

## **Administrative and Clinical Supervision: The Impact of Dual Roles on Supervisee Disclosure in Counseling Supervision**

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*Mental health professionals (N = 110) were surveyed about their experiences in supervision with clinical, administrative, and dual-rolled supervisors (supervisors who serve in both clinical and administrative roles). The effects of supervisor training, supervisor disclosure, and supervisor role on supervisee disclosure were examined using a multiple hierarchical regression. Supervisor disclosure explained level of supervisee disclosure regardless of supervisee role ( $p < .0001$ ). Clinical implications of these findings are discussed.*

**KEYWORDS** *clinical supervision, administrative supervision, counseling, disclosure*

### INTRODUCTION

Supervision of practicing counselors is required prior to licensure, and is encouraged for counselors throughout their careers (American Counseling Association, 1995; Skovholt & Ronnestad, 1992). Counselor development begins during graduate-school training, and continues in the post-training years. Optimally, it is a lengthy and cyclical process facilitated by supervision throughout developmental phases (Skovholt & Ronnestadt, 1992). Holloway and Neufeldt (1995) concluded supervision impacts client outcomes, and thus supervisors have a responsibility to provide intentional and effective

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supervision for the well-being of their supervisees, as well as the general public. Most supervision occurs in a context where the supervisor cannot watch the supervisee live (Borders & Brown, 2005). Therefore, supervisee nondisclosure can leave the supervisor ignorant of important clinical issues. The aim of the current study was to identify what factors explain supervisee disclosure in supervision, especially in cases of dual-rolled supervision. Dual-rolled supervision refers to cases in which an individual serves simultaneously in the roles of administrative supervisor and clinical supervisor to one or more supervisees.

## REVIEW OF LITERATURE

A supervisor has multiple responsibilities to his or her supervisee, and at times may act as counselor, consultant, or teacher to facilitate supervisee development (Bernard, 1979). In addition to these roles, many supervisors serve in both a clinical and administrative function relative to their supervisees. Some estimates indicate about half of supervisees receive supervision from a dual-rolled supervisor, a supervisor serving in both clinical and administrative roles (Tromski-Klingshirn, 2007).

### Dual Relationship versus Dual Role

Several guidelines clearly state dual relationships should be avoided when possible (American Counseling Association, 2005; Association for Counselor Education and Supervision [ACES], 2011; American Association of Marriage and Family Therapy, 2012; American Psychological Association, 2010). According to the American Counseling Association's (ACA) ethical guidelines for supervisors (1995), multiple roles should be avoided; but when that is not a possibility, supervisors retain the responsibility to communicate their various responsibilities and roles to their supervisees. Counseling psychology literature states no dual relationships should exist between supervisee and supervisor, and defines a dual relationship as one in which both a personal and professional relationship exist (Sutter, McPherson, & Geeseman, 2002). The Association for Counselor Education and Supervision (ACES) "Best Practices in Clinical Supervision" guidelines (2011) suggest supervisors avoid dual relationships and multiple roles and intentionally manage these multiple roles if such roles must occur. In addition, the ACES "Best Practices" (2011) explicitly state the need for the supervisor to be able to clearly distinguish and articulate the differences between clinical and administrative supervision.

Tromski-Klingshirn and Davis (2007) clarified that having one person serve as both administrative and clinical supervisor constitutes a dual *role*, rather than a dual *relationship*. In spite of evidence of its drawbacks, dual-rolled supervision is a widespread practice (Tromski-Klingshirn & Davis, 2007). No data exist regarding whether this practice is being discontinued in light of

the recommendations against its utilization. Given that asking one individual to provide two types of supervision is more financially efficient, it is unlikely that this practice will change without compelling data to suggest it is deleterious to supervisees and/or clients. The current study aims to address the gap in the literature of assessing the prevalence and impact of dual-rolled supervision on supervisees in mental health professions.

### Administrative and Clinical Supervision

Administrative supervision is primarily concerned with the supervisee's functioning as an employee, evaluation of supervisee work practices, and the clinical programs of the organization within which the supervisor and supervisee operate. In most situations the administrative supervisor would be considered the supervisee's boss (Tromski-Klingshirn, 2007). Alternatively, clinical supervision is focused on the supervisee's functioning as a clinician, including efficacy with counseling skills, the client-counselor relationship, ethical issues, and case conceptualization (Association for Counselor Education and Supervision, 2011; Tromski-Klingshirn, 2007).

Meaningful similarities and differences exist between these two types of supervision. For example, both administrative and clinical supervisors provide feedback and serve in an evaluative role for their supervisees; however, the consequences of such evaluations may differ greatly. Content of administrative and clinical supervision sessions may appear similar (e.g., review of client cases, discussion of areas of strength and growth for the supervisee, feedback and evaluation), but the purposes of such activities are inherently different. The administrative supervisor's primary purpose is to ensure the supervisee adheres to program policies and is an efficient employee; whereas the clinical supervisor's primary purpose is to ensure client welfare and counselor growth (Tromski-Klingshirn, 2007).

An important aspect of a supervisor's task is to assist his or her supervisee in functioning within a system. Loganbill, Hardy, and Delworth (1982) identified several systems issues for supervisors to consider. The administrative supervisor "needs to be alert for trainee questioning of policies and/or procedures that *don't* make sense, and must be able to feed this information back into the administrative system" (p. 31, emphasis in original). Dual-rolled supervisors may be challenged to also serve as an advocate for the supervisee within a dysfunctional work environment. A supervisee with a supervisor who serves partly in an administrative role may be unlikely to disclose systemic issues to someone he or she perceives as representative of the system itself.

### Impact of Dual Role on Supervisees

There is evidence that a dual-rolled supervisory relationship may also have unique disadvantages to supervisees. The evaluative nature of administrative

supervision often includes decisions about the supervisee's employment and compensation, which may interfere with the supervisor's ability to provide the warm and genuine relationship necessary for effective supervision to take place (Lampropoulos, 2002). Due to the "double power" of the dual-rolled supervisor (Tromski-Klingshirn, 2007), it seems the inherent power differential that exists in any supervisory relationship is exacerbated. Hawthorn (1975) postulated another possible negative side effect in that a supervisor may utilize administrative tasks as a distraction from more difficult clinical questions raised by his or her supervisee.

Limited research exists about the actual experiences of supervisees with dual-rolled supervisors. Tromski-Klingshirn and Davis (2007) compared ratings of supervision by supervisees with dual-rolled supervisors and those who had separate individuals providing clinical supervision and administrative supervision. While the majority (82%) of respondents did not view dual-rolled supervision as problematic, the remaining 18% reported several themes as obstacles for supervision:

Supervisee fears (e.g., "fear of retaliation" and "I'm reluctant to process any countertransference issues I may have with my supervisor for knowing how this may affect my employment"), supervisor conflict of interest (e.g., "This person is also in charge of my annual evaluations from which pay increases are based; sometimes this seems to be a conflict of interest"), and supervisor exploitation (e.g., "My supervisor uses information from me against other individuals to build a case against them, usually by taking my reports out of context"). (Tromski-Klingshirn & Davis, 2007, p. 301)

Each of these categories indicates that the dual role, while not usually described as problematic, may still cause some supervisees to fear disclosing certain issues to their dual-rolled supervisor.

### Impact of Dual Role on Supervisors

Unique challenges also exist for the dual-rolled supervisor. Magnuson, Wilcoxon, and Norem (2000) identified multiple aspects of ineffective supervision. Two of their findings stand out related to the multiple pressures on dual-role supervisors. Supervisees reported that supervisors who seemed to have an agenda in supervision and those who allowed supervision to be driven by external forces such as enforcement of agency policies were ineffective and characterized as "lousy." These findings speak to the additional pressures on administrative supervisors who are asked to also serve as clinical supervisors. Whereas an administrative supervisor typically could (and one may argue, should) provide structure according to an administrative agenda (e.g., reviewing notes, paperwork, and productivity), doing so may compromise the effectiveness of his or her clinical supervision. Loganbill and colleagues (1982) articulated the multiple pressures: "the dilemma involves making a choice

between allowing the autonomy of the growing professional or using didactic measures to accomplish the goals of the agency more quickly” (p. 9).

### Positive Impacts

While many drawbacks to dual-rolled supervision exist, there are also unique advantages of this arrangement. Tromski-Klingshirn (2007) elucidated possible advantages, such as convenience, benefits of increased contact between supervisor and supervisee, and more thorough administrative oversight of clinical cases. Furthermore, Tromski-Klingshirn and Davis (2007) studied 158 counselor supervisees and found 82% ( $N = 70$ ) did not find the dual role problematic. This finding is heartening, and invites further exploration. The current study aims to address the gap in the literature about how successful dual-rolled supervisors are managing their roles effectively.

### Self-Disclosure in Supervision

Effective supervision requires supervisees to disclose experiences they have with their clients, especially when the supervisee experiences difficulties (Walsh, Gillespie, Greer, & Eanes, 2003). Supervisee disclosure is of paramount importance in supervision that relies on counselors to bring up cases with which they are struggling, such as non-live supervision.

Research has indicated that withholding information from supervisors is a common supervisee practice (Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany, & Caskie, 2010). Multiple reasons for nondisclosure have been identified, notably fear of professional repercussions and impression management (Ladany et al., 1996; Mehr et al., 2010). When the supervisor is also serving in an administrative role, these factors may take on even more significance. To ensure client well-being and supervisee growth, it is important to know whether the presence of dual roles in supervision has an impact on supervisee disclosure. The current study aims to address this gap in the literature to better understand the potential association between dual-rolled supervision and supervisee disclosure.

The supervisory relationship has been implicated as a significant factor in the willingness of supervisees to disclose to their supervisors. Walsh and colleagues (2003) found that the supervisor’s style was highly important, rated as a relevant factor in 87% of the supervisees’ decisions about whether or not to disclose. A mutual relationship, defined by the authors as “one in which each participant affects, and is affected by, the other, resulting in mutual empathy and mutual empowerment” (Walsh et al., 2003, p. 85), was found to be significantly correlated with supervisees’ decisions to disclose a clinical mistake to their supervisor.

One factor that significantly affects mutuality in a relationship is mutual disclosure. Ladany, Walker, and Melincoff (2001) found that increased

supervisor self-disclosure was correlated with a more effective supervisory style. The level of training of the supervisor has also been identified as a contributing factor to the efficacy of supervision (Magnuson et al., 2000). Supervisors with inadequate training were described as having difficulty managing advanced supervisory issues. It seems that managing the unique challenges inherent in having both clinical and administrative roles may exceed the skills of a novice supervisor. Therefore, level of supervision training of the supervisor may affect the degree to which the dual role explains supervisee disclosure.

## CURRENT STUDY

In the present study, I explored the perceptions of supervisees of whether their dual-roled supervisors were able to successfully navigate the unique relational challenges inherent in their dual role in order to sufficiently foster a supervisory relationship that encourages supervisee disclosure. My research questions were (1) Do supervisees whose supervisors are both their administrative and clinical supervisor (a dual-roled supervisor) disclose less in supervision than those who have administrative and clinical supervision separately?(2) To what extent does level of supervisor training and supervisor self-disclosure explain supervisee self-disclosure?

In light of the existing research on these topics I hypothesized that supervisees would disclose less to dual-roled supervisors than to their single-roled, clinical supervisors. I hypothesized that a higher level of supervisor training (e.g., a doctoral degree versus a master's degree) would moderate the effect of the dual role. Specifically, I hypothesized that supervisors with higher levels of training would be perceived by their supervisees as more effective overall than those with less training. I hypothesized that supervisees with more highly trained supervisors would report more supervisee disclosure than those with less-trained supervisors. In addition, I hypothesized that supervisor self-disclosure would enhance supervisee disclosure in both single and dual-roled supervisory relationships.

This study addresses a gap in the literature in terms of the effect of the combination of clinical and administrative supervisory roles on supervisee disclosure. While studies have been performed about the overall effect of dual roles in supervision (Tromski-Klingshirn & Davis, 2007), as well as factors influencing supervisee disclosure (Ladany et al., 1996), factors that could enhance disclosure in a dual-roled supervision relationship have not been studied. Findings from this study will be beneficial at multiple levels of clinical care. Specific recommendations regarding how to ensure supervisee self-disclosure regardless of supervisor role can benefit supervisors, supervisees, and clients. Implications from the findings of this study are discussed.

## Methods

In the current study I sought to understand group differences in disclosure between supervisees whose supervisor has a dual role (administrative and clinical supervisor) and those whose supervisor does not have a dual role. The independent variable was the role of supervisor (administrative, clinical, or both) and the dependent variable was supervisee disclosure. Moderator variables of supervisor disclosure and supervisor level of training were also examined. Data were collected through an online survey using Qualtrics software.

## Participants

Convenience sampling included two national electronic discussion lists for counselors and counselor educators and supervisors (Counsgrads and CESNET) and snowball sampling included professional colleagues in mental health professions (e.g., social workers, counseling psychologists, and couples and family therapists). I sent the link of the electronic survey to several colleagues and requested they share it with colleagues. Participants were required to either be currently participating in supervision or to have participated in supervision within the past year. Any mental health professional was eligible to take the survey. Review of participant responses to the open-ended question of "What is the title of your highest degree?" indicated the sample was primarily comprised of counselors, psychologists, and social workers.

Participants stating they were under the age of 18 were excluded from the study. One hundred twenty-four participants began the survey; however, only 110 completed it. Those who did not fully complete the survey were excluded from the analysis, yielding a sample size of 110. Of 110 participants, 26% were male ( $N = 29$ ) and 74% were female ( $N = 81$ ). The majority of the sample was between the ages of 23 and 39 (72%,  $N = 79$ ), with 23% ( $N = 25$ ) between 40 and 59 and 6% ( $N = 6$ ) age 60 and up. The majority of the sample (52%,  $N = 57$ ) had between one and five years of counseling experience. This is consistent with current standards of practice that require greater supervisory oversight in the first several years of practice, and less after the mental health professional is licensed. Twenty percent ( $N = 22$ ) endorsed less than 1 year of experience, 16% ( $N = 18$ ) had 6 to 10 years of experience, and 12% ( $N = 13$ ) had more than 10 years of experience.

## Instrumentation

Participants were asked to complete a 30-item online survey comprised of scales measuring supervisor and supervisee disclosure as well as supervisor role and level of training. In addition, demographic questions were located at

the end of the survey, which asked the respondent (the supervisee) to indicate his or her gender, age range, years of experience, and highest degree achieved.

#### SUPERVISOR ROLE

Using definitions of administrative and clinical supervisors as reviewed in this article, participants were asked to indicate whether their primary supervisor was their clinical, administrative, or clinical and administrative supervisor.

#### SUPERVISOR LEVEL OF TRAINING

Supervisees were asked to indicate their supervisor's level of training from the following options: PhD in Counselor Education and Supervision, PhD in Counseling Psychology, MSW in Social Work, and MA or MS in Counseling. A category of "other" was also included, with space for the participants to specify their supervisor's degree. These responses were individually reviewed and placed in the appropriate categories. Degrees were combined to produce two categories: doctoral and master's level of training.

#### SUPERVISEE DISCLOSURE

The Trainee Disclosure Scale (TDS), developed by Walker, Ladany, and Pate-Carolan (2007), based on the research of Ladany, et al. (1996), was utilized for this study. This scale consists of 13 statements about topics that were identified as common aspects of supervisee nondisclosure (Ladany et al., 1996). Participants were asked to rate the level of likelihood they would discuss the topics listed with their supervisor on a 5-point scale (1 = extremely unlikely to 5 = extremely likely). Sample topics include "my own personal issues," "clinical mistakes I have made," and "counter-transference I have toward my clients." Responses were totaled, yielding a Supervisee Disclosure Score (SDS) ranging from 13 to 65. Internal consistency coefficients for the TDS have ranged from .80 to .89 with similar samples of master's- and doctoral-level counselors-in-training (Ladany, Mori, & Mehr, 2007; Mehr et al., 2010; Walker, Ladany, and Pate-Carolan, 2007). Exploratory factor analysis (run using SPSS) supported the combining of these scores as it indicated that the construct was unidimensional. Cronbach's alpha for the current sample was .89.

#### SUPERVISOR DISCLOSURE

The Supervisor Self-Disclosure Survey (SSDS) was created for this survey based on the research of Ladany and Lehrman-Waterman (1999). Their research on the content and frequency of supervisor self-disclosure yielded 10 common categories of supervisor self-disclosure. These were

1. personal issues,
2. neutral counseling experiences,
3. counseling struggles,
4. counseling successes,
5. non-counseling-related professional experiences,
6. reactions to the trainee's clients,
7. dynamics of training site,
8. supervisory relationship,
9. didactic mentoring, and
10. experiences as a supervisor.

Didactic mentoring was eliminated from the survey, as it may be difficult or impossible for a supervisee to differentiate whether their supervisor is "didactically mentoring" or self-disclosing in another category. In addition, supervision could be considered on the whole to fall into the category of "didactic mentoring" as teaching is a significant component of the role of supervisor (Bernard, 1979). Therefore this item was eliminated and the remaining nine items were reworded to assess the supervisee's perspective.

This 9-item questionnaire asks supervisees to rate the frequency of their supervisor's disclosures in the nine topic areas that were found to be common categories of self-disclosure for supervisors (Ladany & Lehrman-Waterman, 1999). Participants were asked to rate how likely their supervisor was to discuss certain topics. Examples of topics included his or her successes as a counselor, his or her struggles as a counselor, and his or her experiences in the supervision relationship. Participants rated how likely their supervisor was to discuss the topics on a scale of 1 = never and 5 = extremely often. Scores for each item were tallied to yield a Supervisor Self-Disclosure Survey total score ranging from 9 to 45. Factor analysis and reliability estimates for the SSDS were run using SPSS. An exploratory factor analysis indicated that this construct was unidimensional. Cronbach's alpha for this sample was .85.

## Procedures

Following institutional review board approval, recruitment messages were sent electronically via two national electronic discussion lists (Counsgrads and CESNET) and to professional colleagues in mental health fields. A follow-up e-mail was sent two weeks later to increase response rate. To ensure anonymity, participant names were not collected in association with their responses.

## RESULTS

Participants indicated that their supervisors had advanced degrees, with 60% holding a master's degree ( $N = 66$ ) and 40% having doctoral degrees ( $N = 44$ ).

In terms of roles of their primary supervisor, 55.5% of participants had a supervisor in a strictly clinical role ( $N = 61$ ), 8.2% ( $N = 9$ ) had a supervisor in a strictly administrative role, and 36.4% ( $N = 40$ ) had a dual-rolled supervisor.

Multiple hierarchical regression analysis using SPSS was used to answer the research questions, with an alpha set at .05. This method of analysis allowed examination of how each independent variable contributed to supervisee disclosure, accounting for the effect of the previously entered variables. The explanatory variables were entered in the following order: supervisor training level, supervisor disclosure, and supervisor role. Supervisor training was first, due to the lack of quantitative research on the effect of training on supervisee disclosure. Given the evidence that supervisory training may assist supervisors in managing more difficult clinical situations (Magnuson et al., 2000), I wanted to explore the impact of dual role on supervisee self-disclosure above and beyond any impact of supervisor training level. Supervisor disclosure was included second due to the findings of Walsh and colleagues (2003) regarding mutuality within the supervisory relationship. Supervisor role was entered last since this study aimed to investigate the effects of supervisor role on disclosure above and beyond the other explanatory variables.

Assumptions of multiple hierarchical regression were met. Skew and kurtosis of the residuals were within reasonable limits (skewness =  $-.55$ ; kurtosis =  $-.01$ ) and White's test of constant variance revealed no significance ( $p = .11$ ), indicating the constant variance assumption was sufficiently met. Observations were likely independent due to the sampling procedures. Results of the analysis are summarized in Table 1.

Supervisor training accounted for 0.5% of the variance ( $R^2 = .0051$ ), which was not found to be significant ( $p = 0.4562$ ). Supervisor disclosure, however, accounted for 21% of the variance ( $R^2 = .21$ ), indicating that the supervisor's level of disclosure is a highly significant predictor of supervisee disclosure ( $p < .0001$ ). Supervisor role (administrative, clinical, or dual role) was found to account for 4.8% of the variance in supervisee disclosure ( $R^2 = 0.480$ ), and was found to not be significant ( $p = .0757$ ). Due to the small number of participants with a strictly administrative supervisor ( $N = 9$ ), post hoc regression analyses were conducted in which the "both" and "administrative" groups were combined. These analyses did not yield significantly different results.

**TABLE 1** Effect of Predictor Variables on Supervisee Disclosure

Predictor	F value	Significance	R-squared
Supervisor Training	.54	.4652	.0051
Supervisor Disclosure	28.17	<.0001	.2115
Supervisor Role	2.65	.0757	.0480

## DISCUSSION

The findings in this study indicate that it is the authenticity of the supervisor, rather than his or her training or role, which exerts the most influence on the comfort of the supervisee to disclose important issues in supervision. This finding has important clinical implications for supervisors, especially those in dual roles. The results indicate that a supervisor who shares his or her experiences, observations, and interpersonal reactions with his or her supervisee can reasonably expect that doing so will increase the likelihood that the supervisee will also disclose more in supervision.

While these findings do not support the original hypothesis that role would have a significant impact on supervisee disclosure, they are important in many ways. First, the results of this study indicate that the practice of combining administrative and clinical supervision may be declining. Thirty-six percent of the current sample experienced a dual-rolled supervisor, in contrast to Tromski-Klingshirn's (2007) finding of a prevalence of this practice of 51%. Second, it is important to note that supervisor disclosure explaining supervisee disclosure in the current study corresponds with prior research on the impact of mutuality on the supervisory relationship (Walsh et al., 2003). These results indicate a meaningful way that supervisors can mitigate the effect of dual roles on the supervisory relationship. The importance of disclosure in fostering connection and deepening the relationship was confirmed through the results of this study, indicating a meaningful way that supervisors can enhance their supervision practice, regardless of role.

### Limitations

While the sample size yielded sufficient power for the analyses performed, it was still relatively small given the number of mental health professionals contacted. In addition, the present survey was limited in scope and extraneous variables may exist that were not assessed. Specifically, it would be interesting to collect data about participants' personal stance on privacy; for example, if they tend to disclose important information about themselves in general. The setting of the supervisory relationship (e.g., private practice, mental health agency, school, etc.) would be an interesting variable to include as well. The TDS and SSDQ have limited reliability and validity evidence and therefore results should be generalized with caution. Further validation of scores from these scales would benefit future research on the topic of disclosure in supervision.

### Areas for Future Research

Given the current prevalence of the practice of combining administrative and clinical supervisory responsibilities, it is important that further research is

conducted on how to improve the efficacy of this type of supervision. Supervisee disclosure is only one aspect of an effective supervision relationship, and thus other aspects of supervision should be explored. Supervision behaviors that help mitigate any possible deleterious effects of a dual-rolled supervisor should be researched further, such as the use of informed consent procedures to clarify expectations and provide information about evaluation criteria. In addition, this study focused on the experiences of the supervisee; information about the experience of the dual-rolled supervisor would be interesting and clinically relevant.

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