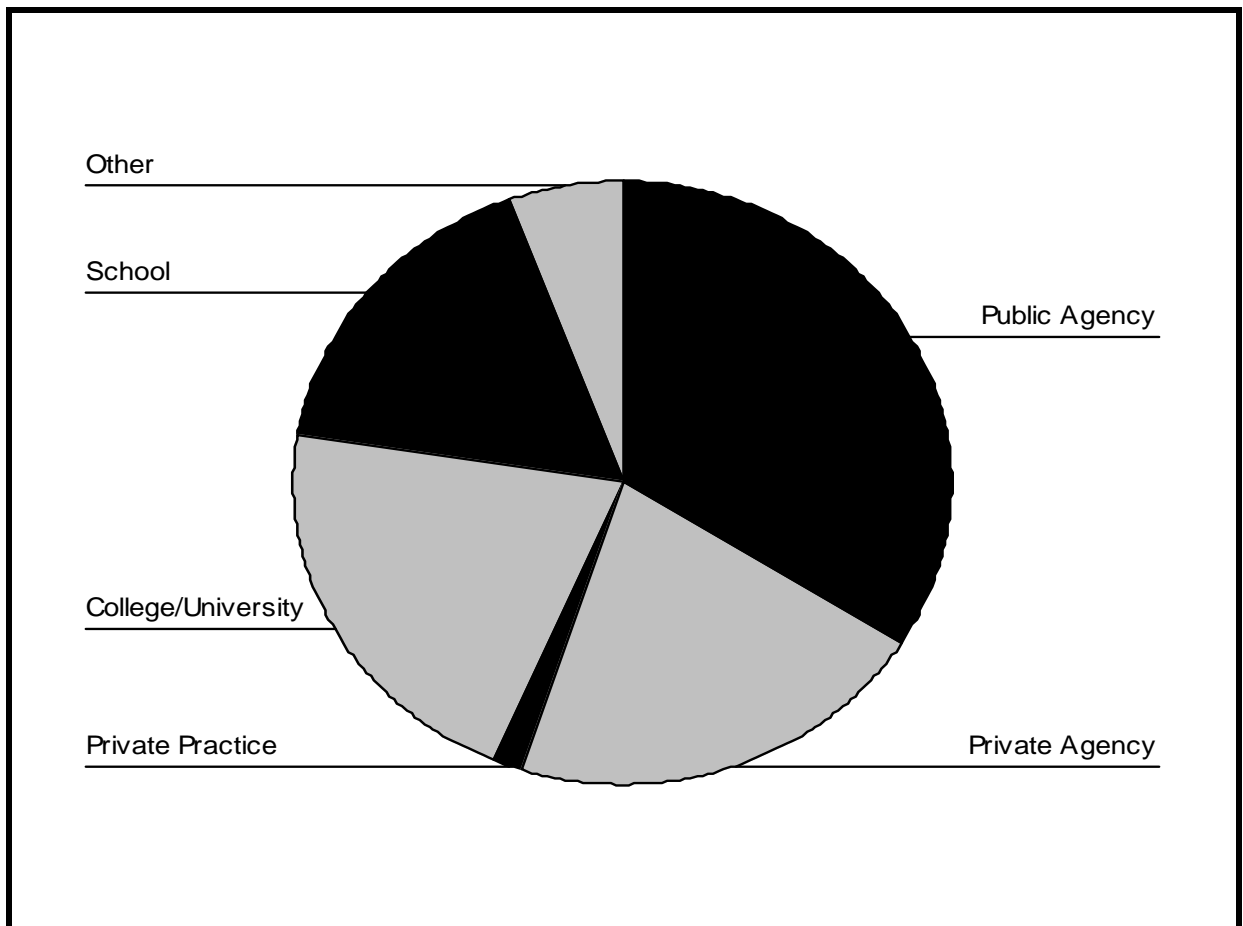
Figure 4: Reported Supervision Methods



Participants were asked to identify to the type of setting in which they were engaged in the activities of practicum or internship. Their choices consisted of: a) public agency, defined as a setting in which the primary financial support came from government funding which provided a wide continuum of care (N=24); b) private agency, defined as a setting that was privately owned by individuals or a corporation in which the primary financial support came by way of insurance reimbursement or self-payment by clients and in which clients were provided a wide continuum of care (N=15); c) private practice, defined as an outpatient office setting in which clients are generally seen on a weekly basis (N=1); d) college or university counseling center, defined as an outpatient setting based at a college or university whose client base were students enrolled at the institution (N=15); e) school, defined as a public or private school setting made up

of elementary, middle, or high school students (N=12); and f) other (N=4). Of the participants who selected “other”, their description lead the researcher to assume it was a school setting (e.g., alternative school, special education program). The discrepancy between those who identified themselves as being in a school counseling track (N=22) and the N associated with setting may be explained by the fact that several public and private mental health facilities operate schools at their locations. Figure 5 graphically represents the proportion associated with the settings students identified themselves as engaging in practicum and internship activities.

Figure 5: Summary of Practicum and Internship Site Settings



Survey Scales

In addition to the demographic questionnaire, participants completed three instruments containing a total of 107 items. All participants filled out the surveys in the same order starting with the COSE, followed by the WAI-T, and then the ISDQ. The full range of possible scores for each instrument were: a) 37 – 222 for the COSE; b) 36 – 252 for the WAI-T; and c) 0 – 170 for the ISDQ. Table 2 presents the descriptive statistics for all 71 participants using the 34-item ISDQ scale. Table 3 presents the descriptive statistics for the 32 participants using the 17-item abridged ISDQ scale. The tables show the difference in mean scores and standard deviations for the N=71 sample and the N=32 sub-sample to be relatively minor.

Table 2: Summary of Scores for Data Set A (N=71)

SCALE	N	Minimum	Maximum	Mean	Std. Deviation	Internal Reliability
Self-Efficacy	71	117.00	216.00	171.718	19.171	.90
Working Alliance	71	73.00	245.00	204.690	45.347	.98
Self-Disclosure	71	39.00	133.00	89.422	22.648	.88

Table 3: Summary of Scores for Data Set B (N=32)

SCALE	N	Minimum	Maximum	Mean	Std. Deviation	Internal Reliability
Self-Efficacy	32	117.00	201.00	167.468	18.691	.89
Working Alliance	32	84.00	237.00	199.562	42.798	.97
Self-Disclosure	32	47.00	130.00	93.875	19.834	.91

Internal reliability consistency of all three survey questionnaires were examined and are included in Tables 2 and 3. The COSE, as developed by Larson et al. (1992) was found to have a Cronbach's coefficient alpha of .93. Based of the sample for this study, the Cronbach's coefficient alpha was .90 (N=71) and .89 (N=32). Previous research (Ladany & Friedlander, 1995; Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Ellis, & Friedlander, 1999) using the WAI-T reported internal reliability consistency Cronbach's coefficient alphas to be $\geq .91$. Based of the sample for this study, the Cronbach's coefficient alpha was .98 (N=71) and .97 (N=32). Because the ISDQ was specifically designed for this study, no previous Cronbach's coefficient alpha was available. An internal reliability consistency analysis was conducted on both the 34-item scale (N=71) and the 17-item scale (N=32). Cronbach's coefficient alpha's were estimated for the scales at .88 and .91 respectively.

Statistical Analyses

As described in Chapter Three, actions taken to rectify problems with scoring of the ISDQ resulted in two samples. One sample consisted of all 71 participants. The other group was a sub-sample of the 32 of the participants who responded to an abridged 17 item ISDQ without

selecting “NA” (not applicable) to any item of the abridged scale. Both samples received identical statistical analyses. Presented next are the results of these statistical procedures. The results are presented as Models that correspond with the study’s hypotheses. For example, Model #1 corresponds with Null Hypothesis One and Hypothesis One, Model #2 corresponds with Null Hypothesis Two and Hypothesis Two, and Model #3 corresponds with Null Hypothesis Three and Hypothesis Three.

Model # 1: Using Self-Disclosure to Explain Self-Efficacy

Analysis # 1: Relationship between Self-Disclosure and Self-Efficacy for Data Set A (N=71)

Results of a statistical analysis indicated that the relationship between self-disclosure and self-efficacy was not statistically significant, Therefore, the null hypothesis was not rejected (Table 4).

Table 4: Regression Analysis # 1 showing no statistical significance for Data Set A (N=71)

	Sum of Squares	df	Mean Square	F	p
Regression	479.996	1	479.996	1.312	.256
Residual	25248.370	69	365.918		
Total	25728.366	70			

Predictor: Self-Disclosure, Dependent Variable: Self-Efficacy

Using linear regression it was determined that supervisee self-disclosure could not explain supervisee self-efficacy (F = 1.312, df = 1, p >.05). Although self-disclosure was

negatively correlated with self-efficacy (multiple $R = -.137$) less than 2% of the variation in the dependent variable could be explained by the model (Table 5).

Table 5: Model Summary of Regression Analysis # 1 for Data Set A (N=71)

Model	R	R Square	Adjusted R Square	Standard Error of Estimate
1	.013	.019	.004	10.12899

Predictor: Self-Disclosure

In addition, the confidence intervals around the b weights included zero as a probable value (lower bound = $-.317$, upper bound = $.086$). This suggests that the result of the independent variable does not predict or explain the dependent variable.

Analysis # 2: Relationship between Self-Disclosure and Self-Efficacy for Data Set B (N=32)

Results of a statistical analysis indicated that the relationship between self-disclosure and self-efficacy was not statistically significant. Therefore, the null hypothesis was not rejected (Table 6).

Table 6: Regression Analysis # 2 showing no statistical significance for Data Set B (N=32)

	Sum of Squares	df	Mean Square	F	p
Regression	683.016	1	683.016	2.019	.166
Residual	10146.953	30	338.232		
Total	10829.969	31			

Predictor: Self-Disclosure, Dependent Variable: Self-Efficacy

Using linear regression it was determined that supervisee self-disclosure could not explain supervisee self-efficacy ($F = 2.019$, $df=1$, $p > .05$). Although self-disclosure was negatively correlated with self-efficacy (multiple $R = -.251$) less than 7% of the variation in the dependent variable could be explained by the model (Table 7).

Table 7: Model Summary of Regression Analysis # 2 for Data Set B (N=32)

Model	R	R Square	Adjusted R Square	Standard Error of Estimate
1	.251	.063	.032	18.39108

Predictor: Self-Disclosure

In addition, the confidence intervals around the b weights included zero as a probable value (lower bound = $-.577$, upper bound = $.103$). This suggests that the result of the independent variable does not predict or explain the dependent variable.

Model # 2: The Role of the Supervisory Working Alliance

Analysis # 1: Working Alliance Effect on the Relationship between Self-Disclosure and Self-Efficacy for Data Set A (N=71)

Results of a statistical analysis indicated that the relationship between the independent variables of supervisee self-disclosure and the supervisory working alliance and the dependent variable of supervisee self-efficacy is statistically significant. Therefore, the null hypothesis was rejected (Table 8).

Table 8: Regression Analysis # 1 showing statistical significance for Data Set A (N=71)

	Sum of Squares	df	Mean Square	F	p
Regression	6370.154	2	3185.077	11.188	.000
Residual	19358.212	68	284.680		
Total	25728.366	70			

Predictors: Self-Disclosure and Working Alliance,

Dependent Variable: Self-Efficacy

Using linear regression it was determined that the combination of supervisee self-disclosure and the supervisory working alliance could be used to explain supervisee self-efficacy ($F = 11.188$, $df = 2$, $p < .05$). Self-disclosure and working alliance were positively correlated with self-efficacy (multiple $R = .498$). This model was able to explain 24.8% of the variance in self-efficacy scores (Table 9).

Table 9: Model Summary of Regression Analysis # 1 for Data Set A (N=71)

Model	R	R Square	Adjusted R Square	Standard Error of Estimate
2	.498	.248	.225	16.87245

Predictors: Self-Disclosure and Working Alliance

In addition, the confidence intervals around the b weights for Working Alliance did not include zero as a probable value (lower bound = .117, upper bound = .301). This suggests that the results of this variable, when added to self-disclosure, helped to explain self-efficacy.

Analysis # 2: Working Alliance Effect on the Relationship between Self-Disclosure and Self-Efficacy for Data Set B (N=32)

Results of a statistical analysis indicated that the relationship between the independent variables of supervisee self-disclosure and the supervisory working alliance and the dependent variable of supervisee self-efficacy was not statistically significant. Therefore, the null hypothesis was not rejected (Table 10).

Table 10: Regression Analysis # 2 showing no statistical significance for Data Set B (N=32)

	Sum of Squares	df	Mean Square	F	p
Regression	1436.293	2	718.147	2.217	.127
Residual	9393.676	29	323.920		
Total	10829.969	31			

Predictors: Self-Disclosure and Working Alliance, Dependent Variable: Self-Efficacy

Using linear regression it was determined that the combination of supervisee self-disclosure and the supervisory working alliance could not be used to explain supervisee self-efficacy ($F = 2.217$, $df = 2$, $p = >.05$). However, self-disclosure and working alliance were positively correlated with self-efficacy (multiple $R = .364$). This model was able to explain 13.3% of the variance in self-efficacy scores (Table 11).

Table 11: Model Summary of Regression Analysis # 2 for Data Set B (N=32)

Model	R	R Square	Adjusted R Square	Standard Error of Estimate
2	.364	.133	.073	17.99777

Predictors: Self-Disclosure and Working Alliance

In addition, all of the confidence intervals around each of the b weights included zero as a probable value (self-disclosure – lower bound = $-.702$, upper bound = $.021$; working alliance –

lower bound = -.043, upper bound = .292). This suggests that the results for self-disclosure and working alliance probably do not explain self-efficacy.

Analysis # 3: Partial and Part Correlations of Self-Disclosure and Working Alliance on Self-Efficacy for Data Set A (N=71)

A partial and part correlation analysis was conducted removing the influence that working alliance had on both self-disclosure and self-efficacy simultaneously and on self-efficacy alone (Table 12).

Table 12: Partial and Part Correlations for Data Set A (N=71)

Model		p	Correlations			Collinearity Statistics	
			Zero-order	Partial	Part	Tolerance	VIF
2	Self-Efficacy	.000					
	Self-Disclosure	.019	-.137	-.279	-.252	.938	1.067
	Working Alliance	.000	.429	.483	.478	.938	1.067

Dependent Variable: Self-Efficacy

The partial and part correlation analysis showed that controlling for working alliance produced statistically significant results (p=.019). When the influence of working alliance is removed from both self-disclosure and self-efficacy, the degree to which the two variables negatively correlate increases from $r = -.137$ to $r = -.279$. When the influence of working alliance on self-efficacy alone is removed the results were similar but to a slightly lesser degree with the correlation between self-disclosure and self-efficacy increasing from $r = -.137$ to $r = -.252$.

The partial and part correlation analysis suggested that controlling for self-disclosure also produced statistically significant results ($p=.000$). When the influence of self-disclosure is removed from both working alliance and self-efficacy, the degree to which the two variables correlate increases from $r = .429$ to $r = .483$. When the influence of self-disclosure on self-efficacy alone is removed, the results were similar but to a slightly lesser degree with the correlation between working alliance and self-efficacy increasing from $r = .429$ to $r = .478$. The variance inflation factor (VIF) for each of the predictor variables suggested that multicollinearity was not an issue. The VIF for all predictors were well below the threshold of 10.

Analysis # 4 (N=32): Partial and Part Correlations of Self-Disclosure and Working Alliance on Self-Efficacy for Data Set B (N=32)

A partial and part correlation analysis was conducted removing the influence that working alliance had on both self-disclosure and self-efficacy simultaneously and on self-efficacy alone (Table 13).

Table 13: Partial and Part Correlations for Data Set B (N=32)

Model		p	Correlations			Collinearity Statistics	
			Zero-order	Partial	Part	Tolerance	VIF
2	Self-Efficacy	.000					
	Self-Disclosure	.064	-.251	-.337	-.334	.851	1.175
	Working Alliance	.138	.146	.272	.264	.851	1.175

Dependent Variable: Self-Efficacy

The partial and part correlation analysis suggested that controlling for working alliance did not produced statistically significant results ($p > .05$). However, when the influence of working alliance is removed from both self-disclosure and self-efficacy, the degree to which the two variables negatively correlate increases from $r = -.251$ to $r = -.337$. When the influence of working alliance on self-efficacy alone is removed the results were similar but to a slightly lesser degree with the correlation between self-disclosure and self-efficacy increasing from $r = -.251$ to $r = -.334$.

The partial and part correlation analysis suggested that controlling for self-disclosure also did not produced statistically significant results ($p > .05$). However, when the influence of self-disclosure is removed from both working alliance and self-efficacy, the degree to which the two variables correlate increases from $r = .146$ to $r = .272$. When the influence of self-disclosure on self-efficacy alone is removed, the results were similar but to a slightly lesser degree with the correlation between working alliance and self-efficacy increasing from $r = .146$ to $r = .264$. The variance inflation factor (VIF) for each of the predictor variables suggested that multicollinearity was not an issue. The VIF for all predictors were well below the threshold of 10.

Model # 3: Using Self-Disclosure with the Interaction of Varying Levels of Working Alliance to Explain Self-Efficacy

Analysis # 1: Effect of the Interaction between Self-Disclosure and Working Alliance on Self-Efficacy for Data Set A (N=71)

Results of a statistical analysis indicated that the relationship between the interaction of self-disclosure and working alliance on supervisee self-efficacy was not statistically significant; therefore, the null hypothesis was not rejected. If the influence of self-disclosure on self-efficacy

varied according the to the degree of working alliance, the interaction between self-disclosure and working alliance on self-efficacy would have been statistically significant, and it was not ($p = .952$) (Table 14).

Table 14: Analysis # 1 of Interaction Effect showing no statistical significance for Data Set A (N=71)

Model		Unstandardized Coefficients		Standardized Coefficients	t	p
		B	Std. Error	Beta		
3	Self-Efficacy	148.901	11.910		12.502	.000
	Interaction of Self-Disclosure & Working Alliance	.000	.002	-.007	-.060	.952

Dependent Variable: Self-Efficacy

Analysis # 2: Effect of the Interaction between Self-Disclosure and Working Alliance on Self-Efficacy for Data Set B (N=32)

Results of a statistical analysis indicated that the relationship between the interaction of self-disclosure and working alliance on supervisee self-efficacy was not statistically significant; therefore, the null hypothesis was not rejected. If the influence of self-disclosure on self-efficacy varied according the to the degree of working alliance, the interaction between self-disclosure and working alliance on self-efficacy would have been statistically significant, and it was not ($p = .606$) (Table 15).

Table 15: Analysis # 2 of Interaction Effect showing no statistical significance for Data Set B (N=32)

Model		Unstandardized Coefficients		Standardized Coefficients	t	p
		B	Std. Error	Beta		
3	Self-Efficacy	179.671	21.183		8.482	.000
	Interaction of Self-Disclosure & Working Alliance	-.002	.004	-.103	-.522	.606

Dependent Variable: Self-Efficacy

Summary of Findings

A total sample of 71 counselor education students engaged in practicum or internship provided demographic information and completed three survey questionnaires regarding the perception of their self-disclosure, self-efficacy, and the supervisory working alliance. A subsample of 32 students was selected based on the manner in which they responded to an abridged version of the ISDQ. Data were analyzed for both samples to examine the relationship between the variables of self-disclosure, self-efficacy, and supervisory working alliance. With only one exception, the overall findings were not statistically significant. Chapter Four further discusses the results.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

This study examined the relationship between counselor education practicum and internship students' self-disclosure, their self-efficacy, and their perception of the supervisory working alliance. The preceding chapter described the findings of the statistical procedures conducted on the data. This chapter reviews the findings of the study including a discussion of the participants, the degree to which hypotheses were supported or not supported, and possible reasons for unsupported hypotheses. This will be followed by implications of the research, recommendations, limitations of the study, and suggestions for further research.

Discussion

Review of the Findings

Study Participants

A total of 71 counselor education students were recruited for the study from CACREP accredited counselor education programs located at one college and two universities in Central Florida. There were 64 females and 7 males ranging in age from 24 to 54 with one participant not reporting an age. The participants were enrolled in either a mental health counseling track (N=42), a marriage & family therapy track (N=7), or a school counseling track (N=22). All participants had experienced at least one full semester of a supervised practicum or internship experience at a site approved by their respective schools. Sites included public agencies, private agencies, school settings, college or university counseling clinics, or private practice. The total number of practicum or internship hours completed ranged from 100 to over 1000 hours. All participants received individual and group supervision with the majority receiving at least 1-2 hours of each on a weekly basis. Supervision methods included the use of case discussion,

videotape of sessions, audiotape of sessions, and live supervision. However, not everyone experienced these equally.

In addition to providing demographic information, the practicum and internship students completed three survey questionnaires containing a total of 107 items. The first questionnaire was the Counselor Self-Estimate Inventory (COSE) which contains 37 items and is designed to measure the participants' perception of self-efficacy as a counselor. Secondly, participants completed the Working Alliance Inventory-Trainee (WAI-T) survey which consists of 36 items designed to measure the participants' perception of their supervisor and the supervisory working alliance. Lastly, the participants completed the Intern Self-Disclosure Questionnaire (ISDQ) created specifically for this study. The ISDQ is a 34 item survey designed to measure a practicum or internship student's level of self-disclosure to their supervisor. The Likert scale of the ISDQ offered the option of "NA" or not applicable.

Early statistical analyses revealed a problem with the ISDQ. Originally the choice of "NA" (not applicable) was treated as missing data by SPSS. An internal consistency reliability analysis showed that only two participants completed all 34 ISDQ items without selecting "NA". This made the data collected for the ISDQ invalid for its originally planned purpose.

Two actions were taken to rectify this issue. First, "NA" was recoded from being a "missing value" to a value of "zero (0)". The second action taken was based on internal consistency reliability analyses. Using SPSS, all items on the ISDQ were examined for frequency of the "NA" response. The item having the most "NA" responses was deleted from the scale and a new Cronbach's coefficient was determined. This procedure was duplicated until the process resulted in a 17 item ISDQ. It was determined that 32 participants responded to these 17 items without selecting "NA".

The result of the two actions taken with the ISDQ data left the researcher with two participant samples. One sample consisted of all 71 original participants based on the 34-item ISDQ and one sub-sample of 32 participants based on the abridged 17-item ISDQ. Both sets of data, the one with an N=71 and the one with N=32, were analyzed for the study.

Statistical Analyses and Hypotheses Testing

Hypothesis # 1 stated that practicum or internship students who reported high levels of self disclosure would also report high levels of self-efficacy. The data from this study did not support this and, therefore, the null hypothesis was not rejected. No statistical significance between self-disclosure and self-efficacy was found in either the full sample of 71 participants or the sub-sample of 32 participants. Though the findings were not statistically significant, it is interesting to note that self-disclosure was, in fact, negatively correlated with self-efficacy in both samples. One explanation for this may be that practicum or internship students with a higher sense of self-efficacy may view disclosures to their supervisor as less necessary. Another may be tied to the length of time a student has been in practicum or internship. As a student's time engaged in counseling activities increases, there is an experience factor associated with self-efficacy that comes into play that has nothing to do with self-disclosure. This extension of time allows for vicarious learning, positive supervisor feedback, reduction in early anxieties, and the successful accomplishment of counseling tasks to occur. All of these could have a bearing apart from what they did or did not disclose in supervision. There is also the possibility that participants over estimated their sense of confidence related to their role as a counselor.

Hypothesis 2 stated that the supervisory working alliance has a role to play in the relationship between practicum or internship student self-disclosure and their self-efficacy. The statistical analyses produced differing results for Data Set A (N=71) and Data Set B (N=32). In

the larger of the two samples (N=71) the data supported hypothesis 2 and, therefore, the null hypothesis was rejected. The findings indicated a positive correlation between the dependent variable of self-efficacy and the predictors of self-disclosure and the supervisory working alliance with 25% of the variance explained. It appeared that the supervisory working alliance enhanced the relationship between self-disclosure and self-efficacy. These findings were in contrast to those of Ladany, Ellis, and Friedlander (1999) who found no statistically significant link between the supervisory working alliance and self-efficacy. In respect to partial and part correlation analyses, the data further revealed the influence of the supervisory working alliance. More specifically, when controlling for the supervisory working alliance, the negative correlation between self-disclosure and self-efficacy (mentioned earlier) increases, and, therefore, is strengthened by removing aspects of the predictors that are irrelevant to the prediction of self-efficacy. Another way of viewing this is that when removing aspects of self-disclosure overlapping with the supervisory working alliance, the supervisory working alliance offers a stronger explanation of self-efficacy.

The testing of hypothesis 2 using Data Set B (N=32) produced contradictory findings. The role of the supervisory working alliance on the relationship between self-disclosure and self-efficacy was not found to be statistically significant and, therefore, the null hypothesis was not rejected. These findings did support earlier research that suggested changes in the supervisory working alliance, taken together or considered separately, was not useful in explaining self-efficacy (Ladany, Ellis, & Friedlander 1999). Partial and part correlations produced similar results to those of Data Set A (N=71), that is, when the supervisory working alliance was controlled there was an increase in the negative correlations between self-disclosure and self-efficacy. Therefore, when removing aspects of self-disclosure overlapping with the supervisory

working alliance, the supervisory working alliance was maintained as a stronger explanation of self-efficacy. However, as reported, these were deemed not to be statistically significant.

Hypothesis 3 stated that the interaction of self disclosure with varying levels of working alliance will allow for the explanation of counselor education student's perception of self-efficacy. With both Data Set A (N=71) and Data Set B (N=32) the data did not support this and, therefore, the null was not rejected. Had any influence that self-disclosure had on self-efficacy varied according to the degree of the practicum or internship student's perception of the supervisory working alliance, the interaction between self-disclosure and the supervisory working alliance would have been statistically significant and it was not. Again, earlier research was supported that showed changes, over time, in the supervisory working alliance were not predictive of a supervisee's self-efficacy.

Overall, all of the null hypotheses were not rejected with the exception of the influence of the supervisory relationship on self-disclosure in explaining self-efficacy of Data Set A (N=71). It might be important to consider that the findings of the statistical analyses, as they related to hypotheses and Data Set B (N=32), may be a more accurate reflection of reality, not only in light of previous research, but in the fact that the abridged 17 item ISDQ may be more indicative of the participants level of self-disclosure. The 17 item ISDQ completed by the 32 participants without any of them selecting "NA" (not applicable) probably produced a truer picture of the relationship between self-disclosure and self-efficacy.

Implications

The findings have empirical and practical implications for the area of counselor education and supervision. First there is the finding that the self-disclosure of practicum and internship students to their supervisor does not appear to have an effect on their self-efficacy. This is in

light of the notion that an integral part of supervision is the disclosure of supervisee thoughts and feelings related to themselves, their clients, and their role as counselors. Although research indicates that the willingness of a supervisee to self-disclose to their supervisor is predicated on their perception of the supervisory working alliance (Walsh, et al., 2002; Webb & Wheeler, 1998)), the benefits of the disclosures seem unclear and this warrants further exploration.

The processes of counseling and supervision may have similarities but, supervision has an evaluative component not found in counseling. That is, a supervisor of a practicum or internship student is charged, on some level, with determining whether or not the student moves on to the next level of their training. This evaluative characteristic of supervision may have a bearing on the degree to which a supervisee discloses in an effort to moderate their sense of social desirability. In other words, supervisees may not disclose certain aspects of themselves, or their work with clients, in order to project a favorable impression from their supervisor. Supervisors need to be mindful of the possibility that there may be significant information that supervisees do not disclose about themselves, their work as counselors, their clients, and the supervisory relationship (Landany, et al., 1996). Much of what is not disclosed may have relevance to supervisee professional and personal development. Further studying how disclosures or non-disclosures impact this development needs to be studied.

There are also implications that extend outside the realm of supervision and back into the more didactic environment of the classroom and the coursework that leads up to the counselor education student's practicum and internship experience. It is not unusual for students to be assigned work that involves self-disclosure (e.g., reflection papers, family autobiography, and group counseling participation). Empirically testing the benefits of these activities may shed further light on the role of student self-disclosure. In addition, it would be important to further

understand how the presence of the evaluative nature of coursework plays a role in how and what students disclose.

Turning to practicum or internship student self-efficacy, the overall results of this study suggest no statistically significant link to either self-disclosure or the supervisory working alliance. Therefore, self-efficacy may be influenced by variables not directly associated with this study. It may be that supervisees receive stimuli associated with the four factors of self-efficacy (i.e., vicarious learning, performance accomplishment, social persuasion, and emotional arousal) independent from the supervisory working alliance. For example, supervisee's may receive positive feedback about their counseling skills from other practicum or internship students and from clients who have experienced positive outcomes as a result of their time spent with the supervisee. It also may be that the factor of time spent performing counseling tasks is a moderating factor of emotional arousal. In other words, early anxieties about "doing" counseling decrease as a supervisee gets used to their role as a counselor.

Finally, contrary to expectations, it appears that higher levels of practicum or internship student self-efficacy was negatively correlated with self-disclosure. Lower self-disclosure was associated with higher self-efficacy. It may be that as supervisees gain confidence in their abilities to perform counseling tasks their perceived need to disclose or discuss counseling related issues diminishes. However, their level of self-efficacy may be based on a false sense of competence and this may lead to missed learning opportunities or further avenues for professional and personal growth.

Limitations

There are a number of limitations to the study. The first limitation involved the sampling procedure. The sample used was a sample of convenience and no randomization measures were

taken in selecting participants. Secondly, the ISDQ instrument used to measure practicum and internship student levels of self-disclosure was not pre-tested to determine any validity other than face validity. Although previous studies used to measure supervisee self-disclosure served as a guide, further investigation and fine tuning of the ISDQ is warranted. Third, this study relied upon the use of self-report instruments. It is possible that participants were inaccurate in the perceptions of their self-disclosure, self-efficacy, and the supervisory working alliance. Also, the participants may have been biased in their response due to the phenomenon referred to as social desirability (Dillman, 2000; Holtgraves, 2004). Although the participants in this study were assured that comprehensive steps were taken to address the issues of confidentiality and anonymity, they may still have responded to instrument items in a manner that would create a more favorable impression. Fourth, the data for this study was collected at only one point in time and the participants, although similar, were not equal. There were variations in program track and the number of hours completed in practicum or internship. Fifth, there may have been unknown variables at play that influenced or were moderating factors in the way students responded to instrument items. Finally, the results of this study are limited to the participants. The findings cannot be generalized to counselors in training in programs other than counselor education or to post master's counselors under supervision.

Suggestions for Future Research

In order to address some of the limitations to this study, several recommendations are in order for future research. First, effort should be made to improve the rigor of the sampling procedure. Secondly, attempts should be made to further validate the ISDQ used to measure self-disclosure. Third, future research would benefit by increasing the equality of the study participants in terms of program track and practicum or internship experience. Fourth, data was

collected at only once in the study, therefore, assessing the relationship among the variables at differing points in the evolution of the supervisory relationship may add to a better understanding of all the variables explored. Fifth, it would be important to explore other factors that may influence practicum or internship student self-disclosure, self-efficacy, and the supervisory working alliance. Sixth, future research might consider using supervisor perceptions of their supervisee's self-disclosure. Finally, it would be wise to investigate, in more depth, the perception of the benefits and risks of counselor education student self-disclosure in both didactic and experiential activities of training.

Conclusion

The self-disclosure of counselor education practicum and internship students to their supervisor is not related to their self-efficacy in a linear manner. Although the student's perception of the supervisory working alliance plays a role in the relationship between self-disclosure and self-efficacy, overall, this role does not appear to be statistically significant. In addition, the interaction of the student's self-disclosure and the varying perceptions of the supervisory working alliance on the students' perceived self-efficacy was not statistically significant. The study has several theoretical, empirical, and practical implications for counselor education and supervision but further research would need to address the limitations of this study to provide more useful results.

APPENDIX A: INFORMED CONSENT

INFORMED CONSENT FOR STUDY PARTICIPATION

Dear Graduate Student,

As practicum or internship students in a counselor training program, I am asking for your assistance.

I am a counselor educator, Licensed Mental Health Counselor, and doctoral candidate at the University of Central Florida. As a doctoral candidate in Counselor Education, I am conducting research as part of the dissertation process required for graduation under the supervision of my dissertation chair, Dr. Mark Young.

The research you are being asked to be a part of involves an examination of the relationship between your sense of confidence as a counselor, your perception of the relationship with your supervisor, and what you disclose to your supervisor during supervision. The questionnaires you are being asked to complete are the Working Alliance Inventory, the Counseling Self-Estimate Inventory, and the Degree of Intern Self-Disclosure Questionnaire. It will take you approximately 30 minutes to complete all these items.

Complete confidentiality will be maintained regarding your data. **I ask that you NOT put your name, your supervisor's name, or your institutional affiliation anywhere on these forms.** No individual results will be reported. All data will be analyzed as a group only. **Your supervisor, your internship professor, and the agency where you are doing an internship WILL NOT have access to your responses.** Your participation is completely voluntary and you have the right to withdraw consent and discontinue participation at any time. There is no compensation other than knowing that you are helping to contribute additional knowledge base related to counselor education and supervision. The overall results of the study will be provided at your request.

Although minimal, a potential risk you may incur by completing this questionnaire is minor psychological discomfort as you reflect upon your supervisory experience and how it has affected you. However, we anticipate this is outweighed by the gains of discovering and learning about aspects of supervision you may not have considered.

Your cooperation will be much appreciated. If you have any questions regarding any aspect of this study, feel free to contact me at 321-231-4053 or dmarchmscap@aol.com. You may also contact Dr. Mark Young at 407-823-2052 or the University of Central Florida's Institutional Review Board at 407-823-2901.

I thank you for your time! And best wishes for your career in the helping profession.

Sincerely,

David F. March, MS, LMHC, CAP

_____ I have read and understand the above and give consent to participate in this study.

Participants Signature

APPENDIX B: DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

1. Your age: _____

2. Your gender (please circle): M F Supervisor's gender: M F

3. Your counseling program track (please check only one)

<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Marriage & Family Therapy
<input type="checkbox"/> Community Counseling	<input type="checkbox"/> Counseling Psychology
<input type="checkbox"/> School Counseling	<input type="checkbox"/> Other _____

4. Is the program you are enrolled in accredited? Yes No Do Not Know

Accrediting Body: ___ CACREP ___ APA ___ Other _____

5. Number of Internship hours completed (please include hours earned in a practicum)

_____ 100 – 200	_____ 200 – 300	_____ 300 – 400	_____ 400 – 500
_____ 500 – 600	_____ 600 – 700	_____ 700 – 800	_____ 800 – 900
_____ 900 – 1000	_____ Over 1000		

6. Average number of hours of individual supervision received each week (check only one)

_____ <1 _____ 1 – 2 _____ 2 – 3 _____ more than 3

7. Average number of hours of group supervision received each week (check only one)

_____ <1 _____ 1 – 2 _____ 2 – 3 _____ more than 3

8. Internship setting : ___ Public Agency ___ Private Agency ___ Private Practice
 ___ College/University ___ Other _____

9. Method of supervision (please check all that apply)

_____ Case Discussion	_____ Use of Videotape	_____ Use of Audiotape
_____ Live Supervision	_____ Other _____	

APPENDIX C: PERMISSION LETTER FOR USE OF COSE

June 7, 2004

David March, MS, LMHC, CAP
2501 Deloraine Trail
Maitland, Florida 32751

Dear Mr. March,

Thank you for your recent purchase of The Counseling Self-Estimate Inventory (COSE). I am happy to grant you permission to use the instrument for one year for one study. If this is a dissertation, please include sample items in your appendix of your dissertation; do not reproduce the entire scale.

I have enclosed a copy of the instrument and a list of references in which the COSE has been used. The instructions read for people to indicate their answers on the instrument. An alternative that we are doing is to use answer sheets so the inventories can be reused. Also there is no place for the person to indicate demographics and identification. You need to include this on a separate sheet of your own design. Also, given your interest for your measurement class, I enclosed an additional description provide normative information.

The following items on the COSE are reversed scored: Items 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.

The factors consist of the following items:

Factor 1: Microskills: Item 1, 3, 4, 5, 8, 10, 11, 12, 14, 17, 32, 34.

Factor 2: Counseling Process: Items 6, 9, 16, 18, 19, 21, 22, 23, 31, 33.

Factor 3: Dealing with Difficult Client Behaviors: Items 15, 20, 24, 25, 26, 27, 28.

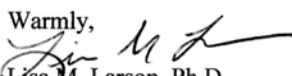
Factor 4: Cultural Competence: Items 29, 30, 36, 37.

Factor 5: Values: Items 2, 7, 13, & 35.

I recommend use of the total score rather than the factor scores separately. I have also included some reliability information and validity information for you regarding the measure.

Best wishes in your research endeavors and thank you for your interest in the COSE.

Warmly,


Lisa M. Larson, Ph.D.
3243 Evergreen Road
Ames, IA 50014

APPENDIX D: COUNSELING SELF-ESTIMATE INVENTORY

COUNSELING SELF-ESTIMATE INVENTORY

This is not a test. There are no right or wrong answers. Rather—it is an inventory that attempts to measure how you feel you will behave as a counselor in a counseling situation. **Please respond to the items as honestly as you can** so as to most accurately portray how you think you will behave as a counselor at this time. **Do not respond with how you wish you could perform each item—rather answer in a way that reflects your actual estimate of how you will perform as a counselor at the present time.**

Your responses will remain completely confidential and anonymous. All the questionnaires will be analyzed as a group, **not individually or by academic institution.** Your supervisor, your internship professor, or the agency at which you participated in internship **WILL NOT** have any access to your responses. Do not put your name or any other identifiable information on this survey.

Please work fairly quickly; your first impressions are the ones we would like to have. PLEASE RESPOND TO *EVERY* ITEM.

On the next several pages there is a list of 37 statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement by circling the number that best fits, using the following alternatives:

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Slightly Disagree
- 4 = Slightly Agree
- 5 = Moderately Agree
- 6 = Strongly Agree

PLEASE START ON THE NEXT PAGE

START HERE

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

PLEASE CIRCLE

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.	1	2	3	4	5	6
2.	1	2	3	4	5	6
3.	1	2	3	4	5	6
4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and “fluff”).	1	2	3	4	5	6
5.	1	2	3	4	5	6
6.	1	2	3	4	5	6
7.	1	2	3	4	5	6
8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).	1	2	3	4	5	6

CONTINUE HERE

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

PLEASE CIRCLE

9. I am worried that the type of response I use at a particular time, (i.e., reflection of feeling, interpretation, etc.), may not be the appropriate response.	1	2	3	4	5	6
10.	1	2	3	4	5	6
11.	1	2	3	4	5	6
12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.	1	2	3	4	5	6
13.	1	2	3	4	5	6
14.	1	2	3	4	5	6
15. I feel that I have enough fundamental knowledge to do effective counseling.	1	2	3	4	5	6
16.	1	2	3	4	5	6

CONTINUE HERE

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

PLEASE CIRCLE

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.	1	2	3	4	5	6
18.	1	2	3	4	5	6
19.	1	2	3	4	5	6
20.	1	2	3	4	5	6
21. My assessments of client problems may not be as accurate as I would like them to be.	1	2	3	4	5	6
22.	1	2	3	4	5	6
23.	1	2	3	4	5	6
24. I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.	1	2	3	4	5	6

CONTINUE HERE

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

PLEASE CIRCLE

25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions (e.g., suicide, alcoholism, abuse, etc).	1	2	3	4	5	6
26.	1	2	3	4	5	6
27.	1	2	3	4	5	6
28.	1	2	3	4	5	6
29. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.	1	2	3	4	5	6
30.	1	2	3	4	5	6
31.	1	2	3	4	5	6
32. I am confident that I will be able to conceptualize my client's problems.	1	2	3	4	5	6

CONTINUE HERE

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

PLEASE CIRCLE

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.	1	2	3	4	5	6
34.	1	2	3	4	5	6
35.	1	2	3	4	5	6
36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.	1	2	3	4	5	6
37.	1	2	3	4	5	6

PLEASE GO ON TO THE WORKING ALLIANCE INVENTORY WHICH BEGINS ON THE NEXT PAGE

APPENDIX E: WORKING ALLIANCE INVENTORY TRAINEE FORM

Working Alliance Inventory - Trainee Form

PLEASE READ FIRST

The following sentences describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your supervisor in place of _____ in the text.

With each statement there is a seven point scale:

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

If the statement describes the way you *always* feel (or think), circle the number "7"; if it *never* applies to you, circle the number "1." Use the numbers in between to describe the variations between these extremes.

Remember, your responses will remain completely confidential and anonymous. All the questionnaires will be analyzed as a group, **not individually or by academic institution.** Your supervisor, your internship professor, or the agency at which you participated in internship **WILL NOT** have any access to your responses. Do not put you name or any other identifiable information on this survey.

Please work fast; your first impressions are the ones we would like to have. **PLEASE DO NOT FORGET TO RESPOND TO EVERY ITEM**

START HERE

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

1. I feel uncomfortable with _____.	1 2 3 4 5 6 7
2. _____ and I agree about the things I will need to do in supervision.	1 2 3 4 5 6 7
3. I am worried about the outcome of our supervision sessions.	1 2 3 4 5 6 7

CONTINUE HERE

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

4. What I am doing in supervision gives me a new way of looking at myself as a counselor.	1 2 3 4 5 6 7
5. _____ and I understand each other.	1 2 3 4 5 6 7
6. _____ perceives accurately what my goals are.	1 2 3 4 5 6 7
7. I find what I am doing in supervision confusing.	1 2 3 4 5 6 7
8. I believe _____ likes me.	1 2 3 4 5 6 7
9. I wish _____ and I could clarify the purpose of our sessions.	1 2 3 4 5 6 7
10. I disagree with _____ about what I ought to get out of supervision.	1 2 3 4 5 6 7
11. I believe the time _____ and I are spending together is <u>not</u> spent efficiently.	1 2 3 4 5 6 7
12. _____ does not understand what I want to accomplish in supervision.	1 2 3 4 5 6 7
13. I am clear on what my responsibilities are in supervision.	1 2 3 4 5 6 7

CONTINUE HERE

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

14. The goals of these sessions are important to me.	1 2 3 4 5 6 7
15. I find what _____ and I are doing in supervision is unrelated to my concerns.	1 2 3 4 5 6 7
16. I feel that what _____ and I are doing in supervision will help me to accomplish the changes that I want in order to be a more effective counselor.	1 2 3 4 5 6 7
17. I believe _____ is genuinely concerned for my welfare.	1 2 3 4 5 6 7
18. I am clear as to what _____ wants me to do in our supervision sessions.	1 2 3 4 5 6 7
19. _____ and I respect each other.	1 2 3 4 5 6 7
20. I believe that _____ is not totally honest about his/her feelings toward me.	1 2 3 4 5 6 7
21. I am confident in _____'s ability to supervise me.	1 2 3 4 5 6 7
22. _____ and I are working towards mutually agreed-upon goals.	1 2 3 4 5 6 7

CONTINUE HERE

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

23. I feel that _____ appreciates me.	1 2 3 4 5 6 7
24. We agree on what is important for me to work on.	1 2 3 4 5 6 7
25. As a result of our supervision sessions, I am clearer as to how I might improve my counseling skills.	1 2 3 4 5 6 7
26. _____ and I trust one another.	1 2 3 4 5 6 7
27. _____ and I have different ideas on what I need to work on.	1 2 3 4 5 6 7
28. My relationship with _____ is very important to me.	1 2 3 4 5 6 7
29. I have the belief that it is important that I say or do the “right” things in supervision with _____.	1 2 3 4 5 6 7
30. _____ and I collaborate on setting goals for my supervision.	1 2 3 4 5 6 7
31. I am frustrated by the things we are doing in supervision.	1 2 3 4 5 6 7
32. We have established a good understanding of the kinds of things I need to work on.	1 2 3 4 5 6 7

CONTINUE HERE

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

33. The things that _____ asks me to do don't make sense.	1	2	3	4	5	6	7
34. I don't know what to expect as a result of my supervision.	1	2	3	4	5	6	7
35. I believe the way we are working with my issues is correct.	1	2	3	4	5	6	7
36. I believe _____ cares about me even when I do things that he/she doesn't approve of.	1	2	3	4	5	6	7

**THANK YOU FOR COMPLETING THIS
PORTION OF THE STUDY'S QUESTIONNAIRES**

**PLEASE MOVE TO THE FINAL ONE
WHICH BEGINS ON THE NEXT PAGE**

APPENDIX F: INTERN SELF-DISCLOSURE QUESTIONNAIRE

INTERN SELF-DISCLOSURE QUESTIONNAIRE

PLEASE READ FIRST

Reflect on the interactions you have had with your supervisor over the course of your practicum and/or internship up to this point. If you had more than one supervisor, think of the one you believe to be primary to your internship experience. Your reflections should only be about interactions with your supervisor, **not** your internship professor, other counselors, or peers.

Remember, your responses will remain completely confidential and anonymous. All the questionnaires will be analyzed as a group, **not individually or by academic institution**. Do not put your name or any other identifiable information on this survey.

As you reflect on the interactions with your supervisor, indicate to what degree you disclosed the following information to him or her. Select the number that **most honestly** corresponds to your degree of disclosure. Your self-honesty is vital to the success of this study.

The scale includes the choice, “Not Applicable.” Select this response only when you did not have this experience during your internship. For example, selecting “Not Applicable” for statement # 1 would mean that, during the course of your internship, you believe that you never made a clinical mistake.

INSTRUCTIONS: Consider the following statements and circle the number that best corresponds with your degree of disclosure to your internship supervisor. Your choices are:

1 Never 2 Rarely 3 Sometimes 4 Most Of The Time 5 Always NA Not Applicable

Never	Rarely	Sometimes	Most of the Time	Always	Not Applicable
N	R	S	M	A	N/A

START NOW

During internship, I disclosed to my supervisor...

1. Clinical mistakes that I believe I made.	1	2	3	4	5	N/A
2. My uncertainty regarding counseling theory.	1	2	3	4	5	N/A
3. Not knowing what technique to use with a client.	1	2	3	4	5	N/A
4. My feelings of dislike toward a client.	1	2	3	4	5	N/A
5. My dissatisfaction, at any time, with the supervision I received. <i>During internship, I disclosed to my supervisor...</i>	1	2	3	4	5	N/A

	<u>N</u>	<u>R</u>	<u>S</u>	<u>M</u>	<u>A</u>	<u>N/A</u>
6. Discomfort I had with the supervision process.	1	2	3	4	5	N/A
7. Problems in my own interpersonal relationships.	1	2	3	4	5	N/A
8. Strong emotional reactions I had with clients.	1	2	3	4	5	N/A
9. When my values conflicted with a client's values.	1	2	3	4	5	N/A
10. My expectations of my supervisor.	1	2	3	4	5	N/A
11. My physical or sexual attraction toward a client.	1	2	3	4	5	N/A
12. Problems I experienced with colleagues at my site.	1	2	3	4	5	N/A
13. My opinions about a case when they differed from my supervisor's opinions.	1	2	3	4	5	N/A
14. Critical thoughts or feelings about my supervisor.	1	2	3	4	5	N/A
15. Negative thoughts or feelings about clients who were culturally different from me.	1	2	3	4	5	N/A
16. My fears of upsetting a client.	1	2	3	4	5	N/A
17. My fears of not being liked by a client.	1	2	3	4	5	N/A
18. My own family of origin issues or unfinished business that arose when working with a client.	1	2	3	4	5	N/A

CONTINUE ON NEXT PAGE

<i>During internship, I disclosed to my supervisor...</i>	<u>N</u>	<u>R</u>	<u>S</u>	<u>M</u>	<u>A</u>	<u>N/A</u>
19. Personal problems I experienced during my internship.	1	2	3	4	5	N/A
20. My anxieties about doing counseling.	1	2	3	4	5	N/A
21. Documentation mistakes I made.	1	2	3	4	5	N/A
22. Any uncertainty regarding treatment planning.	1	2	3	4	5	N/A
23. Any uncertainty regarding assessment of clients.	1	2	3	4	5	N/A
24. Feelings of incompetence with how to handle a client problem.	1	2	3	4	5	N/A
25. Doubts I had about my counseling skills.	1	2	3	4	5	N/A
26. Feelings of anger or irritation.	1	2	3	4	5	N/A
27. Ethical dilemmas I faced.	1	2	3	4	5	N/A
28. How much I cared about a client.	1	2	3	4	5	N/A
29. My fear that a client might hurt themselves.	1	2	3	4	5	N/A
30. The goals that I had for supervision.	1	2	3	4	5	N/A

PLEASE GO TO NEXT PAGE

INSTRUCTIONS: Consider the following statements and circle the number that best corresponds with your degree of disclosure to your internship supervisor. Your choices are:

- 1 Never 2 Rarely 3 Sometimes 4 Most Of The Time 5 Always NA Not Applicable

CONTINUE HERE

During internship, I...

N	R	S	M	A	N/A
---	---	---	---	---	-----

31. Did not bring up something during individual supervision because I was afraid to do so. 1 2 3 4 5 N/A

32. Avoided answering questions posed by my supervisor about clients. 1 2 3 4 5 N/A

33. Did not bring up something during group supervision because I was afraid to do so. 1 2 3 4 5 N/A

34. Avoided answering personal questions posed by my supervisor about myself. 1 2 3 4 5 N/A

**** Thank you for your time in completing this questionnaire. ****

Please share any additional comments you have in the box provided below.

APPENDIX G: ABRIDGED ISDQ

ABRIDGED ISDQ

During internship, I disclosed to my supervisor...

1. Clinical mistakes that I believe I made.
2. My uncertainty regarding counseling theory.
3. Not knowing what technique to use with a client.
4. My feelings of dislike toward a client.
5. Strong emotional reactions I had with clients.
6. When my values conflicted with a client's values.
7. My expectations of my supervisor.
8. My own family of origin issues or unfinished business that arose when working with a client.
9. My anxieties about doing counseling.
10. Any uncertainty regarding treatment planning.
11. Any uncertainty regarding assessment of clients.
12. Feelings of incompetence with how to handle a client problem.
13. Doubts I had about my counseling skills.
14. How much I cared about a client.
15. The goals that I had for supervision.

During internship, I...

16. Did not bring up something during individual supervision because I was afraid to do so.
17. Did not bring up something during group supervision because I was afraid to do so.

APPENDIX H: IRB APPROVAL LETTER



Office of Research and Commercialization

December 6, 2004

David March, MS
2501 Deloraine Trail
Maitland, FL 32751

Dear Mr. March:

With reference to your protocol entitled, "The Relationship between Counseling Intern Self-Disclosure and Self-Efficacy" I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

Barbara Ward

Barbara Ward, CIM
IRB Coordinator

Copies: IRB File

LIST OF REFERENCES

- Adams, K. (2004). Modeling success: Enhancing international postgraduate research student's self-efficacy for research seminar presentations. *Higher Education Research and Development, 23*(2).
- American Counseling Association. (1995). *Code of ethics and standards of practice*. Author.
- Anderson, B., & Anderson, W. (1985). Client's perceptions of counselors using positive and negative self-involving statements. *Journal of Counseling Psychology, 32*(3), 462-465.
- Association for Counselor Education and Supervision. (1993). *Ethical guidelines for counseling supervisors*. Author.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28*(2).
- Bandura, A. (1997). Self-efficacy. *Harvard Mental Health Letter, 13*(9).
- Bahrlick, A. S. (1989). Role induction for counselor trainees: Effects on the supervisory working alliance. *Dissertation Abstracts International, 51*(03).
(UMI No. 9014392).
- Beitman, B. D., & Yue, D. (1999). A new psychotherapy training program: Description and preliminary results. *Academic Psychiatry, 23*(2).
- Bell, J., & Bromnick, R. (1998). Young people in transition: The relationship between homesickness and self-disclosure. *Journal of Adolescence, 21*(6).
- Bernard, J. M. & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd ed.). Needham Heights, MA: Allyn & Baker.

- Beyer, T. J. (1999). Self-monitoring, supervisor self-disclosure, and the supervisory working alliance in counseling supervision. *Dissertation Abstracts International*, 60(08). (UMI No. 9941706)
- Binder, J. L., & Strupp, H. H. (1997). Supervision of psychodynamic psychotherapies. In C. E. Watkins, Jr. (Ed.), *Handbook of Psychotherapy Supervision*. New York, NY: Wiley & Sons.
- Bordin, E. S. (1976). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252-260.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist*, 11(1), 35-42.
- Brown, D. (Eds.) (2002). *Career choice and development* (4th ed.). San Francisco, CA: Jossey-Bass.
- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Boston, MA: Houghton Mifflin Company.
- Corey, G. (2000). *Theory and practice of group counseling* (5th ed.). Belmont, CA: Brooks/Cole.
- Corey, G. (2001). *Theory and practice of counseling and psychotherapy* (6th ed.). Belmont, CA: Brooks/Cole.
- Corey, G., Corey, M. S., & Callahan, P. (2003). *Issues and ethics in the helping professions* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- Cottone, R. R., & Tarvydas, V. M. (2003). *Ethical and professional issues in counseling* (2nd ed.). Upper Saddle River, NJ: Pearson Education.

- Council for Accreditation of Counseling and Related Educational Programs. (2001). *The 2001 standards*. Author. Retrieved July 12, 2004 from <http://www.counseling.org/cacrep/2001standards700.htm>
- Chen, M. & Rybak, C. J. (2004). *Group leadership skills: Interpersonal process in group Counseling and therapy*. Belmont, CA: Brooks/Cole.
- Cummings, A. L. (2001). Teaching group process to counseling students through the exchange of journal letters. *Journal for Specialists in Group Work*, 26(1).
- Daly, J. (2003). A qualitative analysis of the supervisory working alliance as perceived by the supervisee. *Dissertation Abstracts International*, 64(08). (UMI No. 3100727).
- Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision*, 41(2).
- Derlega, V. J., Margull, S. T., & Winstead, B. A. (1987). A social-psychological analysis of self-disclosure in psychotherapy. *Journal of Social and Clinical Psychology*, 5(3), 205-215.
- Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method*. New York, NY: John Wiley & Sons, Inc.
- Edwards, C. E., & Murdock, N. L. (1994). Characteristics of therapist self-disclosure in the counseling process. *Journal of Counseling and Development*, 72(4).
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37(3).
- Ellingson, K. T., & Galassi, J. P. (1995). Testing two theoretical explanations for the attracting-enhancing effects of self-disclosure. *Journal of Counseling and Development*, 73(5).
- Everhart, C. D., & Chelladuari, P. (1998). Gender differences in preferences for coaching as an occupation: The role of self-efficacy. *Research Quarterly for Exercise and Sport*, 69(2).

- Fall, M., & McLeod, E. H. (2001). Identifying and assisting children with low self-efficacy. *Professional School Counseling, 4*(5).
- Falvey, J. E. (2002). *Managing clinical supervision: Ethical practice and legal risk management*. Pacific Grove, CA: Brooks/Cole.
- Farber, B. A. (2003a). Self-disclosure in psychotherapy practice and supervision: An introduction. *Journal of Clinical Psychology, 59*(5).
- Farber, B. A. (2003b). Patient self-disclosure: A review of the research. *Journal of Clinical Psychology, 59*(5).
- Friedlander, M. L., & Snyder, J. (1983). Trainee's expectations for the supervisory process: Testing a developmental model. *Counselor Education and Supervision, 22*, 342-348.
- Friedlander, M. L., & Ward, L. G. (1984). Development and validation of the supervisory styles inventory. *Journal of Counseling Psychology, 31*, 541-557.
- Geller, J. D. (2003). Self-disclosure in psychoanalytic-existential therapy. *Journal of Clinical Psychology, 59*(5).
- Georges, E. (1995). A cultural and historical perspective on confession. In J. Pennebaker (Ed.), *Emotion, disclosure & health*, (11-22). Washington, DC: American Psychological Association.
- Goodman, R. W., & Carpenter-White, A. (1996). The family autobiography assignment: Some ethical considerations. *Counselor Education and Supervision, 35*(3).
- Holtgraves, T. (2004). Social desirability and self-reports: Testing models of socially desirable responding. *Person and Social Psychology Bulletin, 30*(2), 161-172.

- Heppner, M. J., Multon, K. D., Gysbers, N. C., Ellis, C. A., & Zook, C. E. (1998). The relationship of trainee self-efficacy to the process and outcome of career counseling. *Journal of Counseling Psychology, 45*(4).
- Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function of self-disclosure and problem severity. *Journal of Counseling and Development, 71*(4).
- Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy Relationships that Work*. New York, NY: Oxford University Press.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*(2).
- Horvath, A. O., & Greenberg, L. S. (1994). *The working alliance: Theory, research, and practice*. New York, NY: Wiley & Sons.
- Howe, N., Aquan-Assee, J., Bukowski, W., Lehoux, P., & Rinaldi, C. (2001). Siblings as confidants: Emotional understanding, relationship warmth, and sibling self-disclosure. *Social Development, 10*(4).
- Humeidan, M. A. (2002). Counseling self-efficacy, supervisory working alliance, and social influence in supervision. *Dissertation Abstracts International, 63*(03). (UMI No. 3046083).
- Jourard, S. M. (1958). *Personal adjustment: An approach through the study of healthy personality*. Toronto, Canada: The Macmillan Company.
- Jourard, S. M. (1968). *Disclosing man to himself*. Princeton, NJ: D. Van Nostrand Company.
- Jourard, S. M. (1971). *The transparent self*. New York, NY: D. Van Nostrand Company.
- Jourard, S. M. (1979). *Self-disclosure: An experimental analysis of the transparent self*. Huntington, NY: Robert E Krieger Publishing Company.

- Kardener, S., & Herron, W. G. (1990). The supervisory relationship in psychotherapy over time. *Psychological Reports, 67*(4), 471-480.
- Kelly, A. E. (1998). Client's secret keeping in outpatient therapy. *Journal of Counseling Psychology, 45*(1), 50-57.
- Kissinger, D. B. (2004). Impact of the supervisee's family environment on the working alliance in the supervisory relationship. *Dissertation Abstracts International, 65*(04). (UMI No. 3130459) 3130459)
- Ladany, N., Brittan-Powell, C., S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision, 35*(4).
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling and Development, 77*(4).
- Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory working alliance and supervisee role conflict and role ambiguity. *Counselor Education and Supervision, (34)*4.
- Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees to not disclose to their supervisors. *Journal of Counseling Psychology, 43*(1).
- Ladany, N., & Lehrman-Waterman, D. E. (1999). The content and frequency of supervisor self-disclosures and their relationship to supervisor style and the supervisory working alliance. *Counselor Education and Supervision, 38*(3).
- Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervisor nondisclosure. *Counselor Education and Supervision, 38*(3).

- Ladany, N., & Walker, J. A. (2003). Supervisor self-disclosure: Balancing the uncontrollable Narcissist with the indomitable altruist. *Journal of Clinical Psychology, 59*(5).
- Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education and Supervision, 40*(4).
- Larson, L.M., Suzuki, L.A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the counseling self-estimate inventory. *Journal of Counseling Psychology, 39*(1).
- Leach, M. M., & Stoltenberg, C. D. (1997). Self-efficacy and counselor development: Testing the integrated developmental model. *Counselor Education and Supervision, 37*(2).
- Lent, R. W., Brown, S. D., & Hackett, G. (2002). Social cognitive career theory. In D. Brown (Ed.), *Career choice and development*, (255-311). San Francisco, CA: Jossey-Bass.
- Lent, R. W., Hill, C. E., & Hoffman, M. A., (2003). Development and validation of the counselor self-efficacy scales. *Journal of Counseling Psychology, 50*(1).
- Martin, P. (May 21, 1975). Sin, guilt, and mental health: Confession and restitution as means of therapy. *Christian Century, 525-527*.
- Matson, F.W. (1973). Humanistic theory: The third revolution in psychology. In F. Matson (Eds.), *Without/within: Behaviorism and humanism*. Monterey, CA: Brooks Cole.
- Mohr, D. E. (1995). Negative outcome in psychotherapy: A critical review. *Clinical Psychology, Science and Practice, 2*, 1-27.
- Morrell, P. D., & Carroll, J. B. (2003). An extended examination of preservice elementary teacher's science teaching self-efficacy. *School Science and Mathematics, 103*(5).

- Niemiec, P. A. (2002). A descriptive analysis of the development of the supervisory working alliance in a counselor education practicum. *Dissertation Abstracts International*, 63(02). (UMI No. 3042718).
- Nyman, S. J., & Daugherty, T. K. (2001). Congruence of counselor self-disclosure and perceived effectiveness. *Journal of Psychology*, 135(3).
- Panagos, R. J., & Dubois, D. L. (1999). Career self-efficacy development and students with learning disabilities. *Learning Disabilities Research and Practice*, 14(1).
- Patton, M. J., & Kivlighan, D. M. J. (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology*, 44(2), 108-111.
- Paulson, B. L., Truscott, D., & Stuart, J. (1999). Client's perceptions of helpful experiences in counseling. *Journal of Counseling Psychology*, 46(3).
- Pennebaker, J. W. (1995). Emotion, disclosure, and health: An overview. In J. Pennebaker (Ed.), *Emotion, disclosure & health*, (3-10). Washington, DC: American Psychological Association.
- Rotenberg, K. J., & Chase, N. (1992). Development of the reciprocity of self-disclosure. *Journal of Genetic Psychology*, 153(1).
- Stricker, G. (2003). The many faces of self-disclosure. *Journal of Clinical Psychology*, 59(5).
- Szasz, T. (2003). Cleansing the modern heart. *Society*, 40(4).
- Todd, E. (1985). The value of confession and forgiveness according to Jung. *Journal of Religion and Health*, 24(1).
- Vogel, D. L. & Webster, S. R. (2003). To seek help or not to seek help: The risk of self disclosure. *Journal of Counseling Psychology*, 50(3).

- Walsh, B. B., Gillespie, C. K., Greer, J. M., & Eanes, B. E. (2002). Influence of dyadic mutuality on counselor trainee willingness to self-disclose mistakes to supervisors. *The Clinical Supervisor, 21*(2).
- Washington, O. (1999). Effects of cognitive and experiential group therapy on self-efficacy and perceptions of employability of chemically dependent women. *Issues in Mental Health Nursing, 20*(3).
- Webb, A., & Wheeler, S. (1998). How honest to counsellors dare to be in the supervisory relationship?: An exploratory study. *British Journal of Guidance and Counselling, 26*(4).
- Whittinghill, D., Whittinghill, L. R., & Loesch, L. C. (2000). The benefits of a self-efficacy approach to substance abuse counseling in the era of managed care. *Journal of Addictions and Offenders Counseling, 20*(2).
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.
- Yourman, D. B. (2003). Trainee disclosure in psychotherapy supervision. *Journal of Clinical Psychology, 59*(5).
- Young, M. E. (2001). *Learning the art of helping: Building blocks and techniques* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.