

University of Nevada, Reno

**Role Conflict and Role Ambiguity for School Counselors and Current and Preferred Clinical Supervision Practices**

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By

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## **Abstract**

This study explored the differences in role conflict and role ambiguity among practicing school counselors who engage in clinical supervision practices and those who do not engage in clinical supervision practices in a Western state. Current and preferred supervision was also explored. Results indicated that there are differences in role conflict and role ambiguity scores for school counselors engaged in clinical supervision activities and those who do not. Role conflict and role ambiguity levels differed among current and preferred practices. School counselors not recently observed engaged in American School Counseling Association (ASCA, 2019) recommended school counseling tasks (within the last 12 months) or never observed engaged in recommended school counseling tasks by supervisors had significantly higher role conflict and role ambiguity levels. Findings support the importance of engagement in clinical supervision among practicing school counselors and the importance of commitment of school counselor educators, practicing school counselors and school counselors-in-training to advocacy for clinical supervision within the school setting.

## DEDICATION

For Greg

Thank you so much for all of your support and encouragement throughout this process. From our first conversation about my crazy idea to apply to the doctoral program to the final day, you have reassured me, cheered for me and grounded me in the knowing that I can do difficult things and come out the other side. Your example of perseverance and grit is unmatched and I know I would have inevitably quit many things in my life had it not been for your caring persuasion. You have always been there for me, in happy times, times of uncertainty and in struggles and I appreciate and love you so much. You gave me a gift once that said, “Behind every successful woman is HERSELF!” and I believe that whole-heartedly... but having you there sure does help a lot!

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## **Chapter One**

### **Introduction**

“You will either step forward into growth, or you will step backward into safety.”

–Abraham Maslow (Van Vliet, 2012).

#### *Introduction*

School counselors are met with a varied set of tasks while working within a school setting, and like the wise words of Maslow, school counselors must move in the direction of growth or stay stagnant in their careers. As students access their school counselors, they seek support not only in their academic achievement, but also in the important steps that lead to a foundation on which to build a career path, as well as in developing the personal and social relationships around them to assist in their success. However, it is difficult for school counselors to address the needs of all students when they are conflicted about their role in the school and have support from supervisors in some aspects of their school counseling career and not others (Duncan, Brown-Rice, & Bardhoshi, 2014). School counselors report many work challenges, such as conflicting demands, unclear expectations, and overcommitment to tasks that do not represent their most valued contributions (Coll & Freeman, 1997).

Therefore, it is imperative that school counselors have access to quality clinical supervision to aide in tackling such role conflict and role ambiguity, as well as to address their growth through counselor feedback and reflection (Bernard & Goodyear, 2019). One such method may be through the use of structured group supervision (Bernard &

Goodyear, 2019). In these groups, school counselors typically consult and learn necessary skills through communication with peers to address the many student support scenarios they experience daily (Bernard & Goodyear, 2019). In addition to collaborating with other school counselors, structured group supervision can address the school counselor role for better clarity, more job satisfaction, increased productivity, increased job effectiveness, increased commitment to organizational goals, decreased absenteeism and decreased job-related tension and fatigue (Baird, 1969; Beehr, Walsh, & Taber, 1976; Coll & Rice, 1994; Greene, 1982; Jackson & Schuler, 1985; Johnson & Green, 1973; Kottkamp & Mansfield, 1985; Miles & Perrault, 1976; Van Sell, Brief, & Schuler, 1981).

### *Statement of the Problem*

School counselors often feel conflicted in their role as school counselor when facing situations with school staff, parents, and students that are new to them as professionals or situations to which they have not had adequate training. This role conflict can lead to feelings of stress and overwhelm in the school counseling role (Culbreth, Scarborough, Banks-Johnson, & Solomon, 2005). Although most school counselors are trained in the standards set by the American School Counselor Association (ASCA, 2019a) and the roles established through the association (ASCA, 2019b) through the university counselor education programs around the country, many school counselors do not receive the post degree clinical supervision necessary or requested to navigate these dynamic roles, or feel confident in handling difficult scenarios.

Considering the many role difficulties facing school counselors, it is not surprising that there are high rates of role stress (Culbreth, Scarborough, Banks-Johnson & Solomon, 2005), feelings of powerlessness (Kottkamp & Mansfield, 1985), high turnover in personnel (Beehr, Walsh, & Taber, 1976; Johnson & Green, 1973), high absenteeism and low productivity (Van Sell, Brief, & Schuler, 1981), low job effectiveness (Miles & Perrault, 1976), job dissatisfaction (Jackson & Schuler, 1985), job related tension and fatigue (Beehr et al., 1976) professional stagnation (Coll & Rice, 1994), and lower commitment to organizational goals (Baird, 1969). Although many school counselors have a supervisor offering feedback in the school setting, the supervisor is typically an assistant principal, principal or other administrator with limited to no background experience in the role of school counselors or the national school counseling standards and not a trained or qualified clinical supervisor (Coll & Freeman, 1997; Coll & Rice, 1993; Kimber & Campbell, 2014). As a point of clarification, a clinical supervisor is defined as a supervisor who focuses on a type of supervision that differs from that in which administrative or managerial supervision is provided to an employee by a boss or superior and is responsive to the information presented by a supervisee within the session with the supervisor, is individualized in nature and is essential to the individual trainee who is mastering the skills of the profession (Bernard & Goodyear, 2019). A clinical supervisor has a quite different role than an administrative supervisor or manager, typically defined as a supervisor who focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background (Henderson & Gysbers, 2008).

Unfortunately, school counselors often do not have access to clinical supervision (Borders & Usher, 1992; McMahon & Patton, 2000; Sutton & Page, 1994). Therefore, an opportunity for school counselors to have access to aspects of clinical supervision and feedback from an experienced counselor trained in clinical supervision is an often-missing key component for appropriate professional growth.

### *Purpose of the Study*

This study proposes that aspects of clinical supervision may act as a mechanism to reduce the role conflict and role ambiguity school counselors experience in their professional roles. Much of the research with regard to roles has largely focused on professional identity, the duties and functions of the school counselor, as well as the larger picture of how the functions of the school counselor relate to his or her role (Coll & Freeman, 1997). An informed and well-grounded vision of the school counselor's role must be held jointly by supervisors and counselors to avoid the fluctuation of duties and assignments performed with each new situation within the school (Ross & Herrington, 2005). Although clinical supervision is a key component to a comprehensive counselor education program at the university level, much of the clinical supervision school counselors receive ends upon graduation leaving the school counselor to work through difficult situations without sufficient or appropriate supervision and feedback (Borders & Usher, 1992; Oberman, 2005). School counselors are charged with supporting students not only in areas of academics, but also in college and career readiness, as well as in personal and social growth and development (ASCA, 2019b). These situations may include obliging expectations from varied groups such as administrators, teachers,

students and families (Freeman & Coll, 1997; Black, Bailey, & Bergin, 2011). With so many expectations put upon school counselors and the conflict and ambiguity with their roles within the school, it is clear that clinical supervision could be an important protective, resilient factor for school counselors.

The purpose of this study was to (a) determine the relationship between role conflict and role ambiguity measures for practicing school counselors engaged in clinical supervision and practicing school counselors not engaged in clinical supervision, including exploring if aspects of clinical supervision activities to reduce the role conflict and role ambiguity in school counselors (b) discover current practices of existing clinical supervision for school counselors, (c) discover preferred practices of clinical supervision for practicing school counselors and any barriers for school counselors to engage in clinical supervision.

This study explored the use of clinical supervision with practicing school counselors, and investigated its use in relationship to school counselor role conflict and role ambiguity as compared with role conflict and role ambiguity among school counselors not participating clinical supervision activities. The purpose of this examination was to determine the use of clinical supervision activities as effective interventions for school counselors struggling with role conflict and role ambiguity within the profession. The ultimate goal of this research was to provide school counselors with an option for an effective way to access clinical supervision and feedback from a clinical supervisor with experience and a background in counseling and clinical supervision to aide in professional growth and development.

### *Research Questions*

This study investigated the following three research questions:

1. What are the differences in role conflict and role ambiguity for school counselors who engage in aspects of clinical supervision and school counselors who do not engage in aspects of clinical supervision?
2. What are the differences between role conflict and role ambiguity and school counselors' current and preferred practices in clinical supervision?
3. What are the differences between role conflict and role ambiguity in school counselors and the grade level in which they work?
4. (Exploratory) What are the differences in role conflict and role ambiguity in school counselors when observed engaging in school counseling tasks?

### *Hypotheses*

The following hypotheses addressed the research questions for this study:

**Hypothesis 1.** School counselors who have participated in clinical supervision activities will have less role conflict and role ambiguity than school counselors who have not participated in clinical supervision activities.

**Hypothesis 2.** There is a significant difference between school counselors' role conflict and role ambiguity and current and preferred supervision practices.

**Hypothesis 3.** There is a significant difference between school counselors' role conflict and role ambiguity and demographic factors (i.e. grade level, years of experience, national school counseling certification, etc.).

**Hypothesis 4.** There is a significant difference between school counselors' role conflict and role ambiguity and exploratory factors in observation (i.e. individual counseling, classroom counseling, crisis response, etc.).

*Rationale*

Role conflict and role ambiguity among professionals leads to powerlessness, distrust and negative attitudes toward role senders, a lack of loyalty, high turnover rates in personnel, high absenteeism and low productivity, low job effectiveness, job dissatisfaction, professional stagnation, lower commitment to organizational goals and job-related tension and fatigue (Baird, 1969; Beehr, Walsh, & Taber, 1976; Coll & Rice, 1994; Greene, 1982; Jackson & Schuler, 1985; Johnson & Green, 1973; Kottkamp & Mansfield, 1985; Miles & Perrault, 1976; Van Sell, Brief, & Schuler, 1981) School counselors struggle with role conflict which is evidenced by the conflicting demands placed upon them in their current roles to address academic, college and career readiness and student personal and social problems such as drug and alcohol abuse, teen suicide, violence and more (Coll & Freeman, 1997). Teachers demand more classroom guidance, administrators demand relief from administrative duties, students demand more individualized attention and parents demand assistance in raising struggling youth, yet the frustration and fatigue felt by school counselors seems unavoidable (Coll & Freeman, 1997). Coll and Freeman (1997) recommend that school counseling professional development activities should concentrate on providing knowledge and skill training, as well as increasing access to consultation. This can be done cost-effectively and time efficiently through participation in clinical supervision. Additionally, the literature lacks information regarding the need for exploration around clinical supervision and counseling

tasks performed by school counselors (i.e., individual counseling sessions, student advocacy in meetings, etc.). In the current culture of school shootings, high teen suicide rates and anxieties around a global pandemic, there is a need for school counselors to access clinical supervision for feedback on difficult topics with students (Harris & Jeffery, 2010).

In a recent study, 94% of school counselors reported that they were receiving no clinical supervision and only 6% stated that they were receiving individual clinical supervision. In addition to the information on the current status of individual supervision, 91% stated that they were not engaging in group supervision (Duncan, Brown-Rice, & Bardhoshi, 2014). In the same study, 88% of respondents indicated that their school district did not allow release time for such supervision. Fifty-four percent of school counselors reported receiving clinical supervision as important, very important or extremely important, and when asked whom they considered most desirable as their clinical supervisor, 64% indicated that they would prefer another school counselor with specific training in supervision (Duncan, Brown-Rice, & Bardhoshi, 2014).

### *Definition of Terms*

The following is a list of operational definitions as they apply to the terms used in this study.

Role conflict- occurs when the supervisee has specific expectations for themselves and/or the supervisor, but these expectations contradict those of the supervisor (Ladany & Friedlander, 2016)

Role ambiguity- occurs when a worker is unclear, unsure, or confused about what their supervisor expects (Ladany & Friedlander, 2016)

Administrative supervision- focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background (Henderson & Gysbers, 2008)

Clinical supervision- focuses on a type of supervision that differs from that realm in which administrative or managerial supervision is provided to an employee by a boss or superior and is responsive to the information presented by a supervisee within the session with the supervisor, is individualized in nature and is essential to the individual trainee who is mastering the skills of the profession (Bernard & Goodyear, 2019).

### *Summary*

The transition into post-degree work as a practicing school counselor can be difficult when struggling with role conflict and role ambiguity. Although many school counselor trainees have access to clinical supervision to help guide them through un navigated areas of the profession, research shows that there is still a need for school counselors to access clinical supervision following their practicum and internship requirements. Aspects of clinical supervision can be a time-efficient and cost-effective way for schools and school districts to offer collaboration and constructive feedback to school counselors

Whereas most supervision of school counselors focuses on administrative aspects to the job, such as school-wide policies and procedures, this study argued that

participation in clinical group supervision, when performed by an supervisor with a background and experience in school counseling, is an effective and preferred method to address role conflict and role ambiguity among practicing school counselors.

## Chapter Two

### Literature Review

Counseling in schools began in late the 1800s and early 1900s as a response to educational, social, occupational, and industrial changes occurring at that time (Gysbers, 2002; Pope, 2009). *Vocational guidance* was the term for what is collectively referred to as *school counseling* today and the professionals holding the position of *vocational counselor* were typically teachers. These teachers were given duties to complete in addition to their required teaching tasks without the extra time to complete them (Gysbers, 2002).

As the twentieth century moved forward, the service model of guidance became the prevalent way to guide the teachers in their guidance roles and their work. In those days the position was included with nursing, attendance, speech and hearing, social work and others who were considered pupil personnel service workers (Gysbers, 2002). Since school counselors were viewed as support staff, much of their role was reactive and remedial. According to Gysbers (2002), the position of the school counselor was the focus, rather than the program being delivered, leading to a reinforced practice of school counselors charged with clerical, administrative and fill-in responsibilities. These duties were easily described as duties one would complete to be of service to students, therefore the defense of such tasks was accepted and habitual (Gysbers, 2002).

As the list of tasks to complete grew longer for school counselors, guidance in the schools became disjointed. The lack of organizational structure left guidance undefined as a profession and the lack of clarity of role and functions made it difficult for school

counselors to meet the needs of all students (Gysbers, 2002; Gysbers & Henderson, 2006; Hatch & Chen-Hayes, 2008). It was not until the 1960s and 1970s that the notion changed from position focus in guidance to a developmental program focus, along with a push to incorporate ideas to address personal and social challenges students may face, in addition to vocational and career support (Gysbers, 2002). There was a more broad goal of school counseling to assist students in the development of their self-confidence within the context of the educational struggles and social pressures involved with growing up (Coll & Freeman, 1997), in addition to being a supportive person in the school sensitive to the idea that “more children fail in spirit than in their studies” (McNassor, 1967). During this period, there was a renewed interest in developmental guidance, career guidance, and concern about accountability and evaluation. The idea for the need for a comprehensive guidance program continued well into the 1990s and 2000s and school counselors, as professionals, continued the attempt at establishing themselves as unique from other school professionals (Morris & Slaten, 2014).

According to Hatch and Chen-Hayes (2008), in response to education reform, the need to close gaps in achievement and opportunities, and the accountability movement, the school counseling professional association, the American School Counselor Association (ASCA), developed the ASCA National Standards (Campbell & Dahir, 1997) and revised school counselor roles and school counseling program components to aide in the focus of meeting the needs of all students by creating the ASCA National Model® framework (ASCA, 2005). The ASCA National Model brings school counselors together with a singular vision and voice, creating focus on support for student achievement and improvements to student achievement (ASCA, 2012). According to

Ziomek-Daigle, Goodman-Scott, Cavin, and Donohue (2016), in a comprehensive school counseling program, “school counselors design and implement counseling programs that promote students’ academic, career, social, and emotional success as well as equitable student outcomes and systemic changes” (p. 220). With the changes in the past few decades from an orientation of position-services to a comprehensive developmental program orientation, school counselors began to focus on not only remediation, but also on prevention (Gysbers, 2013). According to Gysbers (2013), comprehensive school counseling programs deliver knowledge, skills and dispositions through strengths-based content that contribute to the overall success and development of all students. The role of the professional school counselor is defined by ASCA (2019) in the following statement:

School counselors design and deliver school counseling programs that improve student outcomes. They uphold the ethical and professional standards of ASCA and promote the development of the school counseling program based on the following areas of the ASCA National Model: define, deliver, manage and access.

### **Role Conflict and Role Ambiguity**

Despite the collective efforts of professional school counselors, school counselor educators and other stakeholders, the progress made through the creation of the ASCA National Model framework has not eliminated the role conflict and role ambiguity many practicing school counselors face in their school settings (Bryant & Constantine, 2006; Culbreth et al., 2005; Freeman & Coll, 1997; Kimber & Campbell, 2013; Moyer, 2011; Ross & Herrington, 2005; Wilkerson & Bellini, 2006). The ideas about professional

roles in the workplace was created out of the work on role theory by Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964). Kahn and his colleagues stated that when behaviors of an individual are conflicted, confusing, and inconsistent, that individual will experience stress, dissatisfaction and will perform with a decreased amount of effectiveness than if clear and consistent expectations were delivered (Freeman & Coll, 1997).

### **Definitions**

When reviewing the research literature around role conflict and role ambiguity, there are subtle differences in how one defines the terms (Biddle, 1979; Coll & Rice, 1993; Kahn et al., 1964; Olk & Friedlander, 1992; Rizzo, House, & Lirtzman, 1970;). For the purposes of the current study, the definitions provided by Olk and Friedlander (1992) were used. Olk and Friedlander (1992) define *role conflict* as when an individual is faced with expectations that require behaviors which are mutually opposing or competing. *Role ambiguity* is defined by Olk and Friedlander (1992) as a lack of clarity with regard to the expectations for an individual's role, the methods by which to fulfill the expectations, and the penalties or costs for effective or ineffective performance. According to a study done by Rizzo et al. (1970), overall negative correlations indicated decreased degrees of need fulfillment with increased role conflict and role ambiguity. Although this study was performed in a complex organizational setting with a sample of managerial and technical employees, studies that followed substantiated results when the samples consisted of teachers, foremen, high school supervisors, nurses, salespersons, hospital staff, and workers employed in other career fields (Coll & Rice, 1994).

Without an informed and well-grounded vision of the school counselor's role, the assignments and duties of the counselor have the potential to fluctuate with every new incident with which he or she is met (Ross & Herrington, 2005). The list of potential effects role conflict and role ambiguity have on the emotional and physical well-being of a practicing counselor is immense and powerful. Role conflict has been correlated with distrust and negative attitudes toward role dispatchers (Van Sell, Brief, & Schuler, 1981), lack of loyalty (Greene, 1972), powerlessness (Kottkamp & Mansfield, 1985), job dissatisfaction (Jackson & Schuler, 1985), professional stagnation (Coll & Rice, 1994), job related tension and fatigue (Beehr, Walsh, & Taber, 1976) low job effectiveness (Miles & Perrault, 1976), lower commitment to organizational goals (Baird, 1969), low productivity and high absenteeism (Van Sell et al., 1986), and high rates of personnel turnover (Beehr et al., 1976).

### **Role Conflict and Role Ambiguity in School Counseling**

According to Kimber and Campbell (2013), researchers in the past two decades have found different views regarding the role of the school counselor among principals, teachers and school counselors, themselves. Differences among counselors about their role contribute to increased role conflict (Coll & Rice, 1993). An example of a role conflict within the school counseling profession would be when a school counselor is asked by his or her immediate supervisor to perform disciplinary duties at school, while also being asked by his or her immediate supervisor to be a student advocate (Freeman & Coll, 1997). In this scenario, the school counselor may feel uncertain about his or her role and displeased with having to fulfill both requirements. When the school

counselor's immediate supervisor has completed an annual evaluation and the school counselor is not sure of what material to present to the supervisor, this would be an example of role ambiguity in the school counseling profession (Ladany & Friedlander, 2015). In this scenario, the school counselor may feel confused and dissatisfied with the ambiguous nature of the expectations of his or her job performance.

Upon entering the school counseling profession, often opposing sets of school counselor expectations come from both school site supervisors, such as assistant principals or principals in an administrator capacity, and counselor educators (Cinotti, 2013). The concern that school counselors are inhabiting the role of quasi-administrators, contradicting their training as counseling and mental health experts continues and has contributed to the push to launch more robust, comprehensive school counseling programs (Gysbers & Henderson, 2006).

According to ASCA (2019a):

The ASCA School Counselor Professional Standards & Competencies outline the mindsets and behaviors school counselors need to meet the rigorous demands of the school counseling profession and the needs of pre-K-12 students. These standards and competencies help to ensure new and experienced school counselors are equipped to establish, maintain and enhance a comprehensive school counseling program addressing academic achievement, career planning and social/emotional development.

These competencies and standards are arranged by mindset standards and behavior standards and competencies. The competencies are more specific and

measurable, while the standards are considered broader in nature, describing the knowledge, skills and attitudes school counselors need to successfully implement a comprehensive school counseling program (ASCA, 2019a). An example of a mindset standard is, “Every student can learn, and every student can succeed.” The behavior standards are divided into three areas consisting of (a) *Professional Foundation*, such as “Demonstrate understanding of educational systems, legal issues, policies, research and trends in education.”; (b) *Direct and Indirect Student Services*, such as, “Make referrals to appropriate school and community resources.”; and (c) *Planning and Assessment*, such as, “Establish agreement with the principal and other administrators about the school counseling program.”

With the use of these mindset and behavior standards, school counselors are able to meet the rigor of a comprehensive school counseling program (ASCA, 2019). The standards and competencies assist school counselors, school administrators and staff, counselor educators and other stakeholders in better understanding the school counselor role. Although practicing school counselors, school counselor educators and school counselor supervisors are familiar with these standards and competencies developed by ASCA (2019a) to aide in role clarification, many school administrators with the responsibility to complete evaluation procedures for school counselors lack awareness of the standards and competencies, exacerbating the potential for conflict (Kimber & Campbell, 2014). According to McClendon (2013), these administrators often supervise school counselors and may have little knowledge of school counseling as a profession and may request school counselors to perform unethical duties such as a request to create a report to document a list of students seeking counseling services and the reasons behind

the student request, causing conflict and role stress (Culbreth et al., 2005). Strains between principals and school counselors can be heightened when they hold alternate personal values and these tensions can be exacerbated by the culture of the school (Kimber & Campbell, 2014).

ASCA (2019a) has specified school counselor roles and defined professional identity, yet persistent confusion continues, and when school counselor activities such as responsive services, school counseling core curriculum, parent workshops, and program evaluation are a part of the school counselor role, these activities are effective in producing positive student change (McClendon, 2016). Activities other than those previously listed may be considered inappropriate yet may still be asked of school counselors to complete. These inappropriate duties as researched by Campbell and Dahir (1997) include: (a) coordinating school-wide individual education plans (IEPs), conducting student study teams, and chairing school attendance review boards, (b) providing therapy or long-term counseling to address psychological disorders, (c) assisting with duties in the administration office, (d) maintaining student records, (e) inputting grade-point-averages, (f) acting as substitute teacher when teachers are absent, (g) sending students home for inappropriate attire, (h) performing disciplinary consequences, (i) signing excuses for students who are tardy or absent, (j) coordinating cognitive, aptitude, and achievement testing programs, and (k) coordinating data entry and paperwork entry of new students (McClendon, 2016). Many counselors take on extra duties because they want things to run smoothly and do not have the ability to say no (Ross & Herrington, 2005). It seems as school counselors agree to accept responsibilities

that are not congruent with their role as a school counselor, their understanding of their own role becomes muddled and difficult to clearly comprehend.

### **Clinical Supervision**

Role conflicts can capture a supervisory relationship and ignoring conflict throughout the supervision process can create uncomfortable tension for both the supervisor and supervisee. This failure in finding a resolution to role conflict can irretrievably damage the supervisory alliance and negatively impact the client welfare of the supervisee (Ladany & Friedlander, 2016) According to a study conducted by Culbreth and colleagues (2005), a significant predictor of role conflict, role ambiguity and role stress for school counselors was participation in peer consultation and supervision. Every mental health professional should develop supervisory competence because virtually every professional will engage in supervisory activity (Bernard & Goodyear, 2019).

“*Administrative supervision* focuses on the policies and procedures governing the school community, and this form of supervision in a school setting is most often performed by a school administrator who may not have a counseling background” (Henderson & Gysbers, 2008, as quoted by Duncan et al., 2014). *Clinical supervision* narrows the focus on a type of supervision that differs from that realm in which managerial supervision is provided to an employee by a boss or superior (Bernard & Goodyear, 2019). Clinical supervision is responsive to the information presented by a supervisee within the session with the supervisor, is individualized in nature and is essential to the individual in training who is mastering the skills of the profession (Bernard & Goodyear, 2019). Put another way, clinical supervision is intended to aid the

professional counselor in refining professional skills and ethical competency (Bradley & Ladany, 2010, as cited by Duncan, Brown-Rice, & Bardhoshi, 2014) through intervention that a senior member of the profession delivers to a junior member to monitor counseling services offered and enhance abilities (Bernard & Goodyear, 2009, as cited by Duncan et al., 2014). When supervisees report an increased level of role ambiguity in the supervision relationship, they experience decreased self-confidence (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964), increased anxiety and decreased job satisfaction (Olk & Friedlander, 1992), uncertainty about the type of behaviors in which to engage (Bernard & Goodyear, 2019), and more seemingly negative experiences (Protivnak, 2008). In a study completed by Moyer (2011), results were found stating that a significant indicator of school counselor burnout, dimensions of incompetence, negative work environment and devaluing of clients all pointed to the amount of clinical supervision received.

### **Clinical Group Supervision**

Most mental health professionals think of clinical supervision as done on an individualized basis, yet much of the supervision performed in the profession of counseling is done in groups (Bernard & Goodyear, 2019). The definition of *group supervision* provided by Bernard and Goodyear (2019) is the regular meeting of a group of supervisees with a designated supervisor or supervisors to monitor the quality of their work and to add to their understanding of their delivery of service, of themselves as clinicians, and of the clients which whom they work.

There are definite advantages and restrictions to group supervision and a summarized list of the benefits and limitations by a previous investigators (Carroll, 1996;

Flemming, Glass, Fujisaki, & Toner, 2010; Hawkins & Shohet, 1989; Hayes, 1989; Jacobsen & Tanggaard, 2009; Linton & Hedstrom, 2006; Proctor, 2000; Proctor & Inskipp, 2001; Riva & Cornish, 1995, 2008; Tebb, Manning, & Klalumann, 1996) was comprised by Bernard and Goodyear (2019) and included here for review.

**Benefits.** A list of the advantages to group supervision can easily be created (Bernard & Goodyear, 2019):

1. *Economies of expertise, costs, and time.* Group supervision offers the advantages similar to those afforded by group therapy or counseling, particularly expertise costs, and time.
2. *Chances for vicarious learning.* With group supervision, participants have an opportunity to learn by observing peer conceptualization and client intervention.
3. *Span of client exposure.* Supervisees are exposed to clients with whom they may not have had the opportunity to work, enabling them to learn about a range of clients, and broadening their insights.
4. *Greater diversity and quantity of supervisee feedback.* Group supervision affords the supervisee a broader range of more diverse feedback than one supervisor may provide.
5. *View of the supervisee emerges more comprehensively.* A supervisor may be better able to observe a supervisee's struggle sharing their own cases, yet see the same supervisee's insight and intelligence when offering feedback to other group members.

6. *Supervisees have an opportunity to learn skills of supervision.* Participation does not supersede formal supervision training, but being part of the group can prepare an individual for a supervisory role by observing both the supervisor and other supervisees in their roles.
7. *Normalizing experiences in supervision.* Supervisees struggle with many different experiences such as their own feelings of doubt and anxiety around reactions to the material clients share, yet having others to reflect with in a group supervision format can be reassuring.
8. *Specific group process learning.* This benefit pertains to those offering therapy or counseling in a group format. This aides in having a supervision format that reflects the treatment being supervised.

**Limitations.** Limitations must also be considered when reviewing group supervision, yet the benefits outweigh limitations (Bernard & Goodyear, 2019):

1. *The group format may leave participants wanting.* If a supervisee has a larger caseload, there may not be enough time to address all concerns. Group members with different skill levels may receive more feedback and attention depending on experience and expertise. Time can become a factor in successful group supervision if not managed appropriately.
2. *Confidentiality.* There is inherently less security with confidentiality when working within a group format. Most supervisees understand the issues around confidentiality of the client due to their work in mental health practice,

but some may need clarity about the importance of protecting the privacy of the supervisees in the group, as well.

3. *Group supervision is not a mirror of individual counseling.* As stated earlier, group supervision is an advantage to those utilizing a group counseling format, as it mirrors the work being done in the counseling setting. The limitation here is that, typically, supervisees are bringing cases with individual clients to group supervision, and the structure and form of the supervision does not mirror the supervised treatment.
4. *Group phenomena can hinder learning.* Competition between group members, insensitivity to cultural or individual differences, and feeling around anxiety that may cause supervisees to refrain from sharing in the group can all stall the growth and potentially cause supervisee harm in the group.
5. *Corrective feedback and negative history.* Individuals who have had negative experiences in the past when receiving corrective feedback must be prepared by supervisors for the process and procedures in group supervision. Feedback is necessary and warranted.

The above list comprised by Bernard and Goodyear (2019) showcases the benefits and limitations to participation in group supervision work, yet there are different models proposed by researchers to meet the goals of the supervision process (Borders. 1991; Edwards & Heshmati, 2003; Fall & Sutton, 2004, 2006; Lassiter, Napolitano, Culbreth, & Ng, 2008; Wilbur, Roberts-Wilbur, Hart, Morris, & Betz, 1994). For the purposes of this study, Border's (1991) *Structured Peer Group Supervision (SPGS)* model and Wilber et al.'s (1994) *Structured Group Supervision* model will be emphasized.

## Structured Peer Group Supervision (SPGS)

To enhance group supervision, Borders (1991) describes the *structured peer group supervision (SPGS)* model. This group supervision model is used under the direction of a supervisor, despite the name's suggestion. With this approach, direct, supervisee-selected examples are presented to the group. The presenting supervisee is prepared with a brief summary of therapy and client issues and provides enough context for peers prior to watching the recorded session. It is at this point in the process that the supervisee asks for feedback specific to the presented case and individual counseling (Bernard & Goodyear, 2019).

Peers in the group choose or are assigned a specific task and these tasks can change or be assigned to different group members as supervisees take their turns presenting. These tasks are outlined by Bernard and Goodyear (2019) and include, but are not limited to:

1. *focused observation*, such as how well the counselor accomplishes a confrontation, or any nonverbal behavior observed
2. *role taking*, such as assigning a group member to take the role the parent or the role of the client, offering feedback from that perspective following the observation of the video
3. *theoretical orientation*, such as asking a group member or multiple group members to look at the session from different theoretical perspectives
4. *descriptive metaphor*, such as a road map to describe the direction that counseling is taking

In addition to the listed tasks chosen or assigned to supervisees participating in SPGS, Lassiter et al. (2008) added an additional, equally as relevant task to Borders' (1991) list. Lassiter and colleagues expanded the model to include:

5. *multicultural-intensive observer role*, such as a focus on cultural matters represented within the session, including privilege and power differentials

After all group members are assigned a task to provide feedback to the supervisee, the supervisor in the room acts as a moderator for the group and ensures that the group remains on task., as well as acts as process commentator offering feedback around the dynamics of the group (Bernard & Goodyear, 2019).

### **Structured Group Supervision (SGS)**

A structure was created by Wilbur, Roberts-Wilbur, Hart, Morris, and Betz (1994) that successfully is able to address group supervision membership that may be uneven or irregular. According to an overview provided by Bernard and Goodyear (2019) of Wilbur et al.'s (1994) model of *Structured Group Supervision (SGS)*, the following steps are completed by the supervisee and the group:

1. The presenting supervisee makes a "plea for help" to the rest of the group members, including relevant counseling and client information about the case. This "plea for help" is specific to the topic in which the supervisee would like feedback.

2. The members of the supervision group ask specific questions for clarification, but do not yet offer feedback, with the supervisor looking on to monitor the exchanges.
3. Group members are asked to take a few minutes to formulate thoughts about ways they may have handled the presented case and feedback is then offered to the presenting supervisee in a methodical way, with all group members taking their opportunity to share, one-by-one, while the presenting supervisee remains silent.
4. A suggested break is offered so to allow the supervisee to absorb the feedback he or she has received from the group and reflect upon the shared ideas.
5. Once the break is complete, the presenting supervisee is afforded the time to respond to the group, offering information about what feedback was helpful, any feedback that may not have been helpful and why each fell into those categories. The monitoring supervisor encourages the supervisee to share what resonated with him or her so that the supervision becomes more about perspective, culture fit, case history, and the therapeutic style rather than skills that may be right or wrong.

According to Bernard and Goodyear (2019), the clinical supervisor's role as monitor and enhancer of feedback aides in the discussion about the process as it unfolds, reframes feedback, but must be wary not to critique feedback given, and encourages supervisees who allow themselves vulnerability and openness towards professional development.

## **Supervision in School Counseling**

“Proper supervision of school counselors is lack at best, non-existent at worst” (AACD, 1989, as quoted by Black, Bailey, & Bergin, 2011). Although few studies have confirmed otherwise, many do report that school counselors want clinical supervision (Oberman, 2005; Page, Pietrzak, & Sutton, 2001) and report an increase in clinical supervision in more recent years (Black et al., 2011); Upon a review of the literature regarding supervision in school counseling, it is suggested that one way to provide needed support to struggling school counselors is through clinical supervision (Black, Bailey, & Bergin, 2011; Coll & Freeman, 1992; Crutchfield & Borders, 1997; Duncan, Brown-Rice, & Bardhoshi, 2014; Henderson & Lampe, 1992; Luke & Bernard, 2006; Moyer, 2011; Oberman, 2005; Sutton & Page, 1994). Through their research, Gysbers and Henderson (2000) suggest that a clinical supervisor in the schools must be a professional who is not only competent in the practice of supervision, but also competent in the realm of school counseling and the functions of the position. Crutchfield and Borders (1997) suggest that in some cases, school counselors completed their training before curriculum to address problems such as suicide assessment and family counseling methods were available. Most mental health counselors work in settings with other counselors present, yet many school counselors in elementary school settings are the lone counselor on campus (Freeman & Coll, 1992), which increases in likelihood in rural communities (Duncan, Brown-Rice, & Bardhoshi, 2014). In addition to working alone at the school, unlike mental health counselors, school counselors typically find themselves using clinical counseling skills (Duncan et al., 2014), yet receive little or no consistent clinical supervision (Crutchfield & Borders, 1997).

It is commonplace within the school counseling profession that school counselors receive administrative supervision but are overlooked for clinical supervision (Oberman, 2005). In a study done by Page, Pietrzak, and Sutton (2001), the researchers found that only 13% of school counselors reported receiving clinical supervision. Upon participation in the study, 57% of respondents stated they would like to receive clinical supervision in the future and of the counselors who reported receiving clinical supervision, 46% used the opportunity to improve their school counseling, and 35% used the clinical supervision to prepare for licensure.

Although clinical supervision is a concept that school counselors want access to and are using as a means to develop professionally, Oberman (2005) reported that there were two barriers to school counselors accessing clinical supervision: school administration and the type of education administrators receive. According to Oberman (2005), on many campuses, administrators decide the school counselor's duties, which many times are non-counseling related responsibilities dissimilar to tasks which they've been trained to perform. Oberman (2005) gave an example of such a task in a principal requesting that a school counselor take urine samples to test for pregnancy or drugs. These requests compromise the integrity of the position and place the school counselor within the confines of an ethical dilemma (Kimber & Campbell, 2014). Oberman (2005) reports that the second critical barrier to school counselors receiving clinical supervision is the lack of education that administrative supervisors receive about the professional role of the school counselor in counseling students. Typically, principals approach the evaluation of school counselors from a teaching perspective and base expectations around this and their own personal experiences as students (Oberman, 2005). In our culture

today, with the difficult topics that school counselors face regarding the developmental struggles and mental health of their students, such as anxiety for school shootings, increasing teen suicide rates and concern for global pandemics (Harris & Jeffery, 2010), exploratory research is needed to determine how clinical supervision from senior members of the school counseling profession can offer evaluative feedback to junior members of the profession to ease any role conflict and role ambiguity that may arise in assisting students with difficult topics.

Borders and Usher's (1992) study of current and preferred clinical supervision found that preferences for varied types of supervision, one of which was clinical supervision related to the idea that school counselors' responsibilities are varied, including career and personal counseling, program development, academic advising and teaching which is similar to that of a community college counselor (Coll, 1995). Coll (1995) reported that the counselors in the study seemingly disliked receiving supervision from administrators due to the ideas backed by the literature stating that many do not have training in counseling or clinical supervision, therefore, one recommendation to improve delivery of clinical supervision is through workshops targeting on-site counselors through clinical supervision training (Coll, 1995).

Although a successful study done by Luke and Bernard (2006) used an extension of the Discrimination Model to attempt to tackle school counseling supervision practice, other suggestions for aiding in school counselor access to clinical supervision by senior counselors trained in supervision practice were for school districts to consider allowing release time or providing clinical supervision in a group model or through peer support

groups as well as recommendations that ASCA and state school counseling associations support the professional need for clinical supervision by creating strong role and position statements (Black, Bailey & Bergin, 2011), Crutchfield and Borders (1997) recommend that school counselors participate in a combined approach to effectively fulfill supervision needs through meeting with peers in dyads weekly, then in a group once a month. Sharing different strategies and new ideas for reaching professional goals is inspiring and clinical supervision for school counselors leads to professionally relevant dialogues between colleagues (Henderson & Lampe, 1992).

Based on the results of their study, Culbreth et al. (2005) state that school counseling as a profession should consider addressing peer consultation as a way of providing professional support. Agnew, Vaught, Getz, and Fortune (2000) found that positive professional gains such as counseling relationship skills improvement, an increase in individual and group counseling activities, enhanced collaborative relationships with counseling colleagues and counselor educators, and a greater sense of confidence professionally, as well as an increased sense of validation. The potential use of aspects of Borders' (1991) *Structured Peer Group Supervision* model matched with Wilbur et al.'s (1994) *Structured Group Supervision* model may be a powerful way of encouraging professional development, yet it is an underdeveloped area in the professional literature of school counseling practice (Henderson & Lampe, 1992).

## Chapter Three

### Method

Understanding the differences in role conflict and role ambiguity and perception of barriers for school counselors who engage in clinical group supervision activities and school counselors who do not engage in these activities has implications for practicing school counselors, school counselor educators, and school counselor supervisors.

Rizzo, House, and Lirtzman (1970) define role conflict as when the behaviors expected of an individual are inconsistent causing an individual to become stressed, dissatisfied and perform with less effectiveness than if the imposed expectations did not conflict. Rizzo, House, and Lirtzman (1970) also define role ambiguity as a lack of availability to necessary information for a given position, resulting in attempts to solve problems to avoid the sources of stress or to use defense mechanisms, distorting the reality of the situation. Role ambiguity increases the likelihood that an individual will experience anxiety, distort reality, perform with less effectiveness and become dissatisfied in his or her position (Rizzo et al., 1970). More recently, Ladany and Friedlander (2016) define role conflict as a conflict that “occurs when the supervisee has specific expectations for herself or himself and/or the supervisor, but these expectations contradict those of the supervisor.”

Although this concept was traditionally researched in the field of organizational psychology, Olk and Friedlander (1992) found its relevance to the training of counselors to be significant, as well. Ladany and Friedlander (2016) also more clearly define role ambiguity as occurring “when a worker is unclear, unsure, or confused about what her or his supervisor expects.”

In the past, counselors in educational settings have had to cope with complex situations and with an increase in the mental health needs of children in schools (Duncan, Brown-Rice, & Barhoshi, 2014), the greater complexity can produce role conflict and role ambiguity, along with a decrease in effectiveness (Rizzo et al., 1970; Coll & Rice, 1993). According to a quote by Duncan et al. (2014), Bradley and Ladany (2010) describe the skilled school counselor as a competent clinician educated to identify and meet the individual and unique needs of the students being served. Ongoing clinical supervision during graduate school studies include practicum and internships to aide in the development of basic competencies of counseling clinical skills and is viewed as one of the ways future counseling professionals gain feedback and direction for further growth and improvement, as well as to maintain counseling skills and ethical competencies (Bradley & Ladany, 2010; Ehrmann, 2003). School counselors are faced with complex cases in which the students on their caseloads regularly see them with critical counseling needs (Borders & Drury, 1992) and typically, school counselors often function as the sole professional at the school site with mental health training to assist such students (Black, Bailey, & Bergin, 2011). Critical counseling needs include, but are not limited to the impact of poverty, child abuse, substance abuse, instability in the family, domestic and community violence, as well as the noticeable and less noticeable symptoms of disorders such as Attention Deficit Disorder (ADD), depression, anxiety and Post Traumatic Stress Disorder (PTSD) (Black, Bailey, & Bergin, 2011). School counselors who lack access to the necessary clinical supervision for professional growth or feel the supervision they receive is unsuitable, unclear, or insufficient, consistently show that these concerns effect counselors' ethical practice, job satisfaction, development

of counseling skills, observance of best practices, role conflict, decisions to implement the ASCA National Model, and feelings of anxiety, ease with trying cases, and burnout (Cinotti, 2013; Coll & Freeman, 1997; Crutchfield & Borders, 1997; Daniels & Larson, 2001; Hatch & Chen-Hayes, 2008; Herlihy et al., 2002; Lieberman, 2004; Miller & Dollarhide, 2006; Moyer, 2011; Rizzo et al., 1970). Clinical supervision provides a way to develop the skills needed to address these critical counseling needs (Bernard & Goodyear, 2019) and a clinical supervisor in the schools must be a professional who is competent, not only in the functions of a school counselor, but also in the practices of supervision (Duncan, Brown-Rice, & Bardhoshi, 2014; Gysbers & Henderson, 2000).

The purpose of this study then was to (a) determine the relationship between role conflict and role ambiguity measures for practicing school counselors engaged in clinical supervision and practicing school counselors not engaged in clinical supervision , (b) discover current practices of existing clinical supervision for school counselors, (c) discover preferred practices of clinical supervision for practicing school counselors

The primary research question investigated was: What are the differences in role conflict and role ambiguity for school counselors who engage in clinical supervision activities and school counselors who do not engage in clinical supervision activities? A second research question which incorporates previously established aspects of supervision related to school counselor role conflict and role ambiguity was: What are the differences between role conflict and role ambiguity and school counselors' current and preferred supervision practices? A third research question related to school counselor role conflict and role ambiguity was: What are the differences between role conflict and

role ambiguity in school counselors when looking at the grade level in which they work? The final exploratory research question related to school counselor role conflict and role ambiguity was: What are the differences in role conflict and role ambiguity in school counselors when observed engaging in school counseling tasks?

### **Research Hypotheses**

The previously listed questions were used to test the following hypotheses:

**Hypothesis 1.** School counselors who have participated in clinical supervision activities will have less role conflict and role ambiguity than school counselors who have not participated in clinical supervision activities.

**Hypothesis 2.** There is a significant relationship between school counselors' role conflict and role ambiguity and current and preferred supervision practices.

**Hypothesis 3.** There is a significant difference between school counselors' role conflict and role ambiguity and demographic factors (i.e. grade level, years of experience, national school counseling certification, etc.).

**Hypothesis 4.** There is a significant difference between school counselors' role conflict and role ambiguity and exploratory factors in observation (i.e. individual counseling, classroom counseling, crisis response, etc.).

### **Type of Study**

This study was a correlational design study. Correlational design studies can be purely observational, one-group or multiple group studies (Spector, 1981). A cross-sectional design using a survey created to capture demographic, role conflict, role ambiguity, current and preferred supervision practices for school counselors to explore measurements at one point in time. This design, in answering the stated research

questions, has implications for practicing school counseling professionals to access research data to gain knowledge within their own field, as well as the ability for state and local department of education entities, school counselor educators, and school counseling associations to use the resulting data to improve the state of role conflict and role ambiguity for school counselors in supervision and evaluation processes nationally and at the state and school district levels. This study is considered a descriptive, exploratory study because although there is evidence to propose that relationships between clinical supervision activities and role conflict and role ambiguity for school counselors exist, there have been no prior studies to confirm this.

### **Participants**

The goal of this study was to determine whether there is a relationship between school counselor role conflict and role ambiguity and aspects of supervision. To achieve this goal, a group of practicing school counselors in a western state were asked to participate in the study. The sample consisted of school counselors invited to participate who met professional licensing criteria established by the western state's Department of Education and an affiliation with the western state's professional school counseling association directory. For the purposes of this study, only licensed school counselors listed in the state were eligible to be participants and made up the eligible sample of 246 school counselors. Counselors listed within the directory with any other title apart from school or guidance counselor were not eligible to participate.

A convenience sample was used because the sample was comprised of school counselors within the target population who were willing to participate in a study (Heppner et al., 2016). A sample of convenience can limit the generalizability of a

research study; however, this method was chosen to access the largest amount of practicing school counselors within this western state. Contact information, such as name, school location and email address information were accessed through the state association school counselor directory by a representative of the association, therefore, the investigator did not have access to the member list directly. Aligning with the work of Dillman, Smyth, and Christian (2014), a survey questionnaire was created using questions designed to develop an understanding of the demographics of each survey participant, role conflict and role ambiguity questions (Coll & Rice, 1991; Olk & Friedlander, 1992), recent experience with clinical supervision, their current, preferred, and ideal clinical supervision engagement, and lastly any barriers to clinical supervision that they may have experienced or are dealing with currently.

Using the popular website service *SurveyMonkey*, the questionnaire was developed presenting each question on its own page so that participants are required to click a button to move from page to page (Dillman et al., 2014). Although this is the most common format for web-based questionnaires, according to Dillman and colleagues (2014), one potentially negative aspect to including one question per page is that this type of questionnaire can often take more time to complete. For this reason, the questionnaire was developed to gain the most information possible from a number of answer options while still allowing participants to skip questions they prefer not to answer so that the survey remains absolutely voluntary through the final completion of the questionnaire (Dillman et al., 2014). Time was taken to create interesting and informative welcome and closing screens for the online survey to appeal to respondents (Dillman et al., 2014).

After a preliminary request for feedback from seasoned school counselors to run through the questionnaire, an initial email was sent to inform eligible school counselors of the topics of interest within the study, as well as information about how to participate in the study and information about the financial incentive for participation. Dillman and colleagues (2014) state that previous research indicates an increase of 4.2% in the response rate when material incentives are provided, yet the investigator for the current study was unable to secure funding to provide incentives. To align with Dillman et al.'s (2014) recommended survey design practice, following the initial email, two reminder emails were sent with varied wording and sent in strategically timed intervals to remind the participants of the request for participation and the details of the study.

### **Instruments**

A professional characteristic and demographic questionnaire was given to each participant, consisting of 76 items such as, "My evaluating supervisor has a background in school counseling" and "I am unsure how my training prepared me for my actual work experience.", "I graduated from a university program accredited by CACREP.", and "My most recent supervision included evaluation and discussion around difficult student meetings." In addition to the professional characteristic questions, participants were asked personal demographic information. Some demographic items such as gender, race, and age were included to produce a description of the sample (Dillman et al., 2014).

In the next section, participants were asked to complete items related to recent supervision, as defined by supervision in which they engaged in the last 12 months. These items included statements such as, "I was recently observed by my supervisor as I

engaged in classroom counseling curriculum lessons.” and “My recent supervision included evaluation and discussion around cultural competence.”

In the next section, participants were asked to complete items modeled after the Role Conflict and Role Ambiguity Inventory (Coll & Rice, 1993; Olk & Friedlander, 1992) to measure role stress associated with the participant’s current supervisory relationship. Examples of the role conflict items are, “I have received an assignment without adequate resources to complete it” and “Part of me wanted to rely on my own instincts with students, but I always knew that my supervisor would have the last word”. For the role ambiguity section, participants were asked to disclose their perceptions on items such as, “My supervisor’s criteria for evaluating my work were not specific” and “I got mixed signals from my supervisor, and I was unsure of which signals to attend to”.

After defining administrative supervision and clinical supervision for the participants, they were then asked to complete a section on current and preferred clinical supervision inspired by the work done by Borders and Usher (1992) in which they explored existing and preferred supervision practices among National Certified Counselors (NCCs). Using this model, participants were asked to complete items by choosing one or more responses such as “The frequency in which I currently engage in clinical supervision” choosing among “daily”, “weekly”, “monthly”, “annually”, “I do not currently engage in clinical supervision practices”, and “Choose not to disclose”, as well as “You currently engage in clinical supervision as a district requirement”, with options for answer selections being, “Yes” or “No”.

Following the section of the questionnaire regarding current clinical supervision, participants were asked to identify any and all items listed that they perceived to be

barriers to clinical supervision. Examples of barriers were “lack of time during contract hours” and “uncomfortable with the evaluatory dynamic”. Once participants identified any barriers to clinical supervision they moved on to the final section of the questionnaire, the section regarding preferred clinical supervision practices.

Examples of preferred clinical supervision items included, “The frequency in which I would prefer to engage in clinical supervision:” as well as “You would like to engage in clinical supervision as professional development, paid for by the district,” with item responses being identical to those listed for current supervision practice items.

### *Measures*

**The Role Conflict and Role Ambiguity Inventory (RCRAI).** The Role Conflict and Role Ambiguity Inventory was created by Olk and Friedlander (1992) to measure the experiences of role conflict and role ambiguity of trainees in supervisory relationships and to measure and operationalize those constructs (Bernard & Goodyear, 2019). Olk and Friedlander (1992) found that work-related tension and anxiety, in addition to dissatisfaction with supervision, were key findings of the reports of supervisees who described role difficulties. They also found that the clearer supervisors were in their statements of supervisory expectations, supervisees reported lower role ambiguity. Relevant to this study, Olk and Friedlander (1992) found that the supervisory alliance was negatively impacted by the presence of role conflict and role ambiguity (Bernard & Goodyear, 2019).

In developing the RCRAI, Olk and Friedlander (1992) interviewed supervisors about their experiences with role difficulties within the supervisory relationship. After a content analysis of these interviews was performed, it was used to construct items for the

RCRAI. Olk and Friedlander (1992) then consulted with a different panel of professionals to refine the items, leading them to create two scales, one to reflect role conflict and one to reflect role ambiguity. After two panels of experts rated the items, 29 items were included in the finalized inventory and each item is rated on a 5-point scale from 1 (not at all) to 5 (very much so). The scale scores are found by taking the summed raw scores and dividing them by the items on each scale to show a score for the RC and a score for the RA, ranging from 1 (low) to 5 (high). The higher levels of role conflict and role ambiguity are reflected in the higher scores on each scale (Olk & Friedlander, 1992).

According to Olk and Friedlander (1992), there were two tests of validity of the RCRAI based on a national sample of trainee responses. The initial test was a series of factor analyses of the 29 items and the second test was a test of construct validity of both the role conflict scale and the role ambiguity scale. Item-scale correlations for the RA scale showed a Cronbach's  $\alpha = .91$  and for the RC scale a Cronbach's  $\alpha = .89$ .

Olk and Friedlander (1992) used multivariate tests to demonstrate construct validity for both scales. In the first analysis, role ambiguity was held constant while conflict was tested and the results showed significance for increased dissatisfaction with general clinical work, supervision and showed an increase in work-related anxiety. Role ambiguity was tested in the second analysis while role conflict was held constant and this analysis also showed significance indicating that when role conflict was held constant, more role ambiguity was associated with less counseling experience, in addition to the findings that higher levels of role ambiguity were associated with increased dissatisfaction with general clinical work and supervision, as well as increased work-related anxiety.

**Current and Preferred Counseling Supervision Questionnaire.** In addition to the demographic information and role conflict and role ambiguity information listed above, five multiple-choice items were completed by respondents indicating the gender of current supervisor, the educational background of current supervisor, the frequency of current supervision (i.e., weekly, monthly), professional identity of supervisor (i.e., principal, lead counselor), and methods predominantly used during supervision (self-report, videotape review) (Borders & Usher, 1992). Respondents were then asked to answer five similar questions concerning their preferred gender of supervisor, the preferred educational background of supervisor, the frequency of supervision (i.e., weekly, monthly), their preferred professional identity of supervisor (i.e. principal, lead counselor), and their preferred methods predominantly used during supervision (i.e. self-report, videotape review). Three reviewers with interest and expertise in the topic of the study agreed that the questions were presented appropriately (Coll, 1995).

## **Procedures**

### **Data Collection**

An application was submitted to the Institutional Review Board (IRB) requesting permission to move forward with the research study. Once the IRB granted permission to proceed (see Appendix A), an initial email was sent to school counselors who belonged to the state school counselor association in the state. The initial email (Appendix B) was created to invite the school counselors statewide, using a greeting identifying the individual as a school counselor, drawing their attention to the relevance of the correspondence as their role as a school counselor (“Dear school counselor,”), to participate in the research study (Dillman et al., 2014). The initial email indicated that

they were chosen as part of a sample of school counselors asked to participate in a research study, especially interested in learning how current and preferred supervision of school counselors relates to conflict and ambiguity school counselors may experience in their role. To maintain clarity of the purpose and procedures, definitions of *administrative supervision*, *clinical supervision* and *role conflict* and *role ambiguity* were included in the initial email. A reminder email (Appendix C) was sent 3 days later, thanking those who had completed the survey and inviting those school counselors who had not done so already, to participate in completing the survey, using more unique language to limit any issues with servers identifying the second email as “junk” mail (Dillman et al., 2014).

The timing of the emails sent requesting school counselor participation was a factor in the total number of school counselor participants in the study. Since the initial email and reminder email were sent out on December 16<sup>th</sup> and 19<sup>th</sup>, respectively, due to the observance of the Winter Break holiday, the number of school counselors who were able to complete the survey before the holiday may have decreased, as during this time of year, school counselors are busy with many tasks such as assisting families for the holidays, tracking credits for the end of the semester and more. Some school counselors may not have had the opportunity to get to all emails, as many schools follow a two week-long or multiple day observance of the holidays in the different school districts. School counselors are contracted to return to school at the same time as teachers and administrators on the Monday following a holiday break, but these dates can change depending on the school district in which the school counselor works. A final reminder email (Appendix D) was sent out to association members on January 26<sup>th</sup>, to ensure that

all school counselors in each region of the state had an opportunity to access the invitation to participate in the research study. In an attempt to align with Dillman and colleagues (2014) and the recommendations for online survey distribution, a request was sent to the association representative to send the third and final request to members within two weeks of the initial request, yet due to circumstances beyond the investigator's control, the representative was unable to send the final request to members until end of the following month. Spacing the emails sent helped to keep frustrations to a minimum on the part of those school counselors who had already taken the time to complete the survey and reminding those who had not done so about the opportunity (Dillman et al., 2014).

There are roughly around a thousand school counselors, both retired and practicing, belonging to the state school counselor association, as listed in the directory. A total number of 246 school counselors initiated the survey and 151 completed the 76-item questionnaire (Appendix E), which constituted a 61% response rate. The research study was voluntary and all school counselors who chose to participate self-selected to be a part of the sample.

### **Data Analysis**

Data were collected through the online survey platform, *SurveyMonkey*, and data were transferred into SPSS. The survey responses were collected in three areas, demographic information, role conflict and role ambiguity, and finally, current and preferred clinical supervision. For all demographic data that was categorical in nature, dummy variables were used for coding purposes. As an example, if a respondent identified as a female, a "1" was used, and if a respondent identified as male, a "2" was

used in coding. The results of both scales of the RCRAI and the Current and Preferred School Counseling Supervision Questionnaire for all participants were scored.

All procedures completed through the data analysis process were performed directly in SPSS. Initial analysis sought to establish a relationship between each of the two independent variables of clinical supervision, the second pair of independent variables of preferred clinical supervision and the dependent variable of role conflict and role ambiguity by correlating them. Each independent variable was correlated to the dependent variable and then to each other. Significant correlations between several independent variables and the dependent variable were discovered through an analysis of the correlation coefficients. Next, a set of independent samples *t* tests were used to measure the differences in scores on the RCRAI, and the Current and Preferred School Counseling Supervision Questionnaire between school counselors with prior experience with clinical supervision and those school counselors with no prior experience. In the next step of analysis, only the significant correlations were included.

According to Mertler and Venatta (2013), there are several tests of significance used to test hypotheses, one being the *t* test. The most commonly used significance levels are .01 and .05. A significance level of .05 was used to determine significance throughout the data analysis process. Since this is a descriptive study and the goal of the research was to examine relationships and not causality the most commonly used significance level of .05 was chosen (Johnson & Christensen, 2012). Despite the evidence in the literature that a relationship between these independent variables and school counselor role conflict and role ambiguity does exist, previous studies have not

been done to show a significant relationship. The results of the data analysis described in this chapter are revealed in Chapter 4.

## Chapter Four

### Results

The survey used in the current study included a demographic questionnaire and questions modeled after two previously established measures, The Role Conflict Role Ambiguity Inventory (RCRAI) (Olk & Friedlander, 1992), used to measure role stress in supervisory relationships, and the Current and Preferred Counseling Supervision Questionnaire (Borders & Usher, 1992), used to determine current and preferred supervision practices among counselors. The Role Conflict subscale of the RCRAI includes 13 items and sample participants are asked to respond regarding their perception of conflicts with supervisors' expectations. Each item is answered on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) regarding conflicting expectations. Scores are obtained by adding the scores for each answer and dividing by the total number of items within the subscale. Scores in this study on the Role Conflict subscale of the RCRAI ranges from a low of 1.00 to a high of 4.69 with higher scores indicating higher levels of role conflict ( $M= 2.59$ ,  $SD= 0.88$ ).

The Role Ambiguity subscale of the RCRAI contains 16 items and requires participants to answer questions regarding uncertainty around expectations of supervisors, the methods used to fulfill supervisory expectations, and the procedures completed for performance evaluation. Similar to the Role Conflict subscale, each item on the Role Ambiguity subscale of the RCRAI is completed on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree regarding level of ambiguousness in expectations. Scores are obtained by adding the scores for each answer and dividing by the total number of items within the subscale. Scores in this study on the Role Ambiguity

subscale of the RCRAI ranges from a low of 1.00 to a high of 4.60 with higher scores indicating higher levels of role ambiguity ( $M= 2.31, SD= 0.83$ ). Responses were calculated for the total group and for subgroups based on grade level service, observation of engagement in individual counseling services, years of experience, and age.

The Current and Preferred Counseling Supervision Questionnaire (Borders & Usher, 1992) was used to determine the counseling supervision school counselors were currently receiving, as well as the counseling supervision school counselors would like to receive at this point in their careers. The questionnaire consists of 7 items in both the current supervision practices portion and the preferred supervision practices portion, for a total of 14 items in this section of the survey. Participants were asked the professional identity of their current clinical supervisor, the frequency in which they engage in clinical supervision, etc., until all 7 items were complete. The same questions were asked exchanging the word *current* for *preferred* for the last 7 items to explore what the participants envisioned for their preferred clinical supervision practice.

Exploration into the differences between role conflict and role ambiguity in practicing school counselors and clinical supervision was chosen due to the previous evidence of potential findings within the counseling literature. The current study is a descriptive study, does not apply experimental controls and is conducted in real-life, outside of a controlled setting (Heppner, Wampold, & Kivlighan, 2008). The survey used was created as a measure developed from two previously established measures with additional questions about evaluation practices. Demographic information was also included to provide necessary information about the sample of the population. Overall,

246 individuals responded, yet only practicing school counselors were needed for this particular study, leaving three removed from the sample. Of the approximately 1,000 members of the state (Nevada) school counselor association, 243 practicing school counselors responded to the survey and completed a large portion of it, and 151 participants completed the survey in its entirety. Some respondents chose not to answer various items. Consequently, frequencies for each item can be expected to vary (Borders & Usher, 1992). The data collected from the survey responses were used to analyze the results presented in this chapter.

The sample found for this study was consistent with previous samples obtained in other studies regarding practicing school counselors in ethnicity and gender. Cinotti (2013) collected relevant data from a sample of 210 practicing school counselors for a study regarding aspects of clinical supervision and school counselor self-efficacy. In this study, 80% of the participants were female and 20% were male. The sample consisted of 84% Caucasian, 6.7% African American, 5.7% Latino, 2.4% Asian, and .5% Native American. In a study done by Duncan, Brown-Rice, and Bardhoshi (2014) the following year, of the 118 school counselor respondents, 77% of participants were female and 23% were male. The sample also consisted of 93% Caucasian respondents, 4% Native American and 2% Multiracial.

The demographic section of the questionnaire consisted of nine questions. The personal characteristics of the demographics section included ethnicity, gender identity, age, and highest level of education. The professional characteristics of the demographics section included years of experience, CACREP (2016) accreditation attendance,

professional counseling certifications, grade level service, and annual performance evaluator information. Table 1 and Table 2 provide a representation of the distribution of participants by a number of demographic variables.

A total number of 246 practicing school counselors responded with interest and chose to participate in the research study. Within the sample, 83.97% identified as female (n=199), 15.19% identified as male (n=36), zero respondents identified as transgender female, and transgender male, .42% identified as non-binary (n=1), and one respondent wrote in an alternative response to identify their gender, and nine respondents chose not to disclose their gender identity. The sample included 72.5% individuals of Caucasian/White descent (n=172), 7.17% individuals of African-American/Black descent (n=17), 7.59% individuals of Latinx/Hispanic descent (n=18), 1.27% individuals of Asian/Pacific Islander descent, and zero respondents identified as individuals of Native descent. 7.17% individuals identified as multiracial (n=17), and 4.22% respondents chose not to identify their race (n=10). Within the sample, 5.49% were between the ages of 20-29 (n=13), 25.32% were between the ages of 30-39 (n=60), 31.65% were between the ages of 40-49 (n=75), 29.54% were 50-59 years old (n=70), 6.33% were 60 or older (n=15), and 1.69% chose not to identify their age (n=4). Of the sample respondents, 21.9% had 0-4 years of experience working as a practicing school counselor (n=52), 20.25% had 5-9 years of experience in the field as a school counselor (n=48), 19.83% of the sample had 10-14 years of experience as a professional school counselor (n=47), 29.54% of the sample reported having 15-24 years of experience (n=70), 8.02% had 25 years or more as a practicing school counselor (n=19), and .42% chose not to disclose the number of years experienced in the profession (n=1). The highest level of education

obtained by participants in the sample was a master's degree, at 96.2% (n=228), 3.38% of participants reported having earned a doctorate degree (n=8), and .42% chose not to disclose their level of education (n=1). Within the sample, 68.78% of participants reported attending a college or university accredited by The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) (n=163), while 26.58% reported previously attending a college or university not accredited by CACREP (2016) (n=63), and 4.64% chose not to disclose (n=11). The sample included 25.32% of participants who reported holding the credential of National Certified Counselor (NCC) (n=60). Also, 22.78% reported holding the credential of National Certified School Counselor (NCSC) (n=54). Twelve percent reported holding an alternate credential or endorsement, such as a Certified Professional Counselor (CPC) or Licensed Drug and Alcohol Counselor (LADC) (n= 29), and 56.96% reported not holding an alternate credential (n=135), while 2.53% chose not to disclose (n=6). Of the sample, 41.35% of respondents were elementary school counselors (n=98), 24.47% were middle school counselors (n=58), 27.85% were high school counselors (n=66), and 6.33% identified as school counselors serving multiple levels (n=15). Each of the 246 participants were listed as the school or guidance counselor in the western state's association for school counselor directory and 243 were currently employed as a practicing school counselor in a school setting.

Table 1

*Personal Demographic Characteristics*

Personal		
Demographic Characteristic (Variable)	Percent (%)	Participants (n)
Ethnicity		
White	72.5%	172
Non-White	23.2%	55
Gender Identity		
Female	83.97%	199
Male	15.19%	36
Non-binary	.42%	1
Age		
20-29 years	5.49%	13
30-39 years	25.32%	60
40-49 years	31.65%	75
50-59 years	29.54%	70
60 + years	6.33%	15
Highest Level of Education		
Master's degree	96.2%	228
Doctorate degree	3.38%	8
<i>Total Participants 237</i>		

Among those surveyed, participants were relatively evenly distributed as far as years of experience with 21.9% with 0-4 years, 20.25% with 5-9 years, 19.83% with 10-14 years, however the largest group was within the range of 15-24 years at 29.54%, and

the smallest group reporting 25 or more years at 8.02%. While all school counselors held a state license, 25.32% are National Certified Counselors (NCC) and 22.78% are National Certified School Counselors (NCSC), which entails a prerequisite of holding a NCC certification and, additionally, completion of specialized coursework, supervision, a professional endorsement, a minimum of two years of experience as a full time school counselor, adherence to the National Board of Certified Counselors (NBCC) ethical policies and finally, a passing score on the National Counselor Examination (NCE).

Table 2

## Professional Demographic Characteristics

Professional Demographic Characteristic (Variable)	Percent (%)	Participants (n)
<b>Years of Experience</b>		
0-4 years	21.9%	52
5-9 years	20.25%	48
10-14 years	19.83%	47
15-24 years	29.54%	70
25 + years	8.02%	19
<b>Accreditation</b>		
CACREP	68.78%	163
Non-CACREP	26.58%	63
<b>Professional Certifications</b>		
NCC	25.32%	60
NCSC	22.78%	54

Alternate (i.e. CPC, LADC)	12.23%	29
No Alternate Certifications	56.96%	135
Grade Level		
Elementary	41.35%	98
Middle	24.47%	58
High	27.85%	66
Multiple Level	6.33%	15
<i>Total Participants 237</i>		

### **Internal Consistency**

In keeping with consistency and study reliability, the questionnaire was administered as synonymous as possible during each participation request. The association representative distributing the questionnaire was the same contact used throughout the study. A coefficient alpha test, also referred to as a Cronbach's alpha, was employed to further provide for consistency and reliability. Cronbach's alpha is used to assess for internal consistency based upon the average correlation of all items within the scale (Cronbach, 1960).

The survey used items modeled after the Role Conflict and Role Ambiguity Inventory (RCRAI), a measurement previously assessed for internal consistency with role conflict and role ambiguity. When checking for internal consistency among items on the current survey, a reliability coefficient was identical to  $\alpha = .91$  reported by Olk & Friedlander (1992) for both the role conflict and role ambiguity subscales.

## **Role Conflict and Role Ambiguity and Clinical Supervision**

The presentation of the means and standard deviation of role conflict and role ambiguity of school counselors who currently engage in clinical supervision activities and role conflict and role ambiguity of school counselors who do not currently engage in clinical supervision activities. The scores are based on a Likert scale of 1 to 5 where a participant scoring a 1 strongly disagrees with the statement, scoring a 2 disagrees, scoring a 3 remains neutral, scoring a 4 agrees, and a participant scoring a 5 strongly agrees with the statement posed on the questionnaire.

In the current study, school counselors were asked to indicate whether or not they currently engaged in clinical supervision. The primary research question for this study was: What are the differences in role conflict and role ambiguity for school counselors who engage in clinical supervision activities and school counselors who do not engage in clinical supervision activities? Hypothesis 1 states: School counselors who have participated in clinical supervision activities have less role conflict and role ambiguity than school counselors who have not participated in clinical supervision activities. Participants were provided with a definition of administrative supervision and a definition of clinical supervision. Of the 243 school counselor survey respondents, 161 usable responses were analyzed for the current clinical supervision section after eliminating those who skipped this section the *choose not to disclose* option was removed from the results. A series of independent sample *t-tests* were conducted to compare mean scores on each dependent variable and the current clinical supervision variable. Of the 161 valid responses for this section, 18.01% of the participants currently engage in

clinical supervision practices (n=29) and 81.98% of the participants currently do not engage in clinical supervision practices (n=132). Results of these *t-tests* revealed that school counselors who engage in clinical supervision have lower role conflict  $t(41.76) = -1.13, p = .263$  and role ambiguity  $t(46.38) = -2.78, p < .01$  (Cohen's  $d = .5$ ) scores than those who do not engage in clinical supervision activities. This finding is statistically significant for role ambiguity. After exploring the results of this series of *t-tests*, the null hypothesis for hypothesis 1 has been rejected. Cohen's (1988) suggests that effect sizes of .20, .50, .80, 1.20, and +2.0 should be considered small, medium, large, very large, and huge, respectively. Based on these results, a .50 indicates a medium effect size, as specified by Cohen. It can be concluded that test results, therefore, have not only statistical significance, but practical significance, as well (Cohen, 1988).

Table 3

*Means and Standard Deviations for Dependent Variables and Clinical Supervision and No Clinical Supervision*

Instrument	Clinical Supervision (n=29)		No Clinical Supervision (n=132)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.43	0.09	2.64	0.92
RCRAI- RA	1.97	0.75	2.41	0.88

Table 4

*Results of Independent Samples t-tests- Current Clinical Supervision*

Instrument	t	df	Sig. (2-tailed)	95% CI
RCRAI- RC	-1.13	41.76	.263	-.585, .164

RCRAI- RA	-2.78	46.38	.008	-.768, -.123
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### **Role Conflict and Role Ambiguity and Current and Preferred Clinical Supervision Practices**

The second research question for this study was: What are the differences between role conflict and role ambiguity and school counselors' current and preferred supervision practices? Hypothesis 2 states: There are significant differences between school counselors' role conflict and role ambiguity related to current and preferred supervision practices. Of the 243 school counselor survey respondents, 122 usable responses were analyzed for the current clinical supervision section after eliminating those who skipped this section and the *choose not to disclose* option was removed from the results. Of the 122 valid responses for the preferred clinical supervision portion of the survey, findings showed that 74.6% of respondents would prefer to engage in clinical supervision activities (n= 91) and 25.4% of respondents would not like to engage in clinical supervision activities (n= 31). A series of independent sample *t-tests* were conducted to compare mean scores on each variable and the preferred clinical supervision variable. Results of these *t-tests* revealed that school counselors who would prefer to engage in clinical supervision have slightly higher, though not statistically significantly higher, role conflict  $t(53.65) = .72, p = .47$  and role ambiguity  $t(57.64) = 1.30, p = .19$  scores than those who do not prefer to engage in clinical supervision activities. Although participants who would prefer to engage in clinical supervision have higher role conflict and role ambiguity than those who would not prefer to engage in clinical supervision, the

results were not statistically significant, therefore there was a failure to reject the null hypothesis 2.

Table 5

*Means and Standard Deviations for Dependent Variables and Preferred Clinical Supervision and Not Preferred Clinical Supervision*

Instrument	Clinical Supervision Preferred (n=91)		Clinical Supervision Not Preferred (n=31)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.71	0.94	2.57	0.91
RCRAI- RA	2.44	0.94	2.20	0.83

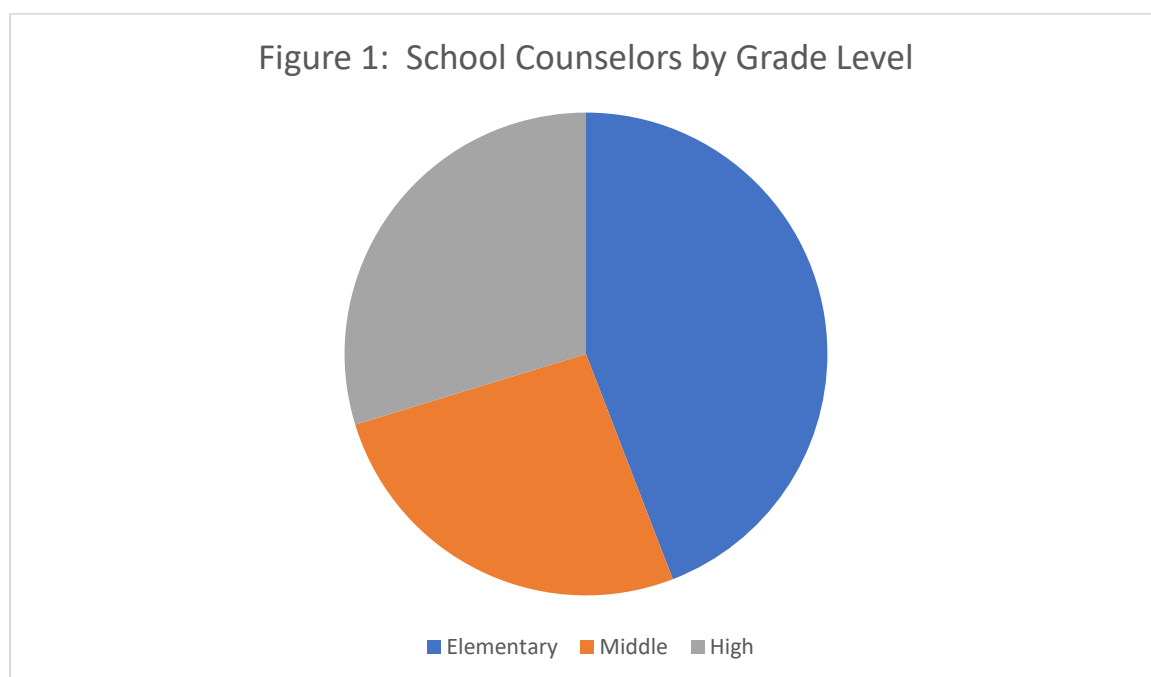
Table 6

*Results of Independent Samples t-tests- Preferred Clinical Supervision*

Instrument	t	df	Sig. (2-tailed)	95% CI
RCRAI- RC	.72	53.65	.47	-.245, .524
RCRAI- RA	1.30	57.64	.19	-.125, .595

The third and final research question for this study was: What are the differences between role conflict and role ambiguity in school counselors and the grade level in which they work? Hypothesis 3 states: Certain factors influence role conflict and role ambiguity for school counselors' current and preferred practices in clinical supervision. Included within the professional demographic responses were the grade levels in which the participants provided school counseling services. Of the 243 school counselor survey

respondents, 222 usable responses were analyzed for the demographic section after removing those who skipped this section and *multiple level* and the *choose not to disclose* options, as they did not fit into specific categories for analyses. Of the 222 valid responses for the grade level portion of the survey, findings showed that 44.1% of respondents worked at the elementary school level (n= 98), 26.1% of respondents worked at the middle school level (n= 58), and 29.7% worked at the high school level (n=66). The greatest pool of school counselors was practicing at the elementary grade level. Figure 1 portrays the number of *practicing school counselors at each grade level* for all valid participants.



A one-way between subjects Analysis of Variance (ANOVA) was conducted to compare mean scores on role conflict (DV) and role ambiguity (DV) and the elementary, middle and high school grade levels of service (IV). Results of this ANOVA (shown in Tables 7 and 8) revealed that the means of elementary school counselors show slightly

less role conflict [ $F(2,189) = 2.06, p = .13$ ] and slightly less role ambiguity [ $F(2, 172) = .156, p = .85$ ] than the means of those school counselors working at other grade levels.

This finding, however, is not statistically significant.

Table 7

*Means and Standard Deviations for Dependent Variables and Grade Level*

Instrument	Elementary (n=98)		Middle (n=58)		High (n=66)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.44	0.945	2.74	0.892	2.66	0.784
RCRAI- RA	2.28	0.896	2.36	0.892	2.30	0.846

Table 8

*Results of Analysis of Variance (ANOVA) for Grade Level*

Instrument	Sum of Squares	Df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	3.25	2	1.62	2.06	.13
Within Groups	148.701	189	.787		
RCRAI- RA					
Between Groups	.225	2	.113	.156	.856
Within Groups	124.559	172	.724		

## **Role Conflict and Role Ambiguity and Exploratory Findings**

The presentation of the means and standard deviation of recent school counselor observation and evaluation with role conflict and role ambiguity scores are listed in Tables 9-22. Participants were scored based on a menu of choices with options listed as *Yes* stating that the school counselor had been observed within the last 12 months, *Not in the last 12 months*, if the school counselor had been previously observed, but not recently, as defined as the last 12 months, and *Never been observed*, if the school counselor had never been observed engaged in a particular counseling practice.

A series of one-way between subjects ANOVA were conducted to compare mean scores on each dependent variable and observation of engagement in a number of school counseling program activities, including: individual counseling services, small group counseling services, classroom counseling lessons, student advocacy in parent/staff meetings, offering community resource referral information, and crisis response. With the exception of observation of engagement in small group counseling services, ANOVA results revealed that school counselors who have never been observed or have not been observed in the last 12 months engaging in these counseling program activities have significantly higher role conflict and role ambiguity than school counselors who have been recently observed (within the last 12 months).

There was a significant effect of observation of individual counseling services on role conflict [ $F(3, 201) = 3.26, p = .02$ ] and role ambiguity [ $F(3, 184) = 3.38, p = .01$ ] for the three conditions. Cohen's  $d$  effect size(s) for role conflict: .48 (medium) and role ambiguity: .28 (small) and .46 (medium).

Table 9

*Means and Standard Deviations for Dependent Variables  
and Observation of Individual Counseling Services*

Instrument	Recently observed- RC (n=79) RA (n=75)		Not in the last 12 months- RC (n=28) RA (n=24)		Never been observed- RC (n=96) RA (n=88)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.36	0.796	2.74	0.837	2.75	0.935
RCRAI- RA	2.09	0.774	2.29	0.687	2.50	0.890

Table 10

*Results of Analysis of Variance (ANOVA) for Observation  
of Individual Counseling Services*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	7.40	3	2.46	3.26	.02
Within Groups	151.73	201	.755		
RCRAI- RA					
Between Groups	6.85	3	2.28	3.38	.01
Within Groups	124.18	184	.675		

There was a significant effect of observation of classroom counseling services on role conflict [ $F(4, 200) = 4.07, p = .03$ ] and role ambiguity [ $F(3, 184) = 5.42, p = <.01$ ] for the three conditions. Cohen's  $d$  effect sizes for role conflict are: .60 (medium) and .67 (medium) and for role ambiguity are: .34 (small) and .93 (large).

Table 11

*Means and Standard Deviations for Dependent Variables and Observation of Classroom Counseling Lessons*

Instrument	Recently observed- RC (n=139) RA (n=127)		Not in the last 12 months- RC (n=41) RA (n=37)		Never been observed- RC (n=21) RA (n=21)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.43	0.846	2.93	0.834	3.00	0.849
RCRAI- RA	2.16	0.762	2.47	0.902	2.88	0.778

Table 12

*Results of Analysis of Variance (ANOVA) for Observation of Classroom Counseling Lessons*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	12.00	4	3.00	4.07	.03
Within Groups	147.13	200	.736		
RCRAI- RA					
Between Groups	10.65	3	3.55	5.42	.001
Within Groups	120.38	184	.654		

There was a significant effect of observation of student advocacy on role conflict [ $F(4, 200) = 8.11, p = <.01$ ] and role ambiguity [ $F(3, 184) = 11.25, p = <.01$ ] for the three conditions. Cohen's *d* effect sizes for role conflict are: .48 (medium) and 1.15 (very large) and for role ambiguity are: .58 (medium) and 1.29 (very large).

Table 13

*Means and Standard Deviations for Dependent Variables and Observation of Student Advocacy in Meetings*

Instrument	Recently observed- RC (n=147) RA (n=134)		Not in the last 12 months- RC (n=29) RA (n=26)		Never been observed- RC (n=26) RA (n=25)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.41	0.810	2.86	0.922	3.33	0.806
RCRAI- RA	2.10	0.728	2.59	0.847	3.16	0.825

Table 14

*Results of Analysis of Variance (ANOVA) for Observation of Student Advocacy in Meetings*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	22.22	4	5.55	8.11	.000
Within Groups	136.90	200	.685		
RCRAI- RA					
Between Groups	25.87	4	6.46	11.25	.000
Within Groups	105.16	183	.575		

There was a significant effect of observation of offering community resource referrals on role conflict [ $F(3, 201) = 8.92, p = < .01$ ] and role ambiguity [ $F(3, 184) = 11.19, p = < .01$ ] for the three conditions. Cohen's *d* effect sizes for role conflict are: .55 (medium) and .87 (large) and for role ambiguity are: .65 (medium) and .42 (medium).

Table 15

*Means and Standard Deviations for Dependent Variables and Observation of Offering Community Resource Referrals*

Instrument	Recently observed- RC (n=136) RA (n=127)		Not in the last 12 months- RC (n=30) RA (n=26)		Never been observed- RC (n=38) RA (n=34)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.39	0.832	2.87	0.866	3.11	0.824
RCRAI- RA	2.59	0.883	2.10	0.754	2.94	0.825

Table 16

*Results of Analysis of Variance (ANOVA) for Observation of Offering Community Resource Referrals*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	18.71	3	6.23	8.92	.000
Within Groups	140.42	201	.699		
RCRAI- RA					
Between Groups	20.23	3	6.74	11.19	.000
Within Groups	110.80	184	.602		

There was a significant effect of observation of crisis response services on role conflict [ $F(4, 200) = 6.83, p = <.01$ ] and role ambiguity [ $F(3, 184) = 9.87, p = <.01$ ] for the three

conditions. Cohen's *d* effect sizes for role conflict are: .50 (medium) and .86 (large) and for role ambiguity: .53 (medium) and .84 (large).

Table 17

*Means and Standard Deviations for Dependent Variables and Observation of Crisis Response Services*

Instrument	Recently observed- RC (n=106) RA (n=100)		Not in the last 12 months- RC (n=44) RA (n=41)		Never been observed- RC (n=48) RA (n=41)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.32	0.786	2.77	0.891	3.04	0.839
RCRAI- RA	2.05	0.732	2.46	0.769	2.81	0.908

Table 18

*Results of Analysis of Variance (ANOVA) for Observation of Crisis Response Services*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	19.14	4	4.78	6.83	.000
Within Groups	139.99	200	.700		
RCRAI- RA					
Between Groups	18.17	3	6.05	9.87	.000
Within Groups	112.86	184	.613		

The presentation of the means and standard deviation of years of experience with role conflict and role ambiguity scores are listed below. Participants scores are based on a menu of choices for how many years of experience the school counselor had completed up to this point in their career. Options listed were *0-4 years of experience, 5-9 years of experience, 10-14 years of experience, 15-24 years of experience, and 25 or more years of experience* working as a school counselor. Since not all respondents completed each section of the survey, the total number of participants in this section differed when exploring the sample sizes for role conflict and role ambiguity. Details are included in Table 19.

An ANOVA was conducted to compare mean scores on each dependent variable and the and the years of experience variable. Results of this ANOVA revealed that there are some slight differences among school counselors based on years of experience working in the field, with a higher mean for role conflict [ $F(4, 200) = .332, p = .857$ ] among school counselors with 5-9 years of experience, but not significantly so, and a slightly higher mean for role ambiguity [ $F(4, 183) = .276, p = .893$ ] among school counselors with 0-4 years of experience in comparison to those with more experience, but again, not at a statistically significant level.

Table 19

*Means and Standard Deviations for Dependent Variables and Years of Experience*

Instrument	0-4		5-9		10-14		15-24		25+	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RC										
(n=47)			(n=40)		(n=41)		(n=62)		(n=15)	
RA										
(n=44)			(n=35)		(n=36)		(n=60)		(n=13)	

RCRAI- RC	2.49	1.0	2.71	0.933	2.57	0.637	2.60	0.844	2.59	1.12
RCRAI- RA	2.42	0.909	2.29	0.883	2.32	0.703	2.25	0.760	2.27	1.17

Table 20

*Results of Analysis of Variance (ANOVA) for Years of Experience*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	1.04	4	.262	.332	.857
Within Groups	158.08	200	.790		
RCRAI- RA					
Between Groups	.785	4	.196	.276	.893
Within Groups	130.25	183	.712		

The presentation of the means and standard deviation of age with role conflict and role ambiguity scores are listed below. Participants reported based on a menu of choices for their current age. Options listed were *20-29 years old, 30-39 years old, 40-49 years old, 50-59 years old, and 60 or more years old*. Since not all respondents completed each section of the survey, the total number of participants in this section differed when exploring the sample sizes for role conflict and role ambiguity. Details are included in Table 21.

A one-way between subjects ANOVA was conducted to compare mean scores on each dependent variable and the and the age of the participant. Results of this ANOVA revealed that there are some differences among school counselors based on their ages,

with a slightly higher mean for role conflict [ $F(5, 199) = .705, p = .62$ ] among school counselors in the age range of 40-49 years old, but not significantly so, and a slightly higher mean for role ambiguity [ $F(5, 182) = 2.19, p = .057$ ] among school counselors in the age range of 20-29 years old in comparison to older participants, at nearly a statistically significant level.

Table 21

*Means and Standard Deviations for Dependent Variables and Age*

Instrument	20-29		30-39		40-49		50-59		60+	
	RC (n=12)	RA (n=11)	RC (n=52)	RA (n=47)	RC (n=64)	RA (n=59)	RC (n=61)	RA (n=60)	RC (n=14)	RA (n=10)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RCRAI- RC	2.57	1.04	2.51	0.883	2.73	0.898	2.51	0.839	2.51	1.79
RCRAI- RA	2.45	0.971	2.30	0.813	2.41	0.872	2.20	0.783	2.00	.610

Table 22

*Results of Analysis of Variance (ANOVA) for Age*

Instrument	Sum of Squares	df	Mean Square	F	Sig.
RCRAI- RC					
Between Groups	2.77	5	.554	.705	.620
Within Groups	156.36	199	.786		
RCRAI- RA					
Between Groups	7.44	5	1.48	2.19	.057
Within Groups	123.59	182	.679		

## Summary

This chapter is a summation of the results to the questionnaire administered to 246 practicing licensed school counselors in a western state. Independent samples *t* tests and a series of analysis of variance (ANOVA) were employed to identify differences in role conflict and role ambiguity in school counselors who engage in clinical supervision activities and school counselors who do not engage in clinical supervision activities.

The aggregate results of the personal demographics indicated that the mean participants were Caucasian females, aged 40-49. The professional demographics indicated that the participants had worked as a school counselor between zero and 25 or more years, with an overwhelming majority holding a master's degree and more than half of participants holding an additional license or certification.

The independent samples *t* test results indicated significant differences existed with role ambiguity among school counselors who engaged in clinical supervision activities and those who did not engage in clinical supervision, with higher scores for role conflict, as well, but not at the statistically significant level.

An additional independent samples *t* test result determined that although differences existed, no significant differences existed among role conflict and role ambiguity and current and preferred clinical supervision practices of school counselors participating in the study.

The ANOVA results indicated significant differences did exist among role ambiguity and grade level of service for school counselors, with elementary school

counselors having the least amount of role ambiguity. Although difference did exist among role conflict and grade level of service for school counselors, the differences were not significant.

A series of exploratory ANOVA results indicated significant differences did exist among the dependent variables of role conflict and role ambiguity and the independent variables of observation of individual counseling services, classroom counseling services, student advocacy in meetings, crisis response services and offering community resource referrals with higher role conflict and role ambiguity among those who were not observed delivering these services within the last 12 months or were never observed delivering these services.

## **Chapter 5**

### **Discussion**

School counselors are responsible for a diverse set of tasks within their positions at the school site. From assisting students with academic achievement, helping them to explore opportunities for future careers and developing the understanding of personal and social growth needed for success, school counselors deliver services to students of all backgrounds and grade levels. The difficulty in the position lies in the idea that school counselors must address the needs of all students, despite being conflicted about their role in the school and have support from supervisors about certain aspects of their position and lack support in other aspects (Duncan, Brown-Rice, & Bardhoshi, 2014). School counselors report many challenges in their position including conflicting demands, over commitment to tasks that do not represent their valued contributions and unclear expectations (Coll & Freeman, 1997).

One way to address these concerns is through access to quality clinical supervision to reduce role conflict and role ambiguity (Bernard & Goodyear, 2019). Clinical supervision can address the school counselor role for better clarity, more job satisfaction, increased productivity, increased job effectiveness, increased commitment to organizational goals, decreased absenteeism and decreased job-related tension and fatigue (Baird, 1969; Beehr, Walsh, & Taber, 1976; Coll & Rice, 1994; Greene, 1982; Jackson & Schuler, 1985; Johnson & Green, 1973; Kottkamp & Mansfield, 1985; Miles & Perrault, 1976; Van Sell, Brief, & Schuler, 1981). In Chapters 1 and 2, evidence was presented

that clinical supervision could impact role conflict and role ambiguity in school counselors.

The purpose of this study was to examine current and preferred clinical supervision practices and their relationship to school counselors' feelings of role conflict and role ambiguity. A total of 246 licensed school counselors provided data on their exploration of role conflict and role ambiguity within their positions, their experiences with supervisors and observation and current and preferred clinical supervision practices. Participants completed a 76-item survey instrument including a demographic questionnaire, an evaluation section and two scales: The Role Conflict and Role Ambiguity Inventory (RCRAI), and the Current and Preferred Supervision Practices Questionnaire. The data collected using this instrument were used to compare variables. Results of several procedures performed through data analysis were useful in examining the four presented hypotheses for this study. In this chapter, a summary of the findings is presented, as well as the interpretations of the results included in Chapter 4, in addition to a discussion of potential limitations. Implications for practicing school counselors, counselor educators and school counselor educators are considered. Finally, the results of this study are used for future research suggestions.

The primary research question for this study was: What are the differences in role conflict and role ambiguity for school counselors who engage in aspects of clinical supervision and school counselors who do not engage in aspects of clinical supervision? A secondary question was: What are the differences between role conflict and role ambiguity and school counselors' current and preferred practices in clinical supervision? A third research question for this study was: What are the differences between role

conflict and role ambiguity in school counselors and the grade level in which they work? An exploratory fourth research question was: What are the differences in role conflict and role ambiguity in school counselors when observed engaging in school counseling tasks? In addition to findings that suggest a significant relationship between variables, other findings of interest suggesting non-significant or no relationship are also discussed. These data were presented in Chapter 4 and are discussed and interpreted in the present chapter.

### **Discussion**

After a review of the literature, there was sufficient evidence to connect role conflict and role ambiguity with supervision (Bernard & Goodyear, 2019; Duncan et al., 2014; Olk & Friedlander, 1992; Sutton & Page, 1994). For this study, the sample of practicing, licensed school counselors was drawn from one state and is similar to samples in analogous studies. Most participants in the sample were female (80.9%), which is consistent with previous research on the school counseling profession. A majority of the participants in this study were Caucasian (69.9%), which is also similar to other studies. Two recent studies conducted with practicing school counselors produced similar samples, with a majority of the participants were Caucasian females (Duncan et al., 2014; Merlin-Knoblich, Harris, & Chung, 2018). To protect the integrity of the statistical analyses, all assumptions for the *t* tests and Analysis of Variance (ANOVA) procedures were tested before carrying out the analyses. The results indicated that the assumptions of sphericity, normality and homogeneity were met, indicating that the analyses could be run without transformed data.

A *t* test analysis was performed for both dependent variables, current supervision and preferred supervision. The dependent variables were measured by scores on Olk and Friedlander's (1992) Role Conflict Role Ambiguity Inventory (RCRAI). The independent variables were measured by scores on Borders and Usher's (1992) Current and Preferred Supervision Practices Questionnaire which was used as a model to obtain responses from surveyed practicing, licensed school counselors in the current study. A multivariate assessment was not conducted due to interest of this study lying in obtaining information about the difference between clinical supervision and role conflict and role ambiguity as separate variables.

**Current Supervision and Role Conflict and Role Ambiguity among School Counselors.** The vast majority of school counselors reported receiving supervision from an administrator or non-counseling supervisor ( $n = 230$ ) versus from a counseling supervisor ( $n = 7$ ). Administrative supervision and clinical supervision were clearly defined for this study. Administrative supervision was defined as supervision focusing on the policies and procedures governing the school community and most often performed by a school administrator who may not have a counseling background (Henderson & Gysbers, 2008). Clinical supervision was defined as supervision which is responsive to the information presented by a school counselor within the session with the evaluator, is individualized in nature and is essential to the individual who is mastering the counseling skills of the school counseling profession (Bernard & Goodyear, 2019).

### **Who is providing Clinical Supervision?**

Using these definitions to help participants explain what their situations are in their current settings, it can be determined that nearly all the respondents are receiving administrative supervision from an individual in a leadership position, working from a very different professional perspective (most likely educational leadership/principal training). In the last 12 months a majority of the evaluation and clinical observation happened in staff or parent meetings (71.5%), classroom counseling lessons (68.2%), offering community resource referrals (65.8%), and responding to school emergencies or crises (52%). Alarming, nearly half of school counselors who responded to the survey had never been observed by their supervisor engaged in individual counseling services (45.7%) or engaged in small group counseling services (40.1%), both of which are key components to the mindsets and behaviors listed in the ASCA School Counselor Professional Standards and Competencies (2019). In addition to absent observations of services, school counselors reported that nearly 40% of evaluation meetings never include discussions about difficult student meetings. According to collected data, although most (65.8%) supervisors discuss the delivery of services through a comprehensive school counseling program, a lack of feedback in key areas, can leave school counselors with ambiguous expectations on how to handle this part of their position. According to Bernard and Goodyear (2019), supervision is defined as a relationship between a junior member of a profession and a more senior member of that profession. When it comes to the data collected in the current study, this type of supervision is largely not occurring among sampled school counselors.

### **The Power of Clinical Supervision**

The data analysis in this study revealed that the school counselors who engage in clinical supervision have lower role conflict and role ambiguity scores than those who do not engage in clinical supervision activities, which suggests that access to clinical supervision activities makes a difference in decreasing role conflict and role ambiguity for practicing school counselors. Those school counselors who participate in clinical supervision activities have a clear understanding of their role in the school setting and are sure about expectations set by their supervisors.

Role conflict and role ambiguity in the workplace is associated with distrust and negative attitudes toward role sources (Van Sell, Brief, & Schuler, 1981), lack of loyalty (Greene, 1972), powerlessness (Kottkamp & Mansfield, 1985), job dissatisfaction (Jackson & Schuler, 1985), professional stagnation (Coll & Rice, 1994), job related tension and fatigue (Beehr, Walsh, & Tabor, 1976), low job effectiveness (Miles & Perrault, 1976), lower commitment to organizational goals (Baird, 1969), low productivity and high absenteeism (Van Sell et al., 1986), high rates of personnel turnover (Beehr et al., 1976), decreased self-confidence (Kahn et al., 1964), increased anxiety and decreased job satisfaction (Olk & Friedlander, 1992), uncertainty about the type of behaviors in which to engage (Bernard & Goodyear, 2019), and more seemingly negative experiences (Protivnak, 2008). Minimizing the role conflict and role ambiguity in school counselors through the use of clinical supervision practices can have a positive impact on how individuals carry out their delivery of services. Results from this current study are similar to those found in a study completed by Moyer (2011) stating that a significant indicator of school counselor burnout, dimensions of incompetence, negative

work environment and devaluing of clients all pointed to the amount of clinical supervision received.

### **Conflict and Ambiguity and Years of Experience**

Survey results showed that school counselor participants had more role ambiguity in years 0-4 of experience and more role conflict in years 5-9 of experience. This finding indicates that as school counselors begin their careers, they are more unclear about what their role entails at the school than they are with more experience in the job. The increase in role conflict in years 5-9 indicates that they have more clarity of expectations, yet those expectations may not align with what they see their role is as a school counselor, implying that school counselors who have had a few years of experience in the job at that point in their career may have conflicts with what they are being asked to do to fulfill their role in mid-career.

**Preferred Supervision and Role Conflict and Role Ambiguity among School Counselors.** School counselors are charged with widely varied duties in their role supporting students. With such varied tasks, supervision is necessary for managing effective school counseling services (Herlihy et al., 2005). Although ASCA (2019) requires that school counselors deliver students a comprehensive counseling program using the national model's four basic components (i.e., Define, Manage, Deliver, and Assess), it is not explicit in including recommendations for supervision for practicing school counselors. Regardless of the lack of recommendation, providing quality clinical supervision for practicing school counselors in pre-K-12 school settings is considered "both a responsibility and a challenge for professionals in the field" (Murphy & Kaffenberger, 2007, p. 1).

### **Most Prefer Clinical Supervision**

When exploring role conflict and role ambiguity in relation to school counselors who would prefer to engage in clinical supervision (74.6%), results showed that school counselors who would prefer to engage in clinical supervision had more role conflict ( $M=2.71$ ,  $SD=.94$ ) than school counselors who would not prefer to engage in clinical supervision activities ( $M=2.57$ ,  $SD=.91$ ) and school counselors who would prefer to engage in clinical supervision had more role ambiguity ( $M=2.44$ ,  $SD=.94$ ) than school counselors who would prefer not to engage in clinical supervision activities ( $M=2.20$ ,  $SD=.83$ ). These findings indicate that those who struggle with defining their role as a school counselor would like to access the support of a senior counselor in the field for guidance and clarification.

Unfortunately, there are barriers to accessing clinical supervision. Participants shared that the largest barrier to clinical supervision was a lack of time during contract hours (19.5%) followed by a lack of access to clinical supervisors in their area (15.9%). The smallest barrier shared was that they were uncomfortable with the evaluative dynamic of the supervisory relationship (2%).

### **Who Should Provide Clinical Supervision?**

In this study, respondents were also asked about their current and preferred clinical supervision practices. Of those participants with usable responses, 74.6% stated they would prefer to engage in clinical supervision activities, with nearly half, stating they would either prefer a district level counseling coordinator or specialist as a clinical supervisor, or they didn't mind what the role was of the preferred clinical supervisor. A majority of the respondents stated that they had no preference when it came to the gender,

ethnicity or the highest level of education of their preferred clinical supervisor, with the minimum degree being a master's level. Most school counselors would prefer monthly supervision sessions, paid for by the school district, but not as a requirement of the school district. Engagement in clinical supervision is preferred as a way to meet state licensure requirements and credential requirements, (i.e., the hours needed for NBCC certifications). Other respondents stated that they would like to engage in clinical supervision as a way to "become a more competent professional", "improve counseling skills", "improve my services to students" and "to help with processing and reflecting on what happens on the job".

### **Grade Level and Role Conflict and Role Ambiguity**

Participating school counselors reported on the grade level to which they delivered counseling services as part of the demographics portion of the questionnaire. Of the total 222 school counselors who responded to this question, the elementary school counselors (n= 98) were the largest group to respond, followed by the high school counselors (n= 66) and lastly, the smallest group to respond was the middle school counselors (n=58). The final research question explored asked if there were differences in role conflict and role ambiguity among school counselors who engage in clinical supervision and those who do not when looking at grade levels.

According to the results of the one-way ANOVA conducted in this study, elementary school counselors had the lowest mean score for role conflict ( $M= 2.44$ ,  $SD= .94$ ) and role ambiguity ( $M= 2.28$ ,  $SD= .89$ ) when comparing to high school counselors' scores for role conflict ( $M=2.66$ ,  $SD= .78$ ) and role ambiguity ( $M=2.30$ ,  $SD= .71$ ) and middle school counselors' scores for role conflict ( $M=2.74$ ,  $SD=.89$ ) and role ambiguity

( $M=2.36$ ,  $SD= .89$ ) who had the most role conflict and role ambiguity of all groups. These findings differ from previous research (Coll & Freeman, 1997) where findings showed that elementary level counselors had more role conflict than middle and high school counselors. As standards and competencies of the ASCA National Model (2019) have developed over the last 20 years for practicing school counselors nationwide, these changes may relate to the differences between the current study's role conflict scores and those referenced in the previous study. ASCA (2019) created mindsets and behaviors helping to define the role of school counselors across the country, however, school counselors at the elementary level are now performing more counseling-related tasks, decreasing their role conflict and role ambiguity, as opposed to the often quasi-administrative tasks asked of middle school and high school level counselors, such as class scheduling and testing administration (Ross & Herrington, 2006) that may be viewed as unnecessary or misaligned with expectations of the job, therefore, increasing role conflict and role ambiguity for school counselors especially at the middle school grade level.

### **Supervision of Counseling Tasks connected to Role Conflict and Role Ambiguity.**

For exploration purposes, the current study included additional analyses as guided by the professional literature. ASCA (2019) recommends that school counselors engage in individual counseling services, small group counseling services, classroom counseling services, advocacy in parent/teacher meetings, crisis response services and community resource referral services. Additional findings from the current study revealed significantly higher role conflict and role ambiguity scores for school counselors who were not observed delivering counseling services. Participants in the current study who

were not recently observed engaged in individual counseling (59.8%), classroom counseling (29.9%), advocacy in meetings (27.1%), crisis response (43.9%) and community resource referral (33.6%) had significantly higher role conflict and role ambiguity scores ( $p = <.01$ ). A lack of observation for school counselors engaging in recommended counseling practice for this study speaks to the evidence in the literature that suggests that most school counselors receive supervision from individuals in an administrative position, most of which have no training in counseling or clinical supervision (Coll, 1995). According to Borders (1994), good supervisors are committed to assisting the counselor in growth and demonstrate commitment to the process of supervision by preparation and involvement in supervision sessions. School counselors must educate their administrators about the role of the school counselor to increase quality services and support for students (Cervoni & DeLucia-Waack, 2011). Engagement in clinical supervision with a senior counselor who has a strong knowledge base in the role of the school counselor, as well as a willingness to engage in an evaluative relationship through supervision sessions can reduce the conflict and ambiguity school counselors may feel when struggling with their role (Borders & Goodyear, 2019).

### **Limitations**

A significant limitation of this study involved the method of participant selection. Since practicing school counselors self-referred themselves as participants in the group, they already expressed an interest in participation in the survey and an interest in research around role conflict and role ambiguity as it relates to school counselors and clinical supervision. This fact excluded studying the experiences of school counselors who were

less motivated toward an interest in participation in the survey and research around role conflict and role ambiguity as it relates to school counselors and clinical supervision. Therefore, the study was limited to determining the relationship between role conflict and role ambiguity with school counselors who were already interested in participation in the topic of clinical supervision. This indicates the need for further research to study the use of clinical supervision and the relationship among role conflict and role ambiguity in school counselors who do not self-refer.

Another limitation of the study was the sample size due to several factors. First, sample size was limited to those school counselors willing to volunteer and self-refer to participate in the study. Although the state has a total of nearly one thousand practicing school counselors, invitations were sent only to those school counselors listed in the state association directory. Since not all school counselors statewide are members of the state association, there was a limitation on who was invited to participate in the study.

A final limitation of this study incorporated the potential for researcher bias since the researcher studied the work of Coll and Rice (1993), Olk and Friedlander (1992), and Borders and Usher (1992) to create a questionnaire for the purposes of the study. The researcher controlled for this through regular supervision.

### **Implications for School Counselors, Supervisors and Counselor Educators**

It is imperative that counselors understand the connection between engaging in clinical supervision activities and role conflict and role ambiguity. In these complicated times of school shootings, high suicide rates and global epidemics, school counselors must have access to clinical supervision to combat the role conflict role ambiguity they

face without appropriate clinical supervision and the rising need for counseling services in their communities. In order to address the concerns that accompany role conflict and role ambiguity in the workplace such as: high rates of role stress (Culbreth, Scarborough, Banks-Johnson & Solomon, 2005), feelings of powerlessness (Kottkamp & Mansfield, 1985), high turnover in personnel (Beehr, Walsh, & Taber, 1976; Johnson & Green, 1973), high absenteeism and low productivity (Van Sell, Brief, & Schuler, 1981), low job effectiveness (Miles & Perrault, 1976), job dissatisfaction (Jackson & Schuler, 1985), job related tension and fatigue (Beehr et al., 1976) professional stagnation (Coll & Rice, 1994), and lower commitment to organizational goals (Baird, 1969), school counselors can seek out a clinical supervisor for relevant feedback for professional growth and development.

According to the American Counseling Association (ACA) *Code of Ethics* (Section C.2.d., ACA, 2014) counselors must consistently monitor their effectiveness as professionals and take steps to improve when needed and continue to engage in clinical supervision activities after receiving their graduate degree to evaluate their efficacy as counselors. Advocacy by practicing school counselors for the need for clinical supervision will ensure they are empowered to better understand their role within the school. Making individuals in leadership positions aware of the relationship between engagement in clinical supervision practices and a decrease in role conflict and role ambiguity may help to create positions within the state, within the school district and or within the schools themselves for a senior school counselor hired as a clinical supervisor to offer guidance, feedback and support to junior members of the profession, aiding in professional growth and an improved counseling skill set. For those states without

adequate funding for new clinical supervision positions, an option may be the previously mentioned Structured Peer Group Supervision Model (Borders, 1991) or the Structured Group Supervision Model (Wilber & Roberts-Wilbur, 1983) where practicing school counselors can use their own peers for supervision and support.

The potential implications for school counselor educators would be in the training of future school counselors and including information about post-degree clinical supervision and discussion about which professionals to reach out to for clinical supervision support.

Seeking out state or district level counseling coordinators or specialists, as well as community counselors and therapists, would be beneficial for graduating school counselors in which to have access. The inevitability of becoming a site supervisor once in practice (Duncan, et al., 2014) can also be addressed within the school counselor program by educating the trainees about relevant supervision models for the school setting, as well as how to assist supervisees in professional growth as a site supervisor. This work can be done through collaborative efforts between the university and the school district to ensure consistency in message and practice.

### **Future Research**

While this research study makes an important contribution to the field of school counseling, there are several recommendations for future research. Future research in the area of clinical supervision and role conflict and role ambiguity will build upon and expand this study. First, while differences between engagement in clinical supervision activities and less role conflict and role ambiguity was found within the results of this study, more research is needed to understand what models of clinical supervision impact role conflict and role ambiguity among practicing school counselors. A repeated

measures design with the use of the Structured Group Supervision Model (Wilber & Roberts-Wilbur, 1983) or the use of Borders's (1991) model may help practicing school counselors to see the impact engagement in these particular clinical supervision models can have on role conflict and role ambiguity. In addition to seeing the impact on role conflict and ambiguity scores, it would also be valuable to see the difference in response to the intervention at different grade levels.

A study that continues of the duration of an entire school year would be important, as school counselors have varied tasks they must complete during different times of the school year. By conducting the study over the course of the school year, all services delivered through the comprehensive counseling curriculum can be address through clinical supervision.

Finally, a qualitative study exploring the reasons behind school counselors not being able to access clinical supervision or exploring what counseling experiences school counselors felt have warranted clinical supervision in their careers. A phenomenological study would bring more insight into the finding that engagement in clinical supervision relates to less role conflict and ambiguity. Without qualitative data, it cannot be as easily understood.

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## Appendix A

## IRB Exemption Status



University of Nevada, Reno

**Research Integrity**  
 218 Ross Hall / 331,  
 Reno, Nevada 89557  
 775.327.2368 / 775.327.2369 fax  
[www.unr.edu/research-integrity](http://www.unr.edu/research-integrity)

DATE: December 4, 2019  
 TO: Kenneth Coll, PhD  
 FROM: University of Nevada, Reno Institutional Review Board (IRB)

PROJECT TITLE: [1519319-1] Clinical Supervision and Role Conflict & Role Ambiguity for Practicing School Counselors  
 REFERENCE #: Social Behavioral  
 SUBMISSION TYPE: New Project  
 ACTION: DETERMINATION OF EXEMPT STATUS  
 REVIEW TYPE: Exempt  
 DECISION DATE: December 4, 2019  
 REVIEW CATEGORY: Exempt Category 2i

An IRB member has reviewed this project and has determined it is EXEMPT FROM IRB REVIEW according to federal regulations. Please note, the federal government has identified certain categories of research involving human subjects that qualify for exemption from federal regulations.

Only the IRB has been designated by the University to make a determination that a study is exempt from federal regulations. The above-referenced protocol was reviewed and the research deemed eligible to proceed in accordance with the requirements of the Code of Federal Regulations on the Protection of Human Subjects (45 CFR 46.104).

#### Reviewed Documents

- Application Form - Exempt IRBFlex Min Risk No Federal Support 083117- K Moore 10-31-2019.docx (UPDATED: 10/31/2019)
- Consent Form - Appendix B- updated 11-27-19.docx (UPDATED: 11/27/2019)
- Consent Form - Appendix B.docx (Replaced with 11-27-19 document) (UPDATED: 10/30/2019)
- Other - Recruitment email 10-30-2019.pdf (UPDATED: 10/30/2019)
- Questionnaire/Survey - SurveyMonkey 11-27-2019.pdf (UPDATED: 11/27/2019)
- Questionnaire/Survey - Survey Monkey 10-30-2019.pdf (Replaced with 11-27-19 document) (UPDATED: 10/30/2019)
- University of Nevada, Reno - Part I, Cover Sheet - University of Nevada, Reno - Part I, Cover Sheet (UPDATED: 10/30/2019)

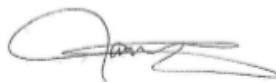
If you have any questions, please contact Cecilia Brooke Cholka at (775) 327-2370 or at [cbcholka@unr.edu](mailto:cbcholka@unr.edu).

**NOTE for VA Researchers: You are not approved to begin this research until you receive an approval letter from the VASNHCs Associate Chief of Staff for Research stating that your research has been approved by the Research and Development Committee.**

Sincerely,



Richard Bjur, PhD  
Co-Chair, UNR IRB  
University of Nevada Reno



Janet Usinger, PhD  
Co-Chair, UNR IRB  
University of Nevada Reno

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Nevada, Reno IRB's record.

## Appendix B

## Initial Email Request for Survey Participation

**NvSCA is requesting a few minutes of your time!**

***One of our very own school counselors is conducting a research study and needs your input and experience. Please consider taking a few minutes of your time to fill out her survey. Results from her study will be shared with Nevada school counselors.***

Dear school counselor,

We are conducting a research study to learn about your experiences as a school counselor in the state of Nevada. We are especially interested in learning how current and preferred evaluation practices of school counselors relate to any conflicts individuals may experience in their role as school counselor.

Key terms of the survey:

Administrative supervision- focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background

Counseling Clinical supervision- is responsive to the information presented by a school counselor within the session with the evaluator, is individualized in nature and is essential to the individual who is mastering the counseling skills of the school counseling profession

Role conflict- occurs when school counselors have specific expectations for themselves and/or their supervisor, but these expectations contradict those of the supervisor

Role ambiguity-occurs when school counselors are unclear, unsure, or confused about what their supervisor expects

Informed Consent:

This survey is part of a minimal risk research project and will remain confidential. Your participation is completely voluntary, and if you come to any

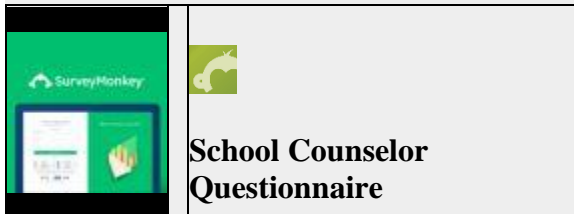
question you prefer not to answer, please skip the question and go on to the next. You may stop at any time. Declining to participate or stopping your participation will not have any negative effects on your licensure as a school counselor or your membership and standing within the Nevada School Counselor Association. You may ask questions of the researcher at any time by calling Kenneth Coll, PhD, the principle investigator or Kelli Paloolian Moore, coinvestigator, in the Counselor Education & Supervision program, at the University of Nevada, Reno at (775) 682-5517 or by sending an email to [kcoll@unr.edu](mailto:kcoll@unr.edu) or [kellip@nevada.unr.edu](mailto:kellip@nevada.unr.edu).

You may ask about your rights as a research participant. If you have questions, concerns, or complaints about this research, you may report them (anonymously if you so choose) by calling the University of Nevada, Reno Research Integrity Office at 775.327.2368.

Thank you for your participation in this study.

The questionnaire should take about 15 minutes to complete. To begin the survey, simply click the link below:

[School Counselor Questionnaire](#)



Many Thanks,

*Kelli Paloolian Moore, NCC, NCSC*

*Counselor Education & Supervision*

*University of Nevada, Reno*

This message was sent to you by Nevada School Counselor Association  
 If you no longer wish to receive these emails, you can [unsubscribe](#) at any time  
 Please contact us at [nvsca@wildapricot.org](mailto:nvsca@wildapricot.org)

## Appendix C

## First Reminder Email Request for Survey Participation



**NvSCA would like to thank all of the school counselors who have submitted responses to the survey!**

**We are still encouraging more school counselors to please try and take a few minutes of time over the next few weeks to submit your feedback.**

***One of our very own school counselors is conducting a research study and needs your input and experience. Please consider taking a few minutes of your time to fill out her survey. Results from her study will be shared with Nevada school counselors.***

Dear school counselor,

We are conducting a research study to learn about your experiences as a school counselor in the state of Nevada. We are especially interested in learning how current and preferred evaluation practices of school counselors relate to any conflicts individuals may experience in their role as school counselor.

Key terms of the survey:

*Administrative supervision-* focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background

*Counseling Clinical supervision-* is responsive to the information presented by a school counselor within the session with the evaluator, is individualized in nature and is essential to the individual who is mastering the counseling skills of the school counseling profession

*Role conflict-* occurs when school counselors have specific expectations for themselves and/or their supervisor, but these expectations contradict those of the supervisor

*Role ambiguity-* occurs when school counselors are unclear, unsure, or confused about what their supervisor expects

Informed Consent:

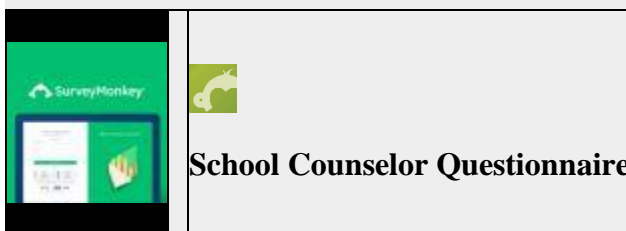
This survey is part of a minimal risk research project and will remain confidential. Your participation is completely voluntary, and if you come to any question you prefer not to answer, please skip the question and go on to the next. You may stop at any time. Declining to participate or stopping your participation will not have any negative effects on your licensure as a school counselor or your membership and standing within the Nevada School Counselor Association. You may ask questions of the researcher at any time by calling Kenneth Coll, PhD, the principle investigator or Kelli Paloolian Moore, coinvestigator, in the Counselor Education & Supervision program, at the University of Nevada, Reno at (775) 682-5517 or by sending an email to [kcoll@unr.edu](mailto:kcoll@unr.edu) or [kellip@nevada.unr.edu](mailto:kellip@nevada.unr.edu).

You may ask about your rights as a research participant. If you have questions, concerns, or complaints about this research, you may report them (anonymously if you so choose) by calling the University of Nevada, Reno Research Integrity Office at 775.327.2368.

Thank you for your participation in this study.

The questionnaire should take about 15 minutes to complete. To begin the survey, simply click the link below:

[School Counselor Questionnaire](#)



Many Thanks,

*Kelli Paloolian Moore, NCC, NCSC*

*Counselor Education & Supervision*

*University of Nevada, Reno*

## Appendix D

## Final Reminder Email Request for Survey Participation



## Last Call to Participate in a School Counseling Research Study!

Let's help our fellow NvSCA member and school counselor with a few more responses! Research will be shared with Nevada School Counselors and presented at the 2020 NvSCA conference!



Hello all,

This is the final request for NvSCA members to complete the school counselor survey regarding current and preferred evaluation practices and how these relate to any conflict school counselors may have experienced in their role. Thank you to those who have

completed the survey, so far, as 126 school counselors have completed the survey. We look forward to sharing the results of the survey at the NvSCA Conference in March!

Key terms of the survey:

Administrative supervision- focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background

Counseling Clinical supervision- is responsive to the information presented by a school counselor within the session with the evaluator, is individualized in nature and is essential to the individual who is mastering the counseling skills of the school counseling profession

Role conflict- occurs when school counselors have specific expectations for themselves and/or their supervisor, but these expectations contradict those of the supervisor

Role ambiguity-occurs when school counselors are unclear, unsure, or confused about what their supervisor expects

Informed Consent:

This survey is part of a minimal risk research project and will remain confidential. Your participation is completely voluntary, and if you come to any question you prefer not to answer, please skip the question and go on to the next. You may stop at any time. Declining to participate or stopping your participation will not have any negative effects on your licensure as a school counselor or your membership and standing within the Nevada School Counselor Association. You may ask questions of the researcher at any time by calling Kenneth Coll, PhD, the principle investigator or Kelli Paloolian Moore, coinvestigator, in the Counselor Education & Supervision program, at the University of Nevada, Reno at (775) 682-5517 or by sending an email to [kcoll@unr.edu](mailto:kcoll@unr.edu) or [kellip@nevada.unr.edu](mailto:kellip@nevada.unr.edu).

You may ask about your rights as a research participant. If you have questions, concerns, or complaints about this research, you may report them (anonymously if you so choose) by calling the University of Nevada, Reno Research Integrity Office at 775.327.2368.

[School Counselor Questionnaire](#)





## Appendix E

## Clinical Supervision and Role Conflict &amp; Role Ambiguity for School Counselors Questionnaire

\* 1. I am currently practicing as a licensed school counselor in the state of Nevada.

Yes

No

## Clinical Supervision and Role Conflict &amp; Role Ambiguity for School Counselors Questionnaire

\* 2. What is your ethnicity?

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Latinx or Hispanic
- White / Caucasian
- Multiracial
- Choose not to disclose

\* 3. What is your gender identity?

- Female
- Male
- Transgender Female
- Transgender Male
- Non-binary
- Response Not listed (please specify)

\* 4. How many years of experience do you have as a school counselor?

- 0-4 years experience
- 5-9 years experience
- 10-14 years experience
- 15-24 years experience
- 25 years or more experience
- Choose not to disclose

\* 5. What is your highest level of education?

- Master's degree
- Doctorate degree
- Choose not to disclose

\* 6. What is your age?

- 20-29  
 30-39  
 40-49  
 50-59  
 60 or older  
 Choose not to disclose

\* 7. Did you attend a Council for Accreditation of Counseling and Related Educational Programs (CACREP) Accredited counseling program while getting your degree?

- Yes  
 No  
 Choose not to disclose

\* 8. What professional counseling certifications do you possess? (check all that apply)

- Nationally Certified Counselor (NCC)  
 Nationally Certified School Counselor (NCSC)  
 Clinical Professional Counselor (CPC)  
 Marriage and Family Therapist (MFT)  
 Licensed Clinical Social Worker (LCSW)  
 None of these  
 Choose not to disclose  
 Other (please specify)

\* 9. As a school counselor, what grade level do you serve?

- Elementary  
 Middle  
 High  
 Choose not to disclose  
 Multiple levels (please specify)

\* 10. Who completes your annual performance evaluation?

- an administrator (principal/assistant principal/dean)
- a lead counselor
- a district counseling coordinator
- a community counselor/therapist (CPC, MFT)
- None of these
- Choose not to disclose
- Other (please specify)

\* 15. Were you recently observed by your evaluator as you engaged as a responder during a school emergency or crisis? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my evaluator as I engaged as a responder during a school emergency or crisis.
- I have never engaged as a responder during a school emergency or crisis.
- Choose not to disclose

\* 16. Were you recently observed by your evaluator as you offered referral and community resource support information to students and/or families? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my evaluator as I offered referral and community resource support information to students and/or families.
- I have never offered referral and community resource support information to students and/or families.
- Choose not to disclose

\* 17. Did your recent evaluation include a formalized meeting?

- Yes
- Not in the last 12 months
- My evaluation has never included a formalized meeting.
- Choose not to disclose

\* 18. Did your recent evaluation include an explanation of role expectations?

- Yes
- Not in the last 12 months
- My evaluation never included an explanation of expectations.
- Choose not to disclose

\* 19. Did your recent evaluation include a discussion around difficult student meetings?

- Yes
- Not in the last 12 months
- My evaluation never included a discussion around difficult student meetings.
- Choose not to disclose

## Clinical Supervision and Role Conflict &amp; Role Ambiguity for School Counselors Questionnaire

\* 11. The following 14 questions relate to your recent experiences with your annual performance evaluations. Recent is defined as an evaluation you have experienced in the last 12 months.

Were you recently observed by your evaluator as you engaged in individual counseling services? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my evaluator as I engaged in individual counseling services
- I have never engaged in individual counseling services.
- Choose not to disclose

\* 12. Were you recently observed by your evaluator as you engaged in small group counseling services? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my evaluator as I engaged in small group counseling services
- I have never engaged in small group counseling services.
- Choose not to disclose

\* 13. Were you recently observed by your evaluator as you engaged in classroom counseling curriculum lessons? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my evaluator as I engaged in classroom counseling curriculum lessons.
- I have never engaged in classroom counseling curriculum lessons.
- Choose not to disclose

\* 14. Were you recently observed by your evaluator as you engaged as a student advocate in a staff or parent meeting (504, IEP, etc.)? (check one)

- Yes
- Not in the last 12 months
- I have never been observed by my supervisor as I engaged as a student advocate in a staff or parent meeting (504, IEP, etc.).
- I have never engaged as a student advocate in a staff or parent meeting (504, IEP, etc.).
- Choose not to disclose

\* 20. Did your recent evaluation include a discussion around delivering services through a comprehensive school counseling program?

- Yes
- Not in the last 12 months
- My evaluation never included a discussion around delivering services through a comprehensive school counseling program
- Choose not to disclose

\* 21. Does your evaluator have any previous experience as a school counselor?

- Yes
- Not the evaluator I have had in the last 12 months
- My evaluators have never had any experience as a school counselor.
- Choose not to disclose

\* 22. Does your evaluator have an understanding of the role of the school counselor that aligns with your own perceived role as a school counselor?

- Yes
- Not the evaluator I have had in the last 12 months
- My evaluators have never had an understanding of the role of the school counselor that aligns with my own perceived role as a school counselor.
- Choose not to disclose

Clinical Supervision and Role Conflict & Role Ambiguity for School Counselors Questionnaire

23. The following 14 statements relate to your work environment. Please identify the degree to which you agree or disagree with the following statements:

I have to work on unnecessary things.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. I receive an assignment without adequate resources to complete it.

Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. I receive an assignment without the proper support team to complete it.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. I receive incompatible requests from 2 or more people.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. I do things that are apt to be accepted by one person and not accepted by others.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. I have felt that my supervisor was incompetent or less competent than I.

Strongly agree	Agree	Neutral	Disagree	Strongl disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. I have wanted to intervene with one of my students in a particular way and my supervisor wanted me to approach the student in a very different way. I am expected to both judge what is appropriate for myself and also do what I am told.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. My supervisor told me to do something I perceived to be unethical or illegal and I was expected to comply.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

31. Part of me wanted to rely on my own instincts with students, but I always knew that my supervisor would have the last word.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

32. My orientation/philosophy to counseling was different from that of my supervisor. They wanted me to work with students using their framework, and I felt that I should be allowed to use my own approach.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

33. My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular student.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

34. My supervisor asked me to perform tasks that I perceived to be inappropriate to my role as a school counselor.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

35. I disagreed with my supervisor's request to perform duties outside of my perceived role as a school counselor, but I complied with the request due to concerns for negative feedback regarding my evaluation.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

36. My perceived role as a school counselor is aligned with the role described by the American School Counselor Association (ASCA).

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Clinical Supervision and Role Conflict & Role Ambiguity for School Counselors Questionnaire

37. The following 15 statements relate to your work environment. Please identify the degree to which you agree or disagree with the following statements:

I was not certain about what material to present to my supervisor.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. I have believed that my supervisor's behavior in one or more situations was unethical or illegal and I was undecided about whether to confront them.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. My supervisor's criteria for evaluating my work were not specific.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. I was not sure that I had done what my supervisor expected me to do in a session with a student.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. The criteria for evaluating my performance in supervision were not clear.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. I received mixed signals from my supervisor, and I was unsure of which signals to attend to.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. The feedback I received from my supervisor did not help me to know what was expected of me in my day to day work with students.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

45. I was not sure if I should discuss my professional limitations in supervision because I was not sure how I would be evaluated.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

46. My supervisor gave me no feedback and I felt lost.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

47. My supervisor gave no constructive or negative feedback and, as a result, I did not know how to address my limitations.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

48. I was unsure of what to expect from my supervisor.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

49. My supervisor told me what to do with a student, but didn't give me very specific ideas about how to do it.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

50. I was unsure how to perform duties required of me by my supervisor

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

51. I was unsure how my training prepared me for my actual work experience

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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### Clinical Supervision and Role Conflict & Role Ambiguity for School Counselors Questionnaire

\* 52. The following definitions are important to be aware of as you complete the next 12 items regarding your current *counseling clinical supervision* practices (see definitions below):

*Counseling clinical supervision is responsive to the counseling information presented by a junior counselor within a session with the supervising senior counselor, is individualized in nature and is typically very helpful to the school counselor who is mastering the skills of the profession (Bernard & Goodyear, 2019).*

*Administrative supervision focuses on the policies and procedures governing the school community, and is most often performed by a school administrator who typically does not have a counseling background (Henderson & Gysbers, 2008, as quoted by Duncan et al., 2014).*

The professional identity of your current *clinical* supervisor:

- I do not engage in clinical supervision practices.
  community counseling supervisor  
 lead counselor at school site
  Choose not to disclose  
 district counseling coordinator/specialist  
 Other (please specify)

\* 53. The gender identity of your current clinical supervisor is:

- Female
  Transgender Male  
 Male
  Non-binary  
 Transgender Female
  Choose not to disclose  
 Please specify

\* 54. The ethnicity of your current clinical supervisor:

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black or African American  
 Latinx or Hispanic  
 White / Caucasian  
 Multiracial  
 Unsure  
 Choose not to disclose

\* 55. Your current clinical supervisor's highest level of education:

- Master's degree  None of these  
 Doctorate degree  Choose not to disclose  
 Unsure

\* 56. The frequency in which you currently engage in clinical supervision:

- Daily  Annually  
 Weekly  Choose not to disclose  
 Monthly

\* 57. You currently engage in clinical supervision as a district requirement.

- Yes  
 No  
 Choose not to disclose

\* 58. You currently engage in clinical supervision as professional development paid for by the district.

- Yes  
 No  
 Choose not to disclose

\* 59. You currently engage in clinical supervision as professional development, paid for on your own.

- Yes  
 No  
 Choose not to disclose

\* 60. You currently engage in clinical supervision as a way to meet credential/licensure requirements.

- Yes  
 No  
 Choose not to disclose  
 If yes, please specify type of credential or license:

\* 61. You currently engage in clinical supervision for other reasons.

- Yes  
 No  
 Choose not to disclose  
 If yes, please specify:

\* 62. The type of clinical supervision in which you currently engage (choose all that apply):

- individual/triadic clinical supervision  
 small group clinical supervision  
 peer group clinical supervision  
 None of these  
 Choose not to disclose

\* 63. The method in which your current clinical supervisor uses to evaluate your progress (check all that apply):

- live observation  
 recording review (audio/video)  
 self-report  
 None of these  
 Choose not to disclose

## Clinical Supervision and Role Conflict &amp; Role Ambiguity for School Counselors Questionnaire

\* 64. What are the barriers to clinical supervision (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of time during contract hours                    | <input type="checkbox"/> Lack of access to a consistent clinical supervision |
| <input type="checkbox"/> Lack of time outside of contract hours                | <input type="checkbox"/> Uncomfortable with the evaluatory dynamic           |
| <input type="checkbox"/> Uninterested in participation in clinical supervision | <input type="checkbox"/> Choose not to disclose                              |
| <input type="checkbox"/> Evaluator does not value clinical supervision         |  |
| <input type="checkbox"/> Other (Please specify)                                |  |

### Clinical Supervision and Role Conflict & Role Ambiguity for School Counselors Questionnaire

\* 65. The following definitions are important to be aware of as you complete the next 12 items regarding your preferred clinical supervision practices (see definitions below):

*Clinical supervision is responsive to the information presented by a junior counselor within a session with the supervising senior counselor, is individualized in nature and is essential to the school counselor who is mastering the skills of the profession (Bernard & Goodyear, 2019).*

*Administrative supervision focuses on the policies and procedures governing the school community, and most often performed by a school administrator who may not have a counseling background (Henderson & Gysbers, 2008, as quoted by Duncan et al., 2014).*

The professional identity of your preferred clinical supervisor:

- I would prefer not to engage in clinical supervision practices     community counseling supervisor  
 lead counselor at school site     does not matter to me  
 district counseling coordinator/specialist     Choose not to disclose  
 Other (please specify)

\* 66. The gender identity of your preferred clinical supervisor is:

- Female     Non-binary  
 Male     Does not matter to me  
 Transgender Female     Choose not to disclose  
 Transgender Male  
 Please specify

\* 67. The ethnicity of your preferred clinical supervisor:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Latinx or Hispanic
- White / Caucasian
- Multiracial
- Does not matter to me
- Choose not to disclose

\* 68. Your preferred clinical supervisor's highest level of education:

- Master's degree
- Doctorate degree
- Unsure
- Does not matter to me
- Choose not to disclose

\* 69. The frequency in which you prefer to engage in clinical supervision:

- Daily
- Weekly
- Monthly
- Annually
- Choose not to disclose

\* 70. You would like to engage in clinical supervision as a district requirement.

- Yes
- No
- Choose not to disclose

\* 71. You would like to engage in clinical supervision as professional development, paid for by the district.

- Yes
- No
- Choose not to disclose

\* 72. You would like to engage in clinical supervision as professional development, paid for on your own.

- Yes
- No
- Choose not to disclose

\* 73. You would like to engage in clinical supervision as a way to meet credential/licensure requirements.

- Yes  
 No  
 Choose to disclose  
 If yes, please specify type of credential or license:

\* 74. You would like to engage in clinical supervision for other reasons.

- Yes  
 No  
 Choose not to disclose  
 If yes, please specify:

\* 75. The type of clinical supervision in which you prefer to engage (choose all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> individual/triadic clinical supervision | <input type="checkbox"/> None of these          |
| <input type="checkbox"/> small group clinical supervision        | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> peer group clinical supervision         |   |

\* 76. The method in which you would like your clinical supervisor to evaluate your progress (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> live observation               | <input type="checkbox"/> None of these          |
| <input type="checkbox"/> recording review (audio/video) | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> self-report                    |   |
| <input type="checkbox"/> Not listed (please specify)    |   |