

AN ABSTRACT OF THE DISSERTATION OF

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Title: Gender Biases in Counselor Supervisor Evaluations of Counselors

Abstract approved:

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Gender bias and discrimination are currently some of the most pertinent topics being explored in counseling practice and counselor education and supervision. Because of all the public attention in recent years to the topics of transgender and marriage equality, the definitions of gender identity and gender roles have become more inclusive. This expansion includes definitions of gender identity that extend beyond the binary, to include gender neutral, gender non-conforming, gender fluid, and transgender. The current literature confirms that gender diversity and gender issues in counseling have been recognized as important components of multicultural competencies, counselor supervision, and counselor education. However, there is a dearth of empirical research investigating transgender discrimination issues in counselor supervision. Additionally, intersectionality has been described as an important framework of research exploring diversity. And yet, the topic of gender diversity in counselor education and supervision research has been neglected.

Based on the Theory of Intersectionality in diversity and existing definitions on gender identity and ageism, the intention of research in this dissertation is two-fold: (a) to understand how the construct of gender has been examined in the field thus far and (b) to contribute to filling some of the gaps in the research pertaining to transgender issues (such as transphobia) in counselor education and supervision. To address the first object, the researcher conducted a critical examination of recent literature since the publication of Hindes and Andrews (2011) critical review of the empirical studies and Nilsson, Barazanji, Scahl, and Bahner's (2008) book chapter on the topic. Findings in this critical review revealed an overall scarcity of empirical studies on gender-related topics in counselor education and supervision and few empirical studies that expanded beyond the binary understanding of gender, included intersectional analyses, and discussed transgender/gender diverse specific issues. Findings further conclude that there are no existing studies that include intersectionality in counselor education and training issues related to LGBTQ MC competencies. Future research recommendations are also reviewed.

To address the second object, the researcher conducted an experimental design study to examine whether counseling supervisors' evaluations of a counselor's social influence attributes and ability to repair therapeutic rupture would differ when they were randomly presented with 1 of 4 counseling vignettes that differed only in the counselor's gender identity (cis-gender female vs. transgender female) and age (younger vs. older). The researcher hypothesized that older transgender and cisgender females would be evaluated more poorly than their younger counterparts; and that transgender females would be evaluated the most poorly in both measures. Of the completed data records, the

sample consisted of 76 participants from the CRF-S (Counselor Rating Form- Short version) and 69 participants from the SWAI-O (Segmented Working Alliance Inventory – Observer version).

Two-way *t*-tests and logistic regression analyses were used to test the study's hypotheses. Findings indicate that there were no statistically significant results to support the hypotheses. Plausible reasons for the findings of non-significance are discussed. Despite the insignificant results, there was a suggestive finding related to survey break-offs (incomplete surveys). Namely, when respondents were assigned to Vignette B (older transgender female), logistic regression analysis showed that they were 26% less likely to complete the survey than those assigned to Vignette C (younger cisgender female). Although this was not a part of the original research questions, it is noted as a possible future research topic. Overall, this study contributes to the gap in existing empirical research by focusing on issues of discrimination based on transgender identity and age in counselor supervision despite the high probability of its insignificant results related to methodological issues.

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Gender Biases in Counselor Supervisor Evaluations of Counselors

by
Sabrina Marie Hadeed

A DISSERTATION

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APPROVED:

Major Professor, representing Counseling

Dean of the College of Education

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Sabrina Marie Hadeed, Author

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Chapter 1: General Introduction Dissertation Overview

The purpose of this dissertation is to demonstrate scholarly work by using the dual manuscript dissertation format, as outlined by the Oregon State University Graduate School. Following the guidelines of this format, Chapter 1 provides introductory information that will explain how Chapters 2 and 3 are thematically linked and are significant to the field of counselor education and supervision. Respectively, Chapter 2 is a literature review entitled “Gender and Related Research in Counselor Education and Supervision and Related Disciplines: A Review of Theory, Research, and Practice Implications” and Chapter 3 presents quantitative research entitled “Counselor Gender Identity and Age: Impact on Supervisors’ Evaluations of Transgender and Cisgender Counselors using Counseling Vignettes”. Lastly, Chapter 4 will present general conclusions and an overall summary of the two manuscripts.

Thematic Introduction

The legalization of same-sex marriage in all of the United States as ruled by the Supreme Court on June 26, 2015, has received a lot of public attention (Liptak, 2015). With this attention, there seems to be an increase in the public discussion of traditional versus non-traditional gender roles (Carmon, 2016; Murray, 2016). Additionally, the highly publicized transition of Caitlyn Jenner and the transgender advocacy efforts of Laverne Cox and Janet Mock have inspired discussion and exploration of understanding gender identity, including awareness of gender stereotypes and discrimination against transgender individuals (Burkett, 2015; Somaiya, 2015).

The relevance of these human experiences is not a new one within the counseling profession. Our current era promotes advocacy for diversity, social justice, and multi-

cultural competency across many disciplines within the counseling field (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2003; Association for Counselor Education and Supervision [ACES], 1991; American School Counselors Association [ASCA], 2010; National Association of Social Workers, 2008). Advocacy within the field places an emphasis upon recognizing the importance of viewing gender identity outside the binary perspective (masculine versus feminine). Gender diversity and gender issues in counseling have now been recognized as an important component of multicultural competencies and counselor education training for decades (Arredondo et al., 1996; Bernard & Goodyear, 2004; Bidell, 2012). There is also an increased interest in encouraging counselors and mental health practitioners to become allies to sexual minorities (Moe, Perera-Diltz, & Sepulveda, 2014). Despite all the emphasis on diversity, social justice, affirming sexual minorities, and multicultural competencies, there is a void of empirical research exploring counselor supervision and transgender issues (Bernard & Goodyear, 2004; Corey, Corey, & Callanan, 2011; Nilsson et al., 2008).

Additionally, with an interest in focusing on intersectionality, we reviewed research that explored gender and age. Similar to gender discrimination and transphobia, ageism was originally defined as discrimination, stereotyping, and bias against older individuals simply because they are old (Butler, 1969). It can also be defined as bias or prejudice against an individual based on their appeared or actual age, whether young or old. In 1994, Capowski and Peak described ageism as *the new diversity issue*. By 1996, counselor multicultural competencies were operationalized, with much attention on the importance of counselors, educators, and supervisors to strengthen awareness of possible

bias, relevant discriminatory practices, and to actively seek a non-discriminatory identity (Arrendondo et al, 1996). This encompasses bias or discrimination based on age, ethnicity, race, religion, gender identity, sexual orientation, socioeconomic status, nationality, and disability (Healey & Hays, 2012). We found few empirical studies within the counseling and counselor supervision/training research that included issues of age and transgender and/or gender non-conforming individuals.

Chapter 2 – Manuscript 1

Several studies have been published throughout the past few decades that looked at the influence of gender on the supervisory relationship in various ways such as communication style, gender-role stereotypes (within binary gender definition of man and woman), and gender matching. Chapter 2 reviews this existing literature exploring the topic of gender in counselor education and supervision, revealing a gap in research dedicated to transgender issues in counselor education and supervision.

This review sought to provide answers to the following questions:

1. How is the construct of gender being studied?
2. How are the important elements of gender being explored in the counseling supervision research?
3. How are transgender experiences being studied in the counseling field and within counselor education and supervision?

This review is written with the intention of publication in order to add to the body of knowledge found in journals that target topics of multicultural and diversity issues in counselor education and supervision. The researcher seeks to better inform counselors and counselor supervisors about gender issues and specifically transgender

discrimination. At the conclusion of the literature review, implications and suggestions for future research are noted.

Chapter 3 – Manuscript 2

The research study entitled, “Counselor Gender Identity and Age: Impact on Supervisors’ Evaluations of Transgender and Cisgender Counselors using Counseling Vignettes”, presented in Chapter 3 examined whether counseling supervisor’s evaluations of a pre-licensed counselor were different when presented with a counseling vignette that differed only in the counselor’s gender identity and age. It is an experimental design study with randomization using counseling vignettes as experimental condition/stimulus. The study specifically explored counselor supervisors’ evaluations of the counselor’s ability to address working alliance issues with a client as measured by the Segmented Working Alliance Inventory-Observer Version (SWAI-O) and the counselor’s social influence attributes as measured by the Counselor Rating Form-Short Version (CRF-S) (Berk, Safran, & Muran, 2013; Corrigan & Schmidt, 1983). Participants were selected as a convenience sample from state licensure board-approved counseling supervisors practicing in the United States.

The earlier aforementioned literature review presented in Chapter 2 called attention to the existence of gender issues in counselor education, supervision, and training. This included evidence of discrimination and bias against gender variant individuals within the profession. However, little is known about whether counselor supervisors evaluate supervisees differently based on gender identity.

The literature review also identified a need within the field of counseling and counselor supervision research for researchers to include more intersectional research. An

individual's experience of gender, race, age, class, and so forth, will be different depending on the intersection of these identities. The intersectionality theory/approach is intended to illuminate possible ways in which two variables (such as gender and age) confound and/or influence each other in the way individuals with these variables are perceived by others (Collins, 2012; Shields, 2008). Thus, the research question posed in this study was: "How do counselor gender identity and age affect supervisor evaluations of counselor attributes of social influence (power) and evaluations of counselors' ability to repair a therapeutic working alliance rupture?" With a focus on answering this question, the researcher intended to increase understanding and awareness of the existence of supervisor bias (implicit or explicit) when evaluating supervisees who differ in age and gender identity, including specifically transgender discrimination. Based on the theory of intersectionality in diversity, we hypothesized that older transgender and cisgender females would be evaluated more poorly than their older counterparts; and that transgender females would be evaluated the most poorly overall (on both SWAI-O and CRF-S).

Research questions. Specific research questions addressed were: *How do counselor gender identity and age affect supervisor evaluations of counselor attributes of social influence (power) and evaluations of counselors' ability to repair a therapeutic working alliance rupture?*

Hypotheses.

Hypothesis for counseling attributes of social influence metrics:

H_{0,1}: Counselor supervisors' evaluation of counselors' attributes will not differ statistically when the description of gender identity and age vary.

H_{1,1}: Counselor supervisors' evaluation of counselors' attributes will be statistically significantly lower when the description of gender identity is noted as transgender female.

H_{2,1}: Counselor supervisors' evaluation of counselors' attributes will be more statistically significantly lower when the description of age is noted as older.

H_{3,1}: Counselor supervisors' evaluation of counselors' attributes will be more statistically significantly lower when description of gender identity and age are noted as an older transgender female.

Hypothesis for working alliance rupture metrics:

H_{0,2}: Counselor supervisors' evaluation of counselors' ability to repair a therapeutic working alliance rupture will not differ statistically when the description of gender identity and age vary.

H_{1,2}: Counselor supervisors' evaluation of counselors' ability in repairing a therapeutic working alliance rupture will be more statistically significantly lower when the description of gender identity is noted as transgender female.

H_{2,2}: Counselor supervisors' evaluation of counselors' ability in repairing a therapeutic working alliance rupture will be more statistically significantly lower when the description of age is noted as older.

H_{3,2}: Counselor supervisors' evaluation of counselors' ability in repairing a therapeutic working alliance rupture will be more statistically significantly lower when description of gender identity and age are noted as an older transgender female.

Glossary of Terms

Ally: "Someone who advocates for and supports members of a community other than their own. Reaching across differences to achieve mutual goals" (Gender Equality Resource Center, 2013).

Cisgender: implies an internal congruence with biological sex and gender identity (O'Hara et al., 2013).

Discrimination: "The act of showing partiality or prejudice; a prejudicial act" (Gender Equality Resource Center, 2013).

Gender diverse: “a person who either by nature or by choice does not conform to gender-based expectations of society (e.g., transgender, transsexual, intersex, genderqueer, cross-dresser, etc.)” (Gender Equality Resource Center, 2013).

Gender identity: refers to one’s internal affiliation or identification with a gender, regardless of biological sex (O’Hara et al., 2015)

Transgender: “people whose psychological self (“gender identity”) differs from the social expectations for the physical sex they were born with” (Gender Equality Resource Center, 2013).

Transgender woman (or female): “A term for a transgender individual who currently identifies as a woman” (National Center for Transgender Equality, 2014).

Transpositive: “A respect for and acceptance of people who identify as 'trans', transsexual, transgenderist, transgendered, transvestic/crossdresser, 'two-spirit', bigendered, androgynous, gender variant, or intersexed/hermaphroditic. On the continuum of diversity and acceptance, truly transpositive people go beyond mere acceptance to appreciation and celebration of transpeople and trans culture” (Raj, 2002).

Transition: “The time when a person begins to living as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one’s first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g. driver’s license, Social Security record) to reflect one’s gender identity” (National Center for Transgender Equality, 2014).

Chapter 2

A Critical Examination of Gender and Recent Related Research in Counselor Education and Supervision and Related Disciplines

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Abstract

Hindes and Andrews (2011) and Nilsson et al. (2008) provided thorough review and discussion of the topic and literature up to the last decade. In this article we provided an update to Hindes and Andrews' and Nilsson et al.'s review by examining conceptual and empirical articles on gender and sexual minorities in counselor and related disciplines published from January 2010 to December 2015. Results of our review showed that there was an overall scarcity of empirical studies on the topics. Additionally, there were few empirical studies that included exploration of gender beyond the binary definition or studies that included intersectionality and of transgender/gender diverse specific issues.

Introduction

The legalization of same-sex marriage in all of the United States as ruled by the Supreme Court on June 26, 2015, has received a lot of public attention (Liptak, 2015), including an increase in public discussion of traditional versus non-traditional gender roles and sexuality (Carmon, 2016; Murray, 2016). Additionally, the highly publicized transition of Caitlyn Jenner and advocacy efforts of Laverne Cox and Janet Mock have also inspired discussion and exploration of understanding gender identity, including awareness of stereotypes and discrimination (Burkett, 2015; Somaiya, 2015).

The relevance of these human experiences is not a new one within the counseling profession. The helping professions in the current era promote advocacy for diversity, social justice, and multi-cultural counseling competencies (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2003; Association for Counselor Education and Supervision [ACES], 1991; American School Counselors Association [ASCA], 2010). Advocacy within the counseling field emphasizes the importance of viewing gender identity beyond the binary perspective (masculine versus feminine). Gender diversity and gender issues in counseling have been recognized as important components of multicultural competencies and counselor education training for decades (Arredondo et al., 1996; Bernard & Goodyear, 2004; Bidell, 2012). There is also an increased interest in encouraging counselors and mental health practitioners to become allies to sexual minorities (Moe, Perera-Diltz, & Sepulveda, 2014). With all this new attention on gender and sexuality, how is the construct of gender being studied? How are the important elements of gender being explored in the counseling supervision research? How are transgender issues being

studied in the counseling field and within counselor education and supervision?

In this article, we review the current literature exploring the construct of gender and empirical research exploring gender in counselor supervision and related disciplines. Specifically, we focus our review of the literature on conceptual and empirical articles on gender and sexual minorities in counselor supervision and related disciplines published from January 2010 to December 2015. We limit our review to this recent period because Hindes and Andrews (2011) and Nilsson, Barazanji, Scahl, and Bahner (2008) had already provided a thorough review and discussion of the topic and literature up to the last decade. Thus, our current work seeks to provide an update on the existing literature. For this review, articles were acquired through a computerized search of PsycINFO and Google Scholar using the keywords: *counselor supervision*, *gender differences*, *gender and power*, *gender equality*, *gender diversity*, *LGBTQ issues in counseling supervision*.

Prior to discussion of the reviewed literature, we first address theoretical issues related to the definition and history of the construct of gender and define the parameters of the review. We will also introduce several concepts—gender and power, gender bias, transgender, gender diverse, and intersectionality—that are pertinent to the discourse on gender.

The Construct of Gender

Gender is a social construct and cultural term that has been studied across disciplines for decades (Shakeshaft, 1989). Gender conveys various meanings, often value laden and embedded in “historical, economical, sociopolitical, and cultural context” (Fassinger, 2000, as cited in Nilsson et al., 2008, p. 560). Those ascribed meanings are directly related to cultural expectations and assumptions of gender roles (Shakeshaft,

Nowell, & Perry, 1991). Gender has also been considered a universal organizer within cultures and a powerful influencing force in the process of development, shaping a person's emotions, beliefs, stereotypes/biases, and behavioral expectations (Risman & Davis, 2013).

Understanding gender is often constricted within the context of the binary perspective—the idea that gender exists within two distinct categories: feminine and masculine. Defining and understanding gender to extend beyond the binary parameters is challenging because of the ways humans are socialized to think about the construct. Even in the discussion of gender, it is difficult to evolve past the historical parameters implied within the binary way of understanding gender (Leonard, 2001). Within mainstream culture, a person will naturally draw from traditional definitions attached to the biological sexes of male and female.

Throughout the study of gender, the construct has often been explored in similar contexts as the construct of sex. However, many scholars distinguish the important difference between the constructs (e.g., Racine et al., 2012). Sex often refers to the biological differences between women and men according to their reproductive organs. And gender refers to a more complex psychological, environmental, sociocultural, and political framework (Gilbert & Rader, 2002; Racine et al., 2012). The differences in experiences of gender occur relative to sex and sexual expression and not independently of one another (Nilsson et al., 2008).

The issues of sex and gender became more of a focus of concern among social science researchers around the middle of the 20th century when studies on the topics began to surge (Risman & Davis, 2013). Initially in the 1950s and 60s, family

sociologists and psychologists applied the socialization theory to discuss gender as a unidimensional (binary) measure (Risman & Davis, 2013), studying gender only in terms of male versus female and did not include transgender, gender diverse, or intersex. By 1981, Bem, a leading researcher on the study of gender and gender role socialization, introduced the *gender schema theory*, resulting in shifting the study of gender to include sex role attitudes (Bem, 1981; Risman & Davis, 2013). This marked, perhaps, the first major contribution to the study of gender to include also attitudes, expectations, and bias related to traditional roles associated with gender.

Johnson, Murphy, Zewdie, and Reichard (2008) explain that sex roles refer to “socially shared expectations about how men and women should behave” and are often examined in terms of “agency” (the motivation toward striving for power and control over others and mastery) and “communion” (the motive to form social relationships and get along with others) (p. 39). Sex role attitudes explore the way individuals think about gender, relative to role expectations and biases. Exploration of sex role attitudes looks at what individuals think about others based solely on their appeared or assigned gender. Moving forward along the historical trajectory of the study of gender, Risman and Davis (2013) explain that by 2000, counseling psychologists and counselors began to support advocacy for a shift from labels of masculine and feminine to a focus on personality constructs such as efficacy, agency, leadership, empathy, and nurturance. This advocacy represented further evidence that the psychology/counseling profession was joining the social justice and multicultural competency trend to include a more diverse and inclusive position on gender identity.

Understanding the ways in which gender has been studied and the ways that

definitions of the construct have evolved throughout history is relevant to our review, as it helps to provide understanding and context for the current definition of gender. For the purposes of this review, we adopt Fassinger's definition of gender as cited in Nilsson et al. (2008): "having various meanings that are often value laden and embedded in historical, economical, sociopolitical, and cultural context" (p. 560).

Gender, Power, and Privilege

Understanding gender identity/gender expression comes with assumptions about power, gender roles, and categorizations within or outside of existing norms. In the book, *Making a Difference: Psychology and the Construction of Gender*, Hare-Mustin and Marecek (1990) state, "as long as male behavior remains the standard in the culture, women's differences from men will be regarded as deficiencies" (p. 14). This statement continues to be relevant in research on power and gender across disciplines decades later. The nature of understanding and studying gender differences is born from this unidimensional deficit model and the existing research reflects this notion (Bem, 1993; Hare-Mustin & Marecek, 1990). Because of this, it is difficult to discuss the concepts of gender sensitivity and awareness outside the binary understanding of gender. As noted earlier, throughout the discussion of the reviewed literature, we are aware of the limitations within the binary lens but try to transcend by calling attention to it.

Power dynamics, specifically those related to gender, are embedded within our cultures and developed across lifespan. There have been many studies researching perceptions of inequality of power related to perceptions of gender across the lifespan. For example, two studies conducted by Neff, Cooper, and Woodruff (2007) examined children's and adolescents' developing perceptions of gender inequality. Results indicate

that throughout development, perceptions of gender inequality increase as a child gets older and that such association is related to home environment (family culture) and the biological sex of the child. In the context of counselor development and supervision, it is imperative that counselor supervisors and counselors reflect on their own cultural worldview and biases pertaining to their knowledge of gender.

Supporting this position, researchers examining power dynamics within the counseling supervision relationship note the importance of both supervisors and supervisees (students) examining their worldviews and biases (Bernard & Goodyear, 2009; Hinds & Andrews, 2011). Counselors and counselor educators all have biased assumptions and expectations that influence their perceptions about gender in relation to a person's traits, abilities, and behaviors (Doughtey & Leddick, 2007). The importance of strengthening awareness, skill, and knowledge in the area of gender competency is outlined in all of the counseling/psychology professional associations (ACA, 2014; APA, 2003; ACES, 1991; ASCA, 2010).

Gender and Culture

The very definition and idea of gender exists within the context of culture; therefore, understanding gender (gender roles, expectations, historical relevance, etc.) would occur through a cultural lens (Nilsson et al., 2008). It is beyond the scope of this review to include an exhaustive exploration of all cultural differences in regards to gender and the history of gender and culture. However, given the minority-majority shift in the population happening within the United States, it is of particular importance to consider the cultural differences of gender among Latina/o individuals (Passal & Cohn, 2009). There are defined gender roles within the Latina/o culture for males and females

that have been influenced by both religion and culture. Those gender roles are often “clear and rigid” within the culture (Delgado-Romero et al., 2008, p. 338). Males are characterized as dominant and assertive, while females are thought to be self-sacrificing and submissive. These topics may be in conflict with the current dominant (majority) culture that has pushed for equality between females and males. Because of this potential conflict and relevance, it is important that counselor preparatory programs include attention to this topic when teaching about gender in the counseling profession. Topics such as this that look at the interplay of two constructs (gender and culture) are often explored in the context of what is known as *intersectionality* research. In the counseling profession in particular there has been strong encouragement for researchers to explore intersectionality in an effort to more fully understand “the overlapping and interactive effects of cultural group memberships” (Constantine, 2002, p. 215).

Understanding Intersectionality

Intersectionality is the study of the intersection of two factors of identity, such as gender and race or gender and class, as they influence and confound one another (Collins, 2012; Shields, 2008). It is an approach to understanding race and gender (or ethnicity and gender) as a combined and confounding experience (Settles, 2006). Hancock (2007) explains that, “Intersectionality theory has been characterized as the most significant intellectual contribution of gender studies to the world” (p. 254). Hancock describes that intersectionality theory “challenges the logic of how processes of racial, gender, class, and sexuality disparities are produced and remedied” (p. 254). Intersectionality further expands the way race, gender, class, and sexuality are studied.

The emergence of the concept and study of intersectionality is rooted in black

feminist politics in the 60s (Collins, 2012; Crenshaw, 1989; Risman & Davis, 2013). Specifically, Crenshaw (1989) is recognized as having coined the term *intersectionality* (Cole, 2009; Hancock, 2007). There are currently many varying definitions and interpretations of intersectionality. Discussing the importance of recognizing the historical context of the evolving understanding and study of intersectionality, Collins (2012) explained, “the term *intersectionality* emerged in this border space between social movement and academic politics as a term that seemed to best capture the fluidity of this emerging, influential, yet amorphous knowledge project” (p. 451). Additionally, in an article about intersectionality and psychology research, Cole (2009) defined intersectionality as investigative approaches that “consider the meaning and consequences of multiple categories of social group membership” (p. 170). Individuals cannot be separated from their biases and cultural worldviews; and a person’s experience of gender, race, class, and so forth, will be different depending on the intersection of these identities. Because of this, it is imperative that any research exploring the construct of gender includes an application of intersectionality (Lee, 2012; Shields, 2008). Furthermore, “failing to recognize the intersection of [variables such as] race, ethnicity, gender, and social class is incongruent with the practice of effective multicultural counseling” (Constantine, 2002, p. 211). Despite this call for inclusion of intersectionality as a multicultural component to counseling research, empirical studies that use an intersectionality approach remain scarce.

Gender and Counselor Supervision

Psychotherapy supervision (also referred to in the research literature as counseling or clinical supervision) has been considered a component of counselor development for

decades (Watkins, 2011). Although psychotherapy supervision has evolved to include the importance of diversity elements in recent years, empirical research on the topic remains lacking (Watkins, 2011). This is particularly concerning given the context of how important the impact of diversity variables have in supervision and ultimately on the client (Falender & Shafranske, 2004; Goodyear, Bunch, & Claiborn, 2005). Among the limited extant findings on diversity variables, “research suggests that supervisor and supervisee identity development (racial and gender) may be a most important construct to consider if we are to gain a more complete and rounded understanding of the impact of diversity variables in supervision” (Watkins, 2011, p. 63). This reflects Crespi’s (1995) statement that affirms the importance of exploring gender in supervision: “Given that clinical supervision is itself conducted within a relational context, it would seem myopic not to pay attention to the influence of gender on the supervisory relationship” (p. 27).

Much of the recent existing empirical research exploring gender and psychotherapy supervision was included and reviewed by Hindes and Andrews in 2011. They summarized and critiqued the results of findings from 12 selected studies that explored gender and supervision between 1996 and 2010. In those findings, Hindes and Andrews noted several themes: (a) differences related to gender in the experience of openness and connection in supervision; (b) the degree of relationship focus; (c) evaluation of supervisees; (d) strategies used in supervision; and (e) boundary negotiations. These authors further highlighted one consistent limitation throughout the 12 studies: they did not examine or include other variables such as age, culture, or socioeconomic status that might have influenced the supervisory relationship. This limitation highlighted the lack of attention to intersectionality when researchers in these

studies investigated gender in supervision. The authors further noted that the majority of the studies also failed to include “information on background, training, or experience of the supervisor” (p. 257) and research design limitations that limited the generalizability of findings. Despite a careful review of the research, Hinde and Andrews did not bring attention to the fact that the reviewed studies only focused on the binary concept of gender.

In a handbook of psychotherapy supervision, Nilsson et al, (2008) wrote a chapter on gender and supervision that synthesized existing information on the topic. Nilsson et al. highlighted themes similar to those Hinde and Andrews (2011) discovered in their literature review. They included: power and supervision; relationship of power, communication, and discourse styles; gender interactions in supervision; and satisfaction and evaluation.

In efforts to provide a thorough review of the existing research on gender in the counseling literature, we searched research articles between 1996 and 2010 to ascertain if there were any articles Hinde and Andrews (2011) missed in their critique and found one. It was Walker, Ladany, and Pate-Carolan’s (2007) study that investigated the possible impacts of gender-related events on the supervisory working alliance. Walker et al. explored “supportive and non-supportive gender-related events” in supervision from the female perspective and how those gender-related events influenced the supervisory working alliance. An important implication that came from the study was that negative stereotypes based on gender weakened the supervisory working alliance, the most important component of clinical supervision.

Implementing the same search criteria as previously mentioned using PsycINFO

and Google Scholar, we found only two research studies on this topic since Hindes and Andrews's publication in 2010. One of the studies looked at "the relationship of supervisor and trainee gender match and gender attitude match to supervisory style and the supervisory working alliance" (Rarick & Ladany, 2013, p.138) and the other looked at critical events in supervision using gender-related events (GREs; Bertsch et al., 2014). In Rarick and Ladany's (2013) article, the authors did not look at the intersection of variables but did include mention of the ways certain variables might have confounded the results. For instance, they noted that certain "demographic variables were significantly related to the independent and dependent variables" (p. 142); such as, supervisors who used cognitive behavioral approach in supervision rated higher on the bond by trainees when compared to other approaches. Additionally, the study only focused on the binary concept of gender. The oversight of including intersectionality components and limiting gender to the binary definition in research studies remains a common one.

Bertsch et al.'s (2014) mixed method study was more relevant to counselor education. Focusing on GREs categorized into four domains (gender discrimination, gender identity interactions, attraction, and power dynamics), these researchers explored the applicability of the Critical Events Model to the counseling supervision process. The Critical Events Model is a model that helps identify events in supervision that may obstruct growth of supervisee (Ladany, Friedlander, & Nelso, 2005). Two of the four research questions were related to working alliance: (a) how supervisors attend to the GREs and (b) "what is the relationship between the GREs, the supervision working alliance, and the supervisor's perceptions of their supervisor's multicultural competence

as it relates to GRE's" (p. 174). A small sample size of 81 participants (consisting of predominately white female trainees) was noted by the authors as limitations of the study. Because of this, they noted that the results might not be generalizable to all counselor trainees. The researchers did include preliminary analyses to determine whether demographic variables influenced the variables of interest (confounding factors) and they found no significant influence. However, they did not include analysis of the intersection of variables in their study. Results also revealed that gender discrimination was the most commonly reported GRE by participants. Specifically, "trainees reported being objectified, sexualized, discriminated against" by their client based on gender; "trainees identified instances wherein they had discriminated against their clients on the basis of gender" and "supervisors were perceived as discriminating based on gender toward their supervisees and supervisees' clients" (p. 179). Given the promotion for social justice as defined by the ACA (2014) as "treating individuals equitably and fostering fairness and equality," these findings are concerning.

Gender Specific Counselor Education and Training Research

Despite the ongoing debate within the field of counselor education regarding strategies to best address and include Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) issues, many researchers agree that counselor educators and practitioners are uniquely positioned to be leaders in affirmative and inclusive practices with LGBTQ individuals (Carroll & Gilroy, 2001; Frank & Cannon, 2010). We explored existing literature in training and counselor education specific to gender issues using PsycINFO and Google Scholar and the keywords *gender*, *counselor education*, and *counselor training*. Nilsson et al.'s (2008) chapter and Hindes and Andrew's (2010) article focused

on research that looked at implications of gender and sexual orientation in the supervision process and on the supervision relationship. However, the following articles that we review expand Hinds and Andrew's and Nilsson et al.'s work to include research specific to gender issues in counselor education and training. As with other searches described above, we found limited empirical studies and far more conceptual and theory-based articles. Although it is beyond the scope of this review to include an exhaustive critique of the articles, the most common themes discovered among the empirical and conceptual/theory based literature will be discussed below.

Empirical Research

Within the two empirical research studies found, both explored aspects of the preparedness of counselors and counselor preparatory programs to address multicultural (MC) issues pertaining to gender identity and sexual orientation (O'Hara, Dispenza, Brack, & Blood, 2013; Pieterse, Evans, Risner-Butner, Collins, & Mason 2009). In Pieterse et al.'s (2009) study, they presented findings from "a descriptive content analysis of 54 multicultural and diversity-related course syllabi drawn from counseling and counseling psychology programs" (p. 93). Overall, their results suggested that most courses adhered to the MC competency domains of knowledge, awareness, and skills, but the actual course content had significant variability. The authors did well at identifying the primary limitation as being confined to reviewing of syllabi because content in the syllabi does not necessarily reflect how the courses actually play out. In O'Hara et al.'s (2013) mixed method study, the authors investigated "the strengths and gaps in counselor preparedness regarding transgender individuals" (p. 236). Findings in this study suggested that "the greater the exposure to gender diversity and transgender concerns, the

more likely counselors-in-training were to evaluate their perceptions of competence and understanding in positive terms” (p. 236). As was noted by the authors, the biggest limitation appeared to be generalizability due to a small sample size and sampling limited to one university in the southeastern United States. Therefore, the results may not accurately depict trends in the greater counselor population.

Conceptual and Theory-based

Within the conceptual and theory-based literature, the consistent topics explored were: the importance of using and researching affirming models or theories as pedagogy in counselor education such as Queer Theory (Carroll & Gilroy, 2001; Case & Meier, 2014; Frank & Cannon, 2010; Raj, 2002); and counselors and counselor educators as social justice agents specifically related to gender identity and sexual minority issues (Dixon, Tucker, & Clark, 2010; McAuliffe, Danner, M., Grothaus, & Doyle, 2008). All themes within the reviewed conceptual and theory-based literature echoed the notion that counselor educators and practitioners are positioned to lead and role model inclusive and affirming ways of being amidst LGBTQ identities. Dixon et al. (2010) called this “intentional advocacy” (p. 104) in their call for school counselors to be the role models and social agents within the school systems.

Carroll and Gilroy (2001) expressed, “To help trainees explore attitudes about sexuality and gender, we must first challenge ourselves as academics and clinical supervisors to rethink traditional definitions of identity, psychopathology, gender, and sexuality.... [and] we must first transcend our own binary categories of heterosexual-homosexual and male-female before we set foot in a classroom” (p. 54-56). Not only are counselor educators positioned to be role models for inclusive and affirming ways of

being, they are also responsible for understanding the definition of gender to extend beyond the binary (Carroll & Gilroy, 2002).

Transgender and Gender Diverse Counseling Research

Although still limited, research exploring transgender and gender diversity in the counseling professions is emerging. Gender diverse is defined as “a person who either by nature or by choice does not conform to gender-based expectations of society (e.g., transgender, transsexual, intersex, genderqueer, cross-dresser, etc.)” (Gender Equality Resource Center, 2013). Transgender is defined as “people whose psychological self (“gender identity”) differs from the social expectations for the physical sex they were born with” (Gender Equality Resource Center, 2013). Additionally, O’Hara et al. (2013) presented the following: “*Gender identity* refers to one’s internal affiliation or identification with a gender, regardless of biological sex...the term *cisgender* is the opposite of transgender; it indicates an internal congruence with biological sex and gender identity” (p. 237). It is also important to note that transgender or gender diverse does not equate to a specific sexual orientation. Although gender (gender expression) and sexual orientation are not the same construct, they are often thought to be connected; and therefore, research that looks at gender competencies in counseling also often looks at competencies regarding diversity in sexual orientation (Chrisler & McCreary, 2010; Healey, 2014; Rees-Turyn, Doyle, Holland, & Root 2008).

Smith (2010) examined scholarship productivity on LGBT topics in counseling psychology with an emphasis on looking at coverage of LGBT issues from 2000-2009. The study revealed only 2.63% of 4,492 articles from eight journals focused on LGBT issues. Of the 118 articles focusing on LGBT issues, only 10 (8.5%) focused specifically

on transgender issues. These numbers indicate a severe lack of scholarly attention on transgender issues in the counseling and related disciplines.

In September 2009, ACA adopted and included what is being called “The ACA Competencies for Counseling with transgender clients” (ACA Competencies, 2010). Although this seems to indicate an increased importance on transgender awareness within the counseling profession, there are surprisingly few articles on the topic found after the 2009 adoption of the ACA Transgender Competencies. Our search for articles post 2009 that included transgender in the literature using the keywords: *transgender*, *counseling*, *supervision*, *LGBTQ*, and *sexual minorities* yielded only 19 articles within a 9-year span. Among the 19 articles, 4 were contributed by the same authors; 7 were conceptual/theoretical, 2 were specific literature reviews. Among them were only 10 research studies with 2 quantitative and 8 qualitative studies. This indicates a dearth of empirical studies on transgender issues in the helping field, particularly quantitative ones.

We believe that this gap in the research is possibly related to a lack of awareness sensitivity on transgender issues and a lack of training or consciousness about the need for research on these issues. It is also plausible that the research community, like the general populace, has yet to appreciate and respect the legitimacy of the existence and plight of transgender individuals in the society where transgenderism is still by and large considered a form of gender or sexual deviancy. Even within the mental health profession, there is a stigmatization of transgender individuals (Bidell, 2013; Chang & Chung, 2015). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) classification of gender identity issues has perpetuated the stigma of abnormality. The most recent 5th edition publication in 2013 changed the classification from Gender

Identity Disorder to Gender Dysphoria. Chang (2015) describes that the new classification is “less stigmatizing” as it emphasizes the focus on the distress that individuals experience “as a result of their gender identity” (p. 218) rather than labeling gender identity that does not fit the binary cisgender category a disorder. Even with changes in the *DSM-5* there remains a strong concern that transgender individuals continue to experience discrimination (Chang, 2015; O’Hara et al., 2013).

In relation to counseling trainees, some studies have highlighted an existing deficit with counselor competencies related to sexual orientation and gender diverse individuals. For example, Bidell’s (2013) study highlighted that LGBT skill competencies are often the most lacking in counselor preparatory programs. Other quantitative studies examining counselor multicultural competencies found low competency skills and knowledge scores specifically in areas of sexual minority competencies (e.g., Bidell, 2012; Grove, 2009). With this slow growth in the literature came the review, clarification, and creation of varying definitions of gender and gender expression. Currently, there does not appear to be consistent definitions within the counseling literature. This occurrence is not separate from the phenomenon of an on-going struggle for self-definition among the transgender community and unrelated to the community of cisgender individuals who do not ascribe to societal gender role norms (Carrol et al., 2002; Kuper, Nussbaum, & Mustanski, 2012).

Transgender and Counselor Supervision Research

Earlier in this review, the question was asked: How are transgender issues being studied within counselor education and supervision? As has been noted, several studies had been published throughout the past few decades that looked at the influence of

gender on the supervisory relationship. However, our search did not find a single empirical study that exclusively focused on transgender individuals or issues in counseling training or supervision. Some conceptual articles did include discussion of possible transgender issues and some of them looked at application of training modules to increase transgender cultural competencies (e.g., Moe, Perera-Diltz, & Sepulveda, 2014; Luke & Goodrich, 2012). In a qualitative study, Nadal, Skolnik, and Wong (2012) explored the experience of microaggression and discrimination towards transgender individuals and specific implications for the counseling field.

Many authors have identified the importance of affirming transgender individuals and the value of exploring their experiences in counselor supervision; however, our recent review of the literature concurs with observations made by previous authors concerning a glaring gap in research (Bernard & Goodyear, 2004; Nilsson et al., 2008). This gap represents a profound need for counselor supervision researchers to study transgender issues in the counselor education and related disciplines including the impact of transgender issues in supervision.

Limitations

This literature review had some limitations. We conducted an exhaustive search using keyword searches in PsycINFO and Google Scholar. However, it is difficult to know the extent to which additional literature may have been missed. Possible, there were other published studies within the focus of gender, supervision, and training that did not come up in our search. Despite this possible oversight, the review does confirm a dearth in the empirical literature in general and specifically in relation to transgender issues. Additionally, few of the reviewed studies included the exploration of gender

issues to extend beyond the binary definitions and few incorporated intersectionality.

Implications for Research

Our review of the literature on gender-related topics in counselor education and supervision revealed that there was an overall scarcity of empirical studies. There were also few empirical studies that expanded beyond the binary understanding of gender, inclusion of intersectionality, and of transgender/gender diverse specific issues. In a field where social equality and diversity are taught to be staunch components of ethical and best practices, it is astounding that the majority of published articles related to the topic are conceptual and theory-based, rather than empirical. The very exclusion of research in this area is an unethical disservice to the already underrepresented LGBTQ minorities. Future research should include issues specific to transgender/gender diverse individuals, for example, experiences of transgender supervisees in counseling supervision and education.

Additionally, in the limited research that looked at counselor education and training issues related to LGBTQ MC competencies, there were no studies that included intersectionality. Future research should investigate the intersection of gender identity and sexual minorities and the intersection with other demographics such as ethnicity, age, socioeconomic status, and geographic location. For example, experience of African-American transgender students and/or teachers in counselor education programs; measuring trends in MC competency training regarding older transgender ethnic minorities.

Implications for Practice

Besides research gaps mentioned in the preceding paragraph, there are other

implications based on the findings of the current review of the literature for the practice of supervision and counselor preparation. They include the recognition that counselor educators and supervisors need to pay attention to (a) the influence of gender in counselor training, (b) understanding how gender intersects with other diversity variables and how such intersectionalities influence counseling practice and counselor training.

Fassinger et al. (2010) is one of many articles that call attention to the often “discredited” (p. 212) stigma and marginalization of sexual minorities including oppression and discrimination. It is because of this cultural phenomenon that counselors and counselor educators need to develop a strong awareness of their own possible biases in gender identity and against sexual minorities. Also, counselors and counselor educators, and supervisors need to have a strong understanding and awareness of the kinds of oppression and discrimination (i.e., microaggressions) that impact gender diverse and sexual minorities. Without awareness, practitioners and educators alike risk offending and alienating the individuals they are working with. It is particularly important for counselor educators to role model and incorporate gender and sexual minority competencies in their work with students. Accomplishing this begins with counselor educators and supervisors examining their own biases and attitudes regarding gender identity and sexual minorities. In addition to self-reflection and training, competence is fostered through practice; counselor educators should seek out and provide opportunities to work with gender diverse and sexual minority populations.

The Council for Accreditation of Counseling and Related Programs (CACREP) endorses MC competencies as a part of the training standards for counselor educator programs (CACREP, 2014). However, research is still needed to explore the

effectiveness of various multicultural competency training models and interventions being used in counseling programs, as well as, the effectiveness of those models in influencing counseling trainees' practice.

Conclusion

The call for advocacy, affirmation, and social justice are core responsibilities within the counselor education and supervision field. Understanding gender to extend beyond the binary, understanding gender roles that transcend the traditional patriarchal system, and understanding the unique experience of transgender and gender variant individuals are essential parts of that responsibility and professional obligation. Just as counselor educators, practitioners, and supervisors are uniquely positioned to be role models and advocates for this social change, they also have the capacity to do great damage in perpetuating negative and harmful discriminatory assumptions, biases, and stereotypes. Therefore, it is imperative that they self-examine existing beliefs related to gender and gender identity and develop competencies in recognizing and addressing gender and related biases in themselves and in their students and supervisees.

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Chapter 3—Manuscript 2

Counselor Gender Identity and Age: Impact on Supervisors' Evaluations of Transgender and Cisgender Counselors using Counseling Vignettes

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Abstract

Current gaps in the counseling supervision research include investigation of the influences of gender, age, and the interaction between gender and age in the supervisory processes and dynamics. Researching such gaps is important especially in light of counselors' history of discrimination, mistreatment, and marginalization of transgender individuals (Carroll et al., 2002; Chaney, 2009; Lev, 2004). In this study we sought to explore if counselor's gender identity and age impacted supervisors' evaluations of the counselor's ability to develop therapeutic working alliance and counselor's social influence attributes when supervisors were randomly presented with 1 of 4 counseling vignettes that differed only in counselor's gender identity and age. The results of this study indicated there were no statistically significant differences found among the four counseling vignettes in the two-sample *T*-test analysis.

Keywords: counselor supervision, gender differences, gender equality, gender diversity, transgender issues

Introduction

Throughout the past few years, the debate and legalization of same-sex marriage in the United States have created an upsurge of public attention (Liptak, 2015). Because of this the discussion of traditional versus non-traditional gender roles has become more mainstream (Murray, 2016; Carmon, 2016). In 2015, Caitlyn Jenner, a well-known public figure, publicly transitioned and drew even more attention to and discussion of the topic of gender identity that included highlighting injustices of stereotypes and discrimination (Burkett, 2015; Somaiya, 2015).

Much emphasis has been placed on the advocacy for diversity, social justice, and multi-cultural competency across many disciplines within the counseling and related fields (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2003; Association for Counselor Education and Supervision [ACES], 1991; American School Counselors Association [ASCA], 2010). This advocacy includes the importance of understanding the varying definitions and experiences of gender and the importance in developing competencies to address gender and gender identity issues in the practice of counseling and counselor supervision (Arredondo et al., 1996; Bernard & Goodyear, 2004; Bidell, 2012). Despite this promotion within the profession, findings in our recent literature review indicate a lack of research on gender-related issues and a neglect in research efforts to extend beyond the binary definitions of gender (Hadeed & Ng, 2017).

Several recent studies have looked at the influence of gender on the supervisory relationship in various ways such as communication style, gender-role stereotypes (within binary gender definition of masculine and feminine), and gender matching.

Among them were studies in the counseling supervision field (Hindes & Andrews, 2011; Nilsson et al., 2009). One study incorporated sexual orientation and gender in its query. It investigated employment discrimination against openly gay men in the United States (Tilcsik, 2011). Results from the study suggested that “significant discrimination against the fictitious applicants who appeared to be gay.... and employers who emphasized the importance of stereotypically male heterosexual traits were particularly likely to discriminate against openly gay men” (p. 587). Moreover, the authors posed a relevant question (as it pertains to our study) in their suggestions for future research stating, “A particularly interesting question concerns the extent to which discrimination based on gender—as opposed to sexual orientation—would lead to similar empirical patterns as those observed in this study” (p. 621).

Other authors have discussed transgender specific issues and application of training modules to increase transgender cultural competencies in conceptual articles (e.g., Luke & Goodrich, 2012; Moe, Perera-Diltz, & Sepulveda, 2014). However, our search on counselor education and supervision literature search did not find a single empirical study that focused exclusively on transgender individuals or issues. The importance of affirming transgender individuals and the value of exploring their experiences in counselor supervision is clear; but there still remains a glaring gap in the empirical research (Bernard & Goodyear, 2004; Corey, Corey, & Callanan, 2011; Hadeed & Ng, 2017; Nilsson et al., 2008).

There seems to be a recurring debate within the field of counselor education regarding how to best address and include lesbian, gay, bisexual, transgender, and queer (LGBTQ) issues in education and training (Carroll & Gilroy, 2001). Notwithstanding,

many researchers agree that counselor educators and practitioners are uniquely positioned to be allies to sexual minorities (Moe et al., 2014) and leaders in affirmative and inclusive practices with LGBTQ individuals (Croteau, Bieschke, Fassinger, & Manning, 2009; Frank & Cannon, 2010). Especially in the context of leadership and responsibility, it is concerning that existing research in counseling indicates evidence of counselors' history of discrimination, mistreatment, and marginalization of transgender individuals (Carroll et al., 2002; Chaney, 2009; Lev 2004). Despite such findings, there remains a dearth of empirical research that explores transgender discrimination issues in counselor supervision. The purpose of the present study was to examine how counseling supervisors' evaluations were different when randomly presented with one of four counseling vignettes that differed only in counselor gender identity and age. Before we report in detail the methods and the results of the study we will first discuss the relevant literature.

Gender and Counselor Supervision

Hindes and Andrews' (2011) literature review included much of the empirical research that has focused on gender and psychotherapy supervision between 1996 and 2010. Their review explored and critiqued the findings in 12 selected studies within that timeframe. The authors highlighted one consistent limitation throughout the 12 studies: they did not examine or include other variables such as age, culture, or socioeconomic status; which might have impacted the supervisory relationship. This is an example of a recurrent oversight that researchers have neglected to focus on intersectionality when examining gender and supervision. Also highlighted in Hindes and Andrews' critique was that many studies did not include information on "background, training, or

experience of the supervisor” (p. 257) and most of the research designs had limitations that hampered generalizability of their findings. Lastly, the studies only focused on the binary (masculine and feminine) concept of gender, which is discriminatory in that it excludes individuals who identify anywhere outside the binary concept.

Other studies have examined issues specific to counselor education/training and gender. Among those studies, there has been a specific focus on how and if counselors are prepared to address multicultural competency issues related to gender identity and sexual orientation (O’Hara, Dispenza, Brack, & Blood, 2013; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009). In regards to specific transgender issues, one mixed method study suggested that “the greater the exposure to gender diversity and transgender concerns, the more likely counselors in training were to evaluate their perceptions of competence and understanding in positive terms” (O’Hara et al., 2013, p. 236).

Another recurrent theme within the existing literature is the assertion that counselor educators and practitioners are uniquely positioned to lead and role model inclusive and affirming ways of being amidst LGBTQ identities (Dixon, Tucker, & Clark, 2010; McAuliffe et al., 2008). On a concerning note, the converse could also be said—that counselors and counselor educators are positioned to role model unethical and discriminatory practices. So, despite evidence of multicultural competency training/education and emphasis on role modeling affirmation practices, the question remains: Do counselor supervisors have existing gender biases that will impact the ways in which they evaluate supervisees?

Therapeutic Working Alliance

The therapeutic working alliance (TWA)—the rapport between the counselor and client—is one of the two dependent variables in this study. The TWA has been deemed the most important trans-theoretical component in therapy and found highly correlated to positive treatment outcomes (Bordin, 1979; Hartley & Strupp, 1983; Martin, Garske, & David, 2000). The stronger the rapport, the more successful the therapy will be overall. Bordin (1979) coined the term *working alliance* and categorized the alliance into three distinct negotiations: goal, task, and bond (Anderson & Levitt, 2015). This conceptualization of the therapeutic alliance has been praised as “highlighting the fact that at a fundamental level the [client’s] ability to trust, hope, and have faith in the therapists’ ability to help always plays a central role in the change process” (Safran & Muran, 2000, p.13).

One of the ways that the working alliance has been studied is in relation to measuring the process of negotiation of goal, task, and bond (Safran, Muran, & Eubanks-Carter, 2010). Within this process of negotiation, researchers have specifically focused on the concepts of “rupture and repair” markers (Horvath & Greenberg, 1989; Safran & Muran, 2000). Berk (2013) explained, “[T]here has been evidence to suggest that repairing the alliance ruptures is associated with more gains in therapy and higher treatment retention” (p. 19). We posit that there is value in exploring how supervisors evaluate counselors’ ability in negotiating the ruptures and the effects gender identity and age of the counselor will have on those evaluations.

One widely used inventory designed to measure the TWA is the Working Alliance Inventory (WAI). Horvath and Greenberg (1989) first developed the WAI to

measure the strength and quality of the therapeutic relationship between therapist and client. In an effort to measure the alliance from three different perspectives, three versions of the WAI were created including: patient-rated, therapist-rated, and observer-rated forms (Martin et al., 2000). Since the initial development of the WAI, short versions of the inventory have also been created. One of those is the Segmented Working Alliance Inventory-Observer Version (SWAI-O) (Berk, Safran, & Muran, 2013). Like the longer version of the observer-rated version, the SWAI-O is a tool that observers can use to assess a counselor's ability to repair these ruptures.

Counselor Supervision and the Therapeutic Working Alliance

Counselor Supervision has been considered an important part of counselor development for decades (Bernard & Goodyear, 2005; Falender & Schfranske, 2004). Supervisors have the responsibility to evaluate supervisees' performance and professional development (ACA, 2014). There are several roles that supervisors can take in developing counselors. Bernard's (1979) discrimination model for supervision proposes three roles: teacher, counselor, and consultant. Within the teacher role, it is important for supervisors to provide feedback to supervisees on their abilities. This may include feedback and evaluation of basic skills, multi-cultural competencies, and an ability to form and repair the TWA.

The TWA is a heavily studied variable in the counseling literature (Bordin, 1979; Greenson, 1965; Horvath & Greenberg, 1989; Martin, Garske, & Davis, 2000). For example, existing research indicates that observer ratings looking at successful repair of ruptures in the TWA were associated with better overall outcomes (Lansford, 1986). One study examined how well a counselor's sex, gender self-confidence, and use of social

influence within the counseling session predicted the quality of the TWA (Anderson & Levitt, 2015). The results suggested that gender self-acceptance (defined as the “level of comfort the counselor feels with his or her gender” [p. 28]) contributed positively to working alliance. Additionally, the results suggested, “biological sex was the only variable that did not have a significant relationship with TWA” (p. 284). The study utilized the Hoffman Gender Scale-Self-Definition, which allowed for the participants (counselors) to express how they defined and accepted themselves as female/male, rather than from biologically assigned female or male gender.

To the best of our knowledge, no studies have examined if supervisors’ perception of supervisees’ ability to form the TWA was influenced by gender identity and age biases of the supervisors. Findings in this respect will likely inform the practice of and training in counseling supervision.

Social Influence Attributes

Social influence attribute is the second dependent variable in this study. The notion of social influence came originally from Strong’s (1968) social influence model. Strong’s model proposes that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989). Many research studies have supported the importance of the social influence variables of expertness, attractiveness, and trustworthiness as measured by the Counselor Rating Scale (CRS) (e.g., Corrigan & Schmidt, 1983; Grimes et al., 1989). Lucas and Baxter (2012) explain the definitions of power, social status, and influence in the context of disadvantaged minority groups as follows:

Power—defined as the ability to impose one’s will even against resistance from others—results primarily from position in a social structure. Influence—defined as compelling behavior change without threat of punishment or promise of reward—results largely from the respect and esteem in which one is held by others. Research identifies status as a foundation of influence differences in groups and indicates that members of disadvantaged status groups, such as women and minorities, will have decreased influence and face challenges in acquiring and using power. (p. 49)

In the context of power and influence as defined above, we were curious to examine how gender identity of a supervisee (cisgender female vs. transgender female) might impact how counseling supervisors rate the social influence of the supervisee.

Transgender and Age Biases in Counseling Supervision

“Ultimately, we believe our decisions are consistent with our conscious beliefs, when in fact, our unconscious is running the show” (Ross, 2008, p.11). Unintentional forms of bias are often characterized as *implicit*; meaning, they are often not on purpose and are more a result of ignorance and/or lack of awareness (Boysen, 2010). Implicit bias is also defined as “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner” (Staats, 2014, p. 16). Transgender discrimination and ageism are not protected from implicit bias. So, it is possible that practitioners, counselors, and supervisors alike, are discriminating their clients and supervisees, respectively, without conscious awareness of the discrimination.

Discrimination against Transgender Individuals

Transgender individuals are within a disadvantaged social group, often targeted with discrimination based on their gender identity or expression (National Coalition of Anti-Violence Programs, 2014). Anti-transgender discrimination can be defined as discrimination that is not only treating people differently based on prejudice, but also specifically targeting against a specific individual based on gender identity or expression. Examples of anti-transgender discrimination include, but are not limited to, banning transgender individuals from bathrooms that align with their gender identity, exclusion of insurance coverage for transgender-related healthcare, rejecting employment applicants from consideration, and denying access to education (GLAAD, 2015).

In 2008, The National Center for Transgender Equality and the National LGBTQ Task Force partnered in a research project that conducted a national transgender discrimination survey (National Center for Transgender Equality, 2014b). The study surveyed 6400 transgender and gender non-conforming individuals. Of the 6400 participants, 63% (4,032) reported having experienced acts of discrimination including job loss due to bias.

Despite the many markers of progressive change including the shift of pathology in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) from the diagnostic label of “Gender Identity Disorder” to “Gender Dysphoria” and the ACA adoption of specific Competencies for Counseling with Transgender Clients, there is still concern that transgender individuals experience discrimination in counseling and counselor supervision (ACA Competencies, 2010; Bertsch et al., 2014; Chang, 2015; National Coalition of Anti-Violence Programs, 2014; O’hara, Dispenza, Brack, & Blood, 2013).

Nilsson et al. (2008) stated, “Not only are there limited empirical data on counseling LGB [lesbian, gay, bisexual] clients and effective treatment models for this population...even less is known about how LGB issues may present themselves in the supervisory relationship” (p. 567). Despite the prevalence of discrimination against transgender individuals in the society, our recent search of the literature did not find any empirical studies focusing on transgender issues in counselor training and supervision.

The purpose of utilizing the CRF-S in the present study was directly related to the question of whether the counselors’ social influence attributes might be evaluated more poorly by supervisors based on the transgender identity of the counselor. Additionally, this study focused specifically on transgender females because research has suggested that transgender women face particular risk of discrimination within the LGBT populations (National Coalition of Anti-Violence Programs, 2016). To the best of our knowledge, the present study is the first in counselor education that indirectly examines if there is a bias against transgender individuals among counseling supervisors as indicated by their evaluations of the social influence attributes of a transgender female counselor in comparison to a cisgender female counselor.

The attention to the impact and prevalence of discrimination towards the transgender population extends to advocacy for changes to U.S. national laws. In a recent article published in *Law & Inequality: A Journal of Theory and Practice*, the author included the national transgender discrimination survey in his arguments regarding transgender individuals’ legal rights (as outlined in Title VII civil rights act) and the discussion of the history of controversy regarding anti-transgender discrimination law (Cruz, 2014). The article is one of many that proposed a call for a shift from anti-

transgender discrimination theory to what is referred to as “identity inclusive theory of sex-based discrimination” (Cruz, 2014, p. 259; Kuhn, 2014). Specifically, Cruz noted:

Title VII has had an important impact over the past half century, but has yet to be used to its full potential. If courts acknowledge that anti-transgender discrimination is gender/sex discrimination under Title VII, courts can deepen their appreciation of the social constraints that gender norms place on human beings, and advance transgender equality and gender equality simultaneously. That would be a truly worthy legacy of the Civil Rights Act for which so many worked so hard. (p. 261)

This call for change and advocacy is similar to the call for change within the counseling and counselor education field. It is a call for advocacy and social justice that includes evolving past the constraints that gender norms (binary understanding of gender) and the affirmation of transgender and gender equality. We believe that our study has the potential to inform the counseling profession regarding the bias (implicit or explicit) its leaders and trainers may have against transgender members of the profession. We hope that our findings can contribute to the discourse on the need to provide culturally and diversity-respectful training.

Age-Based Discrimination

Similar to gender discrimination, ageism was originally defined as discrimination, stereotyping, and bias against older individuals simply because they are old (Butler, 1969). It can also be defined as bias or prejudice against an individual based on their appeared or actual age, whether young or old. In 1994, Capowski and Peak described ageism as *the new diversity issue*. By 1996, counselor multicultural competencies were operationalized, with much attention on the importance of counselors, educators, and supervisors to strengthen awareness of possible bias, relevant discriminatory practices, and to actively seek a non-discriminatory identity (Arrendondo et al., 1996). This

encompasses bias or discrimination based on age, ethnicity, religion, gender identity, social economic status, and race.

A critical literature review more than a decade ago explored existing research that examined ageism in mental health and health care (Robb, Chen, & Haley, 2002). The authors concluded that ageism has been acknowledged as a significant contributing factor in the underservice of elderly in mental health services, but noted that there were a limited number of empirical studies that examine ageism in mental health. The themes found within their review included studies that suggested: age bias impacts selection of diagnostic procedures and treatment options; older patients receive different care than their younger counterparts (despite similar illnesses or diagnoses); mental health therapists can be reluctant to treat older clients based on stereotyped perceptions of age (such as older individuals don't like to talk about feelings); younger patients receive more favorable prognoses from mental health practitioners; and health bias and ageism are often interrelated. It is important to note that Robb et al. (2002) cautioned that many of the studies reviewed were often not empirically justified and sometimes contradictory. Based on their systematic review, they also ascertained that the health care industry has vastly more empirical research focusing on ageism than the mental health industry; signifying a contrast in the professions' recognition and efforts to remedy the issues of ageism.

Despite the identified gap in the empirical research, there are several recent articles within the counseling field that explore ageism. McBride and Hays (2012) discussed counselor discrimination against geriatric clients and stated, "one aspect of increased multicultural counseling competence is minimal prejudice and discrimination

and, specific to this population, the acknowledgment and dismantling of ageism” (p. 79). Findings in this study indicate that age-related issues are being successfully incorporated into counselor courses and that this may be having a positive impact on multicultural competencies in this area. Additionally, Krekula (2007) wrote about the importance as well as lack of research on the intersection of age and gender, particularly that which involves older woman. She explained, “...older women have been the object of study, but not necessarily with theories that have a potential for understanding intersections of age and gender, together with other central positions such as ethnicity, class, sexuality and disability” (p. 156). Along the lines of intersectionality of gender and age, we found few empirical studies that included issues of age and transgender and/or gender non-conforming individuals.

In terms of ageism in the workplace, existing findings indicate the presence of ageism in supervisory perception of subordinate performance. For example, Gilmore and Rowland (1985) found that supervisors rated performance of older subordinates more poorly. Additionally, ability was consistently noted as the perceived causal factor connected to why supervisors rated performance of older subordinates more poorly. Within the context of non-discrimination and equal opportunity practices, these findings are concerning.

In a more recent study, Granello (2003) examined influence strategies in relation to the intersection of gender and age in supervisory dyads in counseling. Results suggested that “age differences between supervisor and supervisee interacted with gender to affect influence strategies used in the supervisory dyad” (p.189). Specifically, “male trainees who were older than their supervisors were asked their opinion more than twice

as often as male and female trainees who were younger than their supervisors and more than 6 times as often as female trainees who were older than their supervisors” (p. 198). The study illuminated that overall, the most noticeable differences were apparent when older male supervisees were compared to older female supervisees. Results further suggested that “older male supervisees were being asked for their opinions, analysis, or evaluations more than 6 times as often as their older female counterparts and older male supervisees gave more suggestions 10 times as often as did older female supervisees” (p. 200). Granello also highlighted that research exploring age and influence strategies in supervision is being produced largely by organizational behavior and human resources fields. To our knowledge, the dearth of research on the intersection of age and gender in counselor supervision remains since Granello’s study. We hope that our current work will contribute to this knowledge base.

Some authors have written about the need for specific attention and research exploring challenges related to age that is unique to the LGBT communities; and in particular, how transgender older adults face unique challenges apart from those who are lesbian, gay, or bisexual because there is an increase in the number of older adults transitioning (Baron & Cramer, 2000; Cook-Daniels, 2006; Mabey, 2011). However, empirical studies in this area remain scarce.

Purpose of the Study

In response to the gaps in the counseling training and supervision literature on gender and age and based on the framework of intersectionality, we designed the present experimental study to examine the effects of gender identity and age of counselor on counseling supervisors’ evaluations of counselors’ social influence attributes and ability

to repair a counseling relationship rupture. Specific research questions we sought to address were:

1. *How do counselor gender identity and age impact supervisors' evaluation of counselor's attributes of social influence?*
2. *How do counselor gender identity and age impact supervisors' evaluation of counselors' ability to repair therapeutic working alliance rupture?*
3. *How does the interaction of counselor gender identity and age impact supervisors' evaluation of counselor's attributes of social influence and ability to repair therapeutic working alliance rupture?*

We examined the following four hypotheses:

Hypotheses for counseling attributes of social influence metrics:

H_{0,1}: Counselor supervisors' evaluation of counselors' attributes will not differ statistically when the description of gender identity and age vary.

H_{1,1}: Counselor supervisors' evaluation of counselors' attributes will be statistically significantly different when the description of gender identity is noted as transgender female.

H_{2,1}: Counselor supervisors' evaluation of counselors' attributes will be more statistically significantly different when the description of age is noted as older.

H_{3,1}: Counselor supervisors' evaluation of counselors' attributes will be statistically significantly different when description of gender identity and age are noted as an older transgender female.

Hypotheses for working alliance rupture metrics:

H_{0,2}: Counselor supervisors' evaluation of counselors' ability to repair therapeutic working alliance rupture will not differ statistically when the description of gender identity and age vary.

H_{1,2}: Counselor supervisors' evaluation of counselors' ability in repairing therapeutic working alliance rupture will be statistically significantly different when the description of gender identity is noted as transgender female.

H_{2,2}: Counselor supervisors' evaluation of counselors' ability in repairing therapeutic working alliance rupture will be statistically significantly different when the description of age is noted as older.

H_{3,2}: Counselor supervisors' evaluation of counselors' ability in repairing therapeutic working alliance rupture will be statistically significantly different when description of gender identity and age are noted as an older transgender female.

As has been noted, the present study included a focus on the intersection of gender and age. Intersectionality was first intended to address the unique experiences that African-American women felt (Crenshaw, 1989). An individual's experience of gender, race, age, class, and so forth, would be different depending on the intersection of these identities. Because of this, authors have argued that there should be an aspect of intersectionality in any research that explores these constructs (Lee, 2012; Shields, 2008). The intersectionality theory/approach can help illuminate possible ways in which two variables (such as gender and age or gender and race) confound and/or influence each other (Collins, 2012; Shields, 2008). Just as "women do not share experiences that are

independent of positions like ethnicity, class, age, and sexuality” (Krekula, 2007, p. 157), so too can be said of transgender and gender non-conforming individuals. Thus, we decided in this study to examine both gender identity and age in combination.

Method

The research design of this study was experimental with random assignment of participants. We created four analogue case vignettes depicting a counseling session as four experimental conditions. Vignettes provide selective representations of what researchers are seeking to explore and can be valuable research tools (Hughes & Huby, 2002). The use of vignettes is also cost effective and can generate considerable amounts of data from a large participant group in a timely manner (Sumrall & West, 1998). We developed a research website using Qualtrics to facilitate an online research participation.

Participants

The initial target population for this study was counselor supervisors registered with the state licensing boards for licensed professional counselors (LPC’S) or the state equivalent of LPC, such as clinical professional counselors (CPC) or Licensed Mental Health Counselors (LMHC). Prior to distribution of survey recruitment, two states from each geographic region in the United States, as delineated by the Association for Counselor Education and Supervision (ACES, n.d.) were randomly selected using the online tool *Research Randomizer* (Urbaniak & Plous, 2013). The regions were noted as North Central (13 states), North Atlantic (12 states), Southern (14 states), Rocky Mountain (6 states), and Western (5 states). The randomly selected states from those regions were: North Dakota, Wisconsin, Delaware, Pennsylvania, Texas, Tennessee, Montana, Idaho, Oregon, and Arizona. Selection criteria or delimitations for the

randomly selected supervisors were: (a) must be listed on the directory for registered supervisors, (b) be licensed as LPC, CPC, or equivalent, and (c) have at least one year of supervision experience.

We set our confidence level at 95% with z score = 1.96, and .5 as the standard deviation, and a margin of error (confidence interval) of $\pm 5\%$. With a population size of 500, we computed the necessary sample size (using the SurveyMonkey sample size calculator). This put our necessary sample size at 218 respondents. This was to ensure there was a minimum of 54 per each of the four experimental conditions, with a minimum total of 218. The sample size for this study ended up being much smaller than anticipated with a total of 69 complete surveys (with 76 completing only the demographics and CRF-S assessment). The following explains the recruitment difficulties we encountered.

Sampling limitations. Many of the randomly selected states did not have registries that included supervisor email contact information, had incomplete/outdated registries, or had no supervisor registries at all. Because of this the recruitment was expanded to include all states with supervisor registries. From the available databases, if the list had less than 100 members, all were sent the email recruitment. For those with more than 100, the first 100-200 members were emailed the recruitment.

Initially, only one survey recruitment distribution wave was planned; however, due to lack of adequate sampling frames and significantly low response rates two waves of recruitment were performed. The survey recruitment waves were kept separate in Qualtrics and the data were combined after the study was completed. In the first wave, the survey recruitment was emailed to 530 counselor supervisors. The second wave

included online recruitment (using the same delimitations) via three different professional organizations and/or listservs:

1. Counselor Education and Supervision Network Listserv (CESNET-L): A national listserv with approximately 1300 members.
2. Community Mental Health Organization in Portland, Oregon with approximately 40 supervisors.
3. Counsel of Accreditation of Counseling and Related Educational Program (CACREP) approved graduate counseling programs: Program liaisons from 10 graduate programs were asked to distribute the survey to colleagues and students who met selection criteria.

The total number of combined responses received was 84. Of that 84, only 69 were complete data records. There were eight responses that did not complete either assessment, only the demographics and exposure to the vignette. There were seven respondent break-offs after completing only the demographics and the CRF-S assessment. In an effort to retain as many responses as possible, we conducted two separate analyses, one for CRF-S with 76 complete and one for SWAI-O with 69 complete (see Table 1). Details of the demographic information of the participants are presented in Table 2.

Table 1

Vignette Assignments and Break-offs

	CRF-S	SWAI-O
A: 28-year-old transgender-female	21	20
B: 58-year-old transgender-female	16	13
C: 28-year-old cisgender female	19	19
D: 58-year-old cisgender female	20	17
Totals	76	69

Note: CRF-S = Counselor Rating Form - short; SWAI-O = Segmented Working Alliance Inventory - Observer

Table 2

Demographics

Demographic Information for CRF-S (<i>n</i> = 76)		Demographic Information for SWAI-O (<i>n</i> =69)	
Characteristic	Frequency (<i>n</i>)	Characteristic	Frequency (<i>n</i>)
Gender		Gender	
Female	53	Female	47
Male	23	Male	22
Transgender	0	Transgender	0
Region		Region	
Not Specified	6	Not Specified	6
North Atlantic	8	North Atlantic	7
North Central	5	North Central	4
Rocky Mountain	3	Rocky Mountain	3
Southern	33	Southern	29
Western	21	Western	20
Race		Race	
African American	10	African American	10
Asian	5	Asian	5
Hispanic	6	Hispanic	6
Native American	1	Native American	1
Other	5	Other	4
White	49	White	43
Work Setting		Setting	
College or University setting	26	College or University setting	22
Community-based Agency	10	Community-based Agency	8
Forensic Setting Prison	1	Forensic Setting Prison	1

Primary or Secondary School	1	Primary or Secondary School	1
Private or Public Hospital	1	Private or Public Hospital	1
Private Practice	20	Private Practice	19
Substance Use Treatment Center	3	Substance Use Treatment Center	3
Other	14	Other	13
Degree		Degree	
EdD	5	EdD	5
EdS	4	EdS	3
Masters	37	Masters	33
Phd	39	Phd	27
PsyD	1	PsyD	1
Years in Practice		Years in Practice	
1 year	14	1 year	13
2 years	16	2 years	15
3 years	46	3 years	41

Note. CRF-S = Counselor Rating Form-Short, SWAI-O = Segmented Working Alliance Inventory-Observer

Procedures

Participating counselor supervisors were randomly assigned to review one of the four vignettes (see Appendix N) and asked to evaluate the counselor's attributes using the CRF-S and ability in repairing a therapeutic rupture using the SWAI-O. Sampling procedures and directives for participants also included: (a) two weeks to complete the research, (b) reminder sent to participate after one week, (c) sampling selection repeated for another round (if the first round didn't get to the required number of participations), and (d) procedures repeated in a second wave recruitment, targeting a broader population after low response rates in first wave.

Research Materials and Measures

Once the list of registered supervisors was obtained and upon IRB approval, we contacted the supervisors electronically requesting their voluntary participation in the study. In the email, we provided participants a web link to the Qualtrics research site that contained informed consent information and instructions on how to access the research

materials. The materials included: (a) a demographic questionnaire, (b) instructions to access the randomly assigned vignette, and (c) instructions to complete the two evaluations upon reviewing the vignette.

We created a demographic sheet to obtain background information of participants (Table 1). The information collected included: supervisor's gender identity, race/ethnicity, age, number of years practicing, number of years supervising pre-licensed counselors, and work setting. Although the sample size is too small to be representative of the larger population, it shows that the majority of participants for this study were in the southern and western regions, predominately masters and PhD level, Caucasian, and working in university and community mental health settings.

Counseling vignettes. The vignettes in this study consisted of descriptive text portraying a counseling rupture and repair with a client. The vignettes were created using Safran and Muran's (2000) relational treatment guide's outline and definition of rupture and repair. The wording of each vignette was identical except for the identifying information section that described counselor background where gender identity and age of the counselor were depicted differently (noted as female and transgender female with varying ages of 28 and 58; see Appendix N). The ages of counselors in the vignette were randomly chosen to indicate a marked difference, in this case a 30-year difference. The term cisgender was not used to denote the non-transgender-female because we believed that this term was not as well known and therefore might adversely impact the results.

In the creation of the vignettes, to obtain face validity, two doctorate level counselor supervisors who are familiar with the rupture and repair model of the therapeutic alliance evaluated the vignettes. They provided feedback and rated the

vignettes (on a rating scale of 1-10, with 1 being poor and 10 being optimal) to ensure that the vignettes adequately represented a typical depiction of a rupture and repair. They also evaluated (on a scale of 1-10, with 1 being very insufficient to 10 being very insufficient) the vignette to ascertain whether the texts have provided sufficient information for research participants to appropriately respond to the two research instruments, namely, the SWAI-O and the CRF-S. The vignettes were revised until all two supervisors had provided ratings of at least a 7.

Counselor Rating Form-Short Version (CRF-S). The long version of Counselor Rating Form (CRF) is a 36-item instrument designed to measure three social influence attributes of attractiveness, expertness, and trustworthiness (Barak & LaCrosse, 1975; Corrigan & Schmidt, 1983). The CRF-S is an abridged version of the longer instrument with 12-items that asks respondents to rate their perceptions of counselors (e.g., friendly, expert, sincere) by using a 7-point scale, with only polar anchors of 1 being “*not very*” and 7 being “*very*” (Corrigan & Schmidt, 1983). There is extensive research offering support for its validity because it is one of the most commonly used counseling process instruments (Epperson & Pecnik, 1985; Ponterotto & Furlong, 1985). Corrigan and Schmidt (1983) originally developed the CRF-S using confirmatory factor analysis and found reliabilities and construct validity for all three social influence attributes. Similarly, Tracey et al. (1988) found results where reliabilities measured with Cronbach’s alpha had a total score of .93, .92, .92, and .95. For the CRF-S scoring, the data is ordinal and therefore the sum of scores can be used for analysis. Reliability coefficients for this study were within acceptable range and are listed in Table 3.

Segmented Working Alliance Inventory- Observer Form (SWAI-O). Berk, Safran, and Muran (2013) collaborated in the creation of the SWAI-O, which is derived from the longer version of the working alliance inventory observer form (WAI-O). This observer-based inventory form was designed as a method to detect rupture and rupture repair events within a counseling session (Berk, 2013). The SWAI-O has 12 items with two subscales—six in each—measuring task and bond. The 12-items use a 7-point Likert scale with polarized endpoints of 1 = *never* and 7 = *always* when rating task and bond. Berk's (2013) study exploring the development and validity of the instrument is the only study found on the instrument's psychometric properties. She reported acceptable inter-rater reliability (average interclass correlation coefficient $M = 0.79$, $SD = 0.07$, range = 0.64 -1.00) and indicated that a dependent sample t -test found no significant differences in reliability scores for cognitive behavioral therapy (CBT) and rupture repair sessions (RR) ($t(1307) = 1.39$, $p = 0.67$). She further reported evidence for construct validity for the measure by (a) comparing the S-WAI-O's report of rupture and resolution to that of the patient and therapist on the Post Session Questionnaire (PSQ); (b) comparing S-WAI-O scores to patient and therapist report of the working alliance; and (c) comparing SWAI-O scores to the smoothness index of the session evaluation questionnaire. Despite the limitation to using a newer instrument like the SWAI-O, we believe it is the best fit for the study and has been initially confirmed to possess acceptable psychometric properties. For the SWAI-O scoring, the data is also ordinal and therefore the sum of scores can be used for analysis. Reliability coefficients for this study were within acceptable range and are listed in Table 3.

Table 3

Reliability Measures for our Sample

Survey	Construct	Cronbach's Alpha
CRF-S	Attractiveness	0.8492
	Expertness	0.8187
	Trustworthiness	0.8089
SWAI-O	Task	0.7567
	Bond	0.8478

Note. CRF-S = Counselor Rating Form - Short, SWAI-O = Segmented Working Alliance Inventory - Observer

Data Analysis

For all calculations the statistical software package “R” version 3.3.2 was used (R Core Team, 2013). To answer the research questions and hypotheses and to make inferences about the results, we used a Pearson's Chi-square, logistic regression, and Welch's two-sample *t*-test analysis for the CRF-S and SWAI-O data. Data from the first wave and the second wave were combined for the analysis because the first wave had few respondents and there were no differences in the targeted populations. Data cleaning included identifying missing data, outliers, and extent of normal distribution. An alpha level of .05 was used as a predetermined significance level in order to reduce the possibility of a Type II error. Additionally, subgroup analysis included examining regional differences in evaluations, namely the Southern and Western regions. These regions were used because they yielded the most responses (21 in the West and 33 in the South) and to reduce variability from the confounding variable of other regions with low respondents.

We used two different analyses because of survey break-offs, one analysis for the CRF-S ($n = 76$) and one for the SWAI-O ($n = 69$).

CRF-S analysis. Although the survey responses were ordinal in nature the original authors of the CRF-S survey suggest summing the responses within the constructs and then again across the whole survey instrument to yield one numeric score. Therefore, rather than performing a multivariate analyses, univariate analyses were utilized. A two-sided two-sample t -test was conducted to address our first two hypotheses of whether there is a significant (or only random) difference in the average CRF-S evaluations where age is noted as young versus old and where gender is noted as cisgender versus transgender. First we looked at the distributions (see Figures 1 and 2) and summary statistics of the data in histograms to assess the normality assumption. Although there were some departures from normality (outliers), we used t -procedures because they are robust and will yield reliable inference (Heppner, Wampold, & Kivlighan, 2008). It was apparent through the plots and summary statistics that there was little difference for both the gender and age treatments. The results of these two t -tests are displayed below in Table 4 below.

Table 4

CRF-S Two-Sided Two Sample t -Tests by Gender and Age

Effect	Test Statistic	Degrees of Freedom	P -value
GENDER			
Trans - Cis	-1.1322	73.911	0.2612
AGE			
Old - Young	0.7648	69.379	0.4469

Note. CRF-S = Counselor Rating Form- Short, SWAI-O = Segmented Working Alliance Inventory - Observer

We also fit a linear model to the data in order to account for the main effects of gender and age in addition to their interaction. Initially the model was fit with all respondents who completed the CRF-S ($n = 76$), which yielded no significance of gender or age effect. However, due to the low response rate in several regions and to rule out regional effects we also conducted an additional analysis, restricting it to respondents in the South ($n = 33$) and West ($n = 21$).

Even though our original research questions did not include region, we wanted to ensure it was not a confounding variable. Thus, in addition to the gender and age effects ($n = 76$), a region effect ($n = 54$) was included in the model to explain extra variation. After accounting for regional effects and both gender and age main effects, the interactions were not significant. Additionally, in the subgroup analysis there was no significant or suggestive effects for either region, concluding region did not seem confound the initial results. In summary, the results indicate we will retain the null hypothesis that counselor supervisors' evaluation of counselors' attributes will not differ statistically when the description of gender identity and age vary.

Table 5

Linear model R output for completed CRF-S responses

Coefficients	Estimated	Std. Error	<i>t</i> -value	<i>Pr</i>($>|t|$)
(Intercept)	57.8	2.071	27.912	$<2e-16$
Gender: Trans	-3.8	3.106	-1.223	0.225
Age: Older	-2.853	2.967	-0.962	0.34
Gender×Age: Trans× Older	-2.9	4.272	0.679	0.499

SWAI-O analysis. Using the same rationale and outline used with the CRF-S analysis a two-sided two-sample *t*-test was conducted for the SWAI-O ($n = 69$) evaluations in order to test differences in either direction. This analysis addressed the second set of hypotheses of whether there is a significant (or only random) difference in the average SWAI-O evaluations where age is noted as young versus old and where gender is noted as cisgender versus transgender. Results indicated no significant difference (see Table 6 below) confirming the null hypothesis: counselor supervisors' evaluation of counselors' ability to repair therapeutic working alliance rupture will not differ statistically when the description of gender identity and age vary.

Table 6

Two-sided Two Sample T-test for SWAI-O by Gender and Age

Effect	Test Statistic	Degrees of freedom	P-value
GENDER: Trans – Cis	-0.1786	65.66	0.8588
AGE: Old - Young	0.915	64.093	0.3636

Note. SWAI-O = Segmented Working Alliance Inventory -Observer

A linear model was fit to all respondents for the SWAI-O data accounting for the main effects of gender and age in addition to their interaction. Although there was not a statistical significance found, using the linear model we found that there was suggestive evidence for an age ($p = 0.063$) and gender by age interaction ($p = 0.076$) (see R Output in Table 7). Meaning, the results were above but close to the alpha level of .05. Similar to the CRF-S, we also included an additional subgroup analysis, restricting analysis to only respondents from the Southern and Western regions in order to rule out region effects ($n = 54$). The subgroup analysis (using only the 54 CRF-S data records from the South and

West regions) we found that there is not treatment effect. Meaning, all the variability that we thought could be suggestive for treatments was really variability from the region a respondent was in and the null hypothesis was still retained.

Table 7

Linear Mode R Output for Completed SWAI-O Responses

Coefficients	Estimated	Std. Error	<i>t</i> -value	<i>Pr(>|t|)</i>
(Intercept)	43.895	2.09	21.005	<2e-16
Gender: Trans	3.205	2.918	1.098	0.2761
Age: Older	5.752	3.041	1.892	0.063
Gender×Age: Trans× Older	-8.006	4.447	-1.8	0.0765

Working from the theory of intersectionality, this experimental study was designed to address the gaps in the counseling training and supervision literature on gender and age. The original research questions were: How do counselor gender identity and age impact supervisors' evaluation of counselor's attributes of social influence?; How do counselor gender identity and age impact supervisors' evaluation of counselors' ability to repair therapeutic working alliance rupture?; How does the interaction of counselor gender identity and age impact supervisors' evaluation of counselor's attributes of social influence and ability to repair therapeutic working alliance rupture?

All CRF-S analyses (the two-sample *t*-test and logistic regression) yielded no significant or suggestive results (all *p*-values > .05); therefore, we retained the null hypothesis that counselor supervisors' evaluation of counselors' attributes do not differ statistically when the description of gender identity and age vary. The most glaring plausibility for why the results yielded no significance is the small sample size due to low

response rates in recruitment. Additionally, the CRF-S assessment may not have been the best tool to explore the variables.

For the SWAI-O analyses, the two-sided two sample *t*-tests by age and gender yielded no significant results with *p*-values above .05. This is likely due to a small sample size, the instrument was ill suited for the research questions, or the vignettes might not have represented the independent variables well enough. Specifically, the stimulus descriptors (years of age and transgender) in the vignette might have not been salient or strong enough to activate implicit age and gender biases that might be present in the participants. When the linear model was fit to all respondents, there was suggestive evidence (*p*-values slightly above .05) for an age and gender by age interaction for the older counselors and older transgender counselors. This could be representative of a possible bias against older counselors and older transgender counselors. However, the current study is limited in its ability to support such assertion. Additional studies would be needed to verify such possibility. It is important to note again that although there were suggestive implications, the null hypothesis was retained.

Following the same analysis rationale as with the CRF-S, an additional logistic model was fit to all respondents for only the Western and Southern regions, to account for confounding variables of the other regions with low response rates. The results remained insignificant. For both the CRF-S and SWAI-O insignificant results may be linked to successful implementation of MC competency training in counselor education courses regarding age and gender diversity (ACA Competencies, 2010; McBride and Hays, 2012). If such is the case, counseling supervisors in the research sample represent a group of practitioners who have developed a level of diversity awareness and cultural

competence that allow them to not let ageism and gender bias influence their perception of counselor performance. However, more research is needed to verify this. It is also possible that the research participants in this study do not have any implicit ageism and bias against transgender persons. However, the plausibility for this is unlikely given existing research findings that indicate the existence of such biases in the general population and among mental health professionals (Carroll et al., 2002; Granello, 2003). Overall, we do believe that the non-significant findings in this study are likely due to a combination of many factors such as those mentioned above as well as others that are unknown to us at this time.

Analysis and Discussion of Break-offs in Survey Completion

Although not a part of the original research question, in this study the surveys had several respondent break offs (or incomplete surveys) after assignment to the vignettes. Because of this, Pearson's Chi-squared test was used as a diagnostic tool, to examine whether there was a significant difference in likelihood of completing survey between the different vignettes. Although there were small cell counts in the frequency table of vignette by completion, the approximate p -value was 0.05, which suggests that there is an association between vignette and whether or not the respondent would complete the survey. A logistic regression was then conducted to better understand the difference. The results indicated that when respondents were assigned to Vignette B (older transgender female) they were 26% less likely to complete the survey than those assigned to Vignette C (younger cisgender female), with a significant p -value of 0.01. Though it is not possible to know, this might be related to respondents having had a negative reaction to the older transgender counselor depicted in the vignette. This would be congruent with

other findings in the literature that indicate a concern that transgender individuals experience discrimination in counselor supervision (Bertsch et al., 2014; Chang, 2015). However, further research is required to verify this.

Limitations

Limitations existed in this study that impacted the interpretation of the findings specifically in relation to generalizability and external and internal validity. One of the main limitations of this study was the size of the samples, with 69 complete data records ($n = 69$) and 76 only the demographics and CRF-S assessment ($n = 76$). Small sample size makes it difficult to find significant relationships from the data, increases the likelihood of a type II error, and makes it less likely to accurately represent the greater population (i.e., generalizability) (Heppner et al., 2008). As noted previously, sampling limitations overall were an additional barrier to generalizability and successful recruitment for participation in this study. Though attempts were made to recruit a nationally representative sample, we had to resort to convenience sampling and thus limiting the generalizability of our findings. Though our hypotheses were not supported by findings based a very limiting sample, future research based on a larger and nationally representative sample will help to verify our findings as well as examine whether age and gender biases impact the process and quality of supervision particularly in relation to transgender supervisees.

Similar to Moseley's (2007) research design limitations using hypothetical vignettes, our study's vignettes may have had insufficient information about the counselor and the relational dynamic depicted for the respondents to be able to adequately evaluate counselor. This may have led to a tendency to evaluate the

counselors more neutrally than they would have had there been more detailed information provided. Further, the stimulus descriptors (years of age and transgender) in the vignette might have not been salient or strong enough to evoke implicit age and gender biases that might be present in the participants. Future studies may want to use video vignettes, instead of written narrative of vignettes, to examine the impact of implicit bias in supervisors on their evaluation of supervisees when the stimulus is presented with image and sound. For example, research that compares video vignette that feature a transgender supervisee with a written narrative of the same vignette.

Lastly, confounding variables can often occur in research studies of this kind and may have influenced external validity (Heppner et al., 2008). For instance, response bias may have been a factor. It is possible that the supervisors who chose to participate in the study were somehow more multi-culturally competent (in relation to gender and age diversity competencies) than the greater population of counselor supervisors. It could have been useful to add survey questions about participant MC competency training history to better understand or tease out the possibility that this was confounding variable. Another possible confounding variable and threat to internal validity that has been noted in similar research studies was that of social desirability (Utsey, Gernat, Carol, & Hamma, 2005). Meaning, it is possible that the respondents figured out that the study was looking for bias related to age and gender identity and therefore responded in more socially desirable ways. We did attempt to reduce the likelihood of this kind of confounding variable by random assignment of only one vignette per respondent, making it more difficult to ascertain the key independent variables being explored.

Recommendations

Future research exploring gender identity diversity issues in counselor education and supervision is needed. Despite the insignificant results and limitations of this study, there were several unanswered questions and implications for future research that emerged as a result of this study:

1. Are there regional differences in counselor supervisors' bias towards or against transgender counselors?
2. Is there evidence of reluctance or avoidance of counselor educators and supervisors to participate in transgender research?
3. Is there a difference in gender identity bias between counselor supervisors who report advanced training in MC competencies and those who do not?

The final suggestion for future research pertains not to the variables being examined in this study but the phenomenon of the low response rates among the targeted counselor supervisors. It may be beneficial to examine how the counselor education and supervision profession promotes and advocates for the importance of participating in research. It could also be of interest for a study to create and launch a registry/program where supervisors and counselors can earn continuing education credits when they participate in research. Overall, this future research has the potential to advance understanding of training successes in MC competencies and to highlight possible bias or discrimination trends against transgender individuals in counselor education and supervision.

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Chapter 4: General Conclusions

This dissertation included two thematically linked manuscripts connected through examination of the influences of gender, age, and the interaction between gender and age in the supervisory processes and dynamics. Themes of multicultural competency (MCC) pertaining to gender diversity training and education, as well as, definitions of gender identity, bias, and discrimination were discussed. A thorough review of the literature suggested a dearth of empirical research on transgender issues in counselor supervision and education and related disciplines. The literature further indicates that within the counseling field there is an emphasis on advocacy for gender diversity, social justice, and multi-cultural competency. This advocacy includes the importance of viewing gender identity beyond the binary perspective (masculine versus feminine). As indicated in the literature, the counseling training field has acknowledged the need to address sexism, homophobia, and transgender phobia. However, empirical research focusing on gender bias in general and transgender bias in particular remains severely lacking.

Within the first manuscript, the history of the study of gender and emerging definitions of gender identity were first explored. The importance of the Theory of Intersectionality in diversity was also discussed. This helped to provide context for the cultural and value laden definitions of the construct of gender, as well as, set the tone for inclusion of another diversity variable in the research study. The second manuscript provided quantitative examination of whether counseling supervisors' evaluations of a counselor would differ when they were randomly presented with one of four counseling vignettes that differed only in the counselor's gender identity and age. A small sample

size due to low response rates as well as the convenience sampling methodology severely limited generalizability of the findings of the study.

Summary of Chapter 2

The second chapter reviewed the existing literature exploring the topic of gender in counselor education and supervision. This review revealed a significant gap in research dedicated to transgender issues in counselor education and supervision. The review then explored how the construct of gender had been studied, the ways in which important elements of gender had been explored in the counseling supervision research, and in what ways transgender issues had been studied in the counseling field and within counselor education and supervision.

Implications for research and practice were also reviewed. Some of the notable implications included: within the limited research that looked at counselor education and training issues related to LGBTQ MC competencies, there were no studies that included intersectionality. Therefore, it was recommended that future research should investigate the intersection of gender identity and sexual minorities and the intersection with other demographics. The chapter concluded with a call for counselor educators and supervisors and training programs to promote understanding in the following areas: gender extending beyond the binary, gender roles as they transcend the traditional patriarchal system, and the unique experience of transgender and gender variant individuals.

Summary of Chapter 3

Chapter 3 detailed the experimental research study entitled, “Counselor Gender Identity and Age: Impact on Supervisors’ Evaluations of Transgender and Cisgender Counselors using Counseling Vignettes.” The purpose of the study was to fill an existing gap in the

counseling training and supervision literature on gender, age, and their intersection. More specifically, the study explored counselor supervisors' evaluations of the counselor's ability to address working alliance issues with a client as measured by the Segmented Working Alliance Inventory-Observer Version (SWAI-O; Berk, Safran, & Muran, 2013) and the counselor's social influence attributes as measured by the Counselor Rating Form-Short Version (CRF-S) (Corrigan & Schmidt, 1983). The study questions incorporated an intersectionality theory/approach and were outlined as: *How do counselor gender identity and age affect supervisor evaluations of counselor attributes of social influence (power) and evaluations of counselors' ability to repair a therapeutic working alliance rupture?*

Results of the study showed no evidence to support the hypothesized effects. The major limitations outlined included sample size issues related to recruitment problems and low response rates, possible response bias (social desirability), and problems with possibly not enough information in the counseling vignettes. Additional implications include the possibility that the findings of no significance could be evidence of success in counselor education programs to adequately train counseling professional in MC competencies related to age and gender diversity. Given the many limitations in the study, additional research is needed to verify our findings as well as further investigate the effects of gender and age biases in the supervisory functions and dynamics.

Recommendations

Despite the fact that many professional counseling associations including the American Counseling Association (ACA, 2014); American Psychological Association (APA, 2003); Association for Counselor Education and Supervision (ACES, 1991);

American School Counselors Association (ASCA, 2010); and National Association of Social Workers (NASW, 2008), all have ethical standards promoting competency in working with diverse individuals, there remains a dearth of empirical research exploring transgender and gender diverse issues in counselor education and supervision.

Notwithstanding the limitations in both the literature review and the study presented in Chapters 2 and 3, we would like to advance several suggestions for future research:

- Examine possible avoidance or reluctance of counselor supervisors to participate in transgender research.
- Investigate regional differences in counselor supervisors' bias for or against transgender counselors when compared to their cisgender counterparts.
- Explore counselor supervisor implicit bias related to transgender counselors and students.
- Study the differences in gender identity bias between counselor supervisors who report having received advanced training in MC competencies and those who do not.
- Study effectiveness of training methods and contents that seek to address gender bias, sexual orientation bias, and gender identity bias,

Concluding Remarks

Since the inception of this dissertation, which began in 2014, gay marriage was made legal in all of the United States, National Geographic had featured a transgender teen on its cover, a U.S. presidential election occurred and included debates about the controversy of gender neutral bathrooms, and the most recent 2017 ACA conference leadership team changed the conference location from Nashville to San Francisco due

to the passing of a discriminatory law in Tennessee targeting the LGBT community. The conference also featured 17 sessions specifically focusing on transgender matters (ACA, 2017). This represents compelling evidence that the topic of gender diversity, including challenges to traditional gender identity, gender roles and gender norms, is exceptionally germane at this time in history. Yet, the literature and empirical research examining the topic remains astonishingly insufficient within the field of counselor education and supervision.

A positive trend towards affirmation, inclusion, and protection of transgender and gender non-conforming individuals is evident within the counseling and counselor education and supervision profession (Bernard & Goodyear, 2004; Bidell, 2012). Rather than rely on conceptual articles and well-intended professional ethics guidelines, there need to be more efforts like ours towards experimental research on a topic that is so relevant yet underexplored. Though our findings have not been able to support the argument that age bias and bias against transgender individuals exist in counseling supervisor and affect how they evaluate their supervisees, we believe our study has highlighted the need for research on these issues in order to inform the practice of culturally competent and diversity-conscious counseling supervision.

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Appendix A IRB APPROVAL



Human Research Protection Program
Institutional Review Board
 Office of Research Integrity
 8306 Kerr Administration Building, Corvallis, Oregon 97331-2140
 (541) 737-8008
IRB@oregonstate.edu | <http://research.oregonstate.edu/irb>

**EXEMPT
DETERMINATION**

Date of Notification	08/29/2016	Date Acknowledged	08/29/2016
Principal Investigator	Kok-Mun Ng	Study ID	7448
Study Title	Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes		
Study Team Members	Sabrina Hadeed, Deborah Rubel		
Review Level	Exempt	Category(ies)	2
Submission Type	Minor Change		
Funding Source	None	PI on Funding	N/A
Proposal #	N/A	Cayuse #	N/A

The above referenced study was reviewed by the OSU Human Research Protection Program (HRPP) office and determined to be exempt from full board review.

EXPIRATION DATE: 06/16/2021

The exemption is valid for 5 years from the date of approval.

Annual renewals are not required. If the research extends beyond the expiration date, the investigator must request a new exemption. Investigators should submit a final report to the HRPP office if the project is completed prior to the 5 year term.

Comments: Expanded recruitment methods and provide new recruitment materials

Principal Investigator responsibilities:

- Certain amendments to this study must be submitted to the HRPP office for review prior to initiating the change. These amendments may include, but are not limited to, changes in funding, study population, study instruments, consent documents, recruitment material, sites of research, etc. For more information about the types of changes that require submission of a project revision to the HRPP office, please see: http://oregonstate.edu/research/irb/sites/default/files/website_guidancedocuments.pdf
- All study team members should be kept informed of the status of the research. The Principal Investigator is responsible for ensuring that all study team members have completed the online ethics training requirement, even if they do not need to be added to the study team via project revision.
- Reports of unanticipated problems involving risks to participants or others must be submitted to the HRPP office within three calendar days.
- The Principal Investigator is required to securely store all study related documents on the OSU campus for a minimum of three years post study termination.

Appendix B RESEARCH PROTOCOL



Institutional Review Board
Office of Research Integrity | Oregon State University
B308 Kerr Administration Building, Corvallis, OR 97331-2140
Telephone (541) 737-8008
irb@oregonstate.edu | <http://research.oregonstate.edu/irb>

RESEARCH PROTOCOL

RESEARCH PROTOCOL

6/7/2016

1. Research Study title:
Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

PERSONNEL

2. Kok-Mun Ng, PhD
3. Sabrina Marie Hadeed, MA, LPC, NCC

Investigator Qualifications

The Principal Investigator (PI), Dr. Kok-Mun Ng, has a PhD in Counselor Education and Supervision and teaches classes within the PhD program at Oregon State University. He has led and published dozens of studies exploring multicultural and cross-cultural issues.

The student researcher (SR), Sabrina Marie Hadeed, MA, LPC, NCC, has been a licensed professional counselor by the Oregon Board of Licensed Professional Counselors and Therapists for over 5 years. She has over 11 years post graduate experience in clinical practice in the counseling field. She has also had experience as a clinical supervisor and an instructor in the Masters programs of Prescott College and Montana State University. The SR has been trained by the PI on how to obtain informed consent and identify potential risks and benefits of quantitative research study participation for participants.

4. Training and Oversight

The PI, Dr. Ng is responsible for the conduct of the study, all human subject protections issues, and for the timely and complete submissions of IRB related documents. The PI will review all documents prior to IRB submission. The PI will provide weekly oversight and supervision via email, phone, Adobe Connect and/or in person of the study from inception to completion.

The actual research intervention (supervisor evaluations of counseling vignettes) will be delivered through the online secure research website Qualtrix. (A copy of the survey has been created for IRB review:

http://oregonstate.qualtrics.com/SE/?SID=SV_5uVQGVPQhwB7la1).

As such, there will be no additional members of the research team needed or utilized in the delivery of intervention. Only the PI and SR have access to this data. Upon completion of the research project and subsequent publication of the research, all data will be appropriately destroyed after three years.

In the event of the identified PI's extended absence, Dr. Debbie Rubel will serve as PI. Dr. Rubel is on the student researchers' committee and is familiar with the research subject, protocol, and design.

FUNDING

5. Sources of Support for this project (unfunded, pending, or awarded)

Unfunded Research

DESCRIPTION OF RESEARCH

6. Description of Research

This research study, overseen by Dr. Ng, is a part of Ms. Hadeed's dissertation requirements for a PhD in Counseling. This study aims to examine whether counseling supervisors' evaluations of a counselor will differ when they are randomly presented with one of four counseling vignettes that differ only in the counselor's gender identity and age. The study specifically explores if counselor's gender identity and age impact supervisors' evaluations of the counselor's ability to develop therapeutic working alliance as measured by the Segmented Working Alliance Inventory-Observer version (SWAI-O; see attached) and counselor's social influence attributes as measured by the Counselor Rating Form-Short Version (CRF-S; see attached).

7. Background Justification

Although counseling and psychotherapy supervision has evolved to include the importance of diversity elements, related empirical research continues to be lacking (Watkins, 2011). The gap includes investigation of the influences of gender, age, and the interaction between gender and age in the supervisory processes and dynamics. Despite the evidence of counselors' history of discrimination, mistreatment, and marginalization of transgender individuals (Carroll et al., 2002; Chaney, 2009; Lev, 2004), empirical research investigating transgender discrimination issues in counselor supervision remains unexplored. The results of this research will aid counselor educators and supervisors increase their understanding and awareness of the existence of supervisor bias (implicit or explicit) when evaluating supervisees based on age and gender identity, specifically transgender discrimination.

8. Multi-center Study

N/A: OSU is the only institution participating in this study. The PI is a senior faculty member in the College of Education at OSU.

9. External Research or Recruitment Site(s)

A list of registered supervisors will be obtained from each randomly selected state counseling licensure board from each geographical region, as delineated by the Association for Counselor Education and Supervision (ACES, n.d.). The list will be

gathered from each state's licensing board's public records of registered supervisors. The PI and SR will randomly select from among the registered supervisors and contact them electronically to request their voluntary participation in the study. The counseling licensure board's registry of supervisors are found in all 50 states plus Washington, DC (e.g., Oregon counseling licensure board's registry of supervisor: [place link here](#)).

10. Subject Population

- **A description of participant characteristics:** The target population for this study will be counselor supervisors registered with the state licensing boards for licensed professional counselors (LPC'S) or the state equivalent of LPC, such as clinical professional counselors (CPC) or Licensed Mental Health Counselors (LMHC). Two states from each geographic region in the United States, as delineated by the Association for Counselor Education and Supervision (ACES, n.d.) will be randomly selected using the online tool *Research Randomizer* (Urbaniak & Plous, 2013). The regions are noted as North Central (13 states), North Atlantic (12 states), Southern (14 states), Rocky Mountain (6 states), and Western (5 states). The randomly selected states from those regions are: North Dakota, Wisconsin, Delaware, Pennsylvania, Texas, Tennessee, Montana, Idaho, Oregon, and Arizona.
- **Total target enrollment number:** We will set our total target enrollment number at 500, although we do not anticipate all invited participants to volunteer. From each of the two states (per region), 50 supervisors will be randomly selected and invited to volunteer for participation in the study.
- **Description of any vulnerable population(s):** The potential participants from this inquiry will not include those from vulnerable populations.
- **Inclusion and exclusion criteria:** Selection criteria or delimitations for the randomly selected supervisors are: (a) must be listed on the directory of state licensure boards for registered supervisors, (b) be licensed as LPC, CPC, or equivalent, and (c) have at least one year of supervision experience.

11. Recruitment: Following IRB approval, recruitment will occur in the following ways:

- A. For those participants whose email addresses are available to the researchers, we will send them an electronic recruitment announcement that also has a link to the research website.
(http://oregonstate.qualtrics.com/SE/?SID=SV_5uVQGVPQhwB7la1) for participation (see Appendix A).
- B. For those participants whose email addresses are not available to the researchers, we will send them a hardcopy recruitment letter (Appendix B) that includes a copy of the informed consent material and the research materials.

Participant information will be stored in a secure password protected folder on the student researcher's computer as. A back-up data file will be created and kept in a password protected USB thumb drive.

Consent Process:

See attached consent form (Appendix C)

Obtaining consent online. For participants who are invited to complete the research online, consent will occur in a secure web-based environment (Qualtrics Research homepage) where participants will be notified that accessing and completing the research materials indicate their consent to participate. The participants must click “yes” to the consent before they can proceed to the survey. If “no” is clicked, they will automatically be taken to the end of the survey. There is contact information for the PI and for OSU IRB on the consent form in the event participants have concerns or questions.

For participants who receive hardcopy research participation materials in the mail (because we don’t have their email addresses), they will be informed in the informed consent letter that their decision to complete and return the research materials to the researchers indicate their consent in participation.

Two weeks after the initial recruitment email was sent out, we will send a reminder to participants (Appendix D). For those participants to whom we will mail hardcopies of materials, we will send a reminder poster card (Appendix E) two weeks after the initial mailing.

Assessment of comprehension. The consent form is written in simple language.

Signatures on a consent form (in the form of clicking “yes” to consent for online)

- a. Subject (required): We are seeking a waiver of documentation for informed consent for the following reasons:
 - i. This is a no-risk research. No sensitive, personal information is required of participants to disclose.
 - ii. This is a web-based research and no hard copy paperwork will be involved for those choosing to complete online.
 - iii. This is a secure website and data collected will not include the IP addresses of the computers participants use to access and complete the research material.
 - iv. Passive informed consent will be used; that is, participants will be told in the informed consent material that “accessing and completing the research material” indicates their voluntary participation.
- b. Researcher (required): We are seeking waiver to include researcher signatures for the following reasons:
 - i. This is a web-based research survey that does not involve paperwork.
 - ii. The names and contact information of the researchers are provided to the participants in the informed consent webpage (see Appendix B)
 - iii. For those participants whose email addresses are not available to the researchers, we will sign the recruitment letter.

12. Eligibility Screening

N/A

13. Methods and Procedures

Upon IRB approval, we will contact the randomly selected supervisors electronically requesting their voluntary participation in the study. In the email, we will provide participants a web link to the Qualtrix research site that contains informed consent information and instructions on how to access the research materials. The materials on the research site will include: (a) a demographic questionnaire, (b) instructions to access the randomly assigned vignette, and (c) instructions to complete the two evaluations upon reviewing a counseling vignette. Participants will be randomly assigned to one of four vignettes (see Appendices F to I).

Demographic sheet (Appendix J). We created a demographic sheet to obtain background information of participants. The information collected will include: supervisor's educational level, gender identity, race/ethnicity, age, number of years practicing as a licensed counselor, number of years supervising pre-licensed counselors, work setting, and state of residence.

Counseling vignettes. The vignettes in this study consist of descriptive text of a counseling session between a counselor and a client. The vignettes portray a counseling rupture and repair with a client. The vignettes were created using Safran and Muran's (2000) relational treatment guide's outline and definition of rupture and repair. The wording of each vignette was identical except for the identifying information section that describes counselor background where gender identity and age of the counselor were depicted differently (noted as female and transgender female with varying ages of 28 and 58; see Appendices C, D, E, & F). The term cisgender will not be used to denote the non-transgender-female because we believe that this term was not as well known and therefore might adversely impact the results.

Counselor Rating Form-Short Version (CRF-S). The CRF-S is an abridged version of the longer instrument with 12-items that ask respondents to rate their perceptions of the counselor they observe (e.g., friendly, expert, sincere) by using a 7-point scale, with 1 being "not very" and 7 being "very" (Corrigan & Schmidt, 1983). There is extensive research offering support for its validity because it is one of the most commonly used counseling process instruments (Epperson & Pecnik, 1985; Ponterotto & Furlong, 1985). Corrigan and Schmidt (1983) originally developed the CRF-S using confirmatory factor analysis and found reliabilities and construct validity for all three social influence attributes.

Segmented Working Alliance Inventory- Observer Form (SWAI-O). Berk, Safran, and Muran (2013) collaborated in the creation of the SWAI-O, which is derived from the longer version of the working alliance inventory observer form (WAI-O). This observer-based inventory form was designed as a method to detect rupture and rupture repair events within a counseling session between a counselor and a client (Berk, 2013). The SWAI-O has 12 items with two subscales—six in each—measuring task and bond. Berk's 2013 study exploring the development and validity of the instrument is the only study found on the instrument's psychometric properties. She reported acceptable inter-rater reliability (average ICC $M=0.79$, $SD=0.07$, range=0.64-1.00) and indicated that a dependent sample t -test found no significant differences in reliability scores for cognitive behavioral therapy (CBT) and rupture repair sessions (RR) ($t(1307)=1.39$, $p=0.67$). She further reported evidence for construct validity for the measure by (a) comparing the S-WAI-O's report of rupture and resolution to that of the patient and therapist on the Post Session Questionnaire (PSQ); (b) comparing S-WAI-O scores to

patient and therapist report of the working alliance; and (c) comparing SWAI-O scores to the smoothness index of the session evaluation questionnaire. Despite the limitation to using a newer instrument like the SWAI-O, we believe it is the best fit for the study and has been initially confirmed to possess acceptable psychometric properties.

14. Compensation

N/A, no compensation will be provided.

15. Costs

N/A

16. Drugs or Biologics

N/A

17. Dietary Supplements or Food

N/A

18. Medical Devices

N/A

19. Radiation

N/A

20. Biological Samples

N/A

21. Anonymity or Confidentiality: Participation in this research study will be confidential and anonymous.

- Research data will be stored for three years post study termination.
- Data will be collected, stored and destroyed by the PI and the student researcher in an electronic format.
- Data will be password protected.
- The research data will not record any direct identifiers (names, social security numbers, addresses, telephone numbers, IP addresses)
- As no direct identifiers will be collected, there is no link between study code numbers and direct identifiers.
- The researchers will not provide coded or de-identified data and/or samples to anyone outside of the research team. That said, the researchers are conducting this research as part of the student researcher's dissertation. De-identified data results will be shared with the student researchers' committee, if the committee requests to examine the data.
- The researchers will not place a copy of the consent form or other research study information in the subjects' record such as medical, personal or educational record. As passive consent is to be requested of the participants, there will be no paperwork on consent to be kept.

22. Risks

- There is no risk associated with this research study.

23. Benefits: Benefits to the participants are unknown. However, it is believed that participants will feel positive about themselves for being able to contribute to research related directly to their professional practice.

24. Assessment of the risks and benefits.

The research study is low risk and benefits are unknown. The researchers hypothesize the results will be that older transgender and cisgender females will be evaluated more poorly than their younger counterparts; and that transgender females will be evaluated the most poorly in both measures. The potential benefit to the counselor education and supervision field is to increase awareness of supervisor bias and/or discrimination thereby informing the practice of counseling supervision and the training of counseling supervisors and mental health counselors.

Appendix C

CONSENT AND EXPLANATION OF RESEARCH

Project Title: Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Link to Qualtrics Survey:

http://oregonstate.qualtrics.com/SE/?SID=SV_7V4jgh97cKoeW33

You are invited to participate in a research study conducted by Dr. Kok-Mun Ng and Sabrina Marie Hadeed at Oregon State University because you are currently practicing as a counseling supervisor. Your participation is voluntary. Please read the information below before deciding whether to participate.

This survey should take about 10 minutes to complete.

PURPOSE OF THE STUDY

We are interested in learning about supervisor perceptions of counselor's ability to form therapeutic working alliance and perceptions of counselor social influence attributes.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to provide some demographic information about yourself, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette you have viewed.

The first section of the survey is required informed consent information. Please read it. Clicking "yes" indicates your consent as well as you meeting the participation criteria. It will bring participants to the research online site.

RISKS AND BENEFITS OF PARTICIPATING

Your participation presents no anticipated risks. This study is not designed to provide you with any benefits. We hope, however, that our results will benefit the field by informing the practice of counseling supervision and the training of counseling supervisors and mental health counselors.

COMPENSATION

There is no compensation for your participation.

CONFIDENTIALITY

Your responses will be anonymous. When the research results are published or discussed in conferences, no information will be presented that would permit

inferences about the specific identity of any individual participant, supervisor, program, site, or agency.

The data will be stored digitally in a password protected file to which each member of the research team will have access.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time.

INVESTIGATOR'S CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact the principal investigator, Dr. Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns, or complaints about your rights as a research participant you may contact the Oregon State University Human Research Protection Program (HRPP) Office, at 541-737-8008 or by email at IRB@oregonstate.edu.

Appendix D

Recruitment Email for Research Study:

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Dear Counseling Supervisor,

We are seeking current Counseling Supervisors who have at least one year of experience supervising pre-licensed counselors to participate in a research study. Based on information on your state professional counseling licensure board, you have been identified as potential participant who meets the participation criteria through a random selection process. The purpose of this study is to examine counseling supervisors' evaluations of counselor's ability to form therapeutic working alliance and counselor's social influence.

For this study we are using the definition of Bordin (1979) who categorized the alliance into three specific negotiations: goal, task, and bond; and maintained that the therapeutic alliance plays a primary role in the change process. We are also using the definition of social influence from Strong's (1968) social influence model. Strong's model proposed that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989).

Your participation in this study **will take 10 minutes**. You will be asked to review an informed consent, complete a short demographic sheet, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette you have viewed.

- Data are being collected anonymously.
- This study has been approved by the Oregon State University IRB.
- The first section of the survey is required informed consent information. Please read it. Your clicking "yes" will indicate your consent and allow you to proceed with the survey.
- If you are willing to participate click on this link to the online survey

http://oregonstate.qualtrics.com/SE/?SID=SV_7V4jgh97cKoeW33

For more information about this study, please contact the principal investigator, Dr. Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

Thank you in advance for your time.

Sincerely,

Dr. Kok-Mun Ng, PhD Principal Investigator
 Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
 Oregon State University

Appendix E

Hardcopy Recruitment for Research Study:

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Dear Counseling Supervisor,

We are seeking current Counseling Supervisors who have at least one year of experience supervising pre-licensed counselors to participate in a research study. Based on information on your state professional counseling licensure board, you have been identified as potential participant who meets the participation criteria through a random selection process. The purpose of this study is to examine counseling supervisors' evaluations of counselor's ability to form therapeutic working alliance and counselor's social influence.

For this study we are using the definition of Bordin (1979) who categorized the alliance into three specific negotiations: goal, task, and bond; and maintained that the therapeutic alliance plays a primary role in the change process. We are also using the definition of social influence from Strong's (1968) social influence model. Strong's model proposed that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989).

Your participation in this study will take 10 minutes. You will be asked to review an informed consent, complete a short demographic sheet, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette you have viewed.

- Data are being collected anonymously.
- This study has been approved by the Oregon State University IRB.
- The first section of the survey is required informed consent information. Please read it. Your clicking "yes" will indicate your consent and allow you to proceed with the survey.
- Your participation is voluntary. You may do so in one of the following ways:
 - Complete the research materials that are attached with this research recruitment letter and return them to the researchers using the postage-prepaid self-addressed envelope.
 - Use this link to access and complete the online survey
http://oregonstate.qualtrics.com/SE/?SID=SV_7V4jgh97cKoeW33
 - Email us (hadeedsa@onid.orst.edu) for the research website address. We will email you the online survey link for you to directly access the research website.

For more information about this study, please contact the principal investigator, Dr. Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

Thank you in advance for your time.

Sincerely,

Dr. Kok-Mun Ng, PhD Principal Investigator

Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher Oregon State University



Institutional Review Board
Office of Research Integrity | Oregon State University
B308 Kerr Administration Building, Corvallis, OR 97331-2140
Telephone (541) 737-8008
irb@oregonstate.edu | <http://research.oregonstate.edu/irb>

Appendix F Protocol Addendum

RESEARCH PROTOCOL ADDENDUM

RESEARCH PROTOCOL ADDENDUM

8/8/2016

Because of a significantly low response number (31 total responses) with our original recruitment, we are expanding our sample criteria and recruitment population: In addition to the existing criteria already approved, below are additional criteria of the new protocol:

25. Research Study title:

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Study ID - 7448

PERSONNEL

26. Kok-Mun Ng, PhD and Sabrina Marie Hadeed, MA, LPC, NCC

27. External Research or Recruitment Site(s)

- (a) After approval from OSU IRB, the approved protocol will be emailed to the research liaison (Dr. Mark Lewinsohn) at the Oregon based community mental health organization Lifeworks Northwest (LWNW) for their IRB to review. Pending LWNW IRB approval, the director will forward our recruitment email to the LWNW internal supervisor list.
- (b) We will also post a recruitment email call for participation on CESNET-Listserv, to target counselor educators, clinicians, and supervisors who are a part of the CESNET-Listserv. Kok-Mun Ng is a member of CESTNET-Listserv. The said listserv allows its members to post call for research participation. (See attachment)
- (c) Additionally, we will post a recruitment email call for participation to the program liaisons of all the counselor education programs that are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) requesting them to forward our recruitment email to their respective faculty members and site supervisors who meet the participation criteria. We will contact these program liaisons using the contact information list in the CACREP-Accredited Programs Directory found

in the CACREP website. The information is public accessible. (See attachment)

28. Additional Subject Population

- **A description of participant characteristics:** The expanded target population for this study will be (a) counselor supervisors working at community mental health organization LWNW, (b) members of CESNET-Listserv, and (c) faculty members of CACREP-accredited counselor education programs. This addendum seeks to add the following participation criteria:
 1. Full-time or part-time counselor educators who have supervised master's-level clinical mental health counseling (CMHC) students in their internship for at least 2 semesters or 3 quarter terms; or
 2. Licensed mental health counselors, licensed professional counselors or equivalent who have experience supervising master's-level interns or pre-licensed counselors for at least a year.
- **Total target enrollment number:** We will maintain our total target enrollment number at 500, although still we do not anticipate all invited participants to volunteer.
- **Description of any vulnerable population(s):** The potential participants from this inquiry will not include those from vulnerable populations.
- **Inclusion and exclusion criteria:** Additional selection criteria or delimitations for the supervisors are: (a) they have been licensed as LPC, CPC, or equivalent and have at least one year of supervision experience, post licensure, or (b) they have been a counselor educator (faculty member) and supervised master's-level CMHC internship students for at least 2 semesters or 3 quarter terms.

29. Recruitment: Following IRB approval, recruitment will occur in the following ways:

- C. An electronic recruitment letter will be posted on CESNET-Listserv. The recruitment letter contains a link to the research website interested individuals can access the research site (Appendix A).
(http://oregonstate.qualtrics.com/SE/?SID=SV_5uVQGVPQhwB7la1 - see Appendix F)
- A follow-up email will be posted on CESNET-Listserv two weeks after the initial posting (Appendix B). A final recruitment email will be posted on CESNET-Listserv four weeks after the initial posting (Appendix C).
- D. For those participants who are employed at LWNW, the research liaison Dr. Mark Lewinsohn will forward them the electronic recruitment announcement (Appendix D).

We will request Dr. Mark Lewinsohn to re-send the electronic recruitment

- two weeks after his first distribution of the participation request.
- E.** A recruitment email will be sent to CACREP-accredited programs' liaisons requesting them to pass the recruitment letter to their respect counseling faculty members (Appendix E). We will not send to the program liaison any follow-up emails.
 - F.** Participant information will be stored in a secure password protected folder on the student researcher's computer as. A back-up data file will be created and kept in a password protected USB thumb drive.

Appendix G

Additional Recruitment Email for Research Study: CESNET-Listserv Announcement

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Dear Counselor Educators and Counseling Supervisors,

We are seeking current counselor educators and counseling supervisors who meet the following criteria to participate in our research that seeks to examine supervisor evaluations of counselor's ability to form therapeutic working alliance and counselor's social influence attributes:

- Full-time or part-time counselor educators who have supervised master's-level clinical mental health counseling (CMHC) students in their internship for at least 2 semesters or 3 quarter terms; **or**
- Licensed mental health counselors, licensed professional counselors, or equivalent who have experience supervising master's-level CMHC interns or pre-licensed counselors for at least a year; **or**
- State counseling licensure board-approved counseling supervisor.

For this study we are using the definition of Bordin (1979) who categorized the alliance into three specific negotiations: goal, task, and bond; and maintained that the therapeutic alliance plays a primary role in the change process. We are also using the definition of social influence from Strong's (1968) social influence model. Strong's model proposed that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989).

Your participation in this study will take 10 minutes. You will be asked to review an informed consent, complete a short demographic sheet, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette you have viewed.

- Data are being collected anonymously.
- This study has been approved by the Oregon State University IRB.
- The first section of the survey is required informed consent information. Please read it. Your clicking "yes" will indicate your consent as well as you meeting the participation criteria. It will allow you to proceed with the survey.
- If you are willing to participate click on this link to the online survey_____

For more information about this study, please contact the principal investigator, Kok-Mun Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

Thank you in advance for your time.

Sincerely,

Kok-Mun Ng, PhD Principal Investigator
Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
Oregon State University

Appendix H

Follow-up Reminder Email for CESNET-L Posting

Dear Counselor Educators and Counseling Supervisors,

Two weeks ago, we posted an email requesting your participation in a research project titled, "Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes." If you have participated in the survey, we want to thank you. If you have yet to participate, please consider doing so. We are inviting individuals who meet the following to participate in our study:

- Full-time or part-time counselor educators who have supervised master's-level clinical mental health counseling (CMHC) students in their internship for at least 2 semesters or 3 quarter terms; **or**
- Licensed mental health counselors, licensed professional counselors, or equivalent who have experience supervising master's-level CMHC interns or pre-licensed counselors for at least a year; **or**
- State counseling licensure board-approved counseling supervisor.

The study will take 10 minutes to complete. You may do so by clicking on this link to the online survey_____.

Thank you very much.

Kok-Mun Ng, PhD Principal Investigator
Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher

Appendix I

Second Follow-up Reminder Email for CESNET-L Posting

Dear Counselor Educators and Counseling Supervisors,

Four weeks ago, we posted an email requesting your participation in a research project titled, "Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes." If you have participated in the survey, we want to thank you. If you have yet to participate, please consider doing so. We are inviting individuals who meet the following to participate in our study:

- Full-time or part-time counselor educators who have supervised master's-level clinical mental health counseling (CMHC) students in their internship for at least 2 semesters or 3 quarter terms; **or**
- Licensed mental health counselors, licensed professional counselors, or equivalent who have experience supervising master's-level CMHC interns or pre-licensed counselors for at least a year; **or**
- State counseling licensure board-approved counseling supervisor.

The study will take 10 minutes to complete. You may do so by clicking on this link to the online survey_____.

Thank you very much.

Kok-Mun Ng, PhD Principal Investigator

Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher

Appendix J Recruitment Email for LWNW

Attention: Dr. Mark Lewinsohn to Distribute to Supervisors working at Lifeworks Northwest (LWNW)

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and
Counselor's Social Influence Attributes

Dear Counselor Educators and Counseling Supervisors,

We are seeking current counseling supervisors who meet the following criteria to participate in our research that seeks to examine supervisor evaluations of counselor's ability to form therapeutic working alliance and counselor's social influence attributes:

- Licensed mental health counselors, licensed professional counselors, or equivalent who have experience supervising master's-level CMHC interns or pre-licensed counselors for at least a year; **or**
- State counseling licensure board-approved counseling supervisor.

For this study we are using the definition of Bordin (1979) who categorized the alliance into three specific negotiations: goal, task, and bond; and maintained that the therapeutic alliance plays a primary role in the change process. We are also using the definition of social influence from Strong's (1968) social influence model. Strong's model proposed that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989).

Your participation in this study will take 10 minutes. You will be asked to review an informed consent, complete a short demographic sheet, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette you have viewed.

- Data are being collected anonymously.
- This study has been approved by the Oregon State University IRB.
- The first section of the survey is required informed consent information. Please read it. Your clicking "yes" will indicate your consent as well as you meeting the participation criteria. It will allow you to proceed with the survey.
- If you are willing to participate click on this link to the online survey_____

For more information about this study, please contact the principal investigator, Kok-Mun Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

Thank you in advance for your time.

Sincerely,

Kok-Mun Ng, PhD Principal Investigator
Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
Oregon State University

Appendix K

Email Sent to CACREP-Program Liaisons

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and Counselor's Social Influence Attributes

Dear CACREP-Program Liaison,

We are seeking your assistance in forwarding a research participation request to faculty members in your program and site supervisors who are supervising your clinical mental health counseling program internship students. We thank you in advance.

We are seeking current counselor educators and counseling supervisors who meet the following criteria to participate in our research that seeks to examine supervisor evaluations of counselor's ability to form therapeutic working alliance and counselor's social influence attributes:

- Full-time or part-time counselor educators who have supervised master's-level clinical mental health counseling (CMHC) students in their internship for at least 2 semesters or 3 quarter terms; **or**
- Licensed mental health counselors, licensed professional counselors, or equivalent who have experience supervising master's-level CMHC interns or pre-licensed counselors for at least a year; **or**
- State counseling licensure board-approved counseling supervisor.

For this study we are using the definition of Bordin (1979) who categorized the alliance into three specific negotiations: goal, task, and bond; and maintained that the therapeutic alliance plays a primary role in the change process. We are also using the definition of social influence from Strong's (1968) social influence model. Strong's model proposed that the social power of the counselor determined the degree to which therapy is successful (Grimes, Murdock, & Freedheim, 1989).

Participation in this study will take 10 minutes. Participants will be asked to review an informed consent, complete a short demographic sheet, read a short counseling vignette, and respond to two short sets of evaluation items based on the vignette viewed.

- Data are being collected anonymously.
- This study has been approved by the Oregon State University IRB.
- The first section of the survey is required informed consent information. Please read it. Clicking "yes" indicates consent as well as meeting of the participation criteria. It will bring participants to the research online site.
- Please click on this link to participate in the study_____

For more information about this study, please contact the principal investigator, Kok-Mun Ng at 541-737-3741 or kokmun.ng@oregonstate.edu. You can also contact the student researcher, Sabrina Marie Hadeed at 503-432-6168 or hadeedsa@onid.orst.edu.

Thank you in advance for your time.

Sincerely,

Kok-Mun Ng, PhD Principal Investigator
 Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
 Oregon State University

Appendix L
Reminder Email for Research Study:

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and
Counselor's Social Influence Attributes

Dear Counseling Supervisor,

Two weeks ago, we sent you an email requesting your participation in a research project titled above. If you have completed the survey, we want to thank you. If you have yet to participate, please consider taking part in the study. Please click on this link to the access and participate in the study:

http://oregonstate.qualtrics.com/SE/?SID=SV_7V4jgh97cKoeW33

Thank you very much.

Dr. Kok-Mun Ng, PhD Principal Investigator
Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
Oregon State University

Appendix M
Hardcopy Reminder for Research Study:

Supervisor Evaluations of Counselor's Ability to Form Therapeutic Working Alliance and
Counselor's Social Influence Attributes

Dear Counseling Supervisor,

Two weeks ago, we sent you a letter requesting your participation in a research project titled above. If you have mailed the survey, we want to thank you. If you have yet to participate, please consider taking part in the study. You may do so in one of the following ways:

- Complete and return the research materials using the postage-prepaid self-addressed envelope that were included in the materials previous sent to you.
- Use this link to access and complete the online survey
- Email us (hadeedsa@onid.orst.edu) for the research website address. We will email you the online survey link for you to directly access the research website.

Thank you very much.

Dr. Kok-Mun Ng, PhD Principal Investigator
Sabrina Marie Hadeed, MA, LPC, NCC, Doctoral Candidate, Student Researcher
Oregon State University

Appendix N

Instructions to Participants and Vignettes

The following vignette is a depiction of a counseling session. The vignette is entirely fictional but created to represent a typical session encounter between client and counselor. Please read the case description as if you were the supervisor evaluating the counselor and then answer the questions about the counselor's ability. When you are finished, please click the submit button. This evaluation is based on best estimation, as you have limited information. Focus on your initial impressions of the counselor.

Vignette 1

Therapist profile: The therapist, Jo, is a Caucasian 28-year-old transgender-female. She graduated with a Master's in Clinical Mental Health Counseling in 2013. She is currently receiving supervision for her professional practice license. She is dressed professionally for the session.

Client presenting concerns: The client, Ruby, is a 30-year-old Caucasian female who initially sought treatment for what she described as “mild anxiety” in the form of worrying “all the time about everything ranging from projects at work, to her 5-year-old’s development.” She has not had any previous professional counseling experience.

The session segment depicted below is in the beginning of their 7th session. Please read through the entire segment before moving onto the evaluations. You will be asked to provide evaluation of the counselor on therapeutic working alliance and social influence attributes based on the information in the vignette.

Therapist: Hi, come on in (*therapist motions for client to come in and have a seat. The therapist has a tidy desk and seems ready for the session*). It's good to see you.

Client: I think I should tell you that I don't think that therapy is working because I am still feeling overwhelmed.

Therapist: Hm, ok. Tell me more about how you are feeling overwhelmed...

Client: Well, I feel overwhelmed even to come here and meet with you each week for an hour. It doesn't make sense to me. Coming to therapy is something that's one more thing I have to make time for and I'm not even sure it's worth it. I mean, maybe we should change something about our meetings.

Therapist: So you want to stop coming to sessions?

Client: I don't know. That's why I'm asking you. (*Ruby sighs loudly*). I just feel overwhelmed even right now.

Therapist: Okay, let's pause for a moment. I am hearing you are overwhelmed even now, as we talk about your thoughts regarding whether therapy is working. I want to understand what is coming up for you.

Client: I feel overwhelmed, that's what's coming up for me. But maybe I'm making it a bigger deal than it needs to be.

Therapist: Okay. You feel overwhelmed.

Client: Yes, I already said that and now you are just repeating it.

Therapist: Hm, Okay... (*hesitating*)... So you are questioning this therapy process. It seems like you would like for me to come up with possibilities for how we might change things up in our sessions, am I getting that right?

Client: Yeah. That's pretty much right.

Therapist: Can you tell me more?

Client: Well, sometimes I feel like you don't really understand what I need; but I also think that maybe I just feel that way in general about all relationships. Like no one can help and no one can understand.

Therapist: So you feel frustrated...overwhelmed (to use your word) that I don't really understand you and you also wonder if you play a role in feeling misunderstood.

Client: Yeah.

Therapist: Between feeling frustrated...is it okay that I am using the term frustrated?

Client: Yeah.

Therapist: Okay. So between feeling frustrated and thoughtful about your role, which of the two are more powerful right now?

Client: I don't know.

Therapist: Okay. You don't know. Hmm ... I wonder... (*hesitating*) I am curious about your feeling of frustration with me right now, in this moment. Tell me more about that part.

Client: (*Client is flushed and speaking more loudly, not making eye contact*). Well, it's like I said. I don't think that you understand me. I'm... like irritated and also like maybe I should not have brought it up.

Therapist: What might happen if I don't get it right, if I don't understand you the way you want to be understood?

Client: Well, then I would be feeling the exact way like what I'm feeling right now... overwhelmed ... regretting speaking up.

Therapist: (*therapist's tone is gentle and assertive*) Okay. I'm going to try checking in with you as I go to make sure I understand what you're saying.

Client: (*client shifts back in the chair*) Okay.

Therapist: You are saying that you feel overwhelmed and irritated and that that feeling is coming from a few things...its coming from feeling like these sessions aren't helping, feeling like I don't understand what you need, and regretful that you brought it up with me today. Did I get that right?

Client: Yes.

Therapist: You also feel like in many of your relationships, you are not being understood.

Client: Yes. That's right.

Therapist: What is coming up for you right now, as I reflect what I think I hear you saying? What is the feeling?

Client: I feel less annoyed right now.

Therapist: What do you think helped?

Client: (*Client is making intermittent eye contact again*) I think that it helps me feel like you really want to understand and that maybe it's not a bad thing that I brought it up.

Therapist: Okay, so you feel like you can trust that I do want to understand you and that it is okay that you brought this up today. Did I get that right?

Client: Yeah.

Vignette 2

Therapist profile: The therapist, Jo, is a Caucasian 28-year-old female. She graduated with a Master's in Clinical Mental Health Counseling in 2013. She is currently receiving supervision for her professional practice license. She is dressed professionally for the session.

Client presenting concerns: The client, Ruby, is a 30-year-old Caucasian female who initially sought treatment for what she described as “mild anxiety” in the form of worrying “all the time about everything ranging from projects at work, to her 5-year-old's development.” She has not had any previous professional counseling experience.

The session segment depicted below is in the beginning of their 7th session. Please read through the entire segment before moving onto the evaluations. You will be asked to provide evaluation of the counselor on therapeutic working alliance and social influence attributes based on the information in the vignette.

Therapist: Hi, come on in (*therapist motions for client to come in and have a seat. The therapist has a tidy desk and seems ready for the session*). It's good to see you.

Client: I think I should tell you that I don't think that therapy is working because I am still feeling overwhelmed.

Therapist: Hm, ok. Tell me more about how you are feeling overwhelmed...

Client: Well, I feel overwhelmed even to come here and meet with you each week for an hour. It doesn't make sense to me. Coming to therapy is something that's one more thing I have to make time for and I'm not even sure it's worth it. I mean, maybe we should change something about our meetings.

Therapist: So you want to stop coming to sessions?

Client: I don't know. That's why I'm asking you. (*Ruby sighs loudly*). I just feel overwhelmed even right now.

Therapist: Okay, let's pause for a moment. I am hearing you are overwhelmed even now, as we talk about your thoughts regarding whether therapy is working. I want to understand what is coming up for you.

Client: I feel overwhelmed, that's what's coming up for me. But maybe I'm making it a bigger deal than it needs to be.

Therapist: Okay. You feel overwhelmed.

Client: Yes, I already said that and now you are just repeating it.

Therapist: Hm, Okay... (*hesitating*)... So you are questioning this therapy process. It seems like you would like for me to come up with possibilities for how we might change things up in our sessions, am I getting that right?

Client: Yeah. That's pretty much right.

Therapist: Can you tell me more?

Client: Well, sometimes I feel like you don't really understand what I need; but I also think that maybe I just feel that way in general about all relationships. Like no one can help and no one can understand.

Therapist: So you feel frustrated...overwhelmed (to use your word) that I don't really understand you and you also wonder if you play a role in feeling misunderstood.

Client: Yeah.

Therapist: Between feeling frustrated...is it okay that I am using the term frustrated?

Client: Yeah.

Therapist: Okay. So between feeling frustrated and thoughtful about your role, which of the two are more powerful right now?

Client: I don't know.

Therapist: Okay. You don't know. Hmm ... I wonder... (*hesitating*) I am curious about your feeling of frustration with me right now, in this moment. Tell me more about that part.

Client: (*Client is flushed and speaking more loudly, not making eye contact*). Well, it's like I said. I don't think that you understand me. I'm... like irritated and also like maybe I should not have brought it up.

Therapist: What might happen if I don't get it right, if I don't understand you the way you want to be understood?

Client: Well, then I would be feeling the exact way like what I'm feeling right now... overwhelmed ... regretting speaking up.

Therapist: (*therapist's tone is gentle and assertive*) Okay. I'm going to try checking in with you as I go to make sure I understand what you're saying.

Client: (*client shifts back in the chair*) Okay.

Therapist: You are saying that you feel overwhelmed and irritated and that that feeling is coming from a few things...its coming from feeling like these sessions aren't helping, feeling like I don't understand what you need, and regretful that you brought it up with me today. Did I get that right?

Client: Yes.

Therapist: You also feel like in many of your relationships, you are not being understood.

Client: Yes. That's right.

Therapist: What is coming up for you right now, as I reflect what I think I hear you saying? What is the feeling?

Client: I feel less annoyed right now.

Therapist: What do you think helped?

Client: (*Client is making intermittent eye contact again*) I think that it helps me feel like you really want to understand and that maybe it's not a bad thing that I brought it up.

Therapist: Okay, so you feel like you can trust that I do want to understand you and that it is okay that you brought this up today. Did I get that right?

Client: Yeah.

Vignette 3

Therapist profile: The therapist, Jo, is a Caucasian 58-year-old transgender-female. She graduated with a Master's in Clinical Mental Health Counseling in 2013. She is currently receiving supervision for her professional practice license. She is dressed professionally for the session.

Client presenting concerns: The client, Ruby, is a 30-year-old Caucasian female who initially sought treatment for what she described as “mild anxiety” in the form of worrying “all the time about everything ranging from projects at work, to her 5-year-old’s development.” She has not had any previous professional counseling experience.

The session segment depicted below is in the beginning of their 7th session. Please read through the entire segment before moving onto the evaluations. You will be asked to provide evaluation of the counselor on therapeutic working alliance and social influence attributes based on the information in the vignette.

Therapist: Hi, come on in (*therapist motions for client to come in and have a seat. The therapist has a tidy desk and seems ready for the session*). It's good to see you.

Client: I think I should tell you that I don't think that therapy is working because I am still feeling overwhelmed.

Therapist: Hm, ok. Tell me more about how you are feeling overwhelmed...

Client: Well, I feel overwhelmed even to come here and meet with you each week for an hour. It doesn't make sense to me. Coming to therapy is something that's one more thing I have to make time for and I'm not even sure it's worth it. I mean, maybe we should change something about our meetings.

Therapist: So you want to stop coming to sessions?

Client: I don't know. That's why I'm asking you. (*Ruby sighs loudly*). I just feel overwhelmed even right now.

Therapist: Okay, let's pause for a moment. I am hearing you are overwhelmed even now, as we talk about your thoughts regarding whether therapy is working. I want to understand what is coming up for you.

Client: I feel overwhelmed, that's what's coming up for me. But maybe I'm making it a bigger deal than it needs to be.

Therapist: Okay. You feel overwhelmed.

Client: Yes, I already said that and now you are just repeating it.

Therapist: Hm, Okay... (*hesitating*)... So you are questioning this therapy process. It seems like you would like for me to come up with possibilities for how we might change things up in our sessions, am I getting that right?

Client: Yeah. That's pretty much right.

Therapist: Can you tell me more?

Client: Well, sometimes I feel like you don't really understand what I need; but I also think that maybe I just feel that way in general about all relationships. Like no one can help and no one can understand.

Therapist: So you feel frustrated...overwhelmed (to use your word) that I don't really understand you and you also wonder if you play a role in feeling misunderstood.

Client: Yeah.

Therapist: Between feeling frustrated...is it okay that I am using the term frustrated?

Client: Yeah.

Therapist: Okay. So between feeling frustrated and thoughtful about your role, which of the two are more powerful right now?

Client: I don't know.

Therapist: Okay. You don't know. Hmm ... I wonder... (*hesitating*) I am curious about your feeling of frustration with me right now, in this moment. Tell me more about that part.

Client: (*Client is flushed and speaking more loudly, not making eye contact*). Well, it's like I said. I don't think that you understand me. I'm... like irritated and also like maybe I should not have brought it up.

Therapist: What might happen if I don't get it right, if I don't understand you the way you want to be understood?

Client: Well, then I would be feeling the exact way like what I'm feeling right now... overwhelmed ... regretting speaking up.

Therapist: (*therapist's tone is gentle and assertive*) Okay. I'm going to try checking in with you as I go to make sure I understand what you're saying.

Client: (*client shifts back in the chair*) Okay.

Therapist: You are saying that you feel overwhelmed and irritated and that that feeling is coming from a few things...its coming from feeling like these sessions aren't helping, feeling like I don't understand what you need, and regretful that you brought it up with me today. Did I get that right?

Client: Yes.

Therapist: You also feel like in many of your relationships, you are not being understood.

Client: Yes. That's right.

Therapist: What is coming up for you right now, as I reflect what I think I hear you saying? What is the feeling?

Client: I feel less annoyed right now.

Therapist: What do you think helped?

Client: (*Client is making intermittent eye contact again*) I think that it helps me feel like you really want to understand and that maybe it's not a bad thing that I brought it up.

Therapist: Okay, so you feel like you can trust that I do want to understand you and that it is okay that you brought this up today. Did I get that right?

Client: Yeah.

Vignette 4

Therapist profile: The therapist, Jo, is a Caucasian 58-year-old female. She graduated with a Master's in Clinical Mental Health Counseling in 2013. She is currently receiving supervision for her professional practice license. She is dressed professionally for the session.

Client presenting concerns: The client, Ruby, is a 30-year-old Caucasian female who initially sought treatment for what she described as "mild anxiety" in the form of worrying "all the time about everything ranging from projects at work, to her 5-year-old's development." She has not had any previous professional counseling experience.

The session segment depicted below is in the beginning of their 7th session. Please read through the entire segment before moving onto the evaluations. You will be asked to provide evaluation of the counselor on therapeutic working alliance and social influence attributes based on the information in the vignette.

Therapist: Hi, come on in (*therapist motions for client to come in and have a seat. The therapist has a tidy desk and seems ready for the session*). It's good to see you.

Client: I think I should tell you that I don't think that therapy is working because I am still feeling overwhelmed.

Therapist: Hm, ok. Tell me more about how you are feeling overwhelmed...

Client: Well, I feel overwhelmed even to come here and meet with you each week for an hour. It doesn't make sense to me. Coming to therapy is something that's one more thing I have to make time for and I'm not even sure it's worth it. I mean, maybe we should change something about our meetings.

Therapist: So you want to stop coming to sessions?

Client: I don't know. That's why I'm asking you. (*Ruby sighs loudly*). I just feel overwhelmed even right now.

Therapist: Okay, let's pause for a moment. I am hearing you are overwhelmed even now, as we talk about your thoughts regarding whether therapy is working. I want to understand what is coming up for you.

Client: I feel overwhelmed, that's what's coming up for me. But maybe I'm making it a bigger deal than it needs to be.

Therapist: Okay. You feel overwhelmed.

Client: Yes, I already said that and now you are just repeating it.

Therapist: Hm, Okay... (*hesitating*)... So you are questioning this therapy process. It seems like you would like for me to come up with possibilities for how we might change things up in our sessions, am I getting that right?

Client: Yeah. That's pretty much right.

Therapist: Can you tell me more?

Client: Well, sometimes I feel like you don't really understand what I need; but I also think that maybe I just feel that way in general about all relationships. Like no one can help and no one can understand.

Therapist: So you feel frustrated...overwhelmed (to use your word) that I don't really understand you and you also wonder if you play a role in feeling misunderstood.

Client: Yeah.

Therapist: Between feeling frustrated...is it okay that I am using the term frustrated?

Client: Yeah.

Therapist: Okay. So between feeling frustrated and thoughtful about your role, which of the two are more powerful right now?

Client: I don't know.

Therapist: Okay. You don't know. Hmm ... I wonder... (*hesitating*) I am curious about your feeling of frustration with me right now, in this moment. Tell me more about that part.

Client: (*Client is flushed and speaking more loudly, not making eye contact*). Well, it's like I said. I don't think that you understand me. I'm... like irritated and also like maybe I should not have brought it up.

Therapist: What might happen if I don't get it right, if I don't understand you the way you want to be understood?

Client: Well, then I would be feeling the exact way like what I'm feeling right now... overwhelmed ... regretting speaking up.

Therapist: (*therapist's tone is gentle and assertive*) Okay. I'm going to try checking in with you as I go to make sure I understand what you're saying.

Client: (*client shifts back in the chair*) Okay.

Therapist: You are saying that you feel overwhelmed and irritated and that that feeling is coming from a few things...its coming from feeling like these sessions aren't helping, feeling like I don't understand what you need, and regretful that you brought it up with me today. Did I get that right?

Client: Yes.

Therapist: You also feel like in many of your relationships, you are not being understood.

Client: Yes. That's right.

Therapist: What is coming up for you right now, as I reflect what I think I hear you saying? What is the feeling?

Client: I feel less annoyed right now.

Therapist: What do you think helped?

Client: (*Client is making intermittent eye contact again*) I think that it helps me feel like you really want to understand and that maybe it's not a bad thing that I brought it up.

Therapist: Okay, so you feel like you can trust that I do want to understand you and that it is okay that you brought this up today. Did I get that right?

Client: Yeah.

Appendix O

Demographic Information

Please complete the following demographic items.

Number of years a supervisor: ____ (1-2 years) ____ (2-4 years) ____ (5 or more years)
Your gender: ____ female ____ male ____ gender non-conforming ____ transgender
Your age: ____
The state in which you currently reside: ____
Your highest degree: ____ masters ____ EdS ____ PhD ____ PsyD ____ EdD
Your race or ethnicity:
____ African-American ____ Asian/Asian American/Pacific Islander
____ Native American ____ non-Hispanic White ____ Other
Work setting: ____

Appendix P

Supervisor Working Alliance Inventory- Observer (SWAI-O) Evaluation

Instructions

On the following pages there are sentences that describe some of the different ways a therapist/client dyad may interact in therapy.

If a statement describes the way you always (consistently) perceive the dyad, circle the number 7; if it never applies to the dyad, circle the number 1.

Use the numbers in between to describe the variations between these extremes.

1. Within this segment, there is agreement about the steps taken to help improve the client's situation.

1 2 3 4 5 6 7

2. Within this segment, there is agreement about the usefulness of the current activity in therapy (i.e., the client is seeing new ways to look at his/her problem).

1 2 3 4 5 6 7

3. There is a perception that the time spent in this segment is not spent efficiently.

1 2 3 4 5 6 7

4. The therapy process does not make sense to the client in this segment.

1 2 3 4 5 6 7

5. There is agreement about what client's role or responsibilities are in this segment.

1 2 3 4 5 6 7

6. The client is frustrated with what he/she is being asked to do in this segment.

1 2 3 4 5 6 7

7. There is a sense of discomfort in the relationship.

1 2 3 4 5 6 7

8. There is good understanding between the client and therapist.

1 2 3 4 5 6 7

9. The client and the therapist respect each other.

1 2 3 4 5 6 7

10. There is mutual trust between the client and therapist.

1 2 3 4 5 6 7

11. The client is aware that the therapist is genuinely concerned for his/her welfare.

1 2 3 4 5 6 7

12. Both the client and therapist see their relationship as important to the client

1 2 3 4 5 6 7

Appendix Q Counselor Rating Form – Short (CRF-S)

We would like you to rate several characteristics of your therapist. For each characteristic on the following page, there is a seven-point scale that ranges from "not very" to "very." Please mark the circle at the point on the scale that best represents how you view the therapist. For example:

FUNNY						
not very	.	.	.	.	.	very
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WELL DRESSED						
not very	.	.	.	.	.	very
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

These ratings might show that the therapist does not joke around much, but dresses wisely.

Though all of the following characteristics are desirable, therapists differ in their strengths. We are interested in knowing how you view these differences.

FRIENDLY		
not very	____:____:____:____:____:____:____	very

EXPERIENCED		
not very	____:____:____:____:____:____:____	very

HONEST		
not very	____:____:____:____:____:____:____	very

LIKABLE		
not very	____:____:____:____:____:____:____	very

EXPERT		
not very	____:____:____:____:____:____:____	very

	RELIABLE	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	SOCIABLE	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	PREPARED	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	SINCERE	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	WARM	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	SKILLFUL	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very

	TRUSTWORTHY	
not very	_____ : _____ : _____ : _____ : _____ : _____ : _____	very