AN ABSTRACT OF THE DISSERTATION OF

Marci L. Nelson for the degree of Doctor of Philosophy in Counseling
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Title: The Influence of Administrative Supervision on Counselor Subordinates:
Uncharted Territory

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Deborah J. Rubel

The purpose of this dissertation is to convey research on counselors' experience of

administrative supervision. While research in counseling has given much attention to *clinical*

supervision and the relationship between clinical supervisor and supervisee, it has not adequately

attended to the important and influential role of *administrative supervision* and its impacts on

counselor subordinates. There is limited research and literature that suggests administrative

supervision is important to the welfare of counselor subordinates, such as in burnout prevention,

and also important to counselor subordinates' job performance, which can have an impact on

client welfare. However, no research was found in the field of counseling that directly examines

administrative supervision's effects. This study addresses a gap in counseling research by

utilizing qualitative grounded theory methodology to shine a light on how therapists experience

administrative supervision. Primary categories that developed from this study included

counselors evaluating administrative supervisors, *administrative supervisors' alignment with*

counseling principles, *counselors responding to conditions of administrative supervision*, and

impacts on counselors professionally and personally. The major finding of the study involved

the generation of a grounded theory to explain how participants experienced administrative supervision. Participants described their experience of administrative supervision as a process of *evaluating their administrative supervisors through a lens of idealism* formed in their personal backgrounds, but *further refined and strengthened by their graduate training and education.* Participants went into agency work with strong ideals that were often disappointed by the administrative supervision they received. To navigate this, they responded by *performing the work*, *relating to others*, and *taking personal actions*. When administrative supervisors aligned with participants' ideals, participants experienced positive effects on their work performance, commitment to the profession, relationships with others, and personal well-being; but when they experienced mis-alignment, they experienced negative impacts in these areas. Member checking confirmed that participants felt the generated grounded theory captured their experiences and also that it helped them put words to what they felt but had not been able to articulate. In conclusion, the developed grounded theory of this study did explain how the participants experience administrative supervision, helped the participants put words to their experiences, and provides a foundation for future research and attention to this neglected area of counseling practice.

The Influence of Administrative Supervision on Counselor Subordinates: Uncharted Territory

by
Marci L. Nelson

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APPROVED:

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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.

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Marci L. Nelson, Author

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"We don't have to do all of it alone. We were never meant to." – Brené Brown

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Chapter I: Introduction

Clinical supervision, focused on the development and skill building of new counselors, has stood as a visible and well-researched dimension of counseling leadership (Curtis & Sherlock, 2006). This is certainly a crucial aspect of counselor preparation and training, but it is also a relatively short-term influence as most counselors experience clinical supervision primarily for the first two to four years of their education and pre-licensure practice. Beyond clinical supervision, counselors who work in agency settings also experience *administrative supervision*, yet this dimension of the work is largely invisible in the literature and research of counseling.

Administrative supervisors (also known as managers) are responsible for a variety of duties with regard to overseeing the work of therapists and directing the activities that support the mission of the organization and client care. These responsibilities generally involve *non-clinical* managerial functions including, but not limited to: hiring, firing, performance evaluations, compensation decisions, time-off requests, setting caseloads, managing daily operations, budgeting, organizational decision-making, quality control, etc. (Aasheim, 2007; Curtis & Sherlock, 2006; Tromski-Klingshirn & Davis, 2007). In other words, these are the supervisors who counselor subordinates (CS) could identify as *bosses*. While they may also provide clinical supervision, they also have power over the livelihoods of their subordinates and the ability to directly influence the working environment, direction, and objectives of the organization.

However, a review of the literature suggests that the field of counseling has not adequately investigated the dimension of administrative supervision in counseling (Curtis & Sherlock, 2006; Paradise, Ceballos, & Hall, 2010). This absence of attention to a crucial aspect

of service oversight and provision means that counselors who ascend to leadership roles do so without clearly accessible, research-supported methods for effective management of other counselors. Research on the influence of administrative supervision in counseling is important for the well-being of the counselor subordinate, for the adoption and application of evidence-based therapy practices, and for the development of the aspiring counselor leader. However, the relatively young field of counseling has neglected administrative supervision and its impact; even though many mental health clinicians go on to serve in administrative leadership roles (Paradise et al., 2010).

Research outside of counseling in areas such as business, nursing, and social work shows the influence and impact an administrative manager has on subordinates, and ultimately client care. Evidence of this influence on staff in other professions can be seen in worker well-being (Burton & Hoobler, 2006; Dale & Fox, 2008; Gillet, Fouquereau, Forest, Brunault, & Colombat, 2012); adoption of evidence-based practices (Aarons, 2006; Hemmelgam, 2006; Horwitz et al., 2014; Yackel, Short, Lewis, Breckenridge-Sproat, & Turner, 2013; Zazzali et al., 2008); employee engagement and turnover (Knudsen, Johnson, & Roman, 2003); and worker self-efficacy (Bohn & Grafton, 2002). One could assume the same would hold true for the counseling profession, but there is not any evidence to indicate this is the case or to guide counselor managers for the specific needs of the profession and its practitioners.

Those counselors who wish to manage and lead others need research-supported strategies that are tailored to the profession and training in those strategies, but these are not readily available. Ponton and Cavaiola (2008, p. 283) state, "By choice or by chance, counselors take on leadership roles . . . From department supervisor to program manager, from clinical director to C.E.O., from dean to owner/president, counselors are called to leadership." The authors suggest

that, regardless of training or preparation, counselors and other human service workers often find themselves in managerial leadership roles, and yet, counselor education programs and other professional development sources do not emphasize managerial leadership preparation. Browning (2007) said counselors can and do move into high leadership positions, such as C.E.O.s of major corporations, and there is an advanced leadership skill set, beyond the counseling skill set, that must be learned in order for the counselor to be effective in these roles. Given that counselors are often motivated to take on higher levels of leadership and career advancement, beyond front-line helping, they need increased support for these aims so that they can provide the best support for their counselor subordinates. Curtis and Sherlock (2006) assert that counselors who move into administrative leadership have had very little preparation or training for their roles. The authors state that "Managerial leadership, like counseling, is as much art as science, requiring effective managerial leaders to invest time and effort in developing their abilities" (p.122). The field of counseling is highly concerned with ethics, evidence-based practices, and human welfare in practice when it comes to clinical supervision and must not ignore these values in administrative supervision.

Purpose of the Study

The purpose of this study is to understand *how counselors experience administrative supervision* and to expand avenues of further investigation in order to contribute to a differentiated body of knowledge about the dimension of administrative supervision specific to the field of psychological counseling. Counselors were asked directly about their experiences in order to gain a better understanding from those who directly experience this dimension of the work.

This study is significant as no other research in counseling has asked counselors directly about administrative supervision or investigated the influence of administrative supervisors on counselors. Where research in other fields demonstrates that administrative supervisors have a great deal of influence on and power over subordinates' work, welfare, and potentially client care; the field of counseling has given no attention to this facet of counseling.

Further, given that administrative supervisors have power over the livelihoods of their subordinates, counselors may not have an avenue to share these experiences or advocate for improvements for fear of retaliation. This study liberates the voices of counselor workers; providing crucial information that could improve working conditions and thus therapists' ability to remain personally healthy and able to provide quality services to their clients.

This method of research addresses the big gap in knowledge about how administrative supervision influences and affects counselors and their work. It is within this framework that the central research question is posed: *How do counselors experience administrative supervision?*

Rationale for the Study

The impact and effects of administrative supervision on counselors was investigated for the following reasons:

1. Though counseling researchers have written much about *clinical supervision*, they have not adequately investigated the preparation, functions, and impact of the *administrative supervision* of counselors (Curtis & Sherlock, 2006).

2. Administrative supervision is everywhere in the counseling profession; from agency and clinic directors, to government division managers, to employee assistance program supervisors, to school settings, and beyond. Yet, very little is known about it from a

research perspective. Patricia Henderson, author of the only modern text on administrative supervision in counseling so far, points out, "To date, there is more practice of this type of supervision than there is theory or research" (2009, p. ix).

3. Counselors and other helpers experience a personal toll in the form of burnout, compassion fatigue, and vicarious trauma (White, 2006), and there is evidence that supervisory leaders can mitigate these issues (Maslach & Leiter, 1997). However, counseling research has not directly examined the connections between counselor well-being and supervisory leadership.

4. The field of counseling, like other helping professions, routinely presses counselors to use evidence-based practices with clients. Research in helping fields suggests that evidence-based supervisory leadership and organizational strategies may better support helpers to do this (Aarons, 2005, 2006; Aarons, 2004; Crowe, Deane, Kavanagh, King, & Oades, 2006; Gioia & Dziadosz, 2008; Hemmelgam, 2006). Yet, counseling research and literature does not mention the connection.

Rationale for the Methodology

The influence of an administrative supervisor on a counselor subordinate was studied through the qualitative methods of grounded theory (Charmaz, 2006; Creswell, 2007) in order to understand deeply the experiencing of the counselors. I have found no such research to date that informs this dimension of counseling, and only found one related grounded theory study in counseling on how counselors experience supervision, though the focus was mainly on clinical supervision (Magnuson, Wilcoxon, & Norem, 2000). The impact of the administrative supervisor on the counselor subordinate has not been adequately investigated, so it is important

to explore this area of counseling in order to know more about the impact of administrative supervision on those who practice counseling, and to contribute to a foundation of more in-depth understanding of this type of supervision.

While I have my own intuitive ideas about how my administrative supervisors have affected me as a counselor, I have not found any formal investigation into this area. Further, the influence of administrative supervision is multi-dimensional given the costs of caring (White, 2006), workload issues, multiple roles (Curtis & Sherlock, 2006), human variation, vulnerable client populations, etc. A grounded theory approach allowed for a discovery of information that honors these "complexities" of counselors' "lived experiences in a social context" (Fassinger, 2005, p. 157) by shining a light on the unheard voices and perspectives of the counselor subordinates (Creswell, 2007, pp. 39–40) in order to produce informed theories that can drive further research.

Theoretical Framework

The theoretical framework for this study is *social constructivist* as the theory generated from it depended on this researcher's lens and "cannot stand outside of it" (Charmaz, 2006). I have a social constructivist worldview and believe that knowledge and truth are constructed by humans and are not universal or static certainties (Ponterotto, 2005). Charmaz asserts that knowledge is intertwined with values and that constructivist grounded theory researchers "grapple" with these assumptions and influences. This research paradigm provides transparency and fits with my worldview. This is the stance of this study. Using a qualitative approach allowed me to be more transparent in my own bias and generated data and conclusions that are trustworthy.

Participants and Sampling

This study utilized "purposeful sampling" (Creswell, 2007, p. 127) of selected counselors who have the shared experience of reporting to administrative managers, but who may have varying work settings, different years of experience, diverse client populations, and even different levels of liking their supervisors. I sampled an array of therapists who report differing levels of job satisfaction.

Data Collection

Data was primarily collected through scheduled face-to-face video recorded interviews and was enhanced by recorded member checking phone conversations.

Interview Questions

Data collection in grounded theory research involves guided conversations with participants intended to produce rich, thick, descriptions of the area of interest (Charmaz, 2006; Corbin & Strauss, 2015). For this study, open-ended, non-judging, seed questions helped frame and focus the conversations, but clarifying questions and probes were used to further flesh out the data. Additionally, member checking conversations occurred in order to more fully answer the research question and verify trustworthiness of the study's generated grounded theory.

These were the seed questions used in the formal interviews:

- Describe your experience of receiving administrative supervision.

- How has AS influenced your work performance?

- How has AS impacted you personally?

- Describe the interaction between AS and your engagement with your work.

- What effect has AS had on your relationships; at work and outside of work?

- If you have worked under other ASs, talk about how they compare in influencing you.

I also asked:

- What other questions should be asked to better understand how CSs experience AS?

This questions honored the CS participants as "active collaborators" in this study and can help inform ongoing research in this area (Creswell, 2007, p. 22).

Data Analysis

The analysis of the data in grounded theory studies is both an informed process but also an individual one (Charmaz, 2006). While I was informed by the methods of Glaser and Strauss (1967), Corbin and Strauss (2015), Charmaz (2006), and Creswell (2007); I also evolved my own approach as well.

Steps.

While the reflexive nature of grounded theory research means data analysis is more circular and fluid than it is liner and systematic, these were the primary steps used to analyze the data for this study:

1. I read through and began the process of immersing into the data; experiencing it before more formally analyzing it (Corbin & Strauss, 2015).

2. I moved to *initial coding* to sort the data into manageable chunks and identify some emerging ideas and concepts. I used a "line by line" method initially (see Appendix E) and extracted raw themes that I then grouped into and out of potential categories.

3. I engaged in *constant comparisons*, or a process of asking questions of the data to better understand and evoke the concepts, categories, properties and dimensions of the data (Charmaz, 2006; Corbin & Strauss, 2015).

4. I moved the data into varying levels of abstraction (I think of these as buckets) in order to gain a bigger picture of how the ideas fit together and what begins to stand out as important. I found whiteboarding and the use of sticky notes to be a good way to work with the data (see Appendix F).

5. I conducted written and voice *memoing* (see Appendix D) throughout the process in order to provide transparency and a roadmap of the analysis process. I also engaged in dialogues with my dissertation chair and others to further question and focus analysis.

6. I generated diagrams that visually represent and explain the data and connections within and among the categories, properties and dimensions.

7. I gathered additional data through member checking dialogues that helped refine the grounded theory.

8. I circled back to previous steps as new data or interpretations were added (Creswell, 2007), until a theory emerged that answers the research question.

Credibility and Trustworthiness

The trustworthiness of qualitative studies is enhanced by an array of strategies (Morrow, 2005). Similar to reliability, internal validity, external validity and objectivity in quantitative studies, qualitative studies strive to address dependability, credibility, transferability, and dependability to bolster the study's "goodness" (Morrow, 2005, p. 251). This is done by utilizing an array of strategies to increase transparency and to boost the quality of the data and conclusions.

One of such strategies this study employed to boost credibility was *member checking*, where I consulted the participants to ensure as much as possible that my understanding and interpretations matched what my participants intended to convey to me. Additionally, I had *prolonged engagement* with participants, from familiarity with some of their agencies and even knowing two of them personally, to initial rapport building for the study, and through emails and meetings with them. Finally, the study generated *thick descriptions* in order to illuminate the "…multiple layers of culture and context in which the experiences…" of the participants and researcher "…are imbedded" (Morrow, 2005, p. 252).

Transferability was addressed through *clarification of researcher bias* and transparency in regards to the "…research context, processes, participants, and researcher-participant relationships…" so that readers can evaluate how my conclusions might transfer to larger contexts (Morrow, 2005, p. 252). I certainly have assumptions, experiences, biases and philosophical stances that have naturally influenced my research strategies and conclusions, which are addressed further in Chapter III.

Dependability was addressed through documentation of the process of the research; including design, electronic dating, data collection methods, influences, and decision-making to create an "audit trail" that could be evaluated by peers and the dissertation committee members (Morrow, 2005).

Confirmability was addressed through these methods as well and involves my transparency, efficacy, rigor, and accountability of the research process (Morrow, 2005).

Summary

My use of grounded theory to investigate the influence of administrative supervisors on counselor subordinates shines a light on this unexamined dimension of the counseling field. It

generated a hypothesis that can be further examined, as well as liberated the voices of counselors who are the very best source of information on this experience, but who have never previously been asked directly anywhere in counseling research. It revealed more clearly the unique experiences and perspectives of the counselor participants in order to further advocacy for quality leadership practices for the field of counseling.

Overview of Remaining Chapters

Chapter II includes a selective review of related literature in other fields as well as a comprehensive review of the scarce literature on administrative supervision in counseling specifically. The bulk of the review was conducted prior to engaging in research, and then I conducted another review upon completion of the research and included this in the review and also in the study's Discussion. Chapter III covers a rich description of the research design and methodology as well as detailed definitions of the qualitative and grounded theory approaches. Chapter IV describes the formal interviews, highlights participants' voices, and conveys the analysis process and emerging theory. Chapter V explains the member checking process and further refinement of the theory. Chapter VI discusses the generated grounded theory, implications and opportunities for future research. Chapter VII concludes the final product.

Glossary of Terms

The following glossary of terms will elucidate the vocabulary used in this study in order create a shared understanding for readers. Further clarification will take place in Chapter II.

Administrative Supervision: The function of those who have the authority to hire staff, influence them, discipline them, terminate them as well as determine the scope of the work (Henderson, 2009), also known as "bosses."

Burnout (BO): "…dislocation between what people are and what they have to do… an erosion in values, dignity, spirit, and will—an erosion of the human soul." (Maslach & Leiter, 1997, p. 17). The experiencing of work exhaustion, cynicism, and ineffectiveness which impacts a worker's well-being and efficacy.

Clinical Supervision: "…an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession" (Bernard, Janine & Goodyear, 2004, p. 8).

Compassion Fatigue (CF): "…a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders, persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (Figley, 2002, p. 1435).

Costs of Caring: "…deleterious physical, emotional, and psychological effects on staff as a result of working regularly with clients who have experienced often life-threatening, traumatic events" (White, 2006, p. 342). The costs of caring include compassion fatigue, vicarious trauma and burnout.

Counselor: A masters-level helper who provides direct mental health therapy and who has obtained at least a master's degree in counseling, counselor education, or related therapeutic programs.

Leader: Any person who "… maximizes the efforts of others, towards the achievement of a goal" (Kruse, 2013).

Leadership: "…a process of social influence, which maximizes the efforts of others, towards the achievement of a goal" (Kruse, 2013).

Leadership Style: "…the manner and approach of providing direction, implementing plans, and motivating people," from Newstrom and Davis (1993) as sited by Clark (2010).

Management: "…a process whereby an individual influences a group of individuals to achieve a goal" (Curtis & Sherlock, 2006, p. 120). The term will be used interchangeably with the term *administrative supervisor*.

Manager: Any person who provides *management* and *administrative supervision.*

Subordinate: Any person who is under the authority of an administrative supervisor. Used interchangeably with worker, employee, counselor, and staff.

Supervisor: Any person who holds authority over staff and has the power to hire, influence, delegate, direct, discipline, and terminate staff (Henderson, 2009).

Vicarious Trauma (VT): "…the effect that working with individuals who have experienced trauma have on staff" (White, 2006, p. 342). Also referred to as secondary trauma (van Dernoot Lipsky & Burk, 2009), it is the experiencing of negative effects from witnessing evidence of abuse and neglect, hearing vivid details of traumatic events, or otherwise being affected by indirect exposure to or awareness of human suffering.

Worker: Any person who is under the authority of an administrative supervisor. Used interchangeably with counselor, staff and subordinate.

Chapter II: Literature Review

Introduction

This chapter will present research and literature that can inform this study's central research question: *how do counselors experience administrative supervision?* Unfortunately, little has been published on this topic in peer reviewed journals in counseling specifically, so this literature review will extend its reach to articles from business and other helping fields to help inform this dimension as it relates to *administrative supervision in counseling*. The review will begin with articles from the field of business, selected specifically because they relate to administrative supervision across all organizations. It will then explore articles on this topic in related helping fields such as nursing, corrections, and general mental health; as the nature of helping in counseling and related helping professions shares a quality of high personal demand on the helpers (White, 2006). Finally, it will review the small number of articles in counseling specifically related to administrative supervision.

Though counseling researchers have written much about *clinical supervision* (Curtis & Sherlock, 2006), they have not adequately investigated the preparation, functions, and impact of *administrative supervision* of counselors. Patricia Henderson, author of the only comprehensive text on administrative supervision in counseling so far, points out, "To date, there is more practice of this type of supervision than there is theory or research" (Henderson, 2009, p. ix). Administrative supervision is everywhere in the counseling profession; from agency and clinic directors, to government division managers, to employee assistance program supervisors, to school settings, and beyond. Yet, we know very little about this dimension of counseling, its impact on the practice of counseling, or its impact on the counselors themselves.

It is important to understand what is meant by *administrative supervision* and *administrative supervisors.* Administrative supervisors, essentially, are the managers or "bosses" who are charged with such tasks as *hiring*, *firing*, *performance evaluation*, *assigning duties*, and *managing daily operations* of the agency or organization. Administrative supervisors have power over the livelihood of the counselor subordinates and inform the organizational environment in which counseling is conducted. These people are the leaders of units and organizations, the people in them, and the people served by them.

Anyone who has ever worked under a great boss, or an inept one, can articulate how that leadership, or lack of it, influenced the domains of their work and life. Further, the human services field of counseling is unique in that it demands a great deal of interpersonal energy, compassion, and presence from each worker (Webster & Hackett, 1999). Not enough is known about the impact of administrative supervision on counselors which creates a significant blind spot when it comes to the provision of counseling services in general, and the impact on the counselors personally and professionally.

Central Question and Dimensions

Though much is known about effective administrative supervision in business, medical fields, social work, and other related helping fields; more must be known about how to effectively lead counseling organizations, and about the influence of those who transition from providing counseling to managing counseling organizations. It is within this framework that the central literature review question is posed: *What is currently known about the area of administrative supervision on the practice and practitioners of mental health counseling?* This literature review will examine the following dimensions that contribute to this question: (1) the delineation of administrative supervision from clinical supervision, (2) current literature and

research on the influence of administrative supervisors on subordinates in general, (3) current

literature and research on the influence of administrative supervisors on helpers in related fields

of helping, (4) current literature and research on the influence of administrative supervisors on

counselor subordinates, (5) gaps, weaknesses, implications of the literature in relation to this

research topic.

Clarification of Terms

The concepts of *management*, *supervision*, and *leadership* are difficult to distinguish

from one another, as they intermingle and often refer to the same function: motivating and

organizing people to accomplish a specified set of goals (Murry, 2010) that support an

organization's mission. The glossary in Chapter I contains definitions for the terms, but

discussion about them and how they relate to each other will further clarify the concepts

discussed in this literature review and the larger study in this dissertation.

The terms *manager* and *leader* are often distinguished from each other by the technical

organization and assignment of people/tasks [managing] and the motivating and developing of

the people to accomplish the tasks [leadership] (Lyman, 2012; Murry, 2010; Wallis, Yammarino,

& Feyerherm, 2011). As Rear Admiral Grace Hooper advised in her own retirement speech,

"You manage things; you lead people" (1986).

For the purposes of this chapter, *leadership* will be further defined as "…a process of

social influence, which maximizes the efforts of others, towards the achievement of a goal"

(Kruse, 2013). *Leadership style* will refer to "…the manner and approach of providing direction,

implementing plans, and motivating people," from Newstrom and Davis (1993) as sited by Clark

(2010). *Leadership behaviors* will refer to the collection of actions, interventions, strategies,

persona, and any other observable factors that represent the tangible qualities of leaders that can be experienced directly and indirectly by subordinates.

Supervisor and *manager* are also frequently used interchangeably in the research and literature, and in practice. However, they differ somewhat when it comes to focus. For example, my functional job title in my organization includes the term "manager" and as a part of my duties I also supervise people. However, what distinguishes me as a manager in my organization, from a supervisor, is the responsibility to oversee a program, set its goals, define its vision, decide how to allocate resources, etc. The distinguishing factor for these terms is *scope*. A manager may also supervise, but a manager has the larger task of "making significant decisions on what the unit does: its purpose, functions and role, and for making commitments and decisions that require the expenditure of significant unit resources," while a supervisor, then, is tasked with "implementing the manager's decisions through the work of subordinate employees" (Berkeley HR, 2015). Both managers and supervisors will be represented in this literature review, but the main interest in both is their power to direct, motivate and evaluate the work of others; which ties back to the concept of leadership.

Given the nature and structure of therapy supervision specifically, it will be important to distinguish *administrative supervision* from *clinical supervision*. Curtis and Sherlock (2006) make this distinction between clinical leadership and non-clinical; settling on the term *managerial leadership,* which they define as, "a process whereby an individual influences a group of individuals to achieve a goal" (p. 120). The focus is beyond each counselor's clinical practice and extends to behaviors and practices that support the business and its mission. Henderson's description of administrative supervision is much more detailed:

"While administrative supervision also focuses on the details of counseling, it has additional purposes: establishing interpersonally healthy, productive and satisfying work environments, ensuring staff members' work contributes appropriately to the mission and policies of the agency, and managing the system for delivering counseling services. Thus, in administrative supervision there is more emphasis on the context in which the counseling service is provided, counselors' specific job responsibilities, compliance with legal standards, policies, regulations and expectations for work habits than there is in clinical supervision" (2009, p. 8).

While I will occasionally use the term *manager* interchangeably with *administrative supervisor,* I prefer the latter term because it isn't as easily confused with other managerial functions, like budgeting, and keeps the focus on the interpersonal aspects of the leader/subordinate dyad.

Administrative supervisors have power and authority to hire workers, influence them, discipline them, and terminate them as well as determine the scope of the work (Henderson, 2009). Administrative supervisors set the tone for the organization, establish norms, facilitate meetings, determine and role model communication, and many other duties that would naturally influence line workers. An administrative supervisor may or may not also provide clinical supervision. An administrative supervisor is responsible for leading the collective direction of the group and organization, beyond the individual clinical practices of the subordinates. To further delineate administrative from clinical supervision, it is also important to define clinical supervision.

Bernard and Goodyear (2004) define *clinical supervision* as:

> …an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession" (p. 8).

Milne (2007) augments the Bernard and Goodyear definition to further explain the function of clinical supervision as, "The formal provision, by senior/qualified health practitioners, of an intensive, relationship-based education and training that is case-focused and which supports, directs and guides the work of colleagues (supervisees)" (p. 440). In essence, *clinical supervision* is specifically concerned with the development of the helper and oversight in regard to each client's case and care; the actual practice of the counseling.

Administrative supervision, on the other hand, might include clinical oversight but has the larger scope of addressing the operations and environment of the organization. As an example, we might consider the situation of a counselor subordinate taking sick leave to have elective surgery. A *clinical supervisor* would be concerned with continuation of client care, the counselor's energy levels and ability to be present for clients while balancing personal concerns, potential projection of the counselor's own health decision-making on clients with similar issues, assisting the counselor to prepare clients for the counselor's absence, etc. An *administrative supervisor* would additionally be concerned with the employee's use of paid or unpaid leave, ensuring coverage during the employee's absence, the impact of the absence on the operations of the clinic, other employees' concerns about the absence, disciplinary issues if the employee is abusing sick time, whether it counts under the Family Medical Leave Act, policies on employees taking leave, how the absence might affect the work team, the need to hire a temporarily

replacement and how that might impact the culture of the organization, etc. To put it simply, a *clinical supervisor* is concerned with the *practice of counseling* and an *administrative supervisor* is concerned with the *business of counseling.*

Other relevant terms.

This literature review includes other terms that require some clarification. *Helping* and *human services* will refer to the direct, interpersonal helping of humans to improve their human condition, cope with adversity, and function better in all areas of living; including professions such as counseling, social work, nursing, corrections, and other associated "people work" (Maslach & Leiter, 1997). *Helper* will refer to anyone who is providing direct helping services to others where the helper uses interpersonal skills, empathy, motivation, and other strategies to influence or support clients.

Employee, worker, and subordinate will refer to anyone who reports to an administrative supervisor and who is under the authority and direction of supervisors while providing helping services.

The term *evidence-based practices* (EBPs) is used among all facets of helping and counseling. There are many definitions for EBPs, but this literature review will use the definition put forth by The American Psychological Association (2006) as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p.273). EBPs are essentially research-supported practices expected to be more effective than those which have not been shown, or not *yet* been shown, by research to be effective.

Finally, this chapter will frequently reference the phenomena of *burnout* (BO), *compassion fatigue* (CF), and *vicarious trauma* (VT) because these are so common in the

helping professions. BO will refer to the worker's experiencing of "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind," (Maslach & Jackson, 1981, p. 99). CF will refer to "… the negative effects on clinicians due to work with traumatized clients," (Bride, Radey, & Figley, 2007, p. 156). VT will refer to the negative "transformation that occurs within the therapist (or other trauma worker)-as a result of empathic engagement with clients' trauma experiences and their sequelae," (Pearlman & Mac Ian, 1995, p. 558). All of these phenomena will be collectively referred to as *costs of caring*, (White, 2006).

Data Collection Methodology

My original intention was to conduct an exhaustive review of the literature on administrative supervision in counseling, however, due to the paucity of counseling literature and research on this topic, it will be necessary to selectively pull in literature from related helping fields such as social work, nursing, law enforcement, and business. I could not find a single research article in any peer-reviewed counseling journals on the influence of administrative supervision in counseling; using search terms such as "administrative supervision in counseling," "counseling administrative supervision," "managerial supervision in counseling," "supervisor influence on counselors," "counselor managers," "organizational culture in counseling," "leadership of counselors," "impact of supervision on counselors," "counseling leadership," "counseling managers," "leadership influence in counseling," "organizational leadership in counseling," "work culture impact on counselors/counseling," etc. It became necessary to ask a secondary literature review question: *What selected literature in related fields can be applied to better understand counselors' experience of administrative supervision?*

Literature for this review was pulled from the field of counseling as much as possible, but also from other helping fields. In addition, literature was selectively pulled from business and organizational development arenas in order to explore the overarching influence of administrative supervisors on employees; with an attempt to highlight the most relevant research as well as any research that spoke directly about the phenomenon of supervisor influence on employees wellbeing, work performance, costs of caring, adoption of evidence-based practices, turnover, commitment, client care, work culture, and work satisfaction.

Influence of Administrative Supervision on Subordinates Across Disciplines

The field of business has a history of examining leadership and the management of people, and can begin to inform the topic of how subordinates experience administrative supervision. However, while leadership has always existed in human and animal kingdoms, formal research of it did not begin until the 1930s (House & Aditya, 1997). The large field of business has been concerned with management and supervision for a long time and anyone can become quite overwhelmed with the number of books and articles on business and organizational leadership, management, and supervision. From pop-psychology case studies like *The Servant: A Simple Story About the True Essence of Leadership* (Hunter, 2012) to formal masters and doctoral programs in business management, organizational development, and leadership, one can obtain a vast array of knowledge and practices in leading and supporting the work of subordinates. Society's overwhelming emphasis on leadership, in and of itself, suggests the powerful role it plays in an organization's delivery of services and the impact on workers across many dimensions. Selected research and literature support this.

Worker Engagement and Performance

Research indicates that quality leaders and organizations influence workers in a way that evokes commitment and develops workers who willingly perform well within the standards of the organization. Several studies from the fields of business, organizational development, engineering, and others illustrate how leadership influences worker engagement and performance. The dimension of *organizational efficacy* (OE), was examined by Bohn and Grafton (2002) when they decided to research in particular how leadership behaviors influence OE; which they generally define as a subordinate's "…sense of 'can do'" and overall organizational confidence that the organization can be successful. They hypothesized that leadership would correlate strongly with organizational efficacy; particularly "the three factors of Organizational Efficacy… "(1) Sense of Mission or Purpose; (2) Sense of Collective Capability, and (3) Sense of Resilience" (p. 65). As the authors suspected, each group attributed leadership as the top influencer of OE. In other words, leadership is a key factor in influencing subordinates' beliefs in the organization's efficacy and their commitment to the mission and purpose of the organization.

Related to the property of *worker confidence*, Grand and Sumanth (2009) conducted extensive research on the influence of a supervisor's trustworthiness on subordinates' "prosocial motivation" to do their assigned work. The authors suggest that some workers may not have a clear way to gauge their efficacy or view their work as significant, especially in jobs where workers may not know the final outcomes. This relates to counseling, as counselors often do not know the "final outcomes" of their impact on client lives. To further explore the impact of trust, the researchers examined workers and supervisors in, what they called, "mission-driven organizations," defined as organizations who promote "core purposes that emphasize protecting

and promoting human wellbeing, not merely earning profits" (p.927). They began by examining

the correlation between supervisor trustworthiness and worker performance and found a strong

positive correlation between supervisors' perceived trustworthiness and worker performance.

This study certainly has implications for counseling since counselors work in mission-oriented

agencies, are mission-oriented in general, and often have little longer-term information about

their effectiveness. Counselors could similarly benefit from seeing their tasks as significant and

might also be similarly influenced by their supervisors' trustworthiness. Grand and Sumanth's

findings show "…that trustworthy managers can play an important role in increasing the

performance of pro-socially motivated employees by enabling them to see how their work makes

a difference" (p. 941).

Researchers have explored how various types and styles of leadership affect workers.

Ehrhart (2004) considered how servant leadership (Greenleaf, 1977) and organizational fairness

together influenced workers' organizational citizenship behaviors. In this study, these

constructs were examined among grocery store managers and subordinates. As might be

expected, it was found that when subordinates experienced servant leadership styles, they

reported a higher level of experienced organizational justice; and when they experienced leaders

caring for their wellbeing, they behaved with similar care and concern for their customers and

each other. It stands to reason this would be true in the administrative leadership of counselors.

Leadership approaches have been shown to impact the performance of subordinates.

Researchers examined how transformational leadership (Bass, 1985) influenced the performance

of a financial institution's work groups over a one year interval, and the study's results

corroborated that leaders' *transformational leadership* qualities such as consideration for

workers, intellectual stimulation, and charisma; produced a positive correlation to workers' unit

performance outcomes. There is certainly a need for counselors to perform well and to provide the best outcomes to clients, so this research supports a leadership practice that thoughtfully influences counselors to do their best work.

Not surprisingly, worker performance can also be impacted by the experience of burnout (BO) which is a phenomenon that leaders and organizations can mitigate (Maslach & Goldberg, 1999; Maslach & Leiter, 1997; Much, Swanson, & Jazazewski, 2005) and must address; as BO has a significant influence on worker performance and client outcomes as well (Oser, Biebel, Pullen, & Harp, 2013). This will be discussed further in the review of literature on the helping fields.

Effects on Worker Wellbeing and Performance

Research in counseling addresses counselor's influence on client welfare and also addresses clinical supervision's influence on counselor welfare and performance, but I could not find any that speaks to administrative supervision's influence on counselor performance or welfare. Yet, an administrative supervisor can have a strong positive or negative influence on the welfare and performance of supervisees, as studies in business have shown.

Effects of leadership approach on workers.

A supervisor's approach to leading others has been shown to have a clear influence on workers. Approaches can include such things as communication style, interpersonal skills, distribution of power, purpose and intentions, etc. Dale and Fox (2008) examined the effects of leadership style on manufacturing subordinates' levels of organizational commitment. They found a positive correlation between considerate leaders who help subordinates clearly understand their roles and workers' commitment to the organization. Wallace, Chernatony, and Buil (2013) examined how leaders influenced banking subordinates' commitment to their

organizations and brands, and they found that considerate leadership styles contributed to employees' commitment to the work and their organizations. Savas and Toprak (2014) considered how school principals' leadership style, in relation to the psychological climate of the organization, influenced teachers' levels of commitment and found strong correlations between leader behaviors and commitment. These findings in an array of non-counseling settings suggest that similar factors and influences could exist for counseling leaders and subordinates.

Effects of abusive leadership.

Where a thoughtful positive style has been shown to positively impact workers, one might ask what happens when a supervisor is actively cruel or abusive toward workers. Tepper (2000) investigated the influence of abusive supervision on subordinates; defined as "the extent to which supervisors engage in the sustained display of hostile verbal and nonverbal behaviors, excluding physical contact" (p.178), and found that workers across professions experienced negative consequences when working under an abusive supervisor. These included quitting, poor attitudes toward work and life, conflicts in work and family life, and increased emotional distress. Tepper, Henle, Lambert, Giacalone and Duffy (2008) examined the effect of *abusive supervision* defined as "sustained forms of nonphysical hostility perpetrated by managers against their subordinates (e.g., loud outbursts, undermining, and belittling)" (p.721) on workers' organizational deviant behaviors (misbehaviors such as theft, tardiness, low performance, etc.). They studied a wide array of professions, both helping and non-helping, and they found that not only was abusive supervision directly correlated to workers behaving badly, but that indirect exposure to an abusive supervisor also contributed to worker deviance as well. In other words, a worker exposed to another worker who had an abusive supervisor might also be inclined to misbehave.

The ripple effect of abusive supervision may have a wider impact beyond the supervisor/subordinate dyad. Another cross-profession study (Harris, Harvey, Harris, & Cast, 2013) corroborated this by showing that vicarious abusive supervision was as likely to cause workers' to behave and feel badly as direct abusive supervision, and further argued that both combined were especially detrimental to work performance and the organization. An abusive supervisor serves as a bad apple, capable of evoking damage across an organization.

Burton and Hoobler (2006) were interested in the impact of an abusive supervisor on subordinates, in particular, the *self-esteem* of subordinates. They defined an abusive supervisor as someone who used "hostile" behaviors toward subordinates, verbal and non-verbal, but not physical aggression (p. 341) and they included the dynamic of procedural fairness (Thibaut & Walker, 1975) which has been shown to have a significant influence in the workplace. The authors found a significant correlation between the nature of a supervisor's response to employee suggestions and employees' self-worth after receiving the feedback from the supervisors. This study's focus on the influence of an abusive supervisor on the self-worth of the worker highlights the significance of a supervisor's power over a worker's welfare and personhood.

While it is no surprise that an abusive leader would have a negative impact on workers, it might be a surprise that a disengaged and hands-off leader could produce similarly bad outcomes for subordinates. Researchers studied the effects of laissez-faire leadership on a wide sample of professions and found direct correlations between this style of leadership and worker conflicts, role conflicts, role ambiguity, and workplace bullying which lead to worker distress (Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). The authors go as far as calling laissez-faire leadership "destructive" (p.80), which further promotes the importance of attending to balance in leadership behaviors and subsequent impacts on workers. If a counseling agency has an abusive

or laissez-faire administrative supervisor overseeing the work of counselors, and counselors are negatively impacted by this, this may also negatively impact clients. Unbalanced supervision becomes an ethical concern for the field of counseling.

Other considerations for worker welfare.

It is not uncommon for people to comment on the "stress" they feel at work, and counselors' high responsibility for client welfare combined with little actual control over clients certainly results in stress. But to what degree do supervisors themselves mitigate or contribute to work stress? Offerman and Hellman (1996) examined the relationship between leader behaviors and worker stress among bankers. As expected, supportive leadership had a positive influence on reducing worker stress, but the authors also discovered that leaders may not always see the ways they contribute to stress or reduce it. In particular, the authors found that managers disregarded team building and task delegation as relevant, where workers did identify these as significant. This suggests that managers may not always attend to the most important factors that contribute to worker stress, retention, and welfare or see things from the perspectives of the workers.

Related to stress, burnout (BO) is an experience across professions and has been the focus of research as well. Seltzer and Numerof (1988) investigated how leadership styles correlated with BO in business workers, and they found that those who worked for "considerate" leaders had lower levels of BO, and that it was also correlated to supervisors dialing in the right amount of support and autonomy for the workers. In other words, too much managing and too little managing correlated to BO, where workers who felt comfortable with their level of autonomy had lower BO rates. Beyond that, the authors made a statement that has not been adequately answered by the literature, even today: "It is difficult to understand why supervisory

leadership behavior has been such a neglected variable in what is otherwise a rather extensive literature on burnout" (p. 444). Nearly 26 years later, after an extensive review of the literature, it seems leadership behavior is still neglected regarding BO, as well as worker welfare, and is largely absent in counseling literature to this day.

Across disciplines, supervisors' leadership approaches have been shown to have an impact on worker wellbeing; in particular a worker's feelings of competence, work satisfaction, and overall happiness (Gillet et al., 2012). Given that counseling is by nature concerned with human welfare, it stands to reason that the domain of administrative supervision's influence on worker welfare is an important focus area for counseling, as well as an ethical consideration for both workers and clients.

Effects of Fairness

Beyond the influences of a supervisor's overall approach, there are influential elements within a supervisor's power that have been shown to have a strong influence on workers. One of these elements is workplace *fairness.* Fairness is an organizational goal and a value, but it is also a variable that can be directly controlled by leaders and one that seems to have a fairly potent impact on subordinates. *Perceived fairness* is an often-examined construct that has been shown to have an influence on animals and human beings alike. Supervisors who direct the work of others are in the position to create or interfere with equity among the workers themselves. As the deciders of such aspects as pay, time off, rewards, punishments, work schedules, workloads, office location, windows, travel, etc., supervisors have a great influence on fairness and thus the experiences and attitudes of staff.

Riolli and Savicki (2006) considered the influence of "procedural justice" when they examined the constructs of fairness, leadership, and coping in relation to strain, burnout, and

turnover in the workers of an engineering firm. They conducted their research as an organization underwent a major company-wide change effort and looked at two divisions with very different procedural justice approaches. Their findings led them to conclude that lower procedural justice was predictive of higher burnout (BO) rates, which supports Maslach and Leiter's (1997) position that organizations should attend to *perceived fairness* in the workplace. The authors also put forth strategies that leaders and organizations could utilize to prevent BO and turnover, such as sharing information with all levels of staff prior to changes, eliciting and responding to employee concerns, coaching and modeling, and attending to employees' "sense of accomplishment" during difficult transitions.

Simons and Roberson (2003) examined the impact of *fairness* on hotel employees' organizational commitment, including turnover, and found that perceived justice had an influence on employee retention and customer service satisfaction ratings; implying that leadership's administration of *procedural fairness* influences employees' personal wellbeing and performance. Implications from research on fairness certainly could extend to counseling service agencies where procedural justice might be an issue around caseloads, compensation, recognition, performance standards, work environment, training opportunities, etc.

Influence of Administrative Supervision on Workers in Related Helping Fields

While literature from the field of business can help inform the counseling profession about the influence of administrative supervision on subordinates, it is important to examine what literature exists specifically in the "helping" fields since "helping" brings its own array of unique considerations for the helper (White, 2006) and is more closely related to the functions and experiences of counseling helpers. However, some argue that there has not been enough research on the influences of organizational leadership on helpers; as research in the helping

fields focuses more on client welfare than on helper welfare (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2011).

This section will examine more specifically what has been researched about the influence of administrative supervision for those who work directly with people and who are responsible for the kinds of interpersonal "helping" that require empathy, compassion, and an interpersonal presence that is distinct from other kinds of professions. These helping professions will include nursing, social work, corrections, and general mental health where no distinction is made between mental health sub-groups, and this section will examine dimensions such as *adoption of evidence-based practices, development of negative conditions related to caring*, and *work performance in helping*.

Influence on adoption of evidence-based practices.

From community corrections to social work and beyond, the helping fields are pushing the use of *evidence-based practices* (EBPs). The curriculums of national conferences in a variety of helping fields contain an array of EBP sessions, organizations' mission and values statements reference research-supported approaches, and many organizations promote EBPs as important to their work with clients. EBP has become the mantra across the helping fields, and practitioners are expected to adopt, learn, and implement these EBPs. It stands to reason that a supervisor might have an influence in how well workers do this.

Aarons (2006) examined connections between leadership practices and the attitudes of mental health workers in adopting EBPs. He stated that leadership is important in motivating workers to use EBPs, in forming attitudes about organizational change, and "the acceptance of innovations, such as evidence-based practices" (p.1162). Aarons investigated the relationship between leadership and worker attitudes about implementing EBPs by evaluating leadership via

the Multifactor Leadership Questionnaire [MLQ] Form 5X (Bass & Avolio, 2010), and he used

his own Evidence-Based Practice Attitude Scale [EBPAS] to assess the workers' attitudes toward

adopting EBPs (Aarons, 2004). He looked specifically at two leadership models,

transformational and *transactional* (Corrigan & Garman, 1999), which he posits are well-

supported by research, are culturally sensitive, and applicable across diverse organizations. He

concluded that there was an association between positive leadership ratings and positive worker

attitudes toward adopting EBPs; specifically, that both transformational and transactional

approaches had merit in positively influencing workers' attitudes. This aligns with the

previously referenced research in business showing that specific effective leadership styles have

a positive influence on workers performance.

Agency leaders have control and influence over indirect aspects of the organization that

impact workers' use of EBPs such as the work environment itself. Organizational culture and

climate have been found to have an impact on whether mental health workers adopt and use

EBP's (Aarons & Sawitzky, 2006). Not surprisingly, a positive work culture has been shown to

increase a worker's use of EBPs, while a "demoralizing" (p. 68) one with higher role conflicts

and depersonalization interfered with worker's applying EBPs. Aarons and Swaitzky go as far

as to recommend organizations develop the leadership skills of supervisors in order for them to

better lead workers in implementation, and further that these leadership skills themselves be

EBPs.

In the field of community corrections, Lerch, James-Andrews, Eley, and Taxman (2009)

discuss the importance of leadership as they examined a community corrections' adoption of

EBPs within a work release center. A case study was used to highlight the leadership influences

on this process; starting with attending to the security vs. relationship dichotomy in corrections

and moving to strategic uses of change agents (inside and outside the organization), as well as leaders "creating a culture of learning and change" within the organization. The authors argue that leaders shouldn't expect staff to just automatically change to a new model and encourage leaders to actively apply change management strategies that will more effectively influence the work and attitudes of staff.

Organizational practices, which are led by administrative supervisors, are important considerations for helpers adopting EBPs (Stahmer & Aarons, 2009) and administrative supervisors need to attend to the beliefs and attitudes of the workers, as much as they might attend to training and procedural methods (Gioia, 2007). From an executive director's vision to middle-managers and supervisors driving the process, it appears the leadership practices of the organization do have a significant impact on whether workers learn and use EBPs (Aarons, 2005; Crowe et al., 2006; Glisson et al., 2010), and whether clients ultimately benefit from them. If counselors and the field of counseling also wish to push the effective use of EBPs, they would do well to consider this research and support further counseling-specific research in this area.

Influence of administrative supervision on worker costs of caring (BO, CF, VT).

The work of human services is unique in that it requires a high level of interpersonal contact, emotional energy, empathic listening, and compassion for others. This focused interpersonal energy can have negative consequences; specifically, the experiences of burnout (BO), compassion fatigue (CF), and vicarious trauma (VT). There is a good deal of research and writing on these "costs of caring" (White, 2006) and these issues are common topics for trainings and conferences. However, most of the attention paid to BO, CF, and VT centers around what the *helper can do for himself* to mitigate these experiences; "Do self-care," has become the mantra.

However, Maslach and Leiter (1997) argue that the responsibility for managing BO (and I would argue also CF and VT) should be less on the shoulders of the workers, and more on the shoulders of the leaders and organizations who have the ability to do much to mitigate these problems. The authors stress evidence-based practices that organizations and leaders can apply to systemically address the six main contributors to burnout: work overload, lack of control, insufficient reward, lack of community, absence of fairness, and value conflicts. They argue that efforts to improve these six factors have been empirically shown to alleviate and mitigate BO. The same authors found that cynicism was a strong factor in nurse turnover and recommended nurse managers attend to organizational fairness and boost the quality of co-worker relationships in order to reduce cynicism and retain nurses (Leiter & Maslach, 2009).

Webster and Hackett (1999) tested this assertion by investigating whether BO was systematically related to clinical supervision quality and leader behavior in mental health. They surveyed employees in various community mental health agencies and found significant but moderate relationships between BO and supervisory behaviors. They also discussed the presence of differences in cultural preferences for leadership and suggested mitigating factors for BO might vary among cultures or other demographics. This further supports the need for more in-depth research on leadership in human services because not enough is known about what models of leadership and organizational development are effective *and for whom.*

Leadership approach and burnout has also been researched in nursing. Kanste, Kyngas, and Nikkila (2007) considered the *multifactor leadership theory* model (Avolio, Bass, & Jung, 1999) in relationship with burnout among nursing staff. They found that various leadership approaches did seem to affect levels of depersonalization, personal accomplishment, burnout levels, and emotional exhaustion. The authors also posit that "the success of leadership behavior

and wellbeing of staff have a key role in implementing the basic task of health care, because they reflect on the quality of nursing and health services as well as customer satisfaction" (p. 738). Related, passive and laissez-faire management has been shown to be positively correlated with burnout in nursing staff while active and transformational leadership seems to buffer workers from burnout (Kanste, 2008).

Related to burnout are the experiences of compassion fatigue (CF), secondary traumatic stress (STS), and vicarious trauma (VT). White (2006) discusses these downsides of helping and asserts managers in mental health agencies must attend to them. She provides recommendations for managers that address CF, STS, and VT; the "hidden costs of caring." White discusses how "frontline" human services workers are often exposed to the traumatic stories and experiences of clients which, in turn, take a toll on the workers in the form of depression, physical illnesses, sleep problems, and difficulty with relationships with others. White ties these effects to organizational costs such as increased sick time usage, turnover, decreased productivity, and lower morale which would fall under the purview of an administrative supervisor. She goes further to say these effects likely impact the quality of care provided to clients. White then offers an array of leadership and systemic suggestions that a managerial leader could use to mitigate BO, CF and VT in staff. Again, these suggestions support the concept of evidence-based leadership approaches and suggest that the use of these approaches directly impacts worker welfare, which could indirectly affect client welfare.

Research on mental health teams (not delineated by discipline) and leadership has shown that mental health practitioners experienced greater "emotional exhaustion and feelings of depersonalization" when they reported to a supervisor who was not fully committed to his or her supervisory role (Corrigan, Garman, Lam, & Leary, 1998, p. 120), and that BO was negatively

correlated with effective leadership. In other words, effective leadership has been shown to be a protective factor against the costs of caring (Corrigan & Garman, 1999; Corrigan, Diwan, Campion, & Rashid, 2002; Corrigan et al., 1998). This effective leadership includes leaders appropriately dialing in supervision so that workers have clarity about their roles and expectations, but also do not feel over-managed in the work (Stordeur, D'hoore, & Vandenberghe, 2001). An imbalance can lead to emotional exhaustion.

There is evidence that administrative supervisors and organizations can do much to encourage practices that mitigate compassion fatigue (Bell, Kulkarni, & Dalton, 2003) including simply acknowledging vicarious trauma as a natural factor in a helping work environment, which helps normalize the experience for workers and eliminates any need for them to hide it or fail to get support for it. Beyond that, many helpers not only experience vicarious trauma, but direct trauma such as threats by clients or client's family members, violence in and around the workplace, and directly witnessing the suffering of others. The literature recommends that administrative supervisors of helpers attend to work culture, create compassionate environments, prioritize worker safety, create supportive teams, allow workers to debrief, and afford workers avenues for their own mental health support in order to mitigate vicarious trauma and keep workers in the field (Slatten, Carson, & Carson, 2011; Taylor & Barling, 2004) .

High caseloads and overwork are often attributed to worker burnout and depression (Maslach & Leiter, 1997) but other factors seem to have more of an impact. Ylipaavalniemi et. al. (2005) explored what might contribute to health worker depression by examining that construct in relation to an array of psychosocial work factors. The researchers utilized survey data from a larger longitudinal study on health and work, for Finnish medical personnel, to examine what factors contributed the most to workers developing work-related depression. They

found that the social environment, in particular the aspects of the environment controlled by supervisors, had a stronger influence on whether the workers developed depression than did workload and work content. In particular, "poor team climate," which they defined as "conditions where work objectives were not clear, attainable, shared or visionary, and where worker involvement in decision-making was lacking," in addition to "unfair and impolite behaviors of supervisors," (p.118) had the largest impact on whether workers developed depression. The researchers argue that a supervisor's treatment of subordinates has a larger impact on worker wellbeing than "unjust organizational policies, practices, and procedures" (p.119).

The overall wellbeing of helper workers has been shown to increase or decrease depending on the positive or negative leadership behavior of supervisors and there also seems to be a reciprocal effect between the supervisor/supervisee dyad (van Dierendonck, Haynes, Borrill, & Stride, 2004). In other words, research suggests that not only do leaders need to be conscious of their impacts on helper workers, but also need to realize that their own effectiveness might be influenced by workers' wellbeing.

The dynamics between individual supervisors and subordinates suggests that the interplay between these actors is worth examining further. Waillis, Yammarino and Feyerherm (2011) conducted a qualitative examination of the relationships between senior management leaders and their middle management subordinates. The authors acknowledged that most leadership research is too leader focused, and they explored in their study how the followers came to see their supervisors as leaders. The initial stages of the relationship, and the supportive behaviors of the leaders, influenced the subordinates to respect the leadership and contribute to the leadership dyad. Followers identified that factors such as "mutual respect, reciprocal trust, and

mutual obligation" supported the creation of positive working alliances between supervisor and supervisee. This study suggests that a leader's ability to convey support for the subordinate's self-worth and wellbeing upfront, helps the subordinate contribute to forming a close working alliance because they have been assisted to trust and depend on the leadership of their supervisor. If we accept that a strong alliance is the key factor in counseling client progress (Asay & Lambert, 1999), these studies on supervisor/supervisee dyads suggest that attention must also be paid to the relational quality between leaders and followers in order to promote the efficacy and wellbeing of the counselor.

Glasberg, Norberg and Söderberg qualitatively examined the perceptions of healthcare managers regarding the causes of burnout, and concluded that manager attributions influenced how managers dealt with the problem (2007). Some of the participants felt helpless to help their subordinates as they attributed the problem to higher levels of management. The authors recommend organizations boost mangers' and workers' participation in making decisions in order to help mitigate burnout.

The research on the relationship between leadership behavior and BO, CF, and VT suggests that supervisors do have a significant role to play in mitigating and preventing costs of caring, yet so much of the focus in BO, CF, and VT rests on workers doing self-care. While self-care strategies help workers in the short term, organizational strategies may contribute to a longer term improvement in regards to burnout prevention and remediation (Awa, Plaumann, & Walter, 2010). The influence of supervision on the psychological health of workers and, in turn, the health of clients, creates an ethical mandate in the helping fields, and thus the field of counseling.

Worker retention and organizational costs.

Worker welfare aside, administrative managers and organizations should be aware of the costs to the organization and clients when workers are experiencing BO, CF, and VT. The *costs of caring* result in turnover, increased sick time usage, employees withdrawing from the work and each other, distractive behaviors, health issues, and even personal relationship impairments that can effect work performance (Jackson & Schuler, 1983). What many agencies might view as isolated performance problems, are often the systemic effects of not attending to BO, CF, and VT at the leadership level.

How supervisors communicate and encourage communication seems to have direct and indirect influences on worker turnover and burnout. Supportive communication to workers and enabling workers to communicate with supervisors up the chain of supervision has positive relationships with burnout mitigation and employee retention (Kim & Lee, 2009). Clinical supervision quality has a significant impact on worker's committing to the organization and the profession (Knudsen, Roman, & Abraham, 2013), so it stands to reason that administrative supervision quality would be similarly influential. The climate administrative supervisors create in a helping workplace has a significant correlation to workers experiencing burnout and leaving the field (Lee et al., 2013) which further promotes the responsibility mangers have for creating a workplace that supports worker wellbeing and keeps them in the helping fields.

In addition to the benefits of managers creating a supportive environment, it also is important that organizations develop the leadership skills of their supervisors. Literature suggests attention to team building and the prioritization of worker safety (Nahrgang, Morgeson, & Hofmann, 2011) in order to retain and maintain a healthy staff.

Work performance and engagement.

Leader behavior can influence the work performance of human services practitioners both directly, through administrative supervision, and indirectly through attention to the work environment. The influence of direct behaviors is shown by the ways in which subordinates respond to specific leadership styles. Ebener and O'Connell (2010) explored the influence of "servant leadership" on organizational citizenship and effectiveness among three Catholic parishes. For this study, *servant leadership* was characterized by leader behaviors that included "invitation, inspiration, and affection" (p.315) along with how leaders encouraged the building of culture and other structural dynamics that contributed to an overall fostering of "citizenship." The servant leaders' styles, for example, had them "inviting" workers to contribute as opposed to telling them what to do; which increased subordinates' engagement and willingness to participate. Servant leaders in this example took care to be aware of the individual talents and skills of the workers and found ways to invite the workers to use these skills, which increased workers' commitment levels. Workers' motivation was further enhanced by *inspiration* on the part of the leader; in particular the leader role-modeling *service,* which inspired workers to serve also. Another important factor of servant leadership involved the *affection* shown by the leaders for the subordinates via "care and concern" for them, which in turn helped workers feel valued and motivated to participate. Beyond direct behaviors, the servant leaders promoted a general "culture of service" and enabled systems and structures that supported the work, such as creating group networks and highlighting service successes by the parishes. This style of leadership has great implications for the service work of counselors and counseling agencies.

Beyond the effects of a leader's individual style and direct interactions with workers, evidence exists that leaders also affect workers through their construction of the environment and

culture of the organization. Glisson (1989) writes, "…the primary purpose of leadership is to affect the climate of the organization so that workers are empowered, excited, and inspired about the goals and mission of their organizations" (p. 100). He studied the impact of effective leadership on human service workers and found that quality leaders increased worker commitment to their work and to their human service organizations. Glisson and Green (2011) examined how organizational climate, defined as workers' "perceptions of the psychological impact of their work environment on their own functioning" (p. 583) related to client outcomes. They examined the organizational climates among child welfare agencies and the long-term outcomes of the abused children served by the organizations, and concluded that children served by workers from "more engaged organizational climates" (p. 589) had significantly better long-term outcomes than those served by workers with poorer working climates. The authors assert that while research supports the need for thoughtful and intentional organizational leadership practices, it is rare that social service organizations attend to these evidence-based strategies.

A helper's commitment to the field and longevity in helping may be significantly influenced by the tone and priorities leaders set in organizations. Co-worker support has been shown to be a protective factor for helper turnover and emotional exhaustion (Ducharme, Knudsen, & Roman, 2008), so it stands to reason that a leader who recognizes this and encourages camaraderie would further ensure helpers stay in their jobs and keep their energy for the work. Similarly, worker cohesion is an important protective factor for helper burnout prevention (Lasalvia et al., 2009), so administrative supervisors can directly influence and mitigate burnout, and associated turnover, by prioritizing the formulation of a positive and supportive work culture, team building, and healthy relationships among staff. Finally, when supervisors stay in positions long-term and contribute to the stability of the organization, they

positively and indirectly affect climate , where supervisor turnover has an indirect negative impact on worker welfare and retention (Knight, Broome, Edwards, & Flynn, 2009).

Influence of Administrative Supervision on Counselors

With the attention paid to the influence of leadership and supervision in business and related helping professions, it would seem the field of counseling would have also examined these dimensions, yet administrative supervision and associated behaviors have been largely neglected in the field of counseling; even though many mental health counselors go on to serve in administrative leadership roles (Paradise et al., 2010). Leadership in general is largely overlooked in counselor education programs and continuing education; with the exception of CACREP's *Standards* (2009) which generally promote advocacy and leadership as learning outcomes (Paradise et al., 2010) but fail to provide any specifics around what this might look like.

Of actual research, I could only find two studies in counseling specifically that related to a supervisor's influence on counselors and both are quite dated. Ross, Altmaier and Russell (1989) examined the effects of job stressors and other factors on burnout among counselors and found that supervisor support, or lack of it, was significantly important for mitigating burnout among counselor staff. While other factors mattered, this dimension was very clearly correlated to worker welfare. Savicki and Cooley found similar results, that work environment and support mattered in reducing burnout (1987). They write, "The work environments associated with low levels of general burnout are those in which workers are strongly committed to their work, co-worker relationships are encouraged, and supervisory relationships are supportive" (p.251).

Otherwise, the bulk of published writing involved literature review articles saying more research is needed, and articles that make suggestions and recommendations for attending to

administrative supervision as a factor in counseling service provision. Some of the writing

approaches the dimensions of supervision in an indirect way but doesn't address it directly. For

example, the American Counseling Association established a taskforce to address the issue of

"impaired counselors" (2003) and within the list of "risk factors," the ACA describes "systemic"

reasons such as high caseloads, managed care pressures, unrealistic expectations on counselors,

and pressing counselors to set aside their own wellness for their clients'. While one can infer

that these aspects are within the power and control of administrative supervisors, the ACA

doesn't name supervisors as actors in these recommendations. Their narrative on risk factors

also includes vicarious trauma, compassion fatigue and burnout. However, most of their

recommendations are directed to the counselors themselves, rather than to the administrative and

clinical supervisors. The ACA does give this list of "What Agencies Can Do to Support

Wellness":

- Educate your staff and supervisors on the concepts of impairment, vicarious traumatization, compassion fatigue and wellness.

- Develop or sponsor wellness programs (such as in-service trainings and day-long staff retreats)

- Provide clinical supervision (not just task supervision)

- Encourage peer supervision

- Maintain manageable caseloads

- Encourage/require vacations

- Do not reward "workaholism"

- Encourage diversity of tasks and new areas of interest/practice

- Establish and encourage EAP

However, given the evidence in other fields about how managers and organizations impact worker wellness, the ACA's recommendations fall short in holding counselor supervisors and agencies accountable for preventing counselor impairment. The terminology itself does not hold anyone accountable. "Agencies" does not specify who in agencies has the duty and the ability to do these things.

While research in counseling has not adequately addressed the influence of administrative supervision on counselors, counseling scholars have started to speak to the need for attention to administrative supervision, because so many counselors become managers and because it is known from research in other fields that managers have a significant influence on workers.

Ponton and Cavaiola (2008) state, "By choice or by chance, counselors take on leadership roles . . . From department supervisor to program manager, from clinical director to C.E.O., from dean to owner/president, counselors are called to leadership" (p.283). The authors suggest that, regardless of training or preparation, counselors and other human service workers do often find themselves in managerial leadership roles and yet counselor education programs and other professional development sources do not emphasize managerial leadership skills and training. The authors go on to encourage managerial leaders to apply "positive organizational scholarship" within organizations; which they describe as promoting "relationships of respect, kindness, and integrity within the organization, between the organization and other institutions, and between the organization and its clients and constituents" (p. 289).

Curtis and Sherlock (2006) assert that counselors who move into administrative leadership have had very little preparation or training for their roles. The authors cite literature outside the field of counseling to argue the importance of leadership and leadership preparation

because they did not find substantial literature within the counseling field on leadership and administrative supervision. They further suggest that counselors who move into administrative leadership roles may, themselves, give little attention to their leadership skills because their passions and interests are on counseling or other areas of service rather than management and leadership. The authors state that "Managerial leadership, like counseling, is as much art as science, requiring effective managerial leaders to invest time and effort in developing their abilities" (p.122).

Related to the path of workers becoming managerial leaders, Dollarhide (2003) discusses how the field of school counseling is encouraging school counselors to act as leaders of programs, lead in advocacy for students, and lead as representatives of the school counseling profession. The author considers the "contexts" or "frames" of leadership described by Bolman and Deal (2003) as they apply to the field of school counseling and suggests that each of the four (structural, human resources, political, and symbolic) can be applied independently or concurrently as needed to bolster the leadership efficacy of the school counselor. Dollarhide (2003) suggests once the counselor leaders become more adept at intentionally applying these contexts, they will formulate their own style of leadership and meet the leadership demands school counselors must fulfill.

Browning (2007) makes the point that counselors can and do move into high leadership positions, such as C.E.O.s of major corporations, and there is an advanced leadership skill set that must be learned in order for the counselor to be effective in these roles. He describes counselors' promotional motivations as earning more money, elevating professional status, making systemic impacts; or because they are encouraged to advance by those who are impressed with their clinical skills. Given that counselors are often motivated to take on higher

levels of leadership and career advancement, beyond front-line helping, they need increased support for these aims.

At this point, supervisors of counselors have very little to go on within the field of counseling itself to learn and improve their leadership skills specifically for the practice of counseling. *The New Handbook of Administrative Supervision in Counseling* (Henderson, 2009) appears to be the only text in the field of counseling that deals specifically with the administrative supervision dimension of the field. Fortunately, it is a highly detailed and dense description of the identity, practices, form, and function of administrative supervision in counseling. Yet, Henderson herself had to go outside the field of counseling to support the practices she recommends because she couldn't find enough supporting research within counseling. While most of the practices in her text do transfer well across fields, there are a few that could be questioned. For example, in order to address an administrative supervisor's fiscal responsibility, she encourages supervisors to account for workers' time by providing suggestions on how to monitor time, and lists "The 20 Biggest Time Wasters" taken from Mackenzi (1997). While it stands to reason that time and conservation of resources should be a focus of administrative supervision in any field, what might be a "time waster" in one business context could be a positive factor in another. For example, one of the "time wasters" listed is "socialization." Given that social isolation is a symptom of burnout (Maslach & Leiter, 1997), and that social support and camaraderie are important protective factors, and that burned out employees engage in avoiding behaviors that are in and of themselves time wasters, "socialization" in the context of counseling and other helping professions could be considered an important contributor to productivity and worker welfare, rather than a negative factor. Similarly, "travel" is listed as a "time waster," yet the field encourages counselors to attend

conferences, trainings, and engage in other continued education opportunities in order to keep skills up to date, prevent burnout, and build relationships that help counselors better provide services. A "handbook" for administrative supervision in counseling would be a much better resource if it was informed by counseling-specific research instead of a piecemeal array of research from other fields.

Implications and Gaps

While it can be useful for counselor leaders to look to research and suggestions in other fields, practices in other fields may not translate as effectively to administratively supervising counselors; especially since there much that isn't known about this dimension of counseling. It is important that research begins to examine counseling leadership specifically in order to sort out what is specifically effective for leading counselors and how counselors experience administrative supervision.

We do not know enough about how counselors and counselor leaders might be different from other professions. We do not know if effective nursing leadership translates to effective counseling leadership. We do not know how well business leadership strategies translate to counseling leadership strategies. We know very little about counselor workers themselves and how they experience the leadership they receive. It is an understatement that there are gaps in counseling research on this area, because the truth is that counseling research hasn't attended to this at all.

Further, it is necessary to build a body of knowledge in counseling for those who seek to effectively lead counselors. That counselor leaders can't easily access research and recommendations from the field's own body of knowledge makes it harder for them to locate the information needed to build their leadership efficacy and support their staff. Supervisors must

either wing it or spend an inordinate amount of time scouring other fields for information that may or may not be applicable to leading counselors.

Therefore, while this literature review contains useful research and suggestions from fields outside of counseling, it also shines a light on the deficits in counseling research around this area of practice. Much more must be researched about administrative supervision, and its effects within the practices of counseling specifically, if we are to be able to inform and support those who wish to lead counselors going forward.

Conclusion

This literature review highlights the neglect of attention to administrative supervision in counseling and demonstrates how this kind of leadership is an important factor in supporting counselors to provide quality client services. The literature promotes an argument for increased education and training on leadership skills, requests the development of evidence-based managerial leadership practices, advocates that managerial supervisors have responsibility for mitigating the psychological costs of helping, and asserts that counselors need leadership development for career advancement.

This relatively unexamined and impactful area in the field of counseling must be attended to and incorporated into our systemic understanding of effective and ethical helping practices. Research supports an intentional and informed managerial leadership approach but also suggests that more must be done to make this knowledge available to managerial leaders in the field of counseling and tailor it for counselors and counseling leaders.

Chapter III: Methodology

A review of the literature demonstrated ways in which administrative supervisors impact subordinates; from work effectiveness (Bohn & Grafton, 2002), to engagement and turnover (Dale & Fox, 2008), to the adoption of evidence-based strategies (Aarons, 2005, 2006; Aarons, 2004) to "costs of caring" (White, 2006). It also exposed the paucity of research on this dimension specifically in the field of counseling (Browning, 2007; Curtis & Sherlock, 2006; Paradise et al., 2010; Ponton, 2009) and shows that more must be known about the role and influence of administrative supervision on the practice of counseling. To build on this knowledge, this study seeks to understand how counselors experience administrative supervision in order to more fully know how administrative supervision affects counselors and their work.

In this chapter, I will describe the approach utilized in this qualitative research and the steps I took to ensure a thoughtful methodology. I selected a grounded theory approach which was primarily informed by Corbin and Strauss (2015) and Charmaz (2006).

Overview

This qualitative study investigated how counselors in agency settings experience administrative supervision. Particularly, this study seeks to answer the following questions:

1. How do counselors experience administrative supervision?

2. How are counselors affected by administrative supervisors in the following areas:

       a. work performance and engagement

       b. personal welfare and relationships

       c. commitment to the counseling profession

       d. work-life balance

3. Are there other areas where administrative supervision or supervisors influence counselors?

These questions were researched qualitatively with a grounded theory approach. This method generated an informed theory that can drive further research (Creswell, 2007). Since the impact of administrative supervision has not been adequately investigated (Paradise et al., 2010), it is important to explore this area of counseling in order to develop theories that can be researched, contribute to a foundation of more in-depth inquiry on this type of supervision, and better understand implications for practice and leadership in counseling.

A grounded theory approach developed an informed theory from the previously unheard voices and perspectives of the counselor participants (Creswell, 2007). While I have my own intuitive ideas about how my administrative supervisors have affected me as a counselor, I have not found any formal investigation into this area. Grounded theory inquiry illuminated participants' "complexities of their lived experiences in a social context" (Fassinger, 2005, p. 157) so that more can be known about administrative supervision's effects from the very people who experience them.

Context and Bias

As a researcher, I acknowledge that the theory and conclusions generated from this study are dependent on my lens and "cannot stand outside of it" (Charmaz, 2006). This means that it was important that I, as the researcher, was as transparent and aware as possible about my own worldview, motivations, biases, experiences, and relationship to this topic in order to build trustworthiness. While a researcher cannot entirely separate herself from the research, she can illuminate her own bias in order to allow the consumers of the research to draw informed conclusions about the research itself. Charmaz agrees that knowledge can't help but be

intertwined with values and that constructivist grounded theory researchers "grapple" with these assumptions and influences.

Worldview

Morrow (2005) states that a "tradition" of qualitative research involves "making one's implicit assumptions and biases overt to self and others" (p. 254). Humans see the world through subjective lenses and researchers, as humans, bring to their work a worldview that influences what they look for and what they see. I have a *social constructivist* worldview. I believe that knowledge and truth are constructed by humans, rather than that they are universal or static certainties. Also, since humans are subjective, they create multiple subjective realities (Ponterotto, 2005). In other words, I accept that constructs of knowledge and truth are inextricably tied to the human lens through which they are constructed and interpreted. Humans are by their very nature subjective in their creating, seeing, and interpreting and there exists no outside, non-human, purely objective witness to eliminate human bias in all that is investigated and known. I believe humans are selective in their knowing; attending to that which they understand, personally value and have interest in.

Further, it may not be possible for a researcher to have no influence on or receive no influence from the research process (Morrow, 2005). Strauss and Corbin (2015) describe qualitative research as, "…a form of research in which the researcher…collects and interprets data, making the researcher as much a part of the research process as the participants and the data they provide" (p. 564). The knowledge and knowing from research is co-constructed with participants (Ponterotto, 2005), influenced by mentors assisting in the research process, with influences from others who weigh in on the research, and from any others who may bring a new or divergent perspective during the course of the research and analysis. As an example, I was

frequently asked by co-workers to describe my research which resulted in dialogues about administrative supervision, stories about bosses, and suggestions for what might be further researched. I was influenced by such dialogues and can only be as transparent as possible about how the research is influenced by these kinds of subjective experiences. As an example, I spoke with my current administrative supervisor about what I saw as significant to counselors out of the developing theory and my dialogue with him helped me further understand how the participants' idealism intermingled with their evaluations of their supervisors. Trustworthiness in qualitative research requires researchers to not only share with consumers their worldview, but also for them to constantly and reflexively examine it in themselves (Morrow, 2005).

This inquiry not only informed this dimension of counseling but also impacted the counselor participants who co-constructed the knowledge with me. I acknowledge that involving them in the research, asking them questions, and bringing their attention to the topic had an influence on them. Their answers have had an influence on me also (Charmaz, 2006). We are changed by doing this research in a positive and enriching way.

Researcher Disclosure

Qualitative research's trustworthiness is further enhanced by a researcher's transparency about her own biases and assumptions (Morrow, 2005). I have a long history of advocating for workplace health and effective leadership. In fact, in my imaginary play as a child I would often "cast" myself as a part of a crew on a spaceship, from a popular TV show, where my imagined "character's" job was to ensure the members of the crew were cared for in their work and environment. Career researcher Mark Savickas (2009) would say this childhood "obsession" informs my current workplace advocacy, and it certainly influenced my thinking around the research topic.

In addition to my intrinsic attention to workplace health and leadership, my own experiencing of both good and poor administrative supervision has an influence on my motivations to explore this topic further and it means some bias for me in interpreting the data. I personally have found that my work behavior, attitudes, morale, and energy are greatly influenced by the quality of leadership I receive from my administrative supervisors, and I'm aware that research in other fields corroborates the significance of administrative supervision on workers (Gallup, 2015). This has been true for me in every job I've had, but it was even more obvious when I held the same helping job, with the same job duties, in two different organizations, and experienced two very different administrative supervisor approaches for the same job. I was not fond of the work itself, adult protective services, as it was often sad, frustrating, and even traumatic for me. However, in one organization, I felt engaged, supported, and satisfied in my work and in the other I experienced tremendous burnout, vicarious trauma, and compassion fatigue. My work behaviors in both positions were quite affected, as were my outside relationships, and even my overall commitment to the helping fields. I nearly left helping after working in the unhappy version of the job. The only difference between these jobs was the quality and commitment of my administrative supervisor and I did come to have strong feelings about the importance of quality supervision for helpers whose work generates certain "costs of caring" (White, 2006).

I believe administrative supervisors have tremendous power over their subordinates and should attend to the health of their "troops," in order to keep them satisfied, well, and engaged in the work. I believe it is an ethical mandate that administrative supervisors do not abuse their power but use it to ensure their subordinates have a healthy, supportive work environment. I believe care of worker subordinates is just as crucial as client care, as workers are humans who

deserve care and support too. These values I bring to the research can't help but have influenced the outcomes (Ponterotto, 2005).

In my current organization, I have been responsible for clinical and administrative supervision of counseling students, and administrative supervision of victim advocates, mid-level supervisors, and a receptionist, and broader senior management of organizational development for my department. I also oversee an evidence-based implementation team where I've pushed to have my organization address organizational health and leadership as a part of implementation of evidence-based community corrections practices. My role is to provide advisement to my director, assistant director, and other supervisors on how to lead and support staff. My value-driven purpose in my occupation and life is to help develop people and strive for them to be satisfied in and doing their best work. This explains the lens through which I will be conducting and analyzing this proposed research.

Research Approach

This next section will outline the research project and specifically explain the methods and strategies used.

Grounded theory.

The grounded theory approach seeks to construct a theory from data gathered during the research (Corbin & Strauss, 2015). Unlike quantitative research that is deductive, where the researcher seeks to test a hypothesis they thought up and then extrapolate the conclusions to a larger population; the grounded theory approach is inductive, where the data serves to formulate an informed theory. As Glasser and Strauss described, "Generating a theory involves a process of research" (1967, p. 6).

The approach also differs from quantitative approaches in that "research analysis and data collection are interrelated" (Corbin & Strauss, 2015, p. 636). As the researcher collects and analyses the data, she uses this to formulate further data collection, and collection and analysis go on in a constant cycle through the entire research progression.

A grounded theory approach was particularly suited for the research question, "How do counselor subordinates experience administrative supervision?" because of the complexity embedded in that question and the complexity of the human beings who helped me answer the question. I asked a qualitative question and the question drove the approach. This research did not seek to simplify or reduce the participants or their experiences into a simple explanation as a quantitative method might, but instead sought to generate understanding while at the same time take into account human complexity and larger frameworks and systems at play (Corbin & Strauss, 2008).

My approach might have been different if there had already been a good deal of research and inquiry into the impact of administrative supervision on counselors. In that case, it might have made more sense to choose to quantitatively study an aspect of that larger topic. However, Chapter II's review of the literature shows little has been researched on this area. Casting a wider net and using an inductive approach accounted both for complexity and for the gathering of information that might have been missed with a more narrow quantitative approach (Corbin & Strauss, 2008).

Of the various qualitative approaches, grounded theory was most closely aligned with the research question. One could argue a phenomenological approach could have been applied here as this research did seek to understand how counselors experience the *phenomenon* of administrative supervision (Creswell, 2007) and, indeed, this project provides some

phenomenological insights. However, administrative supervision is very broad and complex

with a wide array of phenomena associated with it. The aim of this study was to cast a wide net

to better understand the process and variation of experience in order to generate informed

theories and insights about the topic from which further research, including phenomenological,

can be conducted.

Participants and selection.

Participant selection for qualitative inquiry differs from quantitative. Where quantitative

inquiry seeks subjects who represent the larger population, qualitative research is more interested

in "…describing, understanding, and clarifying a human experience" (Polkinghorne, 2005, p.

139). Qualitative researchers gather rich, "saturated," accounts from a smaller number of

participants to better understand the internal human experiencing of a phenomenon.

Polkinghorne suggests that, unlike quantitative research that uses the term "sampling" to

describe the process of picking participants where the "sample" is supposed to represent a larger

population, qualitative research is more accurately described as *selecting* participants because

they can give significant assistance in "…filling out the structure and character of the experience

under investigation" (p. 139). The focus of this research was to fully understand the experience

of each participant, not to generalize the experiences to the larger population. The understanding

generated a theory that can be tested and generalized in further research.

In the case of this study, I sought therapist participants who had the most potential to

provide rich descriptions about the experience of administrative supervision. The aim was to

find participants who can articulate as fully as possible what that influence is like. Therefore,

selection wasn't left to chance but was, instead, purposeful and deliberate. As Corbin and

Strauss explain it, "…in theoretical sampling, the researcher is not sampling persons but concepts" (2008, p. 144).

During this study I interviewed and collected data from 10 mental health agency therapists who reported to administrative supervisors. Patton (2015) describes the design strategy of "purposeful sampling" where a researcher identifies subjects who have the most potential to provide rich insight about the concepts, as opposed to selecting participants for the purpose of generalizing to the population. In this study, I purposefully selected counselors who had the shared experience of reporting to administrative supervisors (AS) but who had multiple impressions of their supervisor and/or organization. Patton (1990) describes this approach as *maximum variation sampling* where "…any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared aspects or impacts" (p. 172). For example, it was helpful to include participants who had favorable impressions of their AS along with those who did not have favorable impressions. It was useful to include participants who liked their work and those who didn't, and those who liked their organization and those who didn't. I also hoped to select therapists who have the ability to self-reflect, have awareness of their experiencing, and who can articulate the experiencing in a rich and in-depth way. This was accomplished.

The study included participants who worked in varied agency structures such as those who had an AS who was also their clinical supervisor (CLS); participants who report to an AS but also to a CLS in their agency; and participants who had no CLS and only reports to an AS. Tromski-Klingshirn and Davis (2007) investigated how supervisees experienced dual AS and CLS roles, and found that it was a generally positive experience and not problematic. Including a mixture of participants who experienced differing supervision structures added to this body of

knowledge. The purposeful areas of interest were identified through a preliminary simple questionnaire but also through dialogue with participants.

Access to participants was gained through existing networking channels. I personally knew and have good rapport with many counselors who are working in agency settings who I felt could be participants or who could facilitate connection with their colleagues. I distributed electronic and hardcopy descriptions of the study's purpose, design and participant criteria to potential participants and to those who could give potential participants the information. I mentioned the research during other networking events and shared that I was looking for participants. In two cases, I knew the participants personally and in others I had never met them, but they were referred to me by those I did know. My intention is to be transparent about my relationships, and bias, or influence these relationships had, and any bias or assumptions I had about the organizations, or ASs the participants worked for, boost this study's transferability (Morrow, 2005). At the same time, there is a need to be careful about such disclosures in order to protect the participants' anonymity.

I was concerned that participants would be afraid to speak candidly about their administrative supervisors. Administrative managers have power over their counselor subordinates; it would make sense that participants would be fearful that what they say about their AS could threaten their jobs and livelihood. It was very important that I assured their confidentiality. In recruiting, I first approached clinicians I personally and professionally knew who work in the types of agencies I was interested in sampling from. I used the rapport I had already established to engage their help in identifying other potential participants. I made myself very flexible to the participants in terms of scheduling and the location of interviews, seeking to accommodate them in the most comfortable time and setting for them to relax and speak freely.

I shared with participants my methods for anonymity and protecting disclosure of their identity, and I also disclosed how I intended to protect and dispose of their data. Finally, I used my own counseling skill set and genuineness to do all I could to put them at ease, build rapport, and also used some self-disclosure to deepen their disclosure (Polkinghorne, 2005).

Data collection.

Data in qualitative research seeks to capture human experiencing, and specifically, information that is difficult to quantify or describe numerically. Human experiencing results in "languaged data" as Polkinghome (2005) describes:

> The languaged data are not simply words but interrelated words combined into sentences and sentences combined into discourses. The interconnections and complex relations of which discourse data are composed make it difficult to transform them into numbers for analysis… it has become customary to use the term data to describe the accounts gathered by qualitative researchers. (p. 138)

Corbin and Strauss (2015) advise that in grounded theory research, the research problem itself should inform the data collection methods chosen. This includes selecting sources of the data (such as research subjects), as well as strategies of collection (interviews, surveys, phone conversations, etc.). In this case, I wanted to know how counselor subordinates experience administrative supervision, so I asked my participants directly. The data was collected through face-to-face video recorded interviews where the subjects' spoken words became data as well as their affect and non-verbal communications. Since data collection and analysis in a grounded theory study is an ongoing process, I was open to doing follow-up interviews in person and via the phone as needed to further enrich the data. However, the data collected during the formal interviews was very rich, and the member checking follow-up conversations were sufficient to achieving the grounded theory for this study.

Interview questions.

The raw data for this study came from formal interviews with counselor participants. Charmaz recommends the use of "intensive interviewing" which "permits an in-depth exploration of a particular topic or experience and, thus, is a useful method for interpretive inquiry" (2006, p. 25). She further recommends that researchers create non-judging, open-ended questions that guide the conversation and evoke participants' stories and unpredicted responses to further enrich the data set. Researchers plan ahead but also stay flexible and responsive during the interview; asking further questions as they arise, clarifying understanding, and also remaining sensitive to participants' comfort levels. Respecting the pace and readiness of the participants is more important than extracting, as Charmaz calls it, "juicy" data (2006, p. 891). I used a semi-structured interview format (Corbin & Strauss, 2015) where I had a set of pre-constructed questions to guide the interviews, but then asked other questions as needed.

In order to generate the set of open-ended seed questions, I considered my main research question as well as possible avenues to fully answer the question. The seed questions drove the conversations, but also casted a wide enough net to allow for avenues not previously considered. I was particularly interested in how administrative supervision affects a counseling worker's experience of work and also how it affects them personally. Interview seed questions included:

- Describe your experience of receiving administrative supervision.

- How has AS influenced your work performance?

- How has AS impacted you personally?

- Describe the interaction between AS and your engagement with your work.

- What effect has AS had on your relationships; at work and outside of work?

- If you have worked under other ASs, talk about how they compare in influencing you.

In keeping with the advocacy/participatory worldview (Creswell, 2007) where the research includes participants as co-creators and where the research is intended to be an intervention beyond information gathering, it was also useful to ask:

- What other questions should be asked to better understand how ASs influence CSs?

This question honored the CS participants as "active collaborators" in this study and helps inform ongoing research in this area (Creswell, 2007, p. 22).

All participants were asked these seed questions, as well as other clarifying "prompt" questions (Whiting, 2008) to further enrich the data and to gain a deeper understanding of the participants' experiencing. Such a question was something like, "You mentioned vicarious trauma. Could you say more about how that came into play with your supervisor?" The objective was to gather as rich of an account as possible without unduly influencing the participants' responses. As Whiting explains, "Consideration should be given to the phrasing of 'prompt' questions to avoid leading the participant" (p. 37). I attempted to hold a very open, "beginner mind" with the goal of capturing as much data as I could to inform the research question.

Data Analysis

I utilized both Corbin & Strauss's (2015) and Charmaz's (2006) approaches in regard to data analysis. While the process of analyzing data is often described in a linear, step-by-step fashion, Charmaz (2006) suggests instead that data analysis and collection is more of a circular, ongoing process where data is collected, and data is both analyzed and also can open up further questions to be asked to collect more data. However, in general, the process of data analysis involved taking the transcribed and described information collected from the interviews and then

moving through and within the data to ultimately capture and describe themes, dimensions, and layers of the data.

Corbin and Strauss (2015) discuss a process of "getting into the data" where they read the information from the interview and examine other data (such as video recordings) to just experience it before analyzing it. The objective is to experience empathy for the participants and become truly familiar and well-informed about what has been collected. They do this before going to coding. I read and re-read the formal interview transcripts which helped me focus more deeply and immerse myself in what the participants conveyed.

Coding, in qualitative research, is a process of extracting and comparing themes and meanings. Researchers begin by doing *initial coding* to break the data into manageable chunks and to gather some initial ideas and concepts. During this time, researchers are interacting with the data, asking questions of it, and thinking about it as they immerse themselves more and more fully into a direction (Corbin & Strauss, 2015). I started with line-by-line coding where I extracted the general meaning of each sentence and then put these extracted themes onto sticky-notes. I put the sticky notes onto a large whiteboard and used that canvas to continuously arrange and re-arrange the concepts into larger and smaller categories. Then I also conducted writing on the whiteboard as well as memoing on the transcripts to further explore and understand the various levels of abstraction and meanings.

Next, as they move into a more detailed analysis, researchers engage in *constant comparisons*; a process of asking comparative questions in order to more fully understand the data and to refine concepts, categories, properties and dimensions (Charmaz, 2006; Corbin & Strauss, 2015). I think of this process as continuously working and sorting the data into buckets of meaning, where some buckets contain other buckets, some are bigger, some smaller, and some

data doesn't always even fit into a bucket. Corbin and Strauss (2015) describe these buckets as concepts, categories, properties and dimensions. Working with the data is a process of moving between and among levels of abstraction, always looking for ways to more fully see how it all fits together and what stands out as meaningful. During this time, researchers are also constantly reevaluating their interpretations and understandings; sometimes renaming and redefining concepts as they go.

As an example of how these buckets or abstractions emerged in this study, there was a point where data seemed to produce a *concept* along the lines of "Participant evaluating administrative supervisor (AS)" This "bucket" could fit into a larger bucket (*category*) of "participant evaluating all aspects of the agency" or produce a smaller one of "participant evaluating AS's engagement." Within the concept of "participant evaluating AS" were *properties* such as "AS warmth," "AS patience," "AS encouragement" and the degrees of those are a *dimensions*; more or less, never to always, etc.

As researchers move through all the data, they begin to look for commonalities and shared concepts across participants; understanding even further the properties and dimensions of the collected data (Corbin & Strauss, 2015). They ask more questions as they go; making theoretical comparisons, to understand the concepts more deeply. Memoing is a conversation between the researcher and the data, where the researcher uses writing to analyze, make connections and comparisons, move through levels of abstraction, and develop insights and ideas through the writing process (Charmaz, 2006). Memos also provide consumers of the research a transparent window into the questioning, thinking, and constructing of the meanings researchers make from the data. I conducted written memos as well as voice recordings. I also engaged in

questioning with my dissertation chair, Dr. Deborah Rubel, and our conversation and notetaking contributed to the process.

Charmaz (2006) describes social constructivist methods that incorporate the researchers' perspectives, systemic influences, power hierarchies, etc. along with a greater "emphasis on the views, values, beliefs, feelings, assumptions, and ideologies of individuals than on the methods of research" (Creswell, 2007, p. 65). I agree with Charmaz's stance that the complexity in the Strauss and Corbin method could advance power-over agendas and detract from the inquiry. I have the personal belief that research and research methods can often become so complex and esoteric that they lose their accessibility to all but a select few. It would be my hope that any research I, my team, and my participants, have generated will be accessible and useful and not overly jumbled by the methods themselves. Also, candidly, my personal style is more intuitive and abstract in nature and I struggle to be regimented and can become constrained by too many procedural details.

Finally, while experienced researchers like Corbin, Strauss and Charmaz have their own methods for analysis, they all also encourage that each researcher create their own approach and strategies. While I used these researchers' methods to guide me, I brought to the work my own ways of analyzing and understanding the data. As I am entirely new to grounded theory, my strategies developed as I went, and I did my best to share and describe them so that readers of the research will better know how I approached the analysis.

Memoing and Diagrams

Transparency, as well as the organizing of the analytical process, is enhanced by memos and diagrams (Corbin & Strauss, 2015). By generating notes about the process (memos) and creating visual representations (diagrams) of the relationships between categories, properties, and

dimensions (buckets), I convey and/or document my thought processes and organization of the data. Process is just as important in qualitative research as the final product, so there must be transparency regarding the analysis.

This dissertation includes two diagrams that I hope clearly convey the theory and its categories, properties and dimensions. However, I also kept for my audit trail previous diagram drafts as well as photographs of the whiteboarding I conducted, including various configurations of my sticky note categorizing. I also kept memos, notes, and recordings that captured my thought processes as I went along.

Credibility and Trustworthiness

In qualitative research, studies are designed to establish trustworthiness so that the results and conclusions stand up to inspection (Lincoln & Guba, 1985). Components for promoting trustworthiness include *credibility*, *transferability*, *dependability*, and *confirmability*, which are similar to the standards of internal validity, external validity, reliability, and objectivity in quantitative studies, but different because the objectives and assumptions of qualitative studies differ from those of quantitative studies (Morrow, 2005).

Morrow (2005, pp. 251–252) states "…*credibility* in qualitative research is said to correspond to *internal validity* in quantitative approaches, *transferability* to *external validity* or *generalizability*, *dependability* to *reliability*, and *confirmability* to *objectivity*." However, she cautions that these "parallel criteria" should not be assumed to transfer exactly because "qualitative research leads to different kinds of knowledge claims than those resulting from quantitative methods" (p. 252). This study sought to understand and explore the experience of administrative supervision for a few selected individuals as opposed to gathering data from a

large random sample that can be generalized to the larger population, so the trustworthiness of

the data reflects different intentions for the data.

Briefly, *credibility*, like internal validity, connects to "internal consistency" or the quality

of the research design and process (Morrow, 2005). In other words, is the study well-constructed

and adheres to trusted methods? For this study, I utilized well-established grounded theory

methods such as bias disclosure, researcher reflexivity, participant checks, and thick descriptions

that illuminate participant experiences and also the contexts surrounding their experiences.

Transferability is said to be similar to external validity, where findings might be

generalized. Though with qualitative research, the generalizing involves the reader's context as

opposed to externalizing to a larger population (Morrow, 2005). Transferability for this study

was enhanced by my sharing information about myself to add transparency to the process, as

well as the context and processes of the study, including relationships. The consumer of the

research can decide "how the findings may transfer" (p. 252).

Dependability, similar to reliability, is enhanced by ensuring the methods used are

"explicit and repeatable as much as possible" (p. 252). Documentation of the design and

chronology, referred to as an audit trail, provides a transparent window for peers, my dissertation

chair and committee, and others to assess whether the methods and approach is solid. I have

kept as many artifacts of the research process as possible and could use them as a trail to

reconstruct the journey.

Lastly, *confirmability*, addresses the area of objectivity but in qualitative research the

assumption is that research cannot be entirely objective (Morrow, 2005). To address this, a

qualitative researcher seeks to separate as much as possible the findings of the research from

herself and her own bias. This is addressed through the audit trail as well as clearly sharing my

own stance and bias. It was my sincere intention to generate a theory from the participants'

voices and do all I could to set aside any assumptions on my part. I feel I accomplished this

because the generated theory, which makes sense now in hindsight, is not something I could

have predicted or generated on my own.

While these concepts have some parallels to quantitative research, it is a mistake to see

them either as identical to or less-than these similar elements in quantitative research (Morrow,

2005). They are meant to stand on their own as methods for boosting the quality of qualitative

inquiry in order to move the findings closer to "goodness" (p.252).

One of the ways qualitative researchers boost credibility is to share one's own bias in

relation to the study (Charmaz, 2006; Corbin & Strauss, 2015; Morrow, 2005). As a counselor

who has had positive and negative experiences with administrative supervisors (AS) and who

believes my ASs have had a good deal of influence on my personhood, energy levels for the

work, development, and behaviors; I come to this study with my own lens on this topic. This is

further influenced by my experiences as a clinical and administrative supervisor, as well as my

current role as an organizational development practitioner.

For example, I have the bias that ASs should "care for their troops" and that it is an AS's

responsibility to ensure the needs of staff are met in order to enable staff to do their best work. I

have also experienced how my work and energy for the same job duties vary considerably

depending on who supervises me, so I'm inclined to believe that an AS is one of the most

important factors in productivity and work satisfaction. Further, I'm aware of research that

corroborates my impressions (Gallup, 2015).

For me personally, I do best when I work under a manager who is encouraging, who

trusts my good intentions, who doesn't micromanage me, who willingly backs me up when

needed, and who allows me the freedom to construct my work and set my own objectives. Yet, though this is what works well for me, this may not be what works well for other subordinates, so I remained open to what works for others outside of what works for me personally.

This study takes the stance that participants are also research partners. Therefore, *member checking*, soliciting participants to evaluate the credibility of the study (Creswell, 2007, p. 208; Lincoln & Guba, 1985, p. 314), fits very well with this study's position that participants should contribute to the quality of the research product. I wanted to make sure I was as accurate as possible in capturing the information the participants provided; not just relying on my own subjective interpretations but also checking with the participants to see if I accurately conveyed their perspectives. All ten participants had the opportunity to help me correct and modify data and assumptions, and six of them did participate in member checking.   The goal was that I communicated as congruently as possible in the research what the participants felt and experienced. Chapter V provides an in-depth description of the member checking process.

Prolonged engagement (Lincoln & Guba, 1985) was useful to capture a more comprehensive and holistic view of participants' experiences and perceptions. I achieved this element by having in-the-field experiences with many of the participants' agencies, knowing two participants personally, creating and maintaining rapport from initial contacts through the process, and using the member checking dialogues to deepen my understanding of what they wanted me to understand.

I devoted much time and attention to the data and became as fully familiar with it as possible. Morrow (2005, p. 260) suggests "a continual interplay of data gathering, analysis, interpretation, and results" and I employed a continuous improvement approach to make it as complete and comprehensive as possible. My process was not rushed, and I found it helpful to

dig in, but then also to step back and reflect before digging in again.   This *rigorous analysis* helped ensure that all data and nuances were attended to throughout the research process.

Similar to external validity's role in quantitative research, transferability involves the application of research conclusions to other settings (Lincoln & Guba, 1985). Transferability in this study was accomplished through giving detailed information about participants, setting, events, methods, and strategies so that consumers of the research might decide if the results apply to other similar settings and circumstances.

Confirmability and dependability, similar to objectivity and reliability, was addressed through the retention of all raw data, analysis process, process notes, research development materials, and all artifacts that can help establish an "audit trail" (Lincoln & Guba, 1985).

This study's trustworthiness has been enhanced by the strategies summarized here. The aim is that the theory constructed from this grounded theory study will approach an accurate representation of the experiencing of the participants and will also offer information applicable to the field of counseling, counseling settings, counselor educators, clinical and administrative supervisors, and counseling organizations.

Conclusion

A grounded theory approach was suitable for the investigation of how counselor subordinates experience administrative supervision. Utilizing the methods described in this chapter generated an informed theory about the impact of administrative supervision, ensured quality, and contributed to an area of counseling that has not been adequately explored.

Chapter IV: Participant Interviews and Data Analysis

Participant Demographics and Data Collection Process

The central research question for this dissertation is "How do counselors experience administrative supervision?" The question is purposefully broad and open-ended in order to allow for an array of possible experiences and impacts; given that this dimension of counselors' experience has not been investigated previously. I selected grounded theory methodology in order to develop informed theories from counselors' lived experiences, and because of a desire to amplify counselors' voices in an area that potentially impacts their quality of life and work to a great degree.

The initial data was collected via in-person, video/audio recorded interviews, with 10 female-identifying therapists. Each participant worked in agency settings, reported to one or more administrative supervisors, and had a caseload of at least one client. To protect their anonymity, each participant was assigned a number, and this number will be utilized to refer to them throughout this study. Additionally, I removed identifying information from the transcript. All interviews were transcribed by a member of the research team, who completed human subjects' ethics training and was approved by the Institutional Review Board process.

Each participant also completed a "Demographics Questionnaire" via Survey Monkey in order to get a general sense of their personal demographics (gender, age, race), professional status (degree, licensure status), workplace information, and satisfaction levels (boss, counseling occupation).

The participant pool was relatively limited in racial diversity, and all were female. Nine identified as White, and one identified as Latina. Age was more diverse, with eight of the therapists under the age of 35, and two of them over.

Initially, I expected to only include participants with counseling degrees, but the participant pool ultimately included two clinical social workers; as they were providing counseling also. Regarding licensure, six participants were currently working toward licensure, three were licensed professional counselors, and one was a licensed clinical social worker.

Caseload sizes varied widely across participants. Two had caseloads of 10, two had caseloads of 11-20, three had caseloads of 21-30, one had a caseload of 31-40, and two had caseloads of 51-60. Sixty percent of participants stated they worked in not-for-profit settings, and others worked in for profit and government settings. Eight of the participants had been working as a counselor for one to five years, and two of them had been working as a counselor for over five years.

The questionnaire also asked participants to indicate whether their administrative supervisors were also counselors, were also clinical supervisors, or were only administrative. Seventy percent of the participants' current supervisors were also therapists, and fifty percent had a dual role of providing administrative and clinical supervision.

Finally, the questionnaire asked participants to indicate their satisfaction with their supervisor; as well as their overall satisfaction with their counseling profession. Regarding supervisor satisfaction, two participants rated their supervisor below 20%, two 41-50%, one 61-70%, two 71-80%, two 81-90%, and one 91-100%. Regarding counseling profession satisfaction, two rated this 41-50%, three rated 71-80%, one rated 81-90%, and 4 rated 91-100%.

The participants' data distribution indicates that I achieved the selective sampling objective of including participants who had differing levels of satisfaction, differing experience and licensure levels, as well as differing agency settings.

Interview Process

The first round of interviews included seven open-ended questions:

1. Describe your experience of receiving administrative supervision.

2. How have your administrative supervisors influenced your work performance?

3. How have your administrative supervisors impacted you personally?

4. Describe the interaction between administrative supervision and your engagement with your work.

5. What effect has administrative supervision had on your relationships; at work and outside of work?

6. If you have worked under other administrative supervisors, talk about how they compare in influencing you.

7. What other questions should be asked to better understand how CSs experience AS?

In addition to the initial questions, clarifying questions were asked and reflections were offered in order to ensure fuller understanding of participants' answers and their experiencing of administrative supervision.

Data Analysis Process

Initial, line-by-line, open-coding was conducted on all transcripts in order to extract basic concepts. I utilized the Microsoft Word comments tool and formatted each transcript with line numbers for easy reference. Once open coding had been completed on all transcripts, "sticky-

note" initial codes were generated and fixed on a whiteboard in order to begin axial coding; identifying categories and relationships between coded concepts. Constant comparison and ongoing questioning were conducted from the beginning in order to more fully understand and interpret the data.

During initial and deeper analysis, I conducted journaling, memoing, and voice memoing, as well as diagramming, in order to ensure a comprehensive analysis. Photos were taken of whiteboard configurations to document the analysis process.

Initial Categories

During the first round of this whiteboarding, the basic codes illuminated some initial commonalities around how counselors experience administrative supervision (AS): *AS behavior*, *applying AS, internalizing AS*, *evaluating AS*, *taking action*, and *responding to AS*. *Conditions of the agency* became a contextual category that included elements such as *turnover, caseload numbers, AS/CS same person,* and *productivity/"bean counting"*. One element did not have an obvious grouping, *ghost supervisors;* a term I used to reference the phenomenon of counselors seeming to utilize or "listen to" the guidance or critiques of past supervisors in order to navigate current situations.

After this first round of axial coding, I wanted to better understand the process taking place around counselors experiencing of AS (e.g. what is happening for them as they experience AS?). I reconfigured the initial "sticky note" codes to illuminate the process and outcomes described by the initial codes and axial coding. From there, I engaged in whiteboard diagraming to help understand and describe the process, and this further solidified the following broad categories: *evaluating, having expectations, responding and adjusting,* and *being impacted.*

Evaluating

For the purposes of this study, *evaluating* is best described as a process of ongoing informal, and sometimes formal, assessments as experienced and conducted by the participants.

From the broader category of *evaluating,* sub categories emerged, including *AS evaluating C, C evaluating AS, and C evaluating self.* These groupings prompted me to question whether *evaluating* emerged mainly because I'd been asking counselors about their experiences, thus causing them to literally evaluate this phenomenon, or whether *evaluating* emerged as its own category; significant to the experiencing of AS. While describing their experiencing to me was a form of evaluation; the process they describe around being evaluated, evaluating their AS, evaluating their agencies, and evaluating themselves; held up as an important, and potentially central, category to counselors' experiencing of AS.

Administrative supervisor (AS) evaluating counselor (C).

AS evaluating C emerged as a sub-category of *evaluating*. This can be defined as the counselors' experience of being evaluated by their administrative supervision/supervisor. The evaluations included formalized processes, such as an AS reviewing a counselor's "productivity" metrics via electronic systems, as described by P01.

> P01: So for them, the productivity is a visible service so when you do your notes in our electronic medical records, however length your service is, is what you go for and then that translates into your productive minutes…there is like a QI person who does this giant calculation of productivity and he will send you a report at the end of the month that shows you individual times and group time, and then, if you've done like UA's, they give you some productivity for that. But the expectation is 60% of your time, [which] essentially means billable client service that you're noting for.

P01's description of "productivity" seemed entirely at odds with everything taught in counseling and social work programs. What does it mean to be a *productive* therapist? Do the activities and the metrics paint a true picture of a therapist's potency? How does a therapist

reconcile their educational ideology with the realities of the dog-eat-dog landscape of managed care?

P01's tone during the description conveyed a combination of confusion, exasperation and disappointment. A therapist is trained to help people, educated that the relationship is everything, schooled in ethics; and then often enters into a job landscape that contradicts these values.

> P01: So there are all these markers in a chart and all that stuff has to be done. So if you're doing all of that, which you don't get any time to do, and you are seeing all your clients, and you're getting all your notes done, and clients like you, right there you are.

P01 is not just reporting on the standards she has been judged by; she is concerned that she cannot meet the expectations without compromising client care, or her ethics, or her own peace of mind. In fact, she knows this is true. The value conflicts she experiences are a foundational ingredient for burnout (Christina Maslach & Leiter, 1997).

> P01: All these mixed messages ... these are all requirements that you have to do. This is the only kind of counseling we want you to do. Are you traumatized vicariously? ... We can't just look at each of these things, like, in isolated ways, and just bring somebody in and train me on what it means to have vicarious trauma; but I don't get any productivity time for going to that training. So then my numbers are a little lower that month, and they are going to tell me that my numbers are lower and that's a problem. It's like ugh.

In my mind's eye, P01 runs like a hamster in a wheel; striving to be a great counselor and employee, but always falling short because many of her job duties are not measured in a way to give her proper credit. Unmanageable workload and lack of rewards/recognition are foundational ingredients for burnout, but also drive turnover (Leiter & Maslach, 2009).

> P01: I have to write notes like on every moment of my day to account for it, otherwise it looks like I'm doing nothing. When I first started there, my productivity number was like 30% and my supervisor's freaking out about "How are you only busy 30% of the time?" and I'm saying, "I'm busy 95% of the time. There's just not a way to bill for stuff that you do when you're, like, in the milieu and wandering around the facility talking to

people, or you're figuring out someone's homework...how to help them. That's not a therapy note, so I can't bill for the hour that I sat there with somebody and tried to talk to them about how to write out a thinking report, because it wasn't therapy. So I have been told administratively, "Don't write the note unless it's therapy. Why is your productivity not high enough?" ...what I'm doing falls between the cracks.

Evaluation also includes AS providing counselors verbal feedback on the counselors' performance and progress, as well as how the AS views the counselors' perspectives and input. For P01, an AS's on-the-fly measurement of her "productivity" suggested she had deficits.

> P01: So there is nothing to, sort of, check and balance that people are just not coming, so it looks like I am just not doing anything. Well, I can't do anything if there is not a client there. And I remember having a conversation with him, and he said, "Well, maybe it has to do with your engagement skills."

This casual evaluation of P01's clinical skills mattered to her deeply and prompted her own self-evaluation.

> P01: When he made the comment about my engagement skills, that really affected me personally, and I was very upset about that, because I felt like I have really good engagement skills... and it was like something that I felt didn't necessary match with some of the other things that he had given me feedback about.

Once P01 had gathered enough informal data, she advocated for herself.

> P01: And then you know, then I sort of crossed back on him and said, "You know, I want to look at that because I don't think that's true. Can you run a report and see?" And, sure enough, the highest number of clients that no-showed for me were people I had never even met. So it had nothing to do with my engagement skills, it had to do with ... primarily drug and alcohol clients who are required to come for intakes, and often times they don't want to come for treatment.

Since a primary role of an AS in any profession is the evaluation of employees, it is expected that this would be a common aspect of counselors' experiencing of AS. However, how this evaluation is conducted, pre-judgments, agreement about it, and the approach, has an impact on the C.

P01: I think the trust thing... I mean I never even thought about it like that, but that's like a huge part of it and sort of this like, assumption of, I don't want to say "like good versus bad" ... [if] the assumption was "Your intentions are good. You're meaning to write a well written note. You just sort of missed the mark here," or "Oh, the timing on this note, it looks like it just got mixed up. Can you fix it?" Versus, what almost felt like this assumption, of like, "Are you trying to scam the system? Why did you do that, what's going on here?" Like you are trying to like cheat them somehow...this assumption that you are intentionally messing things up or like they're going to catch you doing something ... that whole kind of mindset... just feels really icky to have someone ... just waiting for you to be making a mistake...

P10 spoke to the experience of alignment between job expectations and performance; in particular, being rated fairly based on caseloads.

P10: I think that keeping the job expectations reasonable was really helpful too. I mean I really love that about the jobs that I've had; where I feel like they have fought for us to have reasonable caseloads, and I just think if you don't have a management team that's really looking at what we can actually do well, and then you're being rated on your ability to do the job. That's impossible if you have too many people.

Impossible expectations.

I reflect on my own government organization and the expectations we have for our frontline helpers. The truth of the matter is that we also ask more of them than they can truly give; in an aim to do more and more, while conserving taxpayer dollars. But there are strategies that boost counselors' resilience in spite of demanding organizational environments.

P06: ... a huge thing that influences my performance is like positive encouragement, and like positive feedback... Like, "These things you did very well."... They're descriptive and explaining what those things were, like, really helped me I think. Helped me flourish in the place where I know what I'm doing well... At times I feel like we just go about doing the best that we can, we're like I don't know, I think this is right, and just getting that feedback is like, you're on the right track right? Like even that feedback of like here's some things that could be tweaked; like here's where we're going, I think really helps me feel energetic and passionate about the work. Just having a little bit of guidance, and that feedback, and feeling like a valuable person on the team...

In P01's organization, she couldn't find peace of mind around meeting or exceeding expectations; and in fact, she felt misjudged and abandoned. The goal posts felt forever in motion. P06, however, espouses an informal philosophy of her agency, "...we just go about doing the best that we can." If the gritty economic realities of doing business in counseling are static, what is the remedy to build the resiliency necessary to sustain therapists and other over-exploited helpers? Jackson and Schuler recommend AS's intentionally prepare helpers for the difficult landscapes of their work and support them in coping (1983), which fits with P06's experiencing of her agency's informal philosophy and her own acceptance that she can only do so much but can still have efficacy. P01's distress, however, is also indicative of a lack of intentional AS around workload and expectations.

Counselor evaluating administrative supervisor.

Where participants' experienced being evaluated, they also entered into their agencies with their own expectations and begin to evaluate how the agency measured up. The category of *C evaluating AS* is perhaps more unique to the counseling profession, or more broadly, any profession where the subordinate is a trained interpersonal helper. Counseling and clinical social work educational programs train counselors to be evaluative, to assess, and arguably to be idealistic. Therapists carry their graduate education ideologies into the workplace, and if they experience a workplace contrary to their expectations, their resiliency and performance are likely impacted negatively (Jackson & Schuler, 1983)

> P01: ... there is just this like total disconnect between what's probably clinically appropriate and needed, and then how they are measuring what you are doing. And then you are kind of stuck in the middle.

P01 is highly aware of the disconnect between therapeutic ideology and the actual practices and norms of her agency. She experiences this as troubling and to some degree paralyzing.

> P01: Like, "Just listen to me when I'm telling you that I'm busy...I'm not lying to you about what I'm doing all day." But it's like if your numbers don't back it up, and they can't see it on the computer, then it's not happening.

The participants' evaluations of their AS emerged with several sub categories including whether or not an AS was a counselor, the level of experience of the AS, the degree to which the AS served the C vs. serving the larger organization, and the AS overall competence in supporting the C in the context of the agency.

The participants had varying perceptions regarding administrative supervisors who were or were not therapists themselves. P04 found herself having to educate her non-clinical supervisor on therapy itself.

> P04: ...for non-clinical bosses, it's always interesting when they say like, "So, what are you doing with our clients?" because I just don't know how to describe it in a way that would make sense to them... I'm trying to figure out like, how do I say this in a way that they understand...?

While explaining therapy to a supervisor who ought to already understand it could be frustrating, the subtext is that this counselor needed to educate the administrative supervisor in order to receive credit for the clinical work.

> P04: ...not understanding that like just because I see somebody for 45 minutes, I have someone else for 45 minutes; there is still paperwork, there's still consulting, there's still phone calls, and those aren't billable times...when my day is 8 hours full of just clients, then I'm taking home all of that administrative stuff on my own time... I think sometimes when bosses are unaware of kind of that impact of, take it home, and then I've had the experience of just like, "Well you're at work for 8 hours, so what were you doing?" Like well, lots and lots of things.

P01 felt it was key that her supervisor had a clinical background in order to help her navigate the workload in a reasonable way.

> P01: I feel like [administrative supervisors who are therapists] is the biggest thing. Still knowing about clinical work, being close enough to practicing clinical work, that you understand how constraining all the paperwork can be, and that there has to be a sort of a balance between the two.

She described how the administrative supervisor's clinical experience played out on her own supervision in a positive way. P01 trusted the guidance of the AS because she believed the AS's experience meant that the AS could provide P01 informed direction. The AS experienced the same challenges and therefore had reasonable expectations for P01.

> P01: I had an administrative supervisor who, like weirdly enough, is going to come and be my clinical supervisor at my new job in like 2 weeks, which I'm super jazzed about ... she was awesome as an administrative supervisor, because she was a therapist, like primarily, and this might be my bizarre theory, but I feel like people who work with us as administrative supervisors are not so far away from their own work as clinicians ...[Where with] my administrative supervisor [who] was so difficult; it had been years and years and years since he'd like even seen a client. And it was like that part of the job had kind of burned out of his mind. So when I worked with this lady, I mean she saw, like she had a caseload, she was running groups, she was doing all the clinical stuff, so she got it. If something wasn't done, it wasn't just like, well why isn't it? It would be just like, "Well of course I looked at your schedule for the week, and it looked like you had so many people come. I know you are really busy. You have a bunch of new intakes. Is there an appointment I can move around so you can do some administrative work?" The ability to sort of shift things to accommodate for all the administrative stuff was so helpful compared to what it is now.

P01's experience is that clinically trained supervisors better helped her manage workload and also that they trusted the therapists around what could actually be accomplished.

In some cases, having a non-clinical administrative supervisor was beneficial; particularly regarding separating the functions of administrative supervision vs. clinical. P02 found herself withholding her own performance information from her combined AS/CS because of concerns about being judged or evaluated negatively.

P02: I do I definitely think she would be better served to be just administration and not have also the clinical piece, because I do think it really impacted me [that she was] both my boss and my clinical supervisor. It was kind of huge. That was part of the editing, you know, like I didn't want her to fire me, but if I had a different clinical supervisor they can't fire me right? They just help me or whatever right? And so I just think that's a real conflict of interest that I think should be addressed.

P09 evaluated that it was not safe to share her clinical growth edges with administrative supervisors for fear that she would be negatively evaluated as a result. This muddiness between AS and clinical supervision seemed to result in a counterproductive cycle where concerns about being negatively evaluated administratively resulted in the counselor withholding information that would be important for supervision to help develop her clinically.

P09: I think, just based on my experience, I kind of I always bring it back to ... the way that administrative and clinical is kind of intertwined, and how that may help or hinder if they are the same ... like I said, I think it's a different experience having an administrative supervisor and a clinical supervisor... It was always a little bit nerve wracking, going into supervision with the administrative supervisor, because that's where I feel like addressing [my] very specific potential failings ... where I'm not as good at my job basically, and I think because it's a little bit more black and white, it's like, "You do this. You do it this way. You do it by this time," whatever, versus going into clinical supervision where it's like discussions about how to approach, and theory...

P10 found herself managing perceptions when it came to disclosing clinical experiences to her AS.

P10: ... one of the challenges that I've had at [my past agency], and also here, is that ... the same person who is doing your reviews for your job performance; you're also reporting to about your work ... I don't feel like there's a lot of room to talk really openly about my own personal experience in the work... I brought it up at [my past agency], like even the clinical supervision could be clinical a little bit more; into transference and how we're impacted by this work, questions like that. And they were like, "Well you know we want to make sure we keep a good boundary." ... she was also ... an administrative supervisor and a clinical supervisor which happens a lot... And so she was like, "We ... want to make sure that, you know, you aren't revealing something that as a manager would impact the way I [evaluate you]."...So I was like, that's fair enough, but at the same time it's like, well then, where do we talk about it at?

P10's experience had been that disclosing the natural challenges of providing therapy resulted in feedback and assumptions about P10's abilities in general; which P10 believed missed the point. Therapists are taught during their graduate programs to self-disclose challenges and experiences to clinical supervisors but participants found it risky to disclose struggles to ASs in the workplace. What might be construed as normal development by a professor or CS, could be construed as a deficit by an AS.

However, there may be benefits to the broader business acumen of ASs. P04 evaluated that her administrative supervisors have been be more focused on team-building and effective business practices, to good effect.

> P04: I think I you know I don't know I would have someone, and it was just my assumption, somebody who's kind of clinically capable would be really good at [providing clinical guidance]...but that [more administrative] one that I was talking about … and the one who has no clinical expertise; she is much more of the business end. She was great about bringing us together, so it's just kind of a unique experience…that was kind of neat.

P07 more broadly evaluated the distinctions between supervisors with and without clinical backgrounds, and how this played into her own organization.

> P07: ... in our organization, our administrative supervisor wasn't just supervising counselors, they're supervising case managers, and field trainers and different people, and so ... the supervisor didn't necessarily have to have had experience as a counselor to supervise counselors, you know ... It wasn't always a concern, but in some cases it was helpful to have somebody with that background... I didn't always need to have one that was a clinician, right? ... and there were some cases where I was like ... I could really help advocate for this youth if we were like on the same page about like what this would mean you know. Or if there was a little bit of understanding about this in a way that's not like, politically heated, or that's like you know higher up heated, or liability heated; create like a little bit of balance between those things.

These therapist participants are clearly aware of the competencies and deficits of their ASs. They are evaluating elements including whether their ASs accurately evaluates them,

whether they can trust them enough to disclose challenges, and whether the AS understands the work that they're doing.

Counselor evaluating self.

In the process of C being evaluated by their AS, and C evaluating their AS, a category emerged around counselors *evaluating themselves*. This may also be a product of their clinical training, as graduate programs routinely encourage assignments and activities that evoke a counselor's self-reflection.

In some cases, this self-evaluation stemmed from feedback received from the AS. For P01, the AS's assumption that the C's "no-show" rate must be due to her engagement skills, resulted in her evaluating herself to reality check that assumption.

> P01: When he made the comment about my engagement skills, that really affected me personally, and I was very upset about that, because I felt like I have really good engagement skills... and it was like something that I felt didn't necessary match with some of the other things that he had given me feedback about. Or that I would get clients transferred to me, and he would often say they've gone through everyone else and I know they won't want to transfer from you because everybody likes you but then to say…[I had deficits with engagement]. There were times when it sort of brought up some kind of personal conflicts of my perception of myself as a clinician, and, "Am I actually an engaging and therapeutic person, or not so much?"

In other cases, the self-evaluation emerged as a response to experiencing "costs of caring," such as vicarious trauma, in relation to responses experienced from the AS. For P02, she evaluated herself as "holding back" with clients because she had not received enough support and guidance from her AS/CS.

> P02: You know it was hard for me to process… so I wasn't always ... super inclined to engage clients as deeply as maybe I could have, or should have, because I would hold back because of the way it impacted me, and my inability to take that anywhere ... I could see that definitely it ... could potentially have gone well, "OK, I can see where this is going, and this is going to get really hard for everybody here," and so kind of pulling back from that...knowing that I was kind of, out on a limb, and not having my own

support ... really you know, I need to do something with this ... vicarious trauma... I probably wasn't engaging clients as deeply as I could have or working as hard as I could have to get them to the place where they needed to be.

Responding to Conditions of Evaluative Environment

The participants seemed to describe experiencing AS through *being evaluated by ASs*, *evaluating ASs* in contrast with their expectations, and then *evaluating themselves* in contrast with their other evaluations. The degree to which these evaluations aligned or diverged resulted in participants applying an array of responses to manage the evaluative environment. These responses were categorized as *responding by performing*, *responding by relating*, and *responding through personal strategies.*

Responding by performing the work.

As would be expected, participants' perceptions of their own work performance were influenced by the evaluative elements they experience. P01's feedback that she had not met productivity standards resulted in further focus on her productivity numbers and activities that improved productivity statistics. However, by P01's estimation, focusing on the productivity elements did not always translate well to her idea of good client care. P01 experienced this as an ethical dilemma.

> P01: ... sometimes it's about, like little things, like I feel like I have to end the session early so I can get a note done, or my paperwork's going to be behind, and I'm going to get an e-mail about that. Or I'm not up to date on someone's treatment plan, and so then I know if my note doesn't match my treatment plan perfectly, I'm going to get like an administrative ding on there. So then I structure my clinical session like in a really weird way so that I'm like matching my treatment plans so my note can be accurate... I feel like I'm almost in an ethical dilemma of, "I didn't really do a golden thread in this session, and that will link to my treatment plan, so do I just chart it like I did or chart what I actually did?" ... because one is serving the client and serving my use of my own chart and the other is serving my administrative supervisor. So it's like always this kind of weird balance of things.

Juggling the administrative expectations alongside P01's own therapeutic instincts resulted in distress, confusion and a conflict of interest between client care and self-protection.

> P01: So, yeah, there's all kinds of things that I think is a good therapeutic activity for me and the person, except I have no idea how to chart it. There is no way to chart it, so it becomes like an unaccounted-for hour of time, which will get me into trouble at some point...

To cope with these dilemmas, P01 responded by performing against her better judgement, and potentially against what would be ideally best for the clients.

> P01: ... all kinds of stuff that doesn't even support being productive. I mean ... I would have days where I had 9 appointments scheduled in a day, and 5 people would ... no-call, no-show and then that's like my fault, or my problem. Except we completely allow people to do that...Fine we don't get a cancellation fee, or we don't get anything, it's just like, "OK, let's schedule you again."...How am I supposed to meet productivity? How am I supposed to be productive with a client if there is no client? Just find somebody off the street, like grab someone random from the lobby, and say, "Hey, I need to counsel you for an hour." So then sometimes I get pushed into doing weird [things], like making outreach phone calls, and seeing if I can like, I don't want to say *trick* 'cause that sounds really terrible, but sort of talk someone into having a phone session with me, so I can bill for that. But that seems kind of like a weird ethical area too. Like I'm poaching clients for my own personal needs; not because you needed something, not because you sought this service, but because I'm calling you to see if you like hey you want to chat with me for a while. And you're not even necessarily like offering a consent kind of thing, you are just having a conversation on the phone that you know you're going to chart like as an appointment, which again feels like this weird area. Like I should be saying to someone, "Is this cool if I count this as a session?" Messy...

P02's performance was influenced by the level of support she would, or would not, receive from her supervisor. In this case, she responded by holding back with clients.

> P02: You know it was hard for me to process ... so I wasn't always ... super inclined to engage clients as deeply as maybe I could have, or should have, because I would hold back because of the way [my administrative supervision] impacted me, and my inability to take that anywhere ... I could see that definitely it ... could potentially have gone..., "OK I can see where this is going, and this is going to get really hard for everybody here," and so kind of pulling back from that...knowing that I was kind of, out on a limb, and not having my own support ... Really you know, I need to do something with this ...

vicarious trauma... I probably wasn't engaging clients as deeply as I could have, or working as hard as I could have, to get them to the place where they needed to be.

P06 found that her creativity and risk-taking was "squashed" and that she would perform just to the status quo, rather than engaging in the innovation and risk-taking necessary for increased potency as a therapist.

> P06: … I think the most time I was negatively impacted was ... when I would feel that I wasn't completely understood, that my ... clinical mental health outlook wasn't being taken into account, and that other kinds of forces beyond our immediate … were in control and those were being heard more than mine were, the kiddos were... I think it affected me in the sense that I kind of lost that energy, or lost that whole fullness… and … did what I needed for the job, but it would lose kind of that "above and beyond" reach for things, you know? It kind of created a little bit of like cynicism for a while; of like, "If this isn't going to change then why am I even trying?" …I'm just going to do what I need to, like keep this going for right now but … it's not going to work. It did definitely impact I think my overall … what I was able and capable of doing, and because I knew that if I didn't have that support or that understanding that my … little voice wouldn't move beyond where it needed to move.
> P06: Like, even that creativity, and well, "If I do this and this," and this those were all like things that were being like shut down or squashed... and it's like OK, well nothing's going to work then.

For P04, her engagement and presence at work was influenced directly by the supervision approach she experienced.

> P04: ...if there is a boss or supervisor who really, like, cares about the employee and kind of offers to ... care about what they are going through in life, and kind of allow some flexibility; I know this for me, when people are like, "Do you need some time off? Let's go ahead and get you some time off." I'm more likely to feel like, "No, it's OK. I'm OK. I don't need as much as ... you think I might," versus somebody who's like, "Well we need you here." ...like there's almost that rebellious part of me... If I was feeling l was emotionally supported at work, then I'm OK being at work. Whereas, if it feels like it's just kind of a brick wall, and they don't care what's happening, then I'm not going to want to be there. So I think there's also a big component of just being empathetic and sympathetic to employees, because if you show you care about employees, I want to work harder for somebody who really cares about me, versus someone who [sees me as] just another person on payroll.

P06 found her performance was enhanced by supervisors who created connection and

community in the work setting.

> P06: I've worked in really big teams, and feeling like I have a space that's safe within them, and in a lot of ways the supervisors would do that with you... making sure each person has their space to say something... everyone was represented equally. We had a team meeting, or making sure we're talking about a case, where the people working on that case were all involved, and at least all knew there was a meeting ...It was like that inclusion piece also. I think that all helps me feel very, again, very energetic and very happy to be there, and passionate about it.

P06 went on to say that congruence between how she was evaluated and encouraged, and her

own self-perceptions, meant deeper enhancement of her work performance.

> P06: I think that engaging, how do I say this, like seeing the growth edges and really kind of putting me in situations where I can work those... not just like the positive, but things like, "Hey you have a hard time leading groups. Let's figure out situations in which you can have enough time to plan, so you can start practicing and leading groups every Thursday." OK? ... Something like that... it's like setting up kind of like a platform for success …and not being shy about going there with me...being like, see these are places that we can see some growth right, and what are ways we can do a collaborative approach? Then, in allowing me ... to take that challenge and grow and work with it, has just been really helpful as well.

Responding by relating to others.

To cope with the evaluative environment, participants often *responded by relating* to

others. They described relating to co-workers but also relating to loved ones as well. The

responding by relating ranged from seeking general support to outright advocacy for change.

Relating to advocate.

The urge to advocate seemed to emerge more frequently around situations where the C

felt the AS or the agency failed in some way to support the C, or more broadly, the clients'

needs.

P09: ...just honestly, all I would really love to do is have like the ability to create some kind of committee or something, where you have people from every site who are doing this very specific work, who are involved in making these decisions...They say they take this stuff into account, but I don't know what the hell they are talking about. And they matter, these decisions matter. They make a huge difference. If our caseloads are up to 50; clients are falling through the cracks. They don't feel respected. Clients have noticed the amount of turnover that has occurred, and they are getting pissed because it does impact them... some of them have had like 4 or 5 different clinicians. Are you kidding me? ... In this population that's not OK. They need stability...[but] they come in for therapy this week, and [then] next week they don't have the same counselor... We want to say something, because obviously you can tell they are driving away these clinicians and ... staying here is just, you know, at some point we have to take care of ourselves. And so it's frustrating.

P09 evaluated her agency as deficient in meeting client needs and developed a strong urge to organize with others in order to advocate.

In some cases, the participants advocated directly to their AS(s). P01 used the term "squawking" to describe the collective advocating she'd engaged in with her co-workers to object to the unrealistic expectations of her administrative supervisors.

P01: And at least where I am, ... maybe if you're talking to [clients] on the phone, you might be able to do a little case management, [but] group preparation stuff; they really don't count that for productivity. There was a lot of, like, squawking from us about, "This is hard to do," so then they made some kind of allowances around letting us bill for like making copies and stuff like that.

P05 engaged in advocating to a degree that felt risky to her very employment.

P05: And [the new supervisor] is really reactionary to everything, which is really different from [the past supervisor who] really wanted people who had, like, strong opinions …In this line of work you should really be passionate about what you're talking about… whereas with [the new supervisor] it feels like she squishes you a little bit … and because I was sort of like trained for the most part under [the past supervisor], and because of my own social justice values, and the fact that I'm a systems thinker, and like family focused and everything, um I'm really unwilling to be squashed ... So that makes me the squeaky wheel at all of our meetings, and I'm also an extrovert … so I will speak up and say things that makes me the focus of negative attention a lot, which for a while made me paranoid that I was going to lose my job.

To cope with the risk, she attempted to engage a collective advocacy among her co-workers.

> P05: ...now the people that they hired are really introverted and very insecure in their skills, and super new. I'm super new too, but I had like 5 years of experience …versus like a lot of people that have been hired ... directly out of grad school and maybe have never worked in mental health… And wouldn't challenge [the supervisors] ... I feel like I spend a lot of time talking to my coworkers about, "OK you need to speak up about this thing because if I'm the only person doing it, it won't work."

But P05 also had a suspicion that her agency's recruitment strategies involved hiring clinicians who were more passive, and less inclined to speak up. So she responded by encouraging them to advocate.

> P05: ...now the people that they hired are really introverted and very insecure in their skills, and super new. I'm super new too, but I had like 5 years of experience …versus like a lot of people that have been hired ... directly out of grad school and maybe have never worked in mental health… And wouldn't challenge [the supervisors] ... I feel like I spend a lot of time talking to my coworkers about, "OK you need to speak up about this thing because if I'm the only person doing it, it won't work."

P05 described a group discussion with a supervisor where counselors were objecting to the misapplication of the trauma-informed "Sanctuary Model," in regard to a supervisor prohibiting the counseling co-workers from meeting for peer-to-peer supervision.

> P05: …we were having a pretty like intense conversation with [our supervisor] at the time, the whole team, about how … the core principals of Sanctuary…transparency and democracy, are supposed to be core principals …My coworker said … "You can't have democracy if what you are really saying is we want to hear what you have to say about this thing, but we're not actually going to do anything with that. It feels like you are trying to make us feel better airing our grievances, and not doing anything to change it which seems fake … I feel like something like Sanctuary really can be used to promote a better healthier environment but it requires the people at the top to be doing the work to change it down … and if that isn't happening … deep systemic changes don't occur… then what you do is you just created another tool to oppress people with." You know you've taken something that's supposed to be liberating people …when they got rid of our group supervision, they said it wasn't Sanctuary because it was not transparent. There wasn't a supervisor in the space, so therefore it wasn't Sanctuary; but the most sanctuary thing they could have done is allow a space where they trust their employees to be able to talk about clinical supervision and what it's like being a therapist and then bring that back

to their supervisor; that would be sanctuary. What is not sanctuary is taking something away and saying, "You can't have it anymore because we don't trust you."

P05 had also tried advocating directly to her supervisor, but the supervisor evaluated her negatively. In order to manage this, she decided to go to her co-workers to gain some perspective.

> P05: …a couple months ago … I talked about how frustrated I was with the job and the [supervisor] response to that frustration was, "Well maybe you should find another job, maybe you can't handle this work." … I went and talked to other coworkers …I talked to them all, and it's like "This is the thing I was told, and it really upset me," and I found out that everybody else was being told the exact same thing… which is crazy and fucked up because they're attempting to put the story on you, that it is your own personal failings, that you do not have the correct qualities to be able to do this work; versus the reality is, everyone is experiencing this, so it's a systemic issue and it has nothing to do with the individual.

P06 had a more positive experience with advocating directly to her supervisor.

> P06: I think there would come a time when I would be, like, really close to like burnout right? We'd have a supervision meeting, and I'd be like, "This is how I'm feeling right?" and then they'd be like, "What are you doing? Let's go over what's going on," and we'd go over it, and it would be like, "OK you're carrying a lot. How can we learn how to disperse this caseload? How can we get some support? Here are some people who can help with this. Let's come up with a plan." So they seemed very responsive, and also helping even teach ... how can you delegate these things and accomplish these things, and communicate to us when you're needing that support, so that we can reach out to people ... Then me feeling like there's a process for this, there is a thing. I think that was very helpful, and like listening and taking that into account, and being really like caring. Also being caring towards like, "We hear that you're burning out, and we don't want that. We don't want you to be tired. You are a valuable worker. We want you to continue to feel like you have energy to do this work."

P05 describes the outcome of advocating for herself directly to her supervisor, where she had some initial success.

> P05: …so after having had a lot of negative experiences of her, where I kept leaving supervision feeling terrible about myself, about my job, and wanting to quit... I talked it over with some coworkers, and with my partner, and I'm just like, "I really don't think

that [my supervisor] likes me and I think that's what I'm running into right now ... she doesn't like me, and so she's intentionally trying not to help me. So I had a direct conversation with her where ... I was like, "Hey, I don't know if we got off on the wrong foot or what, but I don't feel like you like me very much, and it feels like it's making supervision really difficult for me."… She was super caught off guard, and it's the only time I've ever seen her act like an authentic person … She ended up being accidentally honest in that moment and was just like, "Oh. Well I don't not like you, it's just I don't always know what I'm doing… I really want to work with you…make this better, so let's talk about what we need to do to make it better," and I told her, "Well I need to spend time talking about clinical supervision, and not just how to re-write a treatment plan to fit the way you think it should be written…"

However, she also experienced frustration with the deficits of the supervisor and felt that it shouldn't be her role to educate the supervisor on how to supervise her.

P05: … She was like, "Of course we'll do that." …and she was like, "Do you have any ideas about how to do that?" and I said it would be nice if we split our time administrative this part and then clinical this part, and work on that. I have a lot of problems with the fact that I'm explaining to my supervisor how to be a supervisor.

P09 spoke to the consequences she and her co-workers experienced around their advocacy and collaboration. In this case, a co-worker had gone against the group and this prompted supervisors to disrupt the coalition.

P09: Luckily most of the people that I work with, in terms of like the clinical staff, we are mostly all pretty tight...we have a good bond in a way that is sometimes rare, and also really necessary in this kind of work, and this kind of environment. So we talk to each other, and we are frustrated, and actually we have a meeting where it's just the clinicians ... and the last one that we had, we kind of hashed out some of these issues, because it's something that we want to bring to the attention of management, and we want to feel like we're heard ... apparently there was one person there who's not quite on the same page as we are and so... apparently this person went to the manager and said they were uncomfortable in the meeting... basically the response to that is "This needs to get shut down," basically. We can't talk to each other about that stuff. If we have any issues then we have to talk to the manager about it, so again it feels like, "We don't care what you have to say, don't even talk about it, and you get what you get."

Relating to obtain support.

Often times, participants responded by *relating to obtain support*. This happened among co-workers, but also outside of the workplace with loved ones and friends.

P01 spoke to the experience of bonding with co-workers as a response to the rough supervision environment.

> P01: I feel like my relationships at work, at least with my coworkers, are like strengthened somewhat, because I feel like we're like trauma-bonded because we can go to one another, and be like, "Can you even believe ..." I mean I can't even tell you the number of times I left supervision, or got an email, or something, and went to a coworker and said, "Did you see this?"....and sort of bond over how ridiculous that is ... in that aspect I think it sort of brings people closer together to sort of unify around the ridiculousness of the system that we have to operate in… But I mean, it's very interesting with the coworkers like I feel super close to all of them, and I honestly wonder if I wouldn't be that close if we weren't all having this… experience to bond to one another and talk about. I'm sure we would, but I think it feels like extra like survivors of this weird system that brings us together.

P02 described a similar experience, of bonding in order to cope.

> P02: Well, within work it tended to be a little bit bonding, because we kind of all like had the effect that [poor supervision] kind of had on people, so when I knew that other people also had that same person as a supervisor, you know, we would reach out to each other like, "How are you doing? How was your supervision today?" and so we would try to, you know, connect with each other to try to support each other, because we knew we weren't getting it from the supervisor. So I would say, in one way, it intensified those relationships.

P05 described her strategy of using bonding to encourage independence and innovation, almost in spite of the supervisors.

> P05: And then [she] became my supervisor when I moved over, and I do a good job almost to spite her… I also talk to my coworkers a lot to just be like, "We can do a good job. We can learn things, but right now our supervisors are unreliable, so if we want to get good at this we're going to have to do it [ourselves] because we are working together to make ourselves good therapists… Maybe we have to find outside supervision…" Then we all do a lot of like checking with each other about cases, and being supportive in that way, but it's sort of like we're doing this because these people are not safe to talk to…

And, in fact, P05 promoted finding outside supervision. While this was the only participant who

spoke about taking such an action, it is worth mentioning because it is an extreme measure to

purchase outside supervision in order to cope with perceived deficits within an agency's

supervision.

> P10 experienced bonding also, but this was generated from her more positive

administrative supervision experience where her supervisors encouraged bonding.

> P10: I think it's been really nice that I've had supervisors [who] have been really
> comfortable and invested in the community; like as far as like I can have lunch with my
> coworkers and not worry about being micromanaged around it. Or stop in and say, "Hey,
> how was your week-end?" or whatever... Just that sense of relationships ... in the
> workplace, because we can do that. I don't know very many people who have that, where
> you are [not penalized for] talking to your coworker too long, "Why aren't you doing
> your job?" ... It's like, this is my job to make sure I'm a team member. That's the sense
> that I've gotten too, is like our team is just as important as the work in a way... When you
> want to be a team that can work well together, and can help each other... having that team
> experience, and I think that's been really supported, which I think impacts my work
> positively. I have a team to lean on, and that being encouraged and supported by
> management...it feels like part of my job is to be part of this team. Even with people I
> don't necessarily like so much, which I pretty much like everyone, but you know
> sometimes we'd probably wouldn't normally choose to hang out, but we're a team and ...
> this is important too ... just treating each other like we would the families we work with...
> seeing strengths and needs, but trying not to judge, you know?... I can really see how we
> each have these areas that we are really strong in and helpful.

> Sometimes the line-level bonding and collaboration served a purpose of reality-checking

and/or comparing circumstances. For those who experienced supervision as isolating, or who

had the suspicion that their supervisor(s) were not trustworthy, this reality-checking helped them

gain a wider perspective on what was happening for them personally, but also in the organization

at large.

> P05: I was talking to friends at different clinics about what their experiences were
> like...apparently there was something happening on a larger level, because everyone at
> every clinic I talked to, so like 4 other clinics, was expressing that everybody's

productivity was low, everybody was experiencing a lot of like burn out, and just deeply bad morale, and the different managers are having different responses to that.
P09: It's an issue here. Being told that we're heard, and it matters what we think, and then not seeing that reflected certainly has, it has caused issues with morale and you know wanting to be here I guess. But I wouldn't, I don't know... I don't know how connected those things are, like administrative supervision, to culturally what the organization does or believes. But it's definitely something that people notice and talk about.

This reality checking resulted in some dissonance between what the participant experienced vs. what co-workers experienced.

P03: A lot of co-workers/friends would have a pretty negative experience with the same supervisor that I have, and I'm not having a terribly negative supervision ... experience... They are getting put down in supervision, and things like that, and like kind of fearing for their jobs... [but] I'm not having that experience, so then I feel like really torn, and I wonder for myself what if I, you know, is that going to happen to me at some point?

For P03, though she had been having a generally positive experience, the negative experiences reported by her co-workers generated uneasiness and concerns that her situation might take a turn for the worse.

P05 compared/reality-checked between her current supervisor and past supervisors.

P05: …so [my past supervisor] also recognized when burnout was happening and would give a break … it made me feel like, "Oh, I can still do this work if my supervisor is seeing that I need help or support, and is not treating me like I'm a bad person for burning out,"... Because of the nature of the work in community mental health, burnout is your eventual reason why you leave. And [my current supervisors] have always acted like, especially like burnout or feelings of burnout, are a personal fault and something is wrong with you.

Responding by taking individual measures.

Participants described various ways they took individual measures to manage their experience of administrative supervision.

P02 utilized an avoidance strategy; leaning into the structure of her position that kept her

out of the office, and thus out of the fray of poor supervision.

> P02: In my particular position, I didn't have a lot of concern too much about ... the ... boss-type stuff that was happening, because I was very autonomous, working outside the clinic…My understanding was from other clinicians that it was not a pleasant environment to work in.... that day to day type thing ...So I kind of considered myself very lucky that I didn't have to experience that kind of negative morale that was happening… You know, it made me think about if that [agency] was the right place for me… Yeah, so also my understanding was that people had very different experiences with the supervisor or the boss, than I did, and I just counted myself lucky that she liked me. And so I didn't get into the kind of stuff with that person...

Though P02 found some peace of mind in "flying below the radar," it is clear concerns remained

about whether that agency, or more specifically the leadership of that agency, was a good fit.

P08 admitted to hiding mistakes because of fear of being in trouble, and instead utilized

co-workers to manage the situations.

> P08: And I also sort of I had the feeling, when I realized that I'd been missing a piece for this amount of time, I was, "I can't tell her, because I'll just get in trouble for it," and so I tried to find a sneaky way to ask my coworkers information about it, so that it wouldn't be apparent that I'd been missing that, and that's not a good feeling.

P04 described withholding good news from her supervisor out of concern that the

supervisor would somehow taint the experience.

> P04: I was with people all the time... if I didn't see that boss, or if I had a really busy day, I would get into [the work] and I would ... just forget what she said, and just be like, "Obviously something's working right here, because we're having ... some good insight in some things," so I would get really excited about that, but I would never... um I would never think, "Oh I'm so excited I should tell her about this and ask her what to do next," I would just kind of hold in a little bit more, and be like, she would rain on my parade, and I didn't want her raining on my parade.

P10 described applying a form of self-supervision, where she utilized her own internal

dialogue for guidance and comfort.

> P10: I think for me I just, if I'm being reviewed every 6 months on my job performance, and if they know in the back of their mind, like, I'm really struggling with this particular scene ...I mean that impacts the way you're viewed as a professional ... I think there is a kind of perspective, or maybe like shadow side of the work that we do, or whatever, that if you aren't handling your job well enough, you're not qualified to do it. You know what I mean? Like, if you can't handle this [situation] then maybe you shouldn't be doing this job. And that's what I felt. I know I have my own interpersonal thing of like "Just be strong, be OK, no one has to see you struggling," and I know that's my own personal dialog, or whatever, but I feel like it's reinforced externally as well.

P06 applied her cultural background and related norms around respecting authority.

> P06: Yeah, I think that I just, as a worker, have always been very respectful of bosses. I think it's like also culturally, it's just the thing that we do, right, like your boss is your boss and ultimate respect is expected. And so that I think has been helpful in the sense of like, if they're bossing me, they're telling me what to do, I do it, right? And that's just something that I already know I'm supposed to do. And so it's easier to do it, in that sense it does seem like this is my role. I am supposed to follow this role ... it's been helpful I think in a lot of ways, and then in some ways, it can be tricky, because it's more of like the only self-care boundary, making saying "no" kind of thing, 'cause if I'm being told to do it, and if I can do it, have the time, then I would do it, you know, versus being like, "Hey, there are also a few things that I also need to get done. I'm going to be here 'til 8:00," you know?

While the application of automatic respect for authority was in a sense comforting,

quieting the distraction of critiquing her supervisors, it also meant potentially compromising her

own self and needs.

P10 described reliance on previous supervision guidelines, gender norms, and her ability

to conform to being more masculine in her process.

> P10: Well, I mean I was told directly you know at my other job that, "We don't want you to bring that [vicarious trauma] into this. We don't want to know how this is personally impacting you." So I was ... told …. And then I think also, I probably get a lot of kudos, or like you know, credit for just doing my job. So I think there's a positive reinforcement of not being drama. So, I think that's part of it as well ...and I'm also a feminist, so I

always think about things from that context too ... no matter what field you're in, and in a professional work environment, you know more masculine qualities of getting through it, being strong, not feeling too much; are ones that I think are identified often as ones that are more highly professional ... I may be projecting, but I really think we still have that male-dominant culture, even in the field where we are to show up as personable, caring, nurturing, loving people. I showed that with the families, I worked with families, usually at work I show up like that, but then the work environment I've kind of found the other half. OK, button it up a little bit, or whatever ... That's why I like doing the job, because I wrap around the zone a bit more; you know you have to be real with people and that's what works for the job actually.

She seemed to have developed a personal strategy (e.g. "no drama") in order to maintain the credibility and legitimacy she felt necessary for her performance; taking her own initiative to manage the potential perceptions of her performance.

P02 took an approach of choosing to believe in the supervisor's good intentions, or at least believing in the supervisor's clinical acumen.

P02: On a positive note, I don't think that that supervisor was doing anything like, intentionally malicious. I just think personality-wise she is a very brilliant person and knows ... therapy but maybe doesn't know people so well.

However, this raises a discrepancy. How is it possible to "know therapy" well but not "know people so well"? As an outside observer to this counselor's approach in managing her experience of this supervisor, it does seem this person had to do some mental bending in order to make supervision with this person tolerable.

For P05, she made peace with her poor supervision by reframing her own internal dialogue, getting her needs met from peers, and counting her blessings.

P05: With [my current supervisor], I was really mad and angry about her for a long time, and now I've sort of reached this like, it's not like nice or anything, but like, "You're not able to keep up with me, and so I'm not even going to worry about you. I'm going to give you what you need to feel like you've done your job, and I'm going to go actually do my job somewhere else and talk to other people who can really help." And so I feel like my attitude about waking up on Monday morning, or whatever, has waffled around a lot in

that experience, because it's pretty like unsupported ... but I have such good peers... that helps a lot with feeling like going to work. It feels like something I can do. Like, I've just figured out how to fly under the radar enough administratively to be able to not have to worry about them, and then be able to get what I need from my peers.

Advocating for change.

As previously stated, counselors respond to their administrative supervision by

advocating within a relational context. But they also responded by advocating individually.

> P03: Where I work now ... I tried to say like, "Let's do something for employee wellness," and I had these ideas, and I ... went to management and I got laughed at. And I was like OK, alright, fine. You know… But those things matter…. I went to a manager that wasn't like the head honcho, you know, you have your head honcho, and then you have the supervisors, and then maybe managers, so I did pick a level I felt was a reachable level to like start at... I was like going to try to partner with them, to get up to the higher level, because like figuratively [they] patted me on the head and said things like, "I know, but it won't happen, so just go like placate yourself," sort of thing. So yeah, I had ideas ... but basically what he told me was, like, "You're not going to be able to get our CEO to feel like that is worth any time in your effort," and I'm sitting there going, "We work with people. Like, we do like social therapy and you're telling me, like, investment in our own people isn't worth time or your efforts." OK.

P03's advocating considered the hierarchy of the agency, striving to find a level where

she could be heard, but she experienced outright discouragement in her efforts. Though she then

tried to generate a grass-roots approach with her peers, she found the initiative for employee

wellness wouldn't fly without administrative support.

> P03: Oh yeah, ... part of me was just like crushed, [after being discouraged from implementing employee wellness ideas] and like OK let it go, like they say it wasn't worth your time and effort; just like spend your own kind of focus... so at least like do your own healthcare, do your own stuff ... so I went and I talked to other coworkers and employees, and said, "Hey guys, I have this idea and I got shot down, but I still think it's a good idea. Do you guys want to do this on our own level"... I got support, but without serious support from management, it would have been a lot of work for me to continue … like I wasn't really able to do it, so yeah a part of me wanted to still move forward anyways, but ... without any support, it didn't last very long ... I felt like defeated and let down ... I don't need to be fighting within my own system ... I'm fighting against other

things, and trying to meet my clients, and fighting for a lot of things... I don't want to be fighting here too.

P04 took a strategy of attempting to see things from the AS's and senior management perspective, and then tailored her advocacy messaging in terms she felt would be understood.

> P04: I thought I learned, and I'm learning continually more about the behind the scenes, as to why there are those kinds of pressures so I can kind of see both sides of it ... I'm getting a better grasp of like why they are doing the things that they are doing, and why they are asking me to do things, 'cause it makes sense on their end. You know, from a business aspect, yeah, that makes sense for trying to bring the company revenue up so we can continue going. We need to bring it up, but it is also a really tricky balance ... it might not actually be as effective as they are wanting it to be. So a lot of times, I'll kind of explain a little bit like what burnout looks like emotionally versus just like somebody sick and tired of going to work... I've talked to my boss about re-traumatization with clinicians, and hearing really really hard things... but I'm also in a really, I think, unique and really lucky position where like she wants to know my perspective so that we can work together with it.

Responding by managing expectations.

Within the evaluative process, participants continuously managed the expectations they had for their AS.

P01 described continuously managing her expectations; even from one supervision meeting to the next.

> P01: Yeah, I mean it's very weird, sort of just like a mixed bag of, "Am I going to walk out of this supervision feeling like, oh yeah, it really gives me something to chew on and think about" or am I going to walk out thinking, "I don't want to be a counselor anymore because it's so much fucking paperwork and I don't want to do that anymore, and who cares."

> P01: ... my job already feels kind of icky sometimes. The things that I have to do, and the amount of emotional heft that you sort of carry around all the time... I feel like they should be treating us always like, "What can we do to help you?" and assuming that you are trying to do ... the best you can with what you have, versus that you are purposefully misleading someone, because you changed the time on your note and accidently put one minute instead of one hour. You know, instead of like "why is that like that?"... Yeah, it's like that because I slipped on the keyboard... "Why do I have to explain that to you?"

versus the previous [supervisor] who would just be like, "Oh the times are funky on here. Can you just push it around?" I mean it's just so different.

Participants spoke about expectations regarding the time afforded to them for staffing cases, receiving guidance, and expressing what was on their minds. For one participant, she experienced the combination of receiving both clinical and administrative supervision as limiting to receiving the clinical focus she expected to receive during supervision.

> P01: The best way to kind of describe it is if you have an hour's worth of supervision time to spend with that person, 50 minutes is probably administrative and then 10 minutes is clinical. If you have a clinical question; otherwise it is paperwork, productivity, scheduling. Like just all the admin stuff. So there's this just a very small sliver of clinical space and most of it is administrative.

Impacts on the Participants

As therapists experienced the evaluative process of their administrative supervision, then responded to the conditions of that process, they also experienced an array of impacts. These impacts are congruent with research in an array of fields regarding how employees are affected by effective and ineffective administrative supervision. Supervision that is evaluated to be fair, with clear and achievable expectations, where employees are trusted; resulted in positive outcomes for therapist well-being and performance. Supervision that was evaluated to be unfair, with cloudy or unreasonable expectations, where employees are not trusted; resulted in negative impacts on the participants. The impacts described by the participants align with broader research on the management of employees (Bohn & Grafton, 2002; Ehrhart, 2004; Grant & Sumanth, 2009; H. Knudsen et al., 2003; Lambert, Hogan, Barton-Bellessa, & Jiang, 2012; Sayeed & Shanker, 2009).

These impacts are best described as sub-categories and the main emerging ones include *professional impacts*, *relational impacts*, and *personal impacts*.

Professional.

Professional impacts centered around the participants' performance in the workplace, but also more generally their development and professional behaviors across their profession.

P01 makes a direct correlation between praise and her motivation to do the work. This aligns with research on the importance of praise in producing positive performance outcomes from employees (Kingsley Westerman & Smith, 2015).

> P01: Yeah, I think you know, when I would get like praise for sort of anything really, productivity numbers were good, and good job in keeping up on things, and like, that was a very helpful, very motivating...

For P01, the nature of the praise didn't matter. Any praise prompted her motivation and increased her performance.

At the same time, the heavy burden of "productivity" and the associated scrutiny of her own measures impacted her enthusiasm for client work and even her ability to care about her clients.

> P01: There were times that I would relish someone not coming, like I would be so happy that someone didn't show up for their appointment because calling them, and saying, "Where are you?" or leaving a message, and saying, "Hey, missed you for your appointment," and writing a one sentence note, was so much more preferable than writing a giant case note that might be scrutinized later in supervision. And that was weird to me, because that doesn't feel like engagement in my clients, and engagement in my counseling process with people, to be happy that they aren't there. And it wasn't even, like, for difficult clients you know, I think that's sort of a normal thing to feel relief, like that tough session might not happen, but like when people wouldn't come that I liked, I was excited to see I would still be like, "Good. I have some time to do some paperwork."

Where P01 may find enthusiasm and have a positive self-evaluation, her AS could derail

and impair her.

> P01: ... there were times when things that I would do, sort of, clinically or therapeutically that I was real excited about, and engaged in the process, or engaged in the work, that I was doing with somebody; I would then get feedback about, "Well, we don't do that here. That's no," or, "How are you going to chart?" or, "That's not in their treatment plan."... So then it was sort of this, again, it felt like this administrative ding on my work, even though I was like, this is an awesome clinical work experience and it doesn't translate over to this administrative side. So sometimes it's kind of stifled my creativity in counseling, because how can I chart that? How can I note that? What's my supervisor going to say about that?

She goes on to describe the impacts of this, and includes a strong descriptor, "trapped," to

convey how limiting this form of supervision was for her.

> P01: Cause there is nothing .... creatively.   I mean, we'll use CBT, we'll use DVT, we'll use this many sessions... I mean it's just so cut and dry, and especially my administrative supervisor was like, by the book, with everything to the point where I think sometimes he hindered my work for sure...I'm trapped by it.

In this example of how administrative expectations intermingle with performance in

sessions, P01 speaks to how these limitations not only impact her, but also impact her

engagement with clients.

> P01: Especially because, administratively, they have all of these like crazy expectations about [how] your treatment plan needs to be up on the screen, so the person can be seeing it, and their Acorn scores need to be up, so your computer is supposed to be up with all this stuff on it, so you can be, you know, doing really helpful therapy while pointing out people's, basically the client's, administrative bullshit.   ...Then, you know, my little email alert would come up and that would be like "you have 15 mops to do, get them done" and I'm like trying to do all this stuff, so then I would like see these little reminders and I try to figure out, like, how do I just close that altogether? Because I'd get that [notification] and then I couldn't... I was like my brain would start going into like fuck. I've got all this other extra paperwork to do ... that's where it would be like, what time is it, maybe I can end with this person a little early, then I can get to that... that should not be happening in like a clinical setting at all, where your brain starts to go towards, like, your administrative stuff away from your client, who could be talking

about the most serious thing in the world, and you're thinking how can I get them out of here so I can get this paperwork done?

P06 speaks to the impairment of her own creativity and client strategies as a result of the restrictive AS she received.

P06: I think like, putting up a lot of rules, and ... regulations about how to get to the things [done], [interfered with] like doing some kind of, what would I say, bringing in multiple services; do like animal therapy for example... there has to be permission from this person. Like, this person above this person, and then there has to be …something written out or there have to be letters, or there have to be these things… even when some of those things are being done, it was still like not enough, right, like it just kind of felt like there were too many roadblocks to get there. And balancing those, along with the immediate needs, was … overwhelming to try and … do it all at once … Disheartening too, especially when there were … immediate kinds of needs… Then there were these other things that are just like, "Where do I go to get my energy? Because, I'm focusing a lot of this and getting nowhere." …Even if I would advocate [that] …this child would benefit from being with their families, because they really needed their families support, and then bringing that to the higher ups, and then them being, like, "No. Can't do it. Need these things," and then just being like, "Sorry," right? Not really feeling like they were pushing that forward, like I was.

ASs also had many positive impacts on the participants. Elements such as clear expectations, congruence between AS evaluation and therapist self-evaluation, and general normalizing of the therapist's experience seemed to help them feel engaged and motivated.

P07: Yeah, I think that one of the key components for that was being ... "seen" as a worker...just seen... I ... just need you to know that I'm, like, here and this is the work that's being done, and if you are aware of that, and you think it's great, like that's good. Like, I'm going to keep doing my thing. It's just like having that oversight and that connection, of like, "I'm here and I'm watchful and I've got your back," and when something's going right, I trust you to tell me that. It's just like that kind of trust, and the being seen and valued, I think was really important.

P07: ... I felt kind of like "held" in that way; like backed up in that way, so that I can then put my energy into, like, go full force with what I'm doing...I have these plans and caseloads, and this is what we're doing, and these are my plans ...then I feel confident in the work that I am engaging in. And complete it. Move forward with it.

P07: ...[I was] more creative with different things, and more thinking outside of the box, and also just, like, trusting my own abilities too, and trusting that maybe I *am* a good counselor ... there are all of these situations in which I'm not sure, but I'm confident I can handle it, you know? Without having to consult on everything, because I am trusting that what work I have been doing, has been good and not just standard.

For P08, her AS's support of her work/life balance, particularly around her parenting,

made a big difference for her.

P08: As I've gone through the last year, I haven't just been here, but I also had a baby 2 years ago, so it was like sort of trying to find that balance between baby needs, and no sleep, and high caseload. My supervisor's been really normalizing of everything, "You aren't going to end the day having everything done." Trying to help me find a balance between feeling good about what I'm able to accomplish in the day and knowing that I'm never going to be perfect; like all the t's are crossed and all the i's are dotted every day...there's always going to be things that need to be done. And sometimes, this really is terrible, but I really appreciated her sharing her own experience, and, like, I'm better right now. I'm operating above my capacity, and it's overwhelming, and I have to focus on my priorities, and just accept that there's always more to do.

P08 also spoke to the impact of the encouragement she received and how her AS helped

her set reasonable expectations for what was possible within her workload.

P08: [my supervisor would] also, sort of, empower me that I do get to choose, and look at what I focus on, as well as her reminding me, like, share the general expectations that need to be met, like, "Your group notes need to be done by the end of the week," kind of thing, yeah OK. So reminding me about policies and procedures, as well normalize my experience, and supporting me to find my ability, I guess. [Telling me] "You've got this, you're doing great." "No, I'm falling apart." She's like, "No, you're fine," so that helps me tremendously. And in spite of the fact that my workload was a struggle, and I had such a big caseload, I interviewed for the new position with my supervisor, and her supervisor, and they agreed that I was competent enough to get this promotion, and that really helped me feel encouraged that they had faith in my abilities; cause I didn't feel like my work at the time was ...deserving of, "You can totally do this." I'm not doing it. And they're like, "No, you've got this. We do think you are the right person to move into this new area of responsibility." That was really affirming.

P08: … again my boss, and her boss indirectly, but very much giving that message of, "This is just part of the process. Whenever there are changes, there is going to be chaos. There are going to be things you just can't do all at once. There's a transition time. It's a long transition time. Not a 5 day transition time. A couple months of transition, and we

expect that." That really helped me feel like that it was normal, part of the transition, and that I wasn't... I didn't feel like I made a mistake, like, "What were you thinking? You take it back. Push the undo button." Like, OK I'm going to do this, I'm going to get through it. ...Then when I finally felt like I landed on my feet, my caseload a little bit lower, I got caught up with all the things I hadn't been doing along the way, "Oh my God! I *can* do this. I *can* do this job." But having her remind me of that all along, it kind of helped me prioritize, figure out what could be put on hold, and what needed to get done. And if I needed extra help with it, how to get that, was very encouraging. Made me just feel like I wasn't incompetent.... It didn't take it completely off the table, 'cause I'm not that high functioning, but it really helped. Like, "OK I'm not being fired. I am not even being written up. This is OK. She is telling me this is normal, so let me move through it. And prove that she's right, that I'll come through it."

P08: It probably helped me focus on [clients], instead of being so distracted by the other side of my job. Like, OK, my priority is to my clients, and so when I'm in the room with them, and I'm doing their notes, that is my focus. It also helped me prioritize the tasks, and so the client's specific tasks were on the top of my list; not just sitting in the room, but also sending out monthly reports, and making sure that the sessions with them were documented in the most timely way. Like, if a note is going to wait, it's not going to be my note with my client. So getting the information, just keep focusing on the people, and knowing that the other pieces will fall into place eventually.

Commitment to the profession.

Participants spoke to both their own commitment to the profession, but also more generally about turnover in their agencies. Their descriptions of personal commitment, and the turnover around them, are congruent with research correlating leader behaviors with burnout and organizational turnover (Riolli & Savicki, 2006).

P01: The biggest impact just feels like we are losing and we will continue to lose good qualified therapists from community mental health or organizational settings because people don't want to have micro managed work… So people leave to go to private practices, so they can be their own administrative supervisor, because it's just... such a drain and ... sucks a lot of joy out of the job to feel like I can't just have a super powerful session with somebody, and write a note that I feel like is sufficient and covers things, and just go get a cup of tea. I have to make sure am I doing it in this really certain way, and check all this other paperwork, and actually it lowers the quality of the clinician's overall like of their job, and their want to stay... People get burned out really easy... I'm, like, someone who feels like underserved populations are super important to work with, and we drive people away from doing that. Because we make it unsavory to work with them, and it has nothing to do with the client; it has everything to do with the way that we're being administrated over.

P01 speaks about therapists leaving agency work as a direct result of the administrative supervision they experience; but also highlights a significant consequence, that this exodus means therapists are less inclined to work with the underserved populations that need them the most.

P02 left therapy work and suspects her leaving may have much to do with the administrative supervision she'd experienced.

> P02: ...so then it did become a process of me just realizing the counseling was not exactly what I should be doing... but I think part of that was because I was out on a limb. I had nobody to go to and say, "Man, it's really hard and this is really horrible." ... Yeah, maybe, you know, maybe had I gotten the support that I needed, it wouldn't have felt so hard, and I wouldn't have felt so out of my reach emotionally. So maybe I could have stuck with it [being a counselor] … and I didn't.

Participants were also impacted professionally when they witnessed negative impacts on other counselors.

> P03: ...and even feeling, like, comfortable in my job, and in my agency, because, you know, do I want to work at a place where ... other people around me, and of course, even just the general morale of the agency, and your friends, and stuff, if your friends are worried constantly about getting fired? ... I just had a friend that was worried about getting fired, and of course it's affecting his work, and I'm trying to [say] like, "Come on dude. Like, you can do it!" And then he did get fired. So that definitely affected... in general, everything ... and then you try to put it aside when you're working with clients.

P03 describes the difficult time she had focusing on work, and being productive, as a direct result of the awareness that others were being let go.

> P03: ...it definitely at times would be distracting. I would say productivity would definitely be lower as far as like getting notes done, or like when you do have down time, you might have heard about somebody [struggling] and trying to help somebody out... I would say a little bit, like I don't know if dazed is the right word or numb. Kind of like sitting in front of the computer, and you're trying to write notes, and it's just a little bit like not quite functioning just right…. As far as with clients, like, I would say I can't think of a particular time ... where, you know, I was maybe not as easily able to follow their storyline ... So I would say probably more on the lines of, like, just being a little

distracted, or having maybe ... a slightly shorter attention-span... But then I would think that, at least for me, the biggest impact would be the time when I don't have somebody in front of me, where I'm sort of processing what's going, and I could be writing notes, or I could be treatment planning, or making plans for a future session, or whatever, and I'm just a little like dazed out…. Yeah, like a little bit of shock and just like, "Oh my goodness," and then I don't do so much for like an hour or whatever it is.

P04 shared that her attention and focus with clients could be affected by whether or not she "felt in trouble" regarding her AS.

P04: I mean, as much as I want to pretend I'm probably really good at covering when I'm nervous, I'm not, you know, I'm probably more stiff with my questions, probably not as present with [clients] if I'm always... feeling I'm in trouble. That's going to be in the back of my head. I can't be fully present with somebody, and thinking am I going to leave this meeting, and get yelled at, or I have to do all these things, all of the administrative stuff, because I'm in trouble ... I wasn't able to be fully present, so if I felt ... trusted, then I can just be there and not have to worry about it, because then I can do it the whole time, and that would work for me.

P05 described how sessions with one of her ASs resulted in her considering quitting the agency.

P05: ...[the supervisor is] really indirect and very fake about a lot of things. She'll, like, smile at you and pretend like she likes you, but she doesn't. I am not really cool with indirect communication, so I'll be pretty direct about things... after having had a lot of negative experiences of her, where I kept leaving supervision feeling terrible about myself, about my job, and wanting to quit.

With a different AS, however, P05 experienced resiliency and a belief she could handle the trauma she'd been experiencing and stay in the work.

P05: Plus I was working at a really high trauma school. So the school that I worked at had [multiple] shootings that school year. Not in the school, but on the block that the school is on. So I was developing my own PTSD at that time, and [my supervisor] was really supportive and understanding of the stress that I was under, and was like, "Well, in terms of long-term, you being a therapist, we have to keep you going now, so that eventually when you feel better, you still want to do this job." So that was really supportive, and he helped with like, "If your work's all done today, just go home," kind of thing. Which was really helpful, and made it more bearable at that time, so I did manage to stick it out.

P05 provided a brief analysis of how her array of ASs compared with each other.

> P05: Yeah, I think with [my first supervisor] I was excited to go to work, and even though I was fresh and didn't know a lot of stuff, compared to like my coworkers now who are only 6 months in, ... and don't know a lot of stuff; my stress level was totally different because I felt properly helped by my supervisor and supported. With [my next supervisor] I felt like ... he's like a notch below [my first] in terms of like quality level, but ... I felt supported and understood when my own stuff was coming up ... I felt like I could tell him I need a mental health day, versus like with [the next supervisor]… I feel like I have to lie and say I need a sick day. During [that supervisor's] time as my supervisor, I hated going to work, like, every day. It was just the worst thing... mentally preparing for seeing clients ... I was having trouble doing that, because the idea of seeing [the supervisor] was causing me so much stress, that I couldn't even get beyond that.

It is important to note that P05 worked in the same setting, with a similar caseload, throughout all of the ASs she describes. Yet her relationship to the work and her personal impacts vary fairly significantly depending on who she reported to.

P10 credits her AS with her engagement and positive feelings about her work.

> P10: I love my job, I love my job now, and I loved my job before ... I guess just them liking me, wanting me to be there... you know at my other job the supervisor, when I was really new, she asked me to cover her, and I felt like that's a real honor, you know? That feels good to me. They trust me and I feel like that trust is the piece that helps me engage. I feel engaged and excited about going to work because I feel like I'm trusted. ... I'm not being micromanaged. That's a big piece of helping me to feel engaged in it.

She acknowledges that it would be a different story under an AS who was less competent and expresses how past experiences inform this belief.

> P10: But I don't have additional stressors of like some "coo-coo" supervisor. I think that would be really hard ... I've only had, like, one supervisor my whole life that I think had a serious mental health disorder and that was really hard... Not having that is really great, and it makes the job; since there's clear expectations, clear, like there's no game happening ... and that's key for me ...I just do my job and I feel like I have that for sure and feel that is awesome. I always feel like I want to come to work, and I'm not having to play some weird game, you know? "This is getting too weird. I don't know what to do." So I don't have that... stress of, like, someone who's looking at my work is playing some weird game with me; that makes a big difference.

P10's description of how she'd experienced the deficient supervisor fits with research on abusive

supervision and its impacts on employee trust and commitment to an agency (Burton & Hoobler,

2006; Harris et al., 2013; B. J Tepper et al., 2008).

Growth.

For some participants, their experience of administrative supervision resulted in a desire

to grow; specifically to become a supervisor themselves.

> P03: I actually told my friend the other day ... there's kind of that thing where you have to follow the rules before you can change them or jump through the hoops to change them or whatever ... I was like I followed the rules now, so maybe one day I can work on actually changing the rules... so I would say [the challenges have] been, maybe, a supporter of wanting to getting into management, but not like necessarily the only reason, but it has been supportive because I look at what happened and I'm like, "Oh, I feel like I can I could do it better." I'm not trying to be like cocky, but you know, I feel like I see ways that this could be done better, that might be more supportive... Maybe my ideas are ideas that in theory sound good, but maybe in practice really they don't work. I don't know, because I haven't been trained, I haven't done that sort of thing. So I mean, I'm realistic in a way, but I still would like to…. I'm only 2 years into the profession. I need more experience for sure, but I'm interested.

P10 spoke to her own developing desires to be a supervisor and in particular how she

would apply her understanding of vicarious trauma.

> P10: I'd love to be a supervisor someday, because I really want to nurture people in a way... Part of it is, like, I mean it depends on the employee I think, but like, you know, I've told my boss I need to go to the doctor a little bit more. I've not been feeling well, and I didn't go into any details, but it probably has very little to do with my work, but like he would always like you know, "How are you managing all the stress...?" I mean, we are vicariously traumatized daily, hourly. There is always something coming through our emails or a phone call, and just that curiosity of like, "Do you feel like you are getting the support you need to do this job well?" You know? Like, really asking those questions.

P10 directly described the ways in which her AS has contributed to her professional growth.

> P10: I've frequently felt really encouraged by my administrative supervisors. That, you know, I get the job, I can do it well, I'm able to manage all the different pieces of it; so that makes me feel good in the work I'm doing... That increases my performance. Like, I'm just someone who's like, "If you tell me I do good, I'm like, how can I do more?" ... or, "How can I do better?" ... I think one of my supervisors at [my past agency], I really felt like I did my job better through their support ... I was able to see a bigger picture about what's happening for the youth, and then be able to skillfully interact with them, and the system they are involved in. Yes that's been helpful. And I feel like there's been a lot of growth as far as my doing a private practice, which is such a different ballgame than community mental health ... Just to be able to see people differently, and I think I had a lot of support from various supervisors of seeing people differently, because I think there's a lot of hierarchy in the county psychology educational system as the "knowing clinician and the needy clients" and all that stuff, and it's power dynamic, and I've had some really great clinical, administrative supervisors who have helped me grow ... Just seeing people differently with their strengths, and seeing their complexities, and how the systems interact with each other, and how people turn out the way they do; developing more compassion, besides this negative way of seeing people. That's been really helpful for me.

For P08, her experiences with previous AS have made her a better consumer as an employee. She intends to always shop for quality AS and prioritize this throughout her career.

> P10: I'd love to be a supervisor someday, because I really want to nurture people in a way... Part of it is, like, I mean it depends on the employee I think, but like, you know, I've told my boss I need to go to the doctor a little bit more. I've not been feeling well, and I didn't go into any details, but it probably has very little to do with my work, but like he would always like you know, "How are you managing all the stress...?" I mean, we are vicariously traumatized daily, hourly. There is always something coming through our emails or a phone call, and just that curiosity of like, "Do you feel like you are getting the support you need to do this job well?" You know? Like, really asking those questions.

Relational effects.

The quality of AS, and the associated effects, impacted the participants' relationships

with others; both at work and outside of it. I previously mentioned some ingredients for burnout;

including work overload and lack of rewards/recognition, and lack of a sense of community is

also a foundational ingredient for burnout (Maslach & Leiter, 1997). Participants drew

correlations between their AS and the degree to which they felt a sense of community.

> P01: ...it also means a turnover there super high I think. People left all the time, and that
> was really hard, because it's really hard not to feel, kind of, resentful for coworkers when
> they leave, and then your case load suddenly doubles, or now you've got to do their
> groups, or you know, there is just always fallout from shifting around. Because, at least
> where I am, replacing someone never happens in the amount of time that it takes for them
> to finish off their time, or their two weeks, or whatever. So there is always, like, some
> little period of time where you are just dying and cursing them for leaving you. So then I
> feel like that, and some of that resentment turns towards, like, "Come on supervisors and
> managers! Like, can't you see that this is a problem? Like, you are losing people left and
> right! Like, make some changes here."

Quality of work relationships.

P03 spoke to the impacts regarding the difference between her experience of the AS and

the experiences of others.

> P03: ...within work, it makes my relationship with other coworkers interesting at times,
> because I have had a lot of friends, coworkers, that have had pretty negative experiences,
> and they want to gripe about the supervisor, and I want to support them, and to be there
> for that; but it's been super super awkward when I'm having pretty much the opposite
> experience... it's the same supervisor... so it makes it really really awkward. Like, just in
> the office, I guess, in general because I want to, like, support them, but ... I'm a little bit
> worried that if my supervisor sees me supporting them, around like work issues, like, am
> I going to now fall? …. Is that going to affect how I am treated? So that was awkward
> when I was in the outpatient building office ... and everyone knew where you were, and
> what you were doing, so it was hard.   That was awkward, and I'm trying to think of
> another word besides awkward, but that really is the best one. Like, tricky to navigate for
> sure, and wanting to be supportive, and not wanting to kind of get myself in hot water...

For P03, she felt relating with co-workers could result in negative consequences for her. She had

to walk a line to maintain good relations with her AS and her co-workers.

P04 had a similar experience of feeling isolated as a result of the differing experiences of

the AS in her agency.

> P04: ... one supervisor had a much more negative viewpoint of all the employees...
> [Coworkers had] a hard time connecting, because it was very split. So, like, either you
> really liked the boss or you didn't; but you didn't really know who they were, and so I
> felt really isolated... I didn't feel like I could trust anybody to be like, "Am I completely
> off my rocker? Or was that really rude?" I just felt completely isolated at work. All those
> colleagues', like, there was no, team-building. It was already just separated, and you
> didn't feel safe to ask for help.   Whereas another administrator, who is not a clinician,
> she was really great at bringing people together and saying, "This is your guys' role as
> clinicians. You know what you are doing, and I'm just going to be here to answer the
> behind the scenes questions if anything comes up." So I think bosses can really impact
> how the colleagues work together...and the environment that's set.

P07 described how the strong AS she experienced contributed to a tighter community

among all co-workers.

> P07: ... I definitely think that, because we work so close with each other, and I've had a
> lot of people that I've been close to at work, that having strong administrative supervision
> across the board ...the impact of that was very positive... we were all feeling, even though
> the supervision was a little bit different, I think that it kind of created, like, a closer unit
> between us and my relationships with them. It's hard to explain, but it definitely felt like
> a community... we had guidance and we all knew that we could trust ...that guidance; and
> even supported each other in reaching out for that or reaching out together if needed. I
> think it definitely helped me feel even closer with my coworkers, even more trusting of
> them, and, you know, feeling like we were in it together.

But she also spoke to times when AS was not so strong, and how this impacted P07 and those

around her.

> P07: Yeah, when it wasn't going so well [it contributed to] unity, because we were all
> experiencing very similar types of change and loss in administrative [supervision]. So
> that's kind of a strange thing, because it wasn't that we had lost our administrative
> supervisor, but we had different entities come in and then ... those entities having a lot
> more power over our administrative supervisor; kind of like filling parts of those roles ….

a little. And so, it definitely impacted some relationships because that supervision was inconsistent across... and we talk [to each other] right?... So it was inconsistent across each other, and there were questions about favoritism and sexism, and it was, then, like some people were having these different experiences than others, and it was creating kind of rifts, and distrust ...like "Well now I don't know if I can tell you about these things, because I'm concerned that you're going to tell them about it," you know?... It definitely changed the air ... Carefulness about what was said and how it was said, and who to talk to and who not to talk to. Um, so that was hard.

In P08's agency, ASs encouraged connection among co-workers and P08 speaks to how

this positively impacted her and her peers.

> P08: ... We're encouraged to talk to each other, and consult with each other, and just shoot the breeze with each other too, appropriately. Um, so I would say that's one way it's influenced my work relationships, in that there's an impression given to create our own culture, and have our own jokes... The other thing is that we get to color during meetings; just our meetings here with each other. Yeah, bring your colors, self-care, go for it.

> P08: So at work ... we're all a little in a little bit of a funk because of changes that are coming that haven't been well explained to us, that we're feeling edgy about. But in general, we have a really positive, encouraging culture here. We're, like, there for each other for personal stuff. Like "Hey, are you alright today? You aren't looking so good," ... you know? We check in with each other on a personal level and are comfortable sharing a lot of things with each other, as well as professional. Like, "Oh my gosh, I just had a client and it was really rough." Kind of that consultation piece... knowing that we have that connection to be ourselves with each other, and to create a really positive team environment, is great.

P08 goes on to contrast the positive experience with the experience under a

"micromanaging" previous AS.

> P08: Yeah. [Under the micromanaging boss] I think we were a lot more critical of each other, and there was ... you know, more like finding reasons to be irritated with each other; rather than we need to support each other. Part of that I think is the field and education and all that. I mean like here you get a bunch therapists who are like "How are you doing? Oh wow, what happened? What are you feeling about it?" you know? Which is wonderful, but I also know that's not always the case. You get a bunch of therapists in the room and everybody's, "No, I want your stuff." But yeah I'm definitely feeling more supported in general, I think, with the abilities to support each other more too. And have a little more confidence when we're not feeling good about something; being able to talk to them all about it.

Impacts on personal relationships.

Participants spoke to the ways their AS, and related effects, entered into their personal relationships. It seemed common that the therapists utilized their intimate partners and family as sounding boards to cope with the effects of their AS at work.

> P01: You know, I think in my personal life it's probably [hard] for my family to hear me, like, complain ... you know it's so hard to complain about things that you can't really talk about, 'cause obviously I never talk about the confidential stuff, and so it's hard to relay about what's bothering you at work when you can't really talk about it. Saying sort of vague things, and being like, "My productivity..." and, you know, I think my family is like, "What are you talking about?"

In P01's case, she found that her work concerns were lost in translation when it came to trying to convey the situation to loved ones who didn't share a common frame of reference.

> P01: Yeah, and I think it's hard for my family to understand too. It's sort of like the two sides of, I hate this part of it, and I love this part of it, so ... sometimes I feels like they are in an epic battle together... with the counseling side, and meeting with clients is like always going to win; and they don't get to hear about any of that part, so they only get to hear about the "I didn't type my notes and I'm not productive enough." My clients are great, and that's kind of like all I can say, right? My clients are great, right? So what they're hearing from me is ... kind of negative. I'm sure you ask, like, my boyfriend what my job is and he would probably be like, "Ahhhh!" Like I don't even know if he would be able to explain it, "Writing notes, and feeling bad that the notes aren't done, and then meeting with people from time to time," and that's probably how he would summarize my job, because that's what I can reflect to him.

P05 describes a similar pattern of complaining to her loved one. From her story, her complaining is so commonplace that her partner anticipates it ahead of time.

> P05: …outside of work I complain a lot about [my current supervisors]. I complain a lot about them to my partner [who works away] for 5 days a week; and we write notes to each other, so I open them when they're away, and, like, this last time my partner wrote me a note, and the front cover, or whatever, was like "After a hard day of work…". I, like, opened it, after a hard day of work, and it said, "Well I know like [supervisor A] or [supervisor B] has done something really shitty to you today, and so I'm really sorry that that's happening," and blah, blah, blah or whatever …That is one way I feel like it has affected my outside of work. These are people, who are supposed to make my job easier,

and developing as a person, or help develop me as a person, and be my support people
when I need them; and instead, they're like the opposite of those things…

As the researcher, I found this story heartbreaking. I'm troubled by the idea that this individual's

experience of her AS is so negative and so pervasive that it becomes a regular part of the

participant's interactions with her partner, to the point that the partner can write a preemptive

note accurately anticipating that their partner's experience is still awful.

For P07, a negative experience of AS resulted in her withdrawing from others and from

activities she normally enjoyed.

> P07: ... that [difficult supervision] did make me feel a lot more in my personal
> relationships, a little more, like, disillusioned...a little bit more down. My energy kind of,
> like, would come down and then ... not having energy to do things. It was so exhausting.
> It just took a lot out. And coming on this desperateness of, like, I'm having to look for
> something else, because ... this is taking so much of my energy. Like, I can't do this here
> and also outside of here, it's just too many things.

When her AS was positive, she had a very different experience in her personal relationships. She

felt proud of her work and her identity, which in turn boosted her efficacy in her personal

relationships.

> P07: And in my personal relationships, I think that it just made me feel accomplished as a
> person. Like, the administrative supervision, again it was always ... kind of like the
> backbone of my job, and my job was very important to me... It just made feel
> accomplished ... even if I didn't have the answer right. I knew that we would, like, get
> through it and work through it, and could feel proud about my job ... my confidence as a
> person ... in relation to others, and feeling, like, proud of what I'm doing...it being, like, a
> fun thing to discuss when discussing with others. It was, like, a part of myself that I was
> proud of introducing...

Positive AS for P08 meant she relied less on her husband for support, which helped him

feel freer to relate in other ways.

P08: ...I think my husband would like to know that I get that support when I need it, and I don't have to, like, talk to him. He really doesn't want to hear about my work. I mean, just general things, but he can't hear about the trauma and the, "Oh man, this person told me about their..." You know? So, "I'm not in your job, I don't want to be in your job." And so that's a boundary that I always want to respect with him, and him knowing that I've got somebody that can give me that support when I need it, then he's willing to give me the 10, 20 or 40 minutes that I need after I get home ... knowing that I'm going to be functioning better after that.

Participants spoke about how positive AS affected their parenting and relationships with

their children.

P08: I have young children, and gosh they get sick like every other day, and my daycare had a 48 hour sickness policy... they have to be symptom free for 48 hours before they can [go back]...it was like, "OK, I just lost half a week due to a fever for 5 hours." Awesome. And I was just waiting...for them to say, "Really [P08]? 5th time in 4 weeks? Come on." I never ever, ever got that. Both of them were just like, "OK, thanks for letting us know. Don't worry about it. What groups did you have today? What chapter were you on? We will take care of it and you take care of your daughter."... Just constant support, and I feel so torn as a working mom between, you know, being a good worker and being there for my kids. A lot of times, I felt my loyalty pulling more toward work ... but ... I didn't have any of that put on me from my boss. It was wonderful, like, giving full permission. Even the micromanaging one, every single time, she was, "Oh don't even worry about it. Take care of your kids. We'll see you when you get back. If you need anything let us know." Just gave me full permission to not feel guilty about not being there. That was so tremendous; it's so rare to find that in a work culture. So yeah, that's what I mean … my relationship...with my kids.

For P10, her AS's encouragement around schedule flexibility impacted her parenting, but

also her relationships with people outside of work.

P10: I think just that flexible schedule helps a lot with managing family, and my partners work schedule, and having that flexibility, is helpful... Also just to, kind of, keep some of my social life intact. It's pretty much minimal with a child and working full time, but, like, I'm able to leave a little bit early and then be able to hit happy hour or something like that. Like, having that 15 minutes extra time, you know or whatever, to get chores done, you know? That helps. Yeah, and I think also being happier makes my family happier, you know? That's it, that's the important part. I might come home feeling kind of stressed out, but that's not my supervisors' responsibilities; it's the job is hard, and yeah...

Personal effects.

The impacts of ASs often extend to a therapist's personal life in both positive and

negative ways. For P07, the evaluation that AS practices were causing turnover, and the

associated grief of losing valued co-workers, bled into her personal life.

> P07: …we were such a big team. I wasn't the only one being impacted, right? And … a
> lot of my coworkers were my community as well, like my friends and close knit
> community and so it … was really hard … for that to not move into that personal life …
> because it was like, at work and it was outside of work, and we were all sharing that same
> kind of grief about what was happening…that negative impact or that feeling of not being
> supported … that definitely, social-wise, I was having that [experience]

P07's experiences at work resulted in her feeling more disconnected at home and her

isolating socially in her personal relationships.

Participants spoke to the experience of feeling in trouble or being worried about being in

trouble. This had the impact of elevated stress, worry, and feelings of dread.

> P01: I'd get an email from the most recent person, and it was like, ugh, like this whole
> body experience of like feeling like, "Oh God. What now? What now is this email
> about?"

> P03: So maybe having my job threatened, or having, you know, just kind of this negative
> [tone]... a lot of blame. I have heard, and again it hasn't necessarily happened with me,
> but I've heard, you know, a lot of blame getting put on the therapist who's getting
> supervised, and [that's] nerve racking for me, like it caused a certain amount of stress,
> because, you know, I don't know if I'm going to get in trouble for things.

P04 spoke to the experience of switching from work mode to home mode, and her

difficulty setting boundaries when it came to letting go of her work stress and responsibilities.

> P04: Well, I mean, I've kind of, for my own sake, [had] kind of poor boundaries. Right?
> Like my home life, and it's supposed to be like wearing some kind of shawl, I can turn
> off that, you know, you can't always turn everything off, but you are supposed to, kind
> of, unwind and decompress... If I'm not really decompressing until like 8-9 o'clock at

night, because, "Oh, I have all these e-mails to respond to," or, "Oh, I've got to take all these notes," then I'm really just going straight to bed and getting up in the morning, and going back to it, so it's not a lot of break time. Not a lot of emotional disconnect.

She described fuzzy AS guidance on when she was on duty and off duty, which resulted in

difficulty relaxing and having her own personal time.

> P04: I was doing more in-home work, and I used my personal cell phone for that, and that was really tough, because if I had a crisis at 10:00 at night, I'd have to answer it... I don't have to constantly be on call, but I definitely felt like I wasn't able to, like, have a beer on Wednesday night for dinner, just in case somebody calls me… One of [the supervisors] said, "Yeah, of course you can have a drink with dinner," but I'm, like, not if you are having me be on call, because if somebody calls, and there is an emergency, I need to get there; I'm not going to be driving after I've had anything, and I can't show up even with it on my breath. Like, that is just really not good.

Beyond that, P04 spoke to how her AS impacted her confidence and her energy. She shares that

this past struggle was so significant that her husband recently commented on it.

> P04: At times, I have definitely felt, like I said, kind of like a lack of confidence; clinical judgment. Definitely when people were questioning everything, like, I took that home, and I would be like, "So I'm horrible at this job," and, "Am I even good at this?" So that was really really hard, and then the bosses, who kind of let me have the freedom, ... would report to me is, "Hey, I got this feedback from this person," especially if it's positive feedback, it felt really good. Everyone likes being validated, so when they gave positive feedback, with some like, "Here's some things to improve," it's always better. Like, I went home, and, yeah, I could totally improve on that, and I'm awesome …. Sort of the Oreo effect. But when it was just constant, like, "Why are you doing this? Tell me about this. Go into detail," like, micro-managy, it just made me feel like I wasn't clinically sound to be able to do it… It affected confidence, absolutely. And even in my personal life, my husband now will remind me of jobs I had while I was being licensed, and he would be like, "You'd come home and just be, like, dead; like, just not excited to go to work. You would know when your next meeting was, and you would, like, dread it up until the day of," just because the boss is not my favorite person.

She goes on to describe how this plays out for her at home.

> P04: ...if [supervisors are] negative, I come home grumpy, and I'm not a grumpy person at all. So my grumpy face is, like, being quiet and not going, and doing, all the things I normally like to do. But with the ones that promote, like, team unity, I go home and I'm

excited to talk about the techniques that my boss, or the supervisors, show. Like, "How can I implement that?" Or I would get a little bit more jazzed about it.

P06 described times when her AS contributed to her developing a negative mindset in general because she feels her work is so closely tied to her identity that difficulties at work meant difficulties in general.

> P06: … [there have] also been times when [administrative supervision] has also just made me again, like, feel very pessimistic, very pessimistic as a person... just kind of like, almost even in my daily life, made me feel like I'm just going through the motions. Like there's not really much else than that. I just have to go through the motions and get through this thing, so I can get somewhere else, OK? Or just kind of like, revert back to this, like, hopeless state … Because for me personally, the work is a big part of my life. At least, I'm a very responsible person; it's like a thing that fits in with me. It, like, definitely seeps into my life when it's not supportive, or when … I start to feel that way, if I'm feeling that way at work, I sometimes will feel that way personally… even like having that spark to do other things as well, it's just like that flatness… There's not like that creativity, and it definitely felt like there was a period there where it was that way… like not wanting to go out… or thinking about … activities or research even. Sometimes I'd like to like come home and …read something on a topic that I wanted to learn about for my job …and just being like, I don't even want to look at that. It doesn't even feel like I want to remember any of that right now, or think about any of that…

Wellness.

Participants had different experiences with managing personal wellness depending on the AS they received. In some cases, their direct AS influenced this but in other cases the overall administrative norms of the agency came into play.

> P03: ... when I did my internship, I felt like they actually did do a good job at [supporting us]. They would have, like, different themes for employee wellness. Like, they would have healthy snacks out for a couple weeks, and they would replenish it, and there were, like, beautiful big fruit baskets ...They were like, "This work is hard to do, so let's make sure that you've got good thoughts during the day." They were small things, but it was such a nice feeling, and the fruit was good. Like, I like some fruit, I'm not going to lie ... Another time, like it was like winter season, so they had Emergen-C, packs ... out, and

things like that, and I was like, "Gosh!" [but] I wanted to bring some of those ideas from the last agency [to the new agency], and that's not going to happen.

For P05, she drew a direct correlation between the quality of her AS, her productivity,

and her own development of depression.

P05: …when she was my direct supervisor, well, I think I developed a lot of depression working under her and therefore my productivity went down a lot… I'd say it probably has significantly negatively contributed to like my experience of depression and everything. So weird and crazy, but I never had any mental health problems until I started working in mental health, and then developed PTSD, and I have, like, worked really [hard to] work through that, but now I have pretty significant depression... I would say my depression has been up to severe, and now it's more moderate, but not low... I'd say my depression is largely due to my experience of work. I've talked to my own therapist about it, and she was just saying, "I think you have situational depression. Your job is really stressfull, but you actually like the therapy part of it. There are parts that are difficult, but the lack of support, and the fact that your supervisors make your life harder, contributes directly to the depression you experience." I would say that my depression has affected a lot of things in my life, so it sort of depends on how you look at it. But, yeah, like friendships, and my ability to go do stuff, and not feel like work is the only thing in my life, and all that. Probably a lot of things...

P07 spoke to experiencing hopelessness and a sense of giving up.

P07: ...it seemed like some of us were feeling, like, hopeless, and then some of us were trying to do things that were being shut down, and others of us just *couldn't even* anymore. I *can't even* …. (emphasis mine)

P10 spoke to the anxiety she experienced under a poor AS.

P10: ... in one of my previous experiences, I really feel like one supervisor wasn't very ethical and that really bothered me. And that's important to me. Like, I want to see my supervisor model the behavior that we're expected to have, and so, if the supervisor is not modeling that behavior, then I feel distrustful of that person. You know?

P10: I just had a lot of anxiety, like severe anxiety, 'cause I was like, this does not feel right, and I don't know what to do about it... I tried to talk to an ombudsman, but it didn't go anywhere. I was like, I just don't know what to do, and I don't want to get in trouble for this. You know? ... When something doesn't go right, my anxiety goes way up, and that can be really debilitating. Or it's like I can't focus. I can't get my job done. I can't perform as well, because I'm so anxious about what's going on ... And it was really

distracting. You know? I'm so focused on your weird behavior that I can't do my job so good.

Participants also spoke to the positive impacts quality AS made on their wellness.

P06: So I have had, I think, a lot of really positive impacts; a lot of admiration and a lot of watching them and seeing what they do, and how they do it …feeling like I want to be that… learning from them and wanting to be in that position… I've had a lot of really good supervisors … [in] role-model kinds of roles, which I think, personally, that has helped me in terms of like just, like, my career goals, and feeling like I have tools to do what I'm passionate about… feeling like there is a possibility of having a really positive workplace… that's a thing to feel happy about and enjoy; and feeling grateful for it and having a good example of how community, and how that positive environment can … nourish and flourish…

P08 spoke to the positive effects of her direct AS, but also described how she was

positively impacted by upper management also.

P08: ... when my boss's boss wanted to connect with me on Linked In, I totally felt like the popular girl in school wanted to be my friend. I was like, "Oh my gosh, [boss's boss] wanted to send me a Linked In request!"… Which was funny, but it also told me how much I value her at a professional level like, "OK this is somebody that I place a lot of value in."... How I perceive her and how she perceives me... interesting. I'm sure my therapist would want to unpack that with me …

P08: ...my immediate supervisor ... in our supervision ... has time to just ask me about me and how I'm doing. How things are going, like, with my kids or just in general...[She] lets me, kind of, take that where I need to... She's a therapist too. She allows some of that personal talk to happen, and I really appreciate that there's time for that too. You could definitely keep all of our time with just talking about caseloads and administrative things, but that she gives time for, you know, "How did your week go?" or "Your kids have started a new daycare. How is that feeling? ... How are doing with...?" You know, it's really nice.

P08 described her positive feelings associated with her ASs providing clear and direct

support for her.

P08: ...knowing that my boss is not as accessible as she used to be, she has a lot of irons in the fire right now, but in general, that open door policy... she always lets us know ... "Hey, I am available between 7 and 10. Always call or text me. I'm available for consultation. Call me if you need to." That helps if something comes up urgent or ... when I leave work, I can contact her and get that immediate supervision. Or just a little

bit of time to talk around it. Which is huge for, sort of, not taking work home with me; having that self-care piece and knowing that I'm not in this alone.

P08: I came back full time for a little while and felt like I just can't do it. My kids are really sick, and I am not the employee I need to be, and I can't work 40 hours right now ... they were like, "OK, we can't change your hours in your position, but we will give you 90 days working 32 hours." My caseload never changed, so it didn't help me the way that I wanted it to, but I still appreciated their empowering of me. They weren't like you know ... "Maybe you should apply for a part time position," nothing. "OK, we value you as an employee. We want you here. The work you do when you're here is good... We're going to give you what we can." So I really appreciated that, sort of, balancing of professional and personal awareness, and then doing their best to help me do what I needed to do, and still be an employee.

P10 spoke about the support she receives from her AS around taking time off and

attending to her family's needs.

P10: I've had some [administrative supervisors] where I felt like they really cared about me. Like when I was at [my past agency], I was in that job for almost a year, and then I got pregnant. Which is what we wanted, but the job was super stressful ... I felt I had a lot of support from them around, like, having a family, and then transitioning to a different position ... I felt like they were really family-loving, and so they would ask me about, "How's your girl doing?" and, "Show us some pictures." And then even my other supervisor, like, I would be like, "I'm just going to take a couple of hours off, and take care of myself," and she's like, "Go for it." ... I mean, she knew that I worked enough hours, and figured it out. I always did my job, but just that flexibility of like, "Yeah you go. You go take care of yourself. Whatever you need to do. I trust you." ... I think that was really important too; to get permission to take care of myself in a way that I needed to.

P10: I think, in all my administrative supervision, it's been really helpful too, because there has never been an issue about taking vacation time. I know some jobs are, like, really weird about if you ask them for a vacation or a sick day to go on doctor's appointments; they act all weird about it, you know, like, "What are you really doing?" You know? And I've never had that here or my other job; like really supportive ... sure no problem, you know? Anytime I ask for time off I get it, which, I think, it's really helpful without any questions asked.

Potential trauma.

While all participants described varying degrees of impacts, positive and negative, only

one described an incident that had arguably traumatic effects for the therapist. It bears

mentioning because it highlights the responsibility ASs have to be culturally aware when it

comes to diversity and how a lack of awareness can be detrimental to therapists as people.

P05 shared a story about the mishandling of her concerns in relation to her own

experiences as a (participant's word) "queer" therapist and her AS's failure to not only provide

the guidance and protection she sought, but also to honor the therapist's very identity.

> P05: So, I identify as queer, and I'm out to my coworkers and everything, and I
> participate in … a queer service provider group, so we can get together and talk [about]
> what it's like to be queer working for [the agency], and what it's like for queer kids at
> [the agency], and we have potential to talk about systemic change to protect kids, or
> whatever. … I have had really terrible experiences with clients who have said …really
> homophobic things in session, not at me, but about gay people, and that's been really
> traumatizing …when I was working under [my past supervisor] …his response was like,
> "That was a fucked up thing that just happened. Trauma was just done to you. So take a
> day off and figure out what you need, and then come back and let me know, and we'll
> figure out how to change this client to somebody else. This isn't OK." So like, the best
> response that could have happened there.

> P05: … I had these two clients that had come out with me in pretty short order, and both
> from very conservative families … One fear I had … was, well, what if I have a situation
> where I have a kid come out, the parent's not OK with it, and then a parent blames me for
> their child coming out because I am gay? … So I was like, fine, I'm going to talk to [my
> supervisor] about this because, at least, it will be in my supervision notes that I brought
> this up; even though I don't think she is going to do anything to help me in this
> moment … And I was just looking for help, calming that anxiety, acknowledging that it
> was a legitimate fear to have, as a person of an oppressed group... I told her that I want to
> know [that the agency] has my back because [the agency] frequently has just its own
> back. And her response was like, "Oh of course [the agency] would be behind you," and,
> "Do you really think that would ever happen? That doesn't seem like something that's
> even possible." And then she said she compared my experience of being a queer
> therapist, working with straight presenting people, to her experience of being a white
> therapist, working with African American people, and how she tried to take nothing they
> said personally... So I'm wrong for taking it personally … I was like, "Well, what you're
> talking about is not the same … You're talking about being the person in the position of
> privilege, talking to people who don't have as much as you do. I'm talking about being
> in a position of the oppressed, talking to people are in the group of the oppressor. That's
> not the same power dynamic." And then her response to that was just the most …
> offensive supervisor thing I've heard, "I don't see you as a queer therapist, I just see you
> as a good therapist." (big pause, deflated expression) Yeah, and so that burned any

amount of bridge that was left, because ... that's like that bullshit color statement, "I don't see color." "I don't see you as a queer person." Well that's pretty harmful.

All participants described varying ways they have been personally impacted by their AS and it was clear their experiences, past and present, continue weigh heavily in their work and lives.

Discussion

Participant interviews indicated that these therapists experience administrative supervision within a *process of reciprocal and ongoing evaluation*; from the time they apply for, interview for, and are selected to join an agency, through onboarding and performing, and as they either depart the agency, or continue to develop seniority. Through their lifespan in the agency, they experience *being evaluated* by administrative supervisors but they also engage in *evaluation of administrative supervisors*, and *evaluation of themselves*. *Evaluation* emerged as the central category, then within this process of evaluation, other categories, sub-categories and properties emerged.

Within the evaluative process, emerged a sub category of *responding to the evaluative process*. Broadly, properties of *responding* include *responding by performing the work*, by *relating to others*, by *behaving on an individual level*, and by *managing expectations*.

The process of *evaluation*, along with the *responding* and outcomes of the responding, results in another sub-category involving *impacts on the counselor*. Properties of these *impacts* include *professional*, *relational*, and *personal*.

Process of Evaluation

Participants described *a process of ongoing and reciprocal evaluation*. They spoke to the experience of *being evaluated* in an array of areas including productivity numbers, engagement skills, and fit with the profession. *Being evaluated* is a normal aspect of working in most organizations, under AS, so it is understandable that this emerged as a sub-category of *evaluation*.

However, the sub-category of *counselors evaluating their administrative supervisor/supervision* was potentially more significant and specific to counselors, or more broadly, trained therapists in general. While the participants naturally evaluated in response to my asking them to describe their experiences with AS, it was clear that they had been engaged in evaluating their AS, and the quality of the AS they received, throughout their careers as agency therapists. Participants monitored, interpreted, and drew conclusions from their estimation of their ASs' competence in evaluating them, guiding them, and their general competencies around the provision of therapeutic services. Some participants even openly stated their own credentials and how this qualified them to better evaluate the quality of the supervision and organizational practices they experienced. The participants drew a correlation between their clinical training and their ability to evaluate the performance of the AS. Therapists are trained to evaluate and assess clients and they turn these skills on their ASs as well.

Within evaluation, another sub-category emerged around *therapists evaluating themselves*. As they are evaluated by an AS, and also evaluating the AS, they look to themselves to reality check their perceptions. Faced with an AS evaluation of productivity, a therapist evaluates herself around whether or not she is providing effective therapy, able to meet

productivity targets, and even whether she fits with the profession. The therapist engages in an ongoing evaluation of what is typical and possible performance, what to share or not share with an AS, how she might be perceived by loved-ones, and how she can perform in order to both be effective but also safe from personal harm.

Dirk van Dierendonk, et. al. (2004) concluded that employee well-being and manager behaviors are linked together in a reciprocal "feedback loop," where employees' well-being is influenced by manager behaviors, and manager behaviors toward and perceptions of an employee are influenced by an employee's well-being. In a similar way, the participants of this study seem to be describing their experience of AS as a reciprocal evaluative loop.

Responding to the Evaluative Process

Within this reciprocal evaluative context, participants painted a picture of how they *responded to these evaluative elements*, and also how the evaluations and responses *impacted them personally*.

Ways of *responding* included three main sub-categories: responding by *performing the work*, responding by *relating to others*, and responding with *taking personal action*.

Performing the work.

In regard to *performing the work*, therapist participants utilized the information they received from being evaluated by their ASs, the information they gathered by evaluating their AS, and their self-evaluations, to then decide how to best perform the work of being a therapist in the agency. This *performing* often involved navigating between their own therapeutic ideals and the expectations of the business side of the agencies they served. Some experienced a conflict of interest between the agencies' expectations and what the participants believed is ethical client care; so they treaded carefully to both keep their jobs and to also be as effective as

possible with their clients. At times, their work performing resulted in meeting business targets over client welfare, in order to stay employed or even to avoid negative attention from their AS.

Relating to others.

Aside from directly performing the work, therapists also responded by *relating to others*. This *relating* expressed itself by therapists relating to *advocate* for better conditions, relating to *gain support*, and relating to *reality-check*.

At times, *relating to advocate* happened directly with the AS, as in P01's situation of advocating that the AS has misjudged her engagement skills as the reason for her clients' no-shows. At other times, the advocating took place with work peers in order to build a collective, bottom-up, voice intended to improve agency practices.

Regarding relating to *gain support*, participants described reaching out to others to complain, to reality-check, and to just connect so that they felt less isolated. Some participants described increased bonding within the organization, at the line-staff level, as a direct result of the poor AS they felt they were receiving. But where line-staff had varying positive and negative experiences of the same AS, this sort of relating was experienced as risky; resulting in concerns that their AS might evaluate them negatively depending on the AS's estimation of the company they kept at the agency.

Participants also *related for support* outside the agency, with loved-ones and friends, and even outside clinical supervision, to manage the conditions at work. They described complaining about their AS to loved-ones and how this complaining impacted their personal relationships. They sought counsel from loved-ones and others but found it difficult because of the binds of confidentiality and the difficulty of explaining the nuances to those who do not share the therapist's acumen.

Responding by taking personal action.

Aside from performing and relating, therapists took individual actions to respond to their experiences with AS. Some participants described a pattern of avoiding their AS and withholding the true information about their performance and experiences. One participant spoke about withholding "good news" about her performance and success because she feared the AS would turn the good into a negative evaluation of her work.

Other individual responses included adopting a more masculine behavior pattern (e.g. not sharing vulnerability), downplaying any information that could be interpreted as "drama," and employing self-supervision to handle things independent of the AS. As a last resort, one participant took action by leaving the counseling profession.

In addition to individual behaviors, participants also participated in internal dialogues and psychological reframes of their perceptions; including explanations for why an AS behaved a certain way, focusing on the positives in the agency, or even generating an attitude of gratitude to offset the darker side of the work. Some of them recalled supervisors from the past in order to generate imaginary supervision and feedback.

Impacts on the Counselor

As participants experienced the *evaluative process*, and *responded to the conditions of it*, they described an array of *impacts* that can be sub-categorized into *professional*, *relational* and *personal*.

Professional impacts.

Professional impacts included properties such as motivation; positive performance evaluations increased motivation, where negative ones, or incongruent ones, demotivated the participants. Impacts also involved the property of *professional transparency* where the

participants may or may not have revealed performance information to the AS; depending on how the C evaluated an AS's trustworthiness, competence, and ability to support them.

Participants also described impacts around client engagement and therapeutic potency. Where support was strong, Cs felt more emboldened to apply creativity and innovation. Where support was weak, or where Cs were negatively evaluated or negatively evaluating, they described pulling back and not engaging as deeply with clients as they otherwise might. The aim was to play it safe and avoid being in trouble.

Sometimes professional impacts were more concrete as in experiencing high turnover and the subsequent increased workloads, grief in losing valued co-workers, or paranoia that they could be next to lose their jobs. In these circumstances, the Cs described some paralysis professionally, and negative impacts on their ability to focus and do effective work.

Participants described positive professional impacts also, such as increased motivation, increased energy, confidence, and commitment to the profession. Even in cases where they evaluated their AS as poor, they described it motivating them to grow their own supervision skills and move into becoming a supervisor.

Relational impacts.

Participants spoke about impacts regarding their relationships with others. In the *professional* arena, therapists bonded more strongly with co-workers in the face of difficult administrative supervision conditions. In others, they felt or became isolated. Turnover, as a result of AS evaluating who should stay or go, resulted in literal loss of relationships and challenges maintaining them, because of the worries generated in that climate.

On a *personal* level, participants' relationships with loved-ones, friends, and children were impacted by their experiences with AS. Participants described patterns of complaining or

disclosing their work challenges with loved-ones, that often intruded in the quality of their personal relationships and potentially the perceptions of themselves in the eyes of those important to them. Relationships were positively impacted too in areas such as AS's encouraging work/life balance that contributed to energy at home, increased interest in socializing with friends, and even more time to parent children.

Personal impacts.

Finally, a sub-category emerged around *personal impacts* regarding the experiencing of AS. Therapists experienced an array of psychological states depending on the AS they received. These properties were positive, such as increased confidence, energy, and passion. Or negative, such as depression, anxiety, paranoia, or withdrawal from the profession.

One participant described how she experienced trauma as a direct result of an AS's poor evaluation of the therapist's situation involving her sexual identity as it related to a client's coming out to her. The AS failed to understand the therapist's situation and proceeded to give feedback in a way that the therapist experienced as a painful micro aggression. Though this happened some time ago, this continued to impact this therapist's peace of mind.

Conclusions

Participant interviews and subsequent qualitative coding strategies illuminated that these therapists experienced AS in *a process of reciprocal evaluation*; *AS evaluating C*, *C evaluating the AS*, and *C evaluating self*. Within the evaluative context, C's *responded* to the evaluative conditions by *performing the work*, *relating to others*, and by *taking personal actions* through direct behaviors and through reframing their own perceptions and attitudes. They experienced *impacts* in their professional lives, personal social lives, and individual well-being.

It is important to note that, for the most part, the therapists' experience of AS aligned with more general literature and research on how bosses impact subordinates who work in helping fields. To put it simply, poor administrative leaders impact employees negatively (Burton & Hoobler, 2006; Harris et al., 2013; Lambert et al., 2012) and strong administrative leaders impact employees positively (Boateng, 2014; Bohn & Grafton, 2002; Dale & Fox, 2008; Simons & Roberson, 2003). The participants' thick descriptions of their experiences and impacts are not much different or surprising than the experiences and impacts of other employees, in other fields, receiving administrative supervision.

However, two potential properties emerged from these interviews that could not be accounted for in the reviewed literature and research. The first involves the way in which the participants' seemed to evaluate their supervisors in contrast to the therapeutic training they received and absorbed, including the ethics of counseling. Several participants commented on the discrepancies between how their AS's behaved as leaders and the ideals of how counselors should behave toward clients. When their ASs behaved in a way that contradicted the ideals of counseling (e.g. unconditional positive regard, warmth, empathy, client-centered, etc.), the participants not only experienced reasonable negative consequences, but they also described another layer of distress that seemed to be along the lines of "the AS should know better;" given the principles of helping inherent to the counseling role. Might it be the case that counselors enter into agency work with a heightened set of helping ideals, compared to non-helping employees, that further aggravates the impacts on them when their ASs fail to live up to these ideals when supervising staff? Whereas a non-helper (e.g. a business worker) may suffer negative consequences from a poor AS (Gillet et al., 2012), it might be the case that a trained helper like a counselor may be even more impacted because they've been trained in how to help

and lead clients, trained in ethics around power and potential harm, and therefore are potentially more alarmed when an AS doesn't conform to the ideals of their training. This property involves *AS alignment with counseling ideology*, and the dimension of *how closely the ASs align or not*.

As a part of member-checking with participants, an effort was made to find out how their training and subsequent ideology about helping in general might augment their experience of AS. Do they experience a heightened level of distress with a poor AS because they've been trained in what ideal helping relationships should look like?

A broader, related, property that deserves deeper investigation involves the degree to which the counselor participants apply their evaluation skills to evaluating their AS. I could not find any research that speaks to the interaction between how those trained in assessing human functioning turn those skills onto their AS's functioning.

In order to increase trustworthiness of these theoretical conclusions and ensure accuracy of the interpretations of the participants' perspectives, participants were invited to participate in "member checking" by reviewing this chapter and providing feedback on whether or not the emerging theory fit with their experiencing of AS. This process will be described fully in Chapter V.

Chapter V: Member Checking

This chapter will summarize the emerging theory developed from the formal participant interviews and subsequent data analysis, and then describe the process and outcomes of the member checking conducted to increase study trustworthiness and further deepen the grounded theory.

Summary of Emerging Theory

The central research question for this dissertation is "How do counselors experience administrative supervision?" The initial analysis described in Chapter IV more broadly illuminated that the participants experience Administrative Supervision (AS) through a *process of ongoing and reciprocal evaluation* (*AS evaluating C, C evaluating AS, C evaluating self*), where they then respond in a variety of ways (*performing the work, relating with others, adjusting their expectations*, etc.), and where they are then also impacted (*professionally, personally, relationally*, etc.) by the process.

While participants' descriptions included elements common to most, if not all, professions; a theoretically significant area emerged regarding the degree to which the AS's supervisory approach aligned with the basic principles of counseling (i.e. positive regard, warmth, empathy, ethics, etc.). Participants seemed to be describing that they evaluated their administrative supervisors through a *lens of idealism* related to the principles and ideology trained and absorbed during graduate school. This chapter will further isolate this dynamic within the previously outlined categories, properties, and dimensions. It will also include the outcomes of the member-checking conducted with participants to explore the degree to which

this theoretical connection aligns with their experiencing of AS and will include a further refining of the grounded theory generated from the research.

Context

As previously described, this study's participants experienced administrative supervision within *a process of reciprocal and ongoing evaluation*. Theoretical significance emerged around the contrast between the therapists' training and indoctrination into the principles of counseling and the degree to which the AS aligned with the participants' subsequent *idealism of counseling*. In other words, the participants specifically *evaluated whether or not their AS embodied the principles of counseling* when it came to *how the AS treated the participants*.

The participants' training and their development of counseling ideology in their educational, and sometimes professional, histories created a *mindset of idealism* that they then applied when evaluating their current administrative supervision and also the larger agencies. The participants' estimation of the quality of the AS depended to some extent on the degree to which the AS embodied, for the participants, an effective and competent counseling persona.

It did not need to be the case that an AS be a trained counselor. In some cases, an AS was purely administrative, but still behaved in a way that aligned with the principles of counseling; satisfying the expectations of the participants. At the same time, when an AS was a trained counselor but did not behave therapeutically towards the participant, this seemed to be more alarming to the participants because of their estimation that an AS in a counseling agency should know better.

Process

Within the evaluative context regarding *participants evaluating their AS's alignment with counseling principles*, participants engaged in a process to manage the situation and the impacts.

These responses can be broadly categorized into *performing the work*, *relating with others*, and *managing oneself*.

In *performing the work*, participants sought to meet the expectations of the AS and agency, while also adhering to their counseling ideology. Where they estimated the AS aligned with counseling idealism, participants' performance involved greater creativity, appropriate risk-taking, and growth. Where they estimated the AS did not align, participants restricted their performance, "flew under the radar," and withheld confidences to avoid dealing with an AS who they did not trust to support them adequately.

Participants sought out additional support by *relating to others*. In the workplace, this was expressed by such things as reality checking with peers (e.g. Do my colleagues have a similar estimation of this AS?), building consensus (e.g. Gathering co-workers to advocate together for movement toward greater counseling ideology), and even obtaining peer-to-peer supervision when the AS couldn't be fully trusted to be helpful (e.g. Peers who aligned with counseling principles were more useful as guides than the AS who did not). Outside the workplace, participants related with friends and family to vent, gain support, be understood, and bolster their positions.

Participants also employed *self-management* to cope with the non-therapeutic conditions of their AS. For some, they'd internalized positive messaging from a past AS who they deemed more credible and utilized this in their self-supervision. There also seemed to be a process of *managing expectations*, where the participants realized their AS could not give them what they felt they needed, and so they stopped expecting their AS to be therapeutic and, instead, figured out how to navigate the relationship as it was. Participants also engaged in self-care and applying their own personal strategies to manage the situation.

Outcomes

When ASs had stronger alignment with counseling ideology, participants experienced positive outcomes such as a deeper peace of mind, stronger commitment to the therapeutic profession, and a greater buffer against the costs of caring inherent in the provision of therapy services. When ASs had weaker adherence to counseling ideology, participants experienced negatives such as distrust, depletion, distraction, and increased burnout and turnover. Impacts were felt in their personal lives also. Venting at home intruded in their relationships and quality of life, some experienced depression and anxiety, and some left the profession.

The Initial Diagram on the following page (Figure 1) illustrates the categories, properties and dimensions involved in this emerging theoretical framework. While not comprehensive, the diagram attempts to illuminate the essential experiences the participants described, related to how well their administrative supervisor (AS) aligned with the ideals of counseling.

Process of Ongoing and Reciprocal Evaluation

**C Evaluates AS's Alignment
with Counseling Ideology**

AS Not Aligned ←--------→ AS Strongly Aligned

Bottom Line ($)←→ Cares about C as a Person
No Clinical Acumen ←→ Strong Clinical Acumen
Not Accurate Empathy ←→ Accurate Empathy
Untrustworthy ←→ Trustworthy
Unethical ←→ Ethical
Unsupportive ←→ Supportive
Not Genuine ←→ Genuine

**C Responding to AS Alignment
with Counseling**

Relating
Advocating
Seeking Support
Complaining ←→ Promoting
Attaching ←→ Detaching

Performing
Productivity #s ←→ Client Care
Conforming ←→ Doing Own Thing
Transparency ←→ Hiding
Leaving Profession ←→ Committing

Managing Self
Managing Expectations
Avoiding ←→ Facing
Self Supervision
Self-Guiding Philosophies
Withdrawing ←→ Engaging

Impacts on C

Relational
Unsocial ←→ Social
Work Intrudes at Home
Parenting
Isolation ←→ Connection
Distrust ←→ Trust

Professional
Motivated ←→ Unmotivated
Commitment ←→ Uncommitted
Stagnant ←→ Growing
Detached ←→ Engaged
Leave ←→ Stay

Personal
Unwell ←→ Well
Mental Illness ←→ Mental Health
Grief/Loss
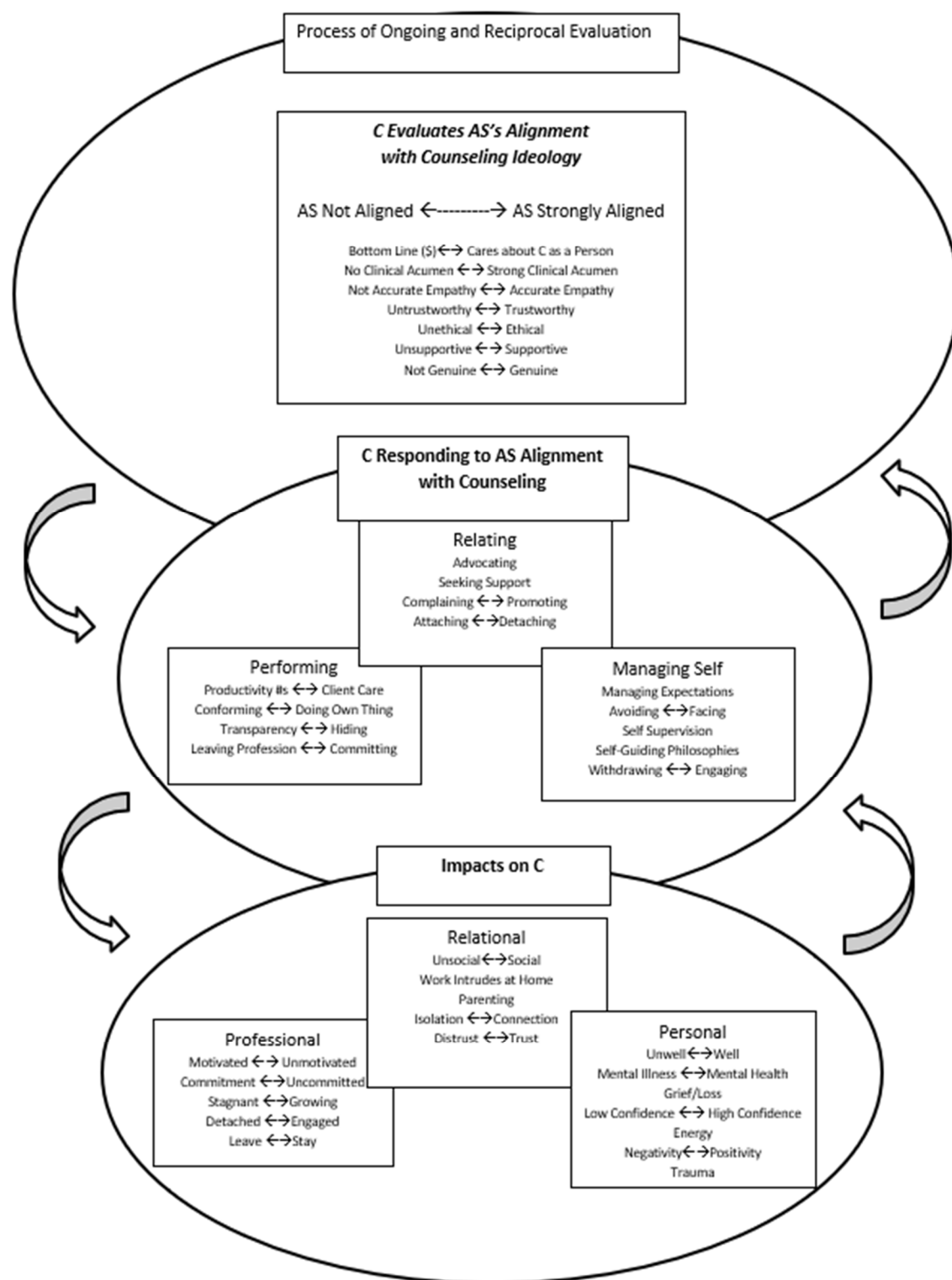Low Confidence ←→ High Confidence
Energy
Negativity ←→ Positivity
Trauma

Figure 1: Initial Theoretical Diagram

Member Checks

The next phase of this study involved circling back with the study's participants to gather their perspectives on the emerging theory. This process is called "member checking," and according to Lincoln and Guba (1985, p. 314), "is the most crucial technique for establishing credibility," in a qualitative study. As the authors point out, member checking is both "informal and formal" and this is congruent with the member checking conducted for this study.

Process.

My process for member checking involved reaching out to all ten participants via email or text. Each had been informed about this step previously, during the formal interviews, so all had a heads-up that I would be reaching back out to them once I had generated initial findings and an emerging theory. All participants were given an opportunity to participate in a phone call or to provide feedback in writing. Eight out of the ten participants initially responded that they wanted to participate in member checking, but ultimately six participated.

All six engaged in a recorded phone conversation, lasting 30-40 minutes. To help them prepare, I had emailed each of them a brief summary of my initial findings and emerging theory (see Appendix G), which mirrored the summary provided in this chapter, as well as the theory diagram above, and a glossary of terms. They were encouraged to review the written materials, if at all possible, and the majority had done so prior to the phone conversation. For the two who had not had the chance, I provided a verbal explanation congruent with the written materials.

I went into the member checks aware of the possibility that the participants may be overly compliant or agreeable with my conclusions; that they would agree with me in part because they are therapists and have a naturally encouraging demeanor. To help account for this, I started by asking the participants to tell me in their own words what they understood about my

emerging theory and initial findings. I wanted to be sure they had integrated an understanding of the concepts and the theory so that they had a full sense of what they were responding to. All six participants were able to articulate back a reasonable understanding of my initial conclusions and all six did generally agree with the emerging theory that therapists experience administrative supervision through a process of evaluation; in particular by evaluating a supervisor's alignment with the principles and behaviors of counseling. And, further, that more alignment meant a more positive experience for the supervisee and less alignment meant a more negative experience. All six also agreed with the categories, properties and dimensions involved in responding to the conditions of the administrative supervision as well as the impacts and outcomes experienced as a result of positive and negative administrative supervision.

Beyond that, every effort was made during the dialogue to check in with their meanings, understandings, and to deepen their thinking and feedback so that I could find out, if they did agree, how and in what ways they agreed. I also gave them every opportunity to further expand on the initial conclusions and this provided a rich shaping of the initial theory into a more refined grounded theory.

Each phone interview was recorded with participants' permission and transcribed by the same member of my research team who had transcribed the formal interviews. I carefully read each transcription and engaged in deeply understanding and interpreting participants' meanings and feedback. During my review, it became clear that the process not only assisted me to verify and deepen participants' perspectives, but also the process involved participants as "co-researchers" because the dialogues were real-time theorizing where I and my participants worked together to refine the emerging theory. This aligned with my understanding of the values of qualitative research where participants are not viewed as subjects, but as collaborators, and

where understanding is found as much through natural social connection as it is through structured processes.

In the end, as the researcher, I feel the product and conclusions of this study are stronger for including both structured, formalized data collection and analysis during the formal interviews, as well as the simple process of making meaningful connection and collaboration, during member checking, with those I wished to understand more deeply.

Participant feedback.

In this section, I will provide a narrative and quotations of the dialogues I had with each participant in the same order as I'd conducted the member checking phone interviews. This is in part because each conversation seemed to somewhat build on previous ones, further refining the theory as we went.

The first conversation took place with Participant 10, who had reviewed the summary materials prior to our conversation. I began by checking in on her understanding of the initial findings and emerging theory. She shared that while the conclusions were congruent with her experiences, she also had some concerns that she might have held back disclosures during the formal interviews.

> P10: I thought the conclusions made a lot of sense. They were able to, kind of, articulate and quantify my own experiences and that was pretty cool. The one thing I thought about afterwards was just like how some of my responses could have been skewed slightly. [P10 goes on to comment that she might have withheld some disclosures due to potential professional overlap with me, the researcher. Redacted due to potentially identifying information] I feel like I could have been even more blunt, like more open and I feel like I was as open as I could be but I was kind thinking about how that could be something that could be a part of some kind of a little statement in there [Regarding how professional overlap might influence what a participant discloses]

We spoke about this and considered how I too might have been less "pushy" with asking her deeper questions because of my own sensitivity to her privacy and our shared networks, as well as how local therapists in general may be conscientious about disclosures, especially given the "small pond" of our geographic area. It is an important element to keep in mind, regarding the trustworthiness of this study, that all therapist participants work in the same geographical community and that they, and I, might have tread more carefully in our conversations together as a result.

Beyond that, I asked P10 about how her ideals of good counseling intermingled with her evaluation of her administrative supervision. P10 identified that an administrative supervisor's "attunement" mattered to her ability to trust them. She desired her supervisors to be aware of her perspectives and needs. She also spoke about the importance of reflective listening as well as good boundaries.

I wanted to better understand to what degree and in what way she might assess her supervisors. Did her training and background in assessing people in general mean she was more inclined to assess her administrative supervisors?

> P10: I think that assessment for me comes in [with] my level of trust. And so I think that definitely, with my background and you know education, I'm assessing and determining trustworthiness as far as their clinical opinion or their ability to help me process through something I'm struggling with in my clinical work… or if I can be a little vulnerable or not. So that is coming into play.

I asked P10 to describe her response to my emerging theory.

> R: My theory is that [therapist ideology] impacts participants [regarding] the degree to which that boss is in alignment with their counseling ideals. Do you see any, is that fair, number one, and then also is there anything you would add… or [are there] other exceptions… how does that land with you?

P10: Yes, I agree with your theory. I had a couple other thoughts though about the impact of gender, ethnicity, sexual orientation, religious backgrounds those kinds of things and that's like a whole other … but I do feel like that is, like, another layer of like that the dynamic of that relationship… maybe how someone expresses or utilizes those counseling skills differently, or the same, and so they… they could have a whole different cultural background, or socioeconomic, or ethnicity, whatever in there… or gender is a big one for me… Is this just because they're a man? Or is it because they've lost their counseling [skills]… Actually a lot of men are like that… I kind of wonder about that.

P10's comments on the intersections of diversity suggest another area for future inquiry regarding how therapists experience administrative supervision. She also suggested years of experience on the part of the therapist interplays with their evaluation and responses.

P10: I often wondered too about the number of years of experience… I mean I know that when I first got out of grad school, I had a lot of ideals about all kind of things, and then as you kind of get going along, you might get a little… tougher and then that mismatch sometimes of, like, someone has been in the field for a long time… may seem callous… but it's really just the experience of being able to handle things differently… I was noticing that while that kind of thing would have bothered me 5 years ago, it doesn't bother me anymore, you know? And I think if I was speaking to someone, it's like just let it go, this is the way it is… and like, wait a minute, this like a pretty big deal for me but it's kind of experience too when you've seen a lot, heard a lot, and your bar kind of goes up for what kind of made you stress or worry or whatever.

P10 suggests the idealism, and thus the critique of the administrative supervision, may fade to some extent over time.

We spoke about the impacts and responses resulting from the administrative supervisor's congruence with therapist expectations.

P10: I… think just the dark side of this field, of what can happen… if you don't have the relationship that you are needing, and… what can come out in us. [The theory] talks about [therapists] restricting performance, [flying] under the radar, withholding confidences, you know, venting with people who may not have the capacity for it. And… complacency, a little bit of complacency. And navigating things as they are and not trying to make any changes or just make it work.

R: Yeah, there really is something to that isn't there? That cycle of innovation or creativity, but you could also have a cycle of complacency and stagnation.

P10: And I think that this is a little bit of a thing too because… it is so important professionally. Like there are some things… that are appropriate to talk about and there are also some things you just really need to go see your own therapist [about] and you need to really kind of rely on closed doors, friends and family… I want someone who can do some reflective listening and holding those boundaries… Like I think that… if you have a supervisee that's really struggling, and [you are] holding space and supporting and doing what you can in that space, but then also [advise the supervisee to] get some help too if [they] need it… And to hold that balance… different in a work environment than versus working in a therapeutic relationship, because you see each other in different context too…

P10's comments here served to deepen the emerging theory around the property of administrative supervision's alignment with counseling principles. P10's comments spoke to a *continuum of alignment*. She didn't want an administrative supervisor to be too therapeutic, or to only act as a therapist in relation to her, but she did want the administrative supervisor to apply therapeutic skills (e.g. attunement, reflection, empathy, good boundaries) and then know when to switch gears and apply the structure needed for good administrative leadership (e.g. refer her to her own therapist when needed).

R: Yeah, as you say that, I think you're onto something too… if an administrative supervisor is too therapy-like, that continuum again, if they're too counselor, that's problematic.

P10: It is. That's what I'm getting at and that's problematic too.

My next interview was with Participant 9. She did not review the summary prior to our conversation, so I summarized verbally and then asked her to respond to it.

R: What do you make of that as an emerging theory for this study?

P9: It seems like, cause I believe that… many people come into this work in a similar fashion where you described… want to give all of this empathy and support, and you have a very therapeutically minded context that you're working in, and if you move your way up in an organization you lose that, and it does become more about the bottom-line and business oriented, and it's almost like those things don't… they can't work together. So it feels like the higher up you go, the more you kind of have to drink the Kool-Aid a little bit and forego some of the initial principles that you come in here with like the empathy… the person-centered access of the work feels like it suffers or dissipates.

P9 seemed to speak to the process of an administrative supervisor's distancing from counseling principles over time, to a more bottom-line mentality.

I asked her to elaborate on the potential dynamic involved in a therapist coming into agency work with ideals about being treated therapeutically, and how these ideals interplay with what actually occurs.

P9: Yeah, exactly… 'cause there's kind of an expectation that [behaving therapeutically] is going to be part of the work that you do with the clients who are here to receive help, and services and support, but those of us who are doing that, on the ground, face to face work with them, we need that too 'cause it's a hard job.

R: It is. And then the impacts of that seem to be greater. Like the accountant might go home and complain [about a bad boss] but there seems to be something very depleting or personal…

P9: It feels much more personal because it's not just numbers in an accounting firm where you don't expect that type of judgment I guess, that's not the right word, but you, that's not part of what's expected to be there, whereas in this work, in social service work, you feel like the social service agency doesn't, like, that's what you say not what you do.

R: I think you were just speaking to… they say they're doing those [principles of counseling] things but then they don't, or they may not.

P9: Yes, thank you. So yeah, I think that seems to be where it is a little more frustrating… is like you're saying we are informed and person-centered and blah blah blah and that's kind of the vibes that they give off in public, but that's not necessarily what is experienced by the clients or the clinicians.

P9's comments brought to light another aspect of this interplay between the principles of counseling and application in the workplace. P9 suggests it goes beyond whether or not administrative supervisors behave in alignment with the principles, but also that saying they do, and then failing to do so, is also alarming. P9 describes experiencing hypocrisy from her administrative supervision; administrative supervision pretending to embody therapeutic principles or being trauma-informed, but perhaps not living it in practice.

I inquired about the interplay around the expectation of therapist's vulnerability in helping work and how this interacted with what P9 experienced in her agency.

> R: One of the other participants… talked about the idea of a significant difference being an expectation of vulnerability. So you are expected as a therapist to be vulnerable, to be caring, to have sort of more emotion involved in the work… as opposed to an accountant, to reference our earlier example, right, and there seems to be something significant around that, being expected to be vulnerable but then not being cared for in your vulnerabilities.
>
> P9: Right. Yeah, and that definitely takes a toll as well.
>
> R: Yeah, it makes, it sounds like from [what participants are saying], it makes it really hard to do good therapy work.
>
> P9: Yeah. I mean, it's kind of like it's engulfing, you know? You put all of your… I try really hard to not let it impact my work with my clients, like that, I put absolutely everything into, they are here to get help. So it's like whatever is going on, that doesn't matter. The 30 or 60 minutes that I have with them, that is completely gone, so I have to like hyper-focus my energy and my attention, all of that, into them and I do because they deserve that. Especially in this program, where they have hefty prison sentences hanging over their heads. You have to show up, you don't have a choice, you have to show up for these people. That is extremely draining, and when you don't have external validation, [to] kind of get built back up from all that energy that you spend with them, that's where the frustration comes in and lack of trust and lack of loyalty.

P9 describes a work landscape where she sees her responsibility as quite heavy to the point of impacting people's entire lives, or even as saving them. For her, the stakes are high and

she can't afford to slack in her duties, but it was clear she does experience significant impacts

when she does not receive the support she feels she needs to do the work sustainably.

　　We conversed about the ways in which the therapist's depletion impacts clients; in

particular those who are already disenfranchised.

>　R: I think we talked about this when we met the first time, but with these clients, they have no choice, they can't afford or are able to go to private practice person who is well-happy with their work, right? They end up with newbies, or people who are pretty fried, or just a constant array of new therapists. It sort of disproportionately impacts people who already have some issues with depression, and barriers, and things like that.

>　P9: Exactly, and that's why coming back to this notion that each [worker is] centered and trauma-informed is not true. It's simply not practiced. Preached, but it is not practiced.

　　I checked in with P9 one more time on the emerging theory and invited her to provide

any final insights on weaknesses or what else might be added.

>　R: Is there anything about what I'm kind of theorizing at this point, about that alignment with the principles of counseling or not, is there anything about that is weak or that you would challenge or that you believe I should flush out a little more?

>　P9: No, I think it makes sense.

　　I next spoke with P8 and she had this to say when I invited her to recap what she

understood about the emerging theory.

>　P8: OK. How counselors experience administrative supervision … OK, so yeah, my takeaway was, the one thing that I thought was really interesting is that as we are trained as helping professionals… we are expecting our supervisors to have a similar enough training that they are going to be interacting with us along those same ethics and principals and guidelines as we do with our clients. Which, that was super interesting to me, because it's this expectation that I guess is unidentified until you run up against it not being met…there's this kind of outrage and frustration and mismatch of, OK hold on, this person has an LCSW or an LPC or whatever, they've been working with clients for years, and then they are treating me like a dumb employee… They're not using any of their counseling skills when they're interacting with me, or it's the experience of, oh man it's so great that I have a supervisor who really gets counseling and interacts with me as a competent professional and talks to me in corrective ways that are appropriate… and that

feels really good. It's like, well, what, do you expect an average manager to respond perfectly? No. But we do expect that somebody who has the same training, is going to respond along appropriate mental health line and not typical managerial guidelines.

For P8, the congruence, or not, of an administrative supervisor's alignment with counseling principles mattered to her. She went on to describe two different supervisors; one who was more bottom-line, micromanaging and another who she felt did apply more of a therapeutic stance, in particular around the supervisor's methods of evoking P8's own problem solving as well as ensuring P8 felt supported. P8 also added that the more therapeutic supervisor also checked in on P8's overall well-being, even outside of the work setting. I asked P8 to expand on the impacts for her.

> R: Yeah, those behaviors sound to me like the core conditions of counseling. And when that was happening for you, it sounds like that enhanced your abilities and your trust…
>
> P8: Yeah for sure. I felt like I could go to her with concerns and support would be given… there was permission to, if I felt like things were falling apart, there was permission to talk about that in a way. That, well, what's your problem? Oh, you're experiencing some challenges right now. OK what can we do, as opposed to, alright, well how fast can you clean up the mess.
>
> R: Yeah, or I'm kind of hearing, and tell me if I'm wrong, but an underlying worry about what you say can get you in trouble.
>
> P8: Yeah for sure. And it's hard in any workplace to know that there is like this no reciprocation rule, but is that really what you are going to experience? How do you go about proving that? When I received supervision that felt like it was also in line with therapeutic core values, and compatible communication styles, I felt like [it] was a more likely outcome that the person would respond with appropriate ethics in other areas too.
>
> R: That makes sense. So you had sort of an enhanced trust in their integrity.
>
> P8: Yeah.

I asked P8 to speak more to how she was impacted personally. She spoke about how more therapeutically-oriented supervisors gave her more support and leeway for her needs outside of work; specifically, around parenting her young children. Supervisor's application of

compassion and understanding around P8's use of sick time and trust in her judgment helped

increase her trust in the supervisors and the agency in general.

> P8: So I tried to describe that exactly, but kind of permission to be responsible and also permission to speak out about help if I needed it. And knowing that if it went on for too long… she would say, hey I've been getting emails from billing, what's going on with your notes… And it would also be sandwiched with, hey we know there's a lot going on right now, your case-load just increased…. So that sort of collaborative problem solving also really helped me to have confidence. When I would have something that I really was struggling with, that I could explore solutions with somebody, rather than just feeling like I was in the dog house for something.

> R: Yeah, and it sounds like there's collaboration but also that the supervisor was more reflexive to what you needed.

> P8: Yeah.

> I went on to inquire with P8 whether she'd experienced a supervisor who was "too

therapeutic or too much the counselor."

> P8: A little bit… Sometimes I felt like it could be easy to use supervision as like a private counseling session, and that she was Ok with that. Which I was like, that's a little unethical area, that I probably shouldn't be utilizing her for, but she seemed happy to move into it, and sometimes I feel like it was really professionally appropriate and more around professional stuff, but other times I think it was more around some personal things, that I think it could be justified, like well it affects [me] at work so let's talk about it. But probably would have been better for her to reflect that I probably need to find my own therapist.

> R: Yeah, that makes sense.

> P8: There was a bit of that where I was like, um, this feels like ethically a little slidey here that I'm using her for more than one purpose, and she is encouraging that. But it didn't, I didn't ever experience it as having a negative effect, but I felt like it was probably too much role switching.

P8 went on to speak about an area that others had not; the environment and practices of

her agency in terms of aesthetics as well as hospitality. She stated that one of the agencies she

worked in had very stark, barren, and uninviting rooms that she felt not only impacted clients

negatively, but also the therapists working there.

P8: I would have clients come and [say] "this is pretty much exactly the size of my jail cell," and so I would say, like, guess what? This door isn't locked, you can leave if you need to… kind of make a joke about it, and I would try to make it a little more trauma informed, but it also kind of felt like a jail cell to me.

P8 also contrasted one of the agencies she worked in to that of a colleague, around hospitality and the provision of beverages and food. She noted that hers was very restricted where some other agencies make coffee, tea, water and snacks a regular part of the experience and commented that this felt trauma informed and therapeutic. This added another layer to this study's properties of what is meant by therapeutic principles; now including the setting, promoted by administrative supervisors, alongside the behaviors.

I spoke next to P5 who started the conversation by reminding me that she'd had "five or six" supervisors the year leading up to our face-to-face interview and she told me, since we met, she's had three more. She spoke to how she developed more self-advocacy as a result.

P5: I changed jobs and moved from [agency redacted] and over to [another agency], and when I moved there, I had a couple of really bad supervisor experiences, but I was more proactive about telling people above the supervisors that this wasn't working, and that stuff wasn't aligning, and then I ended up getting two really good supervisors for this last part.

She went on to dovetail her experience with the emerging theory of this study and found the theory congruent with her experience.

P5: …and that is what you're talking about… noticing things being more aligned with supervisors, makes it easier to do things like take risks and, you know try new things, and also feel better at my job because I still get paid shit, but I have two supervisors, a clinical one and an administrative one, and they are just like really good therapists… it is so much easier to feel like I can do my work and do it well… I've been a therapist for longer by the time I'm done being licensed. I'll have been a therapist for 5 years so, I'm like, not everybody's typical track, whatever, towards licensure, but like it is so much easier when I talk to a supervisor who knows what the different kinds of like theories are, and how to apply them, I've definitely had some who didn't know anything, so were only interested in how many hours I could bill and yeah.

R: And then yeah, and it seemed to matter as you say that, they understood the business of therapy, and in particular how to do that effectively, but then also there seemed to be something important about them applying therapeutic skills to their relationship with their subordinates, so the supervisor being therapeutic toward you for example to a degree.

P5: Definitely.

P5 spent some of our conversation contrasting two agencies she'd worked for. She'd experienced the first as very untherapeutic and experienced not only negative personal impacts, such as internalizing negatives, but also witnessed a high degree of turnover which she attributed to poor management practices. She went on to say her current agency has a much better approach to supporting and compensating staff, resulting in improved performance and job satisfaction.

P5: Whereas at [my current agency] I feel like because the stress level is lower, people can use those… they are building new neural pathways, and those ones are getting much stronger because they are having such repetitive use, whereas at [the old agency] you could show up as a new therapist and really want to be doing some of those new things, but you also just came off the stress of grad school, which really burns you too, and then you are coming into a system where you then have a boss who's a jerk to you, and you're like, I don't know why you're being like this. You know? What did I do? And then because they're usually young, not always, but a lot are young, and like new therapists, and therapist types tend to be internalizers, and it's like, what's wrong with me? You know?

P5's negative experiences had resulted in her deeper thought and examination about the structuring of therapy agencies, in particular around compensation and unionization. She has considered how money flows into an agency (e.g. insurance payments), how that is managed, and also how therapists are paid, or not paid, adequately. Her experience of "bottom-line" agency work has impacted her own advocacy for improved work conditions for therapists.

I asked P5 whether she had anything to add about her experiences with administrative supervision and the "rub between idealism and what actually happens." She spoke to a need for

better pay compensation, but also a need for more balance in skills for those who provide

administrative supervision.

> P5: Yeah… when I think about what things could be done to make supervision better in community mental health, one major thing that I think could be changed is you hire someone, not because they've been there longest, but because they're most qualified. And you pay people better, because that was the problem I ran into over and over again, was just people who got the job because they survived the system long enough and it didn't mean they were good at it and it didn't mean they were qualified… I don't know what the studies say, but if a supervisor leaves, in my experience, everybody leaves. So like you want that person to be compensated appropriately and be able to do their job well.
>
> I mean, you want to do it for all levels, and like part of the problem is that the higher levels do get compensated better, but not the middle managers, not the ones who directly supervise therapists. One time my supervisor… her paystub was in my box, and I opened it because I thought it was mine, and she was making like $500 a pay period more than me, and I was just like that is insane. You shouldn't do the job, like you should just refuse to do it, and that's even a thing that's come up at [my current agency]… we've had so many… I started working at a clinic that is a new clinic and we have had 3 supervisors in the last year. and the problem I think has a lot to do with just like hiring people who aren't actually that good… Therapists aren't always good supervisors, and I think that has a lot to do with the fact that good supervision doesn't always align with the types of people who become therapists, you know? It's one of those things where I'm like, I feel like, if we could expand our field a little more and get supervisors from other areas or something you know, people who understand what it means to work in a helping profession, but like aren't therapists.

P5's comments further added to the developing theory around the continuum, or balance,

around an administrative supervisor's therapeutic acumen alongside a business and management

acumen. It may be the most effective administrative supervision is built upon *a balance of*

therapeutic and business skills.

P6 spoke to me next. When I asked her to speak to her thoughts about the developing

theory, she had this to say:

P6: I mean it all rings very true to me… I was trying to remember when we did the interview because I've had a number of jobs in the last couple of years with different supervisors at each one, and now I'm at another job, a new job, that I started a year ago, and so it was… I was like, oh I wonder if I was one of the people…[who had commented on administrative supervisors' aligning with counseling principles] 'Cause I've had [an] initial supervisor [who] was very supportive and helpful, and then I moved into a position where I had again very helpful supervision, and then the next position I had I had three different supervisors in one year, and then I moved to this position. I've been having some difficulty with my new supervisor, and so all of the pieces I don't remember, where I was when we did the interview initially, but other things in your data kind of just very much rang true with me. That when you are not getting that clinical reflective supervision, that it is frustrating to feel like you can trust your supervisor, and then you are doing a lot of self-managing to kind of guide your relationship in a way that feels safe for you, rather than just being, you know, feeling comfortable with the supervisor, and just kind of letting it all out.

P6 went on to speak about her most recent supervisor and how she sought to manage that relationship.

P6: So I found with my most recent supervisor that there is the stress of not feeling completely secure in being able to get that reflective supervision, and so there is a lot of work that goes into managing a relationship, avoiding causing stress to the manager who is very stressed out, and then that causes… it's a lot of frustration on my part. So yeah, a lot of the things that you were talking about, they very much, kind of still, make sense to me… and that idea that I'm taking my frustrations home with me when I'm at the end of the day, and then having frustrations, you know, with my work day to day…just kind of not knowing when and how to get the support that I need on different things, whether its clinical or not clinical.

I asked P6 to comment on how new therapists' potential idealism comes into play when encountering administrative supervision. In her response, she also spoke to the contrast of non-therapy work and therapy work, around the notion of the vulnerabilities involved in therapy work.

P6: The difference between what you expect and then what you get. Like because we are in this field where we are being vulnerable, and there's all these levels of vulnerability where you have to be vulnerable to be a good clinician, and you're working with people who are being very vulnerable with you, so it's a lot of raw emotional intense feelings … [if] I was doing a different kind of job I wouldn't be as alarmed or upset at how a manager was acting because it's not as vulnerable of a job or work to do.

R: Yes, oh that's a great way of saying it.

P6: In the finance office at my college, when I was an undergrad, and I mean everyone was very nice there, but I think I would have been annoyed with someone that was maybe less emotionally vulnerable, or like caring, and reflective, but I would not have been like, oh this is wrong or bad. I would have been like, well that's just my supervisor… but in these specific roles, there is a lot of expectation, and I wonder if also we expect it of everyone around us. It's like everyone raises their standards to this idea of like everyone's got to be … everyone's got to be trauma informed, everyone has to take care of themselves, so they can help take care of other people.

P6 went on to speak about how her expectations have been more recently refined through her further development and training.

P6: It's timely that you were contacting again to follow-up because… I've been studying more counseling. I went back to school, I'm getting a certificate [in working with a specific population], and through that there was a professional development aspect of it…we were talking a lot about reflective supervision, and that's when I realized what I wanted from my supervisor… because at first I thought, oh I want my supervisor to be like a parent to me, and it is kind of a parental role, where it's like, I'm in charge and I'm going to take care of you so that you don't have to worry about these things… and at first I thought, I was like, oh that's weird. Why do I want this person to be more like a parent? And then I was like, no that's just reflective supervision.

R: So it kind of gave you some language…

P6: Yeah, being responsible for things, and being emotionally capable, and strong enough to deal with all the things that your supervisees are dealing with. That's also… I feel like I need to have someone that's like emotionally stable, calm, mature and responds really consistently to how I come with my issues.

R: Well, and as you said earlier, that vulnerability that you are expected to have…

P6: Exactly. Yeah.

P6 spoke to her responses involved in coping with poor administrative supervision, in particular *relating to others*, and found them congruent with my initial conclusions.

P6: I agree with the kind of relating to others aspect of it. That's really often what happens… you just do a lot of connecting with your peers about, am I crazy, is this happening? And then getting support with each other if you can't really change things.

P6: And then yeah, um [let me] see if there's anything else…Yeah, just that eventually you kind of stop expecting things and that's maybe not great. It's just a bummer that it's like you slowly resign yourself to accept the supervision that you have and is there a way to like, provide more feedback, or a healthy way to try to get the supervision that you need… That would be my next questions, I guess, with all this.

We discussed the element of the participants *managing their expectations* when it comes to the

administrative supervision they received.

P6: Yeah, I think that there is definitely the managing of expectations. It happens, and I think sometimes maybe it's OK that there is a certain amount of [struggle] that needs to happen initially after grad school… to have more of a bigger picture of what your supervisors are going through, and how they're dealing with things. And that's helpful to understand, but also I've had supervisors where they're able to clearly explain their role and position in a way that provides the employees understanding about the process, and what's going on, so that you don't feel like it's so patriarchal… in a way of just kind of like, you know, that's there's more understanding. OK, yes you guys are going through this process, we understand, and know what's going on. It's a help for us to know what [they] are going through, and I still want them to be providing consistently calm reflective supervision, so I still have that need. And I think that, you know, it might be… I know that it's possible to get like good supervision in an agency setting, but yeah I wonder if it pushes people to be wanting to go into private practice more.

Given her comments about her expectations and her description around supervisors

clarifying roles and their own expectations, I asked her about the notion of a continuum

regarding supervisors and their alignment with counseling principles.

R: It's interesting that you said that about the reflective supervision and the idea of parenting because in another conversation I had we were toying with the idea of boundaries, and in particular, kind of the continuum around the counseling skill set that the supervisor applies to their supervision, right? So there're those who aren't at all therapeutic, but then there're those that are perhaps too therapeutic, and I think your parenting comment gets at that, right? Like, you can't have somebody be just utterly empathetic and reflect and always reflecting to you like as a practicum student [does with their clients]…

P6: Be in charge of the situation. Because they do have a role and a requirement kind of expectations for themselves and of us.

R: Yeah, there's something about them…

P6: There's a balance.

R: Yeah, holding that line or having that authority.

P6: Yeah.

P7 provided my final member check interview. Interestingly, her current perspectives were informed by the fact that she had begun working as a supervisor in the time since we conducted her formal interview. She seemed to be holding many perspectives as she considered the emerging theory and implications.

Like P6, P7 spoke to the balance of therapeutic vs authoritative behaviors, but this extended also to her own personal balance regarding her therapy idealism as it intersected with her cultural background. She found the emerging theory provided her language for something she had experienced but had not yet been able to name.

> R: So I guess my question for you then is what are your thoughts about that theory? That sense of this idealism and then how that's sort of the lens that therapists, or that you personally, entered into agency work, and then the impact of that interplay… If you could just kind of speak to that a little bit.

> P7: Definitely. Um, it's so interesting…I'm having different responses to that and I think like a different response… because I'm thinking about it culturally for me specifically, and thinking about it in my training… and my age, and when I went to school… I'm thinking about it also in like a, damn that makes sense, and yes we do that, and I see that now… but I think that the things that were coming up for me, and maybe that's a little bit of like my ego, were like for me supervision is supervisors… and the respect thing is really important for me culturally. Respecting people who are in these positions, and respecting their word, and doing [my job] basically with no questions asked, and being a good worker, and be kind of pushed by the idealism… that I learned in grad school. And like being really proud of those and feeling like that's how things should be… so I think you're kind of speaking to a little bit of the conflict I've always had, and I didn't have language for it actually. Like, yes. I respect that this is what I'm supposed to do, and I value the supervisor's role as something that's important and to be respected, and I also have these ideas about how we "should be" treating people, and like, how, you know, to utilize a trauma informed [stance]... and how to think about people's experiences before, like, implementing like fixes or change or kind of regimented ideas.

P7: So those I think, that's where the egoism is a bit, because I, you know, and having been a supervisor myself, encountered other therapists also kind of speaking to this idealism… without those words so it's very interesting. I do think I have done it. I feel like I've experienced it and I feel like it's, you know… and it makes a lot of sense. I think in a particular job with like, just how we're approaching things in terms of like our needs are being met versus like the bigger picture thing.

R: Yeah, right.

P7: That's cool. You have a cool thing going Marci.

I asked P7 about the idea of the continuum of supervisors not being therapeutic vs. being

too therapeutic. P7 noted how it could be unethical for an administrative supervisor to behave

like a therapist toward a subordinate, but also noted how new therapists might be expecting that.

P7: Yeah, well that's… I think it [administrative supervisors acting like therapists] is unethical period, right? It's not the right relationship and it's so interesting that we're expecting that. Right? And you know, without thinking about all of the complexity of what it would mean, if we receive it that way.

We considered new therapists' idealism and the expectations they bring into agency work, and

the impacts of having expectations unmet in practice.

P7: Exactly. Yeah, because it can be… I mean it can mean them burning out quicker and leaving these jobs, right? Like it could be a pretty big… a pretty drastic ending to something [that would be different] had they felt connected to, or supported by their supervisor, in a way that was more aligned with what the supervisor is doing, what the supervisor is being taught, and maybe it could help them… being able to do the job the way that's a little bit more sustainable.

R: Yeah. Like there is something about building resiliency at the grad school end of things. Not unlike our shared professor… he used to talk about how we have to teach clients how to be clients… how do we teach beginning therapists how to be workers? Not just the ideals of therapy but literally how...

P7: How to work.

R: Yeah. How does the business of counseling [actually] work, and how do you navigate that while you're trying to grow?

P7: Yeah, yeah. Absolutely. And as you were talking about it, I mean I think I know exactly what you're saying. It's not necessarily that is something that's being taught, and as much as we can hear about other people that are working in agencies, I think that particular point is not discussed. I mean I don't know that we're putting enough attention or importance to it because it may be something that's being studied or looked at.

I wanted to better understand P7's experience around her cultural background as it related to her experience as an idealistic new therapist.

R: Yeah, and so just to circle back for a second, what you said at the beginning about your cultural lens… I'm hearing almost like you have maybe… tell me if I'm wrong or definitely modify this, but almost a competing idealism. So you have your cultural idealism about how you behave as a worker and work ethic and authority, and respecting authority, sort of regardless of the competence of that person, but then also you've got the overlay of what you learned as a therapist. You know? And as a student of therapy, and you know that kind of idealism too… you kind of have two lenses that you experience this through.

P7: Yes. And that's I think where, for me, it's been helpful to be able to navigate difficult supervisor experiences in the sense of like, well, my boss said that I have to do it, so I have to do it, and that's good work. Versus like some circumstances to where maybe my supervisor told me to do a thing, and it like really pushed on my counseling values, and sometimes I felt like, no, like that's not what is appropriate. That's not what is being informed by the best interests of this client, and like I feel unsupported around that. Both of the things were true for me and I think that, yeah, I definitely think that cultural lens or piece has often helped me like engage in positive relationships with my supervisors; for just the fact that they're already in this position of power, and that I will always respect what they say, and will more likely, like if I don't agree, well like do that thing…

She went on to speak about how she handles the tension between cultural and therapeutic ideals and how *relating to others* has played out for her.

P7: …where you mentioned of like going to talk to other coworkers. Like receiving support elsewhere, because it was a given that it had to happen the way it was happening just because of their role… I think that part of that acceptance did help me in some circumstances, but again, like this idealism of things like never really went away.

P7: It was still there, and I think that that's like the piece that ultimately, I hope, would bring a little balance to that, but also probably made me also have some expectations that like… until I entered into a supervisor role, didn't quite understand and expectations such as that, like, I wanted them to provide me with like more connection, more understanding… but the therapeutic level ethic wasn't always their job. But at the same time they created some kind of boundary around it about not being their job, like, that was accepted and like that is what needed to happen because they were my boss.

R: Yeah, and then you have a realistic expectation, or at least an agreed upon one. I mean, not agreed upon like that's what you would prefer, but you know, oh OK I can manage these expectations because I know now what to expect from you and your role and your capability.

P7: Exactly, yes. That's a little bit of that constant battle in my brain about those things.

Like the others, P7 had a good deal to say about the process of *managing expectations* of

administrative supervisors.

P7: …it's like managing those expectations, and then managing our responses to the fact that those expectations existed… because that was often like what was hard for me at the beginning in residential work, was being like, OK well this is how things are and this is how I feel about them, so I can either go this route or I can go that route with it, and sometimes that route was like discontent and frustration, and like just not believing that that was the best practice. And being, just, discontent is the best way to describe it… and other times, you know, if I was able to conceptualize and kind of understand it then, even if it wasn't my first choice or what I would have preferred, it was like what was happening then, and that was OK. So there is that piece of, like, on my end, how much I was willing to give and not give and my emotional response to that.

I wanted to be sure to capture all P7 might have to say about the emerging theory and the

meaning we made during our dialogue. I found her response enlightening for implications in

better preparing therapists for agency work, as well as preparing administrative supervisors and

agencies for new therapists.

R: Is there anything you want to add, or that I'm missing, or that you feel needs to go a little deeper?

P7: No, I think that was the piece that cultural [aspect] and like the other piece to it too, I think, for me… I didn't really… the coolest thing is that I didn't really know that there could be, like, words for this thing that I have been feeling and observing… not in myself but in other therapists, and that, like, the idealism… just having like those… hearing that is just fascinating, because I think it's like experiences that we may be having and we just are not aware of, like, why or where they're coming from. Or like, you know, what it means and who's involved. Just the whole kind of complexity of it because, for me, often times I would say, oh well, that feels like entitlement, or that feels like they feel like they deserve this thing, so now are expecting this from us, or like I feel like this deserves more attention, you know? But I think that it's not… you know… it always didn't quite feel like that was what was going on, but like, I didn't really have like the full language or complexity or understanding to really describe what I was feeling or what I saw and observed. I think that's like yeah, so it's like this is really cool. I hear what you're saying and like I have experienced it, and I received it, and I'm giving it and I just didn't know what it was.

R: Well, you know, I think from the supervisor perspective too, right, like as you're saying that, I'm thinking, well I could easily imagine being a supervisor who has all these new therapists coming in and thinking, oh, sort of like, millennials get accused of it, but you know they are so entitled, they're so idealistic, and that's not the way things are. As if it's a personal flaw on the part of the new therapist; [as a supervisor] not really realizing, they've just spent two plus years getting indoctrinated into a really idealistic way of working with people, and you know we've developed them to be that way.

P7: Exactly.

R: It's not so much that they're weak or, you know, foolish. It's really, you know, that they were taught this is a reality, but it's really not.

P7: Yeah. And I often feel like more senior therapists or supervisors try to vocalize that. [but] that it's also not in a very supportive encouraging way. It's kind of more of the like burnt out social worker way of being like, oh, you say that now but just wait for a couple more months, or like just wait until you have some more time here, then you'll understand. Right? Or things like, that which are not actually really helpful. They're actually kind of a little demeaning sometimes, but they are trying to get something there right, and I think that often times like it's, again, it's just like not really having or understanding it in its complexity.

P7's comments reminded me of the concept that qualitative research is as much a

process of discovery and collaboration, as it is a process of seeking information. In a sense, my

asking these participants to describe and illuminate their experience of administrative

supervision became almost an intervention for them also. For P7, the dialogue resulted in her

having words for an experience she could not articulate before. While the information, generously offered by these participants, is impactful, it seems the process also mattered to them and it certainly matters to me.

Discussion

I started this research with a very general central question: *How do counselors experience administrative supervision?* As stated earlier in this chapter, formal interviews and subsequent data analysis indicated that participants experience administrative supervision through *a process of reciprocal and ongoing evaluation*, *respond to it* in a variety of ways, and are impacted by it *professionally, relationally*, and *personally*.

Member checking confirmed that my initial categories, properties, dimensions, and emerging theory accurately reflected the participants' perspectives. All six participants who participated in the member checking process generally agreed with the initial conclusions and found them to be in alignment with their experiences. However, the member checking process served to *deepen and further shape* the emerging theory around experiencing administrative supervision.

    Balance.

One notable aspect that emerged from the member checks involved the concept of a *continuum*, or *balance*, regarding the administrative supervisors' alignment with a counseling persona. In the formal interviews, the participants spoke to evaluating their administrative supervisors' (AS) adherence to the principles and behaviors of counseling, when it came to how the AS behaved in relationship to the participants. When an AS was not in alignment with counseling principles and behaviors, participants experienced negative impacts, and when an AS was in alignment, participants experienced positive impacts.   However, the notion of a

continuum arose in the member checks, where participants spoke in some depth about balance

and about the ideal AS as somewhat therapeutic in approach, but not too therapeutic.

Counseling idealism lens.

Member checking further focused the category of *participants evaluating administrative*

supervisors to become *participants evaluating administrative supervision through a lens of*

idealism. I posed to the participants that, from their initial interviews, I had the impression that

they came to their agency work with a strong set of ideals that had been trained into them during

their graduate program, and that they then evaluated their supervisor through this *lens of*

idealism. All six participants affirmed this was the case to varying degrees.

At the same time, upon recognizing that they had been doing this, they each spoke to

counseling not being a stand-alone standard for their AS, and they spoke to the need for an AS to

have more of a *balance of clinical strategies and business ones*. They wanted an AS to apply

clinical skills such as empathy, reflection, evoking solutions from the participant, warmth, etc.

but also to balance that with more managerial skills such as setting boundaries, giving direction,

providing direct feedback on performance. One participant suggested a need to develop an

educational hybrid training or degree program for administrative supervisors where they could

learn both counseling and administrative skills.

Culture and social justice lenses.

Finally, member checking revealed that participants' *lens of idealism* has also been

informed by their *cultural*, *familial*, and *social justice* contexts. P10 considered an intersection

of an array of social identities in her experience; including religion, ethnicity, sexual orientation

and how gender had been a significant factor in her evaluation of her administrative supervision.

For P7, her lens if idealism had been strongly informed by her Latina culture, including values

inherent in her family's immigrant resiliency. P7 spoke to the tension she experienced between her culturally influenced unconditional respect for authority and the idealism formed through her graduate training.

P5 described how the experience of administrative supervision seems to be informed by *family of origin*; going as far as to say that she observed in herself and others how the workplace and relationships among and between supervisors and staff seemed to reflect family dynamics. P7 referenced this also, explaining that in addition to the influence of her cultural background, her particular family values intersected in her experience.

In regard to *social justice*, all the participants spoke to varying degrees about ways in which *equity* intersected with their experience of administrative supervision and agency work. They spoke to the ways in which agencies short-changed marginalized clients by providing services characterized by therapist turnover, shabby office settings, and bottom-line decision making. P5 spoke to the inequity resulting from treating therapy, therapists and clients like a "factory." In the formal interviews, P5 had also disclosed experiencing a painful microaggression from her dominant culture administrative supervisor's dismissiveness around the intersection of the therapist's sexual orientation and potential complexity with clients and their parents.

The member checks further deepened and explained that the *lens of idealism* is an *intersection of the cultural and familial backgrounds they bring into the work*, *idealism generated in graduate education*, and *sensitivity to the social injustice experienced by marginalized clients* and, I would add, marginalized therapist workers.

Conclusion

Formal interviews, data analysis, and member checking have resulted in a grounded theory to answer the question, "How do counselors experience Administrative Supervision?"

The initial finding, that participants *evaluate their administrative supervisors through a lens of idealism* regarding the supervisor's alignment with the principles of counseling, has been shaped further from the member checking to indicate the *lens of idealism* is formed through an *intersection of participants' cultural and familial backgrounds with their graduate training*. Further, the idealism involves a *continuum of alignment to counseling principles* as well as a *continuum of authority*, as well as *standards for equity*. To put it simply, participants wanted their administrative supervisors to have a *balance* around counseling behaviors and the provision of direction when warranted. They did not want an administrative supervisor to be lacking in counseling acumen, nor did they want the supervisor to be too much the counselor when it came to directing their work. They also wanted supervisors and agencies to put their money where their mouth is; to align business practices with ethical and social justice ones in regard to how the agencies treated both therapists and clients.

The initial categories, properties and dimensions of *responding to administrative supervision* held up through the member checking. Participants affirmed that they did respond by *relating to others*, *performing the work*, and *taking personal actions*. In relation to *relating to others*, they spoke in some depth about their utilization of peer support in managing poor administrative supervision and identified that this was a valuable aspect of their resiliency under difficult work conditions. Regarding *performing the work*, they spoke to attending to the direction they are given around productivity and work-life balance and doing what they could to perform within that direction. When it came to *taking personal action*, they spoke in some depth about *managing expectations*; especially as it related to the *lens of idealism* they brought to agency work and the subsequent need for them to *manage expectations* when their idealism was not met.

The *impacts of administrative supervision* held steady through member checking. Participants confirmed that they are impacted *professionally*, *relationally*, and *personally* by good and bad administrative supervision. Though it does seem that the *degree of idealism,* through which they evaluate their administrative supervision, has an influence on the impacts they experience. Participants who came to agency work with higher ideals that were not met, seemed to experience greater negative impacts. Those whose ideals were tempered, such as P7 who came to agency work with cultural ideals about respecting authority no matter what, experienced fewer negative impacts and had an easier time managing their expectations.

Figure 2 on the following page is a revised depiction of the refined grounded theory; modified after member checking and analysis.
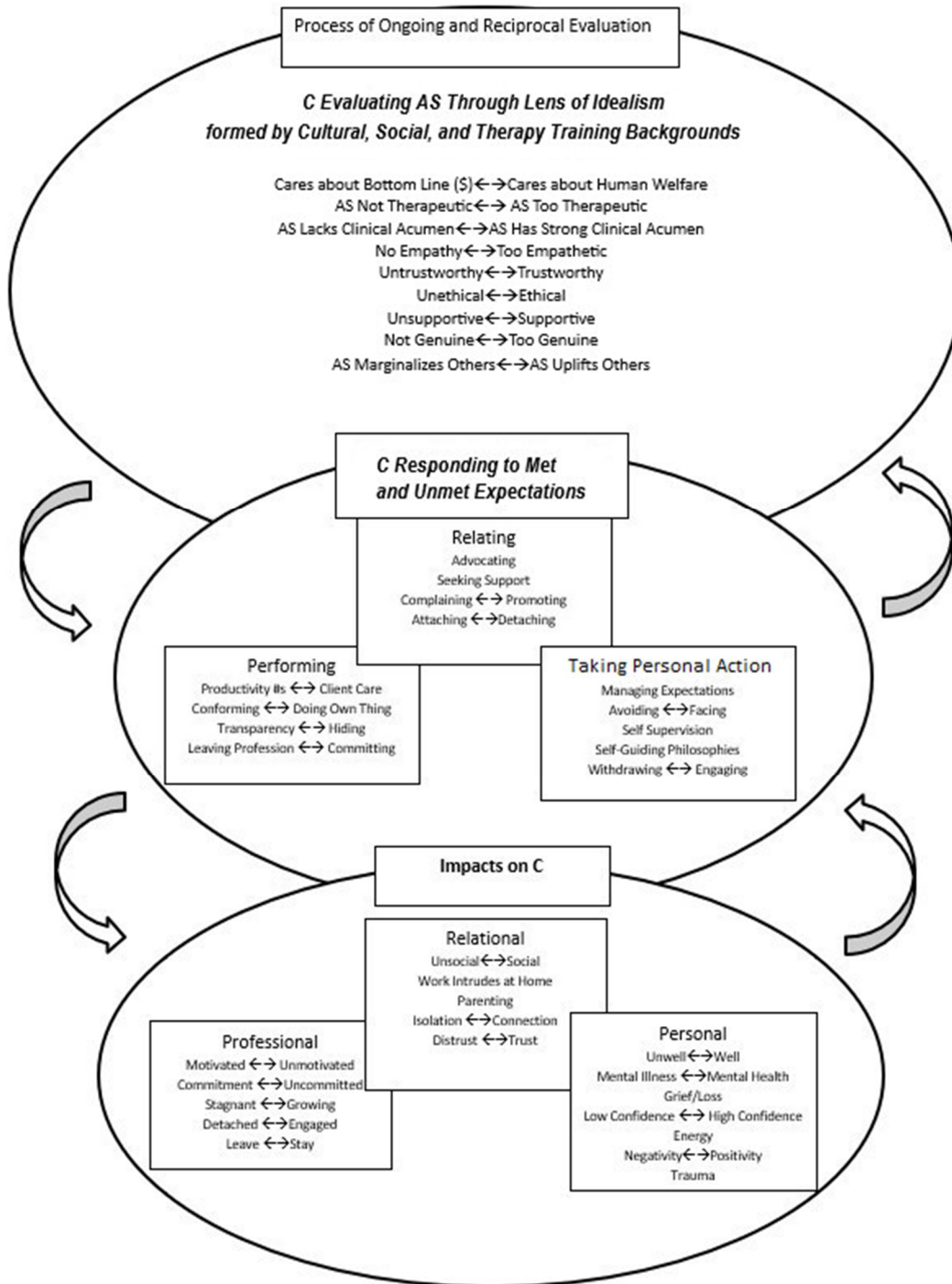
Process of Ongoing and Reciprocal Evaluation

C Evaluating AS Through Lens of Idealism
formed by Cultural, Social, and Therapy Training Backgrounds

Cares about Bottom Line ($)←→Cares about Human Welfare
AS Not Therapeutic←→ AS Too Therapeutic
AS Lacks Clinical Acumen←→AS Has Strong Clinical Acumen
No Empathy←→Too Empathetic
Untrustworthy←→Trustworthy
Unethical←→Ethical
Unsupportive←→Supportive
Not Genuine←→Too Genuine
AS Marginalizes Others←→AS Uplifts Others

C Responding to Met
and Unmet Expectations

Relating
Advocating
Seeking Support
Complaining ←→ Promoting
Attaching ←→Detaching

Performing
Productivity #s ←→ Client Care
Conforming ←→ Doing Own Thing
Transparency ←→ Hiding
Leaving Profession ←→ Committing

Taking Personal Action
Managing Expectations
Avoiding ←→Facing
Self Supervision
Self-Guiding Philosophies
Withdrawing ←→ Engaging

Impacts on C

Relational
Unsocial←→Social
Work Intrudes at Home
Parenting
Isolation ←→Connection
Distrust ←→Trust

Professional
Motivated ←→ Unmotivated
Commitment ←→Uncommitted
Stagnant ←→Growing
Detached ←→Engaged
Leave ←→Stay

Personal
Unwell←→Well
Mental Illness ←→Mental Health
Grief/Loss
Low Confidence ←→ High Confidence
Energy
Negativity←→Positivity
Trauma

Figure 2: Revised Theoretical Diagram

Chapter VI: Discussion

The intent of this qualitative research project was to understand *how counselors experience administrative supervision*. Participants were recruited through a variety of communication methods including direct emails to therapists, counselor educators, and other professionals in my professional network; social media postings; and word of mouth to colleagues. Efforts focused on counselors and therapists who worked in agency settings, where they had at least one counseling client on their caseloads, and where they reported to an administrative supervisor; more commonly referred to as a "boss." All prospective participants were given written materials describing the study and information about qualifying for it. Ten counselors indicated interest and then participated in an initial informational phone call, which included affirming that participants met the criteria, as well as a verbal consent process for those who wished to continue. Further, I utilized the phone call to build rapport and engage participants in the process. All ten qualified and also agreed to move forward. The therapists all identified as female and worked in the Portland metropolitan region of Oregon. Nine of the therapists identified as white, and one identified as Latina.

The therapists each completed a simple demographics questionnaire and participated in a face-to-face, video recorded interview that was about one hour in length. Contact with participants spanned over two years and all participants were invited to provide additional information at any time, participate in the member check, and also to provide written feedback on the initial findings of the study. Six of the ten chose to participate in member checking, which involved a recorded phone conversation, lasting approximately 30 minutes in length. In the next section, I will describe the grounded theory of these participants' experience of administrative supervision.

A Grounded Theory of Counselors' Experience of Administrative Supervision

Participants experienced administrative supervision through *a process of ongoing and reciprocal evaluation*. Categories of that evaluation included *administrative supervisors (AS) evaluating participants*, *participants evaluating their ASs*, and *participants evaluating themselves*. As the participants came into their agency settings, their performance was evaluated by their ASs in areas such as productivity, client engagement, work ethics, and clinical acumen; as would be expected from the administrative supervisor role. Then, when provided feedback on their performance, they *evaluated themselves* to determine whether the AS's evaluation of them was fair, and also to better understand their own strengths and weaknesses in order to respond to the evaluation and address growth edges.

At the same time, and most notably, participants were evaluating their ASs from the beginning of, and throughout, their relationships with their ASs. Theoretical significance emerged around the contrast between the therapists' training and indoctrination into the principles of counseling, and the *degree to which the AS aligned with the participants' subsequent idealism of counseling principles*. In other words, the participants specifically evaluated whether or not their AS embodied the principles of counseling when it came to how the AS treated the participants. Their lens of idealism was further framed by their *cultural*, *familial*, and *social identity* contexts.

The participants' training and development of counseling ideology in their educational histories created a *mindset of idealism* that they then applied when evaluating their current administrative supervision. The participants' estimation of the quality of the AS depended on the degree to which the AS embodied, for the participants, an effective and balanced counseling persona.

It did not need to be the case that an AS be a trained counselor. In some cases, an AS might be purely administrative but still behave in a way that aligned with the ideals; satisfying the expectations of the participants. At the same time, when an AS was a trained counselor but did not behave therapeutically towards the participant, this seemed to be more alarming (and harmful) to the participants because of their *estimation that the AS should know better*.

This evaluation was conducted through a *lens of idealism* that the participants agreed was largely created through their graduate training, but also augmented by their own values and history. During graduate training, the participants had developed high ideals about how to work effectively with people to include such things as empathy, advanced reflection, positive regard, warmth, evoking problem solving from clients, attending to social justice, ethical practice, evidence-based interventions, and even the provision of an inviting therapeutic setting. They also had been trained in formal and informal assessment; enhancing their ability to evaluate other's functioning and strengths. It seemed ongoing assessment had become habitual practice for them. In a nutshell, graduate school taught an ideal way of working with people, that included *ongoing assessment*, that the participants absorbed and then carried into their agency settings, and into their relationships with their administrative supervisors. They had developed expectations for how they should be treated as counseling workers and how administrative supervisors and agencies should align with the principles of counseling.

Initially, it seemed participants had been expecting administrative supervisors to behave in a more therapeutic way toward them, but through continued dialogue with them, it was more the case that their ideals included a *continuum* where they expected an administrative supervisor to be neither too therapeutic or, on the other end, lacking therapeutic acumen. Their ideal administrative supervisor was *balanced*; utilizing the skills and practices of counseling (e.g.

empathy, warmth, positive regard, reflective listening, emotional regulation) but also adept at providing specific feedback, direction, and structure when warranted.

Participants felt they had higher expectations for administrative supervisors, as a result of their training and education, than they would have without it or if they had been going to work in a non-therapy setting. They noted that the expectation of counselors to be more vulnerable and relational in their work with clients meant that counselors needed higher quality administrative supervision to support difficult and often emotionally draining work with challenging client populations.

Though participants described some circumstances where they evaluated their administrative supervisors to be congruent with their idealism, they more often described *experiencing unmet expectations*. They had expected administrative supervisors in counseling agencies to be aligned with and knowledgeable about the principles of counseling they'd been taught in grad school, and to extend those positive elements to the participants. However, this was often not the case. They expected administrative supervisors to apply the core conditions of counseling to supervising the participants such as empathy, positive regard, warmth, trusting participants, and focusing on strengths, but many of their administrative supervisors focused instead on productivity numbers, micromanaging or undermanaging them, and clinical practices that participants found incongruent with the ideals and ethics they'd been taught.

Upon evaluating how well an AS aligned with their ideals, participants engaged in *strategies to manage the situation and the impacts*. These responses can be broadly categorized into *performing the work*, *relating with others*, and *taking personal action*.

In regard to *performing the work*, when an administrative supervisor was in better alignment with ideals, participants took more *appropriate risks*, *infused more creativity* into their

client work, *problem-solved more effectively*, and *disclosed struggles* so they could improve performance. When they estimated a supervisor did not align with ideals, participants *withheld struggles, flew under the radar*, *restricted performance*, *padded productivity* numbers to better reflect their estimation of their performance, and *avoided work* and situations that they found stressful.

In regard to *relating to others*, positive supervisor alignment meant participants *built stronger teams*, *trusted administrative supervisors and co-workers*, and *promoted better relationships outside of work*. When they had a supervisor who was not aligned, they *reached out to others to reality-check*, to *advocate for improvements*, and even to *obtain peer supervision* when they did not trust the administrative supervision they'd received. Further, when unhappy with their administrative supervision, they were more likely to take that home and *vent to loved ones* or even to *withdraw from others* because of the fatigue experienced at work.

When it came to *taking personal action*, *aligned supervision* resulted in participants *taking better care of themselves* and *participating in all facets of life more fully*. They committed more strongly to the agency and the profession. *Misaligned supervision* resulted in participants doing what they could to navigate the AS's expectations, but also resulted in *acting to unionize*, *leaving jobs*, *developing skills on their own*, and in one case, *leaving the counseling profession*. For some, they'd internalized positive messaging from a past AS who they deemed more therapeutically credible and utilized this in their self-supervision. There also seemed to be a *process of managing expectations*, where the participants realized their AS could not give them what they felt they needed, and so they stopped expecting their AS to be therapeutically balanced, and instead figured out how to navigate the relationship (and agency) as it was.

As participants *evaluated*, *experienced* and *responded* to the administrative supervision they received, they also experienced an array of *outcomes professionally*, *relationally*, and *personally*. In general, *positive alignment* resulted in *more energy for the work*, *improved performance*, *better work and personal relationships*, and a *greater sense of well-being*. However, *negative alignment* resulted in *distress*, *work dread*, *anxiety*, *depression*, and *withdrawal* from others. Participants also experienced *increased "costs of caring*;" burnout, compassion fatigue and vicarious trauma. Their loved ones were impacted also as a result of the *venting about poor supervisors* and the intrusion of the participants' workplace struggles into their private lives. There was one identified positive side-effect of having a less-ideal supervisor and that was *increased bonding with co-workers* in order to cope.

The grounded theory generated from this study seeks to explain how counselors, in particular, experience administrative supervision, including how they respond to it, and how they are impacted by it. While many of their described experiences mirror things common to all workers across hierarchical professions; theoretical significance emerged around the dovetail between *participants' idealism,* informed by their backgrounds and enhanced during graduate school, and the application of this resulting *lens of idealism* when *evaluating the efficacy of their administrative supervision*. Participants agreed that they were, as a result of their clinical idealism, tougher critics of their administrative supervision than they would have been without the training, or in non-clinical professions. They also affirmed that when administrative supervisors did not live up to their idealism, they experienced greater distress because of their estimation that *administrative supervisors in counseling agencies should know better* and should be better at supporting front-line counselors.

These trained therapists went into agency work with *high expectations of their administrative supervision*. However, many of them commented that they were unaware of this dynamic until participating in this study and they stated that knowing it now is helpful to them. They agreed that more could be done at the graduate school level to help better prepare counselors for the realities of agency work, and to create more realistic expectations and strategies for coping. Participants also believed this awareness could help administrative supervisors and agencies better understand the perspectives of counselors and have more patience for their idealism.

As I reflect on the totality of the theory and its potential impacts, I'm reminded of P7's comments when I invited her to share her thoughts about the theory, the concept of a *lens of idealism*, and subsequent impacts of the interplay between that lens and the experience of administrative supervision.

> P7: Um, it's so interesting… I'm having different responses to that… I'm thinking about it culturally for me specifically, and thinking about it in my training… and my age, and when I went to school, and I'm thinking about it also in like a, damn that makes sense, and yes we do that, and I see that now… the respect thing is really important for me culturally. Respecting people who are in these positions, and respecting their word, and doing [my job] basically with no questions asked, and being a good worker, and be kind of pushed by the idealism… that I learned in grad school… being really proud of those and feeling like that's how things should be. So I think you're kind of speaking to a little bit of the conflict I've always had, and I didn't have language for it actually. Like, yes. I respect that this is what I'm supposed to do and I value the supervisor's role as something that's important and to be respected, and I also have these ideas about how we "should be" treating people, and like, how, you know, to utilize a trauma informed [stance]... and how to think about people's experiences before, like, implementing like fixes or change or kind of regimented ideas. So those I think, that's where the egoism is a bit, because I, you know… having been a supervisor myself, encountered other therapists [who] also kind of speak to this idealism… without those words, so it's very interesting. I do think I have done it. I feel like I've experienced it and I feel like it's, you know… it makes a lot of sense… That's cool… You have a cool thing going Marci.

Later in our conversation, she spoke again about the value of the theory in illuminating for her an experience she couldn't previously name.

> P7: …the coolest thing is that I didn't really know that there could be, like, words for this thing that I have been feeling and observing… in myself but in other therapists, and that, like, the *idealism*… Hearing that is just fascinating, because I think it's like experiences that we may be having and we just are not aware of, like, why or where they're coming from. Or like, you know, what it means and who's involved. Just the whole kind of complexity of it because, for me, often times I would say, oh well, that feels like entitlement, or that feels like they feel like they deserve this thing, so now are expecting this from us [supervisors], or like I feel like this deserves more attention, you know? But I think that it's not… you know, it always didn't quite feel like that was what was going on, but like, I didn't really have, like, the full language or complexity or understanding to really describe what I was feeling or what I saw and observed… I hear what you're saying, and, like, I have experienced it and I received it and I'm given it and I just didn't know what it was.

Trustworthiness and Limitations

The grounded theory of this study on *counselors' experience of administrative supervision* is derived as closely as possible from the data gathered from formal face-to-face interviews with the study's participants as well as additional data and perspectives collected during the member checking process. The essence of the theory is that participants experienced administrative supervision through a *lens of idealism* that had been informed by their backgrounds, and further *deepened through their graduate education and training*. Participants evaluated the quality of their administrative supervisors against this idealism, expecting their supervisors to be in alignment with the principles of good counseling, and then they responded to and were impacted by the degree to which the administrative supervision aligned, or not, with their ideals.

I adhered to grounded theory methodology for study development and construction, data collection, and data analysis; and I applied strategies to enhance trustworthiness regarding the findings. Trustworthiness in grounded theory is supported by procedures that boost *credibility*, *transferability*, *dependability* and *confirmability* (Morrow, 2005). Regarding methodology, a limitation of this study would be that I am a novice to this type of research, but I applied the guidance and direction of my dissertation chair, Dr. Deborah Rubel, an experienced grounded theory researcher, in order to ensure my process was appropriate.

In addition to adhering to grounded theory methodology, I conducted a comprehensive literature review on administrative supervision in counseling; included in Chapter II of this dissertation manuscript. My goal was to examine all literature and research on administrative supervision within the field of counseling in order to reduce redundancy and ensure that new research would enhance the knowledge on this subject. Finding little to no research on this area within counseling, I extended my selective review to related helping fields and business in order to give a reasonably comprehensive foundation with which to build grounded theory upon. I conducted another brief review of the literature and research upon completing the member checking, and in the time-span between my initial review and now, there does not seem to be any new research on administrative supervision in counseling. To this day, I am not aware of any other research that captures counselors' experiencing of administrative supervision. *Triangulation* was accomplished by staying familiar with the research. A limitation exists in that a lack of prior research made it more difficult to focus on specific areas of the administrative supervision experience. The central research question is purposefully broader than it might have been if I was building on prior studies, and the generated theory might have been more precise with a more focused starting point.

Another method used to enhance credibility was ongoing and continuous identification and reflection on *my own biases* (Morrow, 2005). This process began as I constructed the research, from identifying the topic area and questions and throughout the entire process, even up to writing this final chapter; keeping in constant awareness where I, as a subjective being, intersected with the research. My biases are potentially many. First, like my participants, I have experienced and completed graduate training in counseling and also worked in helping agency settings where I have experienced good and bad administrative supervisors. I have experienced my own "costs of caring," including burnout, compassion fatigue and vicarious trauma that I believe were worse as a result of the administrative supervision I received. I have also provided administrative and clinical supervision to counselors and other helpers. Further, I have studied organizational development and evidence-based leadership and my current job involves promoting and implementing organizational development and wellness strategies in a helping setting. Finally, I had familiarity with several of the participants' agencies, and directly had supervised two of the ten participants many years ago. I'm certain there are more biases I could name also, but these are the salient ones that I know can impact my objectivity. In order to account for my biases, I made every effort to "stay close to the data" and to avoid any specific agenda. I genuinely wanted to develop a theory from the participants' voices and perspectives, not my own, and have the belief that such a theory is far sturdier than any I could have generated out of my own mind. Finally, I would add that I am genuinely surprised by the grounded theory that emerged and could not have predicted it.

Prolonged engagement (Creswell, 2007) was accomplished through varied and ongoing contacts with participants over the past two years, and as previously stated, I was familiar with some participants' agencies and settings, and even knew two of the participants directly. While

the latter can also be considered a limitation, it is also a strength in that I did have a good "field" understanding when it came to the landscapes these participants navigated in their agency work. I applied my interpersonal skills to warmly connect with participants at every step, from initial emails and voice messages, to the initial screening call, during formal interviews, and follow-up member checks; all methods helped me to stay connected with them. I also ensured that participants felt respected and that I established genuine rapport with them (Charmaz, 2006). A limitation of the study is that data was collected through one comprehensive face-to-face interview and a member check, and that deeper understanding might have been gained through multiple interviews. However, I made every effort during my contacts with participants to obtain saturated data from them so that I truly felt I had asked them and explored with them as much as I could imagine throughout my interactions with them. Further, I also continuously invited them to tell me more or add more, resulting in thick and rich data with which to construct the final grounded theory.

A *member check* was conducted with six of the ten participants, and all participants had an opportunity to provide feedback on the emerging theory and initial findings, as well as provide additional information on the focus areas. During the member checks, participants generally confirmed the initial conclusions around counselors entering into agency work with a high degree of idealism that they then used to evaluate their administrative supervisors. They also confirmed the associated responses and impacts resulting from their supervisors' degree of alignment with their ideology. Member checking also served to position participants as co-researchers and the dialogues involved participants refining the theory along with me to identify the property within their idealism of a *continuum*, where an *ideal administrative supervisor* is *neither too therapeutic or utterly lacking in therapeutic strategies*. It also enhanced the theory to

include the *intersection of cultural and social identity constructs* in the participants' idealism. That member checking did not include the perspectives of four out of ten participants is a limitation, though they had the opportunity to review the findings and they were given ample opportunity to provide feedback.

Member checking also served to boost the *transferability* of the study; the potential that the findings can be relevant or useful in other settings and with a similar population. During member checks, a few of the participants commented to some extent on how *awareness of the idealism* and *how it intermingles with administrative supervision*, *their responses to it*, and *the impacts of it* is helpful to them *in the here and now*. On the topic of evaluating the quality of grounded theory research, regarding "resonance," Charmaz (2006) asks, "Does your grounded theory make sense to your participants…? Does your analysis offer them deeper insights about their lives and worlds?" (p. 181). According to the study's participants, the grounded theory made good sense, was useful to them, and they expressed gratitude for the insights they gained in the process. A limitation in this area is that the participants were all female and all working in the same geographic area, so their perspectives might have been more similar than if the study had included other genders, additional cultures, and wider geographic areas.

Finally, I utilized many technical procedures that are recommended to boost grounded theory's credibility such as memoing, explicit descriptions of how the research was conducted, and seeking and applying guidance and feedback from my dissertation chair. I retained all of my data, written memos, voice memos, recordings, notes, drafts, emails, whiteboarding, and other materials to serve as an audit trail of my research that could be shared for replication or confirmation of the study's activities. Though the video and audio recordings, and raw transcripts of my participant interviews and member checks will be destroyed upon submission

of the final dissertation product, in order to further protect participants' anonymity, I will retain the redacted transcripts as a part of my audit trail.

In general, the study achieved the elements of trustworthiness around the areas of credibility, confirmability, transferability and dependability. The resulting grounded theory conveys participants' experience of, responses to, and outcomes of administrative supervision and provides a deeper understanding that might be useful in preparing new counselors for agency work, as well as enhancing administrative supervisors' understanding of new counselors and how to tailor supervision more effectively. Further, participants' descriptions of the serious impacts they experienced as a result of poor administrative supervision creates a mandate for the counseling profession to attend to this poorly neglected area of practice. Primary limitations of the study included lack of research related to the focus area, a relatively small and somewhat homogeneous sample population, and my own biases and newness to this research approach.

Implications

This qualitative research study generated a grounded theory of participant counselors' *experience of administrative supervision*. The theory conveys how participants experience administrative supervision through a *process of evaluation*; most significantly, the aspect of *evaluating their administrative supervisors through a lens of idealism*, formed in their personal backgrounds and *deepened by their graduate education and training*. D'Andrea and Dollarhide, counselor educators and researchers, describe idealism as "the Vitamin C that sustains one's commitment to implementing humanistic principles and social justice practices in our work as counselors and educators" (2011, p. 220); suggesting idealism is a good, sustaining quality for counselors. Which makes it all the more important that agencies foster it, rather than discourage or diminish it through poor leadership practices.

The counselors specifically evaluated the degree to which their administrative supervisors, and even agencies, *aligned with the ideals and principles of good counseling*. Further, they evaluated administrative supervisors to be most effective and trustworthy when the supervisors behaved with a *balanced approach* in regard to clinical behaviors; not too much the counselor role, but not too little either. This aligns with Magnuson, Wilcoxon and Norem's findings in their qualitative study of counselors' experience of "lousy supervision," particularly regarding their participants' emphasis on poor clinical supervision as "unbalanced" (2000). Like the participants in my study who wanted balance in administrative supervision, their participants also desired for clinical supervisors to be balanced in the provision of supervisory leadership. Unbalanced leadership is "lousy" leadership, whether it be clinical or administrative, and it matters to counselors how balanced their administrative supervisors are in their approach.

The theory also describes how the participants *responded to the conditions of their administrative supervision*, including some potentially maladaptive behaviors such as *withholding struggles*. In both clinical and administrative supervision, there is a need for therapists to bring mistakes, doubts, and challenges to their supervisors. A poor supervisory alliance and lack of trust means therapists withhold more information and avoid reaching out, which can be quite problematic when it comes to addressing good clinical practice (Ladany, Hill, Corbett, & Nutt, 1996). Participants also described consequences such as *experiencing high turnover* among staff and supervisors and counselors even *leaving the profession*. As P5, who experienced a revolving door of administrative supervisors during the course of this study said pragmatically, "I don't know what the studies say, but if a supervisor leaves in my experience everybody leaves." Knight et.al. (2011) studied the impacts of supervisory turnover in substance abuse treatment settings and did not find a strong correlation between supervisory turnover and

staff turnover but did find that supervisory turnover had an array of negative impacts including reduced organizational health and implementation of new initiatives. At the same time, staff turnover in mental health agencies is impacted by organizational culture and work environments (Glisson et. al., 2008), so it follows that any improvements or sustainability in this area can only be accomplished when good administrative supervisors stay put and stay the course. Agencies have a mandate to address turnover in both supervisors and staff.

This study's theory also speaks to the *outcomes and impacts participants experienced* as a result of administrative supervisors meeting, or disappointing, their ideals and expectations; including burnout, turnover, and diminished well-being. The intense interpersonal nature of counseling involves many *costs of caring* (White, 2006) and administrative leaders in mental health settings have a potentially profound impact on mitigating these costs for their staff (Maslach & Leiter, 1997). Further, poor administrative supervision impacted participants' efficacy and clinical confidence, an effect that is corroborated by Ramos-Sanchez et.al.'s study of how negative clinical supervisory events affect therapists (2002). The same study also found that poor clinical supervision had a direct impact on counselors' career goals and commitment to the profession; an impact that also emerged in the course of this study. Given the identified impacts of administrative supervision on the participants, described by the findings of this study, corroborated to similar effects described by clinical supervision research, and the general lack of research on administrative supervision in counseling, this study has many implications for counselors, counselor education, agencies, social justice, and further research.

Counselors.

The participants in this study conveyed a strong enthusiasm for participating because, in part, they felt perplexed that poor administrative supervision was the norm, rather than the

exception, in the course of their work in mental health agencies. They made it clear that they

wished to contribute to shining a light on an area they felt had been neglected but was very

important to their well-being and their ability to do good counseling work. According to authors

in the field, administrative supervision has been neglected in the research (Browning, 2007;

Curtis & Sherlock, 2006; Dollarhide, 2003) and supports participants' lived experiences. Their

participation was as much advocacy as it was contributing information. At the same time, they

had valid concerns that sharing information could have negative consequences for their

livelihood. Anonymity was very important to them because they knew they were speaking about

people who have tremendous power over them and other fellow therapists. In some cases, they

had witnessed or experienced negative consequences for speaking out about the conditions of

poor administrative supervision, so the stakes felt high for them. That being the case, there are

implications in regard to the working conditions of agency settings and the effects poor

administrative supervision can have on therapists; including longevity in the profession, efficacy

in regard to client care, and even therapists' mental health (Ramos-Sánchez et. al., 2002). This

study suggests counselors would be wise to be thoughtful consumers of administrative

supervision, seeking out agencies that strive to be as effective in supporting counselors as they

strive to be in supporting clients.

This study also has implications for counselors around how the idealism they carry into

the work, and deepen during graduate school, might impact their ability to be adaptive and

resilient in agency settings. The insights conveyed and gained by the participants in this study

suggest that counselors could benefit from awareness of their potential idealism and the need to

temper it when entering into agency work that is often not in alignment with counselors'

expectations. Student counselors could benefit from activities such as informational

interviewing in agency settings, networking with counseling peers working in agency settings, and generally seeking to gain a more realistic understanding of the business of counseling.

At the same time, as previously stated, therapists, supervisors, and agencies need to foster idealism as a sustaining force (D'Andrea & Dollarhide, 2011) to stay the course in helping populations that can be challenging, and where hope is sometimes difficult to find. Counselors can also consider coping strategies that build resilience such as intentional nurturing of co-worker support (Ducharme, Knudsen, & Roman, 2007); something most of this study's participants commented on as valuable to helping them deal with adverse administrative supervision experiences.

Counselor educators.

While the primary focus of this study was on the experience of administrative supervision in counseling, there are significant implications for how graduate programs prepare, or don't prepare, counseling students for work in challenging agency settings. The process of this study's participants examining the idealistic criteria, with which they evaluated administrative supervisors, illuminated the potential role their graduate programs played in developing their idealism, and also in failing to give them a realistic sense of agency work. During the formal interviews, some participants described community mental health as being "in the trenches," and this is a description I have heard from helpers in many settings. If this is the reality of the work for beginning therapists, the analogy of working in a war zone, counselor education programs should do much more to build resiliency and realistic expectations so that those who spend thousands of dollars on graduate training can be set up for long-term success in the profession.

In addition to counselor education programs building resiliency, there is a need for them to help new therapists *understand the business of counseling*. Participants spoke to a desire to

better understand the funding streams, perspectives of senior managers, organizational development, and other aspects of the mental health corporate footprint. Schwitzer et.al. (2001) described a model where counseling students engaged in a simulated "work setting" course that included not only the provision of therapy, but also taking on various organizational roles and also engaging with the economics, politics and organizational dynamics of agency settings. In the simulation, students took on various roles commonly occurring in agency settings such as administrators, community partners, case managers, etc. and the course's focus involved scenarios common to agency work. This approach would certainly better prepare students for working in community mental health settings and installing reasonable expectations for these settings. Yet, when I searched for articles that sited Schwitzer et.al.'s article, I did not find any that took the concept further. In other words, there didn't seem to be evidence that this model had been further researched or carried forward. But the voices of my study's participants suggest it should be.

Further, this study's participants spoke to a need to infuse graduate training with management and leadership skills, so that those who wish to promote into administrative supervision have a better understanding of the challenges inherent in that role, as well as the acumen and effective strategies required to do it proficiently and ethically. Counselor education programs do not do enough to prepare masters level students for administrative leadership (Paradise et al., 2010) and even doctoral programs that might be effective in building leadership skills may not be doing enough to help counselor leaders understand the broader contexts of organizational management (Lockard III, Laux, Ritchie, Piazza, & Haefner, 2014).

The field of counseling.

This study suggests implications for the overall field of counseling. As previously examined in the literature review, I could not find research in counseling specifically focused on administrative supervision, though many elements from research on clinical supervision can be applied to administrative supervision such as the previously mentioned qualitative study on "lousy supervision" (Magnuson et al., 2000). And yet the counseling participants of this study described relatively major impacts that administrative supervision had on them and their peers. Counseling's professional organizations, universities, and researchers cannot afford to neglect examination of this aspect of the work.

There are major implications for the ethics of counseling also. Where codes of ethics exist for therapists and clinical supervisors (American Counseling Association, 2005), they do not exist for administrative supervisors and senior managers who oversee counseling work. Tomes of ethics exist in the field of business, but how often do counseling agencies and management adopt and apply clear management ethics to the business of counseling? Yet the experiences described by this study's participants indicate *they experienced harm as a direct result of poor administrative supervision*. Participants also described situations where business practices put them in a bind between "the bottom line" and ethical client care. The flow of money, profit, and greed seems to be a shadow side to the counseling profession. There is a strong need for counseling to shine a strong light in this area and develop and enforce an ethical code for administrative and senior managers in order to ensure they also *do no harm and promote the common good.*

Counseling agencies and supervisors.

This study has implications for counseling agencies and executives. They need to hold themselves accountable for how they treat their workforce and reduce practices that cause harm to therapists and exploit both therapists and clients for profits and bean counting. Agencies pay lip-service to utilizing evidence-based practices, but then fail to apply them when it comes to managing and caring for a vulnerable workforce, as well as a vulnerable client population. There are evidence-based leadership practices for implementing and sustaining evidence-based clinical practices (Aarons, 2005, 2006; Aarons, 2004), for mitigating costs of caring (Maslach & Leiter, 1997; White, 2006), and for sustaining enlivening and healthy organizational settings (Corrigan et al., 1998; Glisson et al., 2008; Magnuson et al., 2000; Van Dierendonck, Haynes, Borrill, & Stride, 2004). Yet, from the voices of this study's participants, they did not experience application of organizational and management EBPs, or worse, they experienced agencies who pay lip service to caring for their workforce. An example is participants' referencing how their agencies said they used the trauma-informed organizational Sanctuary Model (Bloom & Sreedhar, 2008) but then did not use it with fidelity or consistency, or used it against staff.

Further, agencies need to ensure that they are hiring quality supervisors and managers who prioritize the development and well-being of their employees. Glisson et.al. (2008) studied the interplay of organizational practices and culture; including impacts on turnover, therapist morale, and outcomes and found strong evidence to suggest a need to attend to "social context". The study states, "We argue that these and subsequent studies of organizational social context in mental health service systems are therefore central to the development of a science of implementation effectiveness that can address the gap between what we know about effective practices and the quality and outcomes of services that are provided in actually community-based

service systems" (p131). Agencies need to ensure supervisors and managers have effective training in organizational development, and make leadership coaching a priority to ensure those who lead do so effectively, humanely, and ethically.

It should be noted that for-profit mental health may be as problematic as for-profit prisons. The participants raised valid concerns about the role money and profit plays in the provision of effective client care for populations, and in some cases mandated populations. Ethical agencies must examine this more deeply.

Social justice.

Finally, this study has implications for social justice and addressing the needs of those who have limited power to self-advocate. Participants expressed concerns that marginalized populations, who need quality counseling the most, are disenfranchised by the bottom-line practices of counseling agencies. Where counselors have guidelines for social justice competencies (Ratts & Greenleaf, 2017), I could not find similar frameworks for the administrative supervisors or agencies. The counselor participants came to agency work well aware and sensitive to the complexity of working with marginalized populations, but then experienced agencies that behaved in archaic, insensitive ways.

Participants spoke about the impacts of high turnover on their vulnerable clients who end up with a revolving door of new and inexperienced therapists. Where a client of means can afford to have a long-term relationship with a private practice therapist, community and public mental health agency clients do not often have that privilege. If counseling agencies are mistreating and not supporting therapists to the point that they only stay long enough to earn a license, what does that do to the efficacy of the treatment services for those they serve? In a more recent study, Babbar et.al. (2018) found a direct correlation between therapist turnover and

client engagement; specifically, that youth were far less likely to return for ongoing appointments when they experienced therapist turnover. In my community corrections department, we keep internal data on probationers' abscond rates and these are higher in "vacant" caseloads (caseloads that are not assigned to a specific probation officer, so the client experiences an array of POs) than in caseloads where a client can expect to work long-term with the same PO (Washington County Community Corrections, 2019). When agencies have a business model and organizational practices that contribute to high turnover, they directly impact client engagement and therapeutic efficacy. Participants argued that their client populations have high degrees of trauma, numerous barriers, and limited resources and that they, of all people, need competent and consistent therapists. Yet, the therapists that low-income clients can afford are typically unlicensed, underpaid, and overworked. It is possible such models could make people worse.

Literature and research on working with low-income clients speaks to the difficulty these clients have in engaging with therapy due to the array of barriers and challenges they must deal with in daily living (Smith, 2005) and the importance of applying creative strategies beyond talk therapy such as provision of food, modified business hours, and collaboration with relevant community partners (Kim & Cardemil, 2011). Smith (2008) offered a comprehensive analysis of classism's intersection with psychotherapy and implications for counseling psychologists, and yet participants in this study described ways in which their low-income clients do not have access to consistent therapists and also come to settings that are barren and sub-par. Participants descriptions of the juxtaposition between "bottom-line" administrative practices and how these impact marginalized clients suggest administrative supervisors and agencies need to do more to attend to classism within agency settings.

Future Research

As previously stated, there is a paucity of research in the field of counseling on the area of administrative supervision and the business practices within the profession. Yet, this study's participants were profoundly impacted by the supervisors and agencies they worked for. This exploratory study cast a very wide net by asking therapists a very broad question: *How do counselors experience administrative supervision?* The findings of this study suggest numerous avenues of research.

Research could be conducted on how graduate programs prepare counseling students for agency work, what is and isn't effective in this preparation, and what are the expectations that students have for their first counseling jobs. *Idealism* was a key theme in this study, so further exploration of that phenomenon regarding counseling students could be informative.

As stated earlier, the term "in the trenches" is used by many who work in helping agency settings. Further exploration into the day to day experiencing of what it is like to work as a helper in a job that evokes war-zone comparisons would be helpful. Related to this, participants described high turnover in their agencies as well as the phenomenon of counselors leaving agency work when they have their license. The impacts of these elements on client and/or counselor welfare could be studied. Additionally, a study around resiliency as it relates to preparing counselors to work sustainably in agency settings could be highly beneficial to informing education programs and counseling organizations about how to retain a quality workforce.

Participants spoke to social justice issues inherent in how agencies treat clients, treat therapists, and how marginalized people are often left with counseling services that fail them.

Deeper examination of social justice implications around "productivity," funding streams, counseling environments, therapist turnover, and many other areas would be powerful.

Finally, this study illuminated the voices of counselor employees, but it would be fascinating to do a similar grounded theory study to explore the perspectives of administrative supervisors. This would evoke a better understanding for all about the dynamics between counselors and their bosses, potentially contributing to areas for improvement regarding preparation, training, and coaching for administrative supervision.

Chapter VII: Conclusion

This qualitative study sought to answer, "How do counselors experience administrative supervision?" Interviews and member checks with ten therapists, who all had the shared experience of working under administrative supervisors, served to develop a grounded theory to answer this question. Counselor participants experienced administrative supervision *through a process of evaluation*, where they evaluated their administrative supervisors *through a lens of idealism*, formed in their backgrounds and enhanced through their graduate training. Participants expected their administrative supervisors *to have balance* when it comes to application of a therapeutic acumen when providing leadership and guidance to staff; *behaving in alignment with the principles of good counseling* (warmth, positive regard, empathy, genuineness, etc.) but not to a degree where they were too therapeutic, as participants also wanted their supervisors to have *a balance of therapeutic and business behaviors*. Participants responded to their experiences with administrative supervision by *performing the work*, *relating to others*, and *taking personal action*. They also experienced impacts *professionally*, *relationally*, and *personally*.

A review of the literature justified the focus of the research. Though much has been researched and examined regarding clinical supervision, no research in counseling had focused specifically on administrative supervision. Research in related helping fields and business supported that administrative supervision is an influential and important element of helping work, so this study was designed to contribute more to the body of knowledge regarding administrative supervision in counseling specifically.

Grounded theory methodology was selected and applied primarily because of the lack of research in the field of counseling on administrative supervision. The intention was to cast a wide net in order to more generally understand participants' experiences and to utilize their

voices to generate an informed theory that could be used for further future investigation. Methods included formal face-to-face interviews, transcription of the interviews into raw data, initial line-by-line coding and axial coding, diagraming and journaling, refining and focusing, generation of an initial theory, member checking to confirm and refine the theory, and finalization of the grounded theory to answer the research question.

To boost the trustworthiness of the study and conclusions, several strategies were applied including disclosure of researcher bias, retention and maintenance of all research materials to form an audit trail, prolonged engagement with participants and their contexts, consultation with the dissertation chair who is an expert in grounded theory research, and triangulation with existing research. Limitations included researcher's newness to grounded theory research, researcher bias, and homogeny of the participants' demographics and Portland-Metro geographical location.

The grounded theory produced by this research has implications for counselors, agencies, and counselor education programs. Counselors and future counselors could benefit from awareness of their idealism and how this may affect their experiences of administrative supervision and agency work. Administrative supervisors and agencies might better understand how to serve their counselor subordinates, providing a better balance between therapeutic skills and business strategies. They may also better understand how agency practices can contribute to employee retention, costs of caring, and even enhanced social justice for the clients they serve. Counseling education, and related therapy majors, would do well to better prepare counselors to enter agency work by providing a better understanding of the challenges of agency settings, and building resiliency in students that they may carry forward into their professional settings.

This study, and the general lack of research in this area, opens up many possibilities for future research. More might be examined about administrative supervisors' experiences and the perspectives they bring to these roles. The area of therapist idealism could be examined more deeply as it seems to have a significant impact on how they experience their professional settings. Counselor education programs could develop and test strategies to better prepare therapists for work in agency settings. And this research also suggests a need to examine how agency practices intersect with the social justice of marginalized populations.

This grounded theory study examined counselor participants' experiences of administrative supervision and illuminated more clearly that administrative supervision is a significant aspect of the provision of counseling that has not been adequately understood and addressed. Administrative supervision not only has impacted the study's participants to a large degree, professionally and personally, but the participants believed it has significant impacts on their ability to do the work of counseling well, which ultimately impacts the very people counseling strives to serve. The hope is that this research provides a foundation and nudge for the field of counseling to deepen its examination of administrative supervision and prioritize it. The voices of the study's participants affirm the need and provide a good sense of direction for research and for the practice of effective and ethical counseling for all.

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APPENDICES

Appendix A: IRB Approval

Human Research Protection Program
Institutional Review Board
Office of Research Integrity
B308 Kerr Administration Building, Corvallis, Oregon 97331-2140
(541) 737-8008
IRB@oregonstate.edu | http://research.oregonstate.edu/irb

APPROVAL NOTICE

Date of Notification	12/14/2016		Date Approved	12/14/2016
Principal Investigator	Deborah Rubel		Study ID	7689
Study Title	Counselors' Experience of Administrative Supervision: Uncharted Territory			
Study Team Members	Marci Nelson			
Review Level	Expedited		Category(ies)	6, 7
Submission Type	Initial Application			
Waiver(s)	Documentation of Informed Consent			
Risk Level for Children	N/A			
Number of Participants	15 Do not exceed this number without prior approval			
Funding Source	None		PI on Funding	N/A
Proposal #	N/A		Cayuse #	N/A

The above referenced study was reviewed and approved by the OSU Institutional Review Board (IRB).

EXPIRATION DATE: 12/13/2019
Continuing review applications are due at least 30 days prior to expiration date

Comments: Waiver of documentation of consent for all participants

Please note when applicable, if the PI has not already done so, the HRPP staff will update the version date on the protocol and consent document(s).

This study has been determined to meet the **FLEX** criteria and the following apply:

☒ Approval period has been extended beyond one year, but not greater than three years
☐ Reasonable safeguard standard regarding the requirement for parental permission
☐ Reasonable safeguard standard regarding the enrollment of pregnant women

Adding any of the following elements will invalidate the FLEX determination and require the submission of a project revision:

- Increase in risk
- Federal funding or a plan for future federal sponsorship (e.g., proof of concept studies for federal RFPs, pilot studies intended to support a federal grant application, training and program project grants, no-cost extensions)
- Research funded or otherwise regulated by a federal agency that has signed on to the Common Rule, including all agencies within the Department of Health and Human Services
- FDA-regulated research
- NIH-issued or pending Certificate of Confidentiality
- Prisoners or parolees as subjects
- Contractual obligations or restrictions that require the application of the Common Rule or which require annual review by an IRB

IRB Approval (Continued)

- Classified research
- Clinical interventions

Principal Investigator responsibilities for fulfilling the requirements of approval:

➢ All study team members should be kept informed of the status of the research.

➢ Any changes to the research must be submitted for review and approval <u>prior</u> to the activation of the changes. **This includes, but is not limited to, increasing the number of subjects to be enrolled.** Failure to adhere to the approved protocol can result in study suspension or termination and data stemming from protocol deviations cannot be represented as having IRB Approval.

➢ Reports of unanticipated problems involving risks to participants or others must be submitted to the HRPP office within three calendar days.

➢ Only consent forms with a valid approval stamp may be presented to participants.

➢ Submit a continuing review application or final report to the HRPP office for review at least four weeks prior to the expiration date. Failure to submit a continuing review application prior to the expiration date will result in termination of the research and discontinuation of enrolled participants.

Appendix B: IRB Verbal Consent Guide Approval

<table>
<tr><td colspan="2">Human Research
Protection Program
Oregon State University
Study # 7689</td></tr>
<tr><td>Current Approval:</td><td>12/14/2016</td></tr>
<tr><td>Do not use after:</td><td>12/13/2019</td></tr>
<tr><td colspan="2">Approved</td></tr>
</table>

Verbal Consent Guide

Purpose

The purpose of this study is to understand how professional counselors experience administrative supervision and to develop a theory or theories of how administrative supervision impacts counselors. This project seeks to address the gap in counseling literature and research around administrative supervision, differentiated from clinical supervision, and to better understand this dimension of counseling service provision. This study will be conducted by a graduate student for the completion of a dissertation. It will involve interviews with up to 15 professional counselors working in government and community agencies.

Activities

Should you agree to participate in this study, you will be given an initial demographics questionnaire online. Then you will be interviewed at least one time, in-person, by the student researcher and the researcher may conduct second or third interviews if needed to fully understand your experiences and perspectives. The initial interview will last for approximately 45 minutes and additional interviews may take place in-person or by phone, on a date and time that works best for you. Interviews will take place either at the Washington County Counseling & Victims' Services Clinic in Hillsboro, Oregon or at a location convenient for you and appropriate for this activity (quiet, private, etc.). Finally, after the researcher has conducted all interviews, analyzed the data, and identified an emerging theory, she will contact you via email for feedback about whether your perspectives and experiences are captured in the theory and correctly interpreted by the researcher ("member checking"). You will have seven days to provide this feedback. If you don't respond within seven days, the student researcher will report the data as written and document in the study narrative that you were given the opportunity for input, but did not respond by the deadline.

The initial interview will be video recorded, and additional interviews will be either video or audio recorded. The recordings will be transcribed by the researcher or by an outside transcriber, checked for accuracy, included in the dissertation, and all recordings will be destroyed after the written research report is completed. You are cautioned not to participate in this study if you do not want to be recorded. The researcher will email you a copy of all interview transcripts, with identifying information removed, after the final interviews and transcriptions are completed. This will be your chance to share with the researcher, within seven days, any comments, corrections, or concerns you may have so that the researcher can be sure you are accurately represented and that your identity is protected. Oregon State University will confidentially store all information gathered during this study for at least three years.

Time

Your time commitment for this study will be under five hours total, spread over a period of six to nine months.

Risks

IRB Consent Guide Approval (Continued)

You will be sharing your personal experiences related to administrative supervision, including speaking candidly about your "bosses," so the researcher will work with you to protect your identity and minimize any chance that you would be identified. However, there is always a small risk that something you share could inadvertently identify you. You will be given the chance to read through the transcripts and work with the researcher to redact identifying information prior to the publishing of the transcripts and dissertation. There is a small risk that sharing your experiences could cause you mild psychological discomfort (e.g. experiencing some anger when telling a story about an abusive supervisor), however it is unlikely that the questions will induce any extreme emotions/distress as they will be general and focused on your professional experiences. This study requires participants to be self-aware and to have an ability to self-reflect.

The security and confidentiality of information collected from you online cannot be guaranteed. Confidentiality will be kept to the extent permitted by the technology being used. Information collected online can be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses.

Payment
Participants will not receive any monetary compensation for participating in this study.

Confidentiality
Your identity will be known to the student researcher and principal investigator. Your image, voice, and name will also be known to the transcriber of the video and audio recordings, but the researcher will not disclose your identity in the final report of the study. Interviews will be transcribed and transcriptions will be included in the final report, however the researcher will redact any use of your name or reference to your identity. You will be assigned an identification number that will be used instead of your name on all research documentation and the final report.

Voluntariness
Your participation in this study is voluntary and you may stop your participation at any time without consequence. You will not be judged and your decision will be treated respectfully. The researcher would appreciate feedback on your decision. If you choose to stop your participation before the study is completed, the researcher may keep information collected about you and this information may be included in study reports, with your identity carefully protected. Your decision to take part or not take part will not impact your relationship with the researchers.

Contact Information
If you have any questions or concerns about this project, please contact the student researcher, Marci Nelson, at:
Phone 503-459-7187 or
Email nelsmarc@oregonstate.edu

IRB Verbal Consent Guide Approval (Continued)

You may also choose to contact the principal investigator, Deborah J. Rubel, Ph.D., at:
Phone 541-737-5973
Email Deborah.rubel@oregonstate.edu

If you have questions about your rights or welfare as a participant in this study, please contact the Oregon State University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at IRB@oregonstate.edu

Appendix C: Demographics Questionnaire

Demographics Questionnaire

* 1. First Name

* 2. What is your gender?

* 3. What is your age?

* 4. What is your ethnicity?

* 5. Level of Licensure:

○ Not licensed and not working toward licensure

○ Not yet licensed, but working toward it

○ Licensed General Counselor

○ Licensed Couples, Marriage, Family Counselor

○ Other (please specify)

* 6. How many people are on your current counseling caseload?

Demographics Questionnaire (Continued)

* 7. Please select the option that best describes your top academic degree:

◯ Masters in Counselor Education

◯ Masters in Counseling Psychology

◯ Masters in Counseling

◯ Masters in Couples, Marriage and Family Counseling

◯ Doctoral in Counselor Education

◯ Doctoral in Counseling Psychology

◯ Doctoral in Counseling

◯ Doctoral in Couples, Marriage and Family Counseling

◯ Other (please specify)

[   ]

* 8. Please select the options that most closely describe your current work/agency setting (mark all that apply):

☐ For-Profit

☐ Not-for-Profit

☐ Government - Community Mental Health

☐ Government - Corrections

☐ Education - Private

☐ Education - Public

☐ Hospital/Medical

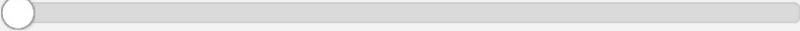☐ Other (please specify)

[   ]

* 9. Who do you report to at your agency (mark all that apply)?

☐ Supervisor/Manager who is NOT a Counselor/Therapist

☐ Supervisor/Manager who IS also a Counselor/Therapist

☐ Supervisor/Manager who is also your Clinical Supervisor

☐ Other (please specify)

[   ]

Demographics Questionnaire (Continued)

* 10. Please slide the dot to indicate your overall level of satisfaction with your current boss:

Strongly Unsatisifed   More or Less Satisfied   Strongly Satisfied

* 11. Please slide the dot to indicate your overall level of satisfaction with your counseling profession:

Strongly Unsatisfied   More or Less Satisfied   Strongly Satisfied

* 12. How long have you been working as a counselor for pay?

◯ I have never worked as a counselor for pay

◯ Less than 6 Months

◯ 6 Months to 1 year

◯ Over 1 year to 5 years

◯ Over 5 years

Appendix D: Memos, Notes and Journaling Examples

Draft Ordered List of Categories, Properties and Dimensions 2.0   MNelson   Updated 1/27/18

- Central Category: Counselors experience of AS occurs within a process of reciprocal and ongoing **Evaluation**
  - ○ Sub-Category I: **Being Evaluated by AS**
    - ▪ Properties/Dimensions
      - • *Job Security*
        - ○ Less secure←-----------→More secure
      - • *Getting Credit (could also be along the lines of "mattering to the agency")*
        - ○ Only some work counts←---------------→most work counts
        - ○ Worker as warm-body←--------→individual worker recognized/seen
    - ▪ *Congruence between AS assessment of C and C assessment of self*
      - • AS eval aligns with C←------→AS eval doesn't align with C
  - ○ Sub-Category II: **Evaluating Self**
    - ▪ Properties/Dimensions
      - • Ineffective Counselor←--------→ Effective Counselor
      - • Self-Eval Congruent with AS Eval←-------→Self-Eval Not Congruent
      - • Able to meet expectations←--------------→Not able to meet expectations
  - ○ Sub-Category III: **Evaluating AS**
    - ▪ *Credibility of AS*
      - • AS is a Counselor←----→AS not a Counselor
      - • AS new AS←---→AS seasoned AS
      - • Company man←------→Cares about C as a person
      - • AS accurately reads situations←-------→AS inaccurately reads situations
      - • AS cares for Counselor as Person ←-------→AS sees Counselor as Object
    - ▪ *Expectations of AS*
      - • Meeting Expectations
        - ○ Delighted←------→Disappointed
      - • Congruence with Counseling Skill Set
        - ○ AS doesn't apply C skills←-----------→AS does apply C skills
- Sub Category I: Within reciprocal/ongoing *evaluation*, counselors are **Responding to Conditions of AS Evaluative Environment**
  - ○ Property I: *Responding by Performing the Work*
    - ▪ Sub Property I: Engagement with Clients
      - • Holding back←-----------→Taking risks
      - • Less vulnerable←------→More vulnerable
      - • Engaging to pad Numbers←------→ Engaging to help Clients
    - ▪ Sub Property II: Meeting Productivity Standards
      - • Pretending/Under Radar←------→Transparent
      - • Doing Right by the Client←-→ Doing right by self←-→ Doing right by agency
  - ○ Property II: *Responding by Relating to Others*
    - ▪ Dimensions: Relating to Advocate
      - • Going along ←------→Speaking out

Commented [MN1]: From application, interview and hiring and then throughout employment, counselors experiences occur within a process of reciprocal and ongoing evaluation. This evaluation is both formal and informal, and can occur in obvious ways (e.g. metrics on case work) or in quiet ways (e.g. counselor develops own conclusions about an AS ability to be helpful based of AS behavior)

Commented [MN2]: This is an obvious and necessary component of any AS relationship, as it is the AS's job to evaluate subordinates. So most employees experience evaluation.

Commented [MN3]: Counselor engages in self-evaluation to reality-check the evaluation from the AS

Commented [MN4]: That counselors evaluate their AS is an aspect that is perhaps more unique to counselors, and possibly to trained helpers in general. Not only are they being evaluated, but they are also evaluating the AS and the agency; in particular evaluating against what they've been trained is effective in working with and motivating humans. They have been taught to evaluate/assess and then adapt to what a client needs, so they seem to assume an AS will apply these similar clinical skills in relationship with staff. When this doesn't occur, it seems to be particularly irritating.

Commented [MN5]: Counselors are constantly evaluating whether an AS is credible and this depends on a number of properties.

Commented [MN6]: This was important to several participants. There seems to be something important about whether an AS utilizes their helping skills when providing AS. Common theme was "this is a counseling agency, so why do AS stop using counseling skills when dealing with staff". It's as if there is something more painful/disturbing about bad supervision in C agency because "they should know better"

Commented [MN7]: It seemed to be within this circular process of *evaluating* that counselors then are *Responding to the Conditions* (*conditions meaning environment/climate/dynamics, etc.*) *of this Evaluative Environment*. 3 Sub Categories emerged: Performance (how they perform in response), Relating to Others (how they relate in response), and Individual Behavior

Commented [MN8]: Generates an ethical dilemma.

Commented [MN9]: Sometimes counselors just go along and do their best to make it look on paper like they are meeting standards, but others openly speak to AS about their inability to meet standards and/or show work that may not be visible in the metrics

Commented [MN10]: References a conflict experienced around where to put energy, but also deciding who to serve when it may not be possible to serve client, self, and management all at the same time.

Commented [MN11]: In some cases, the counselor just puts their head down and tries to meet the standards, but in others they are driven to speak up and challenge the evaluation; advocating for themselves, clients, others.

Memos, Notes and Journaling Examples (Continued)

- Going it alone←------→Advocating as a group
- Challenging AS←------------→Avoiding AS
- Advocating w peers←-→Advocating w AS←→Advocating to higher levels
  - Dimension III: *Responding* by *Relating to Obtain Support*
    - Keeping work at work←---→Complaining about work at home
    - Keeping quiet with co-workers←----→Reaching out for support
- Property III: *Responding by taking Individual Measures*
  - Dimension I: Dealing with Feelings
    - Feeling Alone←-----------→Feeling Included
    - Acceptance←------------→Rejection
    - Committing←-----------→Exiting
  - Dimension II: *Responding by Behaving*
    - Zoning out←---------→Focusing In
    - Flying Below the Radar←-----------→Showing one's work
    - Avoiding work←----------------→Completing work
- Property IV: *Responding by Managing Expectations*
  - Sub Property I: *Expectations of Self*
    - I can be successful in this agency←-------→I can't be successful
    - Inadequate←--------→Good Enough←-----------→Perfection
  - Sub Property II: *Expectations of AS*
    - Inadequate←--------→Good Enough←-----------→Perfection
  - Sub Property III: *Expectations of the Agency*
    - Agency cares about clients←--------------→Agency cares about money
    - Agency cares about counselors←----------→Agency cares about money
    - Agency prioritizes quality AS←----------→Agency lacks quality AS
- Sub Category III: **Impacts on Counselor**
  - Commitment to Profession
    - Leaving Profession←----→Fully Committed to Profession
  - Growth in Clinical Skills
    - Stagnation←------→Mastery
  - Self-Perception
    - Good fit with agency←--------→Poor fit with agency
    - Confident in abilities←--------→Doubts abilities
  - Turnover in the Agency
    - Feeling valued←-------→Feeling disposable
    - Seniority by Practice←--------→Seniority by attrition
    - Being distracted←------→Staying focused
  - Wellness
    - Declining emotional wellness←-→Boosting Emotional Wellness
    - Mental Health←→Mental Illness
    - Physical Health←→Physical Decline
    - Work/life Balance←-→Work/life imbalance
  - Quality of Relationships
    - Distrusting Co-Workers←-----→Bonded to Co-Workers
    - Distant from personal friends←-----→Engaging with personal friends
    - Feeling Isolated/Alone←-------→Feeling Connected

Commented [MN12]: Sometimes advocacy is individual (e.g. directly to supervisor), other times it is a group effort (e.g. work group speaking out together to supervisor)

Commented [MN13]: But also wondering if this is more about checking perceptions... If I complain to my spouse about work, am I looking for support (e.g. awwww, sorry to hear that honey. That must be frustrating) OR am I looking to check perceptions (e.g. Wow, your boss said that? That's pretty shitty. You are definitely good at engagement, so he's off his rocker.")

Commented [MN14]: While this is more an issue where the AS is also the CS, there does seem to be some impact of AS on this. If an AS questions the "productivity" or pushes that, then the Counselor responds by trying to address the numbers, and this causes stagnation in their clinical acumen. Also, general stress (turnover, etc.) inhibits their development too.

Memos, Notes and Journaling Examples (Continued)

Developing theory narrative:

Counselors experience administrative supervision within a process of reciprocal and ongoing evaluation; from the time they apply for, interview for, and are selected to join an agency, through onboarding and performing, and as they continue to develop seniority. Through their lifespan in the agency, they experience being evaluated by administrative supervisors but they also engage in evaluation of administrative supervisors, and even of themselves.

Counselors then respond to this evaluative process. Broadly, they respond by performing the work, by relating to others, by behaving on an individual level, and by managing expectations.

The process of evaluation, along with the responding and outcomes of the responding, impacts the counselor in a variety of ways. Broadly, the impacts can be categorized into Professional, Relational, and Personal.

Memos, Notes and Journaling Examples (Continued)

How do counselors experience administrative supervision?   12/19/18, after meeting w Dr. Rubel

"Theory explains outcomes. Identify outcomes."

Outcomes for Impacts on Counselors:

xHaving energy for the work

Energy Depleted ←------------------------→ Energy Gained

xBeing confident

Fear Not Doing Enough ←---------------→ Confident Doing Enough

xConnecting with Co-Workers

Closer to CoWorkers ←---------------→ Isolated from Co-Workers

?Evaluating Knowledge, Skills and Abilities

Confident in KSAs ←-----------------→ Doubting KSAs

xBalancing Work/Personal

Work Bleeding into Personal ←---------------------→ Work separate from Personal

xCommitting to Counseling Role

Committed to Counseling Profession ←--------------→ Abandoning Counseling Profession

xHyper vigilance - Feeling In Trouble

Fear of Being in Trouble ←-------------------→ Never in Trouble

xExperiencing Turnover

Culture of Transience ←----------------------→ Culture of Permanence

xFeeling Valued by the Top

Valued by Sr. Management ←-------------------→ Disregarded by Sr Management

xMaking a Difference

Feeling Impactful ←----------------------------→ Feeling Helpless

xBeing Physically Well

Physically Unwell ←------------→ Physically Well

xBeing Mentally Well

Mentally Unwell ←-----------→ Mentally Well

xConnecting With Others – social life

Memos, Notes and Journaling Examples (Continued)

Connecting with Others←-----------------→Isolating from Others

xTrusting the Agency

Low Trust (Paranoia)←-------------------→High Trust (Loyalty)

xGrowing

Developing←------→Stagnating

xBeing Trusted

Distrusted←-------→Trusted

xMattering

Warm Body←------------→Valued as Individual

xEvaluating Credibility

Supervisor Zero Credibility←-------------→Supervisor Total Credibility

xHaving One's Back (Liability)

Supervisor Takes Responsibility←--------→Therapist Responsible

xResiliency

Strong Resilience←-----------------→No Resilience

xAltitude of Perception (to what extent the counselor can see the big picture, or is immersed in limited view)

High←---------→Low

xBandwidth

Overburdened←------------→Under-burdened

xFit to Caseload

Not Competent/Effective←-----------→Expert

xParenting

Neglectful←---------Balanced-----------→Domineering

?Addressing Conflict

Hands Off←------------→Complete Control

Workload

Invisible←---→Measurable

Memos, Notes and Journaling Examples (Continued)

Exploitation

Enslaved ←------→ Liberated

xPacing

Throttling ←---------→ Accelerating

xExperiencing Various Supervisors

(this is likely a matrix of number as well as quality)

?Feedback Loop (communication)

One Way (top down) ←----------→ Circular(flows up/down)

xInfluencing

Top Influences Down ←------Collaboration--------→ Bottom Influences Up

xGratitude

Resentment ←------------→ Gratitude

xCaring

Disposable ←------------→ Crucial

Unknown ←----------→ Well-Known

xInclusion

Outcast ←----------→ Belonging

xVulnerability

V is Failure ←---------------------→ V is necessary

xPerformance

Getting No Credit ←---------------------→ Getting Credit for all

Feeling known ←-------------→ Feeling Unknown

xIn the Trenches

Peacetime ←---------------------→ Wartime

Memos, Notes and Journaling Examples (Continued)

Supervisor Orientation

Business ←----→ Relationships

Profit ←---------→ Sustainability

Mid-Supervisor Gatekeeping/Buffering from Senior Management

Partyline ←-------------------------→ Rebel

Bridging ←--------------------→ Separating

Policing ←------------------→ Enabling

AS/CS Combined

Totally Separate ←-------------------→ Same person

AS Clinical

AS Non Clinical ←------------Past Practice-------------Some Practice---------→ Current Caseload

Memos, Notes and Journaling Examples (Continued)

Draft Ordered List of Categories and Properties 1.0   MNelson   12/30/18

- Central Category: Counselors experiencing of AS is organized around **Evaluation**
  - Sub-Category/Context I: Being Evaluated
    - Properties/Dimensions
      - Job Security
      - Getting Credit
    - Congruence between AS assessment of C and C assessment of self
      - AS eval aligns with C ←------→ AS eval doesn't align with C
  - Sub-Category/Context II: Evaluating Self
  - Sub-Category/Context III: Evaluating AS
    - Credibility of AS
      - AS is a C ←----→ AS not a C
      - AS new AS ←---→ AS seasoned AS
    - Expectations
      - Holding AS to Helping Skills
      - Meeting Expectations
        - Delighted ←------→ Disappointed
    - Congruence with Counseling Skill Set
- Contextual Category I: As a result of experiencing *evaluation* and *managing expectations*, counselors are **Responding to Conditions of AS Evaluative Environment**
  - Sub Category I: *Performing*
    - Engaging with Clients
    - Meeting Productivity Standards
  - Sub Category II: *Relating to Others*
    - Relating to Perform
    - Relating to Belong
    - Relating to Promote
    - Relating to Be Supported

Commented [MN1]: As I continued to examine my initial codes (in sticky notes on a whiteboard), I kept seeing an interplay with the counselors' both *being evaluated*, and how they experience that, as well as —and perhaps more interestingly, the *counselors evaluating*.

Commented [MN2]: It seemed to be within this circular process of *evaluating* that counselors then are *Responding to the Conditions* (conditions meaning environment/climate/dynamics, etc.) of this *Evaluative Environment*. 3 Sub Categories emerged: Performance (how they perform in response), Relating to Others (how they relate in response), and Individual Impacts on the Counselor (how they are personally impacted in response)

Memos, Notes and Journaling Examples (Continued)

- o Sub Category III: *Individual Impacts*
    - Integrating the Profession
        - Growing Clinical Skills
        - Committing to the Profession
    - Psychological Wellness
    - Physical Wellness
- Contextual Category II: Within the central category of Evaluation, Counselors are Managing Expectations
    - o Sub Category I: Expectations of Counselor
    - o Sub Category II: Expectations of AS
    - o Sub Category III: Expectations of the Agency

Commented [MN3]: Within the evaluative environment, Counselors are continuously managing expectations.

Memos, Notes and Journaling Examples (Continued)

12/20/18

After meeting with Deb yesterday, had some sense of direction.

Utilized a whiteboard and sticky notes to work with categories. SNs were created for relevant (to the research question) initial code gerunds then grouped many times under varying headings, as I worked with the concepts and how they flowed together to answer the research question.

Kept in mind Deb's coaching to think of "outcomes" as I conducted the groupings. This also helped me sort the relevant gerunds, most were "outcomes" but others were descriptions and concepts that did not seem to fit the outcomes category.

I documented the various whiteboard configurations by photograph and these were, and will continue to be, saved in my documentation for the "audit trail".

During this process today, I also read and referenced Dr. Leanne Schamp's completed dissertation to better understand qualitative categories and their relationship to the overall product. I also read and referenced the qualitative class project final paper I produced in conjunction with my groupmates Pat and Amber, examining counselor's experiencing of decision-making around self-care. This helped remind me of my process during that assignment to categorize and particularly the purpose of the categorizing (etc.): to ultimately construct a storyline that conveys the theory to answer the grand research question.

I also communicated with my support system and talked through some of this with them. It helped me further understand the GT process and goals, which helped me focus.

Eventually, once I had a good feel and familiarity with the initial code gerunds, and some basic categories that held some stability, I cleared the board and began to consider the underlying process associated with the codes. *Evaluating* had been one of these categories, and as I considered the process, *evaluating* seemed a good place to start. As I considered what evaluating meant in relationship to the data, it seemed to split into *counselor evaluating AS*, and *AS evaluating counselor*.

The process of a counselor coming into a relationship with an AS is, in part or perhaps to a large part, seems to be a process of each person sizing the other up and evaluating their performance. The participants spoke both about being evaluated, and the experiencing of that but they also seemed to evaluate their AS. My open-ended questions broadly asked about how they experienced AS, and the participants themselves answered these questions with evaluations of how AS performed in relation to them and the agency.

As I further considered each side of this coin (C evaluating AS, AS evaluating C), I considered how *expectations* played into this evaluation. Counselor participants' descriptions often involved what seemed to be expectations for how they wanted the relationship to go, how they wanted the AS to behave, etc. They also described the expectations placed upon them by the AS.

Memos, Notes and Journaling Examples (Continued)

I was also interested in how the *ghosts of past supervision* intermingled with this process. Both in terms of expectations (counselors contrasting expectations for past and current AS) but also in terms of evaluating (evaluating own performance—which I just added to the whiteboard), as well as AS performance.

I then considered the outcomes of *evaluation;* the range of how a person reacts to it (evaluation of evaluation?) seemed to be from *delighted* to *disappointed.* If the evaluation is in alignment with the counselor's perceptions of themselves and helps them grow, they are delighted. If not, they are disappointed. From there, they respond accordingly.

On the side of C evaluating AS, and how the AS responds, I considered how counselors spoke to what the AS were doing and how they were responding to direct and indirect feedback. Direct involved counselors literally telling the AS "this is how I experience you and how I would like to", and indirect involved things like counselors banding together to oppose or improve AS/agency, rumors, etc.

It stood out to me that counselors responded to evaluation by *managing their reputation while trying to do the right thing.* And I wonder if AS also do this when faced with critical feedback from staff.

Once evaluated, both C and AS engage in responding and adjusting, either succeeding in the eyes of the other, or not, or something in between. Succeeding results in benefits, failing results in consequences.

12/26/18

Continue to see "Evaluating" as a foundational, if not central, category. As I consider the responses, and in particular the initial codes (on my sticky notes) in conjunction with my diagraming previously; evaluating stands out.

There seems to be a process being described by the participants around both being evaluated by the AS, as one would expect since ASs do literally evaluate staff, but also the Ps evaluating the AS, senior management, colleagues, and even themselves.

I'm thinking the fundamental relationship and purpose of AS involves evaluation that then gets applied and produces outcomes and/or consequences.

My sticking point about "evaluation" as a central category would be that my research questions produce an evaluating response in the Ps. I am literally asking them to report on the experience of AS, which is in itself an invitation to evaluate that phenomenon.

What is curious about the evaluation is that they not only evaluate what I've asked them to evaluate, but in their telling, they are revealing their own history of evaluating. They evaluated before I asked them to do so. As an example, two separate Ps experienced the same supervisors in an agency and already had, in their minds, engaged in evaluating the supervisors against each other.

While, yes, some of the evaluating was done as a result of my asking, much of it seems to be happening all along in relationship to AS and the wider agency, and the Ps themselves.

Memos, Notes and Journaling Examples (Continued)

In one case, a P shared about an AS making an evaluation about why the P was having no-shows, and the conclusion was that the P was deficient in engagement skills. In response, the P engaged in self-evaluation (am I deficient in people skills?), evaluation of the caseload (to what extent am I in a position to influence the relationship with my skills), and then, once concluding the AS's original evaluation conclusion was not accurate, engaged in evaluating the AS (the AS did a poor job assessing the situation and the P).

Then, as a result of each facet of evaluation, there seems to be a response and/or consequence.

As I write this, what troubles me is whether it describes the experience of AS, or whether it describes existing as a human. If I asked someone "how do you experience music", I suspect there would be evaluating going on, responses, and possibly consequences. But then, the music wouldn't be evaluating the person, the role of the music isn't to evaluate, etc.

So, OK, narrowing to human interaction—AS is a human interaction. "How do you experience teachers?" Teachers evaluate, teachers are evaluated. I expect there would be similarities in the responses and consequences.

What would differentiate a counselor experiencing AS from a student experiencing a teacher? What seems different is that counselors are specifically trained in an interpersonal skillset around growth/change/influence which does to some extent transfer to how bosses lead staff. A math major may be evaluated by a math teacher, and the student may evaluate the teacher, but the student likely wouldn't be holding that teacher to standards of helping. Are counselors more meta in their evaluations of AS because they apply their helping skillset as a template for evaluating the quality of AS?

A math student may evaluate a math teacher as not a very good teacher, but there is no added informed evaluation of the teacher's helping skills on contrast to the gold standard of helping skills.

Do counselors experience more intensity in the evaluations because they are evaluating against helping skills, ethics, change strategies, etc.?

Memos, Notes and Journaling Examples (Continued)

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      - ● AS new AS ←---→ AS seasoned AS
    - ▪ Expectations
      - ● Holding AS to Helping Skills
      - ● Meeting Expectations
        - ○ Delighted ←------→ Disappointed
    - ▪ Congruence with Counseling Skill Set
- Contextual Category I: As a result of experiencing *evaluation* and *managing expectations*, counselors are **Responding to Conditions of AS Evaluative Environment**
  - ○ Sub Category I: *Performing*
    - ▪ Engaging with Clients
    - ▪ Meeting Productivity Standards
  - ○ Sub Category II: *Relating to Others*
    - ▪ Relating to Perform
    - ▪ Relating to Belong
    - ▪ Relating to Promote
    - ▪ Relating to Be Supported

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Memos, Notes and Journaling Examples (Continued)

- o Sub Category III: *Individual Impacts*
    - ▪ Integrating the Profession
        - • Growing Clinical Skills
        - • Committing to the Profession
    - ▪ Psychological Wellness
    - ▪ Physical Wellness
- • Contextual Category II: Within the central category of Evaluation, Counselors are **Managing Expectations**
    - o Sub Category I: Expectations of Counselor
    - o Sub Category II: Expectations of AS
    - o Sub Category III: Expectations of the Agency

Commented [MN3]: Within the evaluative environment, Counselors are continuously managing expectations.

Memos, Notes and Journaling Examples (Continued)

Meeting with Dr. Rubel 1.11.19
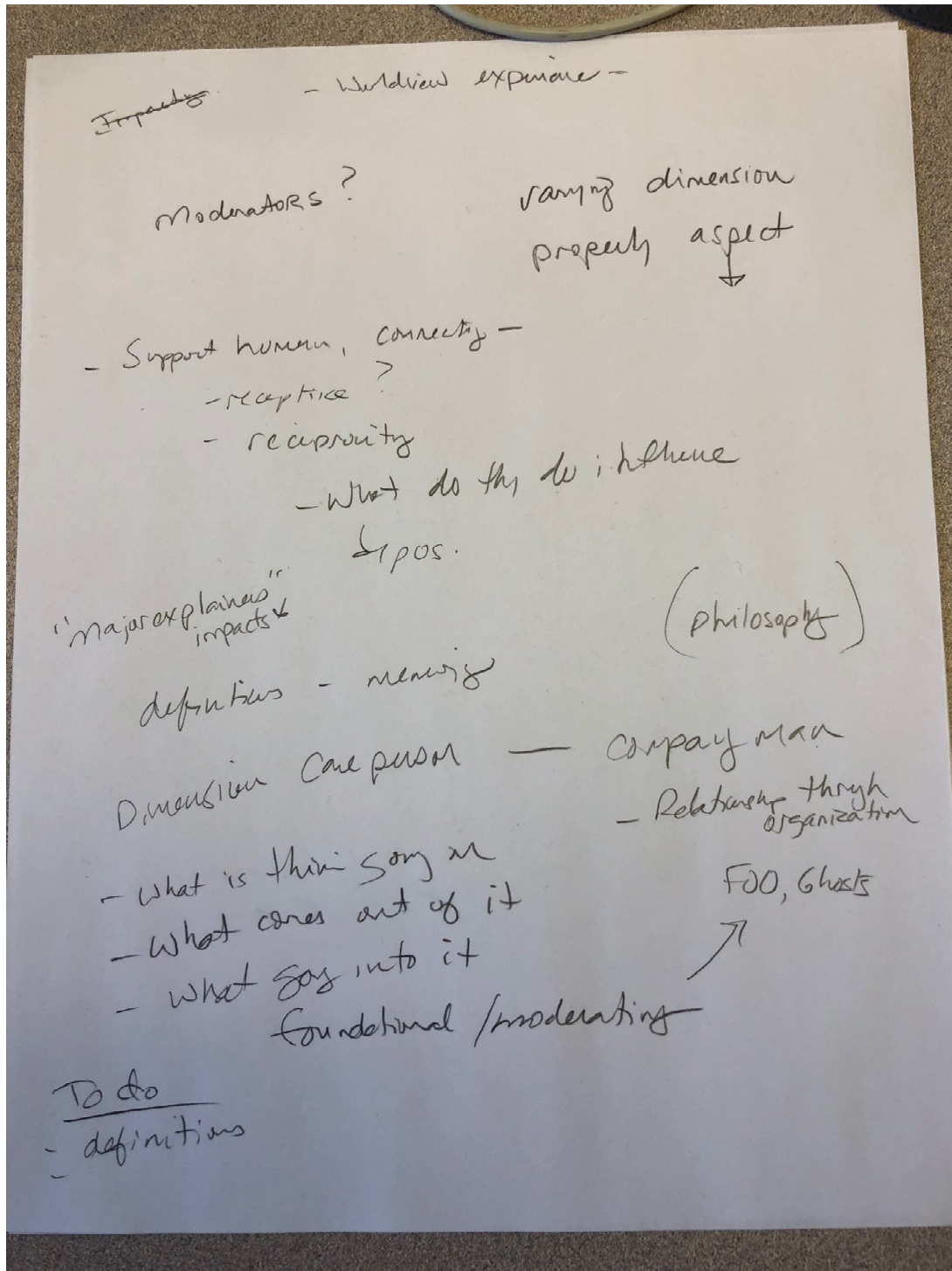
Memos, Notes and Journaling Examples (Continued)

5/18/19 Notes

- Counselors experience some AS as contradictory to the values installed in grad school, which generates an ethical dilemma: Following the direction of AS means short-changing client care.
- Dovetails with Maslach and Leiter's 6 contributors to burnout
  1. Work Overload
  2. Lack of Sense of Control
  3. Lack of Rewards/Recognition
  4. Lack of Sense of Community
  5. Lack of Perceived Fairness
  6. Value Conflicts

The participants' descriptions of how they experience AS and how they are impacted by it aligns with broader research on how good or bad supervision affects workers.

What seems important to the emerging theory is the concept that these professionals are trained evaluators, specifically evaluators of people and their efficacy. The participants seem to be applying their ability to assess to their own ASs competencies as well as their personal competencies. Where a lay person might have an opinion about their boss's competency as "good boss" or "bad boss", it seems to be the case that trained therapists take a deeper dive. They have been trained to be gatekeepers of the mental health profession, to be well-versed in the ethics of that practice, and to know what is and is not effective interpersonal skills when it comes to behavior change. The participants apply this knowledge to their AS and the agencies they work for.

When AS and agency behaviors and values align with the ethics and values trained to therapists, the therapists experience better performance and well-being. When the AS ethics and behaviors do not align with the ideals instilled in the therapists, the participants performance, relationships, and well-being were impacted negatively.

It seems that graduate programs do much to install idealistic expectations of doing therapy work, of what is healthy functioning for therapists, and how therapy should be conducted. Good therapy is also good leadership. But then these participants entered the managed care environment, armed with idealistic expectations, and evaluated their administrative leaders against these expectations. Not only do they experience predictable negative consequences from poor bosses, just like other employees across professions, but they are further disturbed by the troubling reality that their mental health agencies should know better. To the participants, their basic therapeutic training around how to treat people is their litmus test for their ASs. ASs who honor the basic core conditions of therapy can be trusted and those who do not, are not trusted.

Are trained therapists even more disturbed by bad bossing because they have been trained to know better?

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (1)

1	12	514	Productivity	Commenting	Being Distracted	story about how computer had to be open/up during client visits and how email notifications about performance would pop up and would distract, instill anxiety in therapist; interfering with their connection and focus regarding the client	In Trouble
1	12	552	Productivity	Questioning	Admin Converging with Clinical	P1 speaking about use of computer and note-taking during client session, the expectation that a therapist uses all the technology with the client in the session. This therapist was managing that, but the added having to do case notes in session felt like too much. When is admin encroaching too much on the therapeutic process? Technology and metrics are useful, but to what extent? What is the sweet spot, so that therapist and client can work together with less anxiety?	
1	13	573	Productivity	Quote	Vicarious trauma	quote describing experiencing VT, then going to a training on it, but not getting productivity credit for going.. Double bind of self-care but punished for self-care. How do agencies justify driving therapists mad?	
1	13	585	Fit	Quote	Retention	quote about a disconnect between what they expect the job to look like, vs how it actually is. Commenting on people leaving agency work as a result of the pressure and misguided performance measures.	
1	14	603	Social Justice	Commenting	Retention	P1 is describing the dilemma between staying in agency work, thus serving the populations they have a passion for, vs. going into private practice where the quality of life is better but the population is not served. The therapist must choose between quality of life for the client and quality of life for themselves. Beggs the question about who does stay with agency work; who is serving this population? If turnover is high, clients would always be seeing inexperienced therapists, burned out ones, or potentially ones who adapt to the trenches but who lack the human connection element for themselves and potentially for others. Productivity means clients are dollars, and the metrics may be driving good therapists away.	
1	14	616	Fit	Questioning	Engagement	P1 speaking to the difference in their energy depending on which population the are serving. P has low energy for SPMI but high energy for addictions work. Is it reasonable to make therapists work with populations that deplete them? Are they able to provide effective work to populations they don't have a feel for, and does working with these populations amp up costs of caring for these clinicians? CPC	
1	15	676	Fit	Quote	Retention	P describes moving to corrections away from mental health because of the difference in philosophy and experiencing of red tape. Feels corrections has a more reasonable approach to performance measures, could also be varience in funding sources--for profit/grants vs. consistent funding for serving a population.	
2	2	64	Conflict	Quote	Differences in Experiences	P2 speaking about differences in experiences among staff. P2 felt lucky to be liked by the supervisor, hearing about other conflicts between staff and supervisor. P1 is also buffered by being in an external site vs working inside the same office as the supervisor.	
2	2	71	Fear	Quote	Flying Below the Radar	P2 talking about witholding inforamtion from supervisor in order to keep the peace.	
2	2	85	Growth	Commenting	Sup is therapist	main benefit of the supervision was the clinical knowledge imparted by the experienced therapist supervisor. I do question how this can be, how a superviso can be a great clinician but a terrible boss. What keeps a person like this from applying the same philosophy of client care to the therapists they supervise?	
2	3	95	Ethics	Quote	Feeling You Matter	P2 is describing a supervisor who talks more about themselves during supervision than focusing on the needs of the supervisee. This seems to be an ethical question. A therapist who does this with a client would be unethical, but a supervisor who does this with a supervisee is also unethical.	
2	3	111	Costs of Caring	Quote	Feeling You Matter	speaking to not being able to talk about vicarious trauma, again wondering why the therapist couldn't work therapeutically with supervisee	
2	3	124	Costs of Caring	Quote	Emotional toll	describes withholding depth with clients in order to protect themselves	
2	4	140	Costs of Caring	Commenting	Doubting Fit with Profession	example of therapist leaving the profession, in part because of lacking the support needed to stay with it.	
2	4	175	Relationships	Commenting	Co-Worker Relationships	speaking to bonding that occurred as a result of the bad supervisor	
2	5	194	Relationships	Commenting	Personal Relationships	speaking to joking with spouse about experiences with sup at work; using humor to be more upbeat but even spouse can't help with the emotional support lacking for this therapist	
2	5	205	Fear	Quote	Retention	I've got to get out of here	
2	5	215	Support	Commenting	Emotional toll	P2 is suggesting counseling profession has a higher need for supervisor emotional support than other professions. Is the act of counseling much more of a burdensome task emotionally than other helping? Or what would be the standard in helping that might trigger a deeper need for emotional supporting?	
2	6	241	Costs of Caring	Quote	Vicarious trauma	Inquired about VT, and the response was "You gotta Kleenex?" This person is no longer at the agency or doing therapy, but still deeply feels the effects of VT.	
2	6	257	Costs of Caring	Quote	Vicarious trauma	description of experiencing VT. This therapist was experiencing it to this degree but had no permission to bring it up with their supervisor. Having to feel this deeply all alone, and still affected years later.	
2	6	257	Costs of Caring	Commenting	Emotional toll	P1 differentiates between their job in a first responder role and the job of a counselor, in regards to the trauma. With first responder, it is traumatic but also a point in time, with no requirement for the helper to know or experience the aftermath. With counseling, the counselor absorbs the whole story, including the aftermath, and then feels responsibility to help client manage the whole thing. Speaks to the unique burden that talk therapists carry of knowing so much trauma for each person.	
2	7	310	Costs of Caring	Quote	Emotional toll	P2 describing methods they tried to help themselves manage the sadness	
2	8	333	Ethics	Commenting	Worker Wellness	P2 shares disappointment that the sup switches to talking about themselves rather than staying the course supporting the therapist	
2	8	345	Ethics	Commenting	Due Diligence	Inquired about ethics and this sup experience, P2 discussed the feeling they weren't doing all they could for the client. That their holding back meant they weren't doing enough. This is another example of due diligence. What is due diligence here? Doing enough? This therapist is holding back in part because they can't get enough support from AS/CS.	
2	8	360	Perceptions	Quote	Competence	quote about therapist being brilliant, good at therapy but no knowing people very well. Quite a contradiction.	
2	9	369	Trust	Quote	Combined AS and CS	quote around the difficulty trusting sharing with a combined AS/CS, role of AS to fire person vs CS to support them	
3	1	31	Approach	Commenting	Focus	In this section, P3 is speaking about the differing approaches of a supervisor focusing on supervisee vs focus on client, and shades in between. P3 wishes for more client focus with self-focusing sup, but misses self focus with a more client focused sup. What is the sweet spot?	
3	2	64	Fear	Commenting	Combined AS and CS	P3 speaking to challenge of knowing what to disclose to a combined AS/CS; fear of getting in trouble for disclosing mistakes.	
3	2	80	Discipline	Commenting	Co-Worker Relationships	P3 speaking to experiencing supervisor more positively than peers, and feeling concerned how this will affect relationships, but also that the negative experience could happen to them also.	
3	3	107	Fear	Commenting	Differences in Experiences	P3 speaking to worrying about being fired, trying to talk down a coworker who then was ultimately fired. The cloud of worrying about being in trouble.	In Trouble
3	3	120	Stress	Quote	Being Distracted	P3 speaking to feeling dazed and distracted when hearing about coworkers being in trouble or having issues with supervisor.	

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (2)

3	4	145	Support	Quote	Due Dilligence	P3 also referencing the experience of not knowing what they are doing, feeling supervision isn't giving them a good sense about whether they are doing well or not; to the point of crying after supervision because of feeling lost. References feeling demeaned by supervisor.	
3	4	166	Support	Commenting	Perception change	P3 speaking about supervisor building them up, instilling confidence vs earlier feeling demeaned. Mentions the sup doesn't often compliment, so when they do it is more impactful. I wonder what is an effective balance of complimenting/affirming? Does it get diluted if it's applied very often?	
3	6	241	Relationships	Commenting	Differences in Experiences	P3 having a good experience with sup where others are having a bad one; feeling torn about appearances–to connect with others is to turn back on friends, to connect with friends is to risk ire from sup. In other interviews, people described bonding around a bad supervisor, but in this case bonding is difficult because everyone is having different experiencing of the same supervisor. I'm wondering if this is worse for morale and performance; because even the one with the better experience can't entirely trust the sup and they are alone when it comes to who to turn to otherwise.	
3	7	296	Development		Skill Building	P3 curious about what training goes into being a supervisor. They are speaking to CS mostly, but the same could be asked of AS. Considering the selection drive of implementation, how are AS trained and then selected? What competencies should AS be held to? What does productivity look like for supervisors?	
3	7	315	Costs of Caring	Quote	Competence	P3 suggesting AS are better trained in handling low morale and turnover. Noticing sups not seeming to have competence in this regard. Experiencing bringing this up an getting laughed at. Reminds me of my own director's experience of mentioning this among corrections partners, and being laughed at. What is so daunting about this area of practice? How is it less daunting to focus on client welfare than it is helper welfare?	
3	8	336	Senior Management	Quote	Feeling You Matter	story about how CEO will never buy in to putting resources toward morale and wellness with the therapists; questioning why differential tx toward clients but not therapists	
3	8	343	Senior Management	Quote	Feeling You Matter	example of another agency where care was expressed and encouraging self care was a thing	
3	8	362	Worker Influencing	Quote	Worker Wellness	feeling discouraged when bringing ideas forward; what is the avenue for employee input? CPC references this as a EBP	CPC
3	9	384	Senior Management	Quote	Promoting/Ascending	P3 speaking about needing to promote to higher levels in order to make an impact in worker morale.	
3	9	399	Growth	Quote	Promoting/Ascending	desiring to promote as result of feeling like one could do it better; being motivated by poor leadership to become good leadership	
3	10	416	Power	Quote	Retention	Referencing the impact of turnover on the quality of work, and specifically calling out those in power to affect this. References the "battle" of the work, another form of "in the trenches" and the frequent comparison to war. Is counseling like war?	In the Trenches
4	2	50	Productivity	Commenting	Sup is not therapist	Mention of productivity and the disconnect between non-therapists who don't understand the emotional toll vs therapists who do; seeing 10 clients in a day reference.	
4	2	64	Productivity	Quote	Bandwidth	reference to taking work home, doing unbillable on own time	
4	2	78	Expectations	Quote	Emotional toll	P4 speaking about taking literal and mental work home, having poor differentiation between work and home; the inability to switch gears and have downtime. The cycle. Could be another relationship to due diligence. This worker doesn't have a sense of due diligence, so takes work home to avoid doing too little.	
4	2	89	Expectations	Quote	Exploitation	P4 referencing always being on call. The expectation that they do not have personal lives, always tied to the cell phone. Is a therapist exploited when they can never disconnect from work? To what extent is this a reasonable expectation for line staff?	
4	3	103	Ethics	Commenting	Competence	brief comments about whether non clinical AS understand the ethics of practice. At what point are AS pushing therapists beyond their ethics? What, if any, recourse exists for ethical breeches by AS if they are not themselves under ethics Goes to the importance of agencies following some code of ethics (re CPC)	CPC
4	3	117	Senior Management	Quote	Perception change	P4 referencing now seeing more of the side of the upper management and why they make the decisions they do. Understanding their perspective helps this therapist speak a common language in order to help upper mangers see the business side of addressing things like burnout.	
4	4	154	Fear	Quote	Being Distracted	P4 speaking to the effects of being micromanaged and distrusted; distracted by fear of being in trouble vs able to be present	
4	4	165	Fear	Quote	Emotional toll	reference to worry about being in trouble	In Trouble
4	4	174	Performance	Commenting	Being Distracted	impact on presence with clients, worrying about being in trouble impacting depth of attention and focus on clients	
4	5	186	Perceptions	Quote	Admin Converging with Clinical	Challenge of explaining counseling to non-clinical AS	
4	5	199	Performance	Quote	Competence	being micromanaged eroded confidence	
4	5	214	Relationships	Quote	Emotional toll	reference to spouse commenting on how therapist was impacted	
4	5	221	Long-Term Impact	Quote	Emotional toll	P4 stating to this day they are avoidant of a specific sup, obviously still impacts them now; direct trauma from a bad boss?	
4	6	228	Long-Term Impact	Quote	Emotional toll	"in trouble"	In Trouble
4	6	242	Relationships	Commenting	Co-Worker Relationships	reference to feeling isolated because of differing experiences of supervisors, good and bad kept people distant from each other, impacted trust	
4	6	257	Perceptions	Quote	Therapist vs Non Therapist	speaking to how non-clinical was better support than clinical, counter to what would be expected	
4	6	266	Enthusiasm	Quote	Engagement	quote regarding how therapist went home, engaged or not, and what they brought home with them.	
4	7	276	Care	Quote	Emotional toll	speaking to not being able to care for oneself when one was doubting their competence at taking care of self or anyone	
4	8	330	Enthusiasm	Quote	Vulnerability	P4 wouldn't share success with sup for fear sup would rain on the parade	
4	9	370	Support	Commenting	Messaging	P4 discussing how permission (or not) to take care of oneself is impactful– regardless of whether one actually does anything differently. Example is encouraging takign of time off, vs discouraging it. Encouraging felt like needing less time, discouraging felt like needing more. Reverse psychology?	
4	9	395	Support	Quote	Exploitation	uses the word enslaving, the supervisor setting therapist up for failure and withholding support/guidance was experienced as enslaving	
4	10	408	Costs of Caring	Commenting	Vicarious trauma	P4 referencing VT and the fear of being in trouble for emotion, or not being able to handle it as well;	In Trouble
4	10	424	Support	Quote	Feeling You Matter	speaking to therapist as needing support and care, along with clients	
5	1	46	Culture	Commenting	Retention	P5 turnover of supervisors, having 4 in 2.5 years. How does a new therapist navigate learning when they have this level of turnover? What does supervisor turnover do to a supervisee?	
5	2	51	Culture	Commenting	Engagement	supervisor created a culture of group practice, therapists encouraged to develop their own strengths/orientation	
5	2	56	Support	Quote	Change Management Approach	quote about how supervisor delt with difficult changes, helped staff be OK with it	
5	2	73	Fit	Commenting	Identity	P5 commenting on having a supervisor with the same degree/background; finding that satisfying, finding congruence deepened their practice	
5	2	89	Stability of Agency	Questioning	Turnover	P5 stated lost 15 people in one year, at all levels. Of an office of 28, this is over 53% turnover. P describes it as traumatic. What does this amount of loss do to those who stay? What goes into losing this many people? Where does the responsibility for this much turnover lie?	

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (3)

5	3	97	Costs of Caring	Commenting	Vicarious trauma	P5 experienced external trauma as well, high number of shootings in the neighborhood where they worked in a school setting; describes developing PTSD at that time. This is a massive amount of loss and stress to endure. P5 felt the leadership style of one of the supervisors helped offset the effects and enabled them to stay working in the agency	
5	3	114	Culture	Commenting	Contradictory Org Culture	Agency implemented a trauma-informed model for staff, but this was not supported by all leaders or staff, not fully implemented with fidelity. This caused a good deal of angst for staff. Would it have been easier to endure the culture if the agency did not claim to be trauma-informed? Does the contradiction between the TI model intentions and what happened in practice bring about more trauma for workers than if there had never been any attempt to install a TI model?	
5	3	120	Fit	Quote	Competence	quote on how this clinician experienced the new supervisor (ID info needs to be redacted); most interestingly is the critique of why this sup wasn't a good fit. Also references "in the trenches"	In the Trenches
5	3	132	Fear	Quote	Turnover	quote about being fearful of new supervisor/manager due to them firing people who crossed them	
5	4	139	Support	Commenting	Worker Wellness	positive experience of supportive Peer supervision	
5	4	143	Stability of Agency	Quote	Turnover	quote about being the senior in the agency at 2.5 years of experience; how does it impact staff to be senior when they feel new themselves?	
5	4	149	Paranoia	Commenting	Sabotaging what works	story about peer supervision and supervisor ending it out of paranoia about staff consulting each other without a supervisor present. Fear was that staff would unionize.	
5	4	167	Paranoia	Commenting	Micromanaging	P5 contrasting the experience of having more freedom/trust vs being micromanaged by new leadership	
5	5	194	Performance	Commenting	Impaired Supervisor	sharing how a supervisor would yell, cry, or otherwise be very emotional during meetings and in general; instilling aversion in staff and causing more distrust. P5 describes it as manipulative	
5	5	201	Fear	Quote	Advocating	quote about not wanting to be squished; advocating for self and others in face of poor supervision; notion of being squished mentioned by other Ps also. What is the phenomenon of being squished? How do each of their experiences of squishing compare or differ?	Squished/Squashed
5	5	205	Paranoia	Commenting	Sabotaging what works	keeping therapists so overburdened that they can't keep up, can't avoid mistakes, in order to be able to let them go for anything at anytime	
5	5	215	Stability of Agency	Commenting	Impaired Supervisor	out of the frying pan and into the fire; from bad supervisor to worse supervisor, specifically the next supervisor won't take any action independently, always going to next level supervisor	
5	6	233	Long-Term Impact	Commenting	Retaining the Good from Previous Sups	P5 speaking about gratitude for previous good sups in helping sustain the work under poor supervision	
5	6	245	Performance	Quote	Competence	quote about learning how to go, but not how to stop	
5	6	254	Paranoia	Quote	Sabotaging what works	quote about deliberately hiring people who can be squished	Squished/Squashed
5	6	272	Fit	Quote	Impaired Supervisor	quote about sup telling therapist they don't know how to supervise them (redact before putting in final)	
5	7	299	Fear	Quote	Retention	quote about how P5 felt after supervision	
5	7	305	Worker Influencing	Quote	Advocating	quote, P5 advocating for self, being honest with bad boss, making some headway, but resenting having to teach sup how to sup	
5	8	325	Fit	Commenting	Differences in Experiences	P5 speaks to sup showing interest in therapists orientation, but not knowing the orientation is a common, known style of therapy. P5 frustrated at sup's lack of knowledge. When sups don't know basic things, how can therapists trust them in general?	
5	8	366	Senior Management	Commenting	Authority	P5 refered to "they" and it was a reference to senior management. P5 felt the agency was too large and that oversight was not adequate.	
5	9	386	Senior Management	Quote	Feeling You Matter	quote about senior management disconnected and not caring what people below think	
5	11	469	Paranoia	Quote	Messaging	quote about sups turning issues back on therapists; this sounds like gaslighting. When sups fail to take responsibility, and suggest to therapists they aren't meant to be therapists, what does that do to the profession? Who do we lose as a result of this shoddy supervision?	
5	11	495	Perceptions	Quote	Burnout	quote about becoming depressed/burnout but then realizing it was many people throughout the agency	
5	12	542	Cultural Competence	Commenting	micro macro agression	P5 tells story of seeking support on how to handle a diversity issue, but sup commits a microagression towards the clinician	
5	15	660	Support	Commenting	Retaining the Good from Previous Sups	"listening to past supervisors" to get through current ones; protective factors of experiencing good supervisors	
5	14	624	Perceptions	Commenting	Engagement	each supervisor had a very different effect on the therapist; from excited to go to work to wanting to leave the profession	
5	16	722	Sounding Board	Commenting	Personal Relationships	want to quote, but will need to redact; essentially complainign so much that partner anticipates it ahead of time	
5	17	743	Stress	Commenting	Emotional toll	P5 believes poor supervision has contributed to depression, PTSD and other cost of caring	

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (4)

Notes for Text Sections

8.8.19

P#	Page	Line #	V B 1	Use	General Topic	Notes:	Tie in Sources	Vivo
6	11	501	Costs of Caring	Quote	perception change	Paranoia/Perception shift is a cost of caring. The supervisee needs supervisor to provide outside perspectives (reality checking, expectation setting, etc.) to prevent them from isolation with client realities. Shifted perspective could result in bad judgment, lack of confidence, missing a detail, etc.		
6	12	519	Expectations	Questioning	Bandwidth	Concept of workload and what is doable by the therapist. Need for admin sup to set realistic expectations and achievable goals, but to what extent is therapist workload measurable? How many crisis events are reasonable workload in conjunction with caseload, case notes, etc.? When do therapists have time to think about their cases if it isn't built into the workload?	T About Burnout	
6	12	522	Expectations	Theory	Due Diligence	The administrative supervisor has a hand in determining workload and setting reasonable expectations. Therapists use term 'due diligence' in ethical codes and practice to define therapists' parameters for helping prevent harm. It is most often used in regards to mandatory reporting scenarios, but the helpful therapist sees themselves as the ultimate buffer between client and harm. When does a therapist know they've done due diligence? Who has their back when this determination is made? The ever present weight of liability is offset only by setting realistic ideas for therapists about when they've done enough.		
6	12	526	Expectations	Theory	Due Diligence	What is due diligence with a caseload of 70 vs a caseload of 25? Does this need to be set? What are the costs of expecting the same diligence for any caseload number? Something gives, but if supervision isn't solid and aware, it's up to the therapist. High caseloads necessitate deeper oversight and parameter setting.		
6	12	531	Expectations	Quote	Bandwidth	"what's an ethical caseload"?	Codes of Ethics	
6	12	533	Ethics	Questioning	Exploitation	To what extent do our ethical codes speak to exploitation of the commodity of the therapist. What is humanly possible when it comes to asking therapists to care for 70 plus people alongside of all the other tasks of therapy? What does ethics say about deliberately burning out therapists for profit?	Codes of Ethics	
6	12	540	Expectations	Commenting	Due Diligence	section reminds me of Lisa's "cruise control days", sometimes you need "cruise control days" which helped me feel supported in setting realistic parameters for my workload and effort.	T About Burnout	
6	13	551	Expectations	Commenting	Due Diligence	with therapy helping, or any helping where the main helping is the conversation, and where clients have free will to act or not act on therapy; how is due diligence set? What is realistic for therapist intervention and concern when client is not following through? how does an agency set these expectations? when do these messages get delivered, if at all? What might be the impact of deeper investigation of setting reasonable parameters?		
6	13	562	Expectations	Commenting	Emotional toll	Notion of therapist guilt. Therapist driven by doing enough to not feel guilty, not having boundaries around dilligence leads to guilt for not doing enough		
6	13	565	Expectations	Followup Q	Due Diligence	How do you know you've done due diligence with any given client? To what extent is DD set by supervisor or agency?		
6	13	570	Enthusiasm	Commenting	Engagement	speaking to caseload fit, reminded of CPC and it giving points for matching therapists to caseloads/client types	CPC	
6	13	575	Enthusiasm	Commenting	Engagement	matching resulting in higher engagement and application of skills	CPC	
6	13	595	Support	Commenting	Perception change	quote regarding empathy when external support is applied		
6	14	602	Relationships	Commenting	Co-Worker Relationships	concept of workers bonding when they share a bad supervisor		
6	14	605	Culture	Questioning	Team Building	Coworkers can bond under a bad supervisor, but what is the role of a good supervisor in building teams? What are the effective methods for building good teams and what is the sweet spot for a team's functioning and role in supporting therapists?		
6	14	634	Approach	Theory	Parenting	P6 comments on the need for supervisor to be good parents. This is a metapho used often in corrections, so I wonder to what degree it applies in therapy settings.		
6	14	636	Approach	Commenting	Co-Worker Relationships	section reminds me of my past methods of handling coworker conflicts, and in particular my failure with Libby—was it my failure or hers? Is there a model for supervisors to follow when dealing with coworker conflict?		
6	15	646	Equity	Commenting	Workload	reference to equity and what happens when one feels they are working harder than others; only the agency has the power to set reasonable expectations for workload and equity.		
6	15	653	Support	Quote	Worker Wellness	quote about supervisee not being able to do it alone, how support impacts them positively		
6	15	666	Differentiation	Questioning	Skill Building	Could be a need for rotation of supervisors; supervisees learn different things from different ones; strategic shuffling might be a net gain for the growth of the supervisee		
6	15	674	Worker Influencing	Questioning	Feedback	speaking to need to be able to give feedback to supervisor, need to share inforantion to better help supervisor tailor their approach to the therapist		
7	1	16	Growth	Commenting	Therapist Development	reference to supervisor supporting growth and development	Gallup Q12	
7	1	28	Perceptions	Questioning	Sup is not therapist	belief that a non-therapist won't be as good as one who is, but is this true? Dennis was not a therapist, but did have a good feel for the work of change agen and the ability to listen and have empathy. How does a non-therapist admin sup compensate for this? Would that look like stating it upfront, or would it just evolve if sup behaved in an empathetic way? Tying to therapy, should therapists state upfront that they've "never been" whatever the client has been? What is good practice for supervisors?		
7	1	33	Perceptions	Questioning	Engagement	what is the role in gratitude for dynamics of admin supervision? In my case, my gratitude for good supervision makes me more engaged and more loyal.		
7	1	38	Cultural Influences	Commenting	Authority	speaking to the cultural influence of authority, respecting bosses and authority		
7	1	41	Cultural Influences	Questioning	Due Diligence	therapist is speaking to knowing their role given their cultural background; this section speaks more broadly to the need for role clarification but also how cultural influences may be at play in how counselors experience supervision		
7	2	71	Care	Questioning	Feeling You Matter	To what extent does feeling cared about and encouraged engage the superviseee; make them loyal and hard working?		
7	2	83	Growth	Quote	Engagement	quote about flourishing		
7	3	98	Relationships	Questioning	Engagement	participant comments about inclusion as being a factor in feeling happy and engaged at work; to what degree can a supervisor directly influence inclusion an prioritize it? Does feeling included help everyone feel engaged? What can sups do to increase feelings of inclusion?		
7	3	102	Growth	Questioning	Engagement	considering role of growth edges; gallup says focus on strengths but there would still need to be growth--what is the art of findign the sweet spots?		
7	3	111	Growth	Questioning	Authority	Concept of supervisor directly speaking with supervisee about growth edges; this one is receptive, but are others. How do supervisors build capacity for this kind of challenging with supervisees?		
7	4	137	Perceptions	Questioning	Engagement	an example of P mentioning feeling squished/squashed by something; in this case around trying things, taking risks		Squished/Squashed
7	4	145	Perceptions	Commenting	Engagement	red tape or other barriers influencing what is possible; therapist giving up in the face of too many hoops to jump when trying new things		Squished/Squashed
7	4	153	Productivity	Quote	Emotional toll	quote about where getting energy for the work		

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (5)

7	7	279	Support	Questioning	Identity	P is speaking to their identity as a worker and how good supervision is the backbone of that identity. Are counselors more work-oriented, work-identified than other professions. Helpers who always carry their work identiy (always a cop, always a fireman, I am the job, the job is me)? If so, if a counselor is more work-identified, and if supervision is the base of that, seems all the more imparative that AS is quality--AS is the backbone.	
7	8	329	Ethics	Questioning	Identity	speaking to feeling sturdy or not sturdy as a human, as the quality of the supervision changes. Makes me wonder about ethics of supervision given the power it has to influence the person of the therapist.	
7	8	330	Ethics	Questioning	Authority	The ethics of a supervisor's power over someone; is it ethical practice to install a bad or weak supervisor, given the high stakes of the individuals as well as their power over clients?	
7	9	377	Research Influence	Commenting	Engagement	Participant mentions being influenced by the research interview; feeling gratitud after doing the reflecting during the interview; gratitude contributin to a sense of engagement	
8	2	55	Trust	Questioning	Identity	Trusted to do one's job vs abandoned in one's job; what is the sweet spot between hands-off/trust and a more active approach? A therapist may like hands off, but to what degree do they miss out on growth if the supervisor doesn't reach in?	
8	2	65	Senior Management	Questioning	Competence	Mention of senior management as seeing therapists as cogs rather than contributive members of strategic direction; therapist feels invisible to upper management.	
8	2	81	Senior Management	Commenting	Engagement	Mid supervisor as cog also, passing down but not enabled to bring anything up.	
8	3	92	Ethics	Commenting	Due Diligence	P speaking to the challenge of managing a high caseload and the feeling that things were falling through the cracks. Goes to concepts around what is reasonable components of caseload; what goes into being able to manage numbers or not; due dilligence	
8	3	104	Ethics		Due Diligence	High caseloads may not be avoidable, so what is the remedy to helpers feeling they are not competent? How can administrative supervisors help high caseload clinicians have realistic expectations of what to do, what is good performance with 55 clients vs. 25?	
8	3	123	Support	Commenting	Due Diligence	supervisor helps set reasonable philosophy and understanding about due diligence; normalizing statements are helpful.	
8	3	131	Perceptions	Quote	Philosophy	quote on accepting there's always more to do	
8	5	183	Senior Management	Questioning	Engagement	P is speaking to getting attention from higher level boss and how it made her feel important and engaged. To what degree should upper management interact with therapists? What is an organized and thoughtful strategy around involving sr management with staff?	
8	5	199	Relationships	Questioning	Fun	P talking about bonding over fashion. To what extent is it important to bring in non-work distractions or topics? Is getting therapists out of the quagmire of therapy important to keeping their enthusiasm and engagement?	
8	5	212	Fit	Questioning	Feeling You Matter	This P experienced congruence with the fashion sense of the supervisors, and gained approval that way. I wonder how a non-fashion therapist would experience this areana? Would a non-fashion therapist fit in, or would they feel marginalized for not being fashion oriented? How might supervisors bond in another way?	
8	6	234	Stress	Quote	Emotional toll	micromanager causing stress, quote about seeing their car	
8	6	273	Fit	Questioning	Chosing Employers	This P speaking to becoming a consumer of good supervision; not taking a job at an agency where supervision is poor. Thinking of County's "employer of choice" and how agencies want to attract and retain good employees. How supervisors show up in interviews could influence who does and doesn't want to work in an agency.	
8	9	368	Trust	Quote	Competence	"I'm not in trouble?"	
8	9	400	Orienting	Questioning	Training	Influence of training/onboarding on supervisees? Quality of training and strategies as setting up employee for success. Admin sups responsible for training options and approach.	
8	11	493	Orienting	Quote	Retention	quote about supervisors doing a better job keeping people in the job	
8	12	528	Stress	Commenting	Emotional toll	impacts on dreams	
8	13	556	Perceptions	Quote	Engagement	quote about loving boss, etc.	
8	14	609		Quote		"Can you change the world for me?"	
9	1	32	Orienting	Questioning	Skill Building	P speaks to having a separation between admin and clinical supervision. This may be ideal, but isn't always possible. What does it take for a supervisor to be effective at both? Is it possible to be combined and still be good enough?	
9	1	44	Orienting	Questioning	Messaging	Open Door policy, trust regarding that. Why the mystery? If it's Open Door, why don't staff trust this? What would need to happen differently to bring them to trust this? What is in it for managers to say "open door" but then discourage it?	
9	2	78	Expectations	Commenting	Due Diligence	P talking about prioritizing and knowing what is to be prioritized, stress around that, related to due diligence. Guidance on prioritization becomes information about due dilligence.	
9	3	108	Trust	Quote	Decision-making	Quote about schemes; mystery in decision-making. Issue of transparency and to what extent managers should or can share decision-making process and conclusions. Staff feeling decisions are mysterious; how does this impact buy-in or a willingness to pitch in?	
9	3	131	Perceptions	Questioning	Messaging	waiting for the worst, not getting messaging or heads up; conveying a lack of control and a lack of agency	T About Burnout
9	4	138	Power	Quote	Authority	Quote on top down philosophy. Turnover as part of doing business; what is it like for clinicians to be immersed in an agency that drives people to move on; wears people out? The survivors, what keeps them there and to what extent are they able to be effective in that environment?	
9	4	144	Senior Management	Questioning	Retention	To what extent does senior management worry about retention? Would these attitudes change in a climate where it is difficult to fill/cover positions?	
9	4	147	Support	Quote	Exploitation	quote on experiencing that workers retention doesn't matter; how is it to feel disposible? What does that do to one's engagement?	
9	5	202				P is speaking about being discouraged from striving for organizational change; can relate to this from my own experiences in previous agency. Being discouraged helped me formulate clarity about the kind of agency I wanted to work for. I wonder how it impacts this P going forward?	
9	5	210	Power	Quote	Authority	quote on disconnect between decisions and line staff; what is the remedy? Senior management needs to make decisions--sometimes unpopular, but what is the approach to decision-making and transparency?	
9	6	257	Power	Quote	Authority	"These decisions matter"	
9	7	289	Relationships	Commenting	Co-Worker Relationships	reference to having a best friend at work	Gallup Q12
9	9	401	Expectations	Quote	Feeling You Matter	referencing difference between old org and this one; quote	
10	2	62	Power	Commenting	Vulnerability	supervisor actively discouraged disclosure; while the spirit of the discouraging makes some sense--I don't want to have to judge you, so if you don't share, I won't judge; don't ask don't tell philosophy. But how does an AS then know enough to provide oversight, coaching	
10	2	86	Approach	Questioning	Vulnerability	what is an effective balance for an AS around therapist vulnerability? What is the philosophy of mistakes and shared struggles in the light of evaluating competence? What is a competent therapist who is a vulnerable human?	
10	2	91	Development	Quote	Vulnerability	quote about "if you can't handle this, you shouldn't do the job"	
10	3	103	Cultural Influences	Commenting	Gender	observation of feeling pressure to be more masculine or to withold more feminine behavior; competence framed as masculine "handling it"	
9	6	241	Support	Commenting	Worker Wellness	quote around encouraging therapist to do self care	
9	7	292	Trust	Quote	Feeling You Matter	quote around feeling trusted, relied on	

Memos, Notes and Journaling Examples (Continued)

Excel Thematic Notes 8/18/19 (6)

			Theme	Type	Code	Description	
9	7	309	Trust	Quote	Impaired Supervisor	challenges around having an impaired supervisor, quote about games and not having to play them in current position	
9	9	372	Ethics	quote	Authority	unethical supervisor	
9	10	424	Perceptions	Commenting	Identity	comment on identity of the therapist	
9	10	440	Care	Quote	Engagement	We can all perform better if we're cared for.	
1	1	8	Org Structure	Commenting	Combined AS and CS	P1 comments that in an hour, only 10 min is devoted to clinical, and the rest is admin. Wondering to what extent admin is a crucial aspect but then is not seen as such by clinicians. "Just all the admin stuff". To what extent can we bring clinicains along in valuing admin and understanding how that fits into the business of counseling. Therapists resent admin work, but perhaps that has mor to do with onboarding--perhaps even at the university level.	
1	1	23	Expectations	Questioning	Performance Measures	P1 describes having to carve out time for supervision, and mentions it didn't count for productivity. In other words, they got no credit in their performance measures for meeting. Not only did this discourage meeting, but also resulted in the therapist working without receiving credit (working during supervision).	
1	1	28	Productivity	Questioning	Performance Measures	P describing how productivity is determined; visible aspects of the work (e.g. casenotes) vs quality of interactions, supervision, etc. which are not visible or countable (at least in this agency). The focus, or light shining, on specific areas and not others drives attention and resources. If case notes as a measure are more visible than human connection, case notes are the priority.	Productivity
1	2	47	Productivity	Questioning	Performance Measures	P describes the array of performance measures used in their agency. Their voice is frazzled as they are speaking; and I have the impression they struggle to remember all the pieces of the puzzle. I wonder what are the risks of having too many performance measures? What would be the most potent and useful array? Circling back to bandwidth, and what the burden looks like for a high caseload counselor; to what extent does attending to performance measures increase the overall burden on the therapist's bandwidth?	
1	2	60	Productivity	Questioning	Bandwidth		
1	2	67	Productivity	Commenting	Performance Measures	I inquired with P1 about supervisor performance measures. Therapist just listed a dizzying array of measures they must attend to, but what measures a supervisor? In this case, it ammounts to a yearly email invitation for staff to provide feedback for the supervisors PE. Staff rarely do it because they don't get credit for doing it, and they are so overloaded that this isn't worth spending time on. How should supervisors be measured? What metrics matter to ensuring a supervisor is doing right by employees and the organization?	
1	3	107	Productivity	Quote	Performance Measures	P1 describes the phenomenon of experiencing no-shows and this appearing via the performance measures of them not doing well, or not doing work. They received critical feedback on this, but had to show that they had nothing to do with the no-shows, having never spoken to or met with the client.	
1	3	107	Perceptions	Commenting	Guilt	Tied to productivity and no-shows, P1 received critical feedback that they might need to work on their engagement skills. This caused P1 to have self-doubt and guilt, until they realized they'd never met any of the clients who no-showed, and could not have applied any engagement given the structure of the intakes. P1 felt let down by the supervisor for giving this sort of feedback without knowing the true nature of the problem	
1	4	152	Ethics	Quote	Due Diligence	P1 references a dilemma between having a good looking chart vs doing well directly with clients. It is clear the therapist can only do so much to convey their progress and achievements, so the chart is what gets the attention. The therapist is torn between doing good client care and performing well in the eyes of the agency.	
1	4	163	Fit	Quote	Roles	P1 speaks about the fit between the supervisor's "Type A" style and their own relational style. The reference giving the supervisor feedback about speaking in numbers vs speaking in words.	
1	4	178	Feedback	Commenting	Perception change	P1's feedback that their engagement skills needed work felt like a miss; did not seem congruent with how P1 saw themselves. If one receives feedback that feels like a miss or is not congruent with where they see their strengths/weaknesses, what does that do to their performance? What does that do to their trust and engagement with the agency and the supervisor?	
1	5	205	Perceptions	Quote	Doubting Fit with Profession	Quote from P1 on the strength of influence supervision had on self efficacy and commitment to the profession.	
1	5	216	Development	Quote	Growth	P1 speaking to growth occurring from the differences between sup and therapist.	
1	5	228	Costs of Caring	Quote	Bandwidth	P1 describing being relieved with no-shows because there would be less scrutiny than if they'd met with the client.	
1	6	238	Enthusiasm	Quote	Engagement	P1 speaking to how admin measurement of performance was a mismatch with the lived/felt experience therapist was having with clients in the room.	
1	7	277	Productivity	Commenting	Performance Measures	P1 describing how they are measured and performing under a structure that doesn't match what their role is today. The measures are outdated, but used anyway.	
1	7	285	Productivity	Commenting	Due Diligence	P1 describing how metrics made it look like she wasn't performing, but her perspective was that she was working at nearly full capacity. If the metrics drive the standards of due diligence, but they fall short when it comes to client care, the clinician is but in a double bind.	
1	7	309	Trust	Quote	Performance Measures	quote on being trusted vs the measures not giving credit	
1	7	329	Productivity	Quote	Performance Measures	quote around how confusing performance measures impact this therapist	
1	8	336	Productivity	Quote	Performance Measures	quote on how cancellations affect productivity	
1	8	344	Ethics	Quote	Performance Measures	quote on the ethics of padding schedule with outreach calls	
1	8	362	Relationships	Commenting	Co-Worker Relationships	trauma bonding around poor supervision, concept of this for this therapist	
1	9	368	Relationships	Quote	Co-Worker Relationships	quote about bonding	
1	9	370	Expectations	Commenting	Retention	P1 speaking about how turnover affects them; resenting coworkers who leave as well as supervisor who aren't doing enough to keep people at the agency	
1	9	379	Relationships	Quote	Emotional toll	P1 referencing complaining to family, but having no common frame of reference, trying to use them for support but they don't understand	
1	9	400	Support	Quote	Co-Worker Relationships	concept of being in the trenches together; bonding in a similar way as military personel do.	In the Trenches
1	9	411	Perceptions	Questioning	Sup is not therapist	P1 has a theory that good AS for therapists happens if AS is a therapist, or is closer to the work of therapy. I question if this is the case, or if there is something a non-clinical AS can be trained to understand and convey. Does a therapist have to be robbed to help someone who has been robbed? Can a non-clinical AS support therapists effectively?	
1	10	424	Productivity	Quote	Sup is not therapist	quote about AS being close enough to the practice that they adequately evaluate the therapist's workload, give credit	
1	10	428	Care	Quote	Feeling You Matter	P1 speaking about supervisor taking notice of holidays, etc. Describing positive influence as a result	
1	11	460	Trust	Commenting	Competence	P1 speaks to trusting good intentions, to supervisor trusting therapist means to do well, will do well vs. distrusting that.	
1	11	466	Trust	Quote	Competence	quote on distrust and suspicious supervisors impact	
1	11	473	Trust	Quote	Competence	quote on varied approaches/beliefs sups hold when an employee makes a mistake	
1	11	495	Feedback	Quote	Feedback	speaking to the feeling of "being in trouble" when receiving contact or feedback from the supervisor	In Trouble
1	12	507	Fear	Quote	Physical Impacts	quote on how feeling in trouble is experienced	In Trouble

Appendix E: Line by Line Coding Example

P 6

138 P6: Yeah, exactly. Pointing out what you can and can't affect change in and like how
139 much is your client's responsibility and how much is yours, yeah. And then in between
140 the job I have now and that supervisor um I had I did for about a year I worked as a
141 community based therapist driving around to see high level clients, teenagers and
142 adolescent children, um and in that I had a really good supervisor who then was the
143 manager … was really amazing and supportive. She was just super comfortable and
144 very casual and relaxed and so she was really helpful in the sense of I felt very
145 comfortable sitting with her and so I could talk about my vulnerable things. So when
146 you are a therapist and you just are like wow am I doing this right and it's like you really
147 question whether or not you're doing your job right which is not as easy as other jobs
148 where it's like oh check the boxes and your done and that's it. Like being a therapist
149 you don't know if you did the right thing and there's probably a thousand things you
150 could have done and there's what research you should have done and practice you
151 should have done what the parent told you to do and working with kids the pressure and
152 stress of having a parent on your back like fix my kid you know and so she was really
153 comfortable and casual and also extremely knowledgeable about the skills because she
154 had been working and doing that community based work for like 6 years so she knew all
155 the scenarios right so she was always ready with OK yeah lets think about that and she
156 was really responsive and ready and she was very open and I could interrupt her when
157 she was doing anything and she would be like right there fully present with me. Um and
158 then they switched and got another supervisor [redacted] who was a new supervisor
159 and new to the job of community based therapist and she and I I did not work well with
160 her. I felt she was giving more advice than I needed at certain times so she was tried to
161 give me suggestions or ideas of what to do when I hadn't even gotten to that I was still
162 kind of processing things so I think she wasn't good at reading where I was. I tried to
163 give her feedback …. And she got I think a little defensive about me giving her
164 feedback and she just made me feel really uncomfortable and totally shut down and I
165 was like I can't give you feedback because I don't feel comfortable with you. Whatever
166 you're doing right now makes me feel not good. And she would just kind of give me
167 hard answers on things and I would be like I think that might be wrong because I've
168 been on this team longer than you have and she would I would be like I'm not ask
169 [redacted] or can you ask [redacted] and knew I would get a different answer and so it
170 was like because she was so stern about like oh let me check on that you know. It was
171 just and it was just a couple things like getting a hard answer and not being oh let me
172 figure that out you know the idea of being able to think about that gives a lot more faith
173 OK you're thinking about this instead of just hard answer that you're going with and you
174 are a supervisor and you're trying to gain respect in some way and it just felt like she
175 wasn't she hadn't earned any respect right so [redacted] I have known since before
176 when I worked in the office because she had been like the crisis prevention person and
177 so she had already communicated and interacted with her and learned that she was
178 really good at what she was doing so she already had my respect. And [redacted] just
179 didn't have any like my respect because she hadn't earned it in any way, she didn't
180 know about this position, she was new at being a supervisor and she didn't make me
181 feel comfortable or kind of shown me that she was trying to get my respect it was more
182 like I'm I don't know.
183

Commented [MN28]: Understanding scope of influence, potential; developing healthy philosophy

Commented [MN29]: Remembering previously helpful supervisor;

Commented [MN30]: Creating safety for vulnerability;

Commented [MN31]: Therapy is ambiguity; challenging to know what due diligence is; looking for reasonable side rails

Commented [MN32]: Supervisor walking the road; utilizing own experience to soothe supervisee

Commented [MN33]: Taking a moment to pause and plan

Commented [MN34]: Staying present with supervisee

Commented [MN35]: Enduring a new supervisor who was not a good fit, after having one who was

Commented [MN36]: Advice giving; misreading supervisee's progress/needs

Commented [MN37]: Feeling shut down; failed attempts to give feedback to sup

Commented [MN38]: Giving hard answers; using a harsh approach; being closed to corrective feedback

Commented [MN39]: Earning respect by being a good listener; by being thoughtful; losing respect by being harsh and stubborn
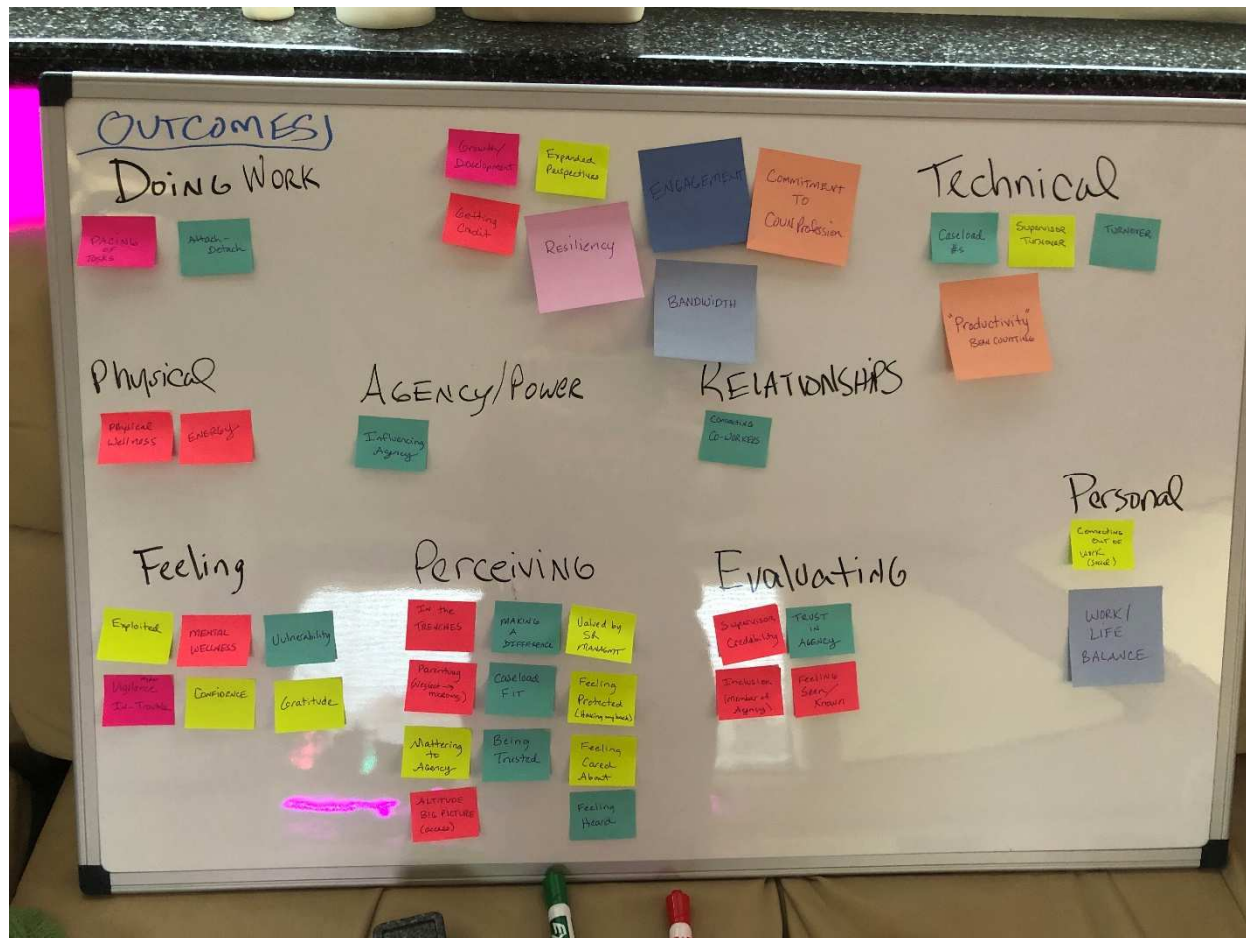
Commented [MN40]: Earning respect by being good at the work; modeling the way

Commented [MN41]: Earning respect takes time; how supervisors behave when they are new matters; being new means listening more and applying feedback from staff
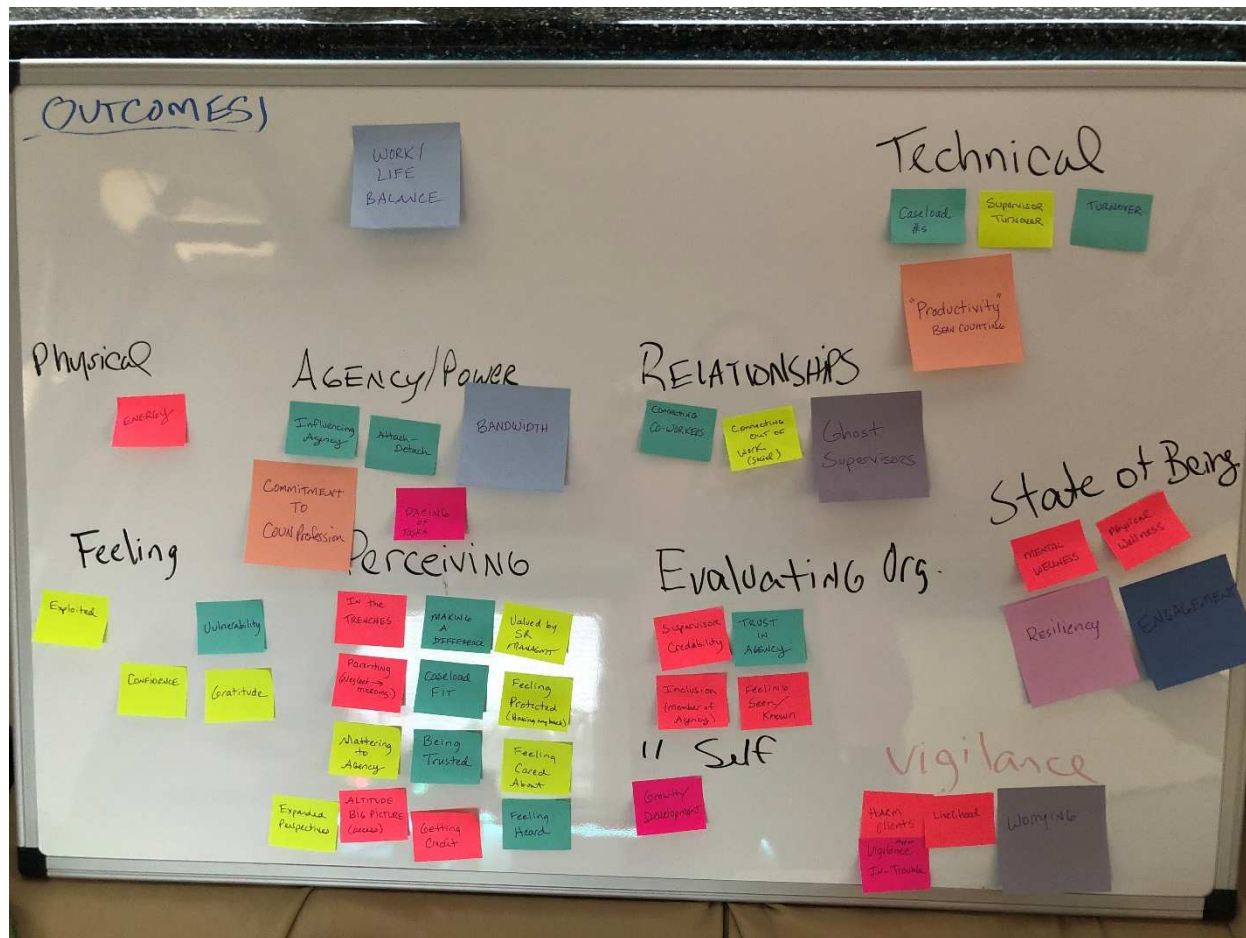
Appendix F: Whiteboard Photos

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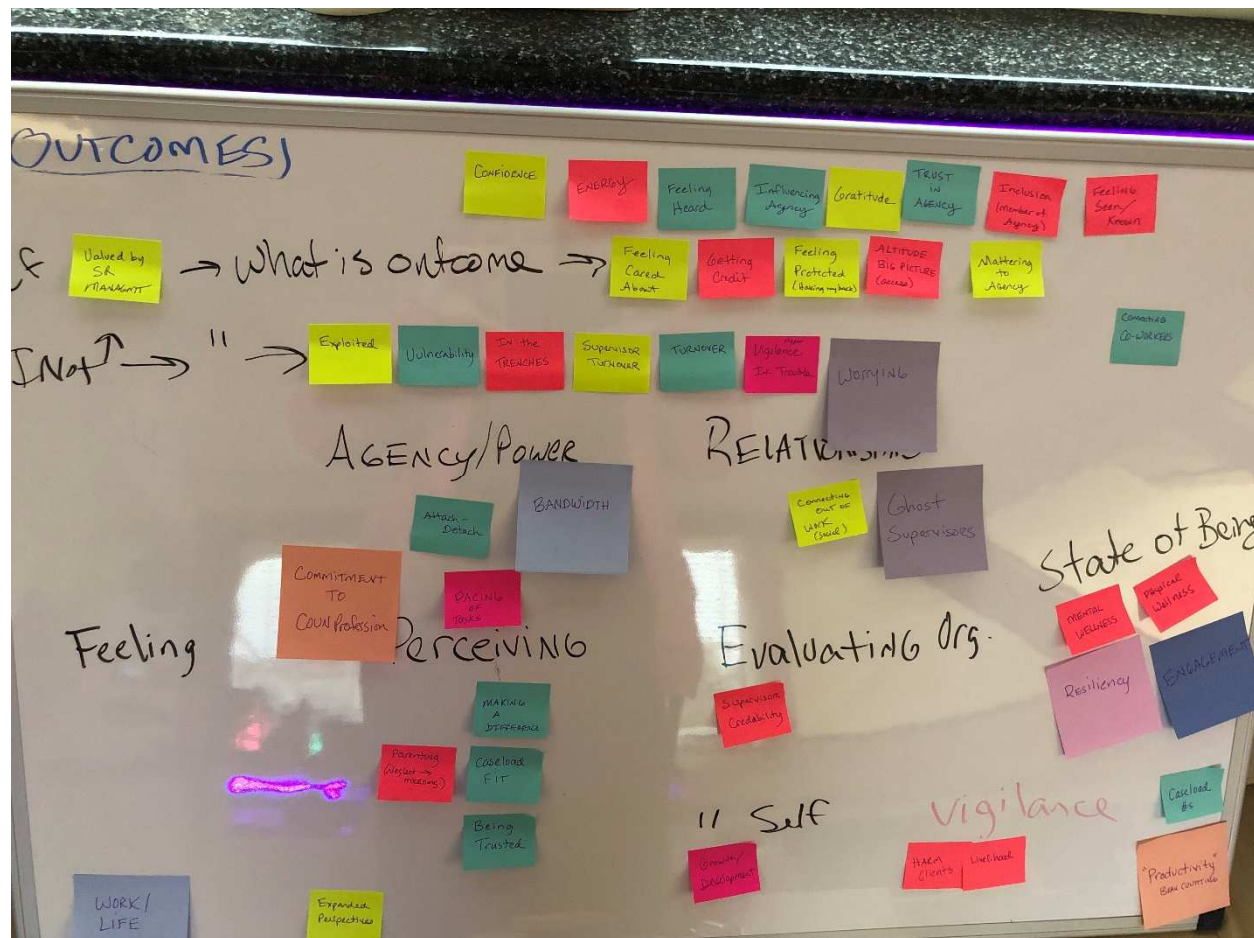
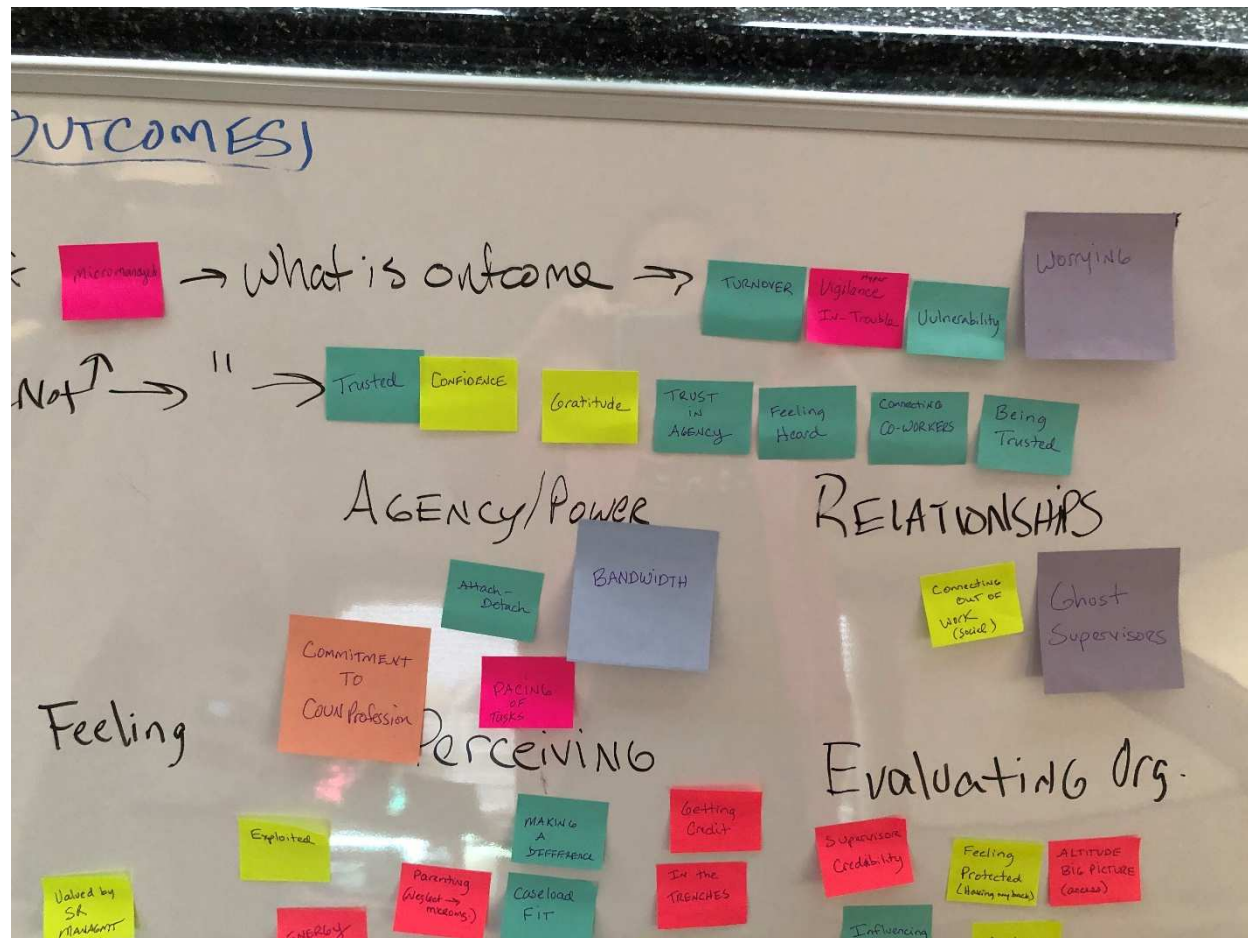**12/20/18   12:12 PM**

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Whiteboard Photos (Continued)

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Whiteboard Photos (Continued)

12/20/18   1:26 PM

242

Whiteboard Photos (Continued)

12/20/18   2:14 PM

Whiteboard Photos (Continued)

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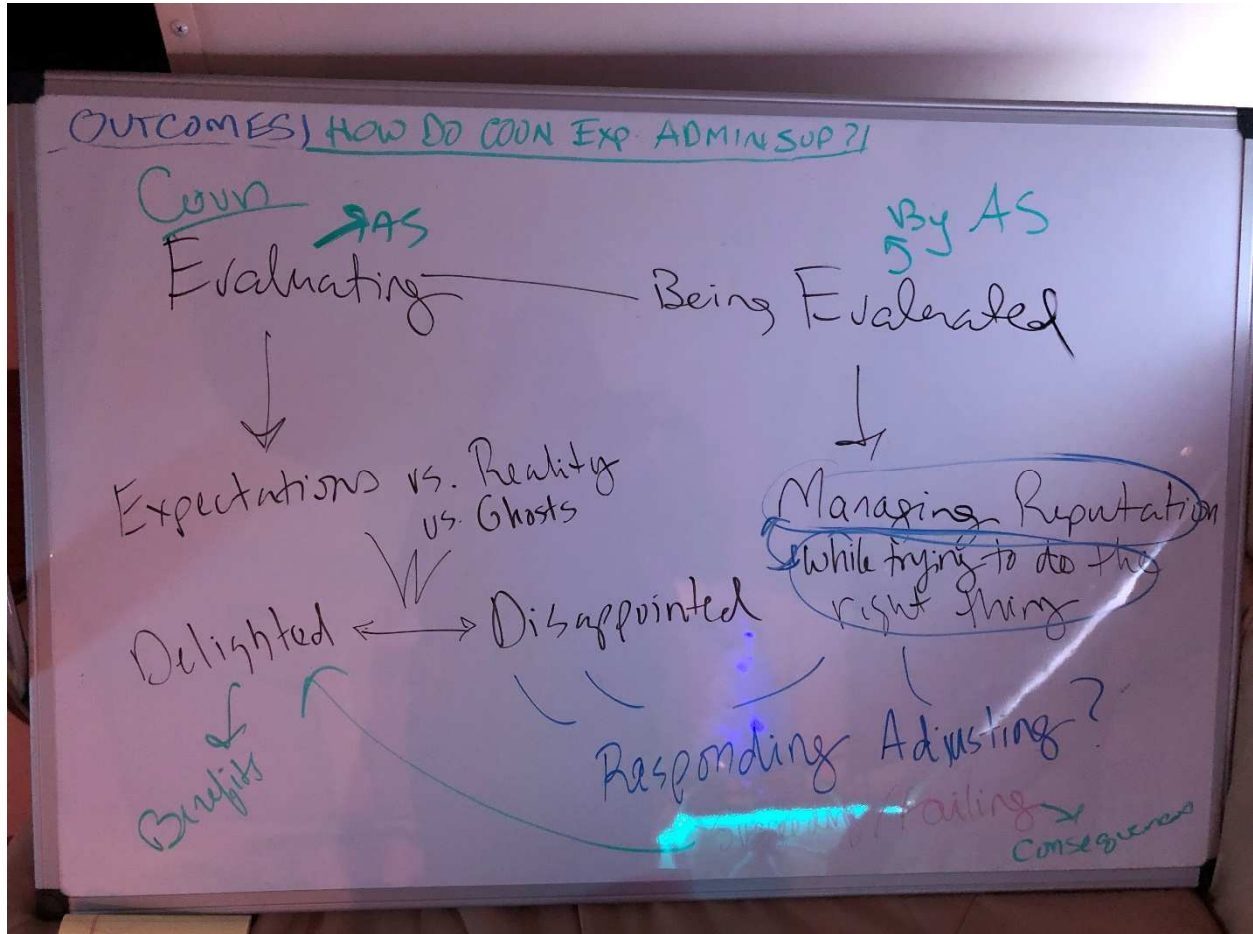**12/20/18   6:37 PM**
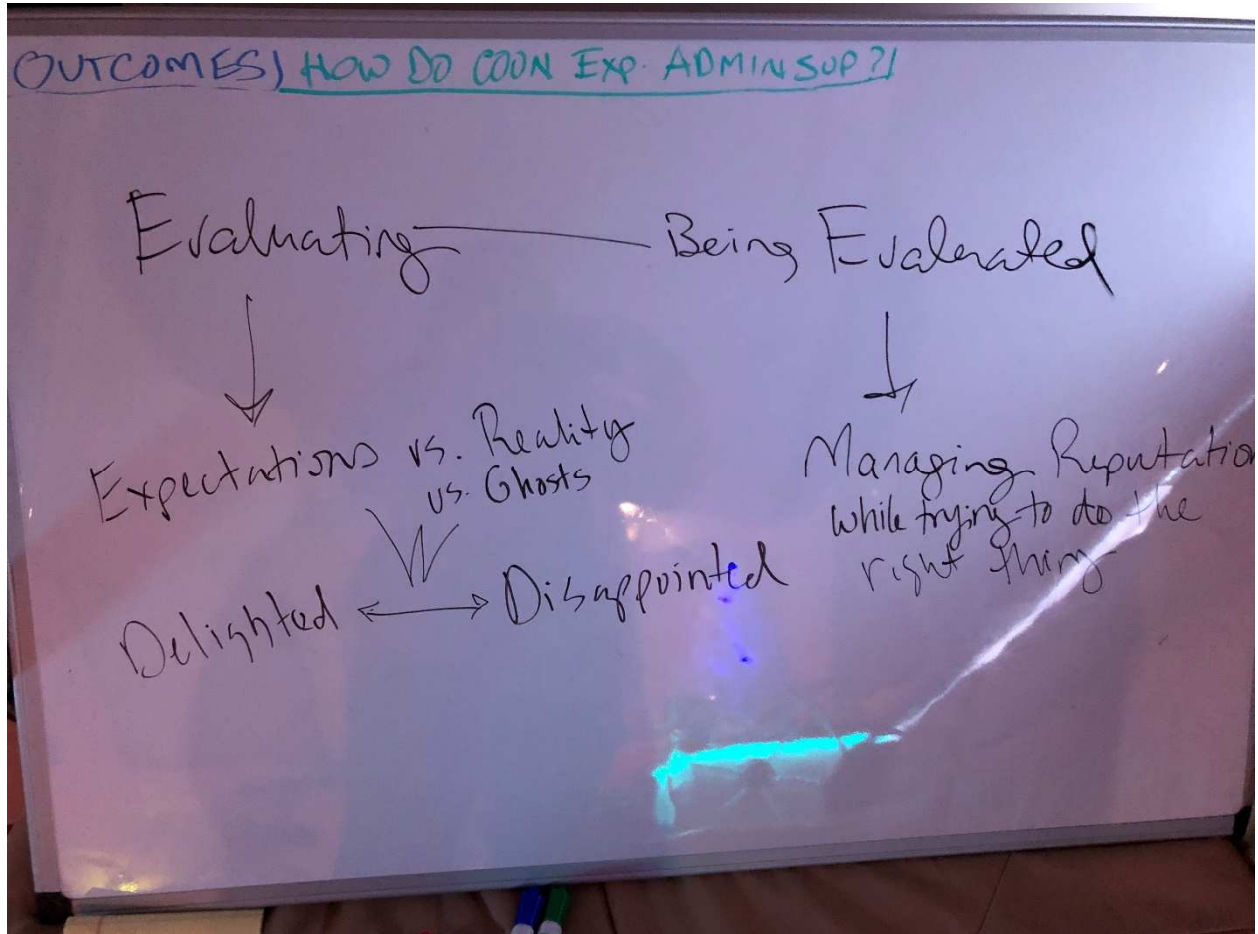
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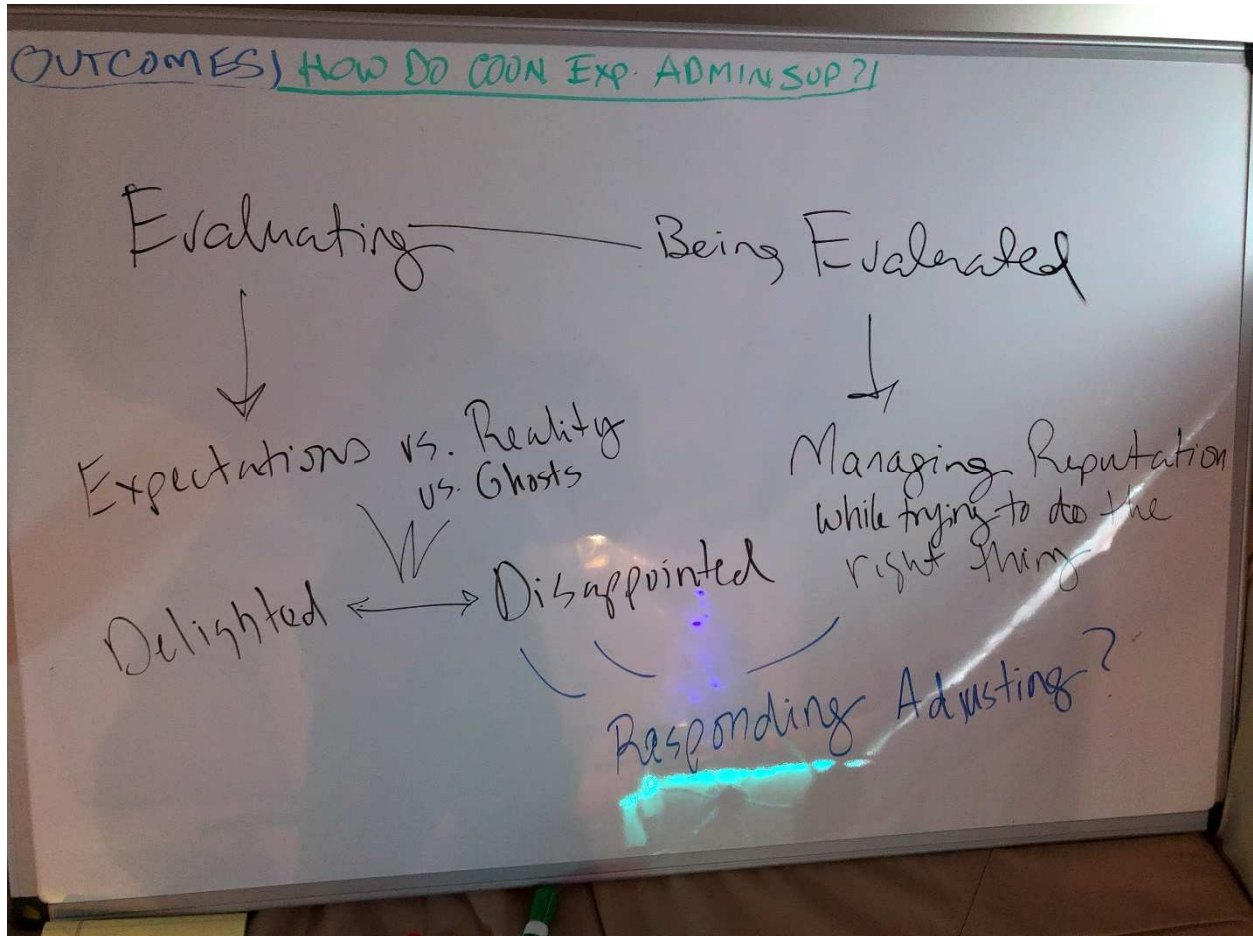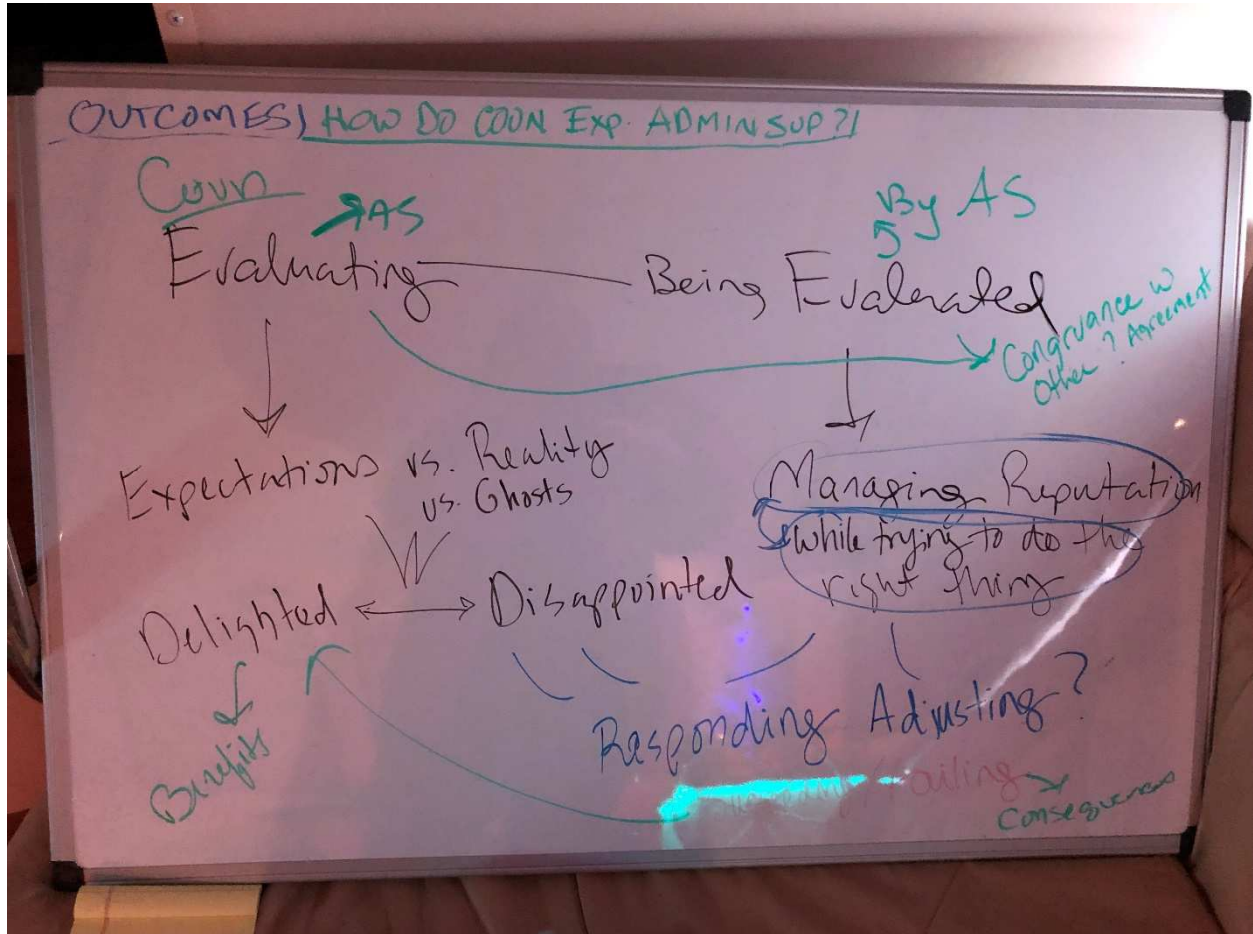
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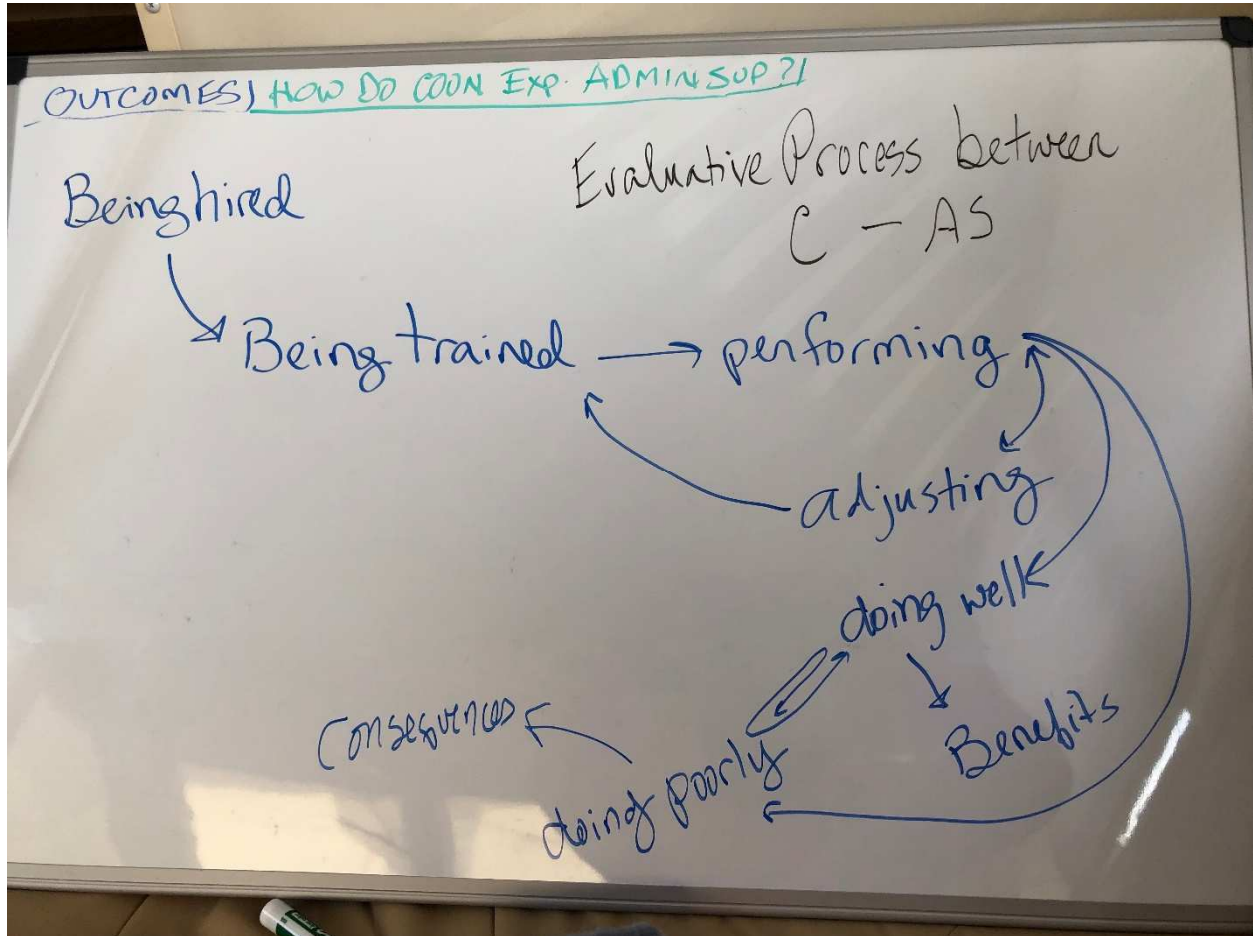**12/20/18   7:19 PM**
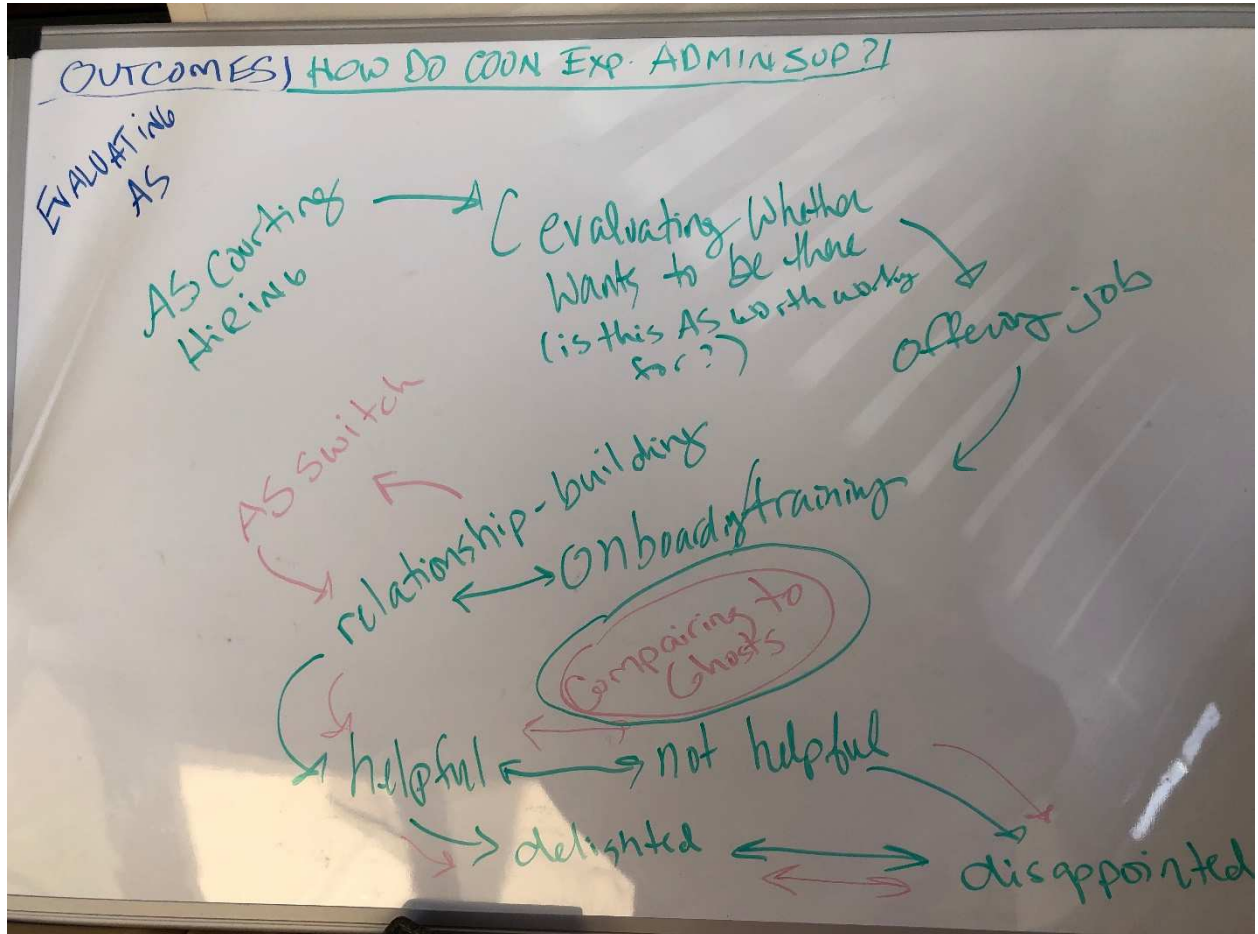
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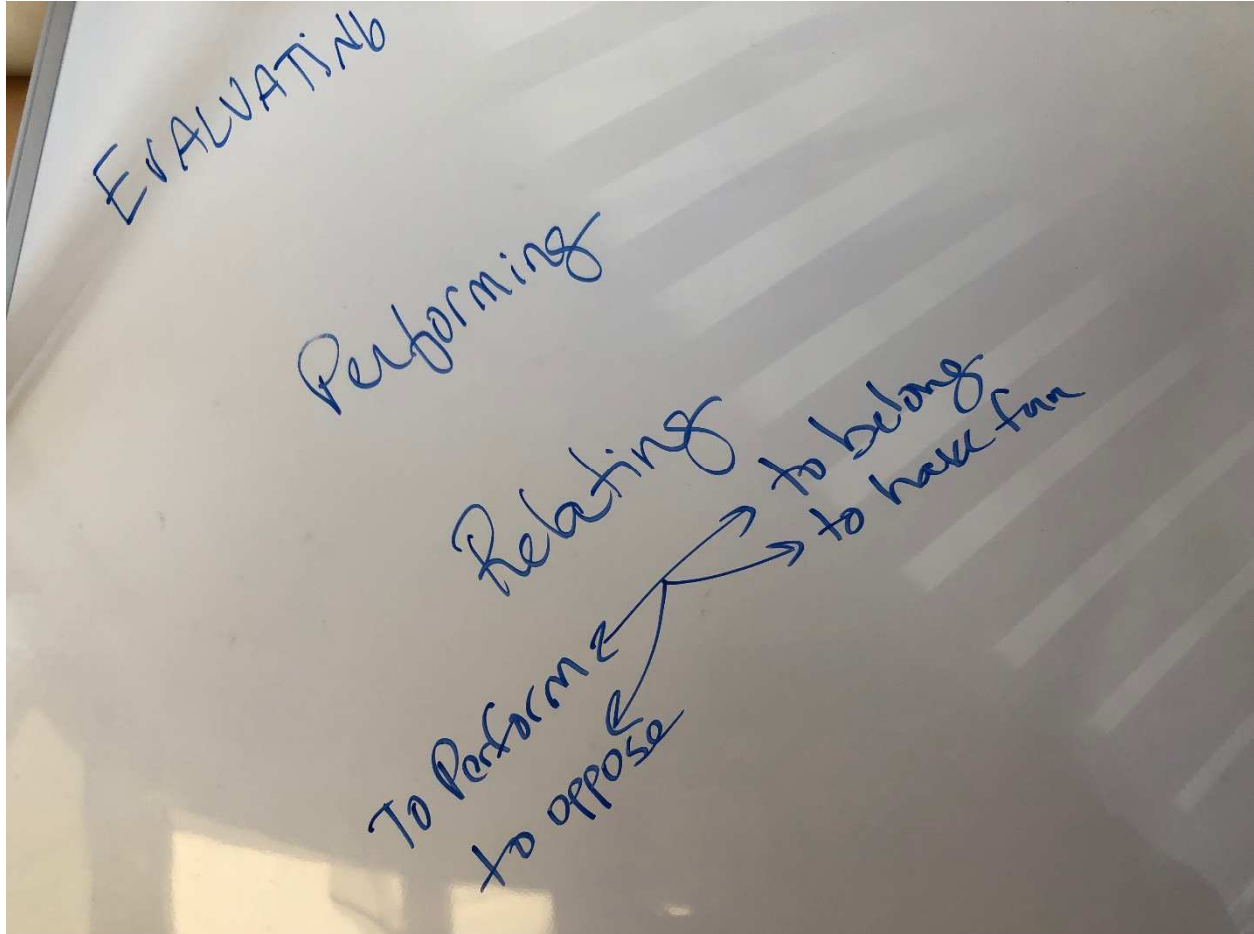
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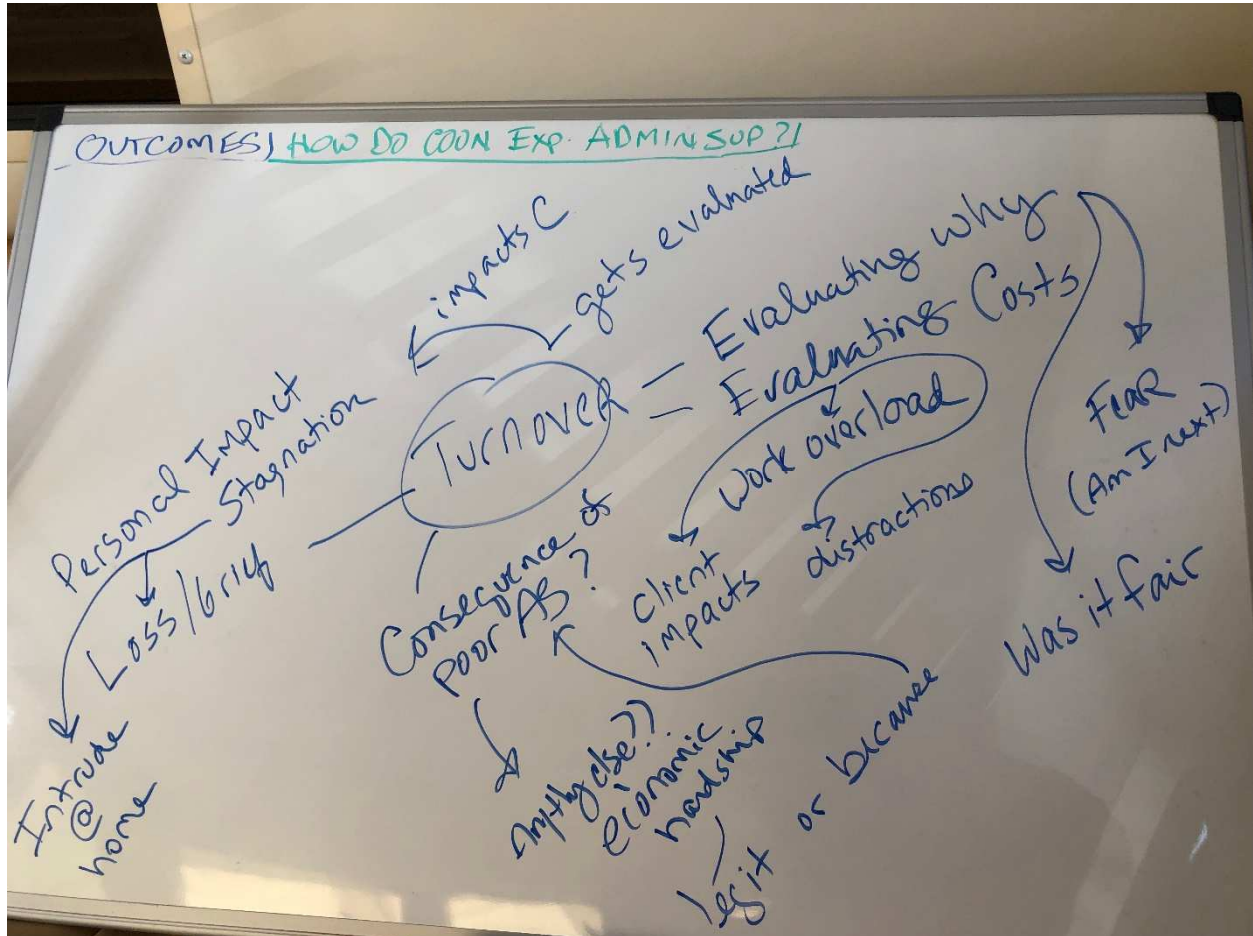
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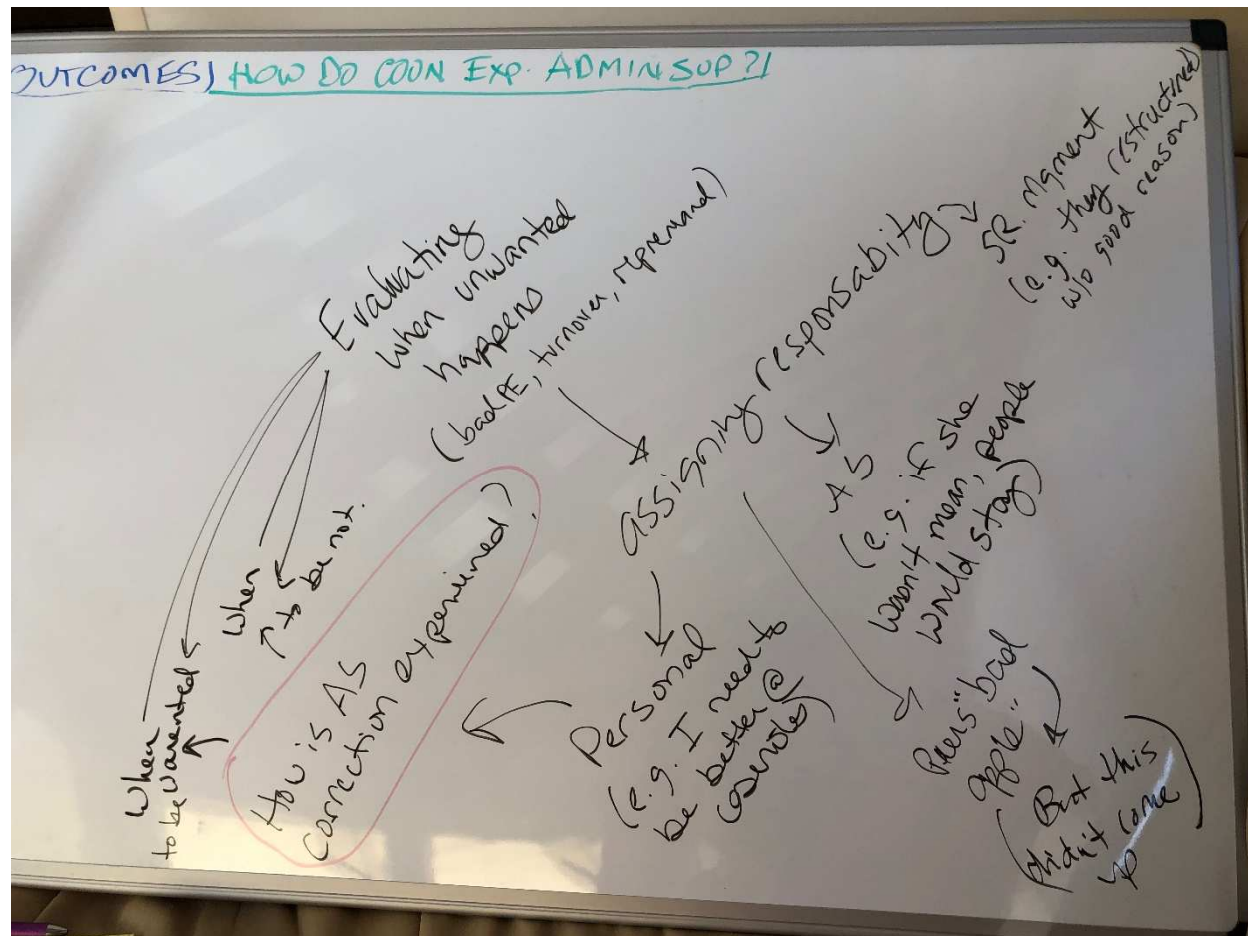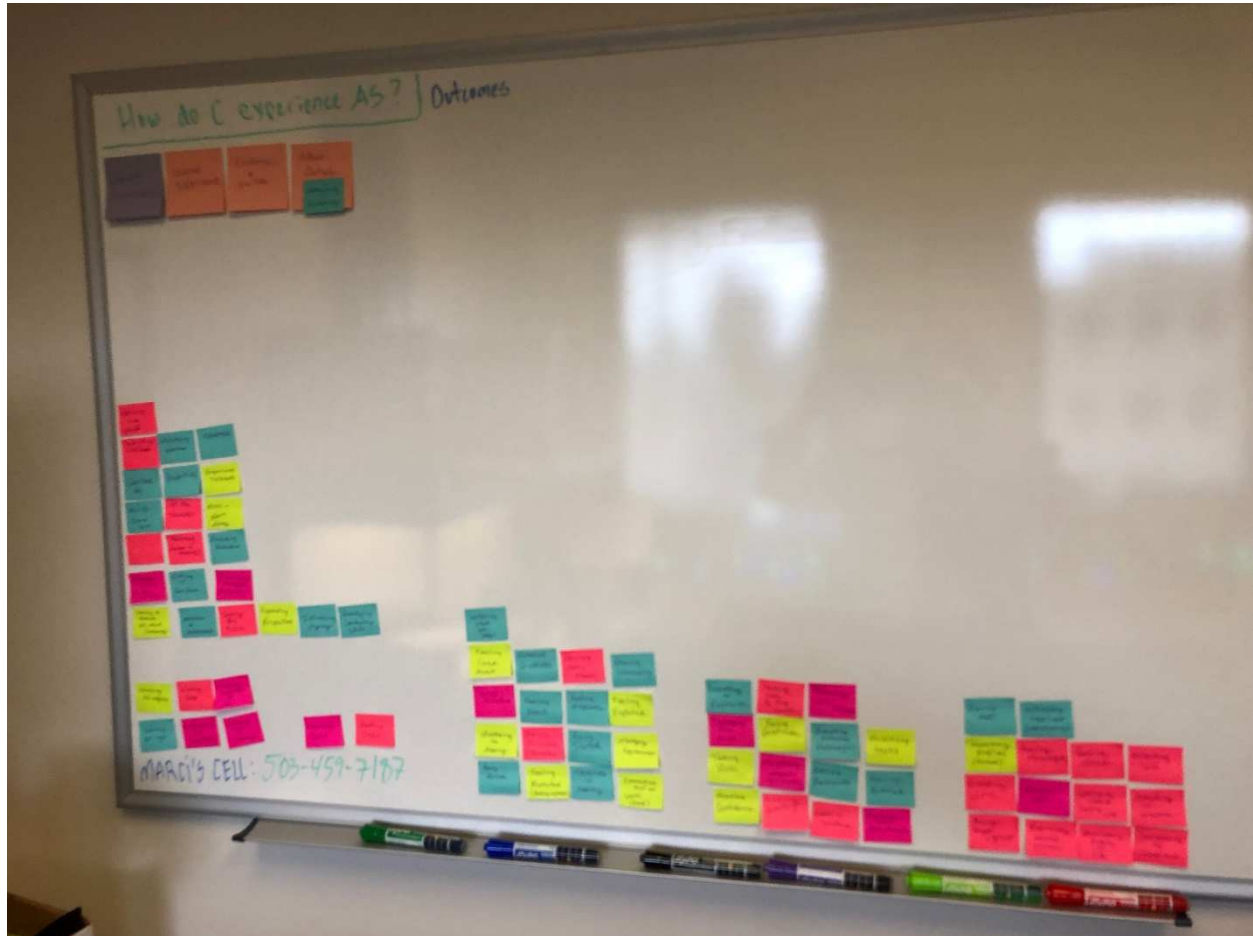**Whiteboard Photos (Continued)**

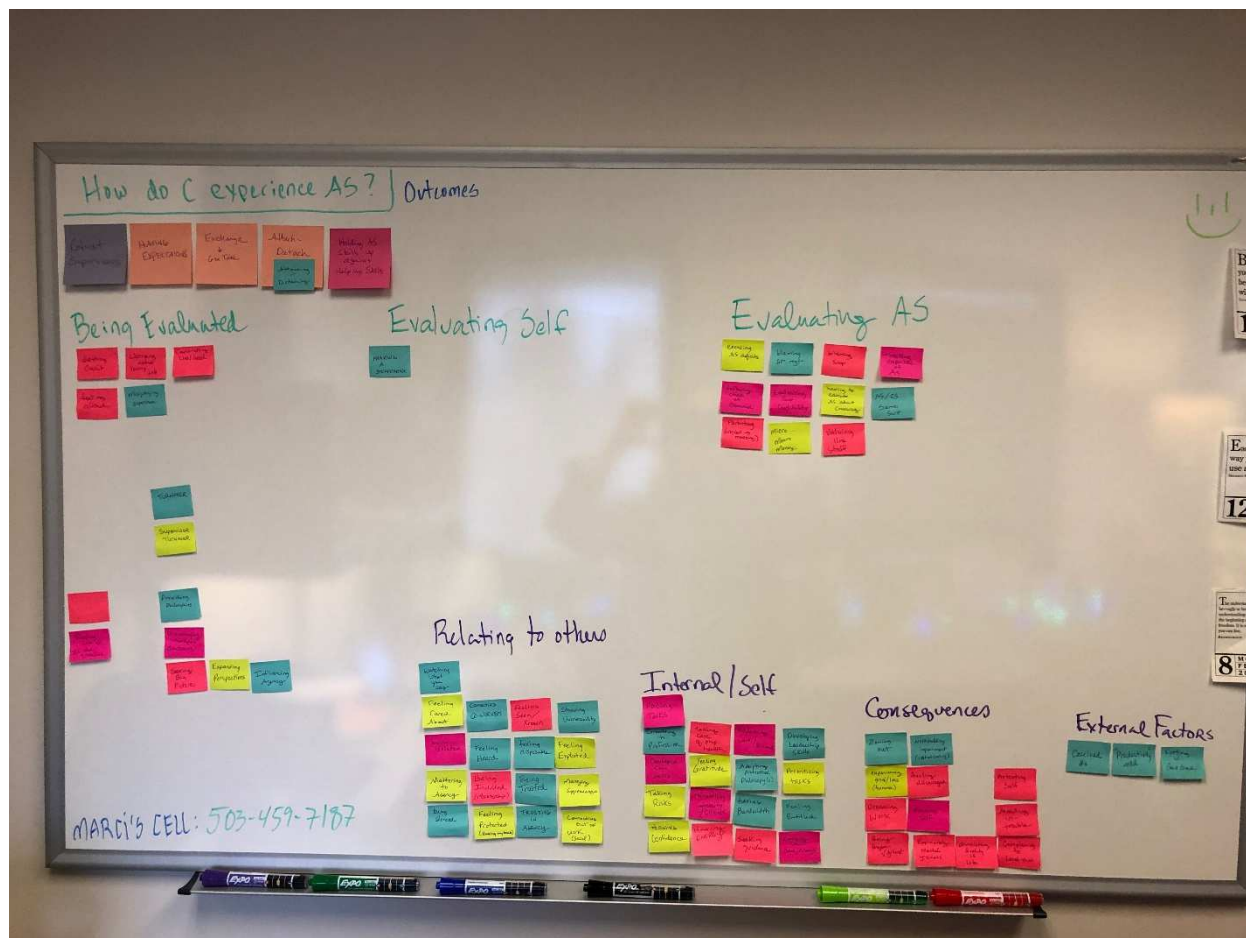**12/26/18   1:26 PM**

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Appendix G: Member Checking Review Materials

Member Checking Process   **Marci Nelson**

Introduction

The purpose of this qualitative dissertation study is to generate a "grounded theory" to answer the central question: "How do counselors experience administrative supervision?"

10 therapist participants engaged in initial face-to-face, recorded, interviews where they answered open-ended questions about their experience of administrative supervision. These interviews were transcribed, and the researcher engaged in coding and analysis of the data to generate an informed theory to answer the research question. The researcher was particularly interested in better understanding the unique aspects of participants' experiences as therapists working in agency settings.

The next step in the research process is called "member checking," where participants are invited to review the initial findings of the study and provide additional insights on the degree to which the researcher's conclusions align with the participants' experiences, and any other relevant perspectives related to answering the research question.

As a participant, this is your opportunity to participate alongside the researcher to ensure your voice was understood and to deepen the trustworthiness of the study.

These are the steps for the member checking process:

1. Researcher contacts participants to invite them to participate in the process. Participation is voluntary.
2. Researcher emails participants a glossary of terms and a summary of the research, along with the emerging "grounded theory" generated from the data/coding from the initial interviews.
3. Researcher schedules a phone conversation with each participant to review the findings and gather any additional input from participants to further enrich the data and conclusions.
   a. This phone call is recorded and transcribed.
   b. Additional coding/analysis is conducted.
4. Researcher includes detailed write up of member checking in the final dissertation product.
   a. This will include quotations from the recorded interviews as further data.
5. As with the initial interviews, participants' anonymity will be protected by:
   a. Assigning participants a number and only referring to them by their number (not names) in all published documentation.
   b. Ensuring quotations do not include any individual, agency, or other identifying information that could be reasonably traced to participants.

Instructions

Thank you for participating in the member checking process. The next step is to review the following documentation which includes a glossary (to clarify terms) and a summary of the emerging "grounded theory."

Once you have a chance to review this, you will meet over the phone with the researcher who will have an informal dialogue with you about the findings and any additional information you wish to share about your experiences related to administrative supervision.

You are welcome to email or contact the researcher with any questions or clarifications at any time. And, as previously stated, your participation is much appreciated, and voluntary, at every step. Thank you!

Member Checking Review Materials (Continued)

Glossary of Terms

The following list includes definitions of various concepts involved in this research study. Please contact the researcher if you need further clarification of these, or any other, concepts so that you can be fully informed about all aspects of this research process and its conclusions.

Administrative Supervision: Provision of oversight to subordinates that includes activities such as hiring, onboarding, timesheet approval, disciplinary action, performance evaluations, and other activities typically associated with "bosses."

Clinical Supervision: The provision of coaching/mentoring from a senior therapist to a junior therapist intended to focus on, and build, the clinical skills of the junior therapist. A *clinical supervisor* may also be a therapist's *administrative supervisor*.

Coding: Analysis of qualitative data (in this case, interview transcriptions) used to identify and categorize commonalities and themes across participants.

Counselors: Participants who provide mental health services typically referred to as "therapy". Participants may have masters in counseling degrees or masters in social work degrees.

Diagrams: Visual representation of the emerging *grounded theory* that includes the categories, properties and dimensions of the participants' experiences, identified through the coding process.

Evaluating/Process of Evaluation: In this study, *evaluation* refers to informal and formal assessing conducted by *administrative supervisors* of participants, participants of administrative supervisors, and participants of themselves.

Grounded Theory: A qualitative research methodology intended to generate an "informed theory" from the data (voices of the participants) collected and analyzed in the research study. The purpose of grounded theory research is to generate a theory that could then potentially be studied quantitatively or qualitatively. The goal is for the researcher to transparently generate theory based off of participants' perspectives, as opposed to independently theorizing.

Participants: In this study, *participants* are the therapists who were interviewed about their experience of *administrative supervision*. In a *grounded theory* study, participants are considered co-researchers because they also are invited to review the researcher's conclusions and provide additional feedback to ensure the researcher's findings align with the participants' experiences.

Qualitative Research: "Qualitative Research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research." From: https://www.snapsurveys.com/blog/qualitative-vs-quantitative-research/

Therapists: Used interchangeably with *counselors*. Those who provide therapy.

Member Checking Review Materials (Continued)

Summary of Preliminary Findings and Conclusions

The following is a short summary of the researcher's general conclusions and the emerging *grounded theory* generated from data collected through face-to-face interviews with research participants, and then analyzed via qualitative grounded theory methodology.

You are encouraged to read this section carefully and to consider how the conclusions and theory relate with your own experiences regarding administrative supervision. Feel free to take notes, jot down questions, or engage in any methods you feel will best prepare you for the phone conversation you will have with the researcher. You are also invited to reach out to the researcher with any clarifying questions you may have about definitions, process, privacy, and conclusions.

Emerging Theory

The central research question for this dissertation is "How do counselors experience administrative supervision?" Initial analysis more broadly illuminated that the participants experience Administrative Supervision (AS) through a *process of ongoing and reciprocal evaluation*. This evaluation was 3-fold:

- *Administrative Supervisors evaluating Participants*
- *Participants evaluating their Administrative Supervisors*
- *Participants evaluating themselves*

Participants then responded in a variety of ways (*performing the work, relating with others, adjusting their expectations*, etc.) and were then also impacted (*professionally, personally, relationally*, etc.) by the process.

While participants' descriptions included elements common to most, if not all, professions; a **theoretically significant** area emerged regarding the *degree to which the Administrative Supervisor's supervisory approach aligned with the basic principles of counseling* (i.e. helping, positive regard, warmth, empathy, ethics, etc.). In other words, it seemed to matter how closely an administrative supervisor's approach in supervising the participants aligned with the basic values and behaviors of counseling.

When an Administrative Supervisor's approach was more therapeutically informed in nature, participants felt more supported, had greater trust in the supervisor, and experienced other positive elements that contributed to better performance and satisfaction.

When and Administrative Supervisor's approach was less congruent with the ideals of counseling, participants experienced less satisfaction with the work, distrust in the supervisor and others, self-doubt, and increased costs of caring (burnout, compassion fatigue, vicarious trauma, direct trauma).

Context

As previously described, this study's participants experienced administrative supervision within *a process of reciprocal and ongoing evaluation*. Theoretical significance emerged around the contrast between the therapists' training and indoctrination into the principles of counseling and the degree to which the AS aligned with the participants' subsequent idealism of counseling. In other words, the participants specifically *evaluated whether or not their AS embodied the principles of counseling* when it came to *how the AS treated the participants*.

The participants' training and development of counseling ideology in their educational, and sometimes professional, histories created a mindset of idealism that they then applied when evaluating their current administrative supervision. The participants' estimation of the quality of the AS depended on the degree to which the AS embodied, for the participants, an effective counseling persona.

Member Checking Review Materials (Continued)

It did not need to be the case that an AS be a trained counselor. In some cases, an AS might be purely administrative but still behave in a way that aligned with the principles of counseling; satisfying the expectations of the participants. At the same time, when an AS was a trained counselor but *did not behave therapeutically towards the participant*, this seemed to be more alarming (and harmful) to the participants because of their estimation that the *AS should know better*.

Process

Upon evaluating how well an AS aligned with counseling principles, participants engaged in strategies to manage the situation and the impacts. These responses can be broadly categorized into *performing the work*, *relating with others*, and *managing oneself*.

In *performing the work*, participants sought to meet the expectations of the AS and agency, while also adhering to their counseling ideology. Where they estimated the AS aligned with counseling idealism, participants' performance involved greater creativity, appropriate risk-taking, and growth. Where they estimated the AS did not align, participants restricted their performance, "flew under the radar," and withheld confidences to avoid dealing with an AS who they did not trust to support them adequately.

Participants sought out additional support by *relating to others*. In the workplace, this was expressed by such things as reality checking with peers (e.g. Do my colleagues have a similar estimation of this AS?), building consensus (e.g. Gathering co-workers to advocate together for movement toward greater counseling ideology.), and even obtaining peer-to-peer supervision when the AS couldn't be fully trusted to be helpful (e.g. Peers who aligned with counseling principles were more useful as guides than the AS who did not). Outside the workplace, participants related with friends and family to vent, gain support, be understood, and check their perceptions.

Participants also employed *self-management* to cope with the non-therapeutic conditions of their AS. For some, they'd internalized positive messaging from a past AS who they deemed more therapeutically credible and utilized this in their self-supervision. There also seemed to be a process of managing expectations, where the participants realized their AS could not give them what they felt they needed, and so they stopped expecting their AS to be therapeutic and instead figured out how to navigate the relationship (and agency) as it was. Participants also engaged in self-care and applying their own personal coping strategies to manage the situation.

Outcomes

When ASs had stronger alignment with counseling ideology, participants experienced positive outcomes such as a deeper peace of mind, stronger commitment to the therapeutic profession, and a greater buffer against the costs of caring inherent in the provision of therapy services. When ASs had weaker adherence to counseling ideology, participants experienced negatives such as distrust, depletion, distraction, and increased burnout and turnover. Impacts were felt in their personal lives also. Venting at home intruded in their relationships and quality of life, some experienced depression and anxiety, and some left the profession.

The diagram on the following page visually illustrates this process of evaluation, participant responses to the conditions, and outcomes for the participants. It includes some additional detail involved in the categories, properties and dimensions of the described experiences of the participants. While not comprehensive, the diagram attempts to illuminate the essential experiences of the participants related to how well their administrative supervisor (AS) aligned with the ideals of counseling.

Next Steps

Once participants review this document, the researcher will schedule a recorded phone conversation to have a dialogue with the participants about these elements. The purpose will be to explore how well these conclusions fit with the experiences of the participants, and in what ways.

Member Checking Review Materials (Continued)

Process of Ongoing and Reciprocal Evaluation

C Evaluates AS's Alignment with Counseling Ideology

AS Not Aligned ←---------→ AS Strongly Aligned

Bottom Line ($) ←→ Cares about C as a Person
No Clinical Acumen ←→ Strong Clinical Acumen
Not Accurate Empathy ←→ Accurate Empathy
Untrustworthy ←→ Trustworthy
Unethical ←→ Ethical
Unsupportive ←→ Supportive
Not Genuine ←→ Genuine

C Responding to AS Alignment with Counseling

Relating
Advocating
Seeking Support
Complaining ←→ Promoting
Attaching ←→ Detaching

Performing
Productivity #s ←→ Client Care
Conforming ←→ Doing Own Thing
Transparency ←→ Hiding
Leaving Profession ←→ Committing

Managing Self
Managing Expectations
Avoiding ←→ Facing
Self Supervision
Self-Guiding Philosophies
Withdrawing ←→ Engaging

Impacts on C

Relational
Unsocial ←→ Social
Work Intrudes at Home
Parenting
Isolation ←→ Connection
Distrust ←→ Trust

Professional
Motivated ←→ Unmotivated
Commitment ←→ Uncommitted
Stagnant ←→ Growing
Detached ←→ Engaged
Leave ←→ Stay

Personal
Unwell ←→ Well
Mental Illness ←→ Mental Health
Grief/Loss
Low Confidence ←→ High Confidence
Energy
Negativity ←→ Positivity
Trauma