An examination of counselor development and supervision among home-based family counselors in Virginia

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AN EXAMINATION OF COUNSELOR DEVELOPMENT AND SUPERVISION AMONG HOME BASED FAMILY COUNSELORS IN VIRGINIA

A Dissertation
presented to
The Faculty of the School of Education
The College of William & Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

By
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AN EXAMINATION OF COUNSELOR DEVELOPMENT AND SUPERVISION AMONG HOME BASED FAMILY COUNSELORS IN VIRGINIA

ABSTRACT

The purpose of this study was to examine the supervision and development (Ego and Conceptual) of home based counselors, and to develop a demographic profile of counselors providing home based services in Virginia. The literature on home based services offers much in terms of the challenges facing the families and the counselors. Families are characterized by more acute, more numerous, and more complex struggles, and the stakes for families are high. Home based services are often the last intervention attempted to prevent the removal of a child from the family's home. The benefits of higher levels of Counselor Development have been explored and well established in the literature, and the connection between development and supervision has been suggested. Four hundred and Eight home based counselors in Virginia were contacted for participation in this study, and a valid sample of 120 was obtained. The findings indicated that home based counselors, on average, were functioning at or slightly above developmental baselines established with counseling graduate students. Further, the majority of counselors expressed dissatisfaction with the supervision they were receiving. Also, there appears to be a feast of famine of supervision, with strong correlations between types of supervision. The study results are interpreted as indicating a need for more training and supervision, matched to the developmental needs of the home based counselors. Limitations of the study and suggestions for future research are presented.

GERARD FRANCIS LAWSON

THE COLLEGE OF WILLIAM AND MARY - SCHOOL OF EDUCATION

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CHAPTER ONE
INTRODUCTION
Statement of the Problem

When a family’s child is removed from the home it can be devastating for everyone involved, and home-based family services are often the last intervention attempted to avoid such a removal. The cost of these placements in fiscal terms is tremendous, with $119,360,840 spent on Foster Care placements (FY 1999) (Virginia Office of Comprehensive Services, 2001) and $64,993,329 spent on incarcerating Virginia youth (FY 2000) (Virginia Department of Juvenile Justice, 2000) creating a profound impact on the Commonwealth of Virginia and her localities. For the children and families involved the impact is extraordinary and goes beyond financial measures, exacting an emotional toll that is inestimable. The dissolution of the family may result in the child internalizing feelings of responsibility for the family’s destruction, and parents being burdened with guilt for failing to preserve their family. Perhaps the most compelling reason to work towards family preservation is the fact that nationwide, 41% of children who enter foster care are not reunited with their parents upon exit (U.S. Department of Health and Human Services & Administration on Children, ). Home-based services are intended to fill the gap between traditional out-patient counseling services, which may not be able to fully meet the needs of the family, and placement of a child outside the home. This form of clinical intervention is often the last hope for troubled families to remain intact.

Home-based services are defined as counseling and case management services provided to families that have a child identified as being at risk for removal from the home. The child’s potential removal may be due to abuse or neglect, the child’s involvement with the juvenile justice system, or behavior problems which require greater management than
the family can provide. The services are primarily delivered in the family's home, but are typically provided within an ecological context taking into consideration the concrete needs (i.e. housing, transportation, employment, nutrition, child care) as well as the clinical needs present in the family. Home Based services are intensive (5-10 hours per week), time limited (typically under six months), and are designed to ameliorate the conditions which have placed the child at-risk.

Home-based services may successfully prevent the placement of youth at risk due to court involvement, emotional disturbance, or serious problems in family functioning (Coleman & Jenson, 2000; Liddel and Hogue, 2000; Walton, 1996). The effectiveness of home-based services has been studied, and has shown that the success of family preservation programs varies based on the model of home-based intervention, and in terms of family and child characteristics (Frankel, 1988; Liddle et al., 2000; Spaid & Fraser, 1991). The one variable related to effectiveness of home-based services which has not yet been studied is the counselor herself or himself. Home-based counseling services engage the families at the highest risk, and the services themselves present numerous challenges including parental resistance, difficulty in keeping the family engaged or focused on treatment goals, slow progress on numerous problems, and ironically, missed appointments. The challenges of providing home-based family counseling services, and the resulting impact on the counselor, bring into sharp relief the need for effective training and supervision for home-based counselors. However, very little is known about home based counselors' training and supervision, and without a greater understanding of the counselors themselves any efforts at assuring or improving the quality of these important services seem fruitless. The current
study is intended to fill these gaps in the research relating to the training and supervision of home-based counselors.

**Justification for the Study**

Home-based services have been provided in a number of different modalities, beginning with volunteer “home visitors” who assisted families in need (Frankel, 1988), and early social work professionals who regularly incorporated home visits into the case work that they performed (Schlachter, 1975; Woods, 1988). Home-based services historically have been utilized in a number of ways, from maximizing Head Start Services for at-risk children to families with high maintenance medical needs (Wasik & Roberts, 1994). The advent of home-based services for family preservation in cases of child abuse and neglect took place in 1977 with the introduction of the Homebuilders model by Kinney et. al (Kinney, Madsen, Fleming, & Haapala, 1977). Since that time the popularity of home-based services has increased dramatically (Banach, 1999). Variations on home-based services as a part of family preservation efforts moved the practice away from only cases of child abuse and neglect, to include maintaining emotionally disturbed youth and court involved youth in their homes (Coleman et al., 2000).

Home base services are based on an ecological approach to clinical services, which means that the entire family is conceptualized as the focus of treatment, as well as the systems and community within which the family lives. Workers are not limited to working within the family's home, in fact counselors very regularly meet with the family in the community, in the courthouse, in schools, or wherever the family requires the worker's support. Services provided in the family home vary, including the rooms used and participants available for session. For example, extended relatives, neighbors, and friends
may be incorporated into the counseling process, with the family’s consent (Heying, 1985; Keresman, Zarski, & Garrison, 1997; Woods, 1988). The home environment provides a great deal of contextual information which can be beneficial to the therapy process, such as the size of the home, sleeping arrangements, indicators of alcohol or drug abuse, or the presence of family photos on the walls, which potentially provide information that would not be easily accessible in the clinic. In addition to these benefits, the home also includes numerous distractions such as telephone calls, television, or young children wandering in and out of sessions (Cottrell, 1994; Reiter, 2000b). As such, managing the sessions typically requires more of the counselor in the home than it would in the clinic.

Most home-based services are provided to families who have become known in the literature as multi-problem families or multi-challenged families. These families are characterized by a combination of both concrete needs (financial assistance, employment services, transportation, child care, etc.) and the presenting emotional problems in the identified client. The one characteristic shared by all home-based families is that an identified child is at imminent risk of being removed from the home. The identified client (i.e. the person for whom the counseling services are initiated) can be referred for services due to any number of concerns: from problematic behavior to severe emotional disturbances, but the referring agency and the home-based counselor must agree that the identified child is at imminent risk of being removed from the home. While families referred for home-based services are particularly challenging due to the severity of the problems they face, their motivation to change may be at its peak (Kinney et al., 1977).

Despite all of its challenges, home-based work holds numerous advantages in terms of the therapeutic process. For example, the family may see the counselor as willing to join
them on "their turf" which often communicates that the counselor is especially invested in helping the family (Boyd-Franklin & Bry, 2000; Reiter, 2000b). Participation in services overall is typically improved because of the flexibility of scheduling home visits, and the fact that the family doesn't have to go leave home attend sessions (Liddle et al., 2000; Woods, 1988). Finally, although there are many distractions and interruptions in the family home, the opportunity to observe the family in its natural setting provides a wealth of information in terms of the family interaction and how they prioritize their relationships (Cottrell, 1994; Reiter, 2000b). Overall for every disadvantage to providing services to families in their home there appear to be at least as many advantages, if the counselor is able to manage the challenges inherent in the work.

There is a consensus in the literature that families receiving home-based services have greater, more numerous, and more acute treatment needs than families served through traditional counseling services (i.e. outpatient clinic) (Keresman et al., 1997). The literature has also established that counselors providing home-based services face challenging and isolated therapeutic environments (Adams & Maynard, 2000; Banach, 1999; Cottrell, 1994; Woods, 1988). Complicating the issue further, there is a common acceptance that home-based services make unique demands on the counselor working with families with tremendous needs, and in highly unstructured settings, managing multiple complex system (Cottrell, 1994; Reiter, 2000a; Snyder & McCollum, 1999). Despite this, there are few if any training programs specifically designed to prepare counselors to provide home-based services (Reiter, 2000a; Wasik et al. 1994; Zarski & Zygmond, 1989), and serious questions about whether and how home-based workers are supervised (Keresman et al., 1997; Little &

With a few exceptions, what has been absent from studies of home-based services to date is an examination of the counselors providing the services, although this appears to be an area with great potential for effecting positive change in home-based services. Considering the challenges facing home-based counselors, particularly in terms of the complex families with whom they work, and the environments in which the work takes place, models of counselor development offer potential for improved understanding of these counselors and how best to support them. Higher levels of counselor development have been found to be associated with more desirable counselor behaviors (Holloway & Wampold, 1986), and developmental models are useful in guiding supervision interventions (Borders & Leddick, 1987). Research in counselor development and counselor supervision is based in the tradition of cognitive development more generally (Borders, 1998).

Fortunately, even in the absence of guidance specific to home-based services, the tradition of cognitive developmental theory, specifically as it relates to counselor development, does provide us with a template for understanding how counselors approach their work, and how supervision can best support them.

Theoretical Rationale

Cognitive Developmental Theory

Cognitive developmental stage theories encompass many different domains that describe human thought processes and how those processes impact behavior. Cognitive stage theory has been extensively researched, and repeatedly validated across numerous domains (moral,
ego, conceptual, faith). There are several basic assumptions that underlie cognitive developmental stage theories:

1) Humans create meaning from experience-a cognitive process. Meaning is not given to us, but by us. These cognitive structures form into a stage of development.

2) Cognitive stages form a hierarchical and invariant sequence of meaning making from the less complex to increasingly greater levels of complexity of thinking.

3) Stage growth is determined by interaction between the person and the environment including cultural, ethnic, and racial background.

(Sprinthall, Peace, & Kennington. Unpublished manuscript)

The two domains of cognitive development most relevant to the proposed study of home-based counselor development are ego development and conceptual level. Ego Level is germane to the study of home-based counselors as a framework for understanding the relationships between the counselor, client family, and the treatment environment. Conceptual Level is also helpful as a basis for understanding how counselors conceptualize the complexity of the family problems, and manage the lack of structure in the home.

**Ego Development**

According to Borders & Fong (1989), Loevinger’s concept of Ego Development "functions as a cognitive frame of reference for perceiving and interpreting the self, others, and the environment and as a behavioral frame of reference for guiding the individual’s relationships with others and the environment” (p. 72). Loevinger described the ego as not
identical to but encompassing aspects of moral development, character development, and cognitive development (Swenson, 1980). Loevinger's system of ego development describes an individual progressing through seven stages of development, progressing from the simple, undifferentiated, and unintegrated to the complex, highly differentiated, and well integrated.

Ego development has been cited as a promising framework for counselor development, particularly due to the broad and inclusive nature of ego development (Borders, 1998). Particular characteristics of higher levels of ego development are also desirable qualities for counselors such as flexibility, tolerance for ambiguity, appreciation of individual differences, and acceptance of conflict as a natural part of relationships (Borders, 1998). The function of ego development has been studied in terms of counselors and counseling trainees, but has not been studied in terms of home-based counselors. Studies of counselor ego development found that:

"the stages progress from the person being totally at the mercy of the environment to being able to have some influence on and control over the environment; from being totally self centered and incapable of differentiating self from not self to being able to differentiate and integrate subtle differences among people, objects, and events in the environment; and from being totally incapable of relating to other people to being able to relate deeply, intimately, and harmoniously with other people"

(Swensen, 1980).

This function seems particularly appropriate in understanding home-based counselors, who work in extraordinarily demanding environments, in terms of the intense involvement with a
family, how the sessions are structured, working in isolation from other counselors, and the challenging families themselves.

**Conceptual Development**

Conceptual development is another construct for understanding the development of home-based counselors, and Hunt's model of conceptual development is described as "a person characteristic, indexing cognitive complexity (differentiation, discrimination, and integration) as well as interpersonal maturity (increasing self-responsibility)." (Hunt, 1975b). Conceptual Level grew out of Hunt's earlier work on the Conceptual Systems Theory, which considers as the lenses through which the world is viewed, and describes these lenses on a continuum from less complex, to increasingly more complex. As individuals advance through these levels of development, they are more able to see alternative points of view and to respond to the world in ways that are increasingly more effective.

One of Hunt's most significant contributions came from his matching theory for education, in which he established that learners who are at modest levels of conceptual development learn best in highly structured environments, whereas learners with more advanced conceptual levels did well in less structured learning environments, or were less impacted by the structure of the environment (Hunt, 1975a). Conceptual level has been studied as it relates to counselor behaviors, with varying degrees of significance and has contributed significantly to our understanding of the counselor supervision process.

Conceptual level posits that behavior is a product of the interaction between the person and the environment (Hunt, 1975b). In the case of home-based counseling the person characteristic includes the conceptual level of the counselor, and the environment.
component includes the entire treatment setting (the family home, community systems, and supervision). As such, understanding the conceptual level of home-based counselors allows us a greater understanding of how they conceptualize treatment and the family. This bears examination for several reasons including the extreme environment in which this work is done, and the role conceptual level plays in the counseling process. In situations, such as home-based counseling, where the treatment environment is unstructured, in order for the counseling interaction to be effective, the counselor must be functioning at a higher conceptual level. Counselors working in homes have access to a tremendous amount of information, which can be helpful in formulating a clinical hypothesis and interventions. However, more complex case conceptualization and more desirable counseling behaviors are directly related to higher levels of conceptual development (Holloway et al., 1986; Holloway & Wolleat, 1980). Complicating the issue further is the role of conceptual level in how counselors are able to utilize clinical supervision. Because the counseling services are provided in the field, home based counselors may need to rely on case consultation type supervision. In order for this type of supervision to be helpful to counselors, they must be able to conceptualize the session experience in a meaningful way, again a behavior characteristic of higher conceptual levels.

Counselor Supervision

Supervision of home-based services is perhaps the least studied aspect of an already understudied treatment approach. As detailed above, working with families in home-based services presents unique challenges for the counselor. Clinical supervision is the process whereby both the client and counselor are safeguarded and the therapeutic process is enhanced. But the process of clinical supervision goes beyond merely assuring the well-
being of the client and improving services; clinical supervision must also include components of counselor development. Counselor supervision is defined as an "intensive interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill, Hardy, & Delworth, 1982).

Developmental supervision models are often based on a matching model, whereby the supervisor provides a learning environment, within the supervision experience, which is matched to the counselor’s level of development (Bernard & Goodyear, 1998). Counselors at lower levels of development typically require greater structure in their learning environment, and will look to the supervisor for instruction in counseling skills, and support and encouragement in the counseling process. For home based counselors, where there is often no formal training in the unique aspects of providing home based services, and in light of the demands on the person of the counselor, this function is incredibly important. At higher levels of development, counselors tend to see supervision as a resource, and require less direct skills instruction, and seek more discussion of the more subtle aspects of the counseling process (Bernard et al., 1998).

Viewed in this light, the counselor’s needs and level of development, should dictate the type and structure of supervision provided to home based worker. The support that clinical supervision provides for home based counselors is a particularly important function as they face tremendously challenging families and environments and work in relative isolation. Out-patient counselors have the advantage of day-to-day interactions with colleagues, which are positive influences. Because the work of home-based counselors tends to take place in isolation they do not regularly receive that supportive feedback from
colleagues. Even feedback from clients can be viewed as a positive contribution to the feelings of therapeutic effectiveness as the client begins to make progress. With home-based the services are crisis focus and short-term, which makes it unlikely that counselors will receive this sort of client feedback. The support of the supervisor can help with mitigating these issues and can focus on the counselor's competence, identity, and sense of efficacy (Zarski et al., 1991).

Purpose of the Study

The current study is designed to obtain descriptive information relating to counselors providing home based services as well as information regarding their level of development and satisfaction with supervision. To that end, questions and hypotheses guiding the current research are:

1) What is the Ego Development level of home-based counselors, as measured by the Washington University Sentence Completion Test?

2) What is the Conceptual Level of home-based counselors, as measured by the Paragraph Completion Method?

3) What is the level of supervision satisfaction among home-based counselors, as measured by the Counselor Supervision Index?

4) There will be no correlation between home-based counselor's scores of satisfaction with supervision as measured by the Counselor Supervision Index, and Conceptual Level, as measured by the Paragraph Completion Method?

5) There will be no correlation between home-based counselor's scores of satisfaction with supervision as measured by the Counselor Supervision Index, and their level of
Ego Development, as measured by the Washington University Sentence Completion Test?

**Definition of Terms**

**Home-Based Family Services** - (Also known as Intensive In-Home Services, Family Focused Services, Family Preservation Services) The hallmark of all of these services is that the counseling and case management services are ecological in nature, delivered primarily in the family home, and they are provided to the whole family in an effort to prevent the removal of an identified client from the family's home.

**Ego development** - Loevinger's concept of Ego Development “functions as a cognitive frame of reference for perceiving and interpreting the self, others, and the environment and as a behavioral frame of reference for guiding the individual’s relationships with others and the environment” (Borders & Fong, 1989)

**Conceptual Level** - David Hunt's model of conceptual development is described as “a person characteristic, indexing both cognitive complexity (differentiation, discrimination, and integration) as well as interpersonal maturity (increasing self-responsibility)” (Hunt, 1975a)

**Supervision** - “An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession” (Bernard et al., 1998), p. 6).
Target Population and Sample Description

The population of interest in the current study is home-based counselors in Virginia. For the purposes of this study, home-based counselors are defined as: workers who provide counseling and case management services to families primarily in the family's home and specifically to prevent the removal of a child at-risk. Home-based counselors have been identified throughout Virginia working in both local Community Services Boards (CSB) and in private non-profit mental health counseling agencies. A listing of CSBs was obtained from the Virginia Association of Community Services Boards, and CSBs were contacted to determine if home-based counseling services are offered and how many staff provide those services. Private non-profit home-based services agencies were identified through a search of the Virginia Comprehensive Services Act (CSA), service fee directory using “Home Based” as the search criteria. The CSA Service Fee Directory is the listing of all service providers in Virginia who are eligible to receive funds through the local CSA teams, the typical route for services to at-risk children in Virginia. By combining these two groups (public and private non-profit) all of the available home-based counselors throughout the Commonwealth of Virginia were identified for possible participation.

Data Collection

Three research instruments and a general questionnaire were sent to each participant in the study. The instruments included the Washington University Sentence Completion Test, the Paragraph Completion Method, and the Counselor Supervision Inventory. The questionnaire was designed to capture general demographic information, and information which may be particularly relevant to understanding Home-based counselors (i.e. frequency and type of supervision, experience, level of education). The researcher recognized that the
instruments would take significant time to complete, and included small incentives ("stress balls") with the packet as an inducement to the participants. Packets were sent to the home-based counselors at the agency where they work as identified above.

**Limitations of Study**

Among the limitations of the current study is the limited geographical representation in the sample. While there is no reason to believe that a sample selected from Virginia alone would reflect different levels of development than a nationwide sample, that cannot be established definitively and therefore generalization of the results should be undertaken cautiously. The study focuses solely on the development and supervision of home-based counselors, and as such we cannot draw any conclusions regarding the quality of supervision, or the developmental level of the supervisors themselves. Another limitation is that, while a better understanding of the developmental level and supervision satisfaction for the home-based counselors may emerge upon completion of this study, there is no direct information on whether or how developmental level impacts on the actual work they do.

**Ethical Safeguards**

All participants in this study were fully informed of the purpose of the study, and the voluntary nature of their participation. No individual identifying information was maintained with the data collected in this study. Individuals who requested information regarding the results of the study will be provided with a summary of the findings. The ethical guidelines for research with human subjects were followed in this study. The researcher's dissertation committee, the Human Subjects Research Committee of the
College of William and Mary, and the individual Home Based Service Agencies approved the study.

Summary

Home based family counseling services are reserved for families who have a child at-risk for being removed from the home. The families receiving these services are often experiencing more numerous, more acute and more severe challenges and often have not been successful in out-patient treatment. Literature regarding success in home based services has focused on child and family characteristics which may predict outcome, but there has been scant literature to date relating to the home based counselors themselves. Models of Counselor Development and Supervision may help to illuminate how the counselors approach this work, and how best they can be supported. This study is intended to contribute to the literature by examining home based counselors in terms of their development and supervision.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

Chapter two is a review of the scholarly literature related to the current study, beginning with an in-depth examination of the unique qualities of home-based family services. Further, the concepts of cognitive developmental theory are presented, and are examined in terms of how this construct may improve understanding of the home-based service providers and their supervision. Ego development and conceptual level will be discussed in detail, along with the role of supervision in counselor development.

Home-Based Services

The Homebuilders model of family services, developed by Kinney et al., served as a model of family preservation services and was the forerunner for many of the home-based programs offered today. Homebuilders began in Washington and Oregon, and reported a remarkable 97% success rate in avoiding out-of-home placement, with the 121 families served in the pilot study (Kinney et al., 1977). Homebuilders balanced a mixture of parental empowerment, communication skills, advocacy in the community, and assisting in meeting concrete needs of the family (Kinney et al., 1977). Home-based family preservation models vary widely, but for the most part the ecological treatment components espoused by Homebuilders are still present in the home-based services being provided today (Frankel, 1988; Heying, 1985; Pecora, Delewski, Booth, Haapala, & Kinney, 1985; Pecora, Fraser, & Haapala, 1992; Zarski et al., 1992).

Home-based models today typically involve intensive services designed to intervene with a family experiencing an acute crisis or chronic situation which makes the removal of a child from the family an imminent risk. The services are short-term with duration of
between two and six months, but during that time the services provided are quite intensive, with families receiving up to fifteen hours of therapeutic services per week (Frankel, 1988; Scannapieco, 1994; Walton, 1996). These services include helping the family to meet concrete needs such as transportation, childcare, housing, food assistance, or anything that is deemed by the family and counselor to be an asset in reducing the risk of removal or improving family functioning. In addition to the concrete needs that are addressed through home-based services, counselors also work with families on identifying and addressing the clinical issues which may reduce the risk of their child being removed from the family’s home (Heying, 1985; Pecora et al., 1985; Werrbach, 1993). During the time that services are in place, the counselor is available at the family’s convenience, planning sessions around the family’s schedule, in the evenings and on weekends. Typically programs provide crisis intervention services 24 hours a day, seven days a week (Banach, 1999). The services are often funded through grants or public entities charged with reducing out of home placements.

The ecological focus of family preservation services means that home-based services are not limited to working within the family’s home. Because families receiving home-based services are often involved with multiple community agencies, the counselor’s assistance may be needed in interacting with the Courts, the school system, child protective and welfare services (Adams et al., 2000; Liddle et al., 2000). Most often, however, the clinical services are provided in the home, and when services are provided in the family home there is a great deal of variability in how the sessions run. Some families are very welcoming and see the counselor’s presence in the home as an effort to meet the family literally and figuratively “where they are” (Reiter, 2000b). Other families may feel that the
counselor is yet another representative of “the system” intruding into their home life, and the counselor may never make it past the first room of the home (Brosman, 1990; Cottrell, 1994; Reiter, 2000b). Most counselors will find that the home itself holds bountiful cues and insight into what the family values and how they live (Reiter, 2000b).

Home-based family treatment is substantially different than office based treatment, and this point was taken up in energetically in an article delineating the differences between home-based and office-based treatment (Brosman, 1990). According to Brosman (1990), “Home-based therapy is not merely office-based therapy transplanted to different soil. It is an entirely different plant species and needs to be viewed and treated as such. There are critical differences and necessary adaptations arising from the differences in setting, the multi-problem population, the dual role of the therapist, the social control issue imposed by the state, and the special methods that are necessary for engaging reluctant, involuntary clients” (p.4)

This article points out that the provision of services in the home has benefits, but that it is also an extraordinarily challenging type of intervention. Effectiveness in home based services requires massive adaptations from traditional, office-based family therapy.

Environment and Families

Home-based services most often are provided to families that are known in the literature as multi-problem families (Adams et al., 2000). This unfortunate descriptor refers to families that are characterized by a combination of concrete needs (financial assistance, employment services, transportation, child care, etc.) in addition to the presenting emotional problems in the identified client. Multi-problem families were defined as “usually highly stressed, and have multiple problems involving drug/alcohol abuse, domestic violence,
truancy, financial difficulties, assault/battery, depression and other mental illness” (Adams, et al., 2000, p. 49). This definition continues to be valid today, although the term has been updated to the less pathologizing term, multi-challenged families.

The imminent risk of removal of the identified child characterizes the families receiving home-based services (Keresman et al., 1997). The referral of the identified child for services may be prompted by any number of concerns; from problematic behavior to severe emotional disturbances, from child abuse or neglect to delinquency, but the referring agency and the counselor must agree that the identified child is at imminent risk of being removed. Home-based services typically are reserved for the families who are unable to access traditional out-patient services, or who are not realizing sufficient benefits from out-patient services to reduce the risk of the child’s removal. While it may seem that these families would be most difficult to work with due to the severity of the problems they are facing, they may also be viewed as particularly motivated to make changes due to the risk of their child being removed (Kinney et al., 1977). By the same token, families referred by the juvenile justice or social services systems may identify the child at-risk as the problem and the family may, overtly or covertly, actually wish for the child to be removed (Brosman, 1990).

The families that receive home-based services are fairly well researched. A 1994 study of the effectiveness of home-based services with at-risk families sheds some light on the types of issues families receiving home-based services present (Scannapieco, 1994). Of the 45 families in this study, 82% had received some type of social services, 27% of families had already experienced an out of home placement, 42% had histories of physical abuse, 22% had histories of sexual abuse, and 27% had histories of child neglect. Among all of the
family members 53% of families had a history of drug abuse, 13% had a history of domestic violence, and 24% had a family member with a mental illness. Beyond the family characteristics, this study also found that with families at risk, there is a clear connection between improving family functioning, and preventing removal from the home of an at-risk child. This finding helps to quiet the debate over whether the goal of home-based services should be to improve family functioning or preserve the family intact, because in 70% of the cases they are one in the same. This study was undertaken in a single county in Minnesota, and the sample of 45 families is fairly modest. Despite the limitations useful information is presented in terms of the multiple challenges encountered in families receiving home-based services.

A longitudinal study of delinquency among abused and behavior problem youth that had received family preservation services provides some interesting data regarding how the families are similar of different at the time of referral based on the reason for the referral (Coleman et al., 2000). This study found that, among the 104 families referred for services, 35% were referred by Child Protective Services, 29% were referred by the Juvenile Court, and 25% were referred as a condition of probation or other court-ordered supervision, but 62% of all case had some type of CPS involvement prior to treatment. On average these families had already received 1.9 intervention services, prior to the referral for home-based services. Among the young people in the study, 65.4% were displaying some behavior problem, 43.4% had a history of running away from home, 26.9% had a history of truancy, 23.6% had a drug abuse problem, 19.8% had an alcohol abuse problem, 18.3% were diagnosed with depression, and 7.5% were determined to be learning disabled. Except for the learning disability and depression categories in which there was no significant
difference, all of the characteristics were found significantly more frequently in the behavior problem group, than the abuse group. The families of these youth were also described, with 75% presenting with parent-child conflict, 26% with family violence, 15.4% with marital conflict, 12.5% with inadequate finances, and 11.5% presenting with drug abuse problems.

This study was well conceived and executed, with a sample of 104 families, although they were drawn from a single treatment program. The conclusions the authors draw with regard to the risks of removal and recidivism among families which received services are interesting, and the description of the youth and families served helps to understand the severity and breadth of the issues they are facing, and the multiple levels of intervention needed in home-based services.

Taken together the research on the families receiving home-based services describes families that have numerous stressors, multiple family members with treatment needs, fewer economic and social advantages, and who are already known to the human service agencies, with poor results. Working with home-based families clearly present numerous challenges for the counselor.

Home Based Work and Workers

Providing family counseling services in the home brings into sharp focus some of the issues which must be addressed in family counseling more generally. Specifically, issues of boundaries, hierarchy, and counselor induction are amplified when the counselor enters the home environment (Banach, 1999; Boyd-Franklin et al., 2000; Cottrell, 1994; Reiter, 2000b). Boyd-Franklin (2000) offers six guiding principles for home-based counselors which speak to some of these concerns:

1) Remember your own "home training".
2) You are on the client’s “home turf”.

3) When in doubt, join.

4) Never underestimate the power of praise.

5) The effective use of self is the most powerful technique.

6) Empowerment is the goal, not helping. (p. 38)

Each of these guidelines is dependent upon the counselor being able to maintain an accurate perspective on his/her self, the family, and the process, and the guidelines are not skills based, but person based.

An article on structuring the phases of home-based treatment advances the position that the “phases” of therapy (Beginning, Transition, Working, and Departure) in the home are similar to those in office based work, but significant differences exist in how those phases must be managed (Reiter, 2000a). Because families can sometimes be suspicious of the home-based counselor, special care must be taken in joining with the family, as the home-based worker can be viewed as a social control agent. Reiter suggests that, “The home-based therapist has to humbly enter the home and join with the client family” (2000, p.29). The process of joining and the transition phase of home-based services require flexibility of the counselor, who must be able to structure the encounter and utilize non-therapeutic moments towards a therapeutic end.

The working phase of home-based treatment is similar to that in other settings, with the advantage that home-based counselors have access to a tremendous amount of information. The home setting allows the therapist entry into the family’s actual experience, rather than to that they choose to present in the clinic. Reiter contends, “The home-based therapist is able to understand the client in the fullest complexity possible because the total
functioning of the family is illuminated” (p. 31), and the author argues that the additional information available to the therapist may lead to quicker treatment outcomes. The departure phase also requires greater attention in home-based services than in the clinic, as a successful counseling experience may lead to more intensified relationships, stronger rapport, and a more emotionally charged termination for the family.

Home-based counselors are charged with intervening in families where the problems are often entrenched across generations, and where traditional out-patient services cannot fully address the family’s needs (Reiter, 2000b; Zarski et al., 1992). Home-based family services will frequently expand the system of participants in the counseling process in an effort to more effectively support the family (Heying, 1985; Zarski et al., 1989). Neighbors, clergy, friends, and extended family are often invited to be part of a home-based sessions, with the family’s consent. Often simply because extended family or neighbors are present incidentally, the family chooses to include them in the counseling process (Heying, 1985; Keresman et al., 1997; Woods, 1988). Having access to these other members of the family’s extended system provides valuable information to the counselor (Keresman et al., 1997; Schlachter, 1975). Further, more participants can often mean more resources to call upon in support of the family, but inclusion of these other participants must be managed carefully and purposefully, as the system becomes more complex.

Despite all of the research describing the process of home-based services and the families receiving the services, very few studies have focused on the counselors themselves. The counselors providing home-based services are described in a national survey of Home Visitors (Wasik et al., 1994), which examined home-based workers across disciplines, and broke the data down by discipline (Education, Health, Social Services, and Head Start). The
social services category most closely resembled the family preservation services, in that they provided "psychological counseling, or other support services" (p. 336). Among the home-based counselors providing social service family preservation services the greatest percentage of them held a bachelor's degree (44% private/ 48% public), followed by a high school diploma (18%/18%), and only 14% of public providers and 11% of private providers held a master's degree. the authors found that in hiring home visitors, programs most highly value personal characteristics, over knowledge, experience, skills, or education. wasik and roberts also found that the "majority of home visitors do not receive weekly or bi-weekly supervision, although on-going in-service training and supervision are essential for home visitors" (p. 340). the authors go on to report, "ongoing training and supervision may be especially important for home visitors because home visiting is a difficult, stressful, and, at times, lonely position" (wasik et al., 1994).

littell and tajima (2000) conducted a study of the factors contributing to client participation in home-based treatment which also provided a sketch of the characteristics of the workers, finding that 38.3% held a master's degree, 63.5% had one year or more of in-home services experience, and that 24.3% reported one year or more of individual/family therapy experience. the study went beyond descriptions of the families, workers, and programs and identified which characteristics were predictive of greater collaboration and compliance in treatment. one of the most important findings of this study was that worker variables accounted for the greatest proportion of explained variance when measuring collaboration in treatment efforts. specifically, workers perceptions of the adequacy of their supervision and their job clarity were correlated with greater collaboration, whereas a strong deficit orientation towards clients and worker burnout were predictive of lower levels of
collaboration. Worker variables also played a role in predicting compliance with treatment, specifically higher ratings of supervision adequacy and worker autonomy were related to greater compliance, where a deficit orientation, again predicted lower levels of compliance.

This study had a large sample size, but relied almost exclusively on the worker reports for the characteristics being studied. Further, with most every characteristic of interest the interaction between, family, worker, and program variables makes specific conclusions risky. However, there were general conclusions supported by this study, such as workers with a strong deficit orientation report lower levels of collaboration and compliance, worker perception of their supervision as adequate report higher levels of collaboration and compliance, and job clarity and worker autonomy are also good predictors of collaboration and compliance in treatment.

A training needs assessment was developed for the Rutgers Counseling Program (RCP), which measured counselor's self-ratings of their knowledge, skills, and attitudes with regard to home-based counseling (Lukenda, 1997). This study provides a snapshot of the counselors who were enrolled in a doctoral program in clinical, school and or organizational psychology, as they participated in a counselor training program. Although these counselors were in a doctoral program, 61% of them had completed their Bachelor's degree, and the remaining 39% held a Master's degree. Among these counselors 80% indicated that they had completed no course work in special education and learning disabilities, 77% had completed no course work in school consultation, 67% had completed no course work in crisis intervention, and 57% had completed no course work in home-based counseling. The majority of respondent assigned less than adequate ratings to their preparation in all of these areas including 83% that rated their preparation for both home-
based counseling and crisis intervention as less than adequate. A rating of "somewhat or minimally" was assigned by 36% of counselors to their comfort in working with families, by 42% to confidence in their abilities to provide effective treatment, by 42% on competence to help their client, and by 45% on preparation to deliver services to RCP families.

The study also surveyed what counselors believed would have been helpful in preparing to do home-based counseling and found that at least 93% of counselors indicated that it would have been helpful, very helpful, or extremely helpful to receive information in each of the following areas: relating to the contribution of family factors to adolescent behavior and academic difficulties, about joining the family and preparing them for treatment, about dealing with angry and resistant families, about structuring family sessions, about interventions to help the family move towards its treatment goals. More generally, 80% of counselors indicated that information about the therapeutic and practical issues relating to home-based counseling would have been extremely or very helpful.

Supervisors within the RCP reported that there were particular strengths among the home-based counselors they supervised which were beneficial to providing home-based services, including: basic counseling and relationship competencies (listening, empathy, respect, eagerness, and enthusiasm), persistence, flexibility, and their ability to organize their lives to be available to families. Supervisors also reported the most common issues counselors presented in supervision sessions by home-based counselors, such as: overcrowded homes, parents who were away at appointed times, feeling unwelcome in the home, animosity between parents and schools, and counselors efforts to refrain from personalizing family defensiveness and resistance.
Lukenda presents a well reasoned training curriculum for beginning home-based counselors which addresses many of the areas that the counselors reported as deficits. Although this is a study which included only the counselors in one university based program, and included a moderate number of counselors overall, the results of this needs assessment seem to resonate with the findings in other similar studies.

The use of paraprofessionals to deliver home-based family therapy was detailed (Gordon & Arbuthnot, 1988) and concluded that because the use of paraprofessionals is a common choice for home-based service programs, special attention must be paid to the selection, training, and supervision of such counselors. The training program actually begins by giving special consideration to the counselors being hired, selecting those who displayed "maturity, intelligence, interpersonal skills, enthusiasm, and openness to new approaches" (p. 371). The researchers found that personal and interpersonal skills of the counselor trainees were predictive of effective utilization of the training with families. Those skills included empathy, warmth, and genuineness, but also included attributes such as clarity and directiveness, intelligence (particularly abstract reasoning), the ability to spontaneously reframe family interactions in a more positive light, and the ability to test multiple hypotheses simultaneously. By selecting trainees who possess these characteristics the authors argue that training can be more streamlined, and that clinical supervision can be less frequent. However, the authors report that the trainees receive weekly supervision, and that they utilize handouts which allow the counselor to complete a structured report on the counseling session, and that the sessions are audiotaped so that the supervisor can hear first had the session as it occurred. The authors argue that paraprofessional counselors who are selected, trained, and supervised according to this protocol can perform home-based
counseling as well as counselors with graduate training in family counseling, at a significant cost savings. There is not any outcome data to support this position however, and although the program appears to have been piloted in several locations, the effectiveness of the approach has not been documented. One interesting aspect of the training program is the focus on the characteristics of the counselor as a person as they impact on the work they do, and the structured supervision approach presented.

Some of the most illuminating studies of home-based counselors have been qualitative, offering a rich description and profound insights into their experiences. Because qualitative research often uses discreet convenience samples care must be taken when considering generalizing the results of these studies. A focus group examining training needs among home-based counselors found that counselors and supervisors rated only knowledge of psychopathology and adolescent development as the knowledge based areas requiring greater attention (Adams et al., 2000). However, issues regarding the safety of families served in the home, the multiple problems to be addressed, and counselor demoralization emerged as concerns. Specifically, counselors were concerned the safety of family members and with their own safety, working in homes where violence was not uncommon, and where the counseling process may shed light on volatile issues. Therapists expressed feelings of demoralization, doubting the impact and effectiveness of their efforts. The demoralization issue in fact illuminated a larger issue of working with the multi-challenged families, and the difficulty in having intimate exposure to the depth and breadth of the families’ struggles. Simply prioritizing treatment needs, when faced with the abundance of needs which present themselves in the family home, can be overwhelming to an under prepared or under supported counselor. Finally, this study found that often
supervisors did not appreciate the level of concern being experienced by the counselors, indicating a greater need for active supervision and support.

Thomas, Snyder, and McCollum (1999) studied marriage and family therapy interns, who had been trained for clinic based counseling, as they made the transition to providing home-based services. Themes emerged such as familiarity, which included both the increased amount of information to which counselors were exposed, and the "social quality" that home-based counseling takes on. Negotiating boundaries, confidentiality, and the pace of therapy were also themes in this study, as were feelings of doubt and confusion about the effectiveness of counselor's interventions (Thomas, McCollum, & Snyder, 1999). Snyder and McCollum revisited these issues in their 1999 article, and advanced the discussion by including strategies for addressing counselor concerns through training and supervision. The authors describe their supervision approach, which includes case consultation, live supervision, and reflective journals (Snyder et al., 1999).

Home-based counselors are tasked with working with families who have been unsuccessful in traditional out-patient services and helping those families to prevent the removal of a child from their home. Families receiving home based services have been described as multi-problem or multi-challenged, and the process of providing therapeutic services in the home is extraordinarily challenging, making tremendous demands on the counselor. With all that is known about the families and approaches to providing home based services, very little is known about the counselors providing these services. One promising area of investigation is to examine home-based counselors from a developmental perspective.
Home-based Counselors within a Cognitive Developmental Framework

Cognitive Developmental Theory

Developmental theorists at the beginning of the twentieth century fell into one of two competing camps; environmental or maturational (Hayes, 1994; Hayes & Oppenheimer, 1997). The environmental theorists posited that learning and development were products of external influences impacting upon the individual (Hayes et al., 1997). Maturational proponents argued that development was an endogenous process, contained within the individual (Hayes et al., 1997). An alternative point of view, espoused in the work of John Dewey and others, began to immerse suggesting that development was in fact contextual, and required an interaction between oneself and the environment (Hayes et al., 1997). This position became more significant in light of Lewin’s suggestion that an individual’s behaviors were also contextual. Lewin argued that behavior was not merely a response to internal drives, nor was it solely a response to the environment, but rather that behavior is a function of the person and their environment; B=f (P,E) (Lewin, 1935).

Coupled with this contextual model of conceptualizing development was Jean Piaget’s work that reshaped our understanding of how humans make meaning of their worlds. Piaget observed that all biological organisms, including human organisms, have two major meaning making functions: organization and adaptation (Hayes et al., 1997). The human function of organization has to do with how an individual processes new experiences, and how each new experience becomes part of the way we understand the world, or in Piaget’s terminology; assimilation. The second biological function, adaptation has to do with how organisms alter their responses to the environment in an attempt to impact the outcome, and Piaget reframed this human process as accommodation. These
functions, when they are present in a stable equilibrium, describe the process of learning from experiences, and applying those lessons in an effort to impact the response we get from our environment (Piaget, 1983). In Piaget's descriptions of childhood development, one stage (or era) constituted a qualitatively different way of making meaning in the world, but which grew out of each previous stage in an invariant sequence (Piaget, 1983).

Cognitive development has become recognized in terms of the stages through which one passes as individuals develop, or "Development represents the course of our attempts to make sense of those changes going on around us - to understand what it means 'to be me in a world like mine at a time like this'" (Hayes et al., 1997). While early research focused on how cognitive development impacts how individuals understand the world, later researchers fostered the important connection that behavior is directly related to an individual's level of cognitive development (Sprinthall et al., Unpublished manuscript). Sprinthall, et al. describe how, at higher levels of cognitive development, individuals demonstrate "greater effectiveness in: problem solving and even problem finding, interpersonal sensitivity, recognition of individual differences, valuing cultural diversity, decision making in accord with democratic principles of equity and fairness, ego strength to withstand unjust criticism, and self knowledge and awareness" (Sprinthall et al., Unpublished manuscript). These stage theories have done much to inform our understanding of the impact of development on human behavior and, by extension, the counseling process has undergone dramatic changes.

Cognitive developmental stage theories encompass many different domains in describing human thought processes and how those processes impact behavior, and there are several basic assumptions that underlie these theories:
1) "Humans create meaning from experience-a cognitive process. Meaning is not given to us, but by us. These cognitive structures form into a stage of development.

2) Cognitive stages form a hierarchical and invariant sequence of meaning making from the less complex to increasingly greater levels of complexity of thinking.

3) Stage growth is determined by interaction between the person and the environment including cultural, ethnic, and racial background."

(Sprinthall et al., Unpublished manuscript)

The developmental stage model has evolved beyond describing individual cognitive development, to become an effective and useful tool for understanding the development of counselors (Fong, Borders, Ethington, & Pitts, 1997; Holloway et al., 1986). In this model of counselor development, we understand how counselors make meaning of their professional experiences as a product of their level of cognitive development. Further, how the counselor responds to the client is a product of the counselor's level of development and the environment. In this model the environment can be both the physical environment (distractions, multiple stimuli, etc.) as well as the contextual environment that includes supervision, training, etc. (Lewin, 1935). Development in counselors occurs as they give up old ways of viewing counseling, clients, their role in the process, and even the process itself. For this process to result in growth, however, there must be a balance of support and challenge through this time of disequilibrium. The counselor must be supported through the process of losing old ways of seeing their work and organizing their experiences, while still being challenged to see new ways in which these experiences can be understood (Reiman, 1995).
The developmental model seems a particularly appropriate lens through which home-based service providers can be viewed, where the environment in which counseling takes place is often extraordinarily challenging and only marginally supportive making tremendous demands on the person of the counselor. The next sections will describe counselor development and functioning from two different but related developmental constructs, ego development and conceptual level, and will include counselor supervision for the role it plays in supporting counselor development.

Ego Development

According to Borders & Fong (1989), Loevinger’s concept of Ego Development "functions as a cognitive frame of reference for perceiving and interpreting the self, others, and the environment and as a behavioral frame of reference for guiding the individual’s relationships with others and the environment" (p. 72). Loevinger described the ego as not identical to, but encompassing aspects of moral development, character development, and cognitive development (Swensen, 1980). This system of ego development describes an individual progressing through seven stages of development, from the simple, undifferentiated, and unintegrated to the complex, highly differentiated, and well integrated. Loevinger suggests that there is movement not only through the stages, but there is also movement within each stage from simple to more complex.

Loevinger’s model of Ego development involves individuals moving within and through eight stages or levels. Loevinger acknowledges a “first stage” of ego formation, which is not captured within her model, and which deals with an infant’s establishment of the initial stable relationship between self and objects. Loevinger’s E-2 Impulsive Stage is primarily descriptive of the very young child who is motivated primarily by physical needs.
and impulses. The next stage E-3 is the Self-Protective Stage, and at this stage delayed gratification is possible, but comes with the caveat of “what’s in it for me”. This stage is named Self Protective because relationships in this stage are conceptualized as a zero-sum game. Individuals in this stage believe that if one person wins another must lose, and as a result the individual is guarded against others, as they believe all relationships have the potential to be exploitative.

In the E-4 stage movement away from the ego-centric Self Protective stage has given way to the group focused Conformist Stage. In the Conformist Stage the group, its rules and norms are the authority to which one responds, and social disapproval is a powerful motivator. Further, all relationships are assumed to be governed by the same broad strokes. People are perceived in terms of stereotypes and rules are applies to broad groups and very generally. The next stage is the Self-Aware Stage (E-5) in the self aware stage of the individual has become aware that not everyone will conform to stereotypes and becomes am more aware of individual differences. Among the advances in this stage is the ability to view relationships in terms of feelings and not merely actions. Furthermore, the individual begins to see the value of individuals, and absolute rules give way to exceptions. Despite the changes in this stage, this was initially conceived by a Loevinger as a transitional stage because individuals are seen in contrast to the group.

The next stage is the Conscientious Stage which represents a major shift in the perception of self. In the conscientious individual approval is not granted by an external authority the rather by the internal system of beliefs. Right or wrong has to do with motives and consequences rather than rules. The conscientious individual is reflective and self critical, and is beginning to see multiple possibilities in situations. Where an individual in
the Conscientious Stage is able to see individual differences, a person in the Individualistic Stage as a truer sense of individuality and personality as a real sense of self. As an individual moves into the Autonomous Stage, there is a deeper recognition of the need for autonomy in the self and in others. Relationships with others to deepen and there is an appreciation for the need for others to find their own way and make their own mistakes. Little is known about the characteristics of the Integrated Stage (E9), as it is believed that fewer than 1% reach this highest theoretical point. Mazlow’s description of the self actualizing person is believed to be an apt description of this stage but any generalizations about individuals of such a small group are suspect (Loevinger & Hy, 1996).

Table 2.1

<table>
<thead>
<tr>
<th>Level</th>
<th>Corresponding E Code (I Code)*</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulsive</td>
<td>E2 (1-2)</td>
<td>Impulsive, Egocentric, dependent</td>
</tr>
<tr>
<td>Self-Protective</td>
<td>E3 (Δ)</td>
<td>Opportunistic, Manipulative, Wary</td>
</tr>
<tr>
<td>Conformist</td>
<td>E4 (1-3)</td>
<td>Respect for Rules, Cooperative, Loyal</td>
</tr>
<tr>
<td>Self-Aware</td>
<td>E5 (1-3/4)</td>
<td>Exceptions Allowable, Helpful, Self-Aware</td>
</tr>
<tr>
<td>Conscientious</td>
<td>E6 (1-4)</td>
<td>Self Evaluated Standards, Self Critical, Responsible, Intense</td>
</tr>
<tr>
<td>Individualistic</td>
<td>E7 (1-4/5)</td>
<td>Tolerant, Mutual</td>
</tr>
<tr>
<td>Autonomous</td>
<td>E8 (1-5)</td>
<td>Coping with Conflict, Interdependent</td>
</tr>
<tr>
<td>Integrated</td>
<td>E9 (1-6)</td>
<td>Cherishing Individuality</td>
</tr>
</tbody>
</table>

* I Codes are included for ease of comparison
Adapted from Hy and Loevinger (1996)

Loevinger’s model of Ego Development has not gone unchallenged. Specifically there has been criticism over whether and how Loevinger was influenced by psychoanalytic theory, and if the theory could be included within the classical developmental model
Part of the criticism that Ego Development does not meet the standard of the classical developmental model, is that Loevinger’s model of development does not posit directly that higher levels of ego development are necessarily better (Snarey et al., 1983). Loevinger argues that individuals can be happy at any level of ego development, and that higher levels of ego development are more complex, thereby satisfying the developmental criteria (Loevinger, 1983). Further, Loevinger notes that at the higher levels of development, there is a shift from concern with how things are, to how things should be. This “is to ought” transition, is another characteristic of the developmental process, and in this sense higher levels of functioning are preferable.

In response to the charge that Ego Development was influenced by psychoanalytic theory, not developmental theory, Loevinger takes great pains to distance her concept of ego development from psychoanalytic concepts of ego and ego development, which she argues are too limited in terms of the role of ego (Loevinger, 1983). Rather than serving a specific role, Loevinger argues that ego serves as the organizing mechanism for all interactions, both internal and between self and environment. In this sense, Ego is more similar to Stack-Sullivan’s concept of the self-system. Stack Sullivan proposed that a primary motivation in human existence is the avoidance of anxiety, and that the self-system is the organizing structure through which anxiety is minimized through selective attention. Experiences which cannot be understood in the current “view of the Universe” (Loevinger, 1976, p. 72) are screened out, to avoid anxiety. Loevinger took Stack-Sullivan’s theory of interpersonal relatedness, and expanded upon it to include a frame of reference for self, others, and environment. More importantly perhaps, Loevinger outlined how Ego develops, essentially
that anxiety can either be avoided, or with the right combination of circumstances can be the catalyst for growth.

Another major criticism of Loevinger’s work has been that the underlying logic of ego development is less well defined than the empirical support, (Snarey et al., 1983). Loevinger concedes that the theoretical component of her work is a logical extension of the research findings rather than the other way around, and for that she is unapologetic, noting that a scientist must “follow the data” (Loevinger, 1983). Loevinger in fact reverses the criticism, “What I find missing in the work of my fellow-laborers in this vineyard is a well articulated feedback loop between theory and data... One can hardly call oneself a scientist if there is no way to alter theory in response to data.” (Loevinger, 1976, p. 433)

One of the most salient discussions is Swenson’s (1980) examination of ego development as it relates to the practice of counseling. Several points of Swenson’s stand out as particularly important, including his discussion of the interaction between person and environment. Swenson described how people at higher levels of ego development “are more capable of changing and transcending their environment” (p. 385). Swenson also detailed the change, which occurs with ego development, from being influenced more by immediate rewards and punishments, to being concerned with general broadly applicable rules. Swenson provided an in depth analysis of how counseling can be adapted to clients and environments across the developmental spectrum. He argued that being one level higher allows the counselor to fully understand the more limited frame of reference of the client. Swenson further warned against a counselor being too far removed from the client’s level of ego development.
Counselor development has been studied repeatedly in terms of ego development, with some interesting and often confounding findings. Relationships between counselor’s level of ego development and counseling related behaviors were examined (Carlozzi, Gaa, & Liberman, 1983). This study focused on empathy as it to ego development and reported a significant positive correlation between greater empathy scores and higher levels of ego development among participants (Carlozzi et al., 1983). The participants in this study were all dormitory advisors in a single large university, and the levels of ego development were not representative of a distribution expected to be found in the population. Scores were grouped as those at or below conformist ego level, and those above, creating two artificial, but theoretically defensible groups of ego level. Despite these limitations, this was a positive initial finding which lent credence to the idea that counselor education must address more than skill acquisition, focusing also on the development of the person of the counselor.

Borders and Fong worked together several times, and with different team members, attempting to extend the work of Carlozzi et al., with modest results. (Borders, Fong, & Neimeyer, 1986) examined the structural complexity (i.e. more complex, comprehensive, flexible, and integrative thinking about client dynamics) and the content of counseling student’s perceptions of clients, as related to ego development. They found no significant increase in structural complexity among students at higher levels of ego development, but there were “suggested differences” in the content of counselor perceptions based on Ego Level. Specifically, they found that students at lower levels of ego development (Self Aware- I-3/4) more often described clients in terms of psychological descriptors, whereas students at the Individualistic (I-4/5) stage used more interactional descriptions. Even within the descriptor categories, the authors found greater sophistication in the student’s
perceptions of clients as their level of ego development increased. These descriptions and perceptions of clients are consistent with what is believed to be the primary frame of reference at these ego levels.

One confirmatory point of interest emerging from this study was the finding that most of the counseling students (62%) were found to be at Loevinger's Conscientious level (1-4), which Swensen had suggested was the optimal level of ego development for graduate counseling students (Swensen, 1980). Again this study used a localized convenience sample and found a restricted range of ego development scores, making it difficult to draw further conclusions relating to counselor perceptions based on ego development. This article does advance support for the use of ego development as a consideration important in understanding counselor development.

In their 1989 studies, Borders and Fong revisited ego development and counseling ability during training, with equally inconclusive results (Borders et al., 1989). In the first part of a study with beginning counseling students, a significant moderate relationship between ego level scores and pre-training counseling skills scores was found. Further, pre-training counseling skills scores were predictive of post-training counseling ability, but there was no significant relationship between ego development and counseling ability directly. In the second portion of the study, the participants were counseling students at or beyond the practicum in their program, and the authors examined the relationship between ego development and counseling performance as measured by counseling skills exams, and ratings of counseling session tapes. When controlling for training level, ego development failed to predict counseling ability. The authors speculate that students at higher levels of ego development began the program with "some interpersonal awareness that potentiates
their specific counselor training but is not sufficient by itself to predict success at the end of training” (p. 80).

Previous research has established baselines in the literature which can be useful for understanding the ego development of counselors. A study which sought to examine the relationship between counselor effectiveness and ego development, in a group of 64 counseling students in their first practicum is such a study (Zinn, 1995). The study used the SCT to measure Ego development, and the Counselor Evaluation Rating Scale (CERS), and the Counselor Rating Form (CRF) to measure counselor effectives. This was an interesting approach as the CERS is an instrument with which the supervisor rates the counselors effectiveness based on theoretical understanding, skills, techniques, and attitudes in session, and the CRF is an instrument which allows the client to rate the counselor by selecting from word pairs which describe the counselor along scales of expertness, attractiveness, and trustworthiness. While the correlation between counseling effectiveness and ego development was not found to be significant, the study did find that 91% of these counseling students were at the Self Aware (E5) Stage.

A 1996 study which examined the effectiveness of treatment foster parents in relation to their scores on moral and ego development added to the body of knowledge regarding development in working with at-risk children. The sample consisted of 103 foster parents, 63 African-American (61%) and 39% Caucasian, and 81% of the participants were married. While there was no significant relationship between the scores on developmental measures and measures of foster parent effectiveness, this study did provide data relating to the developmental level of treatment foster parents. Eighty-three percent of the respondents scored at the Conformist or Conscientious/Conformist (revised to Self-Aware) levels.
Among the interesting findings of this study was a positive correlation between education, and scores on the SCT \( (r=.2230, p=.027) \) (Richardson, 1996).

A recent national study of school counselors sought to explore the relationship between counselor burnout and ego development (Lambie, 2002). This study involved a large sample \( (N=218) \) of school counselors randomly selected from the American School Counselors Association and compared responses on the Maslach Burnout Inventory to counselors scores on the SCT. The hypotheses of this study were not fully supported, and the analysis showed that the sub-scales of the burnout construct (emotional exhaustion, depersonalization, and personal accomplishment) did not correlate with ego development. Again, this study does help in establishing a baseline for comparison, in that 53.8% of school counselors scored in the E5 Self-aware stage on the SCT, and 32.6% scored in the E6 Conscientious stage.

Despite the sometimes inconclusive nature of research into ego development as a predictor of counseling ability, the evidence of benefits to higher levels of ego development interpersonally suggest that ego development is still well suited for use in examining home-based counselors. Swenson's treatment of ego development describes movement from:

"the person being totally at the mercy of the environment to being able to have some influence on and control over the environment; from being totally self centered and incapable of differentiating self from not self to being able to differentiate and integrate subtle differences among people, objects, and events in the environment; and from being totally incapable of relating to other people to being able to relate deeply, intimately, and harmoniously with other people"

(Swensen, 1980, p. 383)
Borders et al. described the role of ego development in understanding counselor development and effectiveness reporting, "counselors at different ego levels would have varying capacities to, among other things, express empathy, respect a client's differentness, deal with identity issues, and understand the interactive dynamics of the counselor-client relationship". ((Borders et al., 1986)p. 39) This function is particularly appropriate for understanding home-based counselors, who work with multi-stressed families, in environments which are more intimate than clinic based counseling, and with extraordinary demands on the counselor in terms of the intense involvement with a family.

**Conceptual Development**

David Hunt's model of conceptual development is described as "a person characteristic, indexing both cognitive complexity (differentiation, discrimination, and integration) as well as interpersonal maturity (increasing self-responsibility). A person at a higher Conceptual Level is more structurally complex, more capable of responsible actions, and, most important, more capable of adapting to a changing environment than a person at a lower Conceptual Level" (Hunt, 1975a). Conceptual level grew out of Hunt's earlier work on the Conceptual Systems Theory, which considers concepts as the lenses through which the world is viewed and experienced, and describes these lenses on a continuum from less complex to increasingly more complex (Harvey, Hunt, & Schroder, 1961). As a person advances through these levels of development, they are more able to see alternative points of view, and to respond to the world in ways that are increasingly more effective (Harvey et al., 1961). A person at a relatively modest level of conceptual development will be able to understand and respond to information and the environment in a more limited way than someone at higher levels of development (Stoppard & Miller, 1985).
Conceptual Systems Theory (CST) has some limitations that were detailed in Miller’s critical review of the theory. Miller argues that the authors limit the comprehensiveness of their theory by focusing on the dependence-independence conflict, to the exclusion of other personality components (i.e. sexuality or aggression). Miller also takes issue with the blending of structural positions, which serve as the basis of conceptual systems theory, and content issues. Finally, Miller contends that the authors leave important concepts of their theory poorly defined, but even in light of these limitations he concludes that CST has considerable potential (Miller, 1978).

Table 2.2
Conceptual Levels, Codes and Some Characteristics

<table>
<thead>
<tr>
<th>PCM Score</th>
<th>Level</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unilateral Independence</td>
<td>Impulsive, reacting in a hostile way to negative stimuli.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self Centered, and resistant to external imposition of rules/control.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May become defensive by withdrawing, ignoring, or blaming.</td>
</tr>
<tr>
<td>1</td>
<td>Negative Independence</td>
<td>Concerned with behaving in a socially acceptable way.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black and white thinking in terms of what is right/wrong in the group.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerned authority figures judgment of behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxious for closure after evaluating situation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxious about ambiguity generally.</td>
</tr>
<tr>
<td>2</td>
<td>Conditional Dependence</td>
<td>Open to the perspectives of others, but does not integrate those into own thinking. Striving for independence. Increased tolerance for ambiguity and dissent.</td>
</tr>
<tr>
<td>3</td>
<td>Informational Independence</td>
<td>Considers alternatives, with concern for own and others ideas and feelings, and consequences of actions. Seeks compromise, but is secure in own position and decisions. Takes responsibility for consequences of decisions.</td>
</tr>
</tbody>
</table>

Adapted from Hunt, et. al. (1978)

The first stage in Hunt’s Conceptual Level System is Unilateral Independence, and the hallmark of this stage is the individual’s concrete, external, and authority driven approach to solving problems. Negative Independence is the term describing the second stage, in which the individual continues to respond to external systems in approaching
problems, but is typically reacting in opposition, rather than in compliance with external expectation. This movement shows the beginning of the process of questioning absolutes, but development can end here or progress on. At the Third Level, the Conditional Dependence stage, the individual begins to see others and relationships more objectively, that is, independent of his own motives and beyond absolutes. This marks the beginning of the ability to hold multiple perceptions of self, others, and situations. The highest Conceptual Level, Informational Independence, is characterized by the ability to use abstract standards and to examine multiple alternative possibilities. At this Conceptual Level the individual is not concerned or stressed by ambiguity, but rather exhibits the flexibility necessary to deal with the fluidity of this level.

Hunt's work extended the work of Lewin and continued the focus on the interaction between the person and the environment, noting that this interaction impacts not only individual behavior, but that it is also a component in personal development (Hunt, 1975a). One of Hunt's most significant contributions came from his matching theory for education, in which he posits that learners who are at modest levels of conceptual development learn best in highly structured environments, whereas students with more advanced conceptual levels did better in less structured learning environments, or were less impacted by the structure of the environment (Hunt, 1975b). This matching theory gave rise to the concept of Read and Flex, wherein teachers are able to read the conceptual level of the student, and flex to a level of intervention which is best suited to the students learning style (Hunt, 1975b).

The Conceptual Level Matching Model was applied originally to guide the interaction between teacher and student in the classroom setting. Hunt argued that there are
two sorts of matching with which one must be concerned: contemporaneous matching and developmental matching. In contemporaneous matching the teacher must be able to "read" the conceptual level (CL) of the student, which guides the teacher in understanding the optimal amount of structure a student needs for learning. Low CL students benefit from greater structure, which in the classroom setting means more lecture and presenting a rule and then example, whereas higher CL students performed just as well with lower or higher structure interactions (discovery learning process vs. lecture, rule-example vs. example-rule). In the developmental matching approach, the teacher considers not only where the student is currently, but also where the student is headed in terms of CL. As a result the teacher structures the learning environment so that the student is supported with the structure they need, and simultaneously encouraged to take on the conceptual work required to move on to the next level. Hunt's matching model has also served as the foundation of some developmental approaches to counselor supervision, which will be discussed in greater detail later in this chapter.

The conceptual level matching approach was easily adapted to the counseling field, in which the therapeutic interventions and even the therapeutic environment can be adapted to meet the client at (or near) her/his conceptual level. Conceptual level has also been studied as it relates to counselor behaviors, and this approach has made significant contributions to our understanding of counselor development and the supervision process.

One of the first studies of Conceptual Level matching in counseling was McLachlan's (1972) study of the benefits of group therapy as a function of client/counselor matching by conceptual level. This study found that both high Conceptual Level and low Conceptual Level patients who were matched with an appropriate level counselor scored.
higher on Patient Improvement Ratings, than their non-matched counterparts.

Generalizability and validity are limited by the use a single inpatient sample of alcoholic patients, and a subjective Patient Improvement Rating, but the researcher went to great lengths to control for the influences of intelligence and perceived social competence of the therapist. This study began a steady progression of research into the conceptual level matching model, focusing on different counseling outcomes.

Stoppard and Miller (1985) conducted a review of the research relating to conceptual matching models in therapy and concluded that this was a productive and promising area for further research. The authors examined fifteen research projects, and parsed out those which they deemed inadequately designed or executed to effectively speak to the model. Of the five remaining studies, Stoppard and Miller write, “It is reasonable to conclude from the interaction effects reported in the majority of studies, particularly in the better designed ones, that there is some foundation for interpreting the empirical findings as providing support for matching hypotheses as derived from CST.” (1985, p. 63) The authors conclude that there is a great need for improvement in the methodological quality of the studies examining conceptual level matching, and they make some specific recommendations for advancing the research in this area (Stoppard et al., 1985).

Conceptual Level as a predisposition toward therapeutic communication was examined by Goldberg (1974), exploring the proposition that higher levels of Conceptual Level would be associated with more effective counselor communication patterns. The participants in this study were 86 master’s degree students in their first formal course in counseling. In this study, counselors at lower Conceptual Level more often used directive verbal responses, consistent with the theoretical expectations. The opposite was not fully
supported, however, with higher Conceptual Level counselors only showing increases in the indirect response "acceptance and use of client ideas." Within the response types, four dimensions of verbal responses were identified and counselors with higher Conceptual Level were more likely to tend to "clients feelings (affect), to convey to the client an awareness of and sensitivity to his perspective (understanding), to deal with core rather than peripheral concerns (specific) and to encourage the client to explore his feelings and attitudes through open ended rather than fact seeking questioning (exploratory)" (p. 366), than were lower level counselors (Goldberg, 1974). Since Goldberg's work, there have been many examinations of counselor characteristics and behaviors related to the counselor's level of conceptual development.

A study of the relationship between CL and clinical hypothesis formation further illuminated the connection between CL and counseling (Holloway et al., 1980). This study involved 37 first semester counseling graduate students (9 male and 28 female). The authors hypothesized that differences in cognitive complexity among the students would be related to differences in "gathering, interpreting, and searching for additional client information" (p. 540). Participants in the study were administered the PCM and one month later, viewed a videotape of a counseling session, after which they completed the Clinical Assessment Questionnaire. A regression analysis indicated that there was a significant predictive relationship between CL and the Overall CAQ scores ($r^2 = .267$, $p < .002$), and between CL and the subscale Asking Divergent Questions ($r^2 = .218$, $p < .004$). These results suggested that counselors with higher CL would tend to have better quality and clarity of expression in their clinical assessments, and that they would seek more information (divergent questions) rather than perseverating on a single line of inquiry. There were some peculiarities in this
study, beginning with the CAQ itself, which was found to have a great deal of interdependence among the subscales, suggesting that there may be underlying factors other than clinical assessments which the CAQ is measuring. Also the authors chose to use 14 t-tests, and appropriately adjusted the alpha level to .05/14=.004, rather than using an Analysis of Variance to determine differences between subscale scores. Along with the small sample size (37) generalization of the results of this study should be considered only in the context of its limitations. Despite these limitations, this study does appear to establish that CL is related to the ability to form more effective clinical hypotheses.

The relationship between Conceptual Level and the Therapeutic Responsiveness of counseling trainees was studied among 69 counseling graduate students (Lutwak, 1993-1994). This study used the This I Believe test, a sentence completion test which was the precursor to the PCM for studying CL, the Therapeutic Response Measure which rates the Thoughts, Affect, and Responses of the test taker after reading five provocative client statements, and the Empathic Understanding scale, which was designed to measure accurate empathy in actual counseling videotapes along a five point scale. The findings supported the theoretically based hypothesis in terms of Therapeutic Responsiveness with a significant positive correlation between CL and the Thoughts dimension \((r=.23, p<.05)\) of the TRM which suggests that CL is related to clinical formulation, the Affect Dimension \((r=.32, p<.01)\), suggesting that CL is related to the ability to be aware of and label one's own feelings in counseling, and the Response dimension \((r=.26, p<.05)\) indicating that CL is related to the ability to integrate one's thoughts and feelings, and formulate an effective verbal response in session. Further CL was found to be related to empathy as measured on the Empathic Understanding scale \((r=.502, p<.01)\), indicating that counselors with higher CL...
demonstrated greater levels of accurate empathy in their counseling sessions. The relationship between CL and both the TRM and the EU are significant, as empathy and therapeutic responsiveness are important aspects of the counseling relationship.

Holloway and Wampold (1986) conducted a meta-analysis of studies involving conceptual level and counseling related tasks. This meta-analysis divided studies into two types; Type A dealing with the relationship between conceptual level and performance on a specific counseling related task, and Type B examining the matching model in therapy more generally. Among the Type A studies the authors reported a "positive and relatively large" mean effect size for conceptual level among the studies included in the meta-analysis, and a "positive and large" correlation between Conceptual Level discrepancy and the effect size for Conceptual Level. These findings support the theoretical hypotheses that High Conceptual Level counselors performed better than low Conceptual Level counselors on counseling related tasks. The mean effect size and correlation between Conceptual Level discrepancy and Conceptual Level effect size were negligible for the Type B studies, concerned with the matching model. This is a conundrum. According to the matching model, High CL counselors should perform better than Low CL counselors when the structure of the environment is matched (High CL with low structure, and Low CL with high structure), and the study in fact analyzed matched and mismatched environments. The authors point out that the disparate findings seem at odds theoretically, as well as empirically. There were several limitations of this study, most of them endemic in the performance of meta-analysis generally. Difficulties in selection of studies for inclusion based on compatibility in theory or execution, an ill defined sample, poorly reported and lost statistical data from the original studies, all combined to reduce the number of studies.
included, and the comprehensiveness of the meta-analysis. The authors suggested that the use of Conceptual Level as a counseling program admissions tool lacks support, but that despite the limitations of the study, they believe that continued use of the conceptual level in research and training is indicated (Holloway et al., 1986). In terms of counselor development, conceptual level has provided a useful perspective on how to promote development and more specifically how supervision can be tailored to best meet counselor's needs.

Sprinthall (1989) took the levels described in Hunt's work on CL broadly, and adapted them to describe behaviors of counselors as they advance through these levels developmentally.

**Stage A:**

Shows strong evidence of concrete thinking

Exhibits compliance and expects the same from clients

Is low on self direction and initiative: needs detailed instructions

Non-verbals are often incongruent

Counsels in a robot fashion

Needs immediate reinforcement

Difficulty in tracking clients

Inaccurate on active listening

Enjoys highly structured activities for self and for clients

Is very uncomfortable with ambiguous assignments – prone to anxiety

Follows a counseling model as if it were "carved in stone"

Doesn't handle emergencies well
Verbalizes feelings at a limited level
Is reluctant to talk about own adequacies; low on self reflection, high on anxiety

Stage B:
Separates facts, opinions, and theories about counseling
Employs some different models in accord with client differences
Shows some resistance to some models
Shows some evidence of systematic “matching and mis-matching”; can vary structure
Is open to innovations and can make some appropriate adaptations; evidence of self reflection
Shows sensitivity to emotional needs – responds to a variety of client feelings
Enjoys some level of autonomy and self-directed learning as a goal for self
Accurate on active listening with most clients
Appropriate ratio of content/feeling responses
Non-verbals are usually congruent

Stage C:
Understands counseling as a process of successive approximation
Non-verbals are congruent
Shows evidence of originality in adapting innovations to the client’s needs
Is comfortable in applying all appropriate models
Is most articulate and analyzing his or her own counseling in both content and feeling
Has high tolerance for ambiguity and frustration; can stay on task in spite of major distractions
Does not automatically comply with directions – asks supervisor’s reasons
Fosters an intensive exploratory approach with clients when appropriate

Responds appropriately to the emotional needs of all clients

Can move up and down on the active listening scale

Can match and mismatch with expert flexibility

Appropriate balance of support and challenge

For the purposes of establishing a baseline for CL scores, the scoring manual for the PCM reported the CL scores from three studies involving graduate students (Hunt, Butler, Noy, & Rosser, 1978). These CL scores ranged from $M=1.82$ to $M=1.93$ in studies involving between 43 and 91 graduate students between 1972 and 1975. PCM scores for community college and undergraduate students ranged from $M=1.63$ to $M=2.03$.

More recently, a study involving an experimental intervention specifically designed to stimulate cognitive development among graduate students in a Counseling Ethics course provides data relating to PCM scores, moral development as measured by the Defining Issues Test, and Concern for Appropriateness scale, which is a self report delineating the respondent’s concern for group conformity. This study began with a sample of 44 graduate counseling students, and concluded with a sample of 38. Thirty-five of the students were female (92%), and 71% were under age 29. This sample was also 87% Caucasian, with three African American students (8%), and two Latino students (5%). While the treatment intervention through the ethics course did not stimulate development fully as expected, information was gained in terms of a baseline for comparison of CL scores. Among the three groups of graduate students ($N=38$) who were administered the PCM as a pretest, CL scores ranged from $M=1.8$ to $M=2.27$ (Chase, 1998).
A 1998 study examined the moral development, conceptual level, levels of self-actualization among graduate counseling students, and as they compared to graduate students in non-counseling graduate education programs. This study involved a group of 27 graduate counseling students who were administered the Defining Issues Test (a measure of moral development), the Personal Orientation Inventory (a measure of self-actualization), and the PCM. Of the 27 students 78% were women (N=21), and 89% identified themselves as Caucasian, 7% as African American, and 4% as Hispanic. Among the interesting findings of this study was the indication that CL actually dipped midway through the students graduate training, and showed an overall trend towards higher levels of CL after one and a half years of counselor education. While the findings did not show significant growth developmentally through the process of graduate counselor education, there was a fairly small sample (N=27), which would make a significant finding difficult. The scores on PCM do help to establish a baseline for CL among counseling graduate students, with the scores ranging from M=2.03 (SD=.36) at the outset of training, and 2.12 (SD=.24) at the conclusion of the study.

A study of the relationship between experience, credentials, ego and conceptual development also added to the body of literature regarding counselor development. A total sample of 134 counselors was obtained for this study, a sample consisting of 76% female respondents and 24% male, broken down by race as 97% Caucasian, 2.3% Africa-American, and 0.7% responding other. All of the respondents were National Certified Counselors, with 43% working in Mental Health settings, 31% in school settings, 24% in community settings, and 3% in other types of settings. This study found, among other things, that school counselors scored significantly lower on Ego Development than mental health counselors,
and the author posits that this is a developmental pause, due to a lack of appropriate support and supervision for school counselors in service. The SCT scores for this study ranged from Conformist to Autonomous, and placed 72.4% of NCCs at Loevinger's Self-aware stage, followed by 21% at the Conscientious stage. Additionally, the PCM scores for NCCs resulted in $M=1.97$ ($SD=.32$).

The research has shown that Conceptual Level is related to more desirable counseling behaviors generally, but the Conceptual Level of home-based counselors in particular deserves attention because of the extreme demands of home-based counseling. Home-based counselors work with families where there are multiple challenges presenting simultaneously, they have access to tremendous amounts of contextual information, and they must manage interactions with multiple systems. Home-based work demands that the counselor be able to read and flex. They must be able to adjust to the needs of the family, as they face the myriad of problems present in the family's life, and to meet the family in a way that is meaningful and helpful. This appears to be a function of CL, as McLennan notes.

"a counselor must not only be able to make differentiations and discriminations in relation to client behavior and experiences in the course of a counseling interview or a series of interviews, but must also be selective so as to use the most relevant information and be able to respond appropriately to the client's real needs."

(p.652)

Further, home-based services are provided in the home and in the community, in environments which are decidedly unstructured, and often working independently. As such a home-based counselor with a higher CL is more likely to be able to function effectively in this less structured environment than the Low CL counselor.
Counselor Supervision

Supervision of home-based services appears to be the least studied aspect of a generally under-studied treatment approach, and with home-based services the need for effective supervision is heightened (Zarski et al., 1991). Working with families in home-based services presents unique challenges for the counselor, from managing in-home sessions and boundary issues, to feelings of ineffectiveness with high-risk families. In the absence of specific training for home-based counselors, it falls to supervision to address the unique aspects of providing counseling services in the home. Understanding the depth and breadth of family issues, and prioritizing treatment interventions presents the counselor with great difficulties, which effective supervision can help to mediate. Counselors working in isolation can also find support and revitalization in supervision (Zarski et al., 1991). The supervision of home-based counselors plays a vital role in terms of both the efficacy of the service itself, and in the counselor’s professional development. This section will examine clinical supervision broadly, and then focus on developmental models of supervision and, more specifically, supervision of home-based counselors.

Supervision has been discussed and examined from many different theoretical viewpoints, which impact on how supervision is provided and on what part of the counseling process the supervision is focused. Bernard and Goodyear define supervision as:

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

(Bernard et al., 1998)

While this broad definition is useful, a greater understanding of the developmental supervision process is better suited to the process of supervision of home-based counselor.

**Developmental Supervision**

Loganbill, Hardy, and Delworth (1982) define supervision as an "intensive interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill et al., 1982). The developmental model of supervision extends the individual development model into the counselor development arena. The counselor moves through successively higher levels of competence, with each stage being qualitatively different in conceptualization and application of theoretical models. The counselor requires a differential match in the amount of structure provided in the supervision environment according to his or her level of development (Bernard et al., 1998). Blocher (1983) describes the role of developmental oriented supervisor as monitoring the balance of challenge and support, innovation and integration in the environment so that counselor is engaged in discovery learning processes (Blocher, 1983). The supervisor has three major roles: teacher, counselor, and consultant. The optimal balance of these roles, along with the type of supervision intervention, is determined by the counselor’s level of development (Borders et al., 1987).

Within the developmental model the supervisor continually assesses the counselor’s position on the continuum of counselor skills and development, and attempts to match the counselor with a developmentally appropriate supervision environment. Counselors who are functioning at a lower level of development will require greater structure and support in the
supervision relationship, in order to stimulate further development (Bernard et al., 1998). These counselors will typically benefit from the teaching and counseling roles of the supervisor, seeking direct instruction of counseling skills, and a great deal of support and encouragement (Bernard et al., 1998). At the other end of the spectrum, a counselor at a higher level of development will likely seek the consultant role from the supervisor, seeing supervision as a resource, and the interaction with the supervisor as more collaborative (Borders et al., 1987).

Structure is also variable in terms of the format of supervision, and generally speaking the more active the supervisor is in directing the supervision process, the more highly structured that supervision is considered (Bernard et al., 1998). For example the counselor self-report method of supervision is very low structure, and the supervisor’s role in this type of supervision is very limited. The counselor reports his or her own observations of and responses to the counseling interaction, with no independent observation by the supervisor, and no way to evaluate whether the counselor’s interpretation of events or the process is accurate. Clearly, this method is not well suited to counselors at the lower end of the developmental spectrum, where their ability to conceptualize client’s situations is underdeveloped. At the other end of the spectrum is live supervision, where the counseling session takes place while the supervisor observes the session by live video, or through a one-way mirror. This arrangement allows for the supervisor to “call in” to the counselor to make suggestions, or to schedule regular times for the counselor to step out and confer with the supervisor. This approach allows a very active, highly structured supervision intervention, which is better suited to counselors at the lower end of the developmental spectrum, wherein the counselor and client have more immediate safeguards built in (Bernard et al., 1998).
Deliberate Psychological Education (DPE) has shown great promise for stimulating developmental growth, and has been extended into the counselor supervision arena. DPE consists of five components; Role-taking, Guided Reflection, Balance, Continuity, and Support and Challenge (Reiman, 1995). Role-taking engages the individual (in the case of supervision, the supervisee) in a new role, which provides novel challenges to the counselor’s way of viewing the world. As the counselor takes on this new role, the supervisor and counselor engage in a dialogue, often through the use of journals, which allow the supervisor to guide the counselor as he or she struggles with new ways of seeing and experiencing this new role. The new experiences and the reflection thereupon must be maintained in balance, commensurate with both the timing and intensity of the new role. The continuity component prescribes the length of time the role-taking experience should be undertaken. Finally, the Support and Challenge refers to the idea noted earlier, that cognitive developmental growth is a process of giving up old way of viewing the world, in favor of new more complex views. The supervisor’s task is to challenge the counselor to take a new perspective while supporting him or her during this period of disequilibrium, while the counselor tries to conceptualize the world through new lenses, but cannot yet abandon old ways of knowing.

Bernier (1980) undertook a study using a DPE approach to supervision, with a focus on skill acquisition and counselor development. The study involved 18 counselors and teachers in an experimental curriculum, with a six week workshop focused on developmental theory, counseling, supervision, and behavioral management skills, and a semester long practicum with bi-weekly supervision from a developmental perspective. The results were mixed, with students making significant gains in the skills area and in moral
judgment (as measured by the DIT), but neither Ego Development (as measured by the Sentence Completion Test) nor Conceptual Level (Conceptual Systems Test) reached significance. The authors speculate about the lack of movement by questioning the supervision, and whether or not it was truly developmental, and also whether the role-taking experience "lacked sufficient voltage" (p.19) to create the cognitive dissonance necessary for growth (Bernier, 1980).

Home-based Supervision

The first discussion of supervision actually taking place in the family home appeared as recently as 1989 (Zarski et al., 1991), and a only handful of studies make mention of supervision taking place in the family home. The study by Wasik and Roberts noted earlier (1994), indicated that on site supervision takes place most often, monthly, every two months, or quarterly and 27 % reported no on site supervision at all (Wasik et al., 1994). With home-based counseling, supervisors often have no first hand observation of the counselor's interaction with the family. Instead the less structured self-report or case presentation types of supervision are used which, as previously discussed, are typically only appropriate for counselors at higher levels of development (Bernard et al., 1998).

Zarski and Zygmund's (1989) model of home-based supervision incorporates Hunt's matching model as part of the supervision strategies. The authors acknowledge that the matching model seeks to provide the optimal environment for counselor learning based on the counselor's conceptual level. Unfortunately, the authors utilize CL for contemporaneous matching to maximize the acquisition of home-based counseling skills, rather than the developmental matching to stimulate the counselor's development. This is likely an effective method for delivering the skills based information necessary (although an
evaluation of their model mentioned in the article was apparently never published), and they do utilize live supervision for a more accurate assessment of counselor/family interaction. It is disappointing however that this article focuses on skill acquisition in supervision more so than counselor development.

Another model of home-based supervision is presented by Snyder and McCollum (1999) on learning to do in-home family therapy. This model utilizes live supervision of counselors who are transitioning from clinic-based practice to home-based practice, and there is a component concerned with the unique skills demanded of home-based counselors. How this model distinguishes itself from most others is the addition of a developmental component, although the authors never explicitly name it as such. In addition to "frequent and intensive" clinical supervision, the counselors kept a reflective journal, in which they processed the challenges and changes they experienced as a result of their new role (Snyder et al., 1999). This approach to supervision seems very much in keeping with the Deliberate Psychological Education approach, which involves a novel role taking experience, support and challenge, balance, guided reflections, and continuity of the experience, as a means to counselor development (Sprinthall et al., Unpublished manuscript). The qualitative approach used in this study provides access to the counselor's experiences and insight in supervision, but leaves open the question of whether there was a measurable change in their development or performance as counselors.

As noted earlier, a model for the training and supervision of paraprofessionals for providing home-based services was presented by Gordon and Arbuthnot (1988). The authors acknowledge that the most interpersonally skilled, brightest, and enthusiastic volunteers were selected for further training, which consisted of 16 to 24 hours of workshop
instruction and on-going supervision. Supervision consisted of discussion based on video or audio taped sessions with families, and completion of handouts by the counselors, which served as journals of their in-session experiences. Again, while the authors did not claim that this is a developmental approach to supervision, all of the components of a Deliberate Psychological Education model (role taking, support and challenge, balance, guided reflection, and continuity) are present in the training and supervision of paraprofessional family counselors (Gordon, Arbuthnot, Gustafson, & McGreen, 1988; Reiman, 1995).

Although the authors did not establish improved efficacy of para-professionals providing home-based services in this study, this is a promising area for further examination.

One of the components of clinical supervision is the support provided to the counselor, which in home-based services is a particularly important function (Bernard et al., 1998). The day-to-day interactions that counselors have with colleagues are seen as positive influences, but the work of home-based counselors tends to take place in isolation (Wasik et al., 1994; Zarski et al., 1991). Even feedback from clients over the course of the therapeutic relationship can help the therapist feel as if her or his work is effective and beneficial, but the crisis focus and short-term duration of home-based services makes it unlikely for counselors to receive this sort of feedback (Zarski et al., 1991). The support of the supervisor can mitigate both of these issues and focus on the counselor’s competence, identity, and sense of efficacy.

Ideally clinical supervision of home-based services would provide the counselor with training, support, and guidance in hopes of balancing the tremendous challenges of providing home-based services. Supervision of home-based counselors requires attention to all of the same roles and functions as does supervision of out-patient counselors. Just as
with the home-based counseling itself, unique issues demand greater attention in home-based supervision (Zarski et al., 1989).
CHAPTER THREE

RESEARCH METHODOLOGY

Chapter three describes the research design and research questions for this study, and describes the sample, target population, data collection procedures, instrumentation and statistical analyses used in the investigation.

Target Population and Sample

The target population for this study consists of counselors providing home-based services to children and families in Virginia. For the purposes of this study, home-based counselors are defined as: workers who provide counseling and case management services to families primarily in the family's home and specifically to prevent the removal of an at risk child. Participants in the study were identified by one of two means. To identify counselors who work in public community mental health agencies, a listing of all the Community Services Boards in Virginia, available from the Virginia Association of Community Service Boards, was used. To identify counselors working in private nonprofit family service agencies, a search was conducted of the Virginia Comprehensive Services Act directory of providers. The Comprehensive Services Act Office in Virginia is an agency that coordinates funding for families with at-risk children. From the total listing of agencies, the author selected a sample which included both private and public agencies, in rural and urban settings, from each of four regions of the Commonwealth (Northern, Southeastern, Central, and Southwestern). Each of the agencies selected was contacted by telephone to determine whether they provided home-based services, the number of home-based counselors working within the agency, and to obtain the agency's permission to contact the counselors.
Data Collection Procedures

Questionnaire packets were sent to the home-based services supervisor at each agency, who then distributed the packets to the counselors. Efforts were made to ensure that the sample is representative geographically, by the type of agency, and in terms of urban, suburban, and rural locales. Every packet consisted of a cover letter delineating the purpose of the study and the informed consent statement, the three research instruments, and a demographic survey. A small inducement was included with each packet in the form of a “stress ball”, and a stamped return envelope was also included in each packet to make returning the instruments more convenient. There were a total of four mailings, between March 8, 2002 and April 12, 2002, with a total of 407 packets mailed to 38 agencies (17 Private and 21 CSB). Respondents were asked to reply by a due date designed to be approximately one week after they received the packet.

Instrumentation

Four instruments were used to gather information on the factors of interest in the study: a general demographic questionnaire, the Washington University Sentence Completion Test, the Paragraph Completion Method, and the Counselor Supervision Inventory.

General Demographic Questionnaire

The general demographic questionnaire is a one page survey developed by the researcher, to gather information on the participant’s age, years of experience, highest level of education, race, gender, and employment status. In addition, this survey gathered information on the type and frequency of supervision and training provided to home based counselors. This information was necessary to delineate counselor variables which could be
explored for significance when compared to other constructs measured. A copy of the
General Demographic Questionnaire is in Appendix A.

**Paragraph Completion Method**

Paragraph Completion Method (PCM) (Hunt et al., 1978) is a semi-projective
measurement for ascertaining the conceptual level of the test taker. Hunt describes
conceptual level as "a person characteristic, indexing both cognitive complexity
(differentiation, discrimination, and integration) as well as interpersonal maturity (increasing
self-responsibility)" (Hunt, 1975). The paragraph completion method consists of six
paragraphs stems, and the test taker is asked to complete the paragraph by writing at least
three more sentences to describe their ideas and opinions on each topic. The stems are
designed to elicit a response which reflects the structure of how the test-taker thinks, which
in turn represents their conceptual level. Scores on each item range from 0 to 3 reflecting
higher level conceptualizations, and the three highest responses are averaged to obtain the
total Conceptual Level score.

Validity of the PCM has been established for educational research in over 100
has been established through the demonstration that Conceptual Level is related to, and yet
is at the same time distinct from, IQ/ability/achievement as well as other developmental
constructs (Hunt et al., 1978). The median inter-rater reliability from 26 studies using the
Paragraph Completion Method was reported to be .86. The one year test-retest reliability
among five studies involving subjects grades six through eleven ranged from .45 to .56
(Hunt et al., 1978). The correlation between Conceptual Level and Ego Development was
found to be .23, and a correlation of .34 was found between Conceptual Level and Moral Development (Sullivan & McCullough, 1970). A copy of the PCM is in Appendix B.

**Washington University Sentence Completion Test**

The Washington University Sentence Completion Test (WUSCT) of ego development is based on the work of Loevinger (Loevinger et al., 1996). The WUSCT is a semi-projective test which consists of sentence stems designed to prompt a response that reflects the test taker's level of ego development. The WUSCT consists of 36 sentence stems, and based on the responses to the sentence stems, a score is assigned which corresponds to Loevinger's stages of Ego Development. There is also a short form of the WUSCT with 18 rather than 36 items, which was used for this study. There are separate forms for female and male test-takers. The validity of the Washington University Sentence Completion Test has been established in several different ways. While Loevinger (Loevinger et al., 1996) argues that the intuitive and coherent nature of the WUSCT speaks to the Substantive Validity (a component of construct validity), the argument made by repeated validation by researchers over the past 20 years speaks more loudly. The sequentiality of the WUSCT, higher stages unfolding with normal development, and the correlation with other developmental constructs both strengthen the instrument's validity. Inter-rater reliability of the Washington University Sentence Completion Test has been reported as .94, with the split-half reliability reported to be .79, or .96 when disattenuated for unreliability (Loevinger, 1998). Although there is some loss of reliability in using the Short Form of the SCT, there is no impact upon the validity (Foster & Sprinthall, 1992; Novy & Francis, 1992), further the use of the Short Form is justified in guarding against testing effects such as respondent fatigue. A copy of the WUSCT is in Appendix C.
Counselor Supervision Inventory

The Counselor Supervision Inventory is a 60 item instrument which consists of three subscales which reflect aspects of the supervision process: counseling, consultation, and teaching. Each scale has two dimensions, the actual which describes how much the counselor believes the specific supervision has been provided, and the ideal, which describes the level of supervision the counselor believes should be provided. The difference measured between the actual and ideal responses is taken as a measure of satisfaction (or dissatisfaction) in this area. Validity of the Counselor Supervision Inventory is established by selecting items which were shown through factor analysis in previous studies to be related to the supervision sub-scales of interest (Davis, 1984). The internal consistency of the Counselor Supervision Inventory was established through the odd-even split-half correlation method. The internal consistency correlation was .82 for each of the three supervision sub-scales. The test-retest reliability ranged between .64 and .67 across the three sub-scales at a two week re-test (Davis, 1984). A copy of the CSI is in Appendix D.

Research Design

The present study is essentially a descriptive study, as there is currently no developmental data regarding home-based counselors. The foci of the study are establishing a profile of the counselors providing home based services, and on describing and exploring any relationships between the measures of counselor development and supervision variables.

Research Questions and Hypotheses

1) What is the Ego Development level of Home based counselors, as measured by the Washington University Sentence Completion Test?
2) What is the Conceptual Level of Home based counselors, as measured by the Paragraph Completion Method?

3) What is the level of supervision satisfaction among home based counselors, as measured by the Counselor Supervision Index?

4) There will be no significant correlation between home based counselor’s scores of satisfaction with supervision as measured by the Counselor Supervision Index, and Conceptual Level, as measured by the Paragraph Completion Method?

5) There will be no significant correlation between home based counselor’s scores of satisfaction with supervision as measured by the Counselor Supervision Index, and their level of Ego Development, as measured by the Washington University Sentence Completion Test?

**Data Analysis**

Descriptive statistics were employed to describe the home based workers in terms of age, education, training, years of experience, type and frequency of supervision, and satisfaction with supervision, as well as in terms of their Conceptual Level and Level of Ego Development. Further, the relationship between measures of Supervision Satisfaction and measures of Conceptual Level and Ego Development was analyzed using the Pearson Product-Moment correlation. Where appropriate variables related to within and between group differences were analyzed using a one factor ANOVA.

**Ethical Considerations**

This study was reviewed and approved by the College of William and Mary, School of Education Human Subjects Review Committee and by the author’s dissertation committee prior to contacting any research participants. Each agency contacted was
fully informed of the purpose of the study, the voluntary nature of their participation, and an abstract of the proposal was offered. ACA Ethical guidelines relating to treatment and protection of study participants were strictly adhered to. Study participants were advised through the cover letter that their participation in the study was completely voluntary, and that they could choose to discontinue participation at any time. Participant information was anonymous, and the data was kept confidential at all times. Study participants were assured that their employment will not be impacted in any way by their participation in this study, as no individual identifying information was connected to the data. Upon completion of the study generalized results were made available to participants at their request.

Limitations

Among the limitations of the proposed study is the limited geographical representation in the sample. While there is no reason to believe that the sample selected from Virginia alone would reflect different levels of development than a nationwide sample, this cannot be established definitively and therefore any generalization of the results will need to be undertaken cautiously. This study is designed to examine the home based counselors in Virginia, and while information regarding their supervisors would be beneficial, it is beyond the scope of this study. Also, while this study is intended to advance the understanding of the developmental levels of home-based counselors, this does not directly reflect a greater understanding of how home-based workers perform. While higher developmental levels are well correlated with desirable counselor behaviors, determining definitively whether higher functioning home-based counselors produce better outcomes, is also beyond the scope of this study.
CHAPTER FOUR
ANALYSIS OF RESULTS

Chapter four presents the findings of the current study. It is organized into three sections: 1) Descriptive Statistics; 2) Data Analysis for the Research Hypotheses; and 3) Additional Findings.

A total of 123 public and private home based agencies were identified, and 30% of them were solicited for participation in the study. If the counselors working within the 37 agencies which participated are representative of the workers in the state more generally, there would be approximately 1360 home based counselors in Virginia. Four hundred and eight surveys were mailed to home based counselors in the 37 agencies across Virginia (through their supervisors) and a total of 140 responded (34.3%), of which 120 (29.4% of total surveyed) were completely valid. Of the twenty responses which were excluded from the study results, seven (7) were excluded due to incomplete SCT, one (1) was excluded due to incomplete PCM, four (4) were excluded due to an incomplete CSI, and eight (8) were excluded due to multiple incomplete instruments.

Descriptive Statistics

Of the 120 valid responses, sixty were completed by counselors from Community Services Boards and sixty were completed by counselors from private home-based counseling agencies. Female counselors account for 73.3% (N=88) of the Home based work force, and male counselors accounted for the other 26.7% (N=32). Seventy-two (60%) of the counselors reported that they were White/Caucasian, thirty-six (30%) described themselves as Black/African-American, and the remainder of responses were distributed
between three Asian/Pacific Islanders (2.5%), two Hispanic (1.7%), one Native American (.8%), and four who chose not to respond.

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSB</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>Private</td>
<td>60</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>88</td>
<td>73.3</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>26.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>72</td>
<td>60</td>
</tr>
<tr>
<td>Black/African American</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Other/No Response</td>
<td>4</td>
<td>3.3</td>
</tr>
</tbody>
</table>

The mean age of home based counselors in this study was 36.8 years old (SD=11.25 yrs), and the median age of the home based counselors was 32.5 years. Home based counselor’s years of overall counseling experience ranged from .16 years (two months) to 36 years, with the mean number of years of counseling experience was found to be 7.2 (SD=7.84). The years of home based counseling experience ranged from .08 years (one month) to 36 years, with a mean number of years of home based counseling at 3.03 (SD=4.04). Interestingly, the other measures of central tendency provide a somewhat different picture of the experience of home based counselors, with the median years of counseling experience determined to be 4 years, and the median number of years of home based counseling determined to be 2 years. Sixty-eight (57.1%) home based counselors
serve in that function on a full-time basis and fifty-two (42.9%) provide home based services part-time.

### Table 4.2

<table>
<thead>
<tr>
<th>CSB</th>
<th>Private</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>36</td>
<td>32</td>
<td>68</td>
</tr>
<tr>
<td>Part-time</td>
<td>24</td>
<td>27</td>
<td>51</td>
</tr>
</tbody>
</table>

### Table 4.3

<table>
<thead>
<tr>
<th>N=</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Years</td>
<td>116</td>
<td>23</td>
<td>60</td>
<td>36.82</td>
<td>11.25</td>
<td>32.5</td>
</tr>
<tr>
<td>Counseling Experience Years</td>
<td>120</td>
<td>.16</td>
<td>36</td>
<td>7.2</td>
<td>7.83</td>
<td>4.0</td>
</tr>
<tr>
<td>Home Based Experience</td>
<td>120</td>
<td>.08</td>
<td>36</td>
<td>3.03</td>
<td>4.04</td>
<td>2.0</td>
</tr>
</tbody>
</table>

The level of education achieved by Home based counselors was explored, and the range represented counselors with a High School Diploma/GED (N=4, 3.3%), Associates Degree (N=3, 2.5%), Bachelor's Degree (N=37, 30.8%), Masters Degree (N=75, 62.5%) and Doctorate (N=1, .8%). Sixteen counselors (13.3%) reported that they were licensed by the Commonwealth of Virginia to practice as a Professional Counselors or as a Social Worker.

### Table 4.4

<table>
<thead>
<tr>
<th>Educational Status of Home Based Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>FT</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>High School/GED</td>
</tr>
<tr>
<td>Associates Degree</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
</tr>
<tr>
<td>Master's Degree</td>
</tr>
<tr>
<td>Doctorate</td>
</tr>
</tbody>
</table>
Training of Home based counselors was investigated, and counselors reported receiving training ranging from zero hours to 3000 hours. The mean number of hours of training was 161 (N=113, SD=521.58), but it should be noted that when accounting for outliers the 5% trimmed mean is 58.87 hours of training. Respondents were asked whether they had received training specific to home based counseling through Seminars, Conferences, College Course, On the Job, or if they had received no Home Based Training at all. Counselors reported that 90% (N=108) had received training on the job, 67.5% (N=81) had received Seminar Training, 43.3% (N=52) had received training at a Conference, 35.8% had received training through a college course, and 4.2% (N=5) reported receiving no training at all. As these were not exclusive categories some simple follow-up analysis revealed that 22.5% of home based counselors (N=27) received only on the job training.

The type and frequency of supervision received by home based counselors was also investigated in demographic portion of this study. Counselors reported that the frequency of supervision received was distributed across More than Once Weekly (N=12, 10%), Weekly (N=68, 56.7%), Every Other Week (N=16, 13.3%), Monthly (N=13, 10.8%), and Less than Once Monthly (N=5, 4.2%). The other demographic point of interest with regard to the supervision received was the amount of supervision received, broken down by individual and group hours per month. The Individual hours of supervision received per month ranged from zero to 30 hours per month, with a mean of 4.11 (SD=4.12) and Group Supervision received per month ranged from zero to 32 hours, with a mean of 4.78 (SD=5.08). The median and mode was 4 hours per month for both Group and Individual Supervision, which is consistent with counselor's report of most frequently receiving Weekly supervision.
Most counselors (90%) reported that they receive Case Consultation type of supervision (N=108), with 33 reporting that they receive Live Supervision (27.5%), and eight (6.7%) reporting that they receive supervision utilizing Video Taping of sessions. Interestingly, all eight of the counselors who reported that they received Video Tape based supervision, also reported that they received Case Consultation Supervision, and 31 of the 33 counselors who reported receiving Live supervision, also reported receiving Case Consultation supervision. There were 12 counselors (10%) who did not report receiving any of the three types of supervision investigated.

<table>
<thead>
<tr>
<th>Type and Frequency of Supervision Among Home Based Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency of Supervision</strong></td>
</tr>
<tr>
<td>More than Once weekly</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Every Other Week</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Less than Once Monthly</td>
</tr>
<tr>
<td><strong>Type of Supervision</strong></td>
</tr>
<tr>
<td>Case Consultation</td>
</tr>
<tr>
<td>Videotape</td>
</tr>
<tr>
<td>Live</td>
</tr>
<tr>
<td>None reported</td>
</tr>
</tbody>
</table>

**Data Analysis for the Research Questions and Hypotheses**

In this section the three research questions and two hypotheses are restated, and the findings are presented. The analyses for this study were conducted with the Statistical Package for Social Sciences program (SPSS 11.0.0).

**Research Question One**

What is the Ego Development level of Home based counselors, as measured by the Washington University Sentence Completion Test?
The Washington University Sentence Completion Test (SCT) short form was used to obtain the levels of ego development of the home based counselors. The 88 women and 32 men who returned valid surveys completed the appropriate gender specific SCT. The SCT was scored by the author and another doctoral candidate. Both had completed the SCT scoring self-training, and a 90.5% agreement rate was achieved in scoring a sample of 20 protocols. Scores on the SCT reflected a range from Loevinger’s E3 Self Protective Stage to E8 the Autonomous Stage. The largest number of respondents scored at the E6 Conscientious level (N=50, 41.7%), followed by the E4 Self Aware (N=44, 36.7%), E7 Individualistic (N=16, 13.3%), E4 Conformist (N=8, 6.7%) and one response each at the E3 Self Protective and E8 Autonomous levels (0.8 percent at each level). The Mean Ego Development level was 5.62 (SD=.86), and both the median and the mode were at the E6 Conscientious level.

<table>
<thead>
<tr>
<th>Ego Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>E3 Self Protective</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>E4 Conformist</td>
<td>8</td>
<td>6.7</td>
</tr>
<tr>
<td>E5 Self-Aware</td>
<td>44</td>
<td>36.7</td>
</tr>
<tr>
<td>E6 Conscientious</td>
<td>50</td>
<td>41.7</td>
</tr>
<tr>
<td>E7 Individualistic</td>
<td>16</td>
<td>13.3</td>
</tr>
<tr>
<td>E8 Autonomous</td>
<td>1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Research Question Two

What is the Conceptual Level of Home based counselors, as measured by the Paragraph Completion Method?

The Paragraph Completion Method was used to obtain the Conceptual Levels of the home based counselors in this study. The PCM was scored by a professional rater in Minnesota. The Conceptual Level of home based counselors ranged from 1.0 to 2.7, with the mean Conceptual Level was 1.89 (SD=.33). The median and mode were both
Hunt recommended standards for categorizing conceptual levels as follows: low (CL 0-1.0), moderate (CL 1.1-1.9), high (CL 2.0 and higher) (Hunt et al., 1978). The distribution is illustrated in Figure 4.1 and the frequency by range is illustrated in Table 4.7.

**Figure 4.1**
Distribution of PCM Scores Among Home Based Counselors

![Distribution of PCM Scores Among Home Based Counselors](image)

**Table 4.7**
PCM Scores by Range

<table>
<thead>
<tr>
<th>PCM Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Moderate</td>
<td>53</td>
<td>44.2</td>
</tr>
<tr>
<td>High</td>
<td>66</td>
<td>55</td>
</tr>
</tbody>
</table>

**Research Question Three**

What is the level of supervision satisfaction among home based counselors, as measured by the Counselor Supervision Index?

The Counselor Supervision Index was used to measure home based counselors satisfaction with supervision, by measuring the difference between their perception of the supervision which they *actually* receive and that which they feel they should *ideally* receive.
As such, satisfaction with supervision would be represented by scores closer to zero (actual=ideal) and dissatisfaction would be represented by scores moving away from zero either in the positive or negative direction. Positive scores represent lower actual score than ideal or a perception that the counselor is under-supervised, whereas negative scores represent higher actual scores than ideal or a perception by the counselor that they are over-supervised. The CSI is based on simple mathematical equations and was scored by the author. The scores on the CSI ranged from -184 to 162, with a mean score of 15.85 (SD=45.44). The median score was 19 and the mode was 0.00. Those counselors reporting that their perception is that they are “over-supervised” (N=21) (a negative score) accounted for 17.5 percent of the sample, 8.3% (N=10) reported a match between their actual supervision and their ideal supervision, and 74.2% reported perceived dissatisfaction with supervision because they are “under-supervised”.

Figure 4.2
Home Based Counselor’s Scores on the CSI

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Research Hypothesis One

There will be no significant correlation between Home based counselor’s scores of satisfaction with supervision as measured by the Counselor Supervision Index, and Conceptual Level, as measured by the Paragraph Completion Method.

The correlation between home based counselor’s satisfaction with supervision and their Conceptual Level was analyzed using Pearson’s product-moment correlation coefficient. A non-significant correlation was found between supervision satisfaction and Conceptual Level ($r(119)=-.031, p=.783$).

Research Hypothesis Two

There will be no significant correlation between home based counselor’s scores of satisfaction with supervision as measured by the Counselor Supervision Index, and their level of Ego Development, as measured by the Washington University Sentence Completion Test.

The correlation between home based counselor’s satisfaction with supervision and their level of Ego Development was analyzed using Pearson’s product-moment correlation coefficient. This negative correlation was found to be significant at the .05 level (2-tailed) ($r(119)=-.210, p=.021$), for an $r^2$ value of .044. This is a very modest finding that higher levels of ego development are associated with greater satisfaction with supervision. Interestingly, when the data are separated into those reporting that they are under-supervised or over-supervised, the correlation which includes the "over-supervised" or satisfied counselors ($N=31$) does not rise to significance ($r(31)=-.074, p=.690$). On the other hand, among the "under-supervised" counselors ($N=89$) there is a stronger significant finding of a negative correlation between higher levels of Ego Development, and lower levels of
dissatisfaction with supervision ($r(88) = -0.278, p = 0.008$). Again, the $r^2$ value, or the amount of variance in the sample accounted for by this relationship is 0.077, or almost 8%.

Additional Findings

There were several findings related to the current study which are relevant in terms of better understanding the counselors providing home based services in Virginia. Specifically there are significant relationships between some of the dependent variables, and demographic and other independent variables.

Ego Development

Ego Level was not significantly related to age, gender, race, frequency of supervision, years of experience (in counseling generally or in home based in particular), or licensure status. Additionally, there was no significant correlation between Ego Level and Education where previous research has found such a relationship. One surprising finding was that Full-time Home Based Workers ($M = 5.85, SD = .902$) did demonstrate significantly higher levels of ego development than Part-time Workers ($M = 5.31, SD = .706$), $t(117) = 3.531, p = 0.000$. The Effect-size for the difference between the groups is $\eta^2 = .62$. According to Grimm and Yarnold (1995) an effect-size of greater than .50 is moderate to high. The positive relationship between Ego Level and Conceptual Level was found to be significant, as expected, and was in line with previous findings ($r(119) = .263, p = .004$) (Sullivan & McCullough 1970 #1070).

Conceptual Level

The findings related to conceptual level indicated several interesting relationships among the variables of interest. Conceptual Level did not rise to the level of significance with regard to gender, licensure status, full-time vs. part-time status, frequency of
supervision, amount of supervision (individual or group hours per month), or years of
general counseling experience.

Conceptual Level was significantly and positively related to level of education
\((r(119)=+.303, \ p=.001), r^2\) value of .09, or 9% of variance. This relationship was explored
further through a one-factor between subjects ANOVA indicated a significant effect for
education \(F(4,115)=3.65, \ \text{MSE}=.369, \ p=.008\). Because there was only one participant in the
“Doctorate” education category, analyses were re-run to allow for post hoc comparisons by
collapsing this one participant into the Masters Degree category \(F(3,116)=3.879, \ \text{MSE}=3.98, \ p=.011\). The ANOVA continued to show significant effects, and with
differences between Master’s Degree and Bachelor’s Degree \(\text{CD}=.185, \ p<.05\) and between
Masters Degree and Associates Degree \(\text{CD}=.171, \ p<.05\). Finally, a T-test was run, to
contrast the differences in CL for those counselors with Master’s Degree or higher, with
those who had a Bachelor’s Degree or less. This was found to be a significant difference
\(t(119)=3.22, \ p=.002\, and the effect-size was again found to be in the moderate to high range
\(\eta^2=.63\).

There is a modest significant positive correlation between age and Conceptual Level
\((r(116)=+.234, \ p=.011, r^2=.05)\) which is not surprising. However, Conceptual Level was
found to differ significantly \((t(119)=-2.08, \ p=.04)\) based on race, when the majority group
(White/Caucasian) \((N=72, \ M=1.94, \ SD=.32)\) was compared to the minority groups together
\((N=46, \ M=1.81, \ SD=.34)\), and this finding was not anticipated. The effect size was in the
low range however \(\eta^2=.21\), bringing into question how meaningful this finding actually is.
Counselors working within Community Services Boards \((M=1.99, \ SD=.31)\) were found to
have significantly higher Conceptual Levels than counselors employed by private home
based agencies (M=1.81, SD=.33), t(118)=3.078, p=.003. Here again, the \( \eta^2 = .56 \), suggesting a moderate to high effect size. A significant relationship positive was also found to exist between Years of Home based counseling experience, and Conceptual Level (\( r(119)=+.187, p=.041, r^2=.03 \)). Follow-up analysis confirmed that there were no differences between the private and CSB counselors in terms of education, race, years of experience (home based or generally), and that the differences found within these areas were unique to each variable, not artifacts of correlated variables.

Interestingly, while the scores on the PCM and the Counselor Supervision Index did not correlate significantly, there was a negative correlation between the hours of Live Supervision received and Conceptual Level (\( r(119)=-.248, p=.003, r^2=.06 \)). No significant relationship between Conceptual level and other supervision measures was found.

Supervision

Some interesting findings emerged among the variables relating to counselor supervision. The number of hours of supervision received per month correlated negatively and significantly with the counselor's dissatisfaction with supervision for both individual supervision (\( r(118)=-.303, p=.001, r^2=.09 \)) and group supervision (\( r(118)=-.236, p=.010, r^2=.055 \)). Further, the number of hours of Live Supervision was significantly correlated with the dissatisfaction with supervision \( r(119)=-.287, p=.002, r^2=.08 \). Interestingly, the strongest positive correlation among the variables studied exists between the number of Group Hours of Supervision per Month, and the Number of individual Hours of Supervision per month (\( r(118)=+.561, p=.000, r^2=.31 \)).

Another interesting finding relating to the CSI confirms the findings from the pilot studies in developing the instrument. Specifically, the Total satisfaction scores correlated
significantly and strongly with the subscales scores of Teaching ($r(119)=.968$, $p=.000$), Counseling ($r(119)=.946$, $p=.000$), and Consultation ($r(119)=.944$, $p=.000$), with $r^2$ values between .89 and .94. The correlation between the subscales was also found to be significant and is illustrated in the Table 4.8.

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<th>CSI Total</th>
<th>CSI Counseling</th>
<th>CSI Teaching</th>
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CHAPTER FIVE

DISCUSSION AND CONCLUSIONS

The chapter begins with a brief introduction to the study and a review of the research methodology. Secondly, the results of the research questions and hypotheses are discussed in terms of the major constructs and in light of the literature reviewed in Chapter Two. The possible limitations of the study, the implications of the findings, and potential avenues for future research are discussed, and finally, a brief summary is offered.

Introduction

Home based family therapy has been used to intervene with families who have a child at risk for being removed from the home. Due to the extraordinary challenges of providing home based services, it is argued that home based counselors should be performing at higher levels of counselor development. This study was designed to investigate aspects of home based counselor development, Ego Development and Conceptual Level, as they relate to the supervision received by home based counselors, as measured by the Counselor Supervision Index. Previous studies have examined counselor development, and have demonstrated that higher levels of ego development and higher conceptual levels are associated with more desirable counseling behaviors. There is also a body of research which suggests that clinical supervision can stimulate counselor development. Unfortunately, very little is known about the development of home based counselors, or the supervision that they receive.

This study involved home based counselors in the Commonwealth of Virginia. Thirty-seven home based services agencies were selected to represent the different regions of the state, urban and rural locales, and public and private agencies. Home based
supervisors in each agency were contacted, and they served as the conduit to the counselors. A total of 408 research packets were sent out, and 140 were returned for a response rate of 34.3. Each research packet included a general demographic survey (Appendix A), the Washington University Sentence Completion Test (Short Form, Gender Specific) (Appendix C), the Paragraph Completion Method (Appendix B), and the Counselor Supervision Index (Appendix D). Of the 140 packets returned, 120 were completely valid and included in the study (29.4% of total surveyed) and 20 were excluded from the study due to one or more missing or incomplete instruments.

Discussion

The collected data was analyzed using Person product-moment correlation coefficient and ANOVA to test for relationships between variables and differences between and within groups. There were three specific research questions and two research hypotheses which were of primary interest in this study, and are as follows.

Ego Development

This area of inquiry led to some interesting findings with regard to the development of home based counselors. Scores on the SCT reflected a range from Loevinger’s E3 Self Protective Stage to the E8 Autonomous Stage. The mean Ego Development level was found to be 5.62 (SD=.86), with a plurality of counselors scoring at Loevinger’s E6 Conscientious Stage (N=50, 41.7%). As discussed in Chapter Two, studies of Ego Development have shown positive relationships between higher levels of ego functioning, and counseling related behaviors.

Previous studies have suggested that E5-E6 was the level at which most graduate counseling students were located (Borders et al., 1986), and it has been suggested the
Conscientious level (E6) is in fact the optimal level for graduate students (Swensen, 1980). Specifically, they found that students at lower levels of ego development (Self Aware- 1-3/4 (E5)) more often described clients in terms of psychological descriptors, whereas students at the Individualistic (1-4/5 (E7)) stage used more interactional descriptions. In home based counseling, the ability to understand the interactions within and among the family member is incredibly important, but only 14.1% of the counselors surveyed were measured at or above the Individualistic Stage.

Recalling Swensen’s position that to be effective in counseling, the counselor must be at a level at least one stage higher than the client, and that E5 Self Aware stage is the modal stage among young adults in the population, a concern emerges. While it is encouraging that the majority of home based counselors scored above the E6 level, it is troubling that 44% of home based counselors were at or below E5 (Self Aware) Stage, because there is a likelihood that they would not be the requisite one stage above many of their clients.

Carlozzi and Gaa’s (1983) work with Ego and Empathy demonstrated that counselors above the conformist level were better able to demonstrate affective sensitivity or empathy, one of the necessary components of counseling effectiveness. Among the home based counselors in this study, 8.3% are found at or below the conformist stage, which brings into question their abilities to demonstrate accurate empathy and as such, function effectively as counselors. At or below the conformist level, the home based counselor would be guided more by acceptance from the group. This is problematic when the group is the families with whom they work, making it more likely that the counselors would become inducted into the families dysfunction, rather than being able to effect change in the system.
One surprising finding was that Full-time Home Based Workers (M=5.85, SD=.90) did demonstrate significantly higher levels of ego development than Part-time workers (M=5.31, SD=.70, t=.000, η²=.62). One possible explanation for this finding is the immersion in the work which is required for Full-time workers allows them greater opportunities for challenges to their current way of viewing their work. This may be the “sufficient voltage” argument that Bernier raised when discussing the lack of movement in ego levels in supervision involving DPE interventions (Bernier, 1980). There was no significant difference in the number of hours of supervision, or with the satisfaction with supervision between full and part time counselors. However, there is a possibility that the content of supervision for part-time workers is different than that for full time workers (i.e. more administratively focused, more problem oriented, less developmental), because there are fewer informal opportunities to address such issues. Finally, it may be that counselors with higher Ego Development are hired for full time positions more often than low Ego Level counselors.

There was no significant correlation between Ego Level and Education where previous research has found such a relationship. There is a possibility however, that traditional education alone is not sufficient to promote ego growth. Rather than being primarily skill and theory development, counselor education must be developmentally focused, if growth in ego level is a goal. As there was also no significant difference in ego level by age, years of experience, or hours of supervision it appears that components essential for stimulating development are missing from the process of home-based counseling. This is a peculiar finding, but not without precedent, as both Lambie and Diambra (Diambra, 1997; Lambie, 2002) had similar findings. Diambra suggested that
when counselors lacked supervision and mentoring, they may pause developmentally as a result. This would appear to be a valid assessment with regard to home based counselors as well, where if counselors do not find the important balance of support and challenge in the work they do, development will likely not continue. Home based counselors often work in isolation, without the benefit of even collegial support or peer supervision. If the supervision they receive is not developmentally focused and fairly assertive (i.e. live, highly structured, etc.) counselors are likely to settle at a level of development below their potential. Also, because all of the counselors involved in this study were adults, the age range is restricted. Loevinger maintained that 13/4 (E5) is a fairly stable adult stage, and progressing beyond that stage would require challenging and supportive environments (Loevinger, 1976).

When considering Ego Development as an aspect of Home based counselor development, the issues which distinguish home based services from traditional out-patient must be taken into account. The specific issues in home based counseling relating to ego development include the ability to successfully join with the family, and then manage multiple intense relationships within the family, the complicated boundaries, the immensity of the family’s challenges, and the feelings of ineffectiveness. Home based services require counselors to enter the family’s system to try to effect change in it, without becoming inducted into it. Recalling that families receiving home based services are often mandated and as a result perhaps only externally motivated joining with these families requires a nimble counselor. They must convince the family that they are not an agent of the Courts, and yet support the authority of the court. They must align with parents, and yet not allow the child to be the “scapegoat”. They must utilize the family home, and yet respect the fact.
that they are a guest there. And they must be able to realize that they are part of the process of change, but not responsible for the change, insulating them against the frustration which may come in working with families with so many challenges. Again, these are all issues relating to ego development. Borders description of ego development as it relates to counselor development alludes to many of these same issues stating, "counselors at different ego levels would have varying capacities to, among other things, express empathy, respect a client's differentness, deal with identity issues, and understand the interactive dynamics of the counselor-client relationship."

Finally, the relationship between Ego Level and Conceptual Level was found to be significant, as expected, and was in line with previous findings ($r(119)=+.263$, $p=.004$) (Sullivan et al., 1970). This is an important point, because as discussed earlier, Ego Development and CL related, but distinct constructs. That is, while both are aspects of cognitive development, and are related as such, they reflect different domains of development. That is an important consideration in this study where CL and Ego levels often present, what appears to be conflicting results. It is more likely that these results reflect the complimentary nature of Ego and Conceptual Development as they interact in counselor development. Next we will examine the implications of the findings with regard to the Conceptual Level of home based counselors.

**Conceptual Level**

The Conceptual Level of home based counselors ranged from 1.0 to 2.7, and the mean Conceptual Level was 1.89 (SD=.33). The median and mode were both 2.00. Hunt recommended standards for categorizing conceptual levels as follows: low (CL 0-1.0), moderate (CL 1.1-1.9), high (CL 2.0 and higher) (Hunt et al., 1978). Again this is a mixed
finding in terms of the home based counselors, as 55% of the counselors scored in the high range (and the median and mode were also located in the high range), however 45% scored in the moderate range or lower. The research with regard to the relationship between CL and counseling is fairly well established indicating that higher conceptual level scores are correlated with more desirable counseling behaviors.

Recalling Goldberg’s study of the relationship between CL and therapeutic communication (Goldberg, 1974), the home based counselors with higher conceptual levels would be more likely to tend to “clients feelings (affect), to convey to the client an awareness of and sensitivity to his perspective (understanding), to deal with core rather than peripheral concerns (specific) and to encourage the client to explore his feelings and attitudes through open ended rather than fact seeking questioning (exploratory)”, than would be counselors at lower conceptual levels. In home based counseling, when the counselor is often working with mandated clients facing numerous complex treatment concerns, these characteristics are incredibly important.

Gordon described the characteristics which are desirable in a home based worker, in order to effectively manage the challenges of the work. These included characteristics such as “clarity and directiveness, intelligence (particularly abstract reasoning), the ability to spontaneously reframe family interactions in a more positive light, and the ability to test multiple hypotheses simultaneously”. When considering these characteristics, in light of the counselor behaviors adapted from Hunt’s stages (Sprinthall, 1989) it becomes clearer how counselors at higher CL are better equipped to deal with the unique demands of home based services. High CL counselors are better able to articulate their own beliefs and counseling theory, are more flexible and use a more broad variety of models to best serve the client, has
a high frustration tolerance, and can stay on task despite distractions. Beyond these are the characteristics of higher level conceptual systems generally, the ability to test and hold multiple perspective simultaneously, the greater ability of abstract reasoning, and the ability to “read and flex” as needed. These are precisely the sort of characteristics, in addition to more desirable counseling behaviors generally, associated with higher conceptual levels, which are essential for home based counselors.

Unlike the Ego Levels, the scores on the PCM did correlate significantly with both age ($r(116)=+.234$, $p=.011$) and education ($r(119)=+.303$, $p=.001$), but the $r$ squared values for both were modest, making any further conclusions tenuous. However, when the differences in counselor’s PCM scores were compared by education status, those at or above the Masters Degree level scored significantly higher than those at the Bachelor’s Degree (CD=.185, $p=.05$) and Associates Degree (CD=.171, $p=.05$) levels ($F(3,116)=3.879$, $MSE=3.98$, $p=.011$), and there was a large effect size ($\eta^2=.63$). This seems to suggest that counselors with graduate level training would display more desirable counseling behaviors than those without graduate level training. However, 36.7% of the home based counselors in Virginia have not had the benefit of graduate training. In fact the mean score for the groups of counselors below the Master’s Degree Level were all in the Moderate range, whereas those in the Master’s Degree and higher groups averaged in the High range. As noted earlier, counselor education should target more than skill acquisition, and CL is more susceptible to growth than is Ego Development. Higher CL may be a product of the higher education process, but more important is the benefits to the counselor (and families) that comes with higher CL. This is also an important point for supervisors to consider, as the reality of the home based field is that a significant number of counselors do not have the
benefit of graduate level training. As such, the onus for intervening and stimulating
counselor development with these counselors shifts to the supervisor.

| Table 5.1 |
|---|---|---|---|
| Conceptual Level by Education | \(N\) | \(M\) | \(SD\) |
| High School/GED | 4 | 1.625 | .537 |
| Associates Degree | 3 | 1.8 | .000 |
| Bachelor's Degree | 37 | 1.786 | .323 |
| Master's Degree | 75 | 1.964 | .307 |
| Doctorate | 1 | 2.5 | ... |

A modest significant positive correlation exists between Years of Home-based Experience and PCM, \((r(119)=+.187, p=.041, r^2=.03)\). While the \(r^2\) values are very small with both age and experience, these findings may suggest that both life experience and home-based experience are related to higher CL. While these findings may seem at odds with the results on the SCT (where neither age nor experience were correlated significantly), they are consistent with the idea that ego is more stable and that CL growth is somewhat easier to stimulate, or that the tasks involved are better suited to CL. It may be that in essence the challenges of living life and of providing home-based services, in concert with whatever support is provided, seem sufficient for continuing conceptual development.

Surprisingly, Conceptual Level was found to differ significantly \((t(116)=-2.08, p=.040)\) based on race, when the majority group (White/Caucasian) \((M=1.94, SD=.32)\) was compared to the minority groups together \((M=1.81, SD=.34)\). This finding was not anticipated and is somewhat puzzling. However, the effect size was in the low range \(\eta^2=.21\), bringing into question how meaningful this finding actually is.

Counselors working within Community Services Boards \((M=1.99, SD=.31)\) were found to have significantly higher Conceptual Levels \((t(119)=3.078, p=.003)\) than...
counselors employed by private home based agencies (M=1.81, SD=.33). The $\eta^2=.56$, suggesting a moderate to high effect size, but this is difficult to account for, as there were no significant relationships between Type of Agency and Age, Education, Years of Experience, Frequency or Hours of Supervision, or Hours of Training. There are however several possible explanations for this difference. The CSB’s are publicly funded, and as such the services they provide often are not directly tied to a funding source, meaning that counselors may be able to work with families for longer periods of time. This coupled with adequate supervision could play a role in stimulating development. It is possible that the structure of the CSBs offering both out-patient and home based services, allows home based counselors within the CSBs more opportunities for collegial support and mentoring. Supervisors within the CSBs may have alternative resources available within the CSB structure to deal with administrative issues, allowing supervision that does occur to be more strictly clinically focused. Finally, it is possible that Community Services Boards are able to be more selective in hiring home based counselors, and through that process select those with higher levels of CL (more desirable counseling behaviors).

Despite the fact that the levels of Ego Development and Conceptual Level which were measured among home based counselors compare somewhat favorably to counselors and counseling students in other studies, the nature of home based services still requires more of the counselor than those in out-patient and school based settings. There continue to be questions about the environments in which home based counseling takes place. Home based services present highly unstructured environments, with a great deal of simultaneous demands on the counselors cognitively and interpersonally (read clinically). As Lukenda (1997) and Snyder (Snyder et al., 1999) reported, the challenges facing those moving from
clinic based to home based practice are challenges of intensity, volume and complexity of the families' struggles, and the counselor needs to be more adept at managing these demands in the environment. Home based counseling demands the most highly developed counselors. The next section details the findings of the current study as they relate to counselor development and supervision.

**Supervision**

The Counselor Supervision Index provided a measure of counselor's satisfaction with supervision, and some of the demographic variables also provide useful information for understanding the supervision of home based counselors. The scores on the CSI ranged from -184 to 162, with a mean score of 15.85 (SD=45.44). No description of a standard for low, moderate, or high dissatisfaction exists in the literature relating to the CSI. The vast majority of counselors, (74.2%) reported perceived dissatisfaction with supervision because they are “under-supervised” (their actual level of supervision was below the ideal). This is somewhat surprising, in that one would expect with such a broad range of ages, experience, and developmental levels, that counselor's satisfaction/dissatisfaction would be more evenly distributed. Being “undersupervised” in terms of the CSI, may in fact be a measure of feeling unsupported more generally, which would fit with what is coming to light in terms of counselor supervision.

The CSI reflected significant relationships with supervision variables. The CSI was significantly and negatively correlated with individual ($r(118)=-.303, \ p=.001, \ r^2=.09$) and group hours of supervision ($r(118)=-.236, \ p=.010, \ r^2=.05$), suggesting that home based counselors who receive more supervision (either group or individual) were less dissatisfied with their supervision. Again the $r$ squared values make this finding only somewhat helpful.
One troubling finding related to the individual and group supervision received by counselors is the correlation between those two measures themselves. Group and Individual hours of supervision were significantly negatively correlated ($r(118)=.561, p=.000$), suggesting that home based counselors experience a "feast or famine" with regards to supervision. This $r^2$ value (.31) is respectable, indicating that those who receive some supervision seem to receive a great deal, whereas the rest receive very little.

These findings, when viewed in light of the previous research on the importance of home based supervision are concerning. Littell and Tijima (2000) found that workers perceptions of their supervision played a role in facilitating greater client collaboration and compliance with treatment. Adequate and quality supervision was associated with the collaboration and compliance characteristics in families, and there was a negative correlation between supervision and a deficit orientation. In short, workers who felt they were receiving good supervision saw strengths in their families more so than weaknesses, and were able to facilitate collaboration and compliance with treatment within the families with whom they were working. Home based services puts counselors in the home of the most challenged families in the community, and tasks them with coordinating treatment among multiple service agencies. If the counselor is more inclined to see the family as laden with problems, and less likely to be able to collaborate with the family and other agencies, the prospects for the family are dire. Alternatively, counselors who feel well supported are more likely to see the family’s strengths and better able to help them navigate the community services networks. It would appear from the present data that this is not the case for 74% of counselors, who felt dissatisfied with their supervision, or for those in the supervision famine category.
The CSI correlated significantly and negatively with the SCT \((r(119)=-.210, p=.021)\), suggesting that counselors with higher levels of ego maturity are also more generally satisfied with the supervision they receive. Again, a modest \(r^2\) squared value (.04) makes any conclusions drawn based on this finding tenuous. Similarly, the CSI correlation did not reach significance with the PCM \((r(119)=-.031, p=.738)\), suggesting that there is not a relationship between CL and satisfaction with supervision. Interestingly, there was a modest negative correlation between the hours of Live Supervision received and Conceptual Level \((r(119)=-.248, p=.003, r^2=.06)\). While the \(r^2\) value of this finding is small, this does suggest that counselors at higher levels of supervision are receiving fewer hours of Live Supervision. There are a few possible explanations for this finding, the most likely seems to be that the supervisors provide fewer hours of Live Supervision to the counselors who do not seem to need that level of supervision intervention. According to the Developmental Supervision Model, as the counselor develops, they require less active supervision (i.e. Live Supervision) and more consultation supervision. It appears that whether by design, or out of practical necessity, this is the case with home based workers.

Meanwhile, with regard to the CSI, while the support for growth may exist in these types of supervision, though it may not be what the counselor thinks she or he needs, and it is therefore not rated as satisfactory. The developmental matching process in supervision may not always be comfortable for counselors, and that may be reflected in their perceptions of supervision. Likewise, stimulating Ego Development appears to require greater challenge and support, and support may also be reflected as satisfaction in the CSI. Another possible explanation for this contradiction could be that the perceptions measured by the CSI itself may be influenced by levels of ego development. The CSI requires varying levels of
endorsement for the existence of the roles of Counselor, Teacher, and Consultant in the supervision relationship. At lower CL the function of these roles in supervision may be interpreted as an external authority telling the counselor what to do. This sort of imposition by the supervisor would be resisted by lower CL counselors. Because the CSI concerns itself with aspects of the supervisory relationship, the instrument may be overly sensitive to the aspects of supervision which would be appreciated by those at higher level of ego functioning.

An interesting point regarding the CSI has to do with replication of the original research using the instrument. Specifically, a strong correlation exists among the three subsets of Counseling Supervision, Teaching Supervision, and Consultation Supervision, and between these constructs and the whole. As a result, the CSI is not able to distinguish the three supervisory roles as distinct from one another, or from supervision satisfaction as a whole. This could be a lack of sensitivity in the instrument itself, or it could be an indication that the three components are not experienced as separate by the counselors. Unfortunately, this lack of sensitivity means a loss of some data. Developmental supervision should evolve as the counselor develops, from a very active, directive, and supportive relationship (Counseling and Teaching Roles), to one where the supervisor serves primarily as a consultant. This is yet another aspect of the matching which is required of supervisors, and would have provided valuable insight into how supervision is being delivered. The instrument developer had suggested that the findings of the CSI may call into question whether the three supervisory roles are in fact distinct constructs (Davis, 2002) as suggested by Bernard and Goodyear (1998). This would be an interesting area for future
research, but a more likely explanation would be that the CSI is better suited to capturing global satisfaction.

One positive finding with regard to supervision is that, whereas Wasik and Roberts (1994) indicated that on site supervision takes place most often, "monthly, every two months, or quarterly" and 27% reported no on site supervision at all (Wasik et al., 1994), the majority of counselors in the present study (56%) reported receiving weekly supervision. Less positive is that 15% reported receiving supervision monthly or less frequently. Because home based counselors face such tremendous challenges daily in the work they do, weekly supervision should be the minimum. Within the course of one week the counselor will have spent 5-10 hours with an individual family. If supervision is occurring only monthly, the counselor will have spent as many hours with a family between supervision sessions as many outpatient counselors spend with a family through the entire course of treatment. This work is too intense and dynamic to allow for such infrequent supervision.

Another sobering finding of this study is that 22.5% (N=33) of counselors reported that the only training they received was on the job training. Unfortunately this is consistent with the findings of Lukenda who reported that 93% of counselors indicated that it would have been helpful, very helpful, or extremely helpful to receive pre-service training relating to: the contribution of family factors to adolescent behavior and academic difficulties, about joining the family and preparing them for treatment, about dealing with angry and resistant families, about structuring family sessions, and about interventions to help the family move towards its treatment goals. More generally, 80% of counselors in Lukenda's study indicated that training about the therapeutic and practical issues relating to home-based counseling would have been extremely or very helpful. It appears as if these issues are
being addressed primarily, or only, on the job, and by and large are not part of counselor
education programs. As a result, counselors who enter the home based field, are likely using
the training they received for out-patient practice to work with families in the home. At the
best, this approach will have counselors missing important cues and clues in the home
environment (i.e. sleeping arrangements, family pictures, presence of beer cans, or
neighborhood characteristics) or is distracted by the environment. In the worst case, the
counselor is ill prepared to work in home and is unable to manage the lack of structure, is
not attentive to safety concerns, is unable to manage the intensity of sessions in the home, or
is unable to negotiate the boundaries without becoming inducted.

It appears that the training of home based counselors should include two broad areas,
which distinguish home based from outpatient treatment. The first area of home based
specific training is the context of the work. Counselor educators must be able to help
counselors appreciate the differences between providing counseling services in the home,
versus in the clinic. Differences including the attention which must be paid to issues of
safety, understanding the day to day interactions in the home as opportunities for therapeutic
intervention, and being able to both understand the unique aspects of the home as
environment for treatment, and still recognize and respect that it is still the family’s home.
The second important difference in training counselors has to do with the counselors
themselves, and equipping them to understand their role, and the limitations of providing
home based services. This includes raising awareness of the counselors with respect to the
isolation, risks of induction, issues of safety, empowering families vs. helping, and how best
to utilize supervision. These are all important issues to be raised as part of counselor
education and training, but in fact they must also be addressed continually in supervision.
The importance of supervision in home based counseling cannot be overstated. The safeguarding of counselor and families, and the development of the counselor are all products of quality supervision. Zarski noted that supervision can be helpful in helping home based counselors understand the depth and breadth of family issues, and prioritizing treatment interventions. Further, supervisors can offer support and revitalization to counselors working in isolation with tremendously challenging families. Blocher describes the role of developmental oriented supervisor as monitoring the balance of challenge and support, innovation and integration in the environment so that counselor is engaged in discovery learning processes (Blocher, 1983). It appears that when supervision occurs often enough and strikes that difficult balance between support and challenge, the workers benefit, and most likely the families do too.

**Limitations**

There were several limitations to this study, and these limitations will be discussed in terms of research design, sampling, and instrumentation limitations.

**Research Design**

There are limitations inherent in correlational research, most clearly that no assumptions can be made regarding causation (Gall, Borg, & Gall, 1996). While relationships may exist between variables, we cannot determine whether they influence one another, or whether an external unmeasured influence may have had an impact. Because this was an exploratory and descriptive study this limitation was anticipated, and in the future an experimental design could extend this study and perhaps address issues of causality. For example, counselors who are trained in home based services and supervised based on a Deliberate Psychological Education model, could be compared to counselors in
other settings to determine if there are gains in counselor development. Further, family outcome studies might help to better focus the connection between higher levels of development among home based counselors and performance in counseling.

Another limitation which was anticipated in the design of the current study is that supervision was examined uni-directionally. Because the focus of this study was on the home based counselors, no alternative perspective was undertaken. As a result, any conclusions drawn regarding the supervision must be conditional, because little is known about the content or quality of supervision being provided. Likewise little is known about the developmental levels of the supervisors themselves, which would be a tremendously important addition to the current study. However, even with these limitation recognized, the study was designed to focus on the counselors because this area in the literature is so lacking.

Finally, with regard to design, this study examined the development of home based counselors. While there is a strong base in the literature supporting the connection between development and counseling behaviors, this study is not able to draw any conclusions about the effectiveness of home based counseling.

Sampling

The limitations related to sampling are two-fold: the limited geographic area included and the response rate. Because only counselors in the Commonwealth of Virginia were solicited for participation in this study, the results cannot be generalized beyond Virginia. Within Virginia the sample was representative geographically, by urban vs. rural locale, and by public vs. private agencies. While there is nothing to suggest that home based
counselors in Virginia would vary significantly from those in other areas, the results cannot be generalized beyond Virginia.

With regard to the response rate, 30% of the total population was solicited, and 34.3% responded, although only 29.4% (120 cases) were completely valid and included in the study. While there were no demographic differences identified between those participants included and excluded from the study, the reduction in the rate itself may be a limitation of the study. Traditionally, a minimum of 30 cases has been thought sufficient for correlational research (Gall et al., 1996), and in the current studies even the within group comparisons have generally met that standard. Because there is limited research of this sort already in the literature, there is no baseline against which to compare the sample in this study. As such, it is unclear whether those who chose to respond to this research request are comparable to home base counselors generally.

Instrumentation

Both the CSI and the SCT have limitations which may have impacted on the study overall. The short form of the SCT was used in an effort to increase participant compliance in completing the test. It is likely that fewer responses would have been received had the long form been used, as more than seven of the short form SCT were not fully completed, and several respondents expressed displeasure with the length of the survey. Despite the fact that the use of the short form seems well reasoned, the short form does lose some reliability compared to the full 36 item protocol. There is no way to know whether the use of the long form would have resulted in fewer valid protocols, but it appears that with either form some statistical power will have been lost.
The CSI purports to measure counselor satisfaction with supervision based on the three components of clinical supervision, Counseling Supervision, Teaching Supervision, and Consultation Supervision, as well as a full scale Satisfaction measure. Unfortunately, the subscales are correlated with one another from .82 to .88 (p=.000), and each of the subscales are correlated with the full scale score from .94 to .96 (p=.000). It would appear that the CSI is not in fact measuring three distinct constructs, but one. Further, the CSI may be influenced by the very developmental measures which were used as contrasts in this study, and/or some external unidentified variable which is related to the developmental constructs. As noted earlier, the CSI may reflect the level of supervisor involvement perceived by the counselor. This is problematic in relation to the CL scale, as at the lower end the counselor may resent the imposition of the supervisor as an authority, and at the higher end, they may not appreciate the intensity of the supervision when what they feel they need is occasional consultation. Alternatively, the CSI does concern itself with the supervision relationship, and this relationship may be valued differently along the ego development scale.

There are two areas which could have been clarified in the general demographic questionnaire which potentially could have added to the understanding of differences among home based counselors. The first has to do with the counselor’s role. All of the participants in the present study were self identified as home based counselors, but even within that description, there may be a great deal of variability in terms of the counselor’s role and function. Second, it may be that the differences in education may also need to be studied in the type of degree, rather than degree alone. For instance, it may be that students in a social work program are prepared for providing home based services differently than students in a
counseling program. Unfortunately, the differences in type of degree were not captured in the demographic information.

**Potential Areas for Future Research**

This study was intended to advance the understanding of home based counselor development and supervision, and to establish a profile of the characteristics of home based counselors. Home based counselors work in challenging settings, with the families who have more numerous, more acute and more complex challenges. Yet very little research exists about the counselors who are serving this difficult population. As much as the current study contributes to the understanding of home based counselors, there are plentiful opportunities for future research.

As noted earlier, this study was designed to examine development and supervision of home based counselors, and is unable to go beyond inferences with regard to counselor effectiveness. A potential next step in the continuation of home based research would be to examine the effectiveness of home based counselors, specifically in the light of these or related developmental constructs. While the case has been made theoretically that there is a connection between home based counseling and counselor development, a study involving outcome measures would help solidify this connection.

One area which was not investigated in this study, but which may contribute to these findings is the area of counselor burnout and turnover. Some interesting recent research has reinforced the connection between ego development and counselor burnout, demonstrating that counselors with higher levels of development have lower levels of certain characteristics which contribute to burnout (Lambie, 2002). In this light, the counselors who continue to work providing home based services may already have higher levels of
development. This issue of burnout and turnover could potentially contribute further to understanding the challenges facing home based counselors, and may be impacted by the supervision they receive.

With regard to supervision, the next step in this line of research would appear to be an examination of the supervisors and the content and quality of supervision being provided. While the current study has provided insight into the counselor's perceptions of the quantity, frequency, and satisfaction of home based supervision, it does not provide information regarding the quality of the supervision. The next step may include an examination of the supervisors themselves in terms of developmental measures. It has been well established in the literature that supervisors should be at a higher stage of developmental functioning than the counselor. Without a more advanced developmental level there is no possibility of providing the necessary supervision environment, perspectives, and support necessary to stimulate or even support counselor development. Beyond the supervisors themselves are possibilities for further research in terms of the content of the supervision relationship, whether it adheres to developmental or some other theoretical supervision model, and the quality of the supervision being provided. While the current study has illuminated the counselors' developmental profiles, the key to stimulating and supporting that development lies with the supervisor and in the supervision relationship. Again, a DPE intervention model for training and supervising counselors may bring into sharper contrast the connection between supervision and counselor development, and ultimately the services provided to families.
Implications and Summary

Previous literature in the field of home based counseling had delineated the challenges facing the counselors through the environments in which they work, and the multi-challenged families who receive the services. Much of the research to date had suggested which family and/or child characteristics were more amenable to home based treatment. There had also been work suggesting that the right model of home based counseling would be the key to serving more families more effectively. More recently, a few studies had recognized the importance of home based supervision, and the key role played by the counselors in the success of home based counseling.

Rather than focus on the families or the challenges, this study has brought together the small strands which existed in the literature relating to the training and supervision of home based counselors, and connected them with the concepts of counselor development. This study offers information relating to the demographic makeup of home based counselors, something which did not exist in the literature previously. More importantly, the present study provides insight into the development of home based counselors (Ego Development and Conceptual Level) and the supervision received by counselors.

Literature in the Counselor Development field has established a relationship between higher levels of counselor development, and more desirable counseling behaviors. Findings from this study with reference to counselor development indicate that home based counselors score within the same range as graduate students in counseling on both the Conceptual Level and Ego Development measures. However, the demands of home based services are such that higher levels of development on both measures would be preferable to manage the complexities and challenges of home based work. Characteristics of the higher
levels of counselor development relate almost directly to the demands of home based counseling. Counselors at higher levels are better equipped to manage the dynamic and unpredictable interactions in home based treatment. They are able to see the strength of the families, and reframe challenges in a more positive light. They can filter through the extraordinary amount of information available in the home, and focus on the issues which are truly important. They are able to read the needs of the individuals and families they serve, and flex to meet those needs. And they can manage the intense intimate relationship inherent in providing counseling services in the home, without losing sight of their role. These are characteristics which are less well defined, or absent in counselors at more modest levels of development.

This is not intended to be an indictment of the counselors, but rather a call to service for home based supervisors. This study suggests that most counselors feel undersupervised and by extension under supported. That many home based counselors do not have the benefit of training in home based services, or even graduate level counseling training, and that for these counselors in particular, supervision is of utmost importance. In fact, overall it appears that counselors need more from supervision in order to achieve greater levels of counselor development. Supervision itself seems to be the element deserving greater attention, as this study has illuminated the connection between development and supervision among home based counselors, and also that many counselors are working without the supervision which they desire or need. This study helps to underscore the needs of home based counselors and suggests that more supervision may provide the additional support needed for counselors to continue to develop, and as a result provide better and more effective services to families.
Appendix A
Home-based Counselor Background Information

1. Age: __________  
2. Gender: ☐ Female ☐ Male
3. Race: ☐ White ☐ Black ☐ Native American ☐ Hispanic ☐ Asian
4. What is your highest level of education?  
☐ HS/GED ☐ Associates Degree ☐ Bachelor’s Degree ☐ Master’s Degree ☐ Doctorate
5. Are you licensed to practice as a counselor or social worker? ☐ Yes ☐ No
6. Do you provide Home-based services? ☐ Full-time ☐ Part-time
7. How long have you worked providing counseling services? ________ Years ________ Months
8. How long have you provided Home-based services? ________ Years ________ Months
9. What sort of training specific to providing Home-based services have you received?  
☐ None ☐ Seminar/Workshops ☐ Conference Presentations ☐ College Course
☐ On the Job Training ☐ Other: (Please Specify) _____________
10. Approximately how many hours of training specific to Home Based services have you received?  
_________ hours
11. How often do you receive clinical supervision relating to Home-based services?  
More than Once Weekly ☐ Weekly ☐ Every Other Week ☐ Monthly ☐ Less than Once per Month
12. How many hours of individual clinical supervision relating to Home-based services  
do you receive per month? ________ hours
13. How many hours of group clinical supervision relating to Home-based services  
do you receive per month? ________ hours
14. As part of the clinical Supervision relating to Home Based Services you receive do you utilize:  
Live Supervision (Where the supervisor is present in the client’s home to observe a session)  
Yes _____ No _____
If Yes, how many hours of Live Supervision do you receive per month? _____

Videotaped Supervision (Where you videotape your sessions and review tapes with your supervisor)  
Yes _____ No _____
If Yes, how many hours of Videotape Supervision do you receive per month? _____

Case Consultation (Where you “present” the case and your interventions verbally in supervision)  
Yes _____ No _____
If Yes, how many hours of Case Consultation Supervision do you receive per month? _____

Thank you for participating in this research project!
Appendix B

On the following pages you will be asked to give your ideas about several topics. There are no right or wrong answers, so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel.

Try to write at least three sentences on each of the following topics.

What I think about rules...

When I am criticized....
Appendix B

Try to write at least three sentences on each topic.

What I think about parents...

When someone does not agree with me...
Appendix B

Try to write at least three sentences on each topic.

When I am not sure…

When I am told what to do…
Appendix C
Below you are asked to give your ideas on a variety of topics. There are no right or wrong answers, so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel. Please complete the following sentences:

1) Raising a family...
2) A man’s job...
3) The thing I like about myself is...
4) What gets me into trouble is...
5) When people are helpless...
6) A good father...
7) When they talked about sex, I...
8) I feel sorry...
9) Rules are...
10) Men are lucky because...
11) At times she worried about...
12) A woman feels good when...
13) A husband has a right to...
14) A good mother...
15) Sometimes she wished that...
16) If I can’t get what I want...
17) For a woman a career is...
18) A woman should always...

Female Version
Appendix C
Below you are asked to give your ideas on a variety of topics. There are no right or wrong answers, so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel. Please complete the following sentences:

1) Raising a family...

2) A man’s job...

3) The thing I like about myself is...

4) What gets me into trouble is...

5) When people are helpless...

6) A good father...

7) When they talked about sex, I...

8) I feel sorry...

9) Rules are...

10) Men are lucky because...

11) At times he worried about...

12) A woman feels good when...

13) A husband has a right to...

14) A good mother...

15) Sometimes he wished that...

16) If I can’t get what I want...

17) For a woman a career is...

18) A man should always...

Male Version
**Appendix D**

**Counselor Supervision Inventory**

Listed below are a number of statements relating to supervision. Please read each statement carefully, and then rate each with: ACTUAL if your supervisor does provide you with this; IDEAL, the extent to which your supervisor should provide you with this. Enter your response using the code:

1  If you Disagree Strongly
2  If you Disagree
3  If you have No Opinion
4  If you Agree
5  If you Agree Strongly

**EXAMPLE**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
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</table>

Talk to me about my client’s problems.

If your supervisor does not do this, but you feel that it should be done, you would enter a 1 in the Actual column, and a 4 in the Ideal column.

<table>
<thead>
<tr>
<th>Actual</th>
<th>Ideal</th>
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Provide me with emotional support when appropriate.

Evaluate the effectiveness of my counseling behavior.

Elicit my feelings during the supervision sessions.

Describe standard for ethical/professional practice.

Elicit my perceptions of thoughts, goals, and feelings of client and myself during audio/video tape playback.

Help me deal with defensiveness related to counseling.

Monitor my compliance to report writing and record keeping procedures.

Demonstrate counseling principles through the supervision.

Share specialized knowledge gained from experience.

Attempt to establish a warm, non-evaluative, trusting relationship with me.

Give appropriate positive feedback relating to counseling behaviors.

Describe all procedures established for my job situation.
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<th>Actual</th>
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## Appendix D

<table>
<thead>
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<th>Actual</th>
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<tbody>
<tr>
<td>37)</td>
<td>_____ Review audio and or video counseling tapes with me.</td>
</tr>
<tr>
<td>38)</td>
<td>_____ Serve as my counselor for any problems I may have.</td>
</tr>
<tr>
<td>39)</td>
<td>_____ Encourage me to own the consequences of my actions.</td>
</tr>
<tr>
<td>40)</td>
<td>_____ Describe human behavior and it’s implications for counseling theory and practice.</td>
</tr>
<tr>
<td>41)</td>
<td>_____ Encourage me to evaluate my counseling sessions.</td>
</tr>
<tr>
<td>42)</td>
<td>_____ Focus directly on supervisor/supervisee relationship.</td>
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<tr>
<td>43)</td>
<td>_____ Let me apply my own style of counseling.</td>
</tr>
<tr>
<td>44)</td>
<td>_____ Give appropriate negative feedback related to counseling behavior.</td>
</tr>
<tr>
<td>45)</td>
<td>_____ Instruct me in the use of equipment, videotape, etc.</td>
</tr>
<tr>
<td>46)</td>
<td>_____ Give me “elbow room” to work in my own way.</td>
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<tr>
<td>47)</td>
<td>_____ Let me make my own discoveries.</td>
</tr>
<tr>
<td>48)</td>
<td>_____ Identify and discuss my personal strengths.</td>
</tr>
<tr>
<td>49)</td>
<td>_____ Suggest alternative interventions, conceptualizations, etc.</td>
</tr>
<tr>
<td>50)</td>
<td>_____ Discuss with me the implications of such things as client grades, test scores, etc. when I request it.</td>
</tr>
<tr>
<td>51)</td>
<td>_____ Encourage me to develop a personal theory of counseling.</td>
</tr>
<tr>
<td>52)</td>
<td>_____ Model feelings pertinent to supervisory interactions.</td>
</tr>
<tr>
<td>53)</td>
<td>_____ Allow me to arrive at my own conclusions.</td>
</tr>
<tr>
<td>54)</td>
<td>_____ Serve as a person to whom I may go for general ideas about a case, but who leaves me to work out the details.</td>
</tr>
<tr>
<td>55)</td>
<td>_____ Allow me to explore and experiment at my own pace.</td>
</tr>
<tr>
<td>56)</td>
<td>_____ Discuss my counseling performance.</td>
</tr>
<tr>
<td>57)</td>
<td>_____ Suggest things that I may try.</td>
</tr>
<tr>
<td>58)</td>
<td>_____ Measure my progress/development and inform me of my status.</td>
</tr>
<tr>
<td>59)</td>
<td>_____ Provide relevant literature and/or references when appropriate.</td>
</tr>
<tr>
<td>60)</td>
<td>_____ Work with me to develop joint case conceptualizations.</td>
</tr>
</tbody>
</table>
Appendix E

Dear Colleague,

You have been selected for participation in a research project because you were identified as a Home-based Counselor. Very little research has been undertaken to understand how Home-based Counselors approach the work that they do, and this project is designed to learn more about the training, support, and supervision that Home-based Counselors receive. While we believe that this research is very important, your participation is completely voluntary. If you choose to participate, please be assured that the results are completely anonymous and no identifying information remains connected with the questionnaires. You will find enclosed three research instruments, and a background questionnaire. We estimate that the whole packet will take approximately 20-30 minutes to complete. Because we recognize how busy you are, and we appreciate you taking time to participate in this project, please accept the enclosed “stress ball” as a small thank you. Please complete and return the materials in the enclosed postage paid envelope by April 16, 2002. If you are interested in receiving information about the results of the study once it is completed, include your name and address (on a separate piece of paper) with the completed instruments. Thank you in advance for your assistance with this project.

Sincerely,

Gerard Lawson, LPC, CSAC
Doctoral Candidate

Victoria A. Foster, Ph.D.
Associate Professor
REFERENCES


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*Unpublished Dissertation.* Oregon State University.


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Degree Conferred December 1991

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