The Effects of Professional Disclosure Statements on Counselors-in-Training Perceptions of Supervision

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THE EFFECTS OF PROFESSIONAL DISCLOSURE STATEMENTS
ON COUNSELORS-IN-TRAINING PERCEPTIONS
OF SUPERVISION

by

John Richard Howie

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education
and Counseling Psychology

Western Michigan University
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John Richard Howie
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CHAPTER I

INTRODUCTION

The purpose of Chapter I is to introduce this research project. Chapter I begins with a definition of the problem. The chapter continues with the purposes of this research, which are followed by research questions and hypotheses. Chapter I concludes with definitions.

Definition of the Problem

There are significant similarities between the counseling and the supervisory relationship. Clients and supervisees are comparable because they are consumers of professional services who have the similar goal of behavior change and have an unequal power base in the relationship (Sherry, 1991; Upchurch, 1985). Given there are similarities between the counseling and supervisory relationship, it seems reasonable that both relationships would receive the same legal and ethical attention and to some extent they do. For example, the code of ethics for the American Psychological Association (APA, 1992) and the American Counseling Association (ACA, 1995) prohibits sexual relations with clients and supervisees. However, in both codes, clients' rights are more strongly established than supervisees. An important method for protecting clients' rights is through use of therapist disclosure statements as a means of sharing information and of insuring informed consent to treatment.
The fields of counseling and psychology have investigated therapy information sharing. In a review of the literature, Hedstrom and Dauser (1994) identified 12 types of therapy information shared: (1) name, telephone number, and address of the counselor; (2) counseling process or technique; (3) services provided and/or type of client; (4) expectations and/or anticipated results including possible risks; (5) alternatives to therapy; (6) qualifications of therapist; (7) rights and limits of confidentiality, including third party issues; (8) length and frequency of sessions; (9) right to terminate treatment or description of rights if involuntary; (10) cost and method of payment; (11) identification of supervisor; and (12) identification of board of licensing.

Several researchers have explored singular types of information sharing. Muehleman, Pickens, and Robinson (1985) and Woods and McNamara (1980) studied confidentiality. Marirosian, McGuire, Abbott, and Blau (1990) and Nathan, Joanning, Duckro, and Beal (1978) studied therapy procedures. Many researchers (Christiansen, 1986; Dauser, Hedstrom, & Croteau, 1995; Farley, 1987; Handelsman, 1990; Handelsman & Martin, 1992; Studwell, 1984/1985; Sullivan, Martin, & Handelsman, 1993) have studied multiple disclosure issues. The research to date has found no effect with disclosure statements (Christiansen, 1986; Dauser et al., 1995; Farley, 1987; Handelsman & Martin, 1992; Studwell, 1984/1985), a positive effect with disclosure statements (Handelsman, 1990; Sullivan et al., 1993), or, in one study (Handelsman & Martin, 1992), a negative effect with disclosure statements (with men who read a difficult-to-read disclosure statement). The literature on disclosure statements has also identified several other
variables that affect the impact of the disclosure statement. These variables are gender (Handelsman & Martin, 1992), therapist experience (Handelsman, 1990), education level (Sullivan et al., 1993), and readability of the disclosure statement (Handelsman & Martin, 1992).

Although there has been a significant amount of attention given to psychotherapy and disclosure information, there has been no investigation into the potential impact of disclosure information on supervisees.

Purposes of the Current Study

There were three primary purposes of this study. The first purpose was to conduct an initial investigation into disclosure statements and supervision. The second purpose of this study was to identify the core elements necessary for a complete disclosure statement for supervisors. The final purpose was to incorporate elements of prior research on informed consent into a study of the impact of supervisor disclosure statements.

Disclosure Statements and Supervision

There have been no studies to date that examine the impact of disclosure statements on supervision. The parallels between psychotherapy and supervision are clear and the need for informed consent through the use of disclosure statements in psychotherapy is also clear. However, no one has investigated informed consent through the use of professional disclosure statements in supervision.
Elements of the Supervisory Disclosure Statement

The supervisory disclosure statement (SDS) developed for this study included recommendations from psychotherapy disclosure statement literature and suggestions for ethical behavior from supervisory literature. The SDS included all 12 elements of disclosure statements developed through a review of the psychotherapy literature (Hedstrom & Ruckel, 1992). Additionally, the SDS included a clear presentation of the evaluation process (Sherry, 1991), a clear outline of the appeal process (Association for Counselor Education and Supervision (ACES, 1990) and a description of the liability issues particular to the supervisory process (ACES, 1990). These three additions came from a review of the supervision literature and are part of the uniqueness of supervision when compared to psychotherapy.

Elements of Prior Research

An important aspect of this research was to incorporate and in some cases improve on elements of prior studies of disclosure statement research. This study improved on other studies because of the participants and the timing of the disclosure statement. Most studies exploring disclosure statements have used an analogue design using nonclients as subjects (Farley, 1987; Handelsman, 1990; Handelsman & Martin, 1992; Sullivan et al., 1993). This study used graduate level counseling techniques students. Although the participants were not currently receiving clinical supervision as part of their education, many of them will be recipients of clinical supervision as they continue through their
program. Therefore, they represent a pool of participants who were not getting clinical supervision, but would be recipients of professional supervisory services. This allowed the focus of the research to be primarily on those who have no actual experience of supervision to alter their perception and, therefore, any difference would be the result of the SDS (the treatment variable).

This research also improved over other research because of the number of participants. This study had a significantly larger N (367) than other studies in this area (Christiansen, 1986, N = 48; Dauser et al., 1995, N = 63; Farley, 1987, N = 186; Handelsman, 1990, N = 129; Handelsman & Martin, 1992, N = 72 and N = 90; Studwell, 1984/1985, N = 41; Sullivan et al., 1993, N = 124).

Other studies have cited gender (Handelsman & Martin, 1992), therapist experience (Handelsman, 1990), education level (Sullivan et al., 1993), and readability of the disclosure statement (Handelsman & Martin, 1992) as possible confounders of a disclosure statement. In this study, the supervisor's gender was not known by the participants; therefore, those reading the SDS were not able to determine the gender of the supervisor. Handelsman (1990) found that therapists with at least 9 years of experience were recommended more often by the participants. The SDS in this study used 15 years of experience for the described supervisor. Sullivan et al. (1993) found that a Ph.D. level therapist had a positive impact on perceived expertise and trustworthiness. The educational background used in the SDS was a doctorate in counseling psychology. Finally, Handelsman and Martin (1992) found that the difficulty of reading (i.e., single spacing versus double spacing) and the overall
reading level of the disclosure statement reduced its effectiveness. The SDS in this study was double spaced and had a 10th grade reading level on the Flesch-Kincaid Scale (Reference Software, 1993). While efforts were made to lower the reading level, the use of professional language (e.g., supervision and psychologist) was needed to maintain the meaning of the document; this raised the overall reading level. When 25 specific professional words such as supervisor and psychologist were removed, the reading level was at an 8th grade level on the Flesch-Kincaid Scale (Reference Software, 1993). Given the subject matter of the SDS and the educational level of the graduate student participants, the reading level was acceptable.

Research Questions

The primary research question was: What, if any, effects does reading a supervisory disclosure statement (SDS) have on perceptions of supervisors? A secondary research question was: What, if any, difference does the gender of the reader of the SDS make on perceptions of supervisors? A final related question was also examined: What effect does reading a SDS and gender have on counseling techniques students' perceptions of an imaginary supervisor?

Research Hypotheses

The primary research hypothesis was that there is no difference in supervisees' perceptions of supervisors between those who read a supervisory disclosure statement (SDS) and those who do not. The secondary research hypothesis was: There is no gender difference in supervisees'
perceptions of supervisors. The related hypothesis was: There is no gender and treatment interaction for counseling techniques students’ perceptions.

Definitions

Supervision

Loganbill, Hardy, and Delworth (1982) defined supervision as "an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence of the other person" (p. 4). Sherry (1991) stated, "Because supervision and psychotherapy have similar goals (i.e., behavior change for students) and techniques, supervision should be considered a psychological intervention that occurs between individuals of unequal status or power" (p. 569). The similarities between supervision and psychotherapy and the unequal power base between supervisees and supervisors are important elements in understanding supervision. For the purposes of this paper, supervision is defined as an interpersonally-focused relationship of unequal power, the purpose of which is to increase the clinical competence of the supervisee through professional psychological interventions such as feedback, role play, live observation, video tape review (ACES, 1987), Microtraining (Ivey, 1971), and Interpersonal Process Recall (Kagan, 1975).

Professional Disclosure Statements

Professional disclosure statements (PDS) are written documents that explain the psychotherapeutic process to prospective clients and
cover 12 specific issues. Hedstrom and Dauser (1994) defined the 12 points as: (1) counselor's name, telephone number, and address; (2) counseling process or technique; (3) services provided and/or type of client; (4) expectations and/or anticipated results including possible risks; (5) alternatives to therapy; (6) qualifications of therapist; (7) rights and limits of confidentiality, including third party issues; (8) length and frequency of sessions; (9) right to terminate treatment or description of rights if involuntary; (10) cost and method of payment; (11) identification of supervisor; and (12) identification of board of licensing.
CHAPTER II

REVIEW OF THE LITERATURE

Overview of the Chapter

Chapter II is a review of the relevant literature and is divided into three sections. The major issue examined in the first section is the issue of informed consent in psychotherapy. The first section contains an examination of state requirements, components of informed consent in psychotherapy, and research on informed consent. The section also contains research on the informed consent issues of disclosure of potential risks in therapy and the actual practices of informed consent in the psychotherapy field. The second major section of Chapter II is a review of the parallels between psychotherapy and supervision and contains the similarities and differences between the two processes. The third major section of Chapter II is a review of supervision informed consent issues including: (a) codes of ethics; (b) supervision literature and informed consent; and (c) five dimensions of informed consent and supervision: (1) appeals process, (2) evaluation, (3) confidentiality, (4) vicarious liability, and (5) due process. Chapter II concludes with an outline for a supervisory professional disclosure statement.

Informed Consent in Therapy and State Requirements

Hedstrom and Ruckel (1992) found that five states require psychologists to provide comprehensive written disclosure information to
clients. They also found that counselors are required to provide comprehensive written disclosure information in 13 out of 34 states which license counselors.

Informed Consent in Therapy and Codes of Ethical Standards

This section examines the codes of ethics of psychologists and counselors concerning informed consent and psychotherapy.

For psychologists, the American Psychological Association (APA) provides the ethical code (APA, 1992) that requires the following be included in an explanation of informed consent: (a) the therapy process, (b) the anticipated course of treatment, (c) the fees, (d) the limits of confidentiality, (e) the identity of supervisors, and (f) the expected treatment outcomes. The code also recommends that appropriate information be shared beforehand or as soon as possible. Additionally, APA Standard 4.01 states, "whenever possible, psychologists provide oral and written information using language that is reasonably understandable to the patient" (APA, 1992, p. 1605). Psychologists must also insure that potential clients have the capacity to consent to treatment and the freedom to make a decision. Finally, informed consent must be recorded in some manner (APA, 1992).

For counselors, the American Counseling Association (ACA) revised its code of ethics in 1995. Informed consent in counseling must include an explanation of (a) confidentiality and its limits; (b) purpose, goals, and techniques of therapy; (c) rules of procedure such as fees, frequency, and duration of service; (d) the implications of their
diagnosis; (e) the right to their records; (f) the right to refuse recom-
mended services; and (g) the limitations of the relationship. Counselors
must provide information prior to or at the time of the first therapy
session.

Components of Informed Consent in Psychotherapy

Weinrach and Morgan (1975) conducted an informal survey that
asked clients what rights they thought important. Clients reported that
they felt confidentiality was a central, important right. They also report-
ed "the expectation that a counselor would deal in good faith, follow
through on a promise and be truthful, open, friendly, and patient"
(p. 559). The authors suggested that clients have the right to accept or
reject therapy. Furthermore, they encouraged counselors to work toward
clarifying therapy for clients and creating mutuality in the therapeutic
relationship.

Bloom et al. (1990) proposed model counselor legislation for state
governments to use for creating counselor regulation laws. In their model
legislation, they outlined seven different components of informed con-
sent in professional disclosure statements (PDS).

(a) The name, title, business address, and business
telephone of the professional counselor performing the ser-
vice.

(b) The formal professional education of the
professional counselor, including the institutions attended
and the degrees received from them.

(c) The professional counselor's philosophy of coun-
seling, area of specialization, and services provided.

(d) In the case of a person licensed under this act
who is engaged in a private individual practice, partnership,
or group practice, the person's fee schedule listed by type of service or hourly rate.

(e) At the bottom of the first page of the disclosure statement, the words "This information is required by The Professional Counselors Licensing Board which regulates all Licensed Professional Counselors and Licensed Associate Counselors."

(f) Immediately beneath this statement required by item (e) of this subsection shall appear the name, address, and telephone number of the Board.

(g) In the case of Licensed Associate Counselor, the name, title, business address, and business telephone number of the supervisor shall appear on the PDS. (p. 517)

As previously cited, after an extensive review of the literature, Hedstrom and Dauser (1994) defined 12 components of informed and PDS (see page 8 for the 12-point list). Hedstrom and Dauser’s list included all of Bloom et al.’s (1990) list with five additional items. The additional items help to more fully inform clients about their rights and about the counseling process.

Research on Informed Consent in Psychotherapy

The following sections explore research on informed consent in psychotherapy. The areas of research include disclosure of potential risk, use of informed consent, and the impact of written disclosure statements.

Disclosure of Potential Risk of Therapy

Gustafson, McNamara, and Jensen (1991) surveyed child psychotherapists and mothers of elementary school children about 17 different informed consent items to determine which items were viewed as
important. A total of 161 mothers responded to their survey. They found that the therapists and the mothers had similar priorities for informed consent. Both groups highly valued talks about therapeutic benefits, limits to confidentiality, fee structure, and unintentional harm caused by therapy. The researchers also explored how the mothers wanted the information given to them. A total of 91% of the mothers requested the information be shared in both a written and oral format. None of the mothers wanted the information shared in only an oral format. The authors did not report therapists' views on how the information is best shared. A weakness of this study was that the mothers were not actual clients.

Gustafson, McNamara, and Jensen (1994) studied the impact of information about potential risks on parents' hypothetical decision to enter their children into psychotherapy. The researchers used an experimental analogue design. A total of 144 participants were selected from mothers who had enrolled children in Grades 3 through 5. The researchers established six treatment groups by varying the levels of problem severity and different risk benefits. The results revealed that providing risk and benefit information had no impact on the mothers' willingness to enter their children in psychotherapy; however, mothers' positive attitudes toward psychotherapy and the severity of children's problems did impact their decisions to enter into therapy. The limits of the study were the demographics, in that the sample was primarily White and mostly upper middle class, and the analogue design, in that the participants were not candidates for therapy.
Use of Informed Consent in Therapy

Faustman (1982) studied how psychologists inform their clients about the use of debt collection agencies for unpaid fees, thus limiting the clients' confidentiality. With 148 randomly selected APA members, the author found that 33.1% of the clinical psychologists reported verbally explaining the limits of confidentiality to their clients. He also reported that 23.6% of the responding psychologists reported using a written format for informed consent about the limits of confidentiality in the use of debt collection agencies.

Noll and Haugan (1985) studied the use of informed consent forms at university-affiliated psychology training clinics. Fifty-nine of the 128 surveys sent were returned by members of the Association of Directors of Psychology Training Clinics. Eighty-six percent of the responding directors believed that informed consent was applicable to psychotherapy. The informed consent issues that were most commonly endorsed by the directors were: (a) qualifications of therapists, (b) counseling techniques, (c) confidentiality and its limits, and (d) information about record keeping. The directors reported that counselors used a written and/or oral format to give the informed consent information to their clients.

Talbert and Pipes (1988) assessed the written information given to clients at 40 different sites in the United States using a 19-item checklist. The 40 nonrandomized sites were made up of private psychotherapy practices, public agencies, and colleges of differing sizes. The authors reported that only one site had the majority of the 19 items in their written client information. Twelve of the 20 private psychotherapy
practices and 2 of the smaller colleges used no written information about informed consent. Overall, 19 of the sites provided some information about the limits of confidentiality and 14 had written information about financial matters.

Handelsman, Kemper, Kesson-Craig, McLain, and Johnsurd (1986) studied the written disclosure policies of 104 psychologists. Overall, the participants preferred to use a verbal format over a written one. They also found that 28.8% (19) of responding psychologists reported using written informed consent forms. An analysis of the 19 forms sent to the authors revealed that the readability of the written forms was likely to be difficult for many clients to comprehend. Additionally, an examination of the contents of the written consent forms revealed these areas of content: method of payment (17), no-show policies (16), confidentiality (12), the nature of treatment (6), potential dangers (5), suicide potential (4), child abuse (4), filing with insurance (3), benefits of treatment (3), and alternatives to treatment (2). None of the returned forms included all of the areas.

Somberg, Stone, and Claiborn (1993) studied the use of informed consent among 189 randomly selected psychotherapists. The authors were specifically studying five aspects of informed consent: (1) confidentiality, (2) risks of treatment, (3) treatment length, (4) treatment procedures, and (5) alternatives to treatment. The results suggested that therapists attend to particular consent issues consistent with their values. The participating psychotherapists reported fears of possible damage to the therapeutic relationship as the reason for not giving information. The authors noted that it appears therapists consider both
the ethical and clinical implications of informed consent. The authors also noted the respondents' clinical orientation had an impact on how therapists responded to informed consent. They found that cognitive-behavior therapists shared informed consent information to clients more often and completely than other types of therapists. The authors concluded, "The variability in practice issues and the significant differences among consent issues highlight the complexity of the informed consent process" (p. 159).

Hedstrom (1993) conducted a random survey of members of the American Association for Counseling and Development (AACD). She used Hedstrom and Dauser's (1994) 12-point professional disclosure format and discovered that counselors inform clients about most of the 12 disclosure issues. Additionally, counselors disclose the information in a verbal format.

Psychologists inform clients about the therapeutic process in a similar fashion as counselors. Hedstrom and Dauser (1993) used their 12-point disclosure format and discovered that psychologists inform clients about therapy process to a large extent, but usually in a verbal format.

Impact of Written Disclosure Statements in Therapy

Studwell (1984/1985) explored the impact that professional disclosure statements had on 41 clients at a university counseling center. The participants were assigned to either an experimental or control group. The experimental group received information about the counseling center staff's philosophy and expectations, while the control group
received no information. The results indicated that there was no dif­ference in client expectations as measured by the Expectations About Counseling, Form B.

Muehleman et al. (1985), in an experimental analogue study, examined 24 mildly depressed student volunteers for potential inhibiting factors associated with the use of written disclosure statements. The researchers randomly assigned 24 volunteers to read one of three different disclosure statements. They found no discouraging effect on self-disclosure after being presented with information about the limits to confidentiality, risks and benefits of therapy, and client's rights. The lack of statistical significance in the findings may have been due to a small sample size. The authors suggested that any potential client inhibition would likely be eliminated through therapists' encouragement of their clients' self-disclosure.

Christiansen (1986) examined the impact of receiving disclosure information on 48 students who asked for services at a university counseling center. The students were randomly assigned to two groups, one of which received either written and verbal information during the last 10 minutes of the first counseling session, while the second group of students received no disclosure information. They received information about the counselor and the counseling process, including techniques, purpose, and responsibilities. The researcher found that there was no difference in attitude or perception as measured by the Attitude Toward Counseling Scale, Barrett-Lennard Inventory, the Counselor Rating Form-Short, and the Information About Counseling Inventory.
Farley (1987) used an analogue methodology to study the effect of disclosure information on 186 undergraduate educational psychology students. The disclosure information areas studied were the process of counseling, potential benefits, rights in counseling, the limits of confidentiality, potential discomforts and risks, and alternatives to counseling. The author randomly assigned the students to receive information on (a) one of the disclosure information areas, (b) all the information areas, or (c) no information. The results indicated that students who received information about confidentiality and alternatives to counseling scored higher on the Understanding of Counseling Questionnaire. There were no other areas of significance as measured by the Expectations About Counseling Questionnaire or the Counselor Preference Questionnaire among the three groups.

Handelsman (1990) explored whether the use of written consent forms influenced analogue clients' first impressions of therapists. He used three different forms in various arrangements to study the impact the consent had on 129 college students' impressions: (1) a question sheet that presented questions that clients often ask (Handelsman & Galvin, 1988), (2) the Colorado Psychological Association (CPA) legal disclosure form, and (3) a brochure published by CPA giving general information about psychologists and treatment. The question sheet increased subjects' perceptions of the therapist as trustworthy and likable. The legal disclosure form increased subjects' perceptions of the therapist as helpful and the subjects' overall willingness to refer friends and personally seek out the hypothetical therapist. The CPA brochure increased students' perceptions of trustworthiness. The three different
forms had no negative effect on perceptions of the hypothetical therapist.

In a second study, Handelsman (1990) examined the influence of a question sheet and therapist experience with 137 college students. When the author included a question sheet in the information, subjects perceived the therapist as more trustworthy and as someone the subject would likely seek out themselves. Subjects also perceived therapists with 9 years of experience more positively than therapists with less experience. However, subjects perceived less experienced therapists who used the question sheet significantly more favorably than their less experienced counterparts who didn't use the question sheet.

Handelsman and Martin (1992) reported on two analogue studies. In the first study, 72 college students (49 women and 23 men) read either no informed consent form, a difficult-to-read consent form, or an easy-to-read consent form and a therapy transcript with either therapist's self-involving statements or no therapist's self-involving statements. P. R. McCarthy and Betz (1978) defined self-involving responses as "direct present expressions of the counselor's feelings about or reactions to the statements or behaviors of the client" (p. 251). Handelsman and Martin (1992) found that the readability of the form had no impact on subjects' impressions of the therapist. The researchers also found subjects could recall more of the information from the more readable form.

In a second study, Handelsman and Martin (1992) used 90 college students (62 women and 28 men) to rate a therapy transcript. The students received one of three levels of information as the first study. They also received either the addition of an offer to explain the
information as part of the written transcript or not. The authors found that men who read the less readable information sheet had a more negative impression of the therapist and recalled less of the information.

Sullivan et al. (1993) studied 124 college students' ratings of a therapist. The authors used the absence or presence of an informed consent form and varying years of therapist experience as the independent variables. Both groups studied a description of the therapist and then rated the hypothetical therapist using the Counselor Rating Form-Revised (Corrigan & Schmidt, 1983). The results showed that the use of informed consent increased students' perceptions of the overall rating of the therapists. The results also suggested that therapists who use informed consent were perceived as more trustworthy and expert than therapists who did not use informed consent. The researchers also found that professionals received higher rating than paraprofessionals if they used informed consent. There was no difference in perceptions if the professionals did not use informed consent. The authors reported the limitations of the study as the methodology for presenting the informed consent material, other unaccounted for variables such as gender, and the limitations of an analogue design.

Dauser et al. (1995) used an experimental design to study the impact of varying degrees of pretherapy disclosure on 63 university clients. The control group received a written statement that included services provided, confidentiality, length of sessions, and the right to end therapy. The treatment group received all the same information as the control group plus personalized information about their therapist and comprehensive information about the therapy process including the 12
points for informed consent (Hedstrom & Dauser, 1994). All the participants received the information prior to meeting their therapist, thus eliminating any of the effects that the therapists' personality might have on the participants' perceptions. The researcher randomly assigned 63 clients to the two groups and found that there were no significant differences between the treatment and control groups in the participants' perceptions of counselor expertness, attractiveness, or trustworthiness. They found that there was a gender difference in that female clients rate therapists more positively than male clients. She also found that the use of a comprehensive disclosure statement did not impact client attendance at first session, termination of therapy, or request for different therapists. This study is significantly different from others in that Dauser et al. (1995) attended to four of the major limitations with most prior studies: (1) use of analogue methodology, (2) timing of therapy disclosure, (3) timing of the dependent variable, and (4) lack of comprehensiveness of the disclosure statement. The author summarized her findings and suggested that the use of disclosure statements presents no negative implications for clients. Therefore, it is possible to protect clients' rights with the use of comprehensive informed consent procedures without causing harm to the therapeutic relationship.

Parallels Between Psychotherapy and Supervision

Upchurch (1985) and Sherry (1991) suggested that in a supervisory relationship both clients and supervisees are consumers of professional services. Clients are consumers of the supervision because the
client/therapist relationship is altered by the supervisory relationship. Therapists are consumers of supervision because the purpose and nature of supervision are to alter the behavior of the supervisee through numerous different psychological techniques.

A critical similarity between supervisees and clients is that they are both in a vulnerable position in the relationship. Supervisees are vulnerable in a supervisory relationship for four reasons: (1) There is a power difference between supervisors and supervisees (Newman, 1981; Sherry, 1991), (2) the nature of the supervisory relationship is inherently like psychotherapy (Newman, 1981; Sherry, 1991), (3) the multiplicity of roles for both supervisor and supervisees can inherently create conflicts (Sherry, 1991), and (4) supervision is a core aspect of most therapists' training and also an aspect of most therapists' professional lives and thus unavoidable (Newman, 1981). The supervisee is vulnerable because of a lack of power, confusion with multiple roles, and the unavoidability of supervision.

Keith-Spiegal and Koocher (1985) stated, "A psychologist's relationships with employees, supervisees, and students are characterized by similar ethical duties and responsibilities due clients" (p. 302). Supervisors are acting in their professional role as either counselors or psychologists when they are applying psychological techniques as a function of supervision. Therefore, supervisors need to maintain the same legal and ethical standards for both clients and supervisees (Sherry, 1991). Keith-Spiegal and Koocher (1985) stated, "Students, supervisees, and employees have the same rights to privacy, respect, dignity,
and due process that should be accorded to others in more traditional client roles" (p. 303).

Supervision and Informed Consent

This section on supervision and informed consent explores codes of ethics as they pertain to supervision; informed consent issues in supervision, including the ethical development in supervision literature; and areas of concern in supervisory behavior. This section ends with an outline for a model professional disclosure statement for supervisors.

Codes of Ethics and Supervision

The American Psychological Association (APA) code of ethics does little to clarify the role of supervision and does not specifically mention informed consent and supervision. However, the APA code states, "Psychologists obtain appropriate informed consent to therapy or related procedures" (APA, 1992, Sec. 4.02, p. 1605). Although not specifically mentioned, supervision is a related procedure and psychologists are responsible for obtaining informed consent from those they supervise. For supervisors in counseling, the American Counseling Association (ACA) has a code of ethics that attends to supervision and informed consent to some extent. Counselor educators and supervisors are responsible for being knowledgeable about ethical, legal, and regulatory information and "make students and supervisees aware of their responsibilities" (ACA, 1995, Sec. F.1.a, p. 37). The ACA code does not specify how the information is to be given. Additionally, counseling supervisors are forbidden from forming a counseling relationship with
supervisees and instructed to make referral when counseling is recom-
mended (ACA, Sec. F.3.c). Counseling supervisors are also responsible
to insure that supervisees inform clients before or at the start of therapy
about the nature of any supervisory relationship (ACA, Sec. A.3.).

The Association for Counselor Education and Supervision (ACES),
a division of ACA, has a code of ethics for supervision that attends to
the issue of informed consent and supervision. ACES developed a code
of conduct and ethics for supervisors which was adopted in 1989 (Dye
& Borders, 1990). The standards for counselor supervisors (ACES,
1990) clarifies the role of supervisor. ACES (1990) Standard 3.6 states,
"The counseling supervisor communicates to the counselor a knowledge
of ethical considerations that pertain to the supervisory process including
dual relationships, due process, evaluation, informed consent, confidential­
tiality, and vicarious liability" (p. 30). The standard does not specifically
mandate how supervisors are to impart this knowledge. Section 3.2
states that supervisors must adhere to professional standards. Section
5.1 requires supervisors to inform supervisees about the goals and
procedures of supervision. Additionally, Section 5.7 states, "The coun­
seling supervisor clarifies his/her role in supervision" (p. 31).

Bernard and Goodyear (1992) stated that the codes of ethics for
the ACA and APA made little reference to supervision. Both codes were
designed for psychotherapists and not supervisors; therefore, the
authors recommended that supervisors translate the standards to define
the various aspects of the supervisory relationship.

From this review, the ACA and particularly the ACES code of
ethics are the clearest about informed consent and supervision. The
code of ethics requires counselor supervisors to obtain informed consent and, specifically, to inform supervisees about dual relationships, due process, evaluation, confidentiality, and vicarious liability. However, the code does not clarify how counselors are to give this information (i.e., written, verbal, or both).

Informed Consent Issues in Supervision

This section explores the development of ethical issues that pertain to informed consent in the clinical supervision literature (Cormier & Bernard, 1982; Keith-Spiegal & Koocher, 1985; Kitchener, 1986; Newman, 1981; Sherry, 1991). It then explores specific areas of concern for supervisory ethical behavior, namely: (a) due process, (b) evaluation, (c) appeals process, (d) dual relationships, (e) scope of practice, and (f) confidentiality.

Newman (1981) explored ethical issues and supervision. She highlighted the ethical issues of (a) supervisor qualifications, (b) supervisory responsibilities, (c) dual relationships, (d) interpersonal problems between supervisees and supervisors and the need for a process to deal with them if they arise, (e) the need for goals for supervision, (f) limits of confidentiality, (g) expectations including frequency and length of supervisory sessions and definition of professional behavior, (h) evaluation, and (i) evaluation of the supervisory process. The author did not specifically address the issue of how to present these issues to supervisees; however, she did say that supervisors ought to be explicit.

Cormier and Bernard (1982) examined two fundamental supervision issues: due process and dual relationships. The authors suggested
that supervisors need to inform their supervisees "about their roles, expectations, goals, and criteria for evaluation at the beginning of supervision" (p. 487) in order to engage in ethical behavior that is responsive to due process. They also suggested that supervisors need to monitor and evaluate the performance of those they supervise. The authors noted that supervisees are "by virtue of their role, in a position of diminished consent" (p. 487). Because of their diminished consent, supervisees are not able to freely enter other relationships with supervisors. Thus, supervisors are responsible for avoiding dual relationships with those they supervise.

Kitchener (1986) wrote about counselor education and ethics. Although Kitchener was not specifically writing about supervision, Sherry (1991) cited her as an important contributor to the development of an understanding of ethical behavior. Additionally, Kurpius, Gibson, Lewis, and Corbet (1991) suggested Kitchener's ideas are applicable to supervision and helpful in ethical decision making. Ethical decision making is an aspect of the development of informed consent and supervision. Kitchener (1984) adopted five ethical principles from biomedical ethics (Beauchamp & Childress, 1983) and applied them to counseling: (1) autonomy (the right to act freely); (2) nonmaleficence (do no harm); (3) beneficence (act to benefit others); (4) justice (fairness); and (5) fidelity, faithfulness, loyalty, and promise keeping.

Sherry (1991) applied these five ethical principles (Kitchener, 1984) to explore the supervisory issues of responsibility, client and supervisee welfare, confidentiality, and competency. She identified the principles of fidelity and beneficence as issues of responsibility. Fidelity
pertains to responsibility in the supervisory relationship because supervision is a contractual agreement that carries responsibilities and supervision is concerned with the growth and development of supervisees. The principles of beneficence and nonmaleficence govern competence. Supervision is constantly concerned with the needs of the supervisees' clients and the needs of the supervisees. Thus, both ethical issues come into consideration in understanding competency and supervision. She identified the ethical principles of fidelity and autonomy as pertaining to confidentiality. Sherry (1991) suggested that therapists give information to clients so that "both supervisee and client understand the circumstances for revealing the information obtained in the relationship" (p. 577). Fidelity is related to confidentiality because it requires an honest presentation of the relationship to clients and supervisees. Autonomy is related to confidentiality because clients and supervisees need to have freedom of choice concerning personal information that they choose to share.

The ACES (1990) code of ethics focuses on eight areas of supervision behavior: (1) appeals process, (2) dual relationships, (3) due process, (4) evaluation, (5) informed consent, (6) scope of practice of the supervisor, (7) scope of confidentiality, and (8) vicarious liability. These are the areas that the ACES code (1990) suggested supervisors need to express to their supervisees. The following sections explore these areas of supervisory behavior with the exception of informed consent since it was discussed earlier at great length.
Due Process

Cormier and Bernard (1982) and Bradley (1989) stated that due process in supervision addresses the counselor's right to understand training objectives, assessment procedures, and evaluation and suggested that supervisors explicitly inform counselors at the beginning of supervision of what they need to do in order to have a successful supervision experience. For student counselors this means supervising instructors need to explain class outcome expectations to students. For employed counselors this means being explicit about what is expected of them for successful employment. Kurpius et al. (1991) suggested that if supervisors are involved in situations where students need corrective actions, supervisors must keep written records of any transactions including recommendations and the outcome of proposed changes in treatment approaches or style. They also suggested that training programs provide written materials that outline the circumstances under which corrective actions would be necessary.

Evaluation

Psychotherapist evaluation takes place in two major settings: educational and professional agency/institutional settings (Sherry, 1991). In the educational setting, the supervisory evaluation process focuses on student performance in classroom, practicum, and/or placement. The results of the evaluation impact students' grades and eventually their completion of programs. In the professional agency/institutional setting, the evaluation process focuses on actual job performance. The results of
the evaluation affect therapists' practicing privileges, job promotions, and salary increases.

Supervisors need to present the evaluation process to those they supervise. Supervisees need to fully understand the evaluation standards and the specific consequences for failure to meet them. Additionally, if supervisees are not fully meeting a standard, supervisors need to be clear and precise about the steps that they must take to correct the situation.

Appeals Process

The appeals process in supervision takes several different forms for the supervisee depending on the setting of the supervisee. Academic settings provide an internal process that includes departmental and university systems for appeal. Additionally, depending on the credentials of the supervisor, supervisees can contact the supervisors' state regulatory agencies to wage a complaint. Supervisees in an agency setting will usually have internal means to appeal as well as external means through credentialing bodies.

Dual Relationships

Corey, Corey, and Callanan (1993) described dual relationships as occurring "when a professional assumes more than one role" (p. 95). Cormier and Bernard (1982) and Bernard (1987) cited two different aspects of dual relationships in supervision: (1) sexual relationships and/or (2) counseling relationships between supervisee and supervisor. Bernard (1987) added that supervisory relationships that become close
personal relationships are dual relationships and require supervisors to take some action to rectify the situation. She surmised that if supervisory relationships become too personal, supervisors are unable to maintain their objectivity.

**Scope of Practice of Supervisors**

Supervisors' ability to provide supervision is influenced by their educational and experiential backgrounds. Hare-Mustin, Marecek, Kaplan, and Liss-Levinson (1979), the APA (1992) code of ethics, and ACA (1995) code of ethics stated that it is considered unethical to practice beyond one's abilities.

**Confidentiality**

Supervisors contend with confidentiality on several different levels. According to Cormier and Bernard (1982), supervisors are responsible for maintaining confidentiality with all client records with the same limitations as therapists. Hare-Mustin et al. (1979) stated that there are limits to confidentiality, such as when third party payers request client information. In group therapy, therapists have limited ability to assure that all group members will maintain confidentiality (Bernard & Goodyear, 1992). Psychotherapists are also legally and ethically bound to disregard confidentiality when clients are in clear and imminent danger of doing harm to themselves or someone else or when clients report child abuse or neglect (Corey et al., 1993).

However, supervisees need to be informed that they have limited confidentiality in regards to the supervisory relationship. Performance
evaluations in either a work or educational setting are usually part of supervisors' responsibilities. Supervisors often need to share information obtained through supervision to others in the educational or institutional setting. Supervisees have a right to understand the nature of the information that supervisors will share with others (Bernard & Goodyear, 1992).

**Vicarious Liability**

Vicarious liability refers to supervisors being legally responsible for all of the clients that their supervisees see in psychotherapy (Cormier & Bernard, 1982). A major implication for this is that supervisors are at risk if they are unaware of a dangerous situation. Therefore, supervisors must monitor the supervisees' caseloads, especially those clients experiencing serious difficulties. Additionally, supervisees need to be informed about vicarious liability so that they are better able to understand and support the supervisory process.

**Outline of a Supervisor's Professional Disclosure Statement**

In this section, an outline for a professional disclosure statement for supervision is presented. The outline is designed from the preceding review of the literature.

Bloom et al. (1990) suggested that supervisors prepare statements for state licensing boards that describe their supervisory philosophy, orientation, and experience. P. McCarthy, DeBell, Kanuha, and McLeod (1988) suggested that part of supervision standards should be
the "articulation of the specific rights and responsibilities of supervisors and supervisees" (p. 26). The following outline addresses area supervisors' need to articulate to supervisees about their rights and responsibilities.

1. A general description of the supervisor's orientation.
2. A description of the supervisor's professional experiences.
3. A description of the supervisory procedures, including times; costs, if any; and method of payment.
4. A description of the supervisory process, including specific techniques used along with potential risks and benefits.
5. A description of the limits of confidentiality, including the name of the supervisor's supervisor when appropriate.
6. A description of expectations of supervisees.
7. A clear presentation of the evaluation process.
8. A clear outline of the appeal process. (This needs to include both internal and external options.)
9. A name and address for the supervisor's credentialing bodies.
10. A description of the liability issues.
11. A description of alternate supervision options, for example, other people available within an agency or to those outside the setting when appropriate.
12. A description of the options to end supervision and the limits therein; for example, this may be limited in some settings.
CHAPTER III

METHODOLOGY

Research Participants

Participants were 367 graduate students enrolled in courses in basic counseling techniques. They represented 20 different graduate level counseling programs from around the United States. There were 269 females (73%), 97 males (26%), and 1 (0.2%) who did not report gender. The mean age of the females was 33.1 years, and the mean age of the males was 34.1 years. The 263 students reporting no prior supervisory experience represented 72% of the sample. The mean age of those with prior supervision was 31.7 years, and the mean age of those without prior supervision was 34.0 years. Most (88%) of the participants reported enrollment in a counseling program. Some of the remaining students who reported they were not enrolled in a counseling program came from departments that reported to Hollis and Wantz (1994b) (the source used for selecting the programs) that they were a counseling program even though they did not have counseling in the title of the department (e.g., an educational psychology program). It appears that although the department identified itself as a counseling program, the students did not have the same understanding. Other students may have been taking the class on a permission to take classes status prior to formal acceptance to the program.
Materials

The section provides an explanation of the six different forms or letters used in this research.

Introductory Letter

The purpose of the introductory letter (see Appendix A) used in this research was to introduce the research project to counseling techniques instructors and to solicit their assistance in conducting the research. The letter introduced both this researcher as a doctoral student as well as the chairperson of the researcher's committee. The letter explained that the research was an investigation into the impact of a supervisory disclosure statement (SDS) on students' perceptions of supervision. It also informed the instructors about what would be required of them and that if they assisted with the research about 15 minutes of class time would be needed for students to fill out the research questionnaire.

Instructions to the Teacher

The second form (Appendix B) contained instructions to the teacher. The instructions to the teacher outlined the three steps that they needed to follow to complete the testing process. The instructors were asked to state three brief pieces of information to the students that included (1) general purpose of the research, (2) the voluntary nature of their involvement, and (3) the need for the students to carefully read the instructions and the test materials.
Control and Treatment Group Instructions

The Control Group Instructions (Appendix C) and the Treatment Group Instructions (Appendix D) were read by the students prior to filling out the research questionnaire. The instructions were nearly identical on both forms. Both forms requested that the participants fill out the research questionnaires carefully and return them to the instructors. The forms also informed the participants that their involvement was strictly voluntary and would not affect their grade in any way. The difference between the two instruction forms was that the Control Group Instructions requested the participants to take a moment or two and create in their minds an image of a clinical supervisor prior to filling out the research questionnaire while the Treatment Group Instructions requested the participants to read a supervisory disclosure statement of an imaginary supervisor prior to filling out the research questionnaire (Appendix E).

Supervisory Disclosure Statement

The SDS was designed specifically for a graduate counseling student population (Appendix E). The SDS was a two-page, double-spaced, typewritten document about a hypothetical, androgynous supervisor, Dr. Chris Doe. The document explained general goals of supervision, years of experience, supervisory orientation, supervisory techniques, and referral process. Dr. Doe's SDS also included the limits of confidentiality, the risks and benefits of supervision, the liability issues associated with supervision, the appeals process, the alternatives to
supervision, the right to end supervision, and the address of Dr. Doe’s credentialing body.

The SDS was prepared according to the 12-point outline developed in this paper. The 12 points of the SDS came from a review of professional disclosure statements used in counseling and psychology (Bloom et al., 1990; Hedstrom & Dauser, 1994) and a review of informed consent issues and supervision.

The readability of disclosure statements is an important consideration. In a study of written disclosure statements, Handelsman and Martin (1992) found that analogous client participants were able to recall more information if the written material was more readable (4th grade level, double spaced, and in outline format) than if the written material was less readable (in a sentence format and written at the 10th grade level). In actual practice, Handelsman et al. (1986) and Hedstrom and Ruckel (1992) found that sample disclosure statements are written between a 12th and 14th grade reading level.

The reading level of the SDS was at a 10th grade on the Flesch-Kincaid Scale (Reference Software, 1993). Efforts were made to lower the reading level, but some professional language was needed to maintain the meaning of the document. The reading level was 8th grade on the Flesh-Kincaid Scale (Reference Software, 1993) when the SDS was assessed for reading level without 26 of the professional words, such as supervision or some variation of supervision (appeared 15 times), therapists (appeared 3 times), counseling (appeared 3 times), psychologist (appeared 2 times), confidentiality (appeared 1 time), liability (appeared 1 time), and techniques (appeared 1 time). The readers of the document

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were graduate students who are more likely to read at a 10th grade level than the college student population assessed in previous research (Dauser et al., 1995; Handelsman & Martin, 1992) and are in the process of learning the professional language that raised the reading level of the SDS.

Research Questionnaire

The fifth form was the research questionnaire which combined the Supervisory Styles Inventory (SSI) of M. L. Friedlander and Ward (1984) and the Counselor Rating Form-Short (CRF-S) of Corrigan and Schmidt (1983) renamed the Supervisory Rating Form-Short (SRF-S). This researcher renamed the CRF-S the SRF-S because of concern about participant confusion between the words counselor and supervisor given that the research was about supervision. The CRF-S is the only name used for the rest of this dissertation to reduce confusion and to respond to the desires of the author of the CRF-S. The research questionnaire also had four demographic questions: (1) enrollment in a counseling program, (2) prior supervision, (3) gender, and (4) age. The research questionnaire had a total of 45 adjectives on a 7-point Likert scale ranging from 1 (not very) to 7 (very). Consecutive numbers were used rather than maintaining the original instruments' numbering which would have resulted in repeating numbers and increased potential for confusion. Two items appear on both the CRF-S and the SSI; each was repeated in the questionnaire but in a variation in the order of the items from the original instruments so that repeated items were spaced apart. The research questionnaire was made up of Items 1-10 from the CRF-S, Items 11-43
from the SSI, and Items 44-45 from the CRF-S. In their publication, M.
L. Friedlander and Ward (1984) identified 25 items as constituting the
SSI; however, the authors also included eight filler items that they
procured from lists of discarded adjectives. The authors did not explain
why they added the eight filler adjectives. The eight filler items were not
used in the analysis of the research results. Permission was granted to
use both instruments (see Appendix H). The following two sections
present specific information about the CRF-S and the SSI.

Counselor Rating Form-Short

Researchers have used the CRF-S or the original version, the
Counselor Rating Form (CRF) (Barak & LaCrosse, 1975), in studies of
supervision (Dodenhoff, 1981; M. L. Friedlander & Snyder, 1983;
Heppner & Handley, 1981, 1982; Heppner & Roehlke, 1984; Richards,
1984) and in studies of therapist professional disclosure statements
(Dauser et al., 1995; Handelsman, 1990; Sullivan et al., 1993). Barak
and LaCrosse (1975) developed the CRF from social influence theory
(Strong, 1968), the basic premise of which was that clients need to see
their counselors as expert, attractive, and trustworthy in order for
counselors to be able to influence the client. Heppner and Handley
(1981) suggested that supervision was also a social influence process;
therefore, it was appropriate to use the CRF-S for research on super­
vision. Dorn (1984) further suggested that this was an appropriate
assumption. He stated, "The existing studies on social influence theory
related to the supervisory process suggest that the model also deserves
research attention as a model of supervision" (p. 178).
Barak and LaCrosse (1975) developed the CRF to measure three dimensions of perceived counselor behavior: expertness, attractiveness, and trustworthiness. The CRF has 36 descriptors and measures them on a 7-point Likert scale. Corrigan and Schmidt (1983) revised the CRF and called it the Counselor Rating Form-Short (CRF-S). The authors maintained the original three dimensions of expertness, attractiveness, and trustworthiness while reducing the number of adjectives from 36 to 12. The authors set out to maintain the integrity of the original instrument while shortening it, reducing the reading level, and increasing the variance in scale response. They succeeded in reducing the reading level from 12th to 8th grade level. Epperson and Pecnik (1985) found that the shortened version was not significantly better than the original version at increasing the variance in scale responses among 215 college student participants, but that the CRF-S had more independence among the three scales. Tracy, Glidden, and Kokotovic (1988) found that the CRF-S was best interpreted in a two-step fashion. They discovered through factor analysis that the CRF-S does discriminate on the three factors of attractiveness, expertness, and trustworthiness. Their factor analysis also revealed "a prominent global positive-evaluation that reflects the extent to which the counselor is viewed in a good light, without reference to specific dimensions" (Tracy et al., 1988, p. 333).

Reliability for the CRF and the CRF-S

This section describes the reliability studies conducted on the CRF and the CRF-S. LaCrosse and Barak (1976) studied 127 college student participants who were asked to complete the CRF after viewing one of
three therapy films (Rogers, Ellis, and Perls). The authors found that the CRF had a split-half reliability coefficient of .85 on the Attractiveness scale, .87 on the Expertness scale, and .91 on the Trustworthiness scale. They also reported a relatively high intercorrelation among the three scales which suggested that to some extent the three scales were measuring the same idea. Corrigan and Schmidt (1983) duplicated the methodology of LaCrosse and Barak (1976) in their study of the CRF-S. They found that the CRF-S reliability results ranged from .89 to .93 for the Attractiveness scale, from .85 to .94 for the Expertness scale, and from .82 to .91 for the Trustworthiness scale. These results were consistent with and in some cases an improvement upon the CRF. The authors also studied the internal consistency of the CRF-S scales and found that the scales had reliability correlations that ranged from .83 to .94 with a median of .91.

Epperson and Pecnik (1985) compared the CRF and the CRF-S. College student participants (N = 215) watched therapy films of Perls, Ellis, and Rogers and rated them using either the CRF or the CRF-S. The researchers found that the CRF had internal consistencies that ranged from .77 to .93, while the CRF-S ranged from .63 to .89. The authors also found that the Trustworthiness scale was less reliable with the CRF-S than with the CRF. The authors also studied inter-scale correlations. They found that the CRF-S had improved independence among the scales. The CRF had inter-scale correlations that ranged from .30 to .92 with a median of .77, while the CRF-S ranged from .27 to .72 with a median of .59.
Tracy et al. (1988) studied the CRF-S to determine the most appropriate model of data analysis. As part of their research, the authors examined the internal consistencies of the scores of the three scales and the total scale. They used a group of client participants \((N = 191)\) and a group of student volunteer participants \((N = 111)\). They found that with the client participants the item-to-scale correlations were .93 for the Expertness scale, .92 for the Trustworthiness scale, .92 for the Attractiveness scale, and .95 for the CRF-S total score for the client populations. The volunteer population had item-to-scale correlations of .91 for the Expertness scale, .84 for the Trustworthiness scale, .91 for the Attractiveness scale, and .87 for the CRF-S total score.

**Validity of the CRF-S**

LaCrosse (1980) studied substance abuse client participants who were asked to complete the CRF after their first session and at the completion of their final session. He found that the analysis of variance (ANOVA) of the difference in the post-first-visit and final-visit CRF-S scores revealed a \(t\) value of 2.32, \(p < .05\), on the Attractiveness scale; a \(t\) value of 2.26, \(p < .05\), on the Trustworthiness scale; a \(t\) value of 2.74, \(p < .05\), on the Expertness scale; and a \(t\) value of 2.89, \(p < .01\), on the total CRF-S score. The author also examined the changes in the client participants' Global Assessment Scale (GAS) scores. He found that the positive difference in GAS score changes from pre- to posttreatment had a \(t\) value of 11.17, \(p < .001\). The author then used a stepwise multiple regression model to explore how each of the variables predicted the participant changes. The author found that all three variables
combined had an $R$ of .594, $F (3, 32) = 15.38, p < .001$, which means that the three variables accounted for 35.2% of the variance on outcome. The author further found that the Expertness scale accounted for 31.1% of the variance ($R = .558; F [1, 34] = 15.38, p = .001$). In conclusion, LaCrosse (1980) found that the CRF was able to predict to some degree positive therapy outcome based upon positive scores on the CRF.

**Supervisory Styles Inventory**

M. L. Friedlander and Ward (1984) developed the Supervisory Styles Inventory (SSI) to identify three distinctive dimensions of supervision: (1) attractiveness, (2) interpersonal sensitivity, and (3) task orientation. The authors developed these scales from a content analysis of transcripts of experienced supervisors. The SSI consists of 33 adjectives that are scored on a 7-point Likert scale. The Attractive scale is comprised of 7 items, the Interpersonally Sensitive scale is comprised of 8 items, the Task Oriented scale is comprised of 10 items, and the authors added 8 filler items.

**SSI Reliability**

M. L. Friedlander and Ward (1985) conducted reliability studies which were based on internal consistency, item-to-scale and test-retest correlations. The participants were 202 training directors and 183 master's and doctoral trainees. Internal consistency was determined using a Cronbach's alpha and revealed that the correlations ranged from .76 to .93 for the total instrument. The item-to-scale correlations
ranged from .70 to .88 for the Attractive scale, .51 to .82 for the Interpersonally Sensitive scale, and .38 to .76 for the Task Oriented scale. The authors also conducted a test-retest reliability study which revealed correlations of .92 for the combined scales, .94 for the Attractive scale, .91 for the Interpersonally Sensitive scale, and .78 for the Task Oriented scale.

**SSI Validity**

M. L. Friedlander and Ward (1984) conducted validity research on the SSI. The authors conducted a convergent validity study using doctoral practicum student participants who rated supervisors using the three supervisor role descriptors (teacher, counselor, and consultant) of Stenack and Dye (1982) and using the SSI. The authors reported a moderate to high positive relationship among the three scales of the SSI and the three descriptors ($p < .001$) except for the Attractive scale of the SSI. The Attractive scale had a high correlation, $r = .65$, with the counselor and consultant items, but not with the teacher items, $r = .42$.

M. L. Friedlander and Ward (1984) conducted another study using 73 participating supervisors who rated themselves twice with the SSI; one rating was how they perceived themselves with a practicum student and the other was how they perceived themselves with a doctoral intern. The authors used a 2 x 3 ANOVA to analyze the data. The results revealed an $F$ ratio that was not significant ($F[1, 72] = 1.48$) for levels of training; however, the authors did find significant interactional effect, $F(2, 144) = 61.40, p < .0001$. The authors reviewed the cell means and found that supervisors rated themselves higher on the Attractive and
Interpersonally Sensitive scales when they work with more advanced students and higher on the Task Oriented scale with less advanced students.

**Rationale for the CRF-S and the SSI**

Worthington (1987) reviewed research on supervision and reported that there were three primary self-report instruments used: (1) the Supervisory Questionnaire (SQ), (2) Barrett-Lennard Relationship Inventory (BLRI), and (3) the CRF-S. The SQ (Worthington & Roehlke, 1979) was not appropriate for this study because some items asked for a response to specific supervisory behaviors such as "called you by name at least once during a session (Worthington, 1984, p. 68). The focus of this study was perceptions of supervision and not specific supervisory behavior. The second instrument Worthington (1987) reviewed was the BLRI (Barrett-Lennard, 1962). The BLRI is comprised of 72 items on a 6-point bipolar scale and examines three factors: (1) empathy, (2) regard, and (3) congruence. Heppner and Handley (1981) (as an aspect of their research) did a correlational study between the three factors in the BLRI and the three factors in the CRF. The results ranged from a .46 to .73 for the total comparisons. This suggested that the CRF measures to some degree the same variables as the BLRI and is shorter by 36 items. The BLRI was not used for this research because of the overall length, the incompatibility with other scales (6-point to 7-point), and the lack of use with supervisory and disclosure statement research.

There were five reasons for using the CRF-S and the SSI instruments for this study:
1. The use of the CRF-S provided consistency with other research on informed consent and counseling (Christiansen, 1986; Dauser et al., 1995; Handelsman & Martin, 1992) and on supervision (Dodenhoff, 1981; M. L. Friedlander & Snyder, 1983; Heppner & Handley, 1981, 1982; Heppner & Roehlke, 1984; Richards, 1984).

2. M. L. Friedlander and Ward (1984) developed the SSI especially for supervision; and according to Worthington (1987), the SSI is the most psychometrically sound test developed for supervision.

3. The two instruments have the same design in that they use single adjectives and have a 7-point format for item response.

4. The addition of the CRF-R to the SSI did not add an appreciable amount of time to the test taking.

5. Finally, the combination of the two instruments allowed the comparison of eight categories compared to four with either of the individual tests.

**Follow-up Letter**

The instructors were sent a follow-up letter (Appendix F) 2 weeks after they were sent the research packets. The purpose of the follow-up letter was to encourage the instructors to complete the research. The follow-up letter asked the instructors if they had received the test packets and if there was anything that this researcher could do to assist them in following through with the research.
Procedures

This section reviews all the procedures used in this research. Initially, approval for this project was granted and then the number of participants was determined. Then the process of participant selection took place in three phases: (1) program selection, (2) classroom selection, and (3) randomization of participants. This section concludes with a summary of the number of packets sent.

Application for approval for this study was submitted to the Human Subjects Institutional Review Board (HSIRB) at Western Michigan University. The HSIRB approved the application (see Appendix I).

The target sample size was 381 participants. According to Hollis and Wantz (1994b), the total number of graduate counseling students is 43,000. A sample size of 381 is needed to be able to generalize results to a population that large (Isaac & Michael, 1989). This study was designed to have a total of at least 381 participants.

The first phase of participant selection involved randomly selecting 25 programs (see Appendix G) from the 1,086 reporting graduate counseling programs (Hollis & Wantz, 1994a) by using a list of randomized numbers. The second phase involved telephoning all 25 departments to identify classroom instructors for graduate counseling techniques classes. Classes qualified as techniques classes if at least half the content was counseling techniques. Classes were not disqualified because of the particular type of therapy techniques being taught, that is, family, individual, or group. This researcher contacted all the techniques classes available in the programs. Eighteen of 25 programs had at least one
classroom that met the criteria and had an instructor who was willing to participate. From the 18 programs, 62 instructors were identified as potential participants.

All 62 instructors were mailed a letter informing them about the research project (see Appendix A). One week after the letter was sent, all the instructors were telephoned to verify their involvement. Twenty-five of the original 62 instructors agreed to participate. The remaining 37 instructors were not included because they were not teaching a techniques class during the research time frame, their department did not approve the research project, they could not be contacted, or they stated that they were too busy. The majority of those who declined participation did so because they were not currently teaching a techniques class.

The third phase involved randomly arranging the test packets for each of the classes. This researcher used a list of random numbers and arranged the packets by establishing even numbers representing control packets and odd numbers representing experimental packets. The number to send to each instructor was determined through the personal telephone conversation.

Two weeks after the packets were sent, a follow-up letter was sent (see Appendix F). The follow-up letter inquired as to whether the instructor had received the packet and if there was any way that this researcher could assist the instructor in getting the research questionnaire filled out. A week after the follow-up letter was sent, this researcher contacted the instructors by telephone.
The 25 instructors who had agreed to participate in this research were mailed 616 test packets. After receiving the materials, two instructors did not participate, one instructor did not give the test during class time and did not receive any of them back, one instructor eventually reported not receiving the test material and was no longer teaching the class, and one instructor did not respond and could not be reached. This eliminated 101 research packets and brought the total to 515. Of the 515 packets sent to the 20 participating classes, 367 (192 control and 175 treatment) were completed and returned for a return rate of 71%. The additional test packets are accounted for in five ways:

1. Several of the instructors reported to this researcher that they were not exactly sure of the precise number of students in their classroom and, therefore, overestimated the number of research packets to be sent to them.

2. Since participation was voluntary, some students decided not to participate.

3. Some of the students may have been absent on the day of testing.

4. Several of the forms were not counted because they were mostly incomplete.

5. Several of the instructors reported that students were in more than one techniques class and received the test packet more than once; these students did not participate a second time.
Research Design and Data Analysis

The data were analyzed using Cronbach's alpha to determine the reliability of the scales and a two-factor ANOVA to analyze the elements of gender and treatment condition with a traditional alpha of .05 to determine significance (Isaac & Michael, 1989).

The main focus of this research was the study of the impact of reading a SDS had on graduate counseling techniques students' perceptions of the imaginary supervisor. Gender was also investigated because the literature suggested that it may influence reactions to the SDS. The following questions were the focus of this research:

1. What effect does reading a SDS have on counseling techniques students' perceptions of an imaginary supervisor?
2. What effect does gender have on counseling techniques students' perceptions of an imaginary supervisor?
3. What effect does reading a SDS and gender have on counseling techniques students' perceptions of an imaginary supervisor?

The independent variables were treatment and gender. The dependent variables were the subscale scores on the CRF-S and the SSI and the total scores for both instruments.

The null hypothesis was that no statistically significant difference would be found between the means of the treatment versus control, female versus male, or interaction between treatment control on the six subscale scores of the CRF-S and the SSI and the total scores for both tests. It was anticipated that the null hypothesis would be accepted; however, directional hypotheses were not assumed.
CHAPTER IV

RESULTS

Overview of the Chapter

This chapter presents the results of this research project in four sections. The first section presents the descriptive data. The second section presents the reliability results. The third section of this chapter presents results from the major areas of investigation: the impact of the reading of a supervisory disclosure statement (SDS, gender, and the interaction of treatment) and gender on graduate counseling techniques students' perceptions of supervision. The fourth section of the chapter concludes with a summary of the research findings.

Descriptive Data

Participants

Participants were 367 graduate counseling techniques students from 20 different counseling programs from around the United States. These students volunteered to participate in this research project. They received verbal and written information that included the voluntary nature of their participation. The group was comprised of 269 females (73.3%), 97 males (26.4%), and 1 (0.2%) who didn't report gender. The mean age of the females was 33.1 and the mean age of the males was 34.1. The number of students who reported having no prior
supervisory experience was 263 which represented 72% of the sample, while the 28% reported having prior supervision.

Reliability Results

The reliability of the research questionnaire was studied as part of the data analysis. The reliability was measured with the Cronbach's alpha. The Counselor Rating Form-Short (CRF-S) (Corrigan & Schmidt, 1983) reliability coefficients were .90 on Attractiveness, .87 on Expertness, and .92 on Trustworthiness. The reliability coefficients for the Supervisory Styles Inventory (SSI) (M. L. Friedlander & Ward, 1984) scales were .92 on Attractive, .87 on Interpersonally Sensitive, and .88 on Task Oriented. These results suggested that the scales had good reliability.

Major Areas of Investigation

In this section, the finding are presented on the major research issues. The major areas of investigation are:

1. What effect does reading a supervisor disclosure statement (SDS) have on counseling techniques students' perceptions of an imaginary supervisor?

2. What effect does gender have on counseling techniques students' perceptions of an imaginary supervisor?

3. What effect does reading a SDS and gender have on counseling techniques students' perceptions of an imaginary supervisor?
Effects of Reading a SDS on Perceptions of a Supervisor

The major area of investigation was studying the impact of reading a SDS on counseling techniques students' perceptions of supervision. The question being addressed was: What effect does reading a SDS have on counseling techniques students' perceptions of an imaginary supervisor? The independent variable was reading or not reading a SDS. The dependent variables were the three independent scales of the CRF-S (Corrigan & Schmidt, 1983), the three independent scales of the SSI (M. L. Friedlander & Ward, 1984), and the total scores of both scales. Table 1 presents the means and standard deviations for the total group. The results are presented in terms of the accumulative scale scores which vary according to the total number of items per scale (i.e., the scales of the CRF-S have four items on a 7-point scale; therefore, the means can range from 7 to 28, while the Task Oriented scale on the SSI has 10 items on a 7-point scale, so the means can vary from 7 to 70).

Analysis of variance (ANOVA) from the Statistical Package for Social Sciences (SPSS) (Norusis, 1990) was used to analyze the data. The two-factor ANOVA evaluated the mean differences between reading and not reading a SDS on the three subscales of the CRF-S and the three subscales on the SSI and the two scale totals. Table 2 presents the two-factor ANOVA results of the six subscales and Table 3 represents the ANOVA results of the totals. The analysis revealed that there were no main effect differences ($p < .05$) for reading a SDS in mean scores for the three scales of the CRF-S (the Attractiveness scale, the Expertness
Table 1
Treatment Means and Standard Deviations for the Subscale Scores on the CRF-S and SSI for the Total Sample

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractiveness (CRF-S)</td>
<td>SDS</td>
<td>175</td>
<td>21.0</td>
<td>5.2</td>
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<tr>
<td></td>
<td>No SDS</td>
<td>192</td>
<td>21.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Expertness (CRF-S)</td>
<td>SDS</td>
<td>175</td>
<td>23.6</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>No SDS</td>
<td>192</td>
<td>24.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Trustworthiness (CRF-S)</td>
<td>SDS</td>
<td>175</td>
<td>23.7</td>
<td>4.5</td>
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<td></td>
<td>No SDS</td>
<td>192</td>
<td>24.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Attractive (SSI)</td>
<td>SDS</td>
<td>175</td>
<td>38.4</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>No SDS</td>
<td>192</td>
<td>38.5</td>
<td>7.7</td>
</tr>
<tr>
<td>Interpersonally Sensitive (SSI)</td>
<td>SDS</td>
<td>175</td>
<td>44.3</td>
<td>7.3</td>
</tr>
<tr>
<td></td>
<td>No SDS</td>
<td>192</td>
<td>44.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Task Oriented (SSI)</td>
<td>SDS</td>
<td>175</td>
<td>54.2</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>No SDS</td>
<td>192</td>
<td>52.2</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Note. CRF-S = Counselor Rating Form-Short; SDS = Supervisor Disclosure Statement; SSI = Supervisory Style Inventory.

scale, and the Trustworthiness scale), the three scales of the SSI (the Attractive scale, the Interpersonally Sensitive scale, and the Task Oriented scale), or the totals for the CRF-S and the SSI. The null hypothesis was retained. The results demonstrate that reading a SDS has no impact on counseling techniques students' perceptions of a hypothetical supervisor.
Table 2
Two-Factor ANOVA Results for the CRF-S and the SSI Subscales for Treatment and Gender

<table>
<thead>
<tr>
<th>Effect</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractiveness (CRF-S)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>0.01</td>
<td>0.01</td>
<td>0.00</td>
<td>.985</td>
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<tr>
<td>Treatment (T)</td>
<td>1</td>
<td>6.85</td>
<td>6.85</td>
<td>0.30</td>
<td>.587</td>
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<tr>
<td>G X T</td>
<td>1</td>
<td>1.87</td>
<td>1.87</td>
<td>0.08</td>
<td>.776</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>8364.54</td>
<td>23.11</td>
<td></td>
<td></td>
</tr>
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<td>Expertness (CRF-S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>1.14</td>
<td>1.14</td>
<td>0.09</td>
<td>.768</td>
</tr>
<tr>
<td>Treatment (T)</td>
<td>1</td>
<td>37.42</td>
<td>37.42</td>
<td>2.86</td>
<td>.092</td>
</tr>
<tr>
<td>G X T</td>
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<td>3.53</td>
<td>3.53</td>
<td>0.27</td>
<td>.604</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>4743.71</td>
<td>13.10</td>
<td></td>
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<tr>
<td>Trustworthiness (CRF-S)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>4.49</td>
<td>4.49</td>
<td>0.25</td>
<td>.620</td>
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<tr>
<td>Treatment (T)</td>
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<td>39.71</td>
<td>2.18</td>
<td>.140</td>
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<tr>
<td>G X T</td>
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<td>0.01</td>
<td>0.01</td>
<td>0.00</td>
<td>.984</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>6583.14</td>
<td>18.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attractive (SSI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>20.04</td>
<td>20.04</td>
<td>0.33</td>
<td>.569</td>
</tr>
<tr>
<td>Treatment (T)</td>
<td>1</td>
<td>0.32</td>
<td>0.32</td>
<td>0.01</td>
<td>.943</td>
</tr>
<tr>
<td>G X T</td>
<td>1</td>
<td>14.37</td>
<td>14.37</td>
<td>0.23</td>
<td>.630</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>22320.35</td>
<td>61.66</td>
<td></td>
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</tr>
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</table>

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Table 2--Continued

<table>
<thead>
<tr>
<th>Effect</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td>Interpersonally Sensitive (SSI)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>4.26</td>
<td>4.26</td>
<td>0.09</td>
<td>.767</td>
</tr>
<tr>
<td>Treatment (T)</td>
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<td>45.98</td>
<td>0.95</td>
<td>.331</td>
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<td>G X T</td>
<td>1</td>
<td>6.46</td>
<td>6.46</td>
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<td>Error</td>
<td>362</td>
<td>17585.09</td>
<td>48.58</td>
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<td>Task Oriented (SSI)</td>
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<td></td>
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<td>Gender (G)</td>
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<td>29.36</td>
<td>0.35</td>
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<td>Treatment (T)</td>
<td>1</td>
<td>236.02</td>
<td>236.02</td>
<td>2.80</td>
<td>.095</td>
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<tr>
<td>G X T</td>
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<td>11.54</td>
<td>11.54</td>
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<td>.711</td>
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<tr>
<td>Error</td>
<td>362</td>
<td>30496.29</td>
<td>84.24</td>
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</tr>
</tbody>
</table>

Note. CRF-S = Counselor Rating Form-Short; SSI = Supervisory Style Inventory.

Effects of Gender on Perceptions of a Supervisor

The second area of research explored the impact that gender had on students' perceptions of an imaginary supervisor. The following question was addressed: What effect does gender have on counseling techniques students' perceptions of an imaginary supervisor? The independent variable was gender and the dependent variables were the three independent scales of the CRF-S, the three independent scales of the SSI, and the totals of two scales.

Table 4 contains the means and standard deviations for the six subscales. A two-factor ANOVA from the SPSS (Norusis, 1990) was
Table 3
Two-Factor ANOVA Results for the CRF-S and the SSI
Totals for Gender and Treatment

<table>
<thead>
<tr>
<th>Effect</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor Rating Form-Short</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>9.58</td>
<td>9.58</td>
<td>0.09</td>
<td>.764</td>
</tr>
<tr>
<td>Treatment (T)</td>
<td>1</td>
<td>226.06</td>
<td>226.06</td>
<td>2.12</td>
<td>.146</td>
</tr>
<tr>
<td>G X T</td>
<td>1</td>
<td>10.00</td>
<td>10.00</td>
<td>0.09</td>
<td>.759</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>38540.17</td>
<td>106.46</td>
<td></td>
<td></td>
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<tr>
<td>Supervisory Style Inventory</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gender (G)</td>
<td>1</td>
<td>143.02</td>
<td>143.02</td>
<td>0.35</td>
<td>.557</td>
</tr>
<tr>
<td>Treatment (T)</td>
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<td>83.67</td>
<td>83.67</td>
<td>0.20</td>
<td>.653</td>
</tr>
<tr>
<td>G X T</td>
<td>1</td>
<td>4.61</td>
<td>4.61</td>
<td>0.01</td>
<td>.916</td>
</tr>
<tr>
<td>Error</td>
<td>362</td>
<td>149640.56</td>
<td>413.37</td>
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</tr>
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</table>

used to evaluate the data. The ANOVA evaluated the mean differences of females and males on the three subscales of the CRF-S and the three subscales on the SSI. Table 2 presents the two-factor ANOVA results for the three subscales of the CRF-S and the SSI, while Table 3 presents the totals for the CRF-S and the SSI. No statistical significance ($p < .05$) was found for any of the three subscales on the CRF-S, nor for any of the three subscales on the SSI, nor for the totals for the two instruments. The null hypothesis was retained. Thus, gender had no impact on counseling techniques students' perceptions of an imaginary supervisor.
Table 4

Means and Standard Deviations for the Subscale Scores on the CRF-S and the SSI for the Total Sample on Variable of Gender

<table>
<thead>
<tr>
<th>Subscale Group</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractiveness (CRF-S) Female</td>
<td>269</td>
<td>21.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Attractiveness (CRF-S) Male</td>
<td>97</td>
<td>21.1</td>
<td>4.6</td>
</tr>
<tr>
<td>Expertness (CRF-S) Female</td>
<td>269</td>
<td>23.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Expertness (CRF-S) Male</td>
<td>97</td>
<td>24.0</td>
<td>3.2</td>
</tr>
<tr>
<td>Trustworthiness (CRF-S) Female</td>
<td>269</td>
<td>24.0</td>
<td>4.4</td>
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<tr>
<td>Trustworthiness (CRF-S) Male</td>
<td>97</td>
<td>24.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Attractive (SSI) Female</td>
<td>269</td>
<td>38.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Attractive (SSI) Male</td>
<td>97</td>
<td>38.0</td>
<td>8.1</td>
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<tr>
<td>Interpersonally Sensitive (SSI) Female</td>
<td>269</td>
<td>44.7</td>
<td>7.1</td>
</tr>
<tr>
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<td>97</td>
<td>44.4</td>
<td>6.6</td>
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<tr>
<td>Task Oriented (SSI) Female</td>
<td>269</td>
<td>53.3</td>
<td>9.1</td>
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<td>Task Oriented (SSI) Male</td>
<td>97</td>
<td>52.8</td>
<td>9.6</td>
</tr>
</tbody>
</table>

Note. CRF-S = Counselor Rating Form-Short; SSI = Supervisory Style Inventory.

Effects of Reading a SDS and Gender on Perceptions of a Supervisor

The third area of research explored the possible interaction between gender and reading a SDS on students' perceptions of an imaginary supervisor. The following question was addressed: What effect does reading a SDS and gender have on counseling techniques students' perceptions of an imaginary supervisor? The independent variables were
gender and reading a SDS and the dependent variables were the three independent scales of the CRF-S, the three independent scales of the SSI, and the totals of two scales.

A two-factor ANOVA from the SPSS (Norusis, 1990) was used to evaluate the data. The ANOVA evaluated the interaction between gender and reading a SDS on the three subscales of the CRF-S and the three subscales on the SSI. Table 2 presents the two-factor ANOVA results for the six subscales and Table 3 represents the totals for the CRF-S and the SSI. No statistical significance, \( p < .05 \), was found for any of the three subscales on the CRF-S, nor for any of the three subscales on the SSI, nor for the totals for the two instruments. The null hypothesis was retained. There was no interaction between gender and reading a SDS on counseling techniques students' perceptions of an imaginary supervisor.

Summary of Research Results

This research involved an analogue experimental study of the impact of reading or not reading a SDS (treatment or control) and gender on graduate counseling techniques students' perceptions of an imaginary supervisor. The three subscales and total scale scores of the CRF-S and the three subscales and total scale scores of the SSI were used as dependent variables. The total sample size was 367 (269 females, 97 males, and 1 reported no gender). The .05 level was used to determine significance.

There were no statistically significant differences found on the three subscales of the CRF-S (Attractiveness, Expertness, and
Trustworthiness) or the three subscales of the SSI (Attractive, Interpersonally Sensitive, and Task Oriented) or the total of the CRF-S and the SSI for treatment or gender. Finally, there were no statistically significant interactions found between the variables of reading a SDS and gender. This indicates that students who read a SDS have the same positive view of supervision as those students who do not read a SDS.
CHAPTER V

DISCUSSION

Overview of the Chapter

Chapter V reviews a study of the impact of a supervisor disclosure statement (SDS) and gender on graduate counseling techniques students' perceptions of an imaginary supervisor. The results are discussed in terms of statistical findings and in terms of relevant literature. The three research questions addressed were:

1. What effect does reading a SDS have on counseling techniques students' perceptions of an imaginary supervisor?

2. What effect does gender have on counseling techniques students' perceptions of an imaginary supervisor?

3. What effect does reading a SDS and gender have on counseling techniques students' perceptions of an imaginary supervisor?

There was no statistically significant effect, $p < .05$, for reading a SDS, gender, or interaction between reading a SDS and gender on the three subscales (Attractiveness, Expertness, and Trustworthiness) and the total score of the Counselor Rating Form-Short (CRF-S) (Corrigan & Schmidt, 1983) and the three subscales (Attractive, Interpersonally Sensitive, and Task Oriented) and the total score of the Supervisory Styles Inventory (SSI) (M. L. Friedlander & Ward), 1984). These results indicate that reading a SDS had no impact on students' favorable perceptions of the imaginary supervisor.

60
Discussion of the Results

The results of this research are presented in terms of the three purposes of this research. The first purpose of this research was to conduct an initial investigation into disclosure statements and supervision. The second purpose was to identify the core elements necessary for a complete disclosure statement for supervisors. The third purpose of this research was to incorporate elements of prior research on informed consent into a study of the impact of supervisor disclosure statements.

The first purpose of this research was to conduct an initial investigation into disclosure statements and supervision. The results indicated that counseling techniques students have a positive view of supervision and that the use of a SDS does not alter that view. It appears that the use of a SDS will not impede the supervisory relationship. The code of ethics for counselors (ACA, 1995, ACES, 1990) and psychologists (APA, 1992) mandate that informed consent be given to recipients of professional services. Supervision is a professional service and supervisees warrant the same consideration due clients in terms of informed consent (Keith-Spiegal & Koocher, 1985). However, this study is the first to explore the impact that sharing information about supervision has on the supervisory relationship. This research is a beginning point from which other investigations may continue in the development of SDSs and other methods of sharing disclosure information in the supervisory relationship.

The second purpose was to identify the core elements necessary for a complete disclosure statement for supervisors. The SDS developed
in this paper combined the essential and relevant elements for comprehensive counselor disclosure statements (Hedstrom & Dauser, 1994) and elements developed from supervision and ethics literature to create a comprehensive disclosure format for supervisors. This format can be used and modified in the development of disclosure information in supervisory relationships.

The third purpose of this research was to incorporate and improve upon elements of prior research on informed consent in a study of the impact of supervisor disclosure statements. This dissertation used participants who were in training programs which would soon bring them into a supervisory relationship. Though they are still considered analogous supervisees, they are clearly a population which will be actual supervisees. An additional advantage to this group is that they are most likely not currently recipients of clinical supervision and most (73%) have not had prior supervisory experience. This means that the results are primarily a measure of the effect of the SDS and not influenced by prior supervisory experience. This research also improved upon other research because of the number of participants. This study had a much larger N (367) than other studies in this area (Christiansen, 1986, N = 48; Dauser et al., 1995, N = 63; Farley, 1987, N = 186; Handelsman, 1990, N = 129; Handelsman & Martin, 1992, N = 72 and N = 90; Studwell, 1984/1985, N = 41; Sullivan et al., 1993, N = 124). Additionally, other studies have cited gender (Handelsman & Martin, 1992), therapist experience (Handelsman, 1990), therapist’s education level (Sullivan et al., 1993), and readability of the disclosure statement (Handelsman & Martin, 1992) as possible confounders of a disclosure
statement. In this study, the supervisor's name (Chris) was gender neutral; therefore, those reading the SDS could not determine the gender of the supervisor. The education level of the imaginary supervisor in the SDS was chosen to assure that it would not influence student perceptions and every effort was made to assure the SDS was as readable as possible (8th grade without the professional language, 10th grade with the professional language).

**Limitations of the Study**

There were four limitations in this study: (1) the sampling methods, (2) sample size, (3) analogous design, and (4) instrumentation.

The randomization process was limited because this researcher selected classrooms of students rather than individuals from the total population. There may have been unusual characteristics within the different classrooms such as the personality of the teacher which may have confounded the results.

A second limitation of the study was the size of the sample. Although large, the sample size was not large enough to generalize the results to the total population of counseling students (43,000) (Hollis & Wanzt, 1994b). This study was designed to have a total of at least 381 participants (Isaac & Michael, 1989) to be able to generalize the results to a population of 43,000. The N achieved (367) was 96% of the desired N (381). Therefore, some discretion needs to be used in generalizing the findings to all counseling students. However, counseling techniques students do not represent the total population of counseling students. It is likely that the sample population is large enough to
generalize the results to the total number of counseling techniques students.

A third limitation was that the SDS was written about an imaginary supervisor and that the participants were not actually entering into a supervisory relationship. Students may have a different reaction to the SDS if they know that the SDS came from an actual person and that they are going to be supervised by this person.

A fourth limitation of this study was the ceiling effect of the instruments. The CRF-S has a known ceiling effect (Epperson & Pecnik, 1985). The three scale means in the current study were 5.28 (Attractiveness scale), 5.82 (Expertness scale), and 6.02 (Trustworthiness scale) on a 7-point scale and were clearly very positive. Although there have been no findings in the literature that suggest a ceiling effect with the SSI, the results of this study did suggest that there is one. The means for the three scales were 5.49 (Attractive scale), 5.57 (Interpersonally Sensitive scale), and 532 (Task Oriented scale) on a 7-point scale. The results from the SSI are within the range of the CRF-S (5.28-6.02). Thus it appears that both instruments have a ceiling effect. The ceiling effect may have obscured positive differences; however, students' overall perceptions of the imaginary supervisor were not negatively impacted with the reading of a SDS.

Implications for Future Practice and Research

The following section presents the future practical and research implications that arise from this research. The section presents one practical and five research implications from this research.
This study found that reading a SDS had no negative impact on students' positive view of supervision and suggests that the use of disclosure statements in supervision is warranted. The ethical level of supervisory services will be increased through the use of SDSs. The benefits from the ethical delivery of supervision will strengthen the relationship and decrease the likelihood of supervisors abusing supervisees. Thus, the practical implication of this research is that the use of a SDS is warranted and will increase the ethical delivery of supervisory services.

The SDS in this dissertation was specifically designed for therapists at an early stage in their educational and professional development. One research implication is that further modifications in a SDS need to consider the developmental level of supervisees and to explore the impact that these changes have on the supervisory relationship.

The current study did not explore the potential impact that the inclusion of gender or racial differences of the supervisor described by the SDS might have on supervisees' perceptions. A second area of future research may focus on answering a question regarding the impact of including or excluding gender and/or racially sensitive material in a SDS on supervisee's perceptions of supervisors.

A third area which future research might explore is the utilization of different measures of perceptions other than the CRF-S and the SSI. Given the ceiling effect of both instruments noted in this and previous research, important distinctions may be lost.

A fourth area for future research is the measurement of actual supervisee behavioral outcomes as a result of reading a SDS. Does reading a SDS impact supervisee attendance at supervision sessions,
participation in interventions such as role play, participation in being observed or videotaped, and acquisition of clinical skills?

Dauser (1993/1994) suggested that clients could use professional disclosure statements to select therapists. She further suggested that the clients be interviewed to determine what attracted them to the selected therapist and that future client behavior be monitored. A design similar to this could be adapted to the supervision process and suggests a fifth area for future research. Supervisees in agency or educational settings could be given supervisory disclosure statements and given the opportunity to select supervisors. The supervisees could then be asked about the rationale for their decision and monitored to evaluate actual behavior differences.

Conclusions

This was the first study of professional disclosure statements in the supervisory literature. The overall results indicated that the use of a SDS causes no loss in supervisees' overall positive perceptions of supervisors. The practical implication from this research is that the use of a SDS is warranted and does not negatively impact the supervisory process. Additionally, an aspect of this research was the development of a SDS which can be used as a model for practicing supervisors and for future researchers.
APPENDICES
Appendix A

Letter to Instructors
Dear Instructor:

The purpose of this letter is to introduce myself and my chairperson and to explain a research project that I hope you will participate in. I am a doctoral student who is in the process of working on my dissertation. My chairperson is Suzanne Hedstrom who is an Assistant Professor in the Counselor Education Counseling Psychology Department at Western Michigan University.

My dissertation is studying the effects of professional disclosure statements on counselors'-in-training perceptions of supervision. I hope to study student in counseling techniques classes. Through a conversation with your department office, I was informed that you are instructing a counseling class that includes counseling techniques. It is my hope that you would be willing to pass out a questionnaire to the students in your class and give some brief instructions. It is anticipated that the total time to take this questionnaire will be approximately 15 minutes.

It is my hope that the results from this research will advance our knowledge about the impact of disclosure statements. Thank you in advance for your time and consideration in this matter. I will be calling you within the next week to verify your willingness to participate with this project.

Cordially;

John Howie, M.A.
55928 Ruggles Road
Three Rivers, MI 49093

Suzanne Hedstrom, Ed.D.
Assistant Professor
Appendix B

Instructions to the Teacher
Instructions to the Teacher

Before we get started, I would like to thank you for your time and consideration in this research endeavor. Please follow the these instructions carefully.

1) Inform the students of the following:

(a) Their participation is strictly voluntary and will not effect their grade in any way.

(b) The purpose of this research is to explore students' perceptions of supervision.

(c) The total time to completely read the cover sheet and fill out the questionnaire is approximately 15 minutes.

(d) Please read and follow all the test packet instructions and turn the test forms in when they have completed them.

(e) Please thank them for me for their kindness in participating in this research.

2) Hand out the research packets in the order that they appear in the envelope from top to bottom.

3) Place the all research packets, including those for absent students and non participating students, in the return envelope and place it in the mail.

Thanks again for your cooperation.
Appendix C

Control Group Instructions
Group Instructions

Thank you for helping in this research.

1) Please read the following paragraph carefully.

I would like you to take a moment or two and create in your mind an image of a clinical supervisor. Once you have a clear mental picture of a clinical supervisor continue with the instructions.

2) Once you have a clear mental image of a clinical supervisor, please fill out the following research questionnaire with that mental image in mind.

3) After you have completed the research questionnaire, return it to your instructor.

4) Finally, it is important for you to know that you have the right to not participate in this research. Your participation in this research will not effect your grade one way or the other.

Again, thank you again for your time and cooperation.

P.S. If you are interested in the results or have any reactions to this research, you can express them by writing to John Howie, 55928 Ruggles Road, Three Rivers, MI 49093 or Suzanne Hedstrom, Ed.D., Department of Counselor Education and Counseling Psychology, 3102 Sangren Hall, Western Michigan University, Kalamazoo, MI 49008-5195
Appendix D

Treatment Group Instructions
Group Instructions

Thank you for helping me in this research.

1) Please read the supervisor disclosure statement.

2) Please fill out the following research questionnaire carefully once you have reviewed the supervisor disclosure statement with Dr. Chris Doe in mind.

3) After you have completed the research questionnaire, return it to your instructor.

4) Finally, it is important to know that you have the right to not participate in this research. Your participation in this research will not effect your grade one way or the other.

Again, thank you for your time and cooperation.

P.S. If you are interested in the results or have any reactions to this research, you can express them by writing to John Howie, 55928 Ruggles Road, Three Rivers, MI 49093 or Suzanne Hedstrom, Ed.D., Department of Counselor Education and Counseling Psychology, 3102 Sangren Hall, Western Michigan University, Kalamazoo, MI 49008-5195.
Appendix E

Supervisor Disclosure Statement
The purpose of this letter is to explain my view of supervision. Supervision is a process in which both parties need to take an active role. My role is to create a safe and nurturing environment. My main goals are to help students move toward their next level of development and to make sure clients are safe. To accomplish these goals, I usually met weekly with those I supervise. There is no additional charge beyond class costs for supervision.

I am a counseling psychologist and have been for 15 years. I have worked in mental health and substance abuse settings. I also have six years experience supervising students and therapists. I use many different counseling techniques in my own practice.

I want those I supervise to work toward their own growth. As part of the growth process, I set goals with those I supervise. We often go over these goals which is also the means for evaluation. To aid in learning, I use video tapes, live observation, and empty chair exercises with students. Sometimes students find supervision and the use of these learning aids personally difficult and may
feel uneasy at times. Occasionally, students find it helpful to enter personal counseling because of issues that arise from working with clients and/or supervision. When this happens, my role is to refer the student to a therapist since it is not appropriate for me to become a therapist to someone I supervise.

I am bound to confidentiality of client information the same as therapists. This means that I will not share information unless the client gives me permission, threatens suicide, threatens someone else or abuses a child. Additionally, I will not share information about students except for grading purposes or with their permission.

I do believe it is important that those I supervise have a clear understanding that I share in liability when I supervise someone. I am open to liability for all my students' clients.

All those I supervise enter the relationship freely and have the right to end the relationship when they feel it is time or as appropriate for the class situation. Sometimes people need to seek other supervisors for a variety of reasons. I will be happy to help in this process.

If someone has ethical concerns about my behavior, I hope they will talk to me. If this is not possible for whatever reason they may contact the department chairper-
son, the campus ombudsman, or my licensing agency: the Michigan Department of Licensing and Regulation, P.O. Box 30018, Lansing, MI 48909, (517) 373-1737.

If over the course of supervision, you have any questions about this information please feel free to talk it over with me.
Appendix F

Follow-up Letter
March 22, 1995

Address

Dear Instructor:

The purpose of this letter is to inquire about research packets that I sent to you several weeks ago. I sent the packets to you so that you could have your students fill them out. To date, I have not received the research packets back. Therefore, I am not sure if you received the packets or if there are some other difficulties that are interfering with their return.

If there is anything that I can do to assist you in completing the test packets please let me know. I am very anxious for their return because I need the results to complete my program. I can be reached at 55928 Ruggles Road, Three Rivers, MI 49093 or by calling (616) 273-1361. Thank you for your time and assistance in this matter.

Sincerely:

John Howie, M.A.
Appendix G

Randomized Program List
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<th># of prog.</th>
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<td>2. Augusta College</td>
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<td>1</td>
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<td>4</td>
</tr>
<tr>
<td>5. University of San Francisco</td>
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<td>3</td>
</tr>
<tr>
<td>6. Christian Theological Seminary</td>
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<td>4</td>
</tr>
<tr>
<td>7. California State University-Los Angeles</td>
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<td>7</td>
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<td>8. Montclair State College</td>
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<td>25. Purdue University-Calumet</td>
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</tr>
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Totals: 3,032 602 84
Appendix H

Permission to Use Instruments
John Howie  
55928 Ruggles Rd.  
Three Rivers, MI 49093

Dear Mr. Howie:

I have decided to ___ not let you use my test.

___ let you use my test at a rate of ___ per administration.

___ let you use my test.

Signed:

M.L. Friedlander, Ph.D.  
Department of Counseling Psychology  
Education 220  
State University of New York at Albany  
1400 Washington Avenue  
Albany, NY 12222

[Handwritten note: no problem - it's free! Good luck with your research]
John Howie  
55928 Ruggles Rd.  
Three Rivers, MI 49093

Dear Mr. Howie:

I have decided to ___ not let you use my test.  
___ let you use my test at a rate of ___ per administration.  
___ let you use my test. - Assuming proper citation of the CEF's.

Signed:

J.D. Corrigan, Ph.D.  
480 W. 9th Avenue  
Columbus, OH 43210

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Appendix I

Human Subjects Institutional Review Board Approval
Date: February 1, 1995
To: John Howie
From: Richard Wright, Interim Chair
Re: HSIRB Project Number 95-01-16

This letter will serve as confirmation that your research project entitled "The effects of professional disclosure on counsellors' in-training perception of supervision" has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. In addition if there are any unanticipated adverse or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: February 1, 1996
Hedstrom, CECV
BIBLIOGRAPHY


